THE USE OF MUSIC AS A THERAPEUTIC AGENT
IN CONNECTION WITH AND AS AN AID TO
HOSPITALIZED MENTAL PATIENTS

THESIS

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PREFACE

The increasing importance of music as a therapeutic benefit in mental hospitals has prompted this study. Numerous unscientific reports and papers concerned with music therapy have been published; however, material based upon controlled experiments and results is available which has proven valuable in the study of this growing aid for mental patients. The reference material in the following chapters has been organized and limited to objective reports produced by those who have devoted their interest and time to the facts about the use of music as a therapeutic agent in mental hospitals.
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CHAPTER I

PURPOSE AND AIMS OF TYPES OF MUSIC USED

From scientific experiments that have been successfully completed and reported, we know for a certainty that music contains several elements of aid to the mental patient. Music has best been used in mental hospitals in the following ways: (1) as a possible contact between the psychologist and the patient, (2) as a sedative or stimulant, (3) as a psychological release for patients suffering from hypertension, and (4) as a medium of entertainment for the patients.

When psychiatric and psychological methods have failed in the treatment of mental patients, music has been resorted to with encouraging and sometimes amazing results. The success with which music has been used in mental hospitals has partially been accredited to the fact that it does not depend on the spoken word for understanding and for the stimulation of the thalamus.

The thalamus is a subcortical brain center made up of gray matter, lying below the master brain. It is the main relay station of emotions, sensations and feelings. The thalamus is connected with the master brain by nerve pathways, and the stimulation of the thalamus almost simultaneously arouses the master brain.  

Music is used to stimulate the thalamus and in turn the master brain. If this particular type of treatment is used consistently, a closer contact between the master brain and the world of reality can be established. This contact with the world of reality can be made through music, but the success of the experiment depends a great deal upon the "associations" the music stimulates in the patient.

Specific emotional experiences derived from music are culled from the respondent's associational background. These experiments emphasize the fact that response to music is not determined by the musical stimulus alone, but depends also on the previous conditioning of the listener.²

Perhaps at this point it would be well to give the reader a definition of an associational response, when it occurs, and what causes its occurrence.

An associational response is produced when the hearing of certain sounds causes the recurrence in the consciousness of thoughts or feelings tied in the memory to these sounds. Through the process of association, the hearing of music may lead to a contemplation of the past, present, and future; it may involve persons, objects, and places, events and problems of immediate proximity or far removed in space and time from the present.³

If the patient was in a certain emotional state upon hearing a piece of music for the first time, it is likely that he would experience a similar emotion upon a subsequent hearing, for music is a reminder of events, people, and places. In some mental hospitals, the therapist deliberately strives to

²Doris Soibelman, Therapeutic and Industrial Uses of Music, p. 76.
³William Van de Wall, Music in Hospitals, p. 19.
awaken some memory or establish some train of association through music. "In one case an Italian girl who had not spoken for three months began to talk once more after hearing 'O Sole Mio.'" Music used for associational purposes at Worcester State Hospital in Worcester, Massachusetts, has brought specific and beneficial results. A female patient became an inmate of the hospital and, despite the efforts of all the staff, no contact could be made between the psychiatrist and the patient. It was decided by the staff to try music as a last resort in an endeavor to stimulate some feeling or thought in her brain. For approximately an hour varied bits of music were played to the patient, including classic, jazz, slow, fast, sweet and morbid music. Strange as it may seem, it was not until the theme song from "Amos and Andy" was played that the patient registered any type of reaction other than negative. Upon hearing this music, the patient began to cry violently. When she was returned to her room it was learned that the "Amos and Andy" theme song brought back memories of her deceased husband and the enjoyable evenings they had spent together at home listening to the radio. From this information, it was possible to aid this patient in her return to normal mental health. At the Chicago Hospital for the Insane, a German girl who had not spoken in three months was released from her silence upon hearing a native

folk-song. Another patient, who could not remember where she lived, recalled the address after hearing "Silver Threads Among the Gold."

Music is still as abstract as it has always been. It is only by association that we attribute to it the power of creating pictures in our minds. If a piece is associated with a certain sentiment, it almost always is associated with some mood created by an event occurring when it was first heard.

During a personal interview, Kathryn Kies, music therapist at the San Antonio State Hospital, related the story of one patient who had had an unfortunate associational experience. The patient, Mary, as she will be called, was participating in the music therapy class for the week, and there was nothing unusual in her actions. It was not until the group began to sing a certain song that she became disturbed. The song chosen for a part of the day's program was "You Are My Sunshine." When the first notes were played on the piano, Mary began to scream and to cry hysterically. The therapist later learned that Mary had two children who used to love to sing this song. Evidently, this association was a bitter one for the patient, impressing upon her mind that she was unable to be with her family.

