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Therapy ... Through Music

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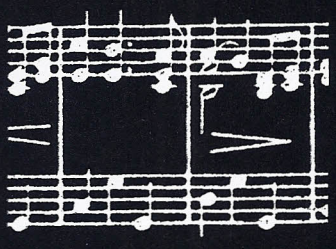


Therapy . . . Through Music

By Harriet Jackson Scarupa

It's a Thursday morning at Christ Church Child Center in Potomac, Md., a special school for children with a variety of handicaps. Seven children bound into a bright room with a circle taped on the floor. They take their places along the circle as a cheerful woman holding a flat curved stringed instrument greets them with a smile and a question: "What's this?" "Awrthappp," answers one lanky girl, desperately trying to get the word out. "That's right, an autoharp," the cheerful woman repeats.

The woman's name is Ruthlee Adler and she is a registered music therapist (RMT). Picking up the instrument, she strums the strings and sings, "Mrs. Adler makes the autoharp sing. I can make the autoharp sing." She pauses, passes it to the boy beside her. He takes it, tries to strum, and she sings, "Joshua makes the autoharp sing." And so it goes around the circle: "Ricardo makes the autoharp sing. Richie makes the autoharp sing. Jennifer makes the autoharp sing. . . ."

Some of the children hit the strings haphazardly, displaying almost no control whatsoever. One boy can strum and does it well but when others try he can't tolerate the sound and presses his hands to his ears. Another boy, his hand withered by cerebral palsy, can't strum the strings but he can press the buttons which control the chord that is heard. So Adler asks his friend, who has no physical handicaps, to strum for him. As they work together, both boys beam. A girl who can barely speak and whose walk is a study in uncoordination, drools with exertion as she bends over the autoharp. But the sound she creates is clear and fine. She makes the autoharp sing.

The session continues with more songs, often accompanied by the gestures of sign language ("Skin-a-rinky rinky dink, skin-a-rinky do, I love you, I love you;" "Mr. Bee, Mr. Bee, Mr. Bumble Bee, Mr. O., Mr. O., Mr. Buffalo;" "One, two, sky blue, All out but you"); with songs accompan-

Ruthlee Adler with student at Christ Church Child Center,

ied by dance ("Well, Let's Get Together with a Jump, Well, Let's Get Together with a Turn, Well Let's Get Together with a Bump"); and even with a test of sorts as Adler goes to the piano and asks the children which chords are low and which ones are high.

Participating in these seemingly silly songs and games is a tall, earnest young man who looks more than a little out of place. He is Emmett Nelson, a senior at Howard University. He has joined Adler's music therapy session this morning and will continue to do so once-a-week for the duration of the semester as part of the fieldwork required for music therapy majors at Howard. He'll start off by observing and gradually will be given more responsibility for leading music activities himself.

After the session, Adler sits down with him and takes a few minutes to discuss some of the aims of the songs and activities she's just led. She speaks of trying to increase the children's communication skills, foster their social interaction, improve their coordination and teach them basic concepts. "I've never met a child," she adds, "that music couldn't reach." She says this not to brag about her own skills but to pay tribute to her field: music therapy.

What Is Music Therapy?

Simply put, music therapy involves the use of music to help people cope with problems. A more detailed definition is provided by Juliette Alvin in her book, *Music Therapy* [Basic Books, 1975]: "Music therapy is the controlled use of music in the treatment, rehabilitation, education and training of children and adults suffering from physical, mental or emotional disorder." The key word here is *controlled.* All of us at one time or another have turned on the radio after a hard day's work to listen to some soothing music. We may say this is therapuetic and it is. But it isn't music therapy. We are not in a controlled setting and we are not being directed by a trained music therapist.

Music therapists work with the retarded, the mentally ill and the emotionally disturbed; with the physically handicapped and learning disabled; with the blind and the deaf; with alcoholics and drug addicts; with the elderly; and with "normal" people who are experiencing stress.

They work in hospitals, in schools, day care facilities, community mental health centers, nursing homes, hospices, special service agencies as well as in private practice.

Generally, they work as part of a team whose other members may include one or more of the following: psychiatrists, psychologists, physicians, nurses, social workers, special education teachers, practitioners of physical, recreational, occupational, speech, art or dance therapy or of psychodrama.

The aim of the music therapist is the aim of all therapists: to enable the individual to function as best as he or she possibly can in society.

