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A Survey of the Techniques and Methods in Presenting Music as a Theraputic Device to the Mentally Handicapped

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A SURVEY OF THE TECHNIQUES AND METHODS IN PRESENTING MUSIC AS A THERAPEUTIC DEVICE TO THE MENTALLY HANDICAPPED

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TABLE OF CONTENTS

CHAPTER I

INTRODUCTION

The use of music as a therapeutic device is not new. The Bible records King Saul who, when in mental depression felt his reason was failing, called for David to play on his harp and sing verses to him. All through history there are incidents of music being used to ease a depressed mind or to release the emotions.

It is not surprising then that music has been stressed so strongly in the lives of our children. Music originally was considered to be rather academic and good for the student to study because it required discipline and considerable ability and intelligence. More recently the recognition that the human body, either intellectually endowed or retarded, has a basic need for, and a receptiveness to, music in the creative and rhythmic forms.

Music as a therapeutic and educational device is rapidly gaining recognition. Rhythmic arts offer great assistance in adjusting the child to his physical, social, and personal environment. Schools for the mentally retarded are using music and rhythmic movement not as "fun" aids, but as basic paths to learning.

The music room is to be a special room set apart from the ward, and free from the emotional problems of the patient. Here the rigid and frustrating classroom atmosphere is not to be found. In such environment the systematic sequential curriculum of rhythm and music or melody can be used to direct the activity and assist in the orderly development of the withdrawn child. Once the patient is started or

captivated, attention may be focused, the interest span lengthened, and concentration increased; then the learning situation is carried over into other phases of the curriculum.

The values of the rhythmic and melodic arts should not be limited to the educational aspect. They should teach cooperation in group work, the identification of the self as a group member, and the opening of the social horizon. With proper direction music can lay the ground work for a healthy lifetime in relations with other handicapped persons as well as those who are normal.

I. IMPORTANCE OF THE STUDY

It is the intent of this paper to list some of the techniques employed in presenting music as a healing stimulation to the mentally handicapped.

II. LIMITATIONS OF THE STUDY

To explain why each technique is better or different is not the intent, but to present some of the successful techniques with the thought that the reader might adapt them, and through another's experience create a greater learning situation for those he teaches.

III. DEFINITION OF TERMS

Music as a therapeutic device. Music used in any form as a stimulus to help the patient overcome the anti-social state into which he has withdrawn, and that through participation in both active and

passive programs may re-enter society as a contributing member, or to participate more successfully in the society in which he must reside.

Active. That form of musical therapy in which the patient must in some outward physical form or movement take part.

Passive. That form of musical therapy in which the patient takes part with no outward physical movement, but with notable response in attitude.

Handicapped person. That person who, because of low mental ability or emotional impairment, is hospitalized for treatment.

Music therapy can be divided into two main areas: the active or the personal participation, or involvement of the patient into the movement of the music, and the passive or the listening of the patient with no outward physical movement but with a definite attitude response.

CHAPTER II

THE PASSIVE TECHNIQUE

The passive portion of music therapy is rather limited in its use. "Dr. Altshulter employs the 'iso' principle. He has found that the 'iso' principle--using music identical to the mood or mental tempo of the patient--has been found useful in facilitating the response of mental patients to music." (40:23) Within the confines of the limitation, great strides have been made in Veterans Administration Hospitals since World War II in listening therapy. In the treatment of schizophrenic adults music has stimulated the dormant thoughts that through regression, introversion, and mental collapse or splitting from the surroundings, have been discarded. Research has found that schizoid patients with youthful musical training have, through music therapy, made some progress in opening the closed portion of their mind and gained success and a sense of acceptance through skills and successes in music.

In some hospitals music is used in the preparation of the patient for electroshock and insulin shock treatments. Soft, soothing music is used before the treatment to relax the patient. Faster tempos are selected for post-treatment to stimulate activity. The histories of the patients are studied to eliminate compositions that might have unfortunate connections or associations with precipitating factors in the illness. Vocal music is avoided because of the possible misinter-

pretation of the content of the lyrics.

