NATIONAL ASSOCIATION FOR MUSIC THERAPY

Founded 1950

250 West Fifty-Seventh St., New York 19, N. Y.

The National Association for Music Therapy was founded at a meeting held in New York City at the American Music Center on June 2, 1950. Representatives of national music groups met for the purpose of adopting a Constitution and By-Laws for the new organization. Before the founding meeting in New York a panel meeting was called by the Committee on Hospital Music of the National Music Council at the April 1950 meeting of the Music Teachers National Association in Cleveland. Representatives of the organizations present at this meeting elected a chairman of an organizing committee to set up a national association in the field of music therapy.

The information below outlines the Objectives and Purpose of the Association and gives a list of the kinds of membership offered. The Hospital Music Newsletter was adopted as the official publication of the Association and members of the NAMT, except Student Members, are entitled to an annual subscription to the Newsletter. The National Officers are shown below as well as Members-at-Large of the Executive Committee and members of the Music Therapy Research Committee. Membership in the National Association for Music Therapy is invited. It will be seen from the present information that membership includes individuals and organizations. The headquarters is located at: 250 West 57th Street, New York 19, N. Y., and all communications should be addressed to the Association at this address.

OBJECTIVES AND PURPOSE — The major concern of the National Association for Music Therapy is the progressive development of the use of music in medicine. The Association also devotes itself to the advancement and development of educational and professional standards in music therapy. It maintains a close interest in the ideals of music therapy and it selects as its objectives those which aid treatment programs most effectively in patient improvement, recovery, and rehabilitation. The following principles, among others, form the basis of the Association’s endeavor:

1. To maintain a close working alliance and liaison with medical personnel.
2. To maintain a close interest in the actual application of music in treatment programs in either a hospital or non-hospital setting.
3. To offer assistance in maintaining and developing standards of training for hospital musicians and music therapists.
4. To offer aid in the establishment of music therapy positions where budget and personnel allocations permit.
5. To aid in the distribution of helpful information pertaining to music therapy.

MEMBERSHIP — Active membership is open to all persons engaged in the use of music in therapy as a music specialist or therapist, administrator, educator or editor and carries with it the right to hold office and vote. Annual dues $5.00. Associate membership is open to music volunteers or individuals who are not professionally engaged in music therapy and who wish to support the program of the Association. Annual dues $3.00. Student membership is open to students enrolled in music therapy training courses at the college level. Annual dues $1.00. Contributing membership is open to individuals who contribute $25.00 or more annually to the support of the Association. Contributing members who are eligible for active membership shall have the rights and privileges of such membership. Sustaining membership is open to individuals, organizations, institutions, or business firms who contribute $50.00 or more annually to the support of the Association. Sustaining membership may include an individual membership assigned to a person designated by the sustaining member or organization and such individual sustaining membership may convey active membership rights and privileges if such person is qualified for active membership. Life membership is open to individuals who are eligible for active membership who wish to contribute $100.00 to the support of the Association. Life members shall have the rights and privileges of active membership without further payment of annual dues. Patron membership is open to individuals, organizations, institutions, or business firms who wish to contribute $500.00 or more annually to the support of the Association for use in current funds, endowment, research, or a special project. Patron membership may include active membership such as that pertaining to a sustaining membership. Honorary life membership may be conferred by the Association in recognition of distinguished service to the use of music in therapy. Honorary life members who qualify for active membership shall have all rights and privileges of active membership without further payment of annual dues.
PUBLICATIONS — The Hospital Music NEWSLETTER, published by the Committee on Hospital Music of the National Music Council, has been adopted as the official publication of the Association. All members of the Association, except Student Members, are entitled to an annual subscription to the Hospital Music NEWSLETTER.

NATIONAL OFFICERS — The national officers of the National Association for Music Therapy are:

Ray Green, President — Former Chief of Music, Recreation Service, Special Services, Veterans Administration, Washington, D. C.; Acting Chairman, Committee on Hospital Music, National Music Council; Executive Secretary, American Music Center, New York, N. Y.

Roy Underwood, First Vice-President — Director, Fine Arts, Michigan State College, East Lansing, Michigan; President, Music Teachers National Association.

Esther Goetz Gilliland, Second Vice-President — Chairman, Music Department, Wilson Junior College, Chicago, Illinois; Director of Music Therapy Department, Chicago Musical College, Chicago, Illinois.

Myrtle Fish Thompson, Secretary — Music Director, Essex County Overbrook Hospital, Cedar, N. J.

Mrs. Hartwig Dierks, Treasurer — Chairman, Music in Hospitals and Hospitals Workshops, National Federation of Music Clubs.

MEMBERS-AT-LARGE OF THE EXECUTIVE COMMITTEE — Ira M. Altshuler, M. D. — Director, Group and Music Therapy Department, Wayne County General Hospital, Eloise, Michigan; Fellow of the American Psychiatric Association.

Kathleen Davison — National President, Sigma Alpha Iota, National Music Fraternity.

Samuel W. Hamilton, M. D. — Chief Hospital Consultant, Overbrook Hospital, Essex County, N. J.

Francis Heinlen — Music Director, United States Veterans Administration Hospital, Downey, Illinois.

Edwin Hughes — Executive Secretary, National Music Council, New York City.

MUSIC THERAPY RESEARCH COMMITTEE —

A. Flagler Pulitz, Chairman — Director, Musical Guidance, a Center for Functional Music, Boston, Mass.

Ira M. Altshuler, M. D. — Director, Musical Guidance, a Center for Functional Music, Boston, Mass.

Dr. E. Thayer Gaston, Professor of Music Education, University of Kansas, Lawrence, Kansas; Consultant in Music Therapy, Winter Veterans Administration Hospital and Topeka State Hospital, Topeka, Kansas.

Jules H. Masserman, M. D. — Associate Professor of Nervous and Mental Diseases, Northwestern University; Scientific Director of the National Foundation for Psychiatric Research; Chief Consultant in charge of Post-Graduate Training for the Veteran Administration.

