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MUSIC THERAPY

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on

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MRS. McFARLAND: Before beginning our Panel Discussion this afternoon, Mr. Clifton and I wish to pay tribute to Mr. Pettis, his immediate assistants, Dr. Hannas, Miss Brown, Miss Simpson and to all the supervisors and teachers who have worked so hard to make this Music Education Week a success. The collecting and arranging of material for the exhibit has obviously required a great deal of thought, planning and actual work. The daily programs are giving us demonstrations of the many activities carried on which are actually bringing music opportunities within the scope of everybody. I also wish to thank Miss Kemper, Director of this Center, and her faculty for the hospitality of the week.

Since the days of Saul, who called upon David to play on his harp when he was ill and was cured, the therapeutic value of music has been recognized. It is amazing that in the thousands of years intervening, we have not learned more than we have about its specific value in this field. While every thinking musician has recognized in his experience the emotional reaction of music on himself and others, it is a far cry from that experience to the scientific use of music in the treatment of emotional, mental and physical disorders. Today we are here to talk about that problem in the light of the work the Therapy Department of the Music Education Division has been doing in hospitals and institutions.

I wish to express our very deep appreciation to our speakers: Miss Collins, Dr. Bender, Dr. van de Wall and Mrs. Seymour for their active assistance and cooperation in this work.

I am now going to call on Dr. van de Wall to be our first speaker as he has to leave very shortly. It gives me great pleasure to present Dr. Willem van de Wall.
DR. VAN DE WALL: Chairman, ladies and gentlemen:

Due to the fact that I must leave early Mrs. McFarland has given me the privilege of speaking first. I am very glad of this because I would like to make a general introductory address. I do not know what the other speakers are going to say but I think that if each one of them speaks about his personal approach, we will get the total.

First of all: We shall speak of how music affects human individuals, not about music itself, namely, music appreciation, technique, tone, interpretation. We shall speak of music in relation to the behavior of human beings. When we go to a music appreciation meeting of music educators, we say this music is beautiful, it is acceptable or not acceptable, judging the music on its tone, interpretation, etc. But when we speak of Music Therapy we have to deal with something else. Here is a human being in some need. How can music be helpful, among other things, to meet that need? If he is ill, how can it be helpful as a part of a general treatment to improve his condition according to remedial judgment, which is not musical judgment. It is all right to speak of a beautiful symphony but what good does it do in the development of a human being. We have with us a physician who can speak from a medical standpoint and we have an institution head who can speak from an administrator's point of view.

The application of music in cases of disease and cases of abnormal conduct does not rest alone on the music or the music teacher but rests on the physician and the institution head. He is, or she, the one finally responsible and therefore brought "on the carpet" regarding what is happening to that particular individual. Therefore the musician who tries to be helpful in utilizing music for the improvement in health conditions or conduct patterns, must consult with people who have the total charge and responsibility for the treatment. That means that the music teacher has to consult with the other people concerned, learn the various approaches from the other points of view and then see what can be contributed to the particular needs. We have to find a range in which these people can understand each other - musician, physician and administrator - and it is well therefore to forget for a moment what we call aesthetic appreciation, for a person may be a great lover of Beethoven and still be a murderer. He may be able to play a beautiful sonata yet be very callous and shallow. Music should be conceived as a stimulus or sedative and let it go at that and see what happens to an individual when thinking about music or listening to music or making music. If this is followed then I think we have cleared the road for an understanding of music in its relations to medical and social treatment. If we are going to use music for the purpose of improving a person's mental condition or his physical condition, we must be sure what that person is thinking about, what his feelings are and what music does to that individual.
We must be very careful as teachers that we always observe what music does to an individual - whether it acts as a stimulus or acts to over-excite him - whether our music work with these people helps them to use their various faculties to the highest level - whether we give a person a state of mind which relieves his tension so that he is quiet and calm. If we can apply music in such a way that the general educator and physician will say "The work of the teacher is helping my patients or my students" we may begin to say that we are using music in a therapeutic sense.

MRS. McFARLAND: We are very much indebted to Dr. van de Wall who has given us such a broad and comprehensive picture of Music Therapy. We are going to have a little more specific application of this problem to institutions and it now gives me great pleasure to present Miss Ruth D. Collins.