Passive music therapy is used in large mental institutions to calm patients and maintain self-control in the dining room.

> The effects of orchestra music on the thirteen hundred patients assembled during meals in the dining room, afflicted with every grade of mental derangement, is satisfactory to the highest degree. Under its influence those patients are quiet, self-controlled, and observe as complete decorum as could be found in the dining room of any large hotel, and I believe the influence to be not only pleasing but of lasting benefit. (40:11)

This therapy is limited to adults or patients that have had in their youth or formative years some degree of success in society. The passive therapy is used to relax and calm patients that are angry, in moods of anxiety, despondent, sad, emotionally fatigued, suffering from gastric disorders, have tension headaches, and psychopathic personalities. The music therapist can and should study the patient in order to understand the moods and reasons for the moods so that he may select music best suited to relieve pressures as they become evident.

> The use of the passive technique with retarded children should be limited and only used by itself very sparingly. Listening should be a very important part of the active technique with retarded children, but rarely as a single, independent therapy. (11:notes)

CHAPTER III

THE ACTIVE TECHNIQUE

The active technique can be divided into three separate areas: (1) the dance; (2) singing; and (3) instrumental.

The dance. "Dance is the expression of human fantasy and emotion using as its medium the mobility of the body passing through space and time. (6:258) The dance is the basis for the active technique. Rhythmic feeling and release of energy, coupled with emotion released through creative dancing, helps the patient regain self independence and confidence.

In the form of a circle, a small group begins the dance therapy using large and vague movements in a follow-the-leader type situation. Remembering that the patient is usually clumsy at first, much practice in training his movements so that they will conform to the size of the group and the music will be needed. Piano music is best to use at this time, with little complexity and simple rhythms.

As the patient progresses from the vague movements, he should be guided to use his creative talent in expressing his emotion through modern dancing. Recorded music can be used as the patient's span of interest has increased to where he will not be distracted by the complexity of the music. All directions from the therapist should be simple, subtle, and firm, yet not offensive to the patient, so that he may take on the responsibility of the dance himself and not be dependent upon the leader.

Although simple movements and creative dancing are first goals which anticipate square dancing, the ultimate goal should be ballroom dancing.

The research indicated the need for all the nursing staff, including male orderlies and nurse aids, to participate freely with the patients in the music therapy. There should be none who are superior in performance to the patient; just average or below average performers to insure that the patient will have a successful therapeutic experience.

The following illustration may be adapted to fit most any group. The ages listed are for organization. Older patients with similar mental ages enjoy beginning their rhythmic therapy with this program.

Beginners group--ages five to seven.

1. Music: "Ten Little Indians"
   a. The patients learn to clap the entire song.
   b. The patients learn the words and clapping.
   c. They clap on numbers and impersonate the word "Indian" by bringing one hand up behind their head in imitation of feathers.
   d. They conclude with a war-whoop, shading their eyes to search for cowboys, and crossing their arms to imitate a "big chief."

2. Music: "Autumn Leaves" (Original verse and music)
   "The wind is blowing round and round
   While autumn leaves fall to the ground.
   The big red sun is in the sky
   Smiling down on you and I.
   When the sun has gone to rest
   The Lady Moon comes in a silver dress."

   This little rhythm is taught in the fall when the wind and falling leaves are a reality to the patients. . . . the movement, an interpretation of the words, is done with the arms and upper parts of the body.

For an older group of patients--ages seven to nine.

3. Music: "Johnny's So Long at the Fair"
   a. The patients clap the rhythm.
   b. They walk the rhythm--two slow steps, six quick steps for the first three phrases, and on the words "Johnny's so long at the Fair," they join hands and walk four steps around their partners and bow.
   c. Playing the music through about four times they vary the pattern of the steps but retain the basic rhythm described in (b).