Roy Underwood — Associate Professor of Nervous and Mental Diseases, Northwestern University; Scientific Director of the National Foundation for Psychiatric Research; Chief Consultant in charge of Post-Graduate Training for the Veteran Administration.

MUSIC AT OVERBROOK HOSPITAL

By Myrtle Fish Thompson

Music Director

Essex County Overbrook Hospital, Cedar Grove, N. J.

Two years ago a music program was inaugurated at the Essex County Overbrook Hospital in New Jersey which your editor has asked me, as director, to review.

Since the basic problems in our field are the same everywhere, with only the specifics varying as the size and character of hospitals vary. This report includes what seem to me the essentials of a practicable general pattern for hospital music. This is based on my own experiences, and on observations of other programs in this section and in the middle west, which I had the privilege of visiting in the spring of 1950.

A composite picture emerges as we study the development of programs from various sections as to what must be the nature of the worker in the field of hospital music and what will be the organizational pattern for hospitals in general. A pre-requisite for personnel is a high standard of workmanship in music, so that the tools used may be used skilfully. The field demands understanding of human behavior both in normal and abnormal states, knowledge of specific illnesses — physical or mental, depending on the kind of hospital — and of how such states of disorder may be improved. It required an approach based on the warmth of an outgoing temperament balanced with good sense and the ability to keep an objective point of view. It requires a philosophy of service and of caring about human happiness. It demands a clear head, a strong back, and a good pair of feet. Given these physical, mental and personality basics, along with acquired knowledge of illness and behavior, along with the perfected skills in our particular medium, we have a rounded-out ready-to-work hospital musician, able through imagination and sensitivity to see the plan that will fit the institution, through training and flexibility to apply it, and through stamina to see it through.

The size and success of a program however do not depend solely on the skill of the worker. No amount of imagination, tact, knowledge nor hard work can build a good program without cooperation and material support from the authorizing body. Certain basic structural “musts” are involved unless the program is to be badly cramped in development, first: adequate place, adequate equipment and adequate personnel to make a sound program work. An amazing number of hospital musicians are having to carry on programs of curtailed value to the hospital through lack of equipment, little or no attendant help, and without music rooms. They are victims of the vicious circle of the “until proven” — versus — “no money for experiments” pattern inevitable in pioneer work.

The second structural need for maximum development is concerned with placement of the department within the hospital. The status of a separate department answerable directly to the doctors and administration for its efficacy, would seem to allow the freest development of all the potentials. Music in hospitals is in a broad sense occupational, much is recreational, some educational.

When it is used under any one of these approaches exclusively there is danger that a full development of its scope may be lost through stress of the particular. Instead of
music being one of the occupations or one of the recreations it should rather be music used in its total rehabilitative aspect — in education, as diversion, as healthful occupation, and thus utilizing all its intellectual, emotional and spiritual values.

Next, an important aspect of hospital music is its relation to operational procedures within the hospital. Briefly, in outline: (a) An efficient and tactful adjustment to the total hospital program is essential with the realization that this is only one of the adjunct therapies, and should interfere as little as possible with basic hospital routines. This will entail using odd hours and early evenings because of clinics and work details. (b) It is of paramount importance to the worker to secure the interest and guidance insofar as they can spare the time, of the doctors, both on individual referrals and on group activities, as to what is the patient need and the particular therapy intention. From there on in it is the job of the worker to fit his medium to the total plan. (c) A role of hospital etiquette toward doctor, nurse, and ward personnel as an obvious essential courtesy. (d) The keeping of records on individual progress and on the development of specific activities is desirable to whatever extent is possible without sacrificing the actual work with patients. Such records are of importance in checking ourselves, as reference on patients for the medical staff, and in the whole development of our field professionally.

Another important point concerns those functions requiring outside contacts. (a) Community relationships are very important in building understanding of the institution and its problems and in furthering understanding of the patients and their needs. Through good publicity the hospital will benefit in the rich returns in volunteer help, in donations of instruments and music, in having a reservoir of varied concerts and entertainments available. Acknowledgement of such favors should be prompt and express suitable appreciation. (b) A follow-up is valuable with discharged patients of particular musical ability, to see that some avenue of music is open for them in their particular communities so that they can continue stimulating activity in congenial groups, and thus be helped in their readjustment to living outside. (c) A Music-Student-intern program seems to me of great value to any hospital which can give supervised training on the ground to young musicians who may be potential future workers. (d) Some professional contact is very healthy in keeping in touch with other hospitals and in development of allied fields in music, education, and medicine.

The development of the present music program at Overbrook which is quite an active one. Dr. Samuel W. Hamilton, whose name is known on a national level to all who have followed music used in rehabilitation, had come in as Superintendent at Overbrook just before my tour of duty at the hospital. His knowledge as a consultant and advisor in this field together with his belief in the importance of music as a "universal emotional solvent" made an invitation to come to my own county hospital to set up a music program irresistible. The kind of administrative support I enjoyed from him, plus the generous underwriting materially in space, equipment and personnel allowed by our governing Board of Freeholders made a rapid development of the program possible. Overbrook has an atmosphere that is homey and kindly. The grounds are quiet and spacious with many beautiful trees and grassy slopes, and with somewhat the feel of an old-school campus. Along with this there is a parallel feeling of friendly interest and of caring about the happiness of the patients which is essential in developing a program in the arts. And from the first there has been a friendly cooperation from the doctors, from other departments and particularly from the nursing staff.

We have a very attractive music workshop at Overbrook. The rooms are at half-basement level shut off from dusty cement and stone corridors by hollow tile walls in which large windows are set. There is a spacious lounge room with aqua walls, deeper teal-blue floor and cream woodwork, with comfortable modern chromium and leather furniture. The walls lined with shelves of music, a baby grand piano donated by a closed military camp, odd bits of unused furniture gathered from all over the hospital and painted to fit, ivy and plants from our neighboring penitentiary, a good radio-record player, aluminum floor lamps with indirect lighting for mood and atmosphere effects in playing classical music, a tape and disc machine for recording performances on records for the patients to send home.