This example is used to illustrate the fact that mental associations are not always pleasant to the patient in question. The therapist could not possibly have known that the

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music played or sung would cause degenerating and catastrophic disturbances. The therapist's knowledge of his patient's case history would indeed be a great aid to the patient and the therapist. A similar technique is used in the treatment of large groups. The attending therapist and psychiatrist check the possible selections to be played for the group, making an endeavor to avoid music that will inadvertently cause regressive effects. At Eloise Hospital in Eloise, Michigan, a survey is made of the ward before music is brought in for the group. The purpose, of course, is to select music which is suitable to the moods and disturbances of the patients.

Rhythm in music is an important element in the treatment of the mentally ill. This is so because man is a rhythmical being. Rhythm is present in our walk, speech, and even in our bodily processes. Hence, the selection of music to be used in wards and for individual performance or experiments must be made by a person technically trained to understand the beneficial or destructive effects that music might have on the patient.

Another capacity in which music has been used is in the field of recreation. The recreational or entertainment element in music is thoroughly advocated by all the staffs in hospitals where music has been used successfully. Music selected for the relaxation of the patients is performed to a great extent by musicians and groups from outside the hospital.
Sylvia Walden, assistant to the late Robert Summa, Saint Louis orthodontist, in her article, "Music for the Mentally Disturbed," tells of certain rules which she and her fellow musicians were obliged to follow when playing for mentally disturbed patients. The therapist suggested that bright cheerful colors be worn by the musicians who came to the hospital. Black and sombre colors were always avoided. The players were urged to sustain a good humor and a cheerful attitude with mental patients. Altshuler, one of the well-known advocates and practitioners of musical therapy, has found that various effects are produced in the patient by different instruments. The most appealing combination of two instruments is a violin and flute, and a trio of stringed instruments is more effective than a single instrument when used in connection with the mentally ill. The harp and violin have been found to be good instruments in the wards, either as solo instruments or when used as accompaniments to a singer. To be most effective, the performing singer should have a pure and sympathetic voice. It is very interesting to note that although the physically ill cannot endure the heavy vibrations of the violoncello, this instrument is very beneficially used for mental patients. The low vibrations stimulate the pent-up emotions of the patient, and at times he is affected to the point of exhibiting some type of emotion or sign of interest in the music even after long periods of silence and lethargy.
A young man sat on the edge of his bed in the big hospital ward, a victim of shock in the last war. He had not uttered a word for six months. Across the room a band of musicians entertained the patients with familiar tunes. After one selection a nurse asked for "How'm I Doin', Hey Hey!" When the last chord bounced off the instruments, the man said slowly, "I know that song!" The nurses wept with surprise and relief after having watched their speechless patient for some sign of recovery during those discouraging months. 6

Musical events can be and are given for groups of mental patients. Outside performers or the musicians employed by the hospital perform for whole groups of patients. The music for these programs should have the final approval of the attending therapist and doctor, since not all patients are susceptible to music as an aid for their mental disturbances.

Some hypersensitive people are afflicted with what one scientist has called a psycho-allergy to music. One man was so affected by music that he went into a fainting fit that deprived him of speech and memory for an hour. Like many drugs, music may serve as an aid for some and as a detriment to the health of others. It must be handled, therefore, by the therapist if optimum beneficial effects are to be realized by the patient, and if harmful results are to be avoided. 7

During one performance in which the writer of this study sang for a group of mental patients at Brooke General Hospital at Fort Sam Houston in San Antonio, Texas, the door was noticeably left open. This was for the convenience of patients who tired of the program and wished to leave, and also for the men who heard the music in other parts of the building.

7Ibid., p. 841.
and were curious enough about the program to enter the hall and stay for a time.

There is such a faint dividing line between music used solely to entertain and music used to stimulate certain psychological effects that we are sometimes unable to grasp the difference. In hospitals designated and used as treatment centers for mental patients only, entertaining and "psychological" music serve the same purpose. The principal aim of these types of music is to divert the minds of the patients and to aid them in keeping a high morale. In general and tubercular hospitals music is used widely and beneficially in this same capacity for patients who must lie quietly for weeks, perhaps months, because of the nature and restrictions of their respective diseases.