The music therapist, as the name connotes, wears two hats. He or she is a musician and must be able to play and perform on one or more instruments, be well-versed in music literature and be able to improvise at will. But he or she also must be trained to recognize the unique problems a particular client may have and be able to plot a strategy—using music as the tool—to address those problems. Sometimes, the music therapist will introduce music to the client—either by playing an instrument or providing records or tapes. Other times, the music therapist utilizes music in a more active way by having the client or clients sing or play instruments.

Either way, with music therapy what you see is not necessarily what you get. Or as Ara Rachal, coordinator of Howard's music therapy program, observes: "An outsider looking at a music therapy session might say, 'This is great, but I play the piano and I could come in and do the same thing: get people to sing and dance.'

"What the outsider doesn't realize is that the singing and dancing is just what you see on the surface. It's superficial. Behind the 'singing and dancing' are any number of therapeutic goals. Goals like getting withdrawn people to interact with others, develop self-esteem or take on leadership roles. Goals like increasing the attention span of a hyperactive child. Physical therapy goals like developing better eye-hand coordination. Goals like helping patients who are aphasic [have impaired speech because of brain injury] improve their speech or getting deaf people to sense vibrations so they can learn to walk with a more regular gait or an autistic child to acknowledge the presence of other people."

What makes therapy using music so valuable, Rachal believes, is that "music itself has so many natural treatment tools inherent in it: rhythm, which can stimulate and excite; harmony, which can give one a natural sense of security and comfort; lyrics, which can send forth a message of hope or happiness; a definite beginning, middle and end, which can reinforce a person's need for structure.

"Therapy is so difficult as a rule because it requires people to deal with problems and to face problems that they'd rather not face. So if you have a type of medium like music where you can face these problems and deal with them but in a more relaxed setting, it is going to make therapy easier. And I've really seen that work.

"When I was working as a music therapist at St. Elizabeths [the federally-funded psychiatric hospital in the District of Columbia], I was on a treatment team. The patients who came to me were in other types of therapy and many times the psychiatrist or psychologist would say to me, 'You get so much information from patients that we can't get.' It's just easier sometimes for people to start with a nonverbal means of expression, which music

is, and then feel comfortable enough to verbalize than it is to just go and sit in someone's office and talk about their problems."

To illustrate what she means, she describes the approach a music therapist might use working with a typical case: a depressed, suicidal woman.

"The first thing that a music therapist has to do, through working with the team, is to find out what the specific goals are for a person," Rachal explains. "If a woman is suicidal she's suicidal because of a specific reason. Maybe because she lost all of her children in a fire and she feels she shouldn't live anymore. So the team would need to help her build up her self-esteem to help her get rid of that self-guilt.

"The music therapist might decide to use a 'remotivation' technique. With that, a musical idea is presented—either on a record or by having the therapist play something. The music might not necessarily be sad, but it would carry some message about being alone—maybe about feeling that everybody's gone and left or about walking down a highway all by yourself and feeling that the whole world is on your shoulders.

"Then the music therapist might ask: 'How does the music make you feel?' And the woman might say, 'The music makes me feel alone.' And the therapist might say, 'How does it feel when you're alone?' And gradually, very gradually, the woman might become a little more comfortable about discussing what's bothering her and could get to the point of saying, 'Yes, I do feel guilty.'"

In that way, music would be used to open doors to feelings.

A Learning Experience

As a result of their fieldwork experiences, Howard students, too, have stories to tell about using music to open doors.

Anthony White, a senior who is majoring in music therapy, spent some time last year at a Northern Virginia home for the aged working under the supervision of a registered music therapist. He was assigned to work with one particular resident, an 80-year-old woman who had refused to join in any of the home's weekly singalong sessions. "She told me that music really couldn't do anything for her because she was too old," White recalls. "She'd say, 'What's the use of music? I'm going to die.'"

White worked on getting her to change her attitude. "I'd say, 'I'm not going to force you to come on down to the music room. I'll just go down there and if you want to come in, just come in.'" One day he went down and started playing a classical piece on the piano called "Blue Valley." Before long, the woman had come into the room. White asked her what she'd like to hear. She said she didn't know anything. He asked her if she knew "Amazing Grace." He played it and it began bringing back memories of when she used to sing in church. He played "I've Been Working on the Railroad" and it brought back memories of a friend of hers who had once worked on the railroad. He played "Bring Kathleen Home to Me" and it brought back memories of her husband singing the same song to her. She began smiling. White continued to play and he continued to ask questions: "What do you think about the chords of this song? Do they have a sad feeling? A happy feeling? What do the words mean to you? What kind of things does it bring to mind?"