In this larger room band and dance orchestra rehearsals are held, the men's and women's glee clubs meet, the hospital rhythm band plays and the Music Appreciation Hour, attended by over a hundred, is held weekly, as well as occasional intimate recitals by talented patients or by artist friends from neighboring communities.

In back of this room is a classroom with large blackboard and desk-arm chairs where various classes are held. The Sight Singing group meets daily for half an hour between lunch and afternoon work details. All choir members and any other patients interested are in this class which is divided by days into work on special problems such as breath control, enunciation, rhythmic patterns and interval skips. Theory classes meet once a week; Beginning, which covers the relation of keyboard and pitch to staff; Medium, which takes in scale pattern, kinds of intervals, triads, and the simpler key and time signatures; Advanced covers all twelve keys, seventh chords, and more involved rhythms and key signatures. In this same room are two pianos for and eight hand ensemble work and storage space for band instruments. Still further in back is a former laundry-chute room used for an office and less accessible to sound than the front rooms.

Off from the main lounge in another direction is a series of small individual practice rooms, each one a different pastel colour — rose, lime, corn yellow and blue, each with its own piano. They are not entirely soundproof but they have at least sound absorbant walls and afford privacy for teacher and student.

In these several rooms individual teaching, practice, and ensemble playing of all kinds are done: piano, violin, fretted instrument, brass, reed, vocal coaching — and just playing for fun. The practice rooms are allotted on regular schedule with two shifts each, morning and afternoon and a noontime shift for wards eating on different schedule. Activities outside the Music Rooms are Auditorium and outdoor concerts of various kinds, orchestra music for weekly dances, occasional band programs, the training of a fifty voice robed choir singing for Protestant and Catholic services, a large two-hour Auditorium Community Sing...
one evening a week, records played in electro-shock waiting room three mornings weekly, and from thirty to forty music programs a week, either performance or participation, in Ward Day Rooms and Bed-Sections throughout the hospital.

The teaching, music performance and conducting of activities is done by the music staff which consists of the Music Director, two music workers who are students in training at attendant pay. Additional assistance is given by volunteers, Red Cross Gray Ladies, occasional music students and by part time employees of particular musical skills on loan from another departments. We are assigned three full-time Attendants for bringing and returning patients and supervising them during activities. With this complement of workers we are able to keep the department functioning actively for four twelve-hour days a week, and two eight hour days and Sunday mornings for church.

We keep records in a patient file on characteristics, placement, progress and disposition. Our patients are referred by doctors, ward personnel, other departments, other patients and through our ward programs. Our group activities are largely conducted in the noon hour and after supper to keep from interfering with other hospital routines, with the individual work on specially assigned patients, and the ward programs falling during regular daytime hours.

We have been very fortunate in having excellent community relationships, with generous donations of music for our shelves, and of instruments by Red Cross. We have the advantage of excellent volunteers and a few gifted students for training.

As to reactions, we feel that in developing the educational and occupational potentials we are making use of the values of stimulation, sustained interests, broadened horizons, pride and achievement, pleasure in creative work, self esteem — all vital factors in the re-integration of the mentally ill.

Through the larger diversional and participation groups and the ward programs we reach into all corners of the hospital providing socializing influences and good fun; improving the individual frame of mind, the ward atmosphere, and the mood of the group, large or small.

Summarizing both educational and diversional activities we find as a general reaction to the total program that the patients seem aware of having a good time, show a new alertness, and are filling hours constructively which might otherwise be spent in discontent and brooding. In addition, for those serious students for whom music is an important experience this opportunity means fuller richer living and the chance to perfect talents they can carry over into future avocations of value either in or outside the hospital.

NMC HOSPITAL MUSIC PUBLICATIONS

Back issues of the Hospital Music NEWSLETTER may be obtained from the National Music Council, 538 West 89th Street, New York 24, N. Y. Price 40c per copy. Back numbers of the NMC BULLETIN containing articles on hospital music, $1 per copy.

MUSIC IN HOSPITALS N. Y. CHAPTER
AMERICAN RED CROSS 1943 - 1950
EDUCATIONAL and DIVERSIONAL

During World War II, many service organizations rendered valiant and effective assistance to men and women in uniform. Among these services during the war and continuing under the Veterans Administration, is the hospital Music Program of the New York Chapter of the American Red Cross.

The value of music as a therapeutic agent is unquestioned and is being recognized more and more by the medical profession, not as a specific for physical ills, but as a mental and spiritual stimulus for the distressed, discouraged and listless.

Early in 1945, General DeVoe, Commanding Officer of the Halloran Military Hospital, recognized the need for music during the Sunday visiting hours. Mrs. Theodore Steinway, Music Chairman of the New York Chapter, arranged with the Community and Settlement Music Schools to supply it until the Music Division of the C. D. V. O. took it over. In the Autumn of 1945, Monday Night Concerts given in the Auditorium by the world’s famous artists were established and were continued without interruption until the Spring of 1946.

During this period, a number of professional musicians were serving as Gray Ladies in the military hospitals of the New York Area. These women saw the need for musicians, trained in hospital ethics and as Red Cross volunteers to be organized into a special corps to take diversional music into the wards, a further development of the work already being done by them as an extra curricular activity.

An appeal was made to the Chairman of the New York Chapter, Hospital Recreation Service, and a committee appointed to work out plans for this new activity. For the first time in the Chapter’s history, a music department was authorized and in October, 1944, the new program was officially launched under the Hospital and Recreation Service. Volunteers poured into the office, were interviewed and auditioned. All were carefully screened and the accepted ones were required to attend a Red Cross Induction Course. An additional orientation was given in the hospital to which they were assigned.