Rehabilitational music, however, is recognized as an element and as an aid within itself, and it is used to renew the patient's acquaintance with the world from which he came, - the world outside the hospital gates. The "Grey Ladies" (who donated their time during the war when few or no trained therapists were available, and now continue to do so) are one contact with the outside world. The entertainers who perform in mental hospitals, both in the individual wards and for groups, are also good contacts for the patient. The best sources of rehabilitation, however, are the individual music teachers. These persons are either employed by the Veterans
Administration or the respective hospitals in which they work. These teachers instruct patients who have a desire to learn and have a seeming aptitude for singing or for playing an instrument. The Hospitalized Veterans Music Service is doing extensive work in rehabilitating veterans. Through this organization, the Musicians Emergency Fund is available for purchasing radios and instruments and paying for singing and instrumental lessons with a selected teacher. In 1948 its program had expanded to include seven Army, Navy, and veterans' hospitals. In that year, two thousand ambulatory and six thousand five hundred ward pupils were being cared for with the aid of this fund. In New York alone over one thousand nine hundred veterans are registered with the Hospitalized Veterans Music Service, and hundreds more are on the waiting list. In addition to music instruction in veterans' hospitals, music is available for the patient, when requested by medical authorities, for use in insulin shock treatment, hydro-therapy, and in the operating room.

In hospitals all over the United States doctors have prescribed music and musical instruments for the exercising of disabled muscles and limbs. Dentists have prescribed the playing of certain wind instruments to aid in altering and straightening uneven teeth and deformed mouths, and have succeeded in helping their patients to help themselves.

Since music must be specially chosen for wards consisting of mental patients, there must necessarily be lists of
preferable selections from which the therapist and psychiatrist can choose. For wards in which patients are suffering from over-stimulation the following list of selections has proven useful as sedation music:

- Serenade - Schubert
- The Swan - Saint Saens
- Traumerie - Schumann
- Children's Prayer - Humperdinck
- On Wings of Song - Mendelssohn
- Lullaby - Brahms
- Barcarolle - Hoffman
- Prize Song from Die Meistersinger - Wagner
- Alceste Ballet Music - Gluck
- Spring Song - Mendelssohn
- Impromptu in B - Schubert
- Beautiful Dreamer - Foster
- Flow Gently Sweet Afton - Spilman
- Londonderry Air - Traditional Air
- Sweet and Low - Barnby

One day one of the women patients came into the pack-room yelling. After being packed in a cool wet sheet for a few minutes she calmed down a bit; and in a moment of clarity she asked to hear one of Roy Acuff's recordings. The turntable had revolved only a few times when she became drowsy and then fell asleep.

From this example one can easily see that the well-known classics are not the only type of effective music used;

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8Ibid., XXVIII, 35.
however, this list of "prescription" music is used because of its previous use in hospitals.

For wards of patients suffering from depression the following music has been used to good advantage in drawing the attention of the subject and stimulating his mental and physical processes to a more normal level:

- March Movement from *Symphonie Pathetique* - Tschaikovsky
- Egmont Overture - Beethoven
- Pilgrims' Chorus from *Tannhauser* - Wagner
- Prelude, Op. 28, No. 1 - Chopin
- Hungarian Rhapsody, No. 2 - Liszt
- March of the Sardars - Ippolitov-Ivanov
- Nocturne in E Flat, Op. 9, No. 2 - Chopin
- Fifth Nocturne - Leybach
- Narcissus - Nevin
- To A Water Lily - MacDowell
- Melody in F - Rubinstein
- Humoresque - Dvorak

For serious disorders, highly complex or definitely emotional music - most of the symphonic works of Brahms, Strauss, and Sibelius, the later Wagner music dramas, and much of the severely intellectual modern music - is to be avoided, as putting a strain upon the patient and perhaps even rousing a dangerous state of mind. Many of the songs of Schubert, Brahms and Wolf are too definitely burdened with thought to be either desirable for, or understood by, the average listener.9

The following examples of music for sedation were used in insulin shock treatments at Veterans Administration

Hospital, Richmond, Virginia. Sedation music is music of soft dynamic level with a steady soothing beat and rhythm, played for patients in excited or disturbed conditions:

- **Swan of Tuonela** - Sibelius
- **Claire de Lune** - Debussy
- **Nuages** - Debussy
- **La Mer** - Debussy
- **Andante Cantabile** - Tschaikovsky
- **Prelude to Tristan and Isolde** - Wagner
- **Adoremus Te** - Palestrina
- **Berceuse from the Firebird Suite** - Stravinsky
- **Romantic Symphony No. 2, first movement** - Hanson
- **Symphony No. 5, second movement** - Tschaikovsky
- **Symphony No. 6, fourth movement** - Tschaikovsky
- **Go Down, Moses** - Spiritual
- **Sometimes I Feel Like a Motherless Child** - Spiritual
- **Come Where My Love Lies Dreaming** - Foster
- **I Dream of Jeanie with the Light Brown Hair** - Foster
- **Asen's Death from the Peer Gynt Suite** - Grieg
- **Pines of Rome** - Respighi

