Student exemplar for 90499 version 2 at the excellence level.

Research and present a music topic

Music therapy

Achievement	**Achievement with Merit**	**Achievement with Excellence**
• Develop a framework for researching a music topic.	• Develop a framework for researching a music topic.	• **Develop a framework for researching a music topic.**
• Process relevant information from sources.	• Effectively process relevant information from sources.	• **Effectively process, with discernment, relevant information from sources.**
• Use findings from independent research to construct and deliver a presentation with valid conclusions.	• Use well-supported findings from independent research to construct, refine and deliver a presentation with valid and coherent conclusions.	• **Use well-supported and perceptive findings from independent research to construct, critically refine, and deliver a presentation with valid, coherent and insightful conclusions.**

Moderator Commentary

This is a very well written and convincing research presentation that exceeds the expectations for excellence at this level. Nevertheless as an exemplar it provides examples of many features that are instructive. Time taken at the framework stage, exploring the topic area and revising the key research question and sub questions meant that the research intention was focused and clear before the report was written. The student submitted a clear log of the research process (not copied in this exemplar). A summary of the research framework is included in the presentation on page three. The student has enriched the research by including interviews as well as having researched a wide range of secondary material.

The presentation is clearly laid out. The sub questions enrich and clearly relate to the central question and provide a ready made structure for the report. There are well-supported and perceptive findings with valid, coherent and insightful conclusions.

Student Work

MUSIC THERAPY

Contents

Area of Enquiry

Key Question

What impact is music therapy having on the treatment of mental and physical illnesses?

Sub Questions

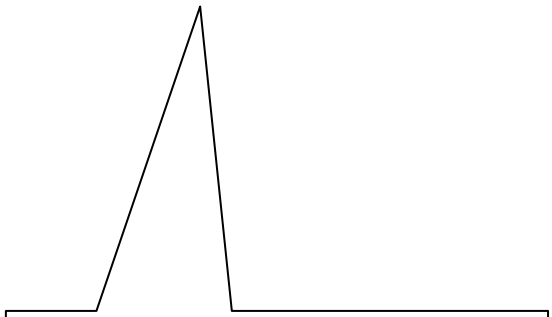
1. What is the history of the use of music in the treatment of mental and physical illness?

2. What are the main types of music therapy in use today?

3. How can music therapy be used to treat children with mental or physical impairments?

4. How effective is music therapy in the care of elderly people, especially those with age-related illnesses?

5. How is music therapy used in physical rehabilitation?



Research Framework

Timeframe

Term One

- Determine general area of research
- Begin research with background reading on the topic

Term Two

- Formulate key research questions
- Begin specific research to answer the key questions
- Contact a music therapist and arrange an interview

Term Three

- Write up research findings
- Hand in for preliminary review by Week 9
- Make any final alterations to report

Term Four

- Hand in for assessment

Research Methods and Sources

Primary Sources

- Interview with Claire Molyneux, music therapist at RMTC
- 'Close Up' television interview with Dr Clive Robbins (music therapy pioneer)
- Maori Television interview with Dr Clive Robbins

Secondary Sources

- Books from Auckland Public Library (Alvin, Nordoff & Robbins, Sacks etc.)
- The New Zealand Journal of Music Therapy (held at Auckland Central Library)
- 'Voices' online music therapy database
- Other articles accessed via the Internet

Presentation Plan

A written document including my responses to my five focus questions, a general conclusion and a full list references.

The first sub question establishes a context for the research report.

1. What is the history of the use of music in the treatment of mental and physical illness?

Music therapy is very new to New Zealand, but elsewhere music has been linked to medicine since time immemorial. The ancient Greeks used music to combat mental illness, and music therapy spread to the treatment of physical illnesses in the Middle Ages and beyond. The specific clinical discipline of modern music therapy developed in the early twentieth century, and is now plays a key role in the treatment of a wide variety of illnesses, from developmental disorders to physical rehabilitation.

Excellent in-text referencing.

Aristotle has been quoted as saying that 'after listening to melodies which raise the soul to ecstasy [hysterical patients] relapse to their normal condition as if they had experienced a medical or purgative treatment.' Similarly, Plato used music to combat deliria and Aesculapius used specific melodies and harmonies in the treatment of emotionally disturbed people'.[1] These early Greek approaches to using music therapy for cathartic effect are mirrored by the traditional Italian tarantella, a type of music and dance designed to bring people out of a manic state.

During the Middle Ages and the Renaissance, music, art and more conventional medicine were integrated in the treatment of disease and mental illness. Hymns were sometimes used to improve respiratory health and music was 'not only used as a remedy for melancholy, despair, and madness, but also prescribed by physicians as preventative medicine.'[2]

By the eighteenth century music therapy was a well-established branch of medicine used mainly in the treatment of mental illnesses, and patients were encouraged to play instruments and sing as well as listen to the performances of accomplished musicians. According to Richard Browne, author of one of the earliest English texts on music therapy, 'in nervous disorders such as hypocondria, hysterick and melancholicks affection [sic] singing will be much conducive of the cure'.[3] However, music therapy by means of performance was still used frequently, and King Philip V of Spain is said to have been cured of his depression by daily performances of the same six songs by Farinelli.[4]

Music therapy began to flourish as a specific discipline in the nineteenth century, and music therapists were installed at a number of educational and psychiatric institutions. In America, music was used at the Perkins School for the Blind and the American Asylum for the Deaf, and a series of large scale experiments on the reactions of the mentally impaired to music was conducted at the Blackwell's Island facility and the

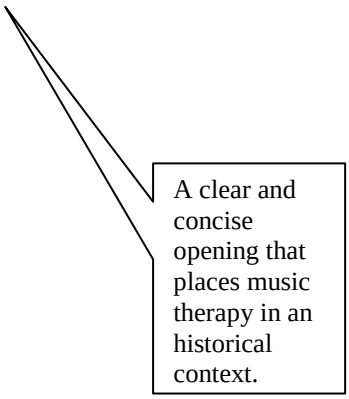
[1] Alvin, J. (1975) *Music Therapy*. London: Hutchinson & Co. Ltd

[2] Davis, W.B., Gfeller, K.E. and Thaut, M.H. (1992) *An Introduction to Music Therapy: Theory and Practice.* Dubuque, IA: William C. Brown Publishers.