MISS COLLINS: The House of Detention for Women is the only one of its kind in the country. It is a triple institution, receiving women committed by the adult, criminal, and social courts of the metropolitan area of New York. Not only does it receive them waiting for trial for any and all offenses, but it is also an institution for the serving of sentences, both on misdemeanor and felonious convictions. The sentence cannot exceed three years, but it may be anything from a day and up.

During 1936 there were seven thousand, eight hundred and sixty-one of these commitments to the House of Detention. This figure includes one thousand, seven hundred and twenty-two who were convicted and sentenced by the court. Among these, by far the greater number were committed to the House of Detention for the purpose of reclamation rather than punishment. This population includes many young women, and a few of middle age and older. About two percent of the commitments fall in the sixteen to seventeen year group; about four percent in the eighteen to twenty year group; thirty-three and one-third percent range from twenty-one to twenty-five years of age, while the balance is a scatted group up to seventy odd years. It is a preposterous conglomeration and an almost insurmountable problem for the administration to arrange for proper segregation facilities.

If we exist as a correctional agency in any sense of the word, we must never lose sight of the individuals in the mass and the fact that we have much more to accomplish than merely keeping them in safe custody for a period. Our entire program is one of individualization of treatment. We make an effort to give the offender a new set of standards of educational and social values; to make her recognize that this institution to which she has been consigned is not merely a place to house human beings, all in the same manner and treating them all in the same way. They are being alike in but one particular, that of having violated one of society's laws.
There is no average type that is committed to our care. They are as varying as humanity in general. However, they usually have certain experiences in common. They are under-privileged, socially and educationally, with wretched and tragic backgrounds. Underlying most of the ill-adjusted personalities who reach the climax of being anti-social behavior problems, are a few similar traits. Chief among these is an inability to cooperate with other temperaments, or a failure to recognize the rights of others. If we are to make progress in reclamation, we must first try to assist the individual to overcome this narrowly individualistic and ruthlessly selfish attitude. To develop a spirit of cooperation is the basic principle of our entire program, whether it be industrial, educational or recreational.

Following the necessary physical treatment, (for truly our institution is a refuge for the physically ill, as well as the socially ill), the women are placed on a routine of work, education and play. A laundry, a sewing-room with power machines and hand-sewing, arts and crafts, the preparation and serving of meals, and practical nursing are our occupational resources. Many, for the first time, are taught the benefits of regular living, recognizing habits of industry as fundamental to a wholesome life. Educational classes are held daily in ungraded academic work, civic affairs of interest and in the rudiments of culture. A library and guidance is reading, as furnished in this department, stimulate and vitalize their thinking.

Emotionally unbalanced as most of these women are, suffering intense reactions of guilt and remorse, deprived of all association with relatives and friends of the outside world, we must find a medium for the release of their frustrations and an agent for expression of their ambitions, if constructive personality development is to be made possible for them. Often the person who finds difficulty in conforming to the demands of society is one who is an extreme example of inverted emotional expression or excessive projection of the ego. Taut, restrained nerves have prevented an ease of personal relationship and queer misfits have resulted. Perhaps the delinquent is a sullen, suspicious, self-centered person, embittered towards society who care not whom or how she offends. Perhaps she has sought refuge in excessive indulgence in alcohol or narcotics. It is our problem to assist in unraveling those emotional knots that have curbed and twisted her personality. To this end our recreational program has been made a very important and inseparable part of her activity. It is here that we have one of the best opportunities for psychological study and therapy.

In our recreational department in conjunction with corrective physical education and organized athletic work, we are very proud of what has been developed in musical education and recreation. We began modestly four and a half years ago, with occasional singing groups and musical entertainment. Later, with the whole-hearted support of Mrs. McFarland and the aid of hand-picked, ardent-spirited, patient and most intelligent instructors from the W.P.A., we have steadily enlarged our program and stimulated interest in this most vital activity.

Since group singing is of such universal appeal, we find the community sing for the group in general and the glee club for the more talented or musically minded, of extraordinary value in building up the morale. This most sensitive and easily depressed class responds to the free and personal expression singing affords. Frequently girls will go to the first few sessions with nonchal-
lance and take no part, but the spirit is contagious and invariably they join in vigorously as they continue to attend. A regularly trained choir sings at Sunday services with one of the women always accompanying at the organ. In addition to the group singing, there are always a few who merit individual training. One of the women who had been taught to sing Schubert's Ave Maria while with us, later won a prize on the radio program singing the same number.