By January 1944, the demand for specific music — lessons, lectures, etc., at Halloran was so urgent, that General DeVoe requested teachers for a music education program. This was arranged immediately. The first lessons were given in the Hobby Room in Building 3 by two distinguished musicians — Chalmers Clifton and Goddard Lieberson. They were so popular that the demand for lessons far exceeded their time and the capacity of the room. A music work shop became imperative and the lower floor of one of the buildings was speedily transformed, equipped with sound proof rooms, music and instrument libraries, a lounge, assembly hall and registrars office. Teachers were supplied by C. D. V. O. in cooperation with the Red Cross Committee which also provided registrars. In a short time the Work Shop was a bee hive of activity from 10 A. M. to 10 P. M. five days a week. Ward teaching in several buildings soon followed. At the urgent request of the chief of paraplegics, special teachers were assigned to them. Not only piano, violin and voice fundamentals, but repair and making of string instruments and the technique of music copying were taught. As a
result of this experiment, a similar program was requested for paraplegics in the Bronx Veterans Administration Hospital. This was the beginning of the music teaching there, which has grown steadily since then.

On July 1st, 1948, the “Music Gray Ladies” and the Music Instruction were transferred to the Entertainment and Instruction Service, and the Red Cross Music Program, born of war necessities has continued without interruption in Veterans and Civilian hospitals, serving during the 1949-50 year in two Veterans Hospitals, one Army and five civilian Hospitals.

NARRATIVE REPORT — DIVERSIONAL MUSIC
July 1, 1949 — June 30, 1950

The year now closing has been a most satisfactory one form the standpoint of patient participation, a steady increase in new volunteers (many former service men), the continued interest of the long term musicians and the close cooperation of the Red Cross Field Directors, the V. A. Special Service Staffs and Occupational Therapy Director of Bellevue Psychiatric Hospital. Our 150 regular volunteers have consisted of solo singers (all voices) accompanists, concert pianists, violinists, guitarists, a harpist and viola soloist, a male quartet and a chorus of twelve voices.

The outstanding events of the year were two Auditorium Programs:

One, on November 9th at Halloran, celebrating the completion of our fifth year of Saturday Night Ward Music, was an International Program. The artists, all members of our own Music Corps, were natives of the countries represented, America, Austria, Holland, France, India, Ireland, Hawaii and Scotland.

We were especially gratified by the attendance of the Hospital Manager and his staff, a V. A. representative from Washington, members of the ten Red Cross Chapters serving Halloran and many stretcher and wheelchair friends in addition to the ambulatory patients. A reception was held after the concert and delightful refreshments were served by the Red Cross.

The other outstanding event was our Annual Christmas Eve Program at Kingsbridge, entitled “Christmas in Many Lands”. There were examples of the Christmas music of Germany, France, Poland, Switzerland, Spain, Italy, Canada, England and our own Southern Mountain songs. The program closed with community singing of several of our known and best loved carols after which the New York Chapter Canteen served refreshments to all — a home like touch for the many deprived of their own homes on Christmas Eve.

REGULAR ASSIGNMENTS
Bellevue Psychiatric — Monday afternoons — 2 to 4:30 P.M. under the director of the Occupational Therapy Department. Three trained units cover from eight to nine wards each Monday. Two teams (pianist and singer, stressing patient participation) cover the prison wards, the two most disturbed, two semi-disturbed, adolescent and convalescent wards. Another unit (violinist and auto harpist-singer) visit the surgical wards with planned programs. A new venture at Bellevue, instituted by Mrs. Johansen, Director of Occupational Therapy, is an Auditorium program on Tuesday evenings from 6:30 to 7:30. The patients from six wards are brought to the auditorium by nurses and attendants. We are participating in this program and have given six evenings.

Bronx V. A. Hospital — Thursday evenings 7 P. M. to 9 P. M. Three units of instrumentalists and singers cover the neuro-psychiatric, plastic, paraplegic, orthopedic and post-operative wards. Patient participation is especially important in the locked wards. Song sheets are compiled each year by us for all psychiatric wards in the three hospitals. These contain the words of 98 songs, the first page giving the numbered and alphabetical list. These songs range the gamut of the old to the latest song hit.

HALLORAN HOSPITAL, Saturday nights, 6 to 9 P. M.

Twenty five to thirty musicians (pianists, violinists, guitarists, singers) formed into six to eight units average twenty-five wards each night on eight buildings, two paraplegic buildings, one mental, three T. B., one chronic and four floors of building 2, general medical and surgical.

With the closing of all but four buildings, our service will naturally be curtailed and we are obliged to reduce our personnel. However, the music program will continue throughout the summer as it did last year in spite of the terrific heat and less coverage.

A year ago, just before the vacation period, the work was organized and the chairmanship at the Bronx and Halloran Hospitals divided. Marcella Roltner, Gayle Pierce, Rosemary Pfaff and Frances Rankin accepted this added responsibility and have been of untold value in their leadership. We owe them a deep debt of gratitude.

The Chairman of Diversional Music represented the Red Cross from Bellevue Hospital at an all day conference at the Overbrook Hospital in Essex County, N. J., in March. There were representatives from ten Veteran, State and County Hospitals. The topic “Music in Mental Hospitals” was provocative, informative and inspiring.

This report would not be complete without an expression of appreciation to the Motor Service and their volunteer drivers without whose efficient and enthusiastic cooperation we could not function. Our thanks also to the Canteen Service for their wonderful service to our artists on special occasions.

HOSPITALS SERVED 1949-1950

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MUSIC INSTRUCTION
ANNUAL REPORT
By Frances McFarland
Chairman, Music Instruction,
New York Chapter, American Red Cross
July 1, 1949 — June 30, 1950

During the past year Music Instruction has been continued in the Bronx VA Hospital and a new Music Appreciation Course established in Goldwater Hospital on Welfare Island.

In the Bronx VA Hospital, individual lessons have been given in the Music Room, on the stage in the Recreation Hall (often to the noisy accompaniment of Television) and in the wards. 13 subjects have been taught to 489 patients and a total of 1358 lessons given from July through June by 25 teachers, all of whom are experienced professional musicians, some nationally and internationally known.