[3] Alvin, op. cit.

[4] Davis, Gfeller & Thaut, op. cit.

Utica State Hospital in New York.[5] It was these experiments that ensured that music therapy would have a place in modern medicine.



[5] Ibid.

Following the first and second world wars, music therapy was widely used in the rehabilitation of war veterans and in general hospitals. A music therapy course was offered at Columbia University by Margaret Anderton to equip musicians with the skills required to work with mentally and physically unstable patients. Anderton is viewed as one of the key exponents of music therapy in the twentieth century, and developed the theory that 'for soldiers suffering from psychological conditions, the music therapist should provide the music' but 'for those afflicted with physical conditions, the patient should be responsible for producing the music.'[6] A contemporary of Anderton's, Isa Maud Ilsen, found during her time at a reconstruction hospital that music was extremely effective in reducing pain and that rhythm was the most important aspect of music used in therapy. Although the use of music therapy became more and more common throughout the twentieth century, some music therapists came up against major obstacles as they tried to set up clinics within hospitals and other institutions because of the lack of demonstrative clinical 'proof' of the benefits of music therapy. Interestingly, although jazz music was hugely popular in the twentieth century, the majority of music therapists dismissed it as inappropriate for use in a medical setting and preferred to work with classical or folk music.

In the latter half of the twentieth century music therapy continued to develop as a profession and a number of major American and European universities introduced music therapy courses. The National Association for Music Therapy Inc. was established in the United States in 1950, and similar associations flourished across the world. However, music therapy was slow to develop in New Zealand. A pivotal year for music therapy here was 1974, when Clive Robbins and Paul Nordoff visited New Zealand to promote music therapy.[7]They conducted workshops with New Zealanders who had trained in music therapy overseas, and with other interested musicians, and it was this visit that sparked the formation of the New Zealand Society for Music Therapy the following year. Over the next two decades, visits from overseas exponents of music therapy have been vital in keeping New Zealand music therapists working at the best of their abilities.

Although music therapy gained in popularity in the 1970s and 1980s, no New Zealand universities offered music therapy degrees. Consequently, potential therapists had to be willing to travel to Australia, Britain or the United States to become qualified in music therapy. In 2002, Massey University in Wellington introduced the Master of Music Therapy programme, and the Palmerston North College of Education now offers less intensive training in music therapy as part of its Diploma in Teaching.[8] Both of these programmes are still embryonic, and there are only forty registered music therapists in New Zealand.

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[6] Davis, Gfeller & Thaut, op. cit.

[7] Croxson, Morva (2003). Music Therapy in New Zealand [online]. *Voices: A World Forum for Music Therapy*. Retrieved July 20, 108, from http://www.voices.no/country/monthnewzealand_february2003.html

[8] Krout, Robert E. (2003). A Kiwi Odyssey[online]. *Voices: A World Forum for Music Therapy*. Retrieved July 20, 2008, from http://www.voices.no/mainissues/mi40003000114.html

Overseas, music therapy is to treat physical and mental conditions in children, adults and the elderly, and is often integrated into the public health system through mental health services, special needs programmes and elderly care facilities. In New Zealand, however, music therapists are likely to work in private practice or in outreach programmes at special needs schools like the Carlson School for Cerebral Palsy. Auckland's Raukatauri Music Therapy Centre is New Zealand's only specialised music therapy practice, and was established just four years ago. Working predominantly with special needs children (especially those with autistic spectrum disorders, developmental delays and cerebral palsy) using the Nordoff-Robbins approach, Raukatauri is in increasing demand as other special needs providers and individuals see the positive effects music therapy can have on children.[9]

Even though New Zealand has been slow to develop music therapy as a discipline, the introduction of a degree at Massey University and increasing promotion in the community are ensuring that this form of therapy will continue to grow. It seems likely that in the next decade we will see a large increase in both the number of music therapists practising here and in the range of conditions treated as music therapy becomes more well-known and better integrated into the health system.

This opening section provides evidence of the student having effectively processed relevant information with discernment. There is a coherent and logical progression of information both historically and geographically.

2. What are the main types of music therapy in use today?

Modern music therapy is a broad discipline that works to improve physical and mental abilities in children, adults and the elderly. It has applications in clinical psychology, physical rehabilitation, and in the treatment of mental disorders. The Raukatauri Music Therapy Centre describes music therapy as follows:

Effective use of definitions from findings.

> Music therapy is about building bridges of communication through music, about actively engaging individuals in potential growth, development and change through the power of music.
>
> Music therapy can help develop new skills which can be transferred to other aspects of life. Music helps reduce a sense of isolation and creates new possibilities for participation in the world and a more creative life.
>
> Music therapists work with individuals and groups, seeking to discover how each person relates and responds to music by engaging them in musical dialogue.[10]

[9] Interview with Claire Molyneux, Raukatauri Music Therapy Centre. Auckland, 18.7.08
[10] Raukatauri Music Therapy Centre information brochure

Within music therapy, there are a number of methods that are used in different centres and with different clients. Of these, the most common are the Nordoff-Robbins method (used at the Raukatauri Centre), the Orff method, the Alvin Model of Free Improvisation Therapy and the Bonny Method of Guided Imagery and Music.

An excellent level of clarification adds to the coherence of the essay and provides a logical structure for the following sections.

Nordoff-Robbins Method

The Nordoff-Robbins method of music therapy was developed by musicians Paul Nordoff and Clive Robbins in the 1950s and 60s. It is also known as Creative Music Therapy and views improvisation as a crucial part of every therapy session.[11] The Nordoff-Robbins Institute describes their method as follows:

> The overall aim of music therapy is to actively engage individuals in their own growth, development and behavioural change and for them to transfer musical and non-musical skills to other aspects of their life, bringing them from isolation into active participation in the world. We create music through improvisation or composition specifically to meet the needs and capabilities of our clients".[12]

Further evidence of the processing of information with discernment.