We are fortunate in having a most sympathetic piano instructor, who teaches both individually and in a group. The piano practice has provided solace and comfort to distraught spirits many a time. But even more important, because of the accuracy and technique it requires, is its influence in developing determination and the will to do the task no matter how difficult. As our most inspiring musical instructor so aptly remarked yesterday, "We never know when the results of our work may show, it may be tomorrow, or it may be months hence, but as we watch them respond we do know that the seeds are being planted."

Classes in body poise, rhythm of body, eurythmic and aesthetic dancing are organized. Musical shows with a little drama are usually in the process of production. The season of the year determines the nature of the entertainment, whether it be a spring festival or a Thanksgiving pageant. Unity in a common achievement and an esprit de corps are at their height when these performances are culminated. The individual's obligation to the rest of the group, the team work, the joyous and wholesome thrill of serving others with such an appreciative return, the elimination of the consciousness of self - all this and more is the contribution to character building which musical entertainment makes. The girl who sings out of harmony or who refuses to keep in step or who becomes peevish because her part is not the lead, is soon shamed into a harmonious cooperation with her fellow companions - a fundamental asset previously unknown to her.

The most encouraging feature of our musical work is the way a taste for higher type of music can be cultivated. Do not think it can be imposed. Great patience and tact are necessary to gradually create the desire from within the women themselves, and contrary to the popular belief, as this is accomplished there is an increasing rather than a diminishing interest on the part of all the women. Furthermore, we definitely observe that as the better taste in music is developed, a general improvement in personal appearance, courtesy and morale takes place. Time after time a complete change in both manner of conduct and purpose in life is evinced, proving beyond a doubt the therapeutic value of music in adult personality adjustment.

In closing, I want to say that the crying need is for facilities in the community that will carry on this same therapy for the women after they are released. We may build up the finest sort of program during the brief period that they are within the confines of our institution, but the day must come when the gates will be opened to them and they will take their places again in the community. It is then that the tragic frustration occurs unless there are resources to which they can turn for help and anchorage.
The stimulating training and stirring of ambition which has been provided has only prepared them to make use of opportunities for its application. The stabilizing and strengthening of character must be further augmented by permitting these opportunities. In this connection, the W.P.A. Musical Project is to be congratulated for its splendid service in organizing musical centers throughout the city. I only wish there were more of them. Our instructor tells me that several of our graduates - shall I say, have sought their inspiration and guidance.

MRS. McFARLAND: I want to thank Miss Collins for her remarkable talk. We will again interrupt the program for a few moments of discussion or questions.

QUESTION: Do you find that a great majority of the inmates who leave the House of Detention go back to their old modes of living?

ANSWER: Unfortunately we do not have the facilities for following the discharged cases but as I said previously we know of a few who have continued with their music lessons on the outside. What happens to the rest I can not tell you.

MRS. McFARLAND: It is with great pleasure that I now present Mrs. Harriet Seymour, a progressive music educator along musical and social lines.

MRS. HARRIET SEYMOUR: Chairman, ladies and gentlemen:

Modern science has proved that sound is a great power. It can be used either for good or for ill. An experiment carried out by scientists a year or so ago, threw a whole audience into hysterics in 40 seconds - proving the power of sound. For centuries music has been used more or less as a means of therapy. Pythagoras used what he called the music cure, and Plato also advocated it, so it is not now. But we are learning; and music is being recognized by doctors and nurses. The patients themselves clamor for more, realizing the help it gives them. Years ago Dr. Petersen, at that time head of the Neurological Institute in New York, showed me a little Swiss music box made especially for him which played the Mendelssohn Spring Song over and over, and which he used as a cure for insomnia, "But", he added, "a human being is far better than a music box". He was already trying to get music into hospitals.

Musical Therapy means the use of sounds that will restore harmony, sounds that will stimulate and cheer or soothe and allay pain as the case may be. These are the two general divisions. Naturally we must study and learn a better use of different kinds of music and of different instruments. Recently, speaking to one of our commissioners (who believes ardently in musical therapy) I asked whether he had noticed the splendid effect of music on people who had become mournfully silent, especially in homes for older people.
He agreed that music is the cure for this state. We could tell you many moving stories if there were time, but let me speak of one case: An Italian who had been bedridden and silent for a whole year heard an Italian girl sing Italian folk music. He suddenly sat up and joined in the singing and kept on singing song after song for a long time after the music had gone. When the doctor came, he said, "Tell those people that music has cured this man. He is discharged." This was called a "nerve release."