   This folk dance is thoroughly enjoyed by the patients because of an easily heard and interpreted rhythm and the fun the words imply.

4. Music: "Oh, Susannah!" This is actually a square dance.
   a. The patients clap and tap out the rhythm.
   b. Simple patterns of walking forward, backward, and sideways, paying careful attention to the beat of the music.
   c. A figure, similar to that used in the "Virginia Reel," is worked out, especially suited to the ability of the patients participating. Simple regular calls, as swing your partner, do si do, right and left arm swing, are given only when possible for them to respond with as much effort as may be considered desirable. (34:49-51)

CHAPTER IV

SINGING TECHNIQUE

The singing technique is a continuation of the rhythmic technique and the beginning of the instrumental technique. Folk dances and singing of rote songs are employed as the next phase. Composition is introduced. Considering each patient's abilities individually, the success of each patient in everything that is attempted must be insured. Each patient does not progress in the same fashion. Some patients are unable to do simple rhythmic dances, but they can sing or play an instrument. Others, a minority group, may not participate at all.

The instructor begins the class by introducing simple notes and rests, a quarter note and a quarter rest, demonstrating how each is used. The quarter note is a symbol for sound and the rest a symbol for silence. The instructor then demonstrates how to play or clap a quarter note and how not to sound a rest.

As the class progresses the eighth note and rest are introduced. Each new note must be heard and understood by each patient. The patient must be able to sound each note exactly as it should be heard. The instructor should tolerate no careless work just because the patient is handicapped. As each note is introduced, the patient composes songs and plays them for the class, using the new notes as well as the others he has learned. If a blackboard is available, different patients should write their compositions on the board, so that

all the other patients can see and play it. Each composition should be played in the class immediately following the day of assignment. If the class meets every day, the lapse between assignment and performance should be no longer than twenty four hours.

The instructor should bear in mind that the basis for this therapy is success of the patient. Regardless of what the patient writes, if it is played the way it is written, the instructor should praise the patient for what he has done. As composition is an individual creative art, no patient's work should be compared with another's, but should be praised and complimented for its own merits.

As the class progresses, dotted notes and rests are introduced. Rote singing continues. The patient is gradually understanding, through composition and successes in performing his own work, the basic fundamentals of music reading. Part singing is begun and voice-pitch relationship is established.

The eventual goal of the singing technique is the selective robed concert choir. The patient anticipates the concert when he will demonstrate his ability to do something successfully. From the beginning of the singing technique, vocal music is guided along the various familiar tunes that most elementary classrooms use. The folk tune and some popular songs seem to be the easiest for the patient to learn. Holiday songs seem to take on a new meaning if they are sung in a large group in unison, or in the smaller ensembles in harmony.

Glee clubs, quartets, trios, and mixed quartets should be encouraged. Private lessons should be available and encouraged for the

patient that demonstrates talent and ability.

CHAPTER V

INSTRUMENTAL TECHNIQUE

The instrumental technique is a continuation of the rhythmic and singing techniques. Each technique is started with the basic feeling of rhythm. To review briefly, it must be remembered that the composition portion of the singing technique has been the preparatory phase of the instrumental technique, as the rhythmic technique was the preparatory phase of the singing technique. The patient has been introduced to a well-rounded section on folk dancing and has become quite proficient in composing eight-bar rhythms and understands clearly the notes and their values.

In the singing technique when the pitch relationship was established, the voice was the instrument. Although instrumental and voice pitch are very similar, they are to be considered separately because of the repetition necessary in teaching handicapped children or patients. Using an inexpensive plastic recorder, tonettes or song flutes will do, the fingering for a specific pitch is discussed. The instructor begins a class session by taking a recorder and demonstrating the fingering for and sounding F above middle C. The instructor then draws the note, using a blackboard, on the staff. (If a blackboard is not available, any type of similar visual aid may be used providing a staff can be drawn and the notes written on it.) By using F above middle C, the instructor is giving a name to a definite pitch on the staff that the student has already used in writing the

rhythm compositions.