The above type of sedation music continues to be used for relaxation until the patient goes into the elated phase of treatment. The purpose of the following excitation music is to aid the insulin in placing the patient in deeper shock:

- **Grand Slam** - Goodman's Sextet
Southern Exposure - Stan Kenton
Eager Beaver - Stan Kenton
Artistry in Rhythm - Stan Kenton
Royal Garden Blues - Count Basie
Let's Take a Train - Duke Ellington
Bugle Call Rag - Benny Goodman's Orchestra

The coma state of an insulin shock patient is terminated through an intravenous injection of glucose or the drinking of fruit juice. Soft soothing music is played throughout this recovery period. The type of music listed below is what the patient will hear upon awakening from a shock treatment:

Exotic Music Album - Kostelanetz
After Dark Album - Morton Gould
Spring Time Album - Morton Gould
CHAPTER II

THE PRESENT USE OF MUSIC THERAPY

At the outbreak of World War II, there was a comparatively small number of physicians, psychiatrists and psychologists who were reasonably certain that music was valuable not only for its element of entertainment, but also for the beneficial effects it had on the mental patient. When this latest war had progressed to such a point that our military personnel began to return to our Army and Navy hospitals from combat, this select group of musico-therapists, and those who were interested in music as a therapeutic agent, began to encourage and to incorporate music into the regular hospital schedule. In doing so, their purpose was twofold: to investigate the beneficial effect of music on the mental patient and to further investigate the claims that music was an aid in the effort to return the mental patient to his normal life.

Outside entertainment groups were invited into the hospital wards to cheer the patients. Civic, USO (United Service Organization) and professional groups donated their time and talent to this morale-building procedure. This type of outside music was and is used only as relaxing entertainment which serves to break the monotony of the hospital routine.
and to bring to the patient some form of contact with the outside world. The following are only a few of the well-known hospitals that have found a definite place for music in the hospital routine: Veterans Administration Hospital at Boise, Idaho; Brooke General Hospital, Fort Sam Houston, San Antonio, Texas; Veterans Administration Hospital, Canandaigua, New York; and Saint Albans Naval Hospital at Long Island. The staff of the Custer Veterans Hospital in Battle Creek, Michigan, has gone so far as to employ an outside music teacher who gives private instruction in both voice and instruments. By 1914 enough interest and faith in the benefits derived from music had been aroused that the office of the Surgeon General, established that same year, set forth a detailed music program by which the Army and Navy hospitals were to abide. This program, circulated and enforced by the Office of the Surgeon General, specified the number of musical technicians to be employed by each hospital, their duties and recommendations, the type of patient that was to participate in the activities, and the type of musical activities to be integrated into the hospital schedule.

1. Objective.--The objective of music in reconditioning is to integrate music with the four main reconditioning activities, namely, physical training, education and orientation, occupational therapy, and diversional activities.

2. Personnel

   a. At least two music technicians, enlisted men of the hospital detachment, are necessary in each General Hospital. They function under the
General Hospital. They function under the Reconditioning Education Officer.

b. The success of the program lies largely in the vision, initiative, adjustability, cooperation, willingness and musicianship of the personnel assigned to music. Care is taken in finding the right men for this work.

3. Program

a. Participation by Surgical and Medical Patients: Music workshop, orchestra, small instruments, group singing, chorus, music with calisthenics.

b. Listening by Surgical and Medical Patients: A room for music appreciation, records, library, balanced recorded programs over public address system, contact with symphony orchestras, etc. (Participation is prescribed by medical officer).

4. Neuro-Psychiatric Section

a. Participation

b. Listening

5. Participation by all patients

6. Orientation lectures

7. Library

8. Advertising of musical activities (to patients)


In 1944, an investigation was conducted in many service hospitals in various parts of the country by order of the chief of the Music Section of the Special Services Division. The objective of this investigation was to "learn the

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possibilities of music as a therapeutic agent, as well as the type of music that the men enjoyed."

At the end of World War II, the majority of the music work was taken over by the Veterans Administration, which created the Music Division. The Music Division was to work in connection with and as a subordinate office of the Recreation and Entertainment Service. Ray B. Green, 1947 director of the Music Division, classified Veteran Administration Hospitals as follows:

1. General Medical
2. Tuberculosis
3. Neuro-psychiatric

Patients are classified according to the type of hospital. A program of music activities has been planned that will offer a broad, well-rounded selection of activities in which all patients may participate in some way, either actively or passively.

In addition to these over-all activities, attention is also given to the music activity of the individual patient. Special music for isolated cases is often requested by the attending physician.