The overriding philosophy behind the Nordoff-Robbins method is that all people can respond to music, and as such 'the therapist's interventions occurred in the music, the client's developmental process was ascertained through musical response, and music was the primary transformative agent in the process.'[13] It is humanistic in nature, and draws on the Steiner and Maslow schools of thought.[14]

Although the Nordoff-Robbins approach is now used in the treatment of adults, it was originally designed for use with children and is still most popular in centres dealing primarily with developmentally delayed children. Each music therapy session begins with the music therapist at the piano, playing and singing a welcome song specifically suited to the child (for example, it might include the child's name and a reference to the desired outcome of the session). Then, the child will be encouraged to join in the music making, either by singing, playing the piano or playing a drum or other simple instrument.

The responses of the child are recorded by a second music therapist, or, if there is only one therapist, analysed after the session through the use of a video or audio recording. They are matched with a thirteen-point scale (see Appendix One: Nordoff-Robbins Categories of Response), and from this the music therapist can gauge what sorts of musical activities will be most beneficial to the child in subsequent sessions.

Individual sessions are most common in the Nordoff-Robbins method, but small group work is also recognised as valuable in certain situations. This method of music

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[11] Nordoff, P. and Robbins, C. (1971) *Therapy in Music for Handicapped Children*. London: Victor Gollancz Ltd.

[12] http://www.nordoff-robbins.org.uk/musicTherapy/whatIsMusicTherapy/index.html 'What is music therapy?' (Nordoff-Robbins Music Therapy site, accessed 15.9.08)

[13] http://steinhardt.nyu.edu/music/nordoff/ (Nordoff-Robbins Centre for Music Therapy at NYU Steinhardt, accessed 15.9.08)

[14] Wigram, T., Pedersen, I.N., Bonde, L.O. & Aldridge, D. (2002) *A comprehensive guide to music therapy: Theory, clinical practice, research and training.* London: Jessica Kingsley Publishers

therapy is in use all over the world in private centres, schools, hospitals and nursing homes, working to improve quality of life as well as physical and mental ability in all sorts of people.

Orff Method

The Orff method of music therapy was developed by Gertrud Orff at the Kinderzentrum Münich as an offshoot of his Orff-Schulwerk programme. It was designed for use with children with developmental delays and other mental disabilities within a clinical social paediatrics setting. However, as the original children who went through the Orff programme grew up, it was recognised that Orff music therapy could also be useful in treating older people.[15] Recently, Orff music therapy has also been applied to gifted children who have difficulty relating to their peers.

Like the Nordoff-Robbins method, Orff music therapy places a large emphasis on improvisation. It mainly uses Orff instruments (glockenspiels, xylophones etc.), but also simple untuned percussion instruments, string instruments and the piano. Interestingly, the Orff method is multi-sensory, so scarves, balls and other non-musical objects are used alongside musical instruments and the voice in each music therapy session. Usually these are used to facilitate free movement to music played by the music therapist or by another patient in a group session. The aim of the multi-sensory approach is to motivate children and help them enjoy their sessions, even if music itself is at first a challenging medium to work with.

Wigram et al describe this form of music therapy as 'active' [16] and it does indeed involve the child, their parents and the therapist.

> The basis for interaction within Orff Music Therapy is the concept of *responsive interaction.* This form of interaction combines humanistic philosophy with knowledge from developmental psychology. The therapist is willing to accept the child's ideas and initiative and to interact with the child at this level…Provocation is used when it is necessary to support the child by bringing new ideas and impulses into the therapy situation when difficulties arise in the child's action or interaction.[17]

Alongside the principles of responsive interaction, the Orff method values taking the family situation of each child into account and continuing the therapy at home. Many of the activities in a typical Orff music therapy session can be repeated at home; this builds a deeper connection between the child and his or her parents and also results in more effective progress towards desired goals.

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[15] Voigt, M. (2003) 'Orff Music Therapy: An Overview' *Voices: A World Forum for Music Therapy.* Retrieved September 15, 108, from http://www.voices.no/mainissues/mi40003000129.html

[16] Wigram, Pedersen et al, ob. cit.

[17] Voigt, ob. cit.

Alvin Model of Free Improvisation Therapy

The Alvin Model was created by the pioneering American music therapist Juliette Alvin, and is based on the idea that 'music is a creation of man, and therefore man can see himself in the music he creates.'[18]Like the two styles of music therapy previously discussed, the Alvin Model focuses primarily on children. Influenced by Freudian psychology, Alvin believed that 'music has the power to reveal aspects of the unconscious.'[19] Consequently, her method of music therapy was not directed by the therapist; instead, the client engages in totally free improvisation on musical instruments, using their voice or with movement. Indeed, unlike Orff music therapy (which focuses on building a relationship between the client and the therapist), in Alvin therapy the 'child's relationship with the instrument was the primary and initial therapeutic relationship.'[20]

When working with children using the Alvin Model, the music therapist switches between 'active techniques, in which the client makes music, and receptive techniques, in which the client listens to music.'[21] The therapy sessions move through three stages; the first helps the client develop their sensorimotor awareness through the use of musical instruments, the second develops a trusting relationship between the client and the therapist and the third places the client in a family or group music therapy setting.

Bonny Method of Guided Imagery and Music

This form of music therapy was initially developed by Helen Bonny in the 1970s for work with adult alcoholic and psychiatric patients. Today, it is used with healthy adults seeking spiritual or emotional validation (for example after a relationship break-up or the loss of a close friend or relative), children, substance abusers and the terminally ill as an alternative form of pseudo-Jungian psychotherapy. It is, however, not appropriate for people with intellectual impairments or who are emotionally unstable and may be further destabilised by the feelings and memories inspired by the music.