Now about our weaknesses. Thoro should be more careful and thorough preparation for this important work. We should have a music therapy clinics for acquiring a more scientific understanding of the subject. Eventually, we believe, there will be schools of Music Therapy. The enormous gain to the American people from the Federal Music Project has meant a gain to music in hospitals. But we should go further and develop this branch of music to its highest use and perfection. At present our musicians whose training in this field has come through experience go on a week to each hospital, covering about thirty-five hospitals a week. Many doctors and nurses would like it every day and should have it for the eager patients who are quite aware of its benefits.

An ideal situation would be for hospitals to have their own corps of musicians especially trained for this purpose, who can be called in as the need arises and who know what to do for different conditions. Music, like medicine, will, we think, actually be prescribed by doctors themselves in the future, but special preparation is needed. An ideal group for Music Therapy consists of all of people who care - whose love of humanity and desire to alleviate suffering is the reason for entering this field, who have a constructive, non-sentimental attitude, who feel a real dedication to service. The hospital music committee now has several groups furnished by the Federal Music Project, who have been playing in hospitals for several years. They are sensitive to what will help, have a large repertoire, and can readily respond to requests. Surprising as it seems the patients want simple selections such as "William Tell," "Sextetto from Lucia" and "Rose Marie," etc.

In order to do good work in hospitals, musicians must be really music conscious; that is, they should hear inwardly as the composer hears. Our present teaching of music is still too mechanical. A finely trained person inwardly hears all the fundamentals as a matter of course. He lives in music, in rhythm, melody and harmony. We know that inner hearing produces an atmosphere of harmony. At a big meeting of doctors about three years ago, a young doctor from Baltimore spoke ardently of how music helped the atmosphere in his hospital. As he said, "It raised the vibration." The more really musical the players, the more you will feel the change of atmosphere. Even humming the roots of chords quietly has a therapeutic effect. Try it with a group of students and you will feel it. Inward hearing is the true basis of musical therapy.

Then there is the vast subject of the right material. Purely brilliant music has little or no value for this purpose. Folk music, familiar songs, dance, very simple classics, excerpts from operas, these are the best. One should really have a large repertoire of simple music, and be able to play by ear as well as by note.

Some of us saw - yes we saw - the effect of the Meditation from Thais on a Neurological group in a hospital. What we saw was weeping, but the doctor's comment was - "That was a help - a release; crying is just as good as laughing,
as long as tension is broken up." As another doctor remarked, "Music is an organized emotional outlet and is thus curative." Pent up emotion produces disease. Beethoven is good for mental tension, for anaemia, and for paralysis. But it must be simple, carefully selected Beethoven - like part of a slow movement from a Sonata or a Symphony (say, the 5th). For the tubercular, out of door music is good - spring music, bird's, brook's, the wind, etc. For cripples, marches are good. This is an endless subject and a fascinating one.

People often ask, "What is the physical process?" Sound pours out in waves. These waves wind themselves around the nerves, and the nerves carry the vibrations to the spine and to the bony structure, in short to the sound sectors of the body. The body then is a sound box and the sound is received into the whole system, releasing tension, soothing or stimulating as the case may be. Everyone is able to receive the vibration of sound to some extent and so no one is utterly unmusical. I note that everyone is capable of receiving and assimilating sound vibration to some extent. Music appeals to the emotions; emotions affect the glands and circulation. Emotion can actually be trained by means of music. Gay music often dispels fear and despair and quiet music induces passivity and peace, thus allowing the creative imagination to function. And so, the desire to get well, the will to live, to be active and succeed, takes the place of discouragement and inertia. People begin to see a way out, to have hope and a zest for living.

Our hospitals would not be half as crowded if we could give all of the patients plenty of music, for music is as necessary as fresh air. We look for the day when music as medicine will be universally accepted and used for the welfare and progress of humanity.

MRS. McFARLAND: Mrs. Seymour has told us the therapeutic effect of listening to music. Now we want to know about the result or, at least the effect of participation in music which is the other side. It is of great interest to us to have with us this afternoon Dr. Lauretta Bender of the Psychiatric Department of Bellevue Hospital, and it gives me pleasure to present Dr. Bender.