Teaching in the wards has been carried on at the request of doctors and nurses who are increasingly interested in the results and gratified that a constantly larger number of patients wish to study. While the majority of pupils have little knowledge of music, there are some advanced students and professionals who welcome the opportunities offered for "refresher courses" and expert coaching. It is regrettable that a much larger number of patients who constantly express a desire for some music experience, cannot be accommodated because of lack of space and equipment (pianos, etc.). The need also, for a music, record and instrument Library is urgent. Without it, special listening courses cannot be given and much valuable material is being lost or destroyed.

INVITATION TO MUSIC

The weekly music appreciation series, known as Invitation to Music, continues to interest a large number of patients, many of whom are learning about music for the first time. The general subject for the past season was "What is Music Anyway?" and ran the gamut from a scholarly dissertation and program of Bach to an unexpected popular program including Be Bop! At every session, artists and music educators of distinction and some of our medical staff, teachers and students were participating guests. Among them were Louis Kroll, Angela Diller, Andre Kostelanetz, Dr. S. Spaeth, Leopold Stokowski and many other well known artists. Some of the subjects discussed and illustrated were the various choirs of the orchestra-strings, woodwinds, brasses, percussion: program making for concert, radio, television: grand, light opera and musical comedy; primitive and 20th Century music in North and South America: the art and duties of an orchestral conductor, arrangements of classical music in popular styles, etc. Excerpts from Puccini's opera, La Boheme, beautifully sung by Virginia Mott and David Garen of the New York City Opera Company, with Mrs. Crowley, narrator, and Gershwin's Porgy and Bess with John Garth, nationally known "Porgy" — Dorothy Himmel and Bess and Mrs. Deschere as narrator, were also special features of the Music Room Programs.

AUDITORIUM

The first and last auditorium programs opened and closed the "Invitation to Music" series. The first high lighted the topic of the year. Sujata and Asoka, Hindu and Tibetan dancers demonstrated graphically and beautifully, primitive rhythms (with primitive music) and dazzled the large audience with their gorgeous costumes as well as by their dancing. The Mandolin Symphony Orchestra composed of amateur players gave the second half of the program and delighted their hearers by their evident pleasure in making music together and by the excellent quality and performance of their program.

The final auditorium event on May 12th was the annual opera performance arranged by Paul Jaretzki, Manager of the New York City Opera Company. Pagliacci was given in costume and was directed by Julius Rudel who was narrator, conductor and orchestra! The artists, all members of the New York City Opera Company, Anne Ayars, Ralph Herbert, Giulio Gari, Frank Gamboni and Nathaniel Sprinzena gave such a spirited and fine performance that lack of scenery was scarcely noticed by the large and vociferously enthusiastic audience. Our gratitude to Mr. Rudel, the artists and to Mr. Jaretzki for giving so generously of their time and art for the constructive entertainment of the patients in the Bronx VA Hospital is much deeper than words can express.

GOLDWATER HOSPITAL

In April 1949, the first music Appreciation Series was established under the director of David Garvin, cellist and musicologist, who gave weekly talks until August 1st, using records to illustrate the various types of music.

In December 1949, a new weekly Series called "Music for Fun" was organized under the direction of a Committee of four, Mrs. Paul Deschere, Mrs. Frances Crowley, Mr. David Garvin and Mrs. Malowan. Under their guidance, stories and excerpts of operas and many programs on special subjects have been given with the assistance of many excellent artists. All but three programs were held in the Solarium of 12A. Three opera programs were given in the Recreation Hall to capacity audiences. Porgy and Bess, under the direction of Mrs. Crowley, with John Garth, the well known "Porgy" as the particular star and two Gilbert and Sullivan programs by the Arnold Spector Company — the first one, excerpts from different operas and the second and final one of the season, the Gondoliers (streamlined) in costume!

We wish to again express our deep appreciation and gratitude to the one hundred and twenty-four artists who have so generously shared their great gifts and rich experience with the wounded veterans in the Bronx VA Hospital and the chronically ill patients in Goldwater City Hospital.

We wish also to extend our appreciation and thanks to our Motor Service and to our Field Directors and registrars. Their interest and cooperation has been and is a constant inspiration.

MUSIC INSTRUCTION STATISTICAL REPORT
July 1, 1949 — June 30, 1950

13 subjects were taught by 22 teachers
1358 lessons were given to 489 pupil patients.

HOURS SERVED BY:
25 teachers and 4 registrars — 2,641
124 artists — 588

Total 3,229

28 "Invitation to Music" sessions were held,
26 in Music Room
2 in Auditorium

They were attended by approximately 1700 patients, staff and a few guests.
NORTH CENTRAL CONFERENCE ON FUNCTIONAL MUSIC

The NEWSLETTER for January 1950 (Vol. II, No. 2) published abstracts of papers presented at the North Central Conference on Functional Music held in Chicago, March 25-27, 1949. The Chicago Music College and University of Illinois Professional Schools acted as sponsors and hosts to the Conference. The meeting was held for hospital musicians, physicians, psychologists, occupational and recreational therapists, and special teachers of the handicapped.

The Conference Committee was made up of Esther Goetz Gilliland, Chicago Musical College, Chairman; Roy Underwood, Michigan State College, President, Music Teachers National Association; and Beatrice Wade, OTR, University of Illinois, Director of Occupational Therapy. The Chairman of the Conference secured abstracts of papers presented at the meeting, and we are pleased to publish the second series of these in this issue. We should like to express our thanks to Esther Gilliland for making this material available.

THE USE OF MUSIC WITH THE HANDICAPPED AND DISABLED

MUSIC AS AN AID IN REHABILITATING HANDICAPPED CHILDREN

Ruth Ryder, Chairman

Educational Director, Illinois Children's Hospital School

This is the story of a little girl at the Illinois Children's Hospital School, born blind and spastic and diagnosed by many specialists as incapable of assuming any place in society. However, her parents never gave up hope, because of her talent in perfect pitch, either in English or Bohemian, the language of her parents. Because of this talent and appreciation for music, her parents felt there must be some alternative to institutional life, some other niche into which she might fit, if only given the chance.