The woman started coming regularly to the music room. Whereas before she would just stay in her room and cry about her children never coming to visit and talk about having to phone her husband (who had long since died), she began to look forward to the music sessions. And the contentment she felt in the music room began to spill over into other corners of her life. She began talking to other residents, began breaking through some of the isolation that had entrapped her.

Not all applications of music therapy have such dramatic results, of course. Emmett Nelson worked for awhile with a group of disturbed teenagers at St. Elizabeths Hospital. There he used music, often recordings of popular groups like Earth, Wind and Fire, as a way to help the teens face the world more realistically. "We'd listen to music or I'd play my saxophone and we'd get into a discussion about music in general," he recalls. "A lot of them said they wanted to be musicians but they had a fantasy image about how easy it would be to make it and what the life of a musician was like. So I tried to tell them how difficult it is and that they had to have some other alternatives."

When Nelson first met those in the group, he says, "they'd come in very, very hostile, throw chairs and have tantrums." But gradually through the music and through the talk about music, he observes, "they calmed down to the point where they could at least begin to talk about the problems that had caused them to end up in St. Elizabeths in the first place."

Celeste Thornton, a recent Howard graduate who is now interning at a Fairfax, Va. school for emotionally disturbed teenagers, is working with a student who is school phobic. Before, he was so fearful of school, he never came. Now he comes but is usually late and once there makes no academic efforts. "His attitude about his classes is 'I don't care' or 'What do I need this for?,'" she says. "But in music, it's different. He plays the guitar; he has a very good ear and he works very hard at it."

At first, some people on the school's staff were thinking of taking him out of music, hoping the punishment would spur him to take a more conscientious attitude towards his other studies. But Thornton and the music therapist supervising her work feared that would cause him to lose all motivation whatsoever.

Currently Thornton is trying to teach the troubled student how to read music (previously he only played by ear) in an at-

Christ Church Child Center,

Howard students (with musical instruments) at Mamie D. Lee School.

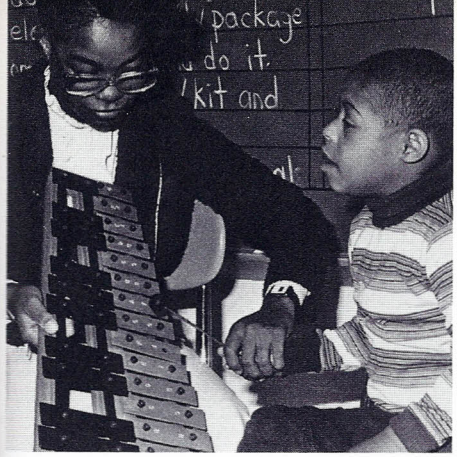
tempt to get him to overcome his poor reading skills and change his attitude about his schoolwork. It sounds a little far-fetched, perhaps, but she describes the rationale this way: "We hope if we can get him to work on his literacy in music—learn to read music—we can get him to transfer that motivation to learning to read history and other things. It can happen. I don't know if it will."