It is completely different to the Orff, Nordoff-Robbins and Alvin methods in that the client does not make music but instead uses pre-recorded music as a medium to facilitate psychotherapy. According to New Zealand music therapist Lisabeth Toomey,

> The Bonny Method of Guided Imagery and Music is a music centred, transformational therapy which uses specifically programmed classical music to stimulate and support a dynamic unfolding of inner experiences in service of physical, psychological and spiritual wholeness. The Guided Imagery and Music therapist

[18] Wigram, Pedersen et al., ob. cit.
[19] Ibid.
[20] Ibid.
[21] Bruscia, K.E. 'A survey of treatment procedures in improvisational music therapy' http://www.musictherapyworld.de/modules/archive/stuff/papers/BrusImp.pdf (Music Therapy World, University Witten/Herdecke, Accessed 15.9.08)

> maintains an active dialogue with the listener throughout the session providing encouragement and focus for the emotions, images, physical sensations, memories and thoughts which occur.[22]

Usually Guided Imagery and Music sessions are individual, but group sessions can also be useful. Each Guided Imagery and Music session is divided into four parts. First comes the prelude, in which the therapist discusses the client's history and develops a set of goals relating to the desired outcome of the therapy. Then, the client is lead through a process of relaxation, which concludes with a focus that provides the starting point for the experience. Next comes the actual music therapy session, in which the client is played a pre-recorded tape and interacts verbally with the therapist. The music is primarily Western classical music, with a focus on Classical and Romantic orchestral works (see Appendix Two: Music Used in the Bonny Method for a complete list of works), and 'as the music progresses the client is encouraged to share impressions, feelings or experiences as they occur.'[23] Finally, when the music ends, the therapist discusses the experience with the client and encourages the client to take the imagery further by creating a sculpture or drawing.

3. How can music therapy be used to treat children with mental or physical impairments?

Children are the focus of Auckland's Raukatauri Music Therapy Centre, and it is primarily children with mental disorders who make use of music therapy in New Zealand. Although it can be applied to a wide range of conditions, music therapy is particularly useful in managing autistic spectrum disorders and cerebral palsy.

Autistic Spectrum Disorders

When treating children with autism, music therapists are generally encouraging social goals. Children with autism 'are unable to maintain communication with others. They exclude themselves or are excluded by the nature of their condition from the reality and content of human relationship.'[24] Music is one of the few things that can provide the catalyst for spontaneous interaction between an autistic child and the outside world. One example used by music therapist Claire Molyneux is that of a boy with autism who would stand in the corner of the therapy room and jump up and down, completely ignoring all verbal and spatial stimuli. Playing staccato chords on the piano in time with his jumping grabbed his attention and he gradually began making eye contact with the therapist and jumping in different rhythms to see if he could provoke the same patterns on the piano. After some minutes of this behaviour, he ventured over to the piano where he began attempting to copy the therapist's rhythm at the top of the keyboard. Over the course of the twelve months that the boy attended

[22] Toomey, L.M. (1992) *Music Therapy: The Bonny Method of Guided Imagery and Music* Wellington, NZ: for Winston Churchill Memorial Trust Board
[23] Ibid.
[24] Nordoff, P. and Robbins, C. (1971) *Therapy in Music for Handicapped Children*. London: Victor Gollancz Ltd.

music therapy sessions, he developed an interpersonal connection with the therapist and learnt to both initiate musical activities and follow the therapist's lead. He was then able to transfer this connection to his peers and respond more effectively in everyday situations.[25]

Another difficulty that children with autistic spectrum disorders typically face is in coping with change and spontaneity. Frequently, the only way that these children can begin to cope with daily life is to follow a strict schedule that maps out every activity they will take part in. Musical improvisation, therefore, is daunting and often autistic children initially refuse to participate in the improvisations at the piano or the drum kit. However, if improvisation can be introduced gradually and in the context of other structures (such as a rhythmic ostinato or a clear 'lesson-plan' that the therapist sticks to in every session) even children with severe autism can learn to take part. As they become accustomed to the idea of improvising, the structural 'crutches' can be removed from the therapy session so that the child becomes capable of coping with new activities and improvisations. The realisation that improvisation can be an enjoyable activity often corresponds with a reduction in obsessive behaviours in everyday life, and can help the autistic child become more flexible and better able to cope with the changes that are inevitable in their daily routines.

Some children with autism display remarkable musical gifts, and the proportion of autistic people with perfect pitch is far higher than the proportion of the general population. However, autism can also render a child extremely sensitive to sound. Music therapy can both accustom children to sounds and make them less easily startled and potentially discover great ability on certain instruments that can give the child a hobby that they can enjoy for life.[26]

Most music therapy sessions at Auckland's Raukatauri Music Therapy Centre are individual. However, group sessions can be vital when working with children with autism and other sociobehavioural conditions. Sessions with two or three children often pose significant difficulties for children with autism, who may be intolerant of others or find it difficult to understand the concept of taking turns. After several sessions with the same group of children, though, the children often display marked improvement in their interactions with each other and the therapist. As so much of everyday life involves working with others, the skills attained by autistic children in group music therapy sessions are invaluable.

Another form of group work that has been used successfully at the Raukatauri Music Therapy Centre involves placing one autistic child (attending a mainstream school) with two non-autistic peers for a series of sessions. Like group work involving numerous autistic children, this helps the autistic child acquire key social skills. It also lets them build relationships with the very children they have to work alongside in the mainstream school and helps the non-autistic children better understand the nature of the autistic child's disorder. Consequently, children with autism who have experienced this form of music therapy find themselves able to cope with the social demands of a mainstream school and may even go on to form lasting friendships with the children who attended music therapy sessions alongside them.[27]

Interview material is integrated into the report.

[25] Interview with Claire Molyneux, Raukatauri Music Therapy Centre. Auckland, 18.7.08

[26] Nordoff, P. & Robbins, C. (1971) *Therapy in Music for Handicapped Children*. London: Victor Gollancz Ltd

[27] Interview with Claire Molyneux, Raukatauri Music Therapy Centre. Auckland, 18.7.08

Cerebral Palsy

Children with cerebral palsy have compromised motor control, so music therapy is usually aimed at achieving physical goals. Hemiplegia is common in people with cerebral palsy, and music therapy can be instrumental in encouraging a child to make use of their non-dominant side. A typical course of treatment for this will involve the therapist singing a song while the child taps along on a drum. As the child gets used to the activity, the therapist will incorporate lyrics encouraging the child to use both hands on the drum, and help the child to use both hands equally. Over time, the increase in control over the affected side of the body and the sense of satisfaction the child gains from partially overcoming their disability help the child to use both hands outside of the music therapy centre and in everyday life.[28] Similar treatments can be used with children suffering from compromised motor control following a traumatic brain injury, or as a result of another neurological condition.