That opportunity came with the establishment of the Illinois Children's Hospital School, and although completely disoriented upon arrival, the one way to "get to" six year old Patsy when she is over demanding, or in any way disturbed, is to sing a song or play a record. So music here is the bridge by which Patsy is gradually being educated into a useful, self-sufficient citizen.

About a year and one half ago, we admitted to the hospital-school an eleven year old boy who was one of the most severe athetoids we had ever seen. Not only is he affected in all four limbs, and his speech and neck, but he has a dislocated hip which will of course forever inhibit him from walking, because of his other trouble.

Our speech therapist reported that the only way she could get him to relax at all was through music, so records were obtained for us by Mrs. Gilliland, and after a year of training, daily for an hour, instead of the usual half hour lesson, he was able to say "Ma" for Mother's Day and "Pa" for Father's Day. Last Fall when Miss Ballew told me he could say three words, she added, "I believe he is almost ready to leave the music a little bit and relax in his chair and talk". About Christmas time he came to my office in his wheel chair and did say two or three words in answer to questions asked, the first time he had ever actually said a word without the aid of music.

Not long afterward, his father came to take him for an automobile ride, and not aware of his recent triumph, was giving him fatherly advice about cooperating fully with his teachers. He said, "Now I want you to do everything Miss Ballew tells you to do. I want you to work hard". He wasn't looking at Joe, of course for he was driving, and suddenly he heard the words "I do". Poor papa nearly ran up a telegraph pole, because he had never heard his son say more than one sound at a time, before this.

We use music daily in many situations, but these cases are unusually interesting because in both instances, music was the only means of reaching the child. The experts on our panel will give more detailed testimony of the uses of music in the treatment and education of handicapped children.

MUSIC THERAPY FOR EMOTIONALLY DISTURBED CHILDREN

Rudolph Dreikurs, M.D.
Consultant on Child Guidance
Chairman, Dept. of Psychiatry, Chicago Medical School

The therapeutic dynamics of music therapy are described and the reason for the insufficient development of this approach are discussed. A short analysis of the nature of emotional disturbance of children is given.

Music is widely recognized as an emotional outlet. This function of music is possible in an active or passive way. Passive listening can quiet down or stimulate constructive emotional trends if the music is geared to the existing emotions of the child. An obstacle to this approach is the over-activity of most disturbed children. Therefore, the active forms of music therapy are preferable. The dynamics of its influence can be listed in the following groups:

1. Enjoyment. Every enjoyable activity is encouraging and pacifying for disturbed children. The present pattern of music study within the family circle tends to deprive music of its enjoyable potentialities through criticism, over-ambition and other faulty attitudes of parents.

2. Tact and order. Music has regularity, rhythm and order as basic principles. By enjoying musical activity, the child learns to accept order and regularity voluntarily. The present inclination of many parents to force children to practice destroys the beneficial effects of voluntary orderliness.

3. Cooperation. Ensemble playing promotes a feeling of belonging to a group and stimulates thereby voluntary cooperation with others. A variety of group activities is possible.

a. Group Singing is a morale builder. Besides the integration of the child into a group, it directs his emotional attitude toward a more useful object, such as patriotism, worship, enjoyment of life, etc. Obstacles toward the successful fulfillment of this activity are presented through teachers and children. If group singing is deprived of an emotional content, it loses its significance and meaning; instead of stimulation, boredom results. Individual children may have to be won to participation. Inability to sing,
such as monotonality is always based on emotional blocking. These children are always lone wolves or else discouraged by insufficient training or encouragement. Isolation or ridicule during singing lessons intensifies this psychological disturbance.

b. Rhythm Band can help younger children who have not learned organized group activity, or very passive children to integrate themselves into a group.

c. Toy Instrument. Toy flutes, recorders or mouth harmonicas played in groups are extremely helpful for monotonies and children who need special stimulation. It provides more satisfaction of accomplishment than mere singing.

d. Orchestra Playing is the ideal form of ensemble playing. Besides providing stimulation for cooperative work, it makes the playing of an instrument functional by providing the greatest stimulation and satisfaction for playing and improvement.

e. Piano Playing can be used as ensemble activity by either playing four hands or accompanying another instrument. Ensemble playing should be a part of the beginning of piano instruction.

The most effective form of music therapy in music activity is almost completely neglected today. While other creative expressions in art are encouraged in children (finger painting, drawing etc.) little is done toward similar creative expression through music. Improvisation should be a part of all music instruction. Even composition could be taught on a wide scale. This the most effective form of encouragement, developing self-confidence, interest and ambition into worthwhile direction.

MUSIC AS AN AID TO THE DEAF
Helen S. Lane, Ph.D.

The chief approach in the use of music for the education of the deaf is through understanding and feeling for the rhythmic phrase — and the response is fundamentally a bodily response.

Music is of value in teaching the congenitally deaf child in the achievement of:

1. Improvement in bodily coordination through conscious control of bodily movements. This is of special importance to the child who needs to substitute kinaesthetic sensitivity for the loss of vestibular sensitivity.
2. Improvement in concentration and attention.
3. Better voice placement; correct accent and phrasing; increased vocabulary acquired in memorizing songs.
4. Social tools such as dancing, rhythmic games and songs that bring aesthetic pleasure and help the deaf adjust to a hearing world.

Adults who acquire deafness may compensate for the loss of hearing music by turning to painting, ballet, poetry and appreciation of rhythm in Nature.

The child with some residual hearing can be reached musically by amplification of music and sound effects by means of hearing aids.

Music is therefore an essential part of the curriculum in schools for the deaf serving as an aid in teaching speech and guiding the deaf child to better social adjustment and aesthetic appreciation.

MUSIC AS AN AID IN EDUCATING THE MENTALLY HANDICAPPED
E. A. Boos, F.A.A., M.D.
Superintendent, E. A. Boos, School, Plano, Illinois

The use of music properly planned, makes way for the mentally handicapped person (in many cases considered uneducable) to enter the field of learning and training for self-direction and self-protection. After years of experience, the Sandbox Course of Study for both music and academic subjects has proven its usefulness daily, for an approach and addition to other methods, and in cooperation with other schools. After a motion picture "Planoaks" has been completed, the Sandbox materials will be released for outside use.