In the Veterans Administration Hospital at Marion, Indiana, music is played almost continuously in the pack room where treatment is given to subdue violent patients. The music is loud to match their wild mood as they enter.

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2Ibid., p. 156.
3Ibid., p. 131.
4Paul, op. cit., XXVII, 858.
In the pack room, the volume is turned down as the yelling subsides so that all in the room must be quiet to hear it. Soft, flowing music is selected for these occasions instead of music which might call for tapping of the feet, swinging of the arms, or the swaying of the body in self-expression. Pack room patients are wrapped in such a manner that no part of the body can touch another, and any urge to march or to keep time to the music is extremely frustrating and dispiriting.

In the Veterans Hospital in Minneapolis, the music therapist works hand in hand with the psychiatrist in dealing with those persons undergoing insulin shock and electric shock.

In the case of the former, the shock is given with gentle strings, woodwinds, and piano predominating. No music with pulsing rhythms is ever used at this stage of the treatment, but rather music with an easy swaying movement such as "The Swan" by Saint-Saens, the slow movement of the familiar "Moonlight Sonata" by Beethoven or one of the well-known Strauss waltzes. As the patient wakens, he hears overtures, marches or popular melodies. Since the treatment is given in the morning, breakfast trays are brought in when the period of deep sleep has passed, and music by current favorites is played as requested. In the case of electric shock, bright music is played in the waiting room (not only to lighten the mood of the listener, but also to mask the sounds made by others undergoing the shock nearby) and restful music is heard as the patient comes out of his stupor in the post-shock room. Selections played are changed to those of a gayer mood before the patient is returned to his ward.

State institutions throughout the United States have experimented with music as an integral part of the hospital schedule and have found the results of its use very effective and commendatory. Institutions which look to state funds for

5Ibid.
operation, experimentation, and even for existence, are sometimes handicapped by inadequate fund appropriation. There are, however, some state homes and asylums that have the help of outside musico-therapists. The state hospital at Eloise, Michigan, is one example of an institution which is aided by outside interest. Ira M. Altshuler, who is well-known through his experiments with the "Mad Pianist" or "Maestro X," has become the director of group and musical therapy at Eloise General Hospital. The history of "Maestro X" is exemplary of the recreative work that has been accomplished through music therapy. This patient had been an inmate of Wayne General Hospital at Eloise, Michigan since 1937. When he had been proclaimed incurable in 1944, Altshuler began using him as the subject of experiments in musical therapy. In the early part of 1946 "Maestro X" enthralled a group of three hundred well-known musicians with a piano recital. Gradually, with musical guidance, the patient responded. Before treatment, he would play one page over and over unless someone turned the page for him, and he played without the slightest realization that there was a world outside of himself. Through the "Music Treatment" the patient responded by turning his own music pages at the piano and by bowing to the audience. Although these seem small advances, they are significant of long hours of patient supervision, instruction and endeavor on the part of the therapists who worked for the advancement of this patient.
As for the general adaptation of therapy at Eloise, this occurred in 1938. The patients receive music in the wards for half-hour periods, five times a week. The specially selected music for each ward is chosen either by the therapist or the members of the staff. An anti-depressant type of music is selected for the depressed and lethargic patients, and sedative type of music is played for the violent patients.

At Worcester State Hospital, in Worcester, Massachusetts, music has been used in experiments concerned with association and contact. The Sonoma State Home in California has also found music to be valuable in the hospital routine. Here, however, the use of music and music instruction is only for the enjoyment of the patient. There are four classes in music, namely: orchestra, senior choir, Catholic choir, and a class for general singing. The orchestra meets every morning for forty-five minutes for rehearsal. Besides the regular practice, individual instruction is given. If a patient is interested in learning to play an instrument and the teacher feels he is capable of absorbing instruction, he is given individual lessons and is furnished with an instrument. There occur many instances in which the patient has had previous experience before entering the institution.

At the San Antonio State Hospital in San Antonio, Texas, radios are permitted on any part of the grounds and in all of the units. A radio plays constantly during insulin shock
treatments, and music (recorded) is used in connection with trans-orbital lobotomy cases. Visiting choirs come to sing for Sunday services. Solos, duets, trios sung by the visitors seem to stimulate the interest of the patients at this hospital. The patients have their own Sunday choir which is supplemented by other members on special occasions, such as Easter sunrise services and Christmas caroling. The patients are given the opportunity of directing the choir and soloists. A functioning orchestra is carried on at this institution which consists of employees and patients. A dance is held each week, and patients sing with the orchestra over the microphone. These musical activities give the patients the opportunity of self expression and release.

Some time ago an orchestra was organized at the State Hospital at Middletown, Connecticut, which played throughout the meal hours.