Singing along with the music therapist and improvising on instruments such as piano and drums are also valuable in work with children with cerebral palsy. Singing can help the child improve their lung function and breath control, as well as encouraging vocalisation. [29]When lyrics are tailored to the child's needs, they can play a key role in encouraging the child to work on specific physical skills, as in children with hemiplegia. Similarly, playing musical instruments encourages coordinated actions and relatively fine motor skills in a fun way. While traditional physical therapy can be stressful for the child, most children enjoy music therapy sessions and find that physical goals are attained without the pressures of traditional therapy.

4. How effective is music therapy in the care of elderly people, especially those with age-related illnesses?

An insightful observation

New Zealand has an aging population; consequently in the years to come we will see an increase in the number of people suffering from age-related illnesses such as Alzheimer's and Parkinson's diseases. Although there are medicines available that can slow the progress of these diseases, they are at present incurable. Music therapy, however, is able to provide some relief for patients, and can be a means of communication when all verbal skills have been lost.

There is also a trend towards institutionalising the elderly in modern Western societies, and while this has many benefits both to the elderly person and their family, there are negatives to be considered as well. Many elderly people in care facilities suffer from loneliness and a lack of sufficient social interaction, and can descend into depression. Indeed, 'up to 25% of people over the age of seventy-five develop some

[28] Interview with Claire Molyneux, Raukatauri Music Therapy Centre. Auckland, 18.7.08

[29] Farnan, L. & Johnson, F. (1988) *Music is for everyone*. New Berlin: Jenson Publications.

type of psychological problem'.[30] Music is an important part of many elderly care facilities, and specific music therapy sessions can be invaluable in improving the mental and physical health of the elderly. Unfortunately, most New Zealand music therapists focus on children, but the elderly are a major focus for music therapists overseas. Given the great success of music therapy in the treatment of institutionalised and cognitively impaired elderly people, one would hope that as music therapy becomes better established in New Zealand it will become more accessible to elderly people.

Further perceptive observations made as a result of the research process.

Music Therapy in Aged-Care Facilities

The Weiner-Brok-Snadowsky approach is one of the most highly regarded methods of using music therapy with institutionalised elderly people. It has three key components: sensory training, reality orientation, and remotivation.[2] Music therapy can also be used to encourage reminiscence, which is seen as an important tool for connecting an elderly person to their past and to other people. In sensory training, the activities are often relatively passive, and involve the elderly client performing specific movements to music played by the therapist. The purpose is to improve motor coordination and stimulate some form of social interaction.

Reality orientation is specific to clients who are disorientated or confused, and aims to 'provide the client with accurate, consistent information about his or her environment, to reduce the effects of institutionalisation, to improve self-awareness, and to increase independence.'[31] Over the course of about six months of group music therapy sessions, clients can learn useful information about their environment, such as names and upcoming events.

Remotivation helps non-disabled clients who have lost interest in life become more socially involved and alert. Music is vital in setting moods and can be a strong reminder of times past, catalysing discussions about past events that can give a sense of satisfaction and connection to groups of elderly people who have become disconnected from society. Lehtonen comments that 'in order to keep his integrity, [an elderly patient] had to return over and over again to certain experiences of his youth.'[32] Music is important in bringing back memories and providing a context for reminiscences that might otherwise lose focus. Interestingly, some music therapists have also found that although listening to symbolic music, like wartime songs, can provoke a strong emotional response, 'music seems to push traumatic and distressing experiences to such a symbolic distance that their examination, analysis and therapeutic treatment is possible without excessive psychic anguish.'[33]

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[30]Davis, W.B., Gfeller, K.E. and Thaut, M.H. (1992) *An Introduction to Music Therapy: Theory and Practice.* Dubuque, Iowa: William C. Brown Publishers. p.142

[2] Ibid. p.155

[31] Davis, Gfeller & Thaut, op. cit.

[32] Lehtonen, K. (2002) Some Ideas About Music Therapy and the Elderly. *Voices* March 2002. Retrieved 15 September 2008 from http://www.voices.no/mainissues/Voices2(1)lehtonen.html

[33] Ibid.

Music can also play an important role in elderly care facilities without access to a qualified music therapist. Live performances from small groups provide much enjoyment to the elderly, especially if they play and sing music that is familiar to the elderly people. Singing together helps foster a sense of community within an institutionalised elderly population, and even listening to music on the radio or a favourite CD can be therapeutic in that it alleviates boredom and provides happiness.

Parkinson's Disease

Parkinson's Disease is an incurable genetic disorder that causes a gradual loss of motor control. As the disease progresses, patients may lose the ability to initiate movement, though they may still be able to respond to visual or auditory cues. Many people with Parkinson's Disease have difficulty walking smoothly and instead develop 'kinetic stutters'. These can be partially controlled through the use of drugs like L-Dopa, and recent research suggests that stem cells may provide long-term relief from the symptoms of Parkinson's. However, a more accessible solution for many people with Parkinson's Disease is music therapy.

> Parkinsonian stutter can respond beautifully to the rhythm and flow of music, as long as the music is of the "right" kind…In general, the "right" music for parkinsonian patients is not only legato , but has a well-defined rhythm. If, on the other hand, the rhythm is too loud, dominating, or intrusive, patients may find themselves helplessly driven or entrained by it. The power of music in parkinsonism is not, however, dependent on familiarity, or even enjoyment, though in general music works best if it is both familiar and liked.[34]

Specific music therapy sessions are incredibly valuable for parkinsonian patients as they can lead to significant improvements in motor control and reduce dependence on medication. Patients with bradykinesia (uncontrollably slow movements) seem to benefit especially from music therapy.[35] In the long-term, though, the effects of music therapy are less clear. For example, two months after music therapy sessions ended, all patients in Pacchetti et al's study group had returned to baseline levels.[36] However, for other patients, once appropriate music has been discovered to relieve kinetic stutters, simply having that music playing at all times can be enough to let the patient move smoothly. Interestingly, in some patients even imagining music is enough to catalyse a positive response and reduce kinetic stuttering. For example, Sacks found that the brain function of one parkinsonian patient returned completely to that of a non-parkinsonian person if she imagined playing a particular Chopin *Fantasie*.[37]

Pacchetti et al make it clear that even those patients who do not improve physically as a result of music therapy still view their treatment as valuable as it has psychological as well as physical benefits.

