

# MUSIC THERAPY

by Liveryman  
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**PEOPLE OFTEN SAY TO ME, "it must be a very rewarding job" or "have you had any exciting cures?". Yes, it is a rewarding job but there are no spectacular cures. Sometimes breakthroughs.**

Music therapy is about communication when words are not understood or rejected. I once took a session in the acute admissions ward of a London psychiatric hospital. I had no piano, only a guitar and other portable instruments. (I am a very basic guitarist!) As I passed a side ward I saw a young girl lying motionless on her bed dressed all in white. I was told she wouldn't respond as she hadn't moved or spoken since admission three days before... I proceeded to work with the group and found myself playing the hymn "Crimond". for the first time ever. I shall never know why the idea came to me. I sang the first verse, and even managed the modulation to the dominant! As I began the second verse I became aware of a lovely soprano voice singing the descant. It came from the same girl, standing in the doorway. The nurses were astonished. She was able to begin her recovery from that moment. Since David lifted Saul's black moods with his harp, music has been a source of therapy to the distressed. Only in the last forty years has it become a discipline accepted by medical and educational establishments and awarded professional status. In the seventies it was recognised by the DHSS. A definition clarifies the practice: "the controlled use of music in the treatment of mental; physical and social disorder". This definition covers work with people from cradle to grave: the child born with a physical or mental handicap; the adult in permanent care for these conditions; the mentally ill person in hospital or community care; the elderly with increasing physical incapability and senility; the young person with deviant behaviour and those committed to Her Majesty's prisons. A new practice is proving helpful with cancer and AIDS patients.

Who wants to be a music therapist? Music teachers, orchestral players, soloists, all have applied. Those selected must have a strong identity and love people without sentimentality. There is no place for a "do Gooder" or someone needing therapy themselves. The crucial

factor is the desire to communicate through music. Every musician has his or her style and sound, quite unique. This statement of musical personality can be received unequivocally by the listener. What a gift to bestow! "Here is something of me no one else can offer". This unspoken communication forges a link, enabling trust to follow, and work can begin. There are three training courses in London. I was privileged to direct the course at the Guildhall School of Music and Drama. Back in 1968 my late husband had the vision to begin an embryo music therapy course under Juliette Alvin, the pioneer of MT in this country.

How do we work? Everyone needs to use the piano. Instrumentalists and singers are taught basic skills for accompanying and improvisation. It is often more suitable to use a single line instrument. Some very successful therapy has been achieved using unaccompanied flute, voice, 'cello and even trombone and bassoon! When no piano is available these skills are vital.

The theory, in my opinion, is based on developmental psychology. None of us is perfectly balanced intellectually, physically or socially. But most of us manage. However, if one of these developments is seriously impaired, the others will also suffer. A wheel chair patient may find learning and social skills more difficult. The learning disabled find it hard to make friends and enjoy physical pursuits.

Musical discipline can help balance intellectual and emotional outlets. The breakdown of rhythm, pitch and harmony can be used to target particular difficulties. Numbers, words and necessary everyday phrases can be taught through song. A Down's syndrome child can be helped to take turns by waiting for a musical cue. An autistic youngster can be helped to understand time keeping by the use of ordered rhythm. Psychiatric patients can express deep feelings through the medium of atonal improvisation (using pitched and unpitched percussion) "held" by the therapist's accompaniment.

We occasionally perform ourselves. The music must be exquisitely played, however simple. Patients recognise beauty, often sadly missing in their lives. Some examples from practice are needed to avoid the sterility of theory. Four girls, aged eleven and twelve, met in a group. They found mixing impossible, becoming violent, having come from very disturbed backgrounds. Choosing instruments to

play - drum, chcolo, cymbal, xylophone, wood blocks - they produced, with my "holding" piano accompaniment, a beautiful piece of music expressing all the security they needed but couldn't produce in words or actions.

In a unit for the elderly mentally ill in a South London teaching hospital, I worked with a physiotherapist trying to maintain movement in the chair bound. These bewildered old people, cut off from home, possessions and loved ones, enjoyed movement to music interspersed with old songs and loved melodies. This is known as reminiscence therapy. The therapist must have a good repertoire, to include "Silver threads among the gold and with respect to Henry Willis 4 "My old dutch"! In a unit for autistic children in North London, the work is exhausting and not always rewarding. Parents are pleased their child is doing something. (if autistic children are diagnosed before the age of two, much can be done, but many doctors and educational psychologists are slow to pick up the early traits of this condition). The children, usually boys, have incredibly difficult behavioural problems, but can be coaxed into some ways of communication. A therapist's sensitive playing, usually atonal, seems to fit their disordered thinking, and allows a kind of musical relationship to ensue.

In the clinic of Guy's hospital, a young nurse sat, very silent, bowed and depressed. I played a currently popular song and when it was over she burst into tears. I tried to comfort her, but she said "it's all right, they have been trying to get me to cry for three weeks, and you have done it in three minutes". She was discharged very soon, having suffering from bottled up depression at her mother's death.

1995 is the year of the Music Therapy Charity Appeal. This is to fund The City University Fellowship in Music Therapy, the British Society for Music Therapy (the body known internationally for disseminating information about MT) and the MusicSpace Trust in Bristol. The last is a charity funded centre to bring music therapy to many groups of disabled in Bristol. Allen was most interested in MusicSpace and served on the council of management. Please support us! We have much work to do.