As each patient finds F, he is praised and complimented. The patient is then instructed to write a rhythmic composition using the tone F to be played on his recorder. As indicated in the singing technique, regardless what the patient has composed, if it sounds exactly as written, compliments are freely given. Success is the most important part of the therapy program.

At the next lesson the compositions are played. Again it is important to remember that each patient should play his composition exactly as it is written. Tolerate no careless work. If the composition does not sound as the composer wants it to sound, it should be rewritten to sound as the composer heard it in his mind.

The instrumental technique is continued in this manner. New notes are introduced and compositions written and played, using each new note alone and with the notes already in command of the patient.

The next step is writing music with the twelve tone row. The row is given by the instructor, who demonstrates its use. Each note of the chromatic scale is placed on the staff with no definite pattern other than to maintain an atonal feeling. The instructor continues by illustrating how the row can be inverted, or turned around. One rule is given: Each note of the row must be used before any one note can be repeated. The use of the row offers a wide area of experimentation for the patient. Using whole notes at first, the patient gradually takes command of the row by using all the various rhythmic patterns he has learned up to this point. The patient may try writing for

more than one instrument as he becomes more familiar with the row.

To add pleasure in writing, the "Pan-Diatonic Semi-Chance" (11:notes) method of composition is used. The patient is given the seven notes of the C scale as the notes of a new song. The assignment is to use only these notes, the white notes of the piano keyboard, and compose a piece for two or three instruments. Again only one rule is used: Each note of the diatonic scale, from C to C, must be used before a note can be repeated, and each phrase should end with a fermata. The patient is to use all the different kinds of notes and rests he has learned. As the composition is played, it will make no difference what part begins first, or all together, or if they end separately or together, providing all parts hold the last note until told to stop playing, the composition will sound quite good.

The instructor must be conscious of the individual talents and abilities of the patients with whom he is working. The mental ability of the patient will determine how he will progress in this, or any other field of therapy.

Jules E. Brewer (8:113-116) discovered a boy in the band that could not read notes, as they were too complicated for him to understand. To overcome this problem, the boy had devised a crude code of his own to indicate the pitches that he was to play. The instructor then followed the boy's example and developed a similar code and has had great success in teaching music reading to patients of low I.Q.

From this step by step program, the patient is given an opportunity to continue on into the band. A concert band, complete with

uniforms, is the ultimate goal of the instrumental technique. Concerts are given in the community and recognition is given to the patients because of their ability and successes in music, not because of their handicap.

Art Wrobel (50:392-3) maintains a Drum and Bugle Corps at the St. Cloud Veterans Administration Hospital. Each applicant for this Drum and Bugle Corps is considered on length of hospitalization, his interests, his hobbies, diagnosis, his present condition, and his attitude during interviews by the medical staff as well as the music staff.

Mr. Wrobel considers this therapy excellent for re-socialization. The patient learns to take commands. He learns that through cooperation and competition he is forming friendly, impersonal relationships which are very important to the success of the patient and of the unit. The unit is "talked up" enthusiastically. Those patients who are uncooperative on the wards and have shown no interest in any of the other programs, will take interest in performing and make rapid gain in reaching success.

For the patient who is mentally incapable in following the instrumental technique to its final goal, that of the concert band or the drum and bugle corps, a great deal of pleasure is found in performing in the rhythm band. Care should be given to select instruments for the patient. Instruments should be selected to fit the regression of the patient. The most preferred are the single and double head drums, and the tom-tom; each are sounded with a mallet.

Bongos, maracas, triangles, tone blocks, tambourines, cymbals, claves, tuned bells, and sleigh bells are all enjoyed by the patient and a great amount of success is gained through them. (37:51-3)

CHAPTER VI

SUMMARY

Music as a therapeutic agent is not new. Historians have recorded its use for some 4500 years. Yet today it is almost a new medicine; physicians prescribe it for their patients to soothe them, to activate them, to sedate them, and to rehabilitate them. There is a great need for trained music therapists in almost every mental hospital. As an organized therapy, music is relatively still an infant.