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[34] Sacks, O. (2007) *Musicophilia: Tales of music and the brain*. New York: Alfred A. Knopf, Inc.
[35] Pacchetti, C., Mancini, F., Aglieri, R., Fundar'o, C., Martignoni, E. & Nappi, G. (2000) *Active music therapy in Parkinson's Disease: An integrative method for motor and emotional rehabilitation.* Retrieved 15 September 2008 from http://www.psychosomaticmedicine.org/cgi/reprint/62/3/386 (American Psychosomatic Society)
[36] Ibid.
[37] Sacks, op. cit.

> At the final interview, all MT [music therapy] patients (as opposed to only four PT [physical therapy] patients) reported feelings of wellbeing and dynamism at home, saying that they were more active and keeping themselves busy. In particular, they said they appreciated the social contact and creative means of communication that MT offered them.[38]

Alzheimer's Disease and Dementia

Two of the most common age-related illnesses are Alzheimer's Disease and senile dementia. Both cause memory loss and confusion, and are incurable. While music therapy cannot cure either illness, it can play a valuable role in helping patients communicate and improving mental and physical function. Often people with dementia or Alzheimer's have difficulty interacting with others as they lose their ability to use language effectively. 'Music can function…as an interpreter of the demented patient's world picture'[39] and let the patient communicate their needs and feelings. Even in patients with severe dementia, music therapy can help patients remember past events and form new memories as it 'offers a form for events that develops as memory.'[40]

Background music can be effective when working with people with Alzheimer's and dementia. A study conducted by Foster found that although background music has no effect on the recall abilities of normal elderly people, it greatly improved the ability of elderly people with Alzheimer's to remember lists of words.[41] For this to work, however, the music must already be familiar to the patient: new music requires a degree of mental processing that a person with advanced Alzheimer's or dementia is unable to cope with, and will distract from the memory task.[42] Music therapy is not, however, a miracle cure: despite its benefits, Sacks warns that 'singing cannot be used as a sort of back door to explicit memory.'[43]

Even if music therapy cannot cure Alzheimer's or dementia, it can greatly improve the quality of life of an elderly patient. These diseases seriously impair a person's ability to interact socially, and this can be extremely distressing to the patient. Group music therapy sessions can provide a sense of 'togetherness' that is lost in the advanced stages of dementia and Alzheimer's. Music therapy can also decrease the number of behavioural problems experienced by elderly Alzheimer's patients; Clark found agitation and excessive vocalisation decreased by 63.4% during the weeks music therapy was used.[44]

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[38] Pacchetti et al, op. cit.

[39] Lehtonen, op. cit.

[40] Aldridge, D. (2000) *Music Therapy in Dementia Care*. London: Jessica Kingsley Publishers

[41] Ibid.

[42] http://www.mtabc.com/examples/alzheimers.htm 'Music Therapy in Alzheimer and Dementia Care' (Music Therapy Association of British Columbia, accessed 15.9.08)

[43] Sacks, op. cit.

[44] http://www.mtabc.com/examples/alzheimers.htm op. cit.

Music therapy sessions for elderly people with dementia or Alzheimer's Disease often consist simply of singing along to well-known hymns or songs from the patients' youth. Patients may also join in by playing simple percussion instruments, or, if they are able, more complex instruments like piano and guitar. Even listening to music played by a therapist or on a recording can be effective in improving the quality of life of a person with Alzheimer's or dementia, and in helping them make sense of their surroundings.

5. How is music therapy used in physical rehabilitation?

> Rehabilitative music therapy has been defined as "the use of musical experiences and the relationships that develop through them as a means of helping clients who have been debilitated by illness, injury or trauma to regain previous levels of functioning or adjustment to the extent possible (Bruscia, 1989, p 98)…Areas addressed through music therapy…include relaxation, pain management, sensory stimulation and motivation for therapy.[45]

Further effective use of relevant information from sources to help structure the argument.

Although music therapy in New Zealand focuses on people with mental disorders, clearly it can be equally usefully applied to people in need of physical rehabilitation. However, 'in the modern era there has been very little research done in its application in the treatment of physical illness.'[46]

When motor coordination on one side of the body is impaired, the treatment seems to be similar to that applied to children with hemiplegic cerebral palsy. The patient is encouraged to use both hands equally, for example by drumming using two sticks or playing the piano with both hands. Over time, this strengthens the weaker side and makes the hand more useful in everyday situations.

If general motor control is impaired, 'music can act as a stimulus and a regulator of movement… [to] provoke spontaneous physical reflexes.'[47] People who lack fluidity of movement due to a physical impairment can entrain their movements to a rhythmic pulse in the same way that people with Parkinson Disease can.

Learning certain instruments can also help patients recover from physical injury or illness. The piano, for example, can improve strength and dexterity of the hands and arms as well as improving coordination between the two sides of the body. Instruments can be adapted to make them more suitable for people with permanent disabilities, like the 'piano-pedal gadget working…from pressure from the back for paraplegic patients'.[48] Playing an instrument can also help people gain control and dexterity with a prosthetic arm or hand.

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[45] Tamplin, Jeanette (2006). Development of a Music Therapy Service in an Australian Public Rehabilitation Hospital. *Voices: A World Forum for Music Therapy*. Retrieved October 3, 108, from http://www.voices.no/mainissues/mi40006000204.html

[46] Alvin, J. (1975) *Music Therapy*. London: Hutchinson & Co. Ltd, pp106

[47] Ibid.

[48] Ibid.

The vast majority of people who experience a serious physical injury or illness also experience some degree of psychological trauma. Even if music therapy does not have a direct physical result, it can be beneficial in helping a patient feel more at ease with themselves and improve their attitude towards other forms of therapy.

Conclusion

The conclusion refers clearly to the central question with repeated use of the word **impact.**

Overseas, music therapy is having a major impact on the treatment of mental and physical illnesses. However, music therapy is still relatively unrecognised by the New Zealand health system and as such is having less of an impact here than elsewhere.