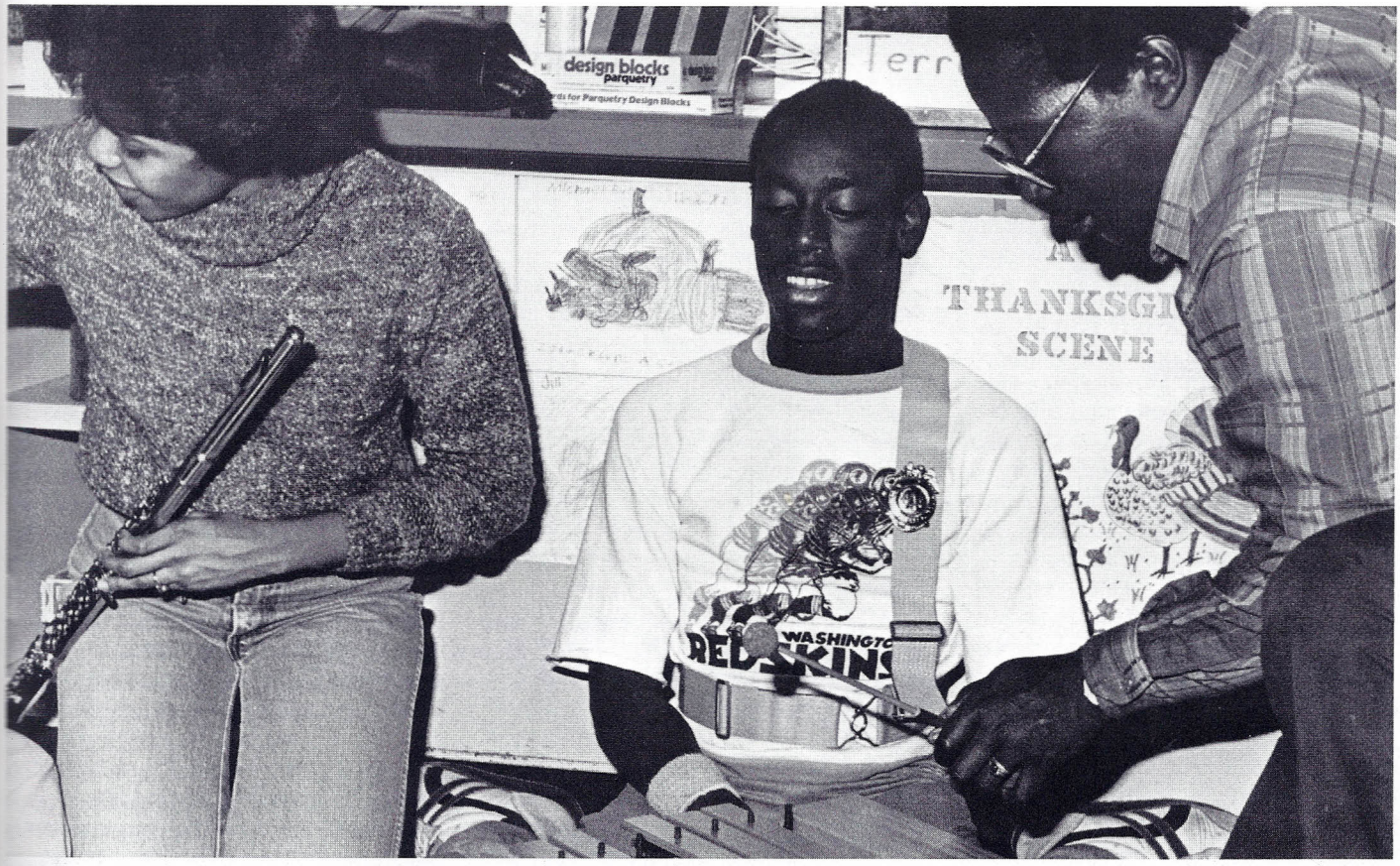
Rachal's example of the use of music therapy with the suicidal woman and the stories told by Thornton, Nelson and White speak to the role of music therapy in opening doors to emotions and changing behavior. With the physically handicapped, music therapy's aims are somewhat different.

"Children who are physically handicapped feel frustrated when they try to do what other children are doing and can't," explains Leslie Swift, a senior in the School of Education who plans a career teaching physically handicapped children. "Music therapy can help relieve these frustrations. It can also give them needed exercise and help their coordination. With a child with cerebral palsy, for instance, exercise is very important. The child can lay on his back and a therapist can exercise his legs to music. So not only would the child be exercising but he would be exercising to music which would make it much more enjoyable. Not only that, but the child can begin to relate the music he hears to life by seeing how the structure in music can be applied to structuring his own life."

Swift, herself, well knows how music can benefit a handicapped person. In 1970, she was an active Howard student majoring in music when she was hit with multiple sclerosis. But all the time since then, all the time she spent "mourning" what had happened to her, coping with the unpredictable disease, raising her two children and getting up the courage to return to college, she never abandoned music—either listening to it or playing it. There were times when she would hit out at the keys of her piano in frustration [a broken key is a reminder of those times] and today she is unable to work the foot pedals and tires easily when she plays, but her devotion has never lagged.

Swift has taken the introductory course in music therapy at Howard and had hoped to major in music therapy. But Rachal and other faculty members in the music department felt she would be un-





able to handle all of the music requirements of the curriculum. She is now majoring in elementary education and planning to pursue a master's degree in special education. Initially she was bitter about not being able to major in music therapy. Today she is resigned. But she still plans to utilize many of the music therapy techniques and ideas she has learned when she goes on to teach physically handicapped children. "Music is such a source of satisfaction," she says. "It's a personal thing you can share regardless of handicap."