DR. BENDER: Chairman, ladies and gentlemen:

In the first place, I want to make it clear that I am not a musician in any sense of the word. I cannot play the piano and know nothing about the technique of music. You must realize that in talking to you today, I am coming to you with psychiatric experience and not musical experience. I think I ought to warn you expectant questioners that my experience in the relationship of music to psychiatry is limited to children. I will not be in a position to answer general questions in regard to adults or general medical. I would like to let you know what the specific set-up is that we have at Bellevue where we have used a music program, thanks to Mrs. McFarland, and where I think we have gathered some very specific information which will be of use to psychiatrists and music therapists.
We have a Children's Ward which takes in all types of problem children who are maladjusted in the community. We take practically any child in the City of New York that nobody else wants to handle. We have about fifty to seventy children at a time, from the age range of two to fifteen years. There are older children in the hospital but they are at the present time cared for in other wards and are not getting the music work. We hope to correct this. Girls and boys are mixed together and come from children's courts, child placing agencies, schools, institutions, private physicians, etc. The majority come from the lower social classes and the underprivileged. They stay with us unfortunately, only a month or less. Occasionally they expect a month or two. It is our problem in this short time to sort these children out, make some sort of diagnosis, try to evaluate their potentialities, determine the cause of their social, emotional, physical or intellectual maladjustments, to do as much therapy as we can and to make recommendations for adjustment in the future. In order to accomplish this, we have attempted to organize the ward on the basis of a progressive school with as many activities as possible, for the purpose of keeping the children busy and keeping them out of trouble (to keep them from breaking hospital windows); also to give us a background for observation in order to permit training and education.

But aside from all of this, which is expected in any institution whether it is the best private school or any chronic institution or institution for mental defectives, we have made a very special effort to accomplish something specific with our group at Bellevue. That is, to use the activities for specific psychiatric insight by the psychiatrist, for the psychological study of children and for psychotherapy. In doing this, we have emphasized two things. One has been to get an actual psychological insight into the problems which are psychogenic—to understand what the child is thinking and to give him an understanding. The other is to gain a psychiatric understanding of the child in the most modern sense of the term. Furthermore, we are emphasizing the value of group therapy as such—of using activities where the treatment and understanding of the child is based on the principal that children are social individuals, that they live in social groups, that they will continue to live in social groups, and that when they are maladjusted they are socially maladjusted.

We were fortunate in organizing our ward when the W.P.A. was available, and we have a large number of W.P.A. workers in art, puppet, clay modelling, dramatics. Besides our usual school program provided by the Board of Education, we have special tutors for special educational problems, pre-school nursery training, supervised play activities and other activities, and we must include the music project for which we have Mrs. McFarland to thank. In the majority of our activities we have been inclined to emphasize their value for the specific psychological content and insight which we have been able to gain, what the children think, and what interpretation of themselves they can give us through these various mediums of art, drama, play, compositions, puppetry, etc.

In the case of the Music Project, I have been fully satisfied from the beginning that there appears to be a specific value of a different type. It is that specific value which I want to discuss with you because I feel I can offer you something significant and because it is a little different from what you have heard. In order to explain what it is, let me re-define music, not as a musician knows it but as a child psychiatrist sees it. I look upon the music work for the children as offering an integrated pattern or to use the new term, a "Gestalt" of sensory-motor-emotional and social components. If we can succeed in integrating the child in these components, we have done an enormous amount towards integrating
the personality. It has been very clear to me that those children who have benefited most from the music program are those children who have failed to attain an integrated pattern of behavior through any other medium. So far you have heard that music is stimulating. I don't question that of course. But I would like to emphasize the pattern value of music, the integrating value. I am quite convinced that this is of particular value to the children who are benefiting the most from our music program.