Autism has traditionally been a difficult mental disorder to manage. However, music therapy (and the Nordoff-Robbins method in particular) has had a major impact in this field and seems to be able to make positive progress with even the most severely autistic children where other methods of therapy fail. The fact that the majority of clients at the Raukatauri Music Therapy Centre are children with autism reflects the impact that music therapy is having on the treatment of this mental disorder. The Bonny Method of Guided Imagery and Music had a major impact on psychotherapy in the 1970s, but it is unclear if it is still as widely used to treat mental illness today.

While none of the four key branches of music therapy specifically focus on the elderly, music therapy is having a major impact on mental health in this group of people. It is increasingly being used in rest homes to combat depression and feelings of alienation, and also provides a novel but effective treatment for currently incurable age-related diseases such as dementia and Parkinson's.

There has been far more research into the impact of music therapy on the treatment of mental illnesses than on its use in physical rehabilitation. However, music therapy does seem to have value in helping people recover both physically and psychologically from physical traumas. Motor control disorders such as cerebral palsy can be particularly effectively treated using music therapy.

Given its impact overseas, and its success thus far in New Zealand, it seems that music therapy is a valid and positive form of therapy. I hope that as music therapy becomes more established here it will become a standard part of the healthcare system, as speech and physical therapy are today. This would increase its impact and allow more people with mental and physical illnesses to benefit from this fascinating form of therapy.

The conclusion is concise yet valid, coherent and insightful.

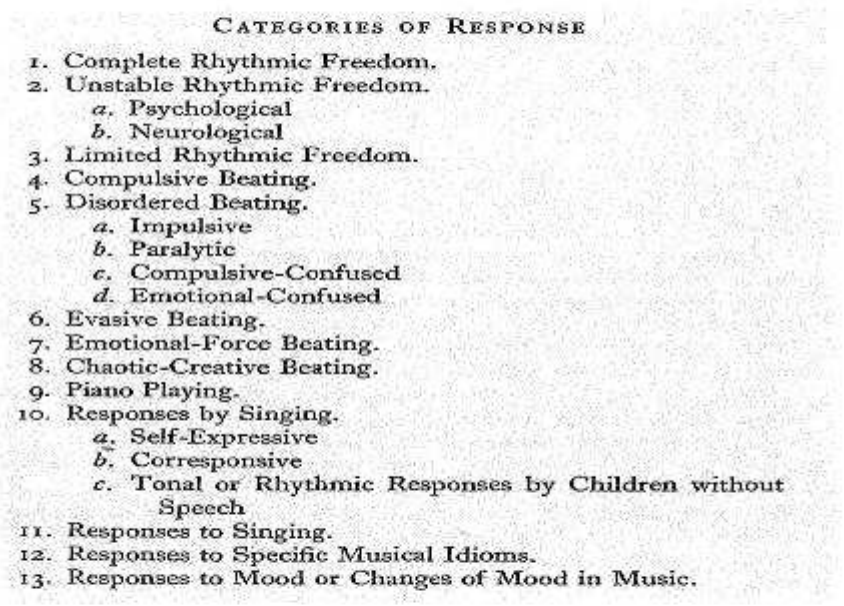
Appendices

1. Nordoff-Robbins Categories of Response

Nordoff, P. and Robbins, C. (1971) *Therapy in Music for Handicapped Children.* London: Victor Gollancz Ltd. p. 63.

Appendices

1. Nordoff-Robbins Categories of Response



CATEGORIES OF RESPONSE

1. Complete Rhythmic Freedom.
2. Unstable Rhythmic Freedom.
   - *a.* Psychological
   - *b.* Neurological
3. Limited Rhythmic Freedom.
4. Compulsive Beating.
5. Disordered Beating.
   - *a.* Impulsive
   - *b.* Paralytic
   - *c.* Compulsive-Confused
   - *d.* Emotional-Confused
6. Evasive Beating.
7. Emotional-Force Beating.
8. Chaotic-Creative Beating.
9. Piano Playing.
10. Responses by Singing.
    - *a.* Self-Expressive
    - *b.* Corresponsive
    - *c.* Tonal or Rhythmic Responses by Children without Speech
11. Responses to Singing.
12. Responses to Specific Musical Idioms.
13. Responses to Mood or Changes of Mood in Music.

Nordoff, P. and Robbins, C. (1971) *Therapy in Music for Handicapped Children.* London: Victor Gollancz Ltd. p. 63.

2. Music used in the Bonny Method

Toomey, L.M. (1992) *Music Therapy: The Bonny Method of Guided Imagery and Music* Wellington, NZ: for Winston Churchill Memorial Trust Board.

GIM TAPED MUSIC PROGRAMS

Group Experience

Ravel, Daphnis and Chloe (excerpts)	7:21
Brahms, Symphony No. 1: Allegretto	4:41
Respighi, Pines of Rome: Gianicola	6:15
Debussy, Nocturnes: Sirenes	10:53
Tschesnekoff, Salvation is Created	5:02
Pachelbel, Canon in D	7:09

Imagery

Ravel, Introduction and Allegro	11:00
Copland, Appalachian Spring (excerpt)	9:00
Tschaikovsky, Symphony No. 4: Scherzo	5:17
Respighi, The Birds: The Dove	4:35
Turina, La Oracion del Torero	11:00

Quiet Music

Debussy, Dances Sacred and Profane	10:30
Debussy, Afternoon of a Faun	11:15
Holst, The Planets: Venus	8:55
Vaughan Williams, Fantasia on "Greensleeves"	4:08