We have continued to maintain an orchestra in our dining room, where fourteen hundred insane patients take their meals, ever since its organization ten years ago, and we have never seen the time when we deemed it possible to dispense with it. We are able to bring fourteen hundred patients of both sexes together for their meals and keep them quiet, amiable, cheerful and orderly during the meal hour with the aid of music of a high-class orchestra.6

At Manteno State Hospital in Illinois an amplifying system has been installed to carry music to the men in a ward of mentally disturbed patients. In this ward the tension is pitched to such a high degree that some contrasting

element is needed to dispel the quiet of the room. Mr. Altschuler conducted a series of experiments, using as his subjects the insane patients at the State Hospital at Eloise, Michigan. Through these experiments it was learned that soft music was "thirty-five percent more effective than the wet pack which is used routinely in quieting insane patients."  

A private audience was given the writer in May, 1950, with Kathryn Kies, recreational director at the San Antonio State Institution, and the writer was allowed to participate in her music therapy class for the week. The primary step for the class was accomplished by the director, for the patients in the class had to be called for in their respective occupational therapy work rooms. When all of the participants had been gathered up, the total number being about seventy-five, they walked across the grounds to another building where the class was to be held for the benefit of the senile women patients.

The participants in the class were of all age groups, the youngest being about twenty-five and the oldest approximately seventy-two years old. The first part of the program consisted of songs sung by all the patients. These songs were of both types, anti-depressant and sedative. The director pointed out afterward that the therapist must use caution not to choose music which belongs only to one category, for too much of one type is very dangerous for them.

7 Ibid.
The second part of the day's program consisted of mixed dancing. The "Herr Schmidt" was danced by all who chose to participate, and this was followed by a lively dance, a waltz, and more dances in the popular vein. The music for the dancing was furnished by a phonograph, in charge of which Kies put one of the patients, Margaret, of whom I shall tell more, later.

During the program, the director asked several of the patients, men and women, to tell the whole group just what the music therapy classes had meant to them from the time they first began to participate. I was extremely surprised at the full statements made by each patient. In short, the benefits were these:

1. Music provides the much-needed release for mental patients.
2. Music gives relaxation and control.
3. Music compels one to think of other things than himself.
4. Music is the medium, more than any other, which encourages self expression in one form or another.

One patient was asked to do free dance movements to the waltz-tempo of one of the songs while all the other patients hummed the melody. The patient was an attractive young woman who had come to the hospital because of her worry about the friction between her husband and mother. Without hesitation
she stepped into the center circle and completed a graceful and expressive personal interpretation of the music. The dancing was punctuated with piano solos by several of the patients. These were opportunities for self expression and release only, not types of competition, which is extremely bad for the patient. The program was closed with a quiet, moderately slow hymn which all the patients knew. The director stated that the final number should be a soothing, restful song in which all can participate.

Later, in a private conversation with Kies, some of the different types of patients in the class were discussed. One of the young women patients who had played a piano solo was a shock patient who had to be constrained by as many as four hospital attendants for shock treatment. Another woman inmate, whose age was between thirty-five and forty years, was a dangerous paranoid. Her actions did not, however, disclose to the untrained person her mental disorder. One of the patients, Margaret, was appointed to be an assistant to the director. This was encouraging, for Margaret had come to the hospital the victim of a deeply rooted fear of people. It had taken her one year to begin to overcome her handicap. With the aid of the music therapy treatment, Margaret now talks freely with the other patients and with the staff. Some of the patients who took part in the therapy class were chronic runaways, and the director was responsible for the safe return of each patient to his respective ward.
One of the patients who had played piano solos during the therapy class formerly played only about eight measures of one selection, stopped, and started over. With the individual attention of the musical director, this patient began to study music and now plays the initial composition through completely and has added to his list of memorized pieces.

Kies emphasizes the fact that trained music therapists are too few. There are patients, at this very institution, who should have supervised music practice every day. Such an arrangement now, however, is quite impossible, for there is but one recreational director, who must supervise and direct all recreational activities for the entire hospital.
CHAPTER III

TRAINING OF THERAPIST

During the first World War, the musician who worked or performed in the hospitals was considered an entertainer only and not at all as a therapist. This concept of the hospital musician was understandable, for then there were no training centers which provided for the training of the therapist, and the probable extent of music benefits was not as yet realized by a large enough number of people. Today our concept of the hospital musician has drastically changed, for we now know and realize the capacity in which music can be and is used for the progress and aid of the mental patient. Evidence in the form of concrete and factual examples has been established concerning the beneficial results of the use of music in mental hospitals. Hence, it is now known and understood that there are four distinct types of music, or four fields in which music is used in hospitals for the insane: (1) associational, (2) recreational, (3) psychological, and (4) rehabilitational music. In spite of the reports of scientifically controlled and successfully completed experiments, there still exist large groups of people, some of them working in mental hospitals, who believe that therapists are
present-day mountebanks whose time and endeavors are futilely spent.