Talk to Leslie Swift, talk to Ara Rachal, talk to Ruthlee Adler, talk to any of the Howard students involved in music therapy and they can tell you stories aplenty about the benefits of music therapy. But even music therapy's most ardent supporters make no claims music therapy can "cure" a mental or physical disability. Says Rachal: "Usually when a person has a problem he's involved in other forms of therapy, too, so I can't say that music therapy by itself can 'cure.' I can say that music therapy has been proven to be very effective in being a part of the healing process."

Music therapy can't work for everyone, she adds. Some mental patients, for instance, might be completely unresponsive to the efforts of a music therapist but might show progress working with an art therapist or a dance therapist or some other specialist. And music therapy should never, never be applied indiscriminately, she emphasizes.

If psychedelic music is played with a person who has a history of tripping on LSD, the music might cause that person to have hallucinations similar to the ones experienced when taking the drug.

An alcoholic musician, trying to overcome his dependency, might hear some of the music he once played in clubs, where he perennially sipped liquor from a glass atop the piano, and develop the urge to get a drink.

Having people lie down and let their minds drift as they listen to soft, suggestive music (a music therapy approach known as "guided imagery") might be ideal for a normal person trying to reduce stress, but might cause a psychotic patient, who is already out of touch with reality, to become even more so.

Such examples show how crucial it is for the type of music and the type of music activity selected for the client to fit his

needs. "Probably the main thing I stress to my students," Rachal says, "is that they should always remember that the people with whom they work are individuals and they will have individual and unique needs. You cannot assume, for instance, that happy music makes everybody happy and sad music makes everybody sad because people are unique individuals and they're going to have unique reactions to any given type of music."

Historical Perspective

Recognition of the beneficial effects of music on man's physical and mental health is as old as recorded history. As Alvin writes, "Throughout the ages, philosophers, priests, medical men, scientists, educationalists, psychologists and musicians have observed and sometimes used the healing power of music."

Traditional medicine men used music and dance as a vital part in healing rites. In ancient Greece, the mathematician-physician Pythagorus is said to have used music with mental patients, calling it "musical medicine," while philosophers Plato and Aristotle viewed music as something that could be systematically applied to cure *or* prevent emotional distress. Then there is the Biblical story of David and Saul which music therapists frequently cite as an early example of their profession at work:

When King Saul succumbs to fits of melancholia and rage, his attendants beg him to "seek out a man who is a cunning player on a harp." David, who is not only a cunning musician but also "valiant," "prudent," "comely" and full of the spirit of the Lord, is brought before the king. "And it came to pass, when the evil spirit from God was upon Saul, that David took a harp, played with his hand: so Saul was refreshed, and was well, and the evil spirit departed from him. [I Samuel, xvi.]

Evidence of the influence of music over emotions is so prevalent today we tend to take it for granted. We sing lullabies to calm our fretful babies and entice them to sleep. We go to supermarkets where piped-in Muzak aims to make us less harried and more receptive to spending our hard-earned cash. Disco music invites us to dance, while endless musical variations of "Baby, Be Mine" help put us in the mood for romance. Church music inspires us to rejoice in God. Music at funerals offers solace in our grief. . . .

Historically, though, alongside man's recognition of music as a healing force and a balm to the soul, has been a far different perception of the power of music. As Alvin writes, "If music has sometimes been considered as a gift to man, coming from God and returning to Him, a gift which would contribute to man's happiness and health, there was side-by-side another belief, that music could be used by Satan, like all other divine gifts."

She cites as examples of this belief the German story of the Loreli whose songs provoked such an irresistible sadness they led men to drown in the Rhine or of Odysseus' account of sailors who could not resist the appeal of the sirens and wrecked their boats on the rocks or the legend of the Pied Piper who used the seduction of his flute to lead all the rats in the town of Hamelin into the sea but when the townspeople refused to pay him for his services, played an even more intoxicating tune and was followed hypnotically by all the town's children—who were never seen again.

In more recent history, the pernicious power of music can be seen, for instance, in the way Nazi Germany used music to stir up people to serve Hitler or the way the frenzy of punk rock (especially when combined with drugs) seems to provoke and promote violence.

Despite such examples, as E. Thayer Gaston writes in his book, *Music in Therapy* [Macmillan, 1965], a basic text used in Howard's music therapy classes: "In our culture, as well as in others, *music is nearly always an expression of good will, a reaching out to others,* and is so interpreted. Music, then, is a powerful expression of the interdependence of mankind, and, from lullaby to the funereal dirge, an expression of the tender emotions."

The music therapist, of course, allies himself or herself with the positive side of music's power.