We might classify the types of children who come to us for aid. There is the retarded child. There is the child who is suffering from an over-activity or hyperkinesis usually due to an organic brain disease. There is the child who is psychotic, although there are very few of them. There is the child who is suffering from a neurotic behavior disorder due to emotional difficulties, and there is the child who is suffering from a disturbance in his social adjustment.

to go back to the retarded children. I don't mean the constitutionally feeble-minded, for they are placed in institutions and the benefit which they derive from music is well recognized. That is one of the fields very well understood and described by Dr. Van de Wall in his book on Music in Institutions. The type which come to us are children who have not come up to their normal maturation levels. The majority are of ages from five to eight, about the age when they should be leaving the home and mother, getting into school and playing with companions. We get those children from the schools because they do not adjust in the first grade. We get them from the child placing agencies because they are to be placed in foster homes and won't adjust. We get them when they have lost their mothers or homes and do not make other adjustments. We get them from their own homes when the mother says that the child is not getting along well. It is our problem to evaluate these children, to determine whether they are feeble-minded or merely emotionally blocked, inhibited or whether the physical and intellectual development has been somewhat interfered with. They are withdrawn, do not adjust well to other children, do not accept other adults besides the mother, their language is limited and they are unable to play. They have no patterns of behavior. These children benefit from the music group. If they are placed in the group singing, with the rhythm bands, singing games or the action songs, we find that for the first time in any one of our activities they settle into the group, they accept the new pattern of activity, especially through the rhythm band. They accept the other children about them, they fit into the social pattern, they accept the leader as a new mother whether it is a man or a woman, and for the first time learn a definitely integrated pattern. They accept the social situation and move on from the singing classes to that of the school classes.

We have at the present time a girl of nine who is an illegitimate child of a psychotic immigrant. Her mother speaks very little English or anything else. This child has reached the age of nine and the Children's Court authorities have discovered that she has never gone to school; the mother states that she will kill anyone who tries to put her in school. When the child was placed in our ward her actions were almost animal-like. She spent the first three or four days crying. We solved the problem by getting her to take part in the integrated pattern in the music room. She has gradually entered into other play activities. This of course is an extreme example. So far we are satisfied that the child is not defective.

We have a little boy of six who started to school in the Fall. The overpampered child of an Italian speaking home. He had not spoken one word in school since last September. He would not pay any attention to anything in the school-room. He was brought to us, and for the first few days acted the same way. He was first
placed in the music class where he took part in action songs and rhythm bands. Then he was placed in the school-room and he adjusted.

We have many children, especially from the child placing agencies and institutions, who have not had normal homes. They are not able to adjust to the school-room, accept the teacher, accept the other children, and learn how to adapt to work programs. We have children who are abused and are terrified and blocked, and when they are put into the music class make this first good adjustment. I pause here to emphasize the idea of pattern behavior in the combined fields of the sensory, motor emotional, and social field. And in the end we get a socialized individual who responds to a patterned auditory stimulus in a normal fashion, responds with an integrated motor activity, creates his own emotional pattern out of it and takes his proper place in the social pattern.

These children are not as conspicuous as the hyperkinetic child. The hyperkinetic child is the over-active child. His over-activity is due to excessive uninhibited impulses. He is unable to settle down and compose himself. He destroys everything, abuses everyone, dominates, wants complete attention, responds to every impulse which comes to him and is not able to settle into any patterned behavior. Children of this type may be the result either of constitutional disturbances, retardation in development, or of organic diseases such as encephalitis, birth injury, etc. They represent one of the most serious problems under psychiatric care because intellectually they might be normal. From a medical point of view we feel that the behavior is due to injuries to the subcortical parts of the brain which have to do with impulse activities and emotions, and these are the parts which are disturbed in these children. We often look upon such children as hopeless, and in the majority of cases as the community gradually gives them up and the parents give them up, they drop into State Institutions where they do not receive any sort of training because they do not adjust even to the mentally defective children.