Intended originally as a beginner’s course in piano for little tots, it was discovered that the Sandbox Course of Study being based on the philosophy of sound, there was reason to introduce the alphabet, and phonics as well as numbers. In simple words, it covers the entire educational system. In this study we work with both the symbols of sound experience as well as word experience, and this procedure unfolds a more delightful way of learning, yet very easy to grasp.

To teach the retarded child reading, writing and arithmetic is discouraging at first, but with music as a definite incentive and grounding, and with attention to aptitudes or tendencies, a successful approach is made. It would be utterly impossible to adapt any particular method as suitable to all cases, for each case of the mentally handicapped is unique and must be handled according to the educable reactions exhibited.

Accepting a student for placement requires more attention than the results of an I.Q. test or from outward appearances. Beginning with a physical check-up, the use of X-Ray, Kahn test blood count and urinalysis, a checking of all the charts for measurements of skull, chest, weight and height, together with a continuous physical examination record, the physician and psychiatrist are better able to diagnose each case for further study. Medication is advised and given for corrective purposes if needed. Establishing proper physiological habits, such as proper diets, regularity and plenty of rest has replaced sedatives and general medication, in many instances.

In the classroom, our first approach is to stabilize the emotions and to control complexes. Our second approach is to acquaint and acclimate the child into a study atmosphere, and our third appeal is to begin with training of the senses, by means of Sandbox studies for both music and academic subjects. All work is presented by means of subject experiences.

In the music of words, we hear such terms as idior, imbecile and moron. As a matter of intelligence we may realize the serious implications, and yet handle the situation without stigmatizing the ones so classified. At our school we have two categories, those who have had no schooling and those who have had some schooling. The parents are allowed to place their offspring in one of three groups — first for those with no understanding; secondly, for those who have sense of understanding, but do not obey orders; and thirdly for those who have sense of understanding and receive commands and suggestions. Immediately a changed attitude is noticeable, because the par-
ents feel that the child will be given the opportunity to get started in learning something, and with music as an incentive a new life takes form.

In the music of words we also have such words as love, hope and charity. With the application of these words we again find an improvement in attitude on the part of the parents as well as the child, because with music, everything takes its course in a natural way and with normal understanding. We teach our students as normals, learn their better qualities and try to build up their weaker ones. Can you imagine a child with lower mental ability learning to play the piano or some other instrument? This is possible, and is being done.

We trust in Faith, which is the real solution and answer to our success. We know the meaning of work, tolerance and patience.

MUSIC AS AN AID IN REHABILITATING THE CEREBRAL PALSYED

Martin F. Palmer, Sc. D.

Director, Institute of Logopedics, Wichita, Kansas

The literature on music therapy with cases of cerebral palsy is extremely vague. The actual effects of music on these cases has not been adequately studied in a controlled manner and the literature contains simply the general suggestion that music is relaxing.

There is some reason for real concern about this particular issue, due to the fact that the arterial supply to the brain is divided in such a way that accidents happening to one of the main arterial trunks permits freedom of operation of certain areas of the brain, particularly the temporal lobe where auditory patterns are perceived. This means that an attack through here offers some optimism in producing gains if the details can be worked out.

In 1943 a series of 127 experiments were first performed on the effects of musical stimuli on a case of athetosis. It was discovered that sound stimuli had very definite effect in increasing the rate and amplitude of the athetosis and under certain circumstances the removal of these signals produced temporary remissions of the athetosis and relaxation for the first time.

This preliminary series of experiments has since been followed up with interesting results in paralysis agitans and in more severe cases of athetosis. This means that there are definite auditory effects upon these puzzling conditions and that there is a real opportunity for individuals trained in music to follow a profession aside from concert or teaching work. It also means that young people who have deep love of music but only adequate technique, may satisfy both their own love of music and humanitarian desires by entering this new and rapidly growing field.

GENERAL PRINCIPLES OF GROUP THERAPY APPLIED TO MUSIC

MUSIC IN GROUP THERAPY

Jules H. Masserman, M.D., Chairman

Associate Professor Nervous and Mental Diseases, Northwestern University

Chairman, Dean's Committee in Psychiatry, Downey Veteran Administration Hospital

Unquestionably music plays a tremendous role in our lives. However, it is only when we start singing in barber shop quartets, or organizing amateur string ensembles, or joining symphony orchestras or playing in swing bands, that the element of group belongingness enters in. So we begin to realize that it is not music per se that has to be considered, but music as a medium for group belongingness, group dynamics, or group therapy.

A number of techniques are available, and experts in a number of fields will present various means of group communication, and the formation of group morale. The common principles that underly all these techniques are first, self-expression for catharsis or self-assertion, secondly, "transference" relationships with the leader, and thirdly, entree to interpersonal relationships with other members of the group. After the elaboration of these limited relationships, the patient also purses tentacles outside the group and begins to form contacts with other members of society and other groups, and thus gradually finds his place in a previously surrendered and lost world.

There are a number of physiologic ways in which music therapy can be efficacious; for example, — retaining a paralyzed limb by motions in accord with some strongly rhythmic composition, or rehabilitating those who have had spinal chord lesions, or poliomyelitis, or infantile paralysis. Music's psychologic effects may be: — (1) Acceptance by the group, be it orchestra, dancing class or dramatic presentation; (2) Relationship to the leader; (3) As an opportunity for self-expression; (4) As a beginning awareness of the reactions and behavior of his colleagues, in this way forming a certain critical judgment as to which modes of conduct are effective and which are not, as compared with introspective evaluations.

Psychiatry has been defined as the science of interpersonal relationships. This objective can be accomplished privately, in the analytical office, or publicly in groups. There is an avenue of communication specific to music, just as there are other media through which we can communicate with people.

A common mistake is made by insisting that certain types of music mean the same to all people. They do not. There is nothing more depressing or alienating to a depressed patient than lifting music. It merely shows the contrast between him and what he is supposed to experience, all the more dramatically.