Comforting/Anaclitic

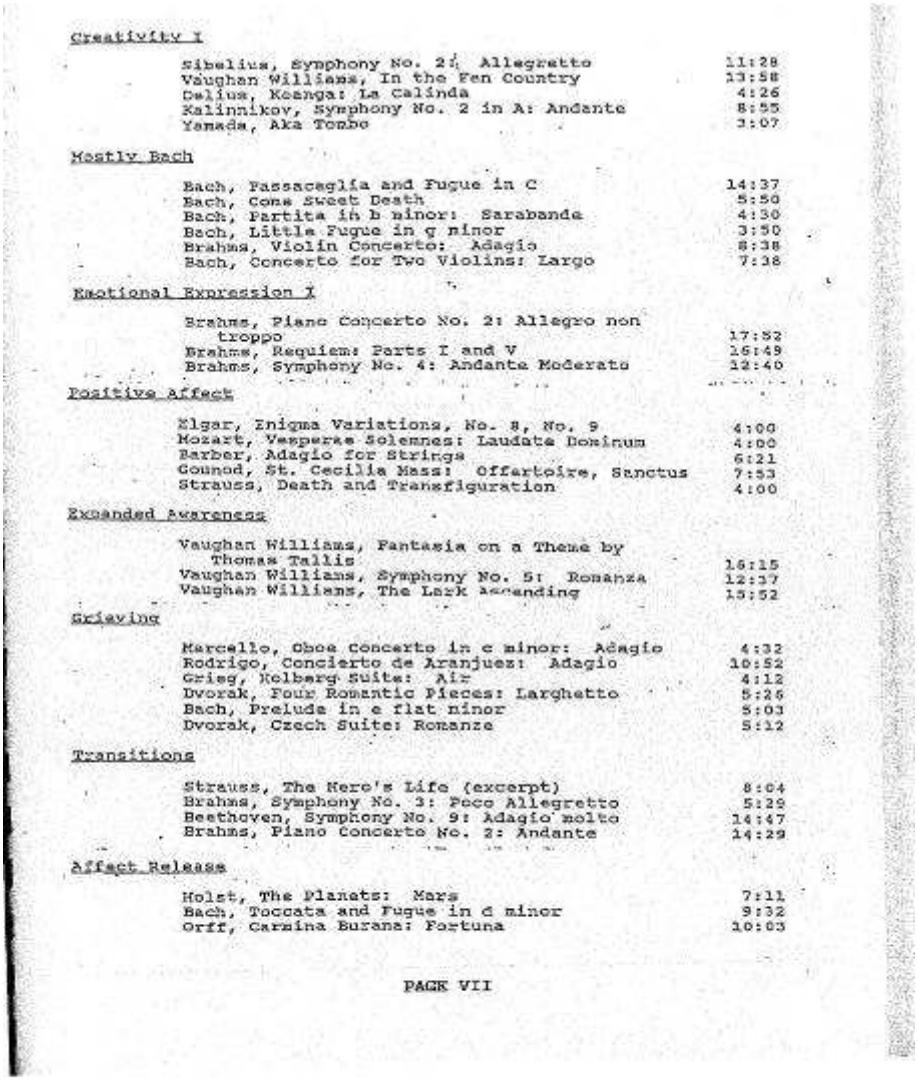
Haydn, Cello Concerto in C: Adagio	9:45
Sibelius, Swan of Tuonela	7:50
Villa-Lobos, Bachianas Brasileiras, No. 5	5:53
Boccherini, Cello Concerto in B: Adagio	6:57
Glinka, Life of the Tsar: Susanin Aria	5:20
Schubert, Die Schone Mullerin: Der Neuierige	4:15
Debussy, Preludes: Girl with Flaxen Hair	2:44

Nurturing

Britten, Simple Symphony: Sentimental Saraband	7:10
Vaughan Williams, Prelude on "Rhosymedre"	3:55
Berlioz, L'Enfance du Christ: Shepherd's Farewell, Chorus	11:00
Puccini, Madama Butterfly: Humming Chorus	2:58
Massenet, Scenes Alsaciennes: Sous les Tilleuls	4:02
Canteloube, Songs of the Auvergne: Brezairola	3:36

Peak Experience

Beethoven, Piano Concerto No. 5: Adagio	6:16
Vivaldi, Gloria: Et in Terra Pax	5:46
Bach, Toccata, Adagio and Fugue in C	5:12
Faure, Requiem: In Paradisum	2:56
Wagner, Lohengrin: Prelude to Acts I, III	9:50



Creativity I

Sibelius, Symphony No. 2: Allegretto	11:28
Vaughan Williams, In the Fen Country	13:58
Delius, Koanga: La Calinda	4:26
Kalinnikov, Symphony No. 2 in A: Andante	8:55
Yamada, Aka Tombo	3:07

Mostly Bach

Bach, Passacaglia and Fugue in C	14:37
Bach, Cons Sweet Death	5:50
Bach, Partita in b minor: Sarabande	4:30
Bach, Little Fugue in g minor	3:50
Brahms, Violin Concerto: Adagio	8:38
Bach, Concerto for Two Violins: Largo	7:38

Emotional Expression I

Brahms, Piano Concerto No. 2: Allegro non troppo	17:52
Brahms, Requiem: Parts I and V	16:49
Brahms, Symphony No. 4: Andante Moderato	12:40

Positive Affect

Elgar, Enigma Variations, No. 8, No. 9	4:00
Mozart, Vesperae Solemnes: Laudate Dominum	4:00
Barber, Adagio for Strings	6:21
Gounod, St. Cecilia Mass: Offertoire, Sanctus	7:53
Strauss, Death and Transfiguration	4:00

Expanded Awareness

Vaughan Williams, Fantasia on a Theme by Thomas Tallis	16:15
Vaughan Williams, Symphony No. 5: Romanza	12:37
Vaughan Williams, The Lark Ascending	15:52

Grieving

Marcello, Oboe Concerto in c minor: Adagio	4:32
Rodrigo, Concierto de Aranjuez: Adagio	10:52
Grieg, Kelberg Suite: Air	4:12
Dvorak, Four Romantic Pieces: Larghetto	5:26
Bach, Prelude in e flat minor	5:03
Dvorak, Czech Suite: Romanze	5:12

Transitions

Strauss, The Hero's Life (excerpt)	8:04
Brahms, Symphony No. 3: Poco Allegretto	5:29
Beethoven, Symphony No. 9: Adagio molto	14:47
Brahms, Piano Concerto No. 2: Andante	14:29

Affect Release

Holst, The Planets: Mars	7:11
Bach, Toccata and Fugue in d minor	9:32
Orff, Carmina Burana: Fortuna	10:03

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