These mistaken ideas can be refuted by the statement of the following facts concerning the training of the music therapist. A field of research or science which requires its adherents, advocates, and teachers to be highly trained is accepted much more readily by the savants and leaders in other professional fields, for people then feel that the field is well enough established to occupy and honor a place of its own in the field of sciences.

In order that a person fulfill the requirements of the present-day therapist, he must not only have an extensive knowledge of music, but he must also take courses in sociology, social service, psychology, physiology, human heredity, dramatic production, and dancing.

Musico-therapy may be harmful as well as beneficial. Just playing for patients is not musico-therapy and may often be very detrimental to wounded, convalescent, or mentally depressed cases if done without knowledge of the needs of the men. Nor is knowledge of music alone sufficient. There is need also of the application of the sciences of physics and psychology, and also the anatomy of the human body, especially the structure and mechanism of the nervous and muscular systems.¹

A curriculum designed to fit the needs of a trained hospital musician has been developed by some colleges throughout the United States, utilizing the courses listed above. In addition to these classroom subjects which the applicant must

¹Corinne D. Heline, Healing and Regeneration through Music, p. 19.
know, four months' internship in a hospital is required. The benefits of full therapy training have not been sufficiently impressed upon the general public or the educators of our day as yet; therefore, the schools and colleges which offer this training are limited. Some colleges and universities have taken the initiative and are now offering degrees of Bachelor of Music Education and Master of Music Education with concentration on Music in Therapy. The Chicago Musical College and the College of the Pacific in Stockton, California, now provide courses of this type leading to this degree. Michigan State College has established a four-year curriculum plan in hospital music with a three months' internship at Eloise Hospital upon graduation, and the University of Kansas offers a music therapy course for graduates.

Here it must be realized that not everyone is fitted for hospital work. The therapist must be endowed with certain qualities and personality traits, in addition to his training and talent, to insure his success in this field of responsibility. Emotional stability is foremost on the requirement list of the hospital musician. A therapist who is battling with himself for emotional stability will never gain the confidence of his patients, for their need lies in a leader of self-assured confidence who can listen to, and understand, their problems. A musician of emotional instability is incapable of helping the patient regain his mental health, for the instructor retards the amount of effective aid
the therapy class might have on the patient. On the other hand, if the class were being led by a stable person, circumstances might be such that the inmate would make astounding progress in his battle for mental health. The therapist's sense of humor is very important, for it is through a bright and gay sense of humor that a patient is often relieved of tension and is set at ease with the therapist. Since the musician is the middleman between the patient and the psychiatrist, he should have a thorough knowledge of the types of mental illness, their characteristics, and an understanding of the medical language used by the psychiatrist when alluding to these various types of mental illnesses. Thus, the musician must know both music and medicine.

Relations between the therapist and the patients must always be kept on a friendly and cooperative basis, and, since his associates and pupils will be students of a special type, the teacher should be sensitive to their likes and dislikes and should grant their reasonable wishes. No partiality should ever be shown to any patient, for this will immediately lead to a feeling of competition between the patients. Such a feeling of frustration and rivalry is extremely bad for the patient.

The age of the therapist should be from thirty to fifty, because only an older person can have the full understanding of human nature needed in hospital work and incorporate this knowledge into the study and aid of his associates at the
hospital. Also, an older person will more readily command the respect of the younger inmates and compel the advanced age groups to consider him as an equal.

During the period of internship, the worker will have the opportunity to observe the methods which the psychologists and physicians use in dealing with the patients. Their respective attitudes and methods will enable the musician to ascertain ways in which he can work with the patients and cooperate with the staff. There should be full cooperation between the musician and the psychiatrist at all times, one working for the advancement of the other. A complete understanding of the patient's case history will be extremely helpful to the worker in any instance. Case histories of all the patients should be made available to the hospital musician upon his arrival, for this will greatly influence his choice of music for the group and for individual instruction.

The therapist should consult frequently with the hospital psychologist, for he can help in assigning tasks for the various patients which are within the reach of their mental capabilities. There should be frequent joint meetings of the therapist with the general staff, individually and collectively, so that all can know the activities and possible accomplishments which have taken place in the music therapy sessions.
The musician should make a constant effort to have a varied and interesting repertory and an engrossing presentation of the work at his command. A knowledge of standard, classical, sacred, and popular compositions is absolutely necessary for the therapist, for through these types of music the therapist will attract the attention of the patient, command his interest, and specifically suit his maladjustment.

