

Music Therapy for Children with Developmental Handicaps

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Abstract

Outline and practical examples of music therapy for children with developmental handicaps were introduced. The following are meaningful concerning such children: (1) the activities are kept easy without a noticeable training atmosphere, (2) feelings of accomplishment enter children because they do not aim towards musical perfection, (3) introduction of non-verbal interaction to children who do not have verbal communication skills, (4) contributes toward physical development because music easily induces physical movements, and (5) increases sociability through group activity.

Organizations carrying out music therapy are (1) medical institutions, (2) public daycare institutions, (3) independent groups and (4) others.

First, the form of the session and program are decided and at the end recording and evaluation are carried out. As an activity example, details of a group session carried out in an independent organization were introduced in items (1) subject children, (2) place and setting, (3) structure of staff, (4) frequency and period and, (5) content of program.

Introduction

Children are in the process of physical, psychological and social development. Thus, the objective of music therapy as applied to the developmentally handicapped child is, largely to help them in their physical and psychological development and social adaptation. The meaningfulness of music therapy can be summarized as

follows:

1. It encourages children to be active without creating a noticeable training environment, due to the nature of music.
2. Children can feel various accomplishments because they are not aiming towards musical perfection.
3. Music is an effective communication method for children who lack verbal ability and serves as a form of non-verbal communication.
4. It functions in the development of physical activities, because music often induces physical movement.
5. In group activities ensemble, chorus, musical games and simple dance are used. Music can contribute to social adaptability through such activities.

I. Places Where Music Therapy is Practiced

The places where music therapy and therapeutic activity are applied for developmentally disturbed children are the following:

1. Medical Organizations
2. Public Daycare Institutions such as Welfare Centers
3. Self-support Groups
4. Others

It is conceivable that some schools for handicapped children may use music therapy, however, we will discuss the practice concerning numbers 1 to 4 above in Niigata Prefecture due to the author's involvement.

1. Activity in Medical Organizations

In medical organizations, music therapists and occupational therapists carry out individual and group therapy for children with severe mental and/or physical disturbances, autism, Down's syndrome and other handicaps. This is to assist in the development of the senses of vision and hearing, in mental and emotional function, human relations, physical activity, language and others, according to the child's developmental condition.

2. Public Daycare Institutions Such as Welfare Centers

In cases in which developmental difficulties have been noticed through physical examination, or where difficulties in adapting to nursery school or kindergarten are concerned, group therapy will be applied in most cases under collaborative supervision with counselors for the family and children, concerning psychology, health and childcare. Thus, the main aim is to assist in their capability regarding group adaptation.

3. Self-support Groups

The parental groups of handicapped children are working on music therapy through contracts with music therapists, financial contributions and establishing places to meet.

Such self-support groups with which the author is involved organize various activities (such as field activities, Christmas parties, etc) independently from those of music.

Due to such experience, it is anticipated that they will carry out smoothly, productive activities through music therapy as a mature group.

4. Others

There are many handicapped children going to private music schools within their district. Their parents expect the children to experience, not improvement of musical skills, but various life subjects through music. Thus, although partly a hobby, it becomes a kind of music therapy with

better programs.

However, the activities in private music schools depend largely on the teacher's personality and the evaluation of their effectiveness is rather difficult. Care and concern from the person(s) in charge is indispensable.

II. For the Use of Music Therapy

1. Determination of the Style of Session

It is important to carefully estimate the development of individual subjects and respond accordingly, because the degree of difficulty for each child is different. After evaluation, one must choose the sessions, individual or group, therapists (their number and responsibilities), instruments to play, teaching materials etc.

Many children subjected to individual therapy have absolutely no language skills, have an autistic tendency, are hyperactive with aggressive nature, and cannot adapt to a group without motivation, according to Matsui (1). He also mentions that the uniqueness of music therapy is that the various events occurring in the group can be effectively used for individual therapy and education.