The intent of this writer has been to present some of the techniques used in presenting music as a therapeutic agent in the treatment of mentally handicapped people. Each specialist in the field of music therapy has used the techniques listed in this paper and has altered and changed them to fit his personal way of teaching and the immediate group of patients.

Each therapist must be cognizant of the fact that these therapeutic devices are long term projects. Each phase of the therapy is introduced and gradually the patient, using previous knowledge and successes, restores and strengthens his self-confidence.

The passive technique is used to stimulate, sedate, rehabilitate, rejuvenate, and open the regressed mind of the patient who has divided his mind and withdrawn from society. This technique is essential in all forms of music therapy as it captivates the hearing, momentarily to begin with, and can, with continued exposure, guide the mind to some degree of desired response. It is recommended that the

passive technique be used as a listening program only with adults. Children and young adults should use the passive technique only in conjunction with some form of the active technique.

The active technique may be divided into three areas: (1) the dance, (2) vocal, (3) instrumental. Each area is very important and dependent upon the other two. However, in given conditions, each can be used independently of the other.

The dance technique is used for developing social communication among the patients. Beginning with simple arm and leg movements, quite vague at first, the dance progresses through simple rhythms to ballroom dancing.

The vocal music program begins the use of composition with note and pitch in relation to the voice. Rote singing gives way to simple harmony. Eventually a robed concert choir is formed and featured in public concert.

The instrumental program continues the use of composition to a more comprehensive form than in the vocal program. The playing of each individual's composition throughout the technique builds the patient's confidence in himself through his many successes. Eventually a uniformed band is formed and featured in public concert.

> Music can be a co-operative effort for wholesome discipline. It tends to break down the sense of isolation so common to mental disease. It assists in adaptation to the mental state.
>
> First, playing must be made a pleasure to the members. This means there must be no severity of discipline and great tact must be exercised in correcting errors--preferably privately so as not to be humiliating to the patient.

> Second, have some easy numbers; otherwise the results may discourage the patients.
>
> Public appearances away from the hospital have the advantages of enhancing self respect and pride.
>
> Admit a small number of hospital personnel to the band--but not those of great ability. The more varied the instrumentation, the more gratifying the result to the participants. (35:70-71)
>
> . . . just as one label is divided to identify the individual so then should the treatment be divided to fit the patient. For example playing a scale could be: adapting oneself to authority and following prescribed rules for an impulsive antisocial person; a creative experience for a person that has never done anything for the sheer pleasure to be derived; it can be a gratifying experience for the person burdened with an "I can't learn anything" attitude; it can be a task to perfect for the compulsory person; it can be the never-ending task for the guilt-ridden person; it can be a stepping stone to verbal communications for the withdrawn person; and so on with endless variations. (5:47)

There are many ways for music to be used as a therapeutic device. However, this writer thinks perhaps any musical device which has appeal to the patient may be used therapeutically. When this particular musical device is presented to the patient by an understanding therapeutist--one who has rapport with the patient-- that patient will show definite improvement in his social adjustment.

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APPENDIX

APPENDIX A

Explanation of Square Dance Calls.

1. Partner. The girl on the boy's right.

2. Corner. The girl on the boy's left.

3. Honor. The boys bow, or the girls curtsy.

4. Balance. With right hands joined and held shoulder high, couples step forward on left foot and back to place.

5. Allemande Left. Boy and corner girl left hands joined walk around each other and back to place.

6. Grand Right and Left. Face partner, join right hands walk ahead extending left hand to next dancer and so on until back to place.

7. Do Si Do. Girl and boy walk forward toward each other and one step past passing right shoulders. Each steps to the right and walks backward to place without turning.