A knowledge of Mother Goose rhymes and songs is very important, for some patients, regardless of their age, will have to be approached on a child's level. Dancing instruction should also be given by the therapist for those patients who require some form of emotional release.

The hospital worker should know how to play the piano, organ, and at least one other instrument. If he cannot play the piano by ear, then he should, without fail, be able to sight-read easily and to lead groups in singing. Appreciation classes will also come under the heading of therapeutic work, so it is necessary that the therapist be efficient in all of these fields. It cannot be too greatly emphasized that the therapist should have as his guiding interest his enthusiasm in helping the mentally ill with whom he shall come in contact. A disinterested worker in any field lacks the capacity to stimulate interest in others. Personal performance must be forgotten by the therapist in an effort to work for the aid of others and not for self glorification.
In addition to the requirements set forth for the music therapist, there should also be those for the staff in connection with the therapist.

1. Preliminary observation of the patient by the staff to determine his responsiveness to and need for music.

2. Medical checking of response of patient to his prescribed participation in music activities. This includes:
   a. Observation by the physician of the patient during his occupation with music;
   b. Systematic recording of patient's response in notes of physician and nurses and in reports from musician.\(^2\)

Not only must the therapist have a knowledge of medical and psychological terms and meanings, but the physician also must (or should) have a knowledge of musical application, its usefulness, and the effect that music has on the individual patient. The therapeutic use of music requires complete cooperation between physician and music therapist.

The physician who applies music as a therapeutic agent must moreover be acquainted with the patient's manner of life, knowledge, character, temperament, passions, habits, musical training, and music aptitude in order to predict and control response to music with any degree of success. In the absence of such control undesirable physiological changes may be induced.\(^3\)

The fact that all patients do not respond to music, that there are hyper-sensitive allergies to music among mental patients, and that every patient responds to music in a fas-


\(^3\)Soibelman, op. cit., p. 74.
fascinatingly different manner, suggests to the average mind that there not only must be training for the music therapist, but that the medical doctor must also have an applicable knowledge in the field of musical therapy.
CHAPTER IV

EVALUATIONS AND CONCLUSIONS

It must not be assumed from the discussion of music therapy that it is used as a cure within itself. Music is only one phase of general therapy and is used in connection with the mentally ill in the capacity of a preparatory measure. Contact, association, release, entertainment, and rehabilitation are all accomplished through the use of music. Music is used in collaboration with other elements of aid, however, to gain these accomplishments. Even the advocates and staunch believers in the beneficial elements in music do not eulogize music as a cure for mental illness.

In mental cases where music has been used to good advantage, and the patient has eventually been cured, music can only be considered as one aid among many. The extent of the individual musical aid depends entirely upon the patient. His environment and associations of former days determine his own progress. It has been suggested that "music in therapy" be used instead of "music therapy" to show that music is recognized as an aid when used in connection with other therapies.

It must be understood that in many reports of miraculous cures attributed to music alone, the medical treatment
of the patient has not been considered at all. Such reports are inclined to give the reader the idea that the article is unauthoritative or that music is claimed to be a "cure-all" in the modern field of mental treatment.

Some day in the near future a new type of musical composition may become important - the field of special composition for mental patients. It has already been proven that various instruments have specific effects on mental patients, and that the musical elements of rhythm, pitch, and meter occupy their own places of importance in mental treatment. Since this is so, music especially composed and assembled with special regard for these specific elements in connection with the mental patient would, it is presumed, be extremely interesting and beneficial. Schillinger has suggested that there are possibilities of music or sound patterns which would be especially adaptable to certain mental disturbances.

If the general public is to correctly understand the growing importance of music in the mental hospital, the following summary of facts should be stated:

1. Music is not and should not be considered as a cure for mental illness within itself and without the aid of other therapies.

2. Music, when used in connection with other therapies, has been known to effect beneficial progress among mental patients, both collectively and individually.

3. The use of music therapy in connection with the
mentally ill has been orientated into the hospital schedule with the full endorsement of psychiatrists, medical doctors, and psychologists who are well-known in their various and respective fields.

Music therapy has been undergoing the test of time, usage, and experiment for over a decade and is still going through this process. The individual effects of music can only be determined through long, tedious hours of experimentation. Because of this, one should not be too hasty to condemn music therapy as a ruse of the present-day mountebank. Just as psychiatry, chemistry, and medicine have evolved into reliable scientific practices, music therapy, or "music in therapy" must also have the same sanction and authorization of these various fields of research for its maximum development.

Given the equal advantages, interest, and experimentation of the various sciences, through research, music will one day be considered a positive, essential, and a determining factor in the treatment of hospitalized mentally ill.
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