In cases where more than two therapists are involved, it is possible to play two different roles, such as one presenting the music and the other making direct contact with the child.

The instruments used are mostly of the keyboard-type but string, percussion and other instruments, even the therapists' voice and singing, can be useful. In this case it is possible to play an improvisation, following the movement of the child and/or inducing his or her objective action, which has an important meaning. Although recorded ready-made musical sources are used occasionally, in most cases, if the playing of instruments is possible, music at real time can be utilized.

Even so, the determination of style depends on the environmental conditions (space and budget) for the session. The most important thing for the

therapists is to find the best possible effects and to be creative under limited conditions. That is part of the capability of the individual therapist, in the author's opinion.

2. Determination of Session Program

Therapists gather information from interviews with parents, tests and institutional staff and make assessments throughout the sessions from the beginning.

In the case of an individual session, several running assessments after the first one are needed and the program may not be fixed. Later, a target will be set. However, in both cases, one to determine the content of the program and another to change the approach according to interactions with the subject child, will be needed.

In the case of a group session, the content of activity can often be changed prior to action, or the changes can be made on the spot, according to the condition, as in the case of individual sessions.

3. Recording and Evaluation

After the completion of a session, recording and evaluation must be carried out.

The progress of each session will be written or recorded on tape or video and in some cases a scale will be set for quantitative measurement of change. Meetings for case evaluation may be necessary. Although the time required for video evaluation is longer, the change in a specific child that was missed during a session can still be found on video.

It also makes a contribution towards improving the technique of the therapy.

III. Defined Examples of Activity

The following are examples of sessions from a self-support group.

1. Subject Children

A uniform group of 12 to 13 children including a three-year-old girl with Down's syndrome,

three boys, and three to four girls and parents (mostly mothers).

All understood well the directions with simple words but their speech was limited to two-word sentences. Except for one with right side paralysis, all the others showed no physical defects.

Their parents expected an improvement in their social sense and communication capability, fulfillment of the parent-child relationship and pleasure from this activity.

2. Place and Setting

Soundproof rental studio, upright piano, chairs and others (Figure 1).

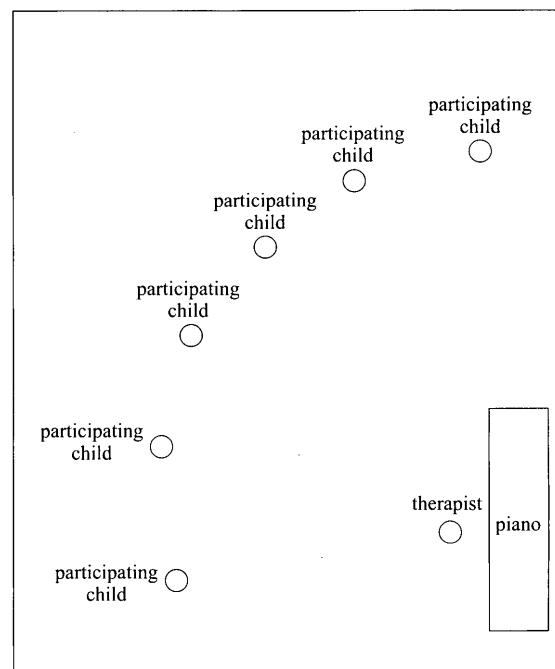


Fig 1 Basic setting

3. Staff Members

The therapist in charge of progression (also the piano player) and assistant from among the helpers of the group joined in some cases.

4. Frequency and Time

Twice a month, one hour for each session. The schedule of the therapist and participants, as well as the place and budget were taken into consid-

eration.

5. Program

(1) Song for Greetings

Children sing "Teacher and friends" (versification: Osamu Yoshioka/ composer: Nobuyoshi Koshibe) together with their parents.

The verse-sections, "shaking hands" "greetings" and "outstaring game" were sung with actions followed by greeting each other while singing the verse-section "good morning"

(2) Warming Up and Quick Reaction

Grouped with parents, children walked and ran to warm up. Squatting and jumping within the games were for training to improve quick response.