8. Swing. Partners face, join hands, stand so that right sides almost touch, and turn rapidly with small steps leaning away from each other.

9. Promenade. Partners shuffle step counter-clockwise around the circle and back to place. Girl is on boy's right. Boy holds girl's right hand in his right; her left in his left. Hands are joined in front with the right hands above the left. This is also called the "skaters position" or the "double handshake." (9:Introduction)

APPENDIX B

EXAMPLE OF A HOSPITAL WARD PROGRAM

(The program is planned in three units.)

I. Introduction, with the first number meeting the mood of the ward--in this example quiet or depressed.

A. Well-known Semiclassic, "In a Persian Garden," Violin, Autoharp Princess Theme
B. Operetta, "Indian Summer" Voice, Violin, Autoharp
C. Well-known Semiclassic, "Serenade Espagnole" Violin, Autoharp

II. Participation

A. First Part: using rhythm instruments
1. "Auf Wiedersehn, Sweetheart" Voice, Violin, Autoharp
2. "Liebeslied" Violin, Autoharp
3. "Te Quiero Dijeste" Voice, Violin, Autoharp
4. "El Choclo" (Mexican Hat Dance) Violin, Castanets, Autoharp

B. Second Part: requests, using group singing and/or rhythm instruments in such numbers as "Daisy, Daisy," "Mary," "Sweetheart of Sigma Chi," etc.
C. Third part: Stopping participation by playing one piece of music that is unfamiliar but in the prevailing mood, such as "Artist's Life."

III. Stabilization of Mood.

A. Popular Song, "Moulin Rouge" Voice, Violin, Autoharp
B. Well-known Semiclassic, "Liebesfreud" Violin, Autoharp
C. Ballad, "River Seine" Violin, Voice, Autoharp (3:58)

APPENDIX C

CLASSIFICATION OF MUSIC

To build a suitable library with a good well-rounded selection of music to draw from, a classification of music is necessary. Based on the mood the music induced in the patients who listen, the following method was used. (19:49-52)

First. Select and list musical numbers in at least five, and possibly six or seven categories, according to the general type of composition:

1. Classical
   a. Instrumental music, solo and ensemble
   b. Songs
   c. Combinations of both

2. Operetta and Comic Opera

3. Musical Comedy and Popular Songs

4. Folk and Regional Songs, Ballads, Spirituals

5. College, Army and Navy Songs, Marches, Music for Patriotic Occasions

6. Music for Children

7. Music for Religious Services

Religious music should be used exclusively in religious services, and not be otherwise used unless by an experienced hospital musician. Patriotic music should be saved for the proper occasions to give it importance and deeper meaning.

Second. The second step is to divide the Mood Index into three divisions. They are: (1) Stimulating, (2) Middle Range, and (3) Depression.

MOOD SCALE
(NON-STATISTICAL)

STIMULATING

Joyous	Martial	Agitated
Soaring	Dramatic	Sensational
Spirited	Vivacious	Thrilling
Scintillating	Impetuous	Majestic
Exhilarating	Restless	Barbaric
Sweeping	Exciting	

Also modern dissonant music, which can be annoying; any syncopation; and all music intended to be sexually stimulating, no matter how slow or "blue."

MIDDLE RANGE

Sprightly	Rippling	Gay
Playful	Sparkling	Comic
Fanciful	Quaint	Graceful
Dreamy	Lilting	Leisurely
Tranquil	Meditative	Soothing
Sentimental	Stately with soft rhythmic flow	Meltingly tender
Plaintive	Yearning	Reverie-like
	Pleading	

DEPRESSING

Sad	Solemn	Mournful
Tragic	Pathetic	Doleful

A folk song, no matter how cheerful and lively, when heard by someone from the country of its origin, can have a depressing effect, as can lullabies and religious music, because of associative memories.

Third. It is to note whether rhythm, melody, harmony, or pictorial association is the predominating element of each piece of music.