We had a seven or eight year old boy who had been absolutely refused by schools. No one could tolerate him. At the age of two years he had encephalitis. At home they had to lock doors; windows; hide away the gas; and the other children were driven frantic by him. When brought to us he could not sit through a meal, he ate so fast that he vomited his food and would not gain weight normally. He completely exhausted himself with the excitement of the ward. But in the music class he not only stayed through the usual hour but through all the music classes. His teacher was amazed to find that we thought he was a problem. He sang in the class and played in the rhythm band and he was her "darling". Up to that time he had never been any ones' "darling." In the music classes he did things from which he derived satisfaction and won appreciation. He could not only sing alone and entertain the rest, but what was more significant, he could subdue himself and become part of the group. Unfortunately, we have only three music periods a day. After these periods he could eat with the other children and adjust to the group pretty well until evening when he gradually became excited again. I have not been able to experiment with this problem enough but so far I am inclined to think that music might be the best treatment for the hyperkinetic child. I believe that an experimental project would be justified whereby we might determine whether or not this is true. We must determine the saturation point of these children for music. It would be worth while to subject them to music as long as they can stand it and see if we could control the over-active behavior. I don't feel that such children are hopeless. I am satisfied that their behavior difficulties are in part a reaction to their condition, and if we could do anything to break into the vicious
other types of organic brain disease show the same thing. We had a ten year old boy who was a menace to himself and others, who would do no work, who endangered other children by violence, and was deteriorating mentally - he fell asleep many times a day. He had petit mal convulsions with an organic brain condition. But in the music class he could sit and sing all through the periods and was very good. He was concerned not only with whether he enjoyed himself but also was interested in whether the other children were enjoying themselves. I believe that this must mean that the music activity reaches those parts of the brain which other activities do not, probably to the subcortical centers. It appears that the sensory motor emotional patternings are integrated in the subcortical and thereby help to integrate the personality which is going to pieces in those children.

In the case of the neurotic child, due to difficulties in the home-life, school-life and feelings of inferiority, the music appeal is a striking one. Music plays a part that it does not play in the other groups of children which I have just described. We feel that they got the content, the story, the song, the aesthetic side; they get some conscious sense of the social situation. Music is of a particular value to this group of children, but probably in the same sense that it is of value to all normal school children. You know those values as well, or better than I do. It is also not easy for us to separate what these children get from music from what they get from all of our activities. In this connection let me tell you about our colored children. The problem is an enormous one. Their home life is often loosely knit and although they are taught a great deal about human affection and relationship, and are very dependent upon those they love, we get an enormous number who are problems. Because they suffer so much from the frequently broken homes, no one knows what to do with them. What these children need is individualization. They need someone to love them, someone to recognize each one for his own value as an individual. That is an extremely difficult thing to do when we have too many of these little colored children all at once. In music the negro child often does stand out. He is more gifted and may easily be a leader. He gets an enormous pleasure out of the activity itself and the admiration he receives. He is given attention by those who are carrying on the Music Project. This becomes of real social value. This helps the child to find himself and to adjust to the group.

I wish to emphasize again that we look upon our music as a part of our whole program, but a part that has a specific value. That specific value is based on the fact that it represents a well-patterned activity where the child gets training and satisfaction when he cannot interpret his problems to the psychiatrist, a pattern which involves four of the most important components of the whole personality - the sensory, motor, emotional and social.

Aside from being an auditory sensory pattern, music integrates the motor pattern. The young child lives with his whole body, and in the music he responds with a facial expression and motility of the whole body especially in singing games and action songs. The rhythm band is of the same value; the child's stress will show in his motility. Probably through music we can gain a great deal in the understanding of children who cannot tell us their troubles. We feel that the motility in the problem child is just as important as any other part of the picture in representing a disturbance in integration of the personality.
Our musicians are members of the staff on our Children's Service. It is not uncommon that when every other member of the staff in a staff conference will say that a child does not adjust, the music teacher will say that he does adjust in the music class. We know that if he gets along in one place we can salvage the child and get him back into the community as a normal individual.

MRS. McFARLAND:

I think that we all feel that it is impossible to pay our debt of gratitude to our friends who have given us so much this afternoon of their practical experience. It now gives me great pleasure to present Dr. Samuel Hamilton of the Mental Hygiene Survey Committee.

DR. HAMILTON:

Chairman, ladies and gentlemen:

My interest in this matter in many instances, has been what can be done for the individual. There is a great deal of work that must be carried on before we will want to say anything too specific.

There are some people who come into a hospital with diseased arteries. Some of the arteries happen to be in the brain; they affect the individual's way of thinking. Various things are done for him but he is much more patient under the influence of music.

There is certainly a field here that needs more work put on it, not from the experimental standpoint but from the application of good musical technique to the needs of those who are in various kinds of difficulties. That too has come up in what has been said.

Music is something that enters into the lives of most people as an element, usually a helpful element, and that perhaps makes it therapeutic in the way air enters into our lives or good food. Even if nothing were being done except to bring a half hour's relaxation, a contribution would be made to the patient's welfare. But more than that can be met, is being met in some places. In my opinion, in the next 2 or 3 decades, it will be met in a large number of places.