The piano must be played expressing the specific points in relation to their movement.

Minimize the verbal directions or the forcing of action by parents but allow the children to act independently by imitation. Imitating actions may contribute as a prior step to learning sign and verbal languages. (2)

(3) Playing a Hand Drum.

Sit on lined up chairs and beat the drum presented by the therapist in order (music score 1). Children are often frustrated by their place in the order, because the hand drum is an attractive instrument. However as the experience increases, they will understand the meaning of the order

and will be able to wait their turn.

Alternating the role of presenting the hand drum will strengthen this purpose by the children themselves.

If some children have learned the concept of numbers, one may give an order to beat the drum a certain number of times. As mentioned above, it is possible to respond to the individual needs of members even through a single activity.

(4) Physical Exercise

Each participant prepares a sheet of thin cloth. Children and parents pull at this cloth between each other during the piano playing. Then all the sheets should be connected to make a large one. They can use this sheet for physical exercises by going under it, making a tunnel, weaving above it and pulling it down, Fig. 2 below.

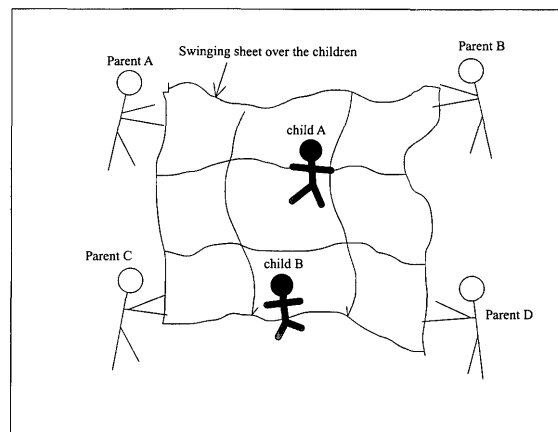


Fig 2

Example 1 Let's beat drum Keiko Maruyama

Musical score for "Let's beat drum" by Keiko Maruyama. The score is written in 4/4 time and consists of two staves of music with lyrics underneath.

Staff 1:
 Taiko wo tatakouyo one by one by

Staff 2:
 one by one in an order

Example 2 Let be for the next by Keiko Maruyama



We have spent enjoyable time but the time is coming to end



We must stop here today. Let's hope for the next time

(5) Singing Songs

When children and parents are facing each other, the purpose of the action is to imitate movement by using exaggerated movements. Parents should use clear facial expressions and mouth movements for the children to imitate and to induce verbal activity. In cases in which the parent holds the child against their chest, the echo from the parents' rib cage and the movements of the abdominal muscles will be transmitted directly to the child. In such a case, the parental role is important and music familiar to both parents and children is often employed.

(6) Games

Chairs must be set for parents and children. While the piano is playing, they walk, when it stops, they sit on a chair. This game is called "take a chair". In my opinion, it certainly works to improve their concentration and ability to judge through the action of occupying a chair quickly after recognizing the cessation of the sound of the piano, and finding a vacant chair using their vision and hearing.

In general, the number of chairs is one less than the total number of players of this game but in this case, the purpose is not to win or lose. Thus, the number of chairs can be the same as the number of participants. Even so, children enjoy this game for long periods without tiring.

(7) Song of Farewell

A farewell is exchanged after forming a circle. This functions as a cooling down from their exercise.

Conclusion

Music therapy for children with developmental difficulties was discussed based on the author's experience. We have worked with music for over ten years for the development of handicapped children. Although we are far from the mature state of our therapeutic goal, it is clear from our experience that parental understanding is indispensable and that their assistance is also important as well. Furthermore, coordination with various organizations to which the children have contact may lead to more effective results.

Therapists must improve themselves to produce better developmental and living conditions for children through music therapy. Finally, the author would like to dedicate her thanks to children who are her greatest teachers in this field.

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Recommended Reading

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