Despite the long-recognized influence of music over emotions and behavior, music therapy as a formal discipline has a relatively short history. In the aftermath of World War II, some Veterans Hospitals began inviting musicians into their wards and recreation areas to help cheer up patients. The beneficial effects of such informal music therapy were soon recognized and hospitals began employing musicians to aid in treatment. By 1950, music therapy was well on its way towards forging its identity and legitimacy with the launching of degree programs at several universities and the establishment of the National Association for Music Therapy, Inc. (NAMT) to set standards for the profession, promote its concerns and foster research. Today, there are 70 academic institutions in the U. S. offering NAMT-approved degree programs.

"Howard is the sole predominantly Black university to establish such a program," notes Doris McGinty, chairman of the music department in the College of Fine Arts. "Music therapy, when used with other therapies, has proved very useful as a treatment for people with various disabilities. It's important that our students gain the skills necessary to enter the profession."

The Howard Experience

The efforts to establish a music therapy program at Howard go back some 20 years when a member of the music faculty, William Penn, was working as a music therapist at the Veterans Hospital in the District of Columbia and would take some students along with him to entertain the patients. Some students began expressing an interest in music therapy as a career and in response to that interest the department began offering some music

therapy courses as a "special emphasis" within the music education department.

But those courses didn't have NAMT endorsement, which meant music therapy students could not become *registered* music therapists, and if they couldn't become registered their job opportunities were severely limited. Getting a new NAMT-approved program off the ground, Penn says, "was a long, hard haul. We had to go through the Board of Trustees, deal with this committee and that committee, develop a curriculum that had to meet the approval of both NAMT and the National Association of Schools of Music (NASM), keep pace with federal guidelines. . . ."

In 1978, the Board of Trustees approved a bachelor's degree program in music therapy. Rachal, who was working as a music therapist and supervisor of college interns at St. Elizabeths and was teaching part-time at George Washington University, was hired to see that the curriculum was implemented and serve as the new program's coordinator. At present, the program has tentative NAMT approval. As soon as three of the program's graduates become registered, following their completion of a required six-month internship after graduation, the program will receive full accreditation. (That is expected shortly.)

The largest percentage of the music therapy curriculum, about 60 percent, consists of music courses. Why such a large percentage? Explains Rachal, "Music is the students' tool so they should know as much as they can about it." Thus, students are required to take such courses as sight singing, written harmony, orchestration and music literature as well as receive instruction in specific instruments. All music therapy majors, even voice minors, are required to study piano because piano is such an essential accompanying instrument. Most also learn guitar for the same reason and, like others in the music department, must also give a senior recital.

About 10 percent of the curriculum consists of courses in psychology, sociology, anthropology, anatomy and other areas which aim to increase students' general understanding of people. The remaining portion of the curriculum consists of specific music therapy courses such as Psychology of Music (taught by Arthur Dawkins, who is also coordinator of jazz studies in the music department) and Recreational Music Methods (taught by Rachal).

Most of the music therapy courses are designed to accompany and reinforce fieldwork experiences at a variety of sites in the Washington metropolitan area: Christ Church Child Center; St. Elizabeths Hospital; the Area B Mental Health Child Development Center; the Hospital for Sick Children; Mamie D. Lee School (for the retarded); the Episcopal Children's Center (for the emotionally disturbed) and the Kingsbury Lab School (for children with learning disabilities).

After students complete their fieldwork and course requirements for a bachelor of music degree in music therapy, they must spend another six months working under a registered music therapist before they become eligible to write the initials RMT after their names.

Job opportunities in the field are not abundant but are growing. "There's still a lot of PR work that has to be done in music therapy," Rachal admits. "More agencies have to learn what music therapy is and actually see how it works to realize the value of it. I firmly believe that once we show people how valuable music therapy really is, more and more programs will be started."

When you ask Howard students why they want to become music therapists, why they want to enter a field that is so often little-understood and underpaid, you almost always get the same answer: "I want to use something I love—music—to help people."

Wanting to help people. It almost sounds anachronistic these days as the nation seems awash in a wave of me-me-me -and-the-hell-with-anyone-less-fortunate-than-me.

Those in music therapy, and others of the so-called helping professions, are banking on their hope that this harsh wave is just a temporary aberration. They believe that helping people who desperately need help should be amongst man's noblest endeavors. What's more, it's something that makes *them* feel good.

As Celeste Thornton says, "It's just so rewarding when you see somebody take that first little step." □