The leader must try to understand the patient, and while trying not to impose any particular technique upon him, at the same time must try to see beneath the technique of music, to the dynamics that determine behavior. The music therapist should possess the characteristics of any other psychotherapist, — a scientifically humble, tolerant, but accepting attitude, always understanding and helpful. He should remain aware of the fact that a mental disorder involves a whole personality, and that music is only one of many techniques, which with intelligent application, may help to effect a cure.

PANEL DISCUSSION "GENERAL PRINCIPLES OF GROUP THERAPY APPLIED TO MUSIC"

Seymour G. Klebanoff, Ph. D.

Chief Psychologist

Downey V. A. Hospital

Department of Psychology, Northwestern University.

This paper will confine itself to a description of a group psychotherapy program which is functioning in a Veterans Administration Hospital. It is hoped that the discussion to follow will include suggestions from the audience related to the possible use of music in relation to this program.
The description of the group therapy program included discussion of the criteria utilized in the selection of patients for groups. The use of a brief screening interview along with a physician's certification of the patient's capacity to profit from group therapy constitute the essential factors. In general, an effort is made to keep the groups as homogeneous as possible with regard to sex, marital status, education, and intelligence. Groups used at the Downey Hospital consist of from 6 to 8 patients.

Two therapists or leaders work with each group. There are several reasons for this.

First, each therapist feels more comfortable in the group situation with the knowledge that he has a co-therapist to support him in stressful situations.

Secondly, with two therapists there is little chance that a group appointment will have to be failed.

Third, two therapists working with the group offers an opportunity to train group therapists. That is, it is convenient to have an experienced, therapist and an intern functioning together as group leaders.

Other aspects of the group therapy program were discussed, such as the use of a special group therapy room in a special building, the use of refreshments to start a group session, and the number of group meetings considered to represent a course of group psychotherapy.

In conclusion, a projected plan for a “General Activities Group” was mentioned. In this group, it is anticipated that general activities include discussions of music, active and passive participation in music, art, etc., will be employed in an effort to use up certain of the re-socialization factors in the group situation. At present, music has not been coordinated with the therapy program. It is hoped that this will be accomplished in the near future.

**ABSTRACT OF ROUND-TABLE DISCUSSION**

**Jacob W. Klapman, M.D.**

*Staff Psychiatrist, Chicago Community Clinic, Department of Public Welfare.*

Group psychotherapy depends on group transference, which in essence is an emotional relationship of group members to each other and to the group therapist. The function of the therapist is to promote this relationship and guide it toward the optimal desired results. As an emotional relationship it becomes apparent that music may be instrumental in assisting it and can help to set the tone and quality of the transference relationship. It has long been well known that music is a powerful means of welding individuals together in a closely-knit group, a fact attested to by its use in such diverse institutions as the church and the military. The factor in these phenomena which make for this peculiar power of music is, of course, that of musical association, the re-collections and particular musical imagery which cluster about any given musical work. For that reason the type of music which has been found particularly effective in promoting group transferences is folk music, because folk music is most apt to be, as it were, the common denominator in music therapy.

In treating mental and emotional disorders it is not any particular emotion or any one given state which is to be treated; it is the total personality which is treated if any real benefits are to result. By this token then, good music is by far preferable, for associations which cluster about great music will be rich in musical imagery and content, and that constitutes an enlargement and enrichment of personality.

**TRAINING COURSES IN MUSIC THERAPY**

**Esther Goetz Gilliland**

*Director Music Therapy Dept., Chicago Musical College, Head of Music Dept., Woodrow Wilson Junior College, Music Therapy Counselor, Sigma Alpha Iota.*

In the successful practice of music therapy three areas of knowledge need to be explored, (1) the patient, (2) the method of treatment, in this case, music, (3) the personality of the therapist. Each of these is constantly undergoing a dynamic process. In gaining a knowledge of the patient, one must be aware of personality dynamics as well as psychology and pathology. In reorganizing personality, one needs to know where the patient started from, his cultural background, his musical experience, as well as his potentialities. An appreciation of the physico-psycho-socio dynamics of music as it affects personality, and the organism-as-a whole concept is necessary. Always working under the guidance of the medical profession, we must be able to appreciate the physician's problems and objectives and to understand his language.

In learning to know the tool, music as an art-science, we must understand the methods of using it to bring about the changes in personality deemed advisable by the physician. We must be able to fill the musical prescriptions which he orders. Performance is not as important as the effect of the music on the patient. Group experience in teaching and in recreation is essential, plus a broad background in music in all its phases of choral, orchestral and band participation, plus folk dancing. Training courses which include hospital internship are essential, with emphasis on the psychology of music, the influence of music on behavior, and the theory and practice of music therapy.

Because the personality of the therapist is affecting the patient as much, or even more than the music itself, insight into one's own personality problems is necessary. Essential are an understanding of in-ter-personal relationships, the ability to view one's self objectively, low frustration, leadership as well as followership, the ability to cooperate, an interest in people and the problems of society, and a well integrated, mature personality. The rapport established between patient and therapist is largely due to understanding and sympathy. A broad general education is recommended, with emphasis on musicology, music education, sociology, psychology, psychiatry and biology, as well as an understanding of the particular disease and symptoms of the patients being treated.

This may seem a formidable task, but the fields can be narrowed to adult mental patients and children who are physically, mentally and emotionally handicapped.

**PSYCHODRAMA, A FUNCTIONAL APPLICATION OF THE ARTS**

**Gertrude Harrow**

*Clinical Psychologist, Veterans Administration; Formerly a member of Dr. J. L. Moreno's Psychodrama Institute, Beacon Hill, N. Y.*

The creative arts do not only serve as ends in themselves, but may be used as a tool in releasing emotion for
therapeutic purposes. Psychodrama is such a tool. Proving very promising in the treatment of psychotics, it uses forms of the theater as a setting, but the traditional dramatic content is eliminated. Instead, the spontaneous dramatization of the individual's personal problems and experiences becomes the content and focus of action.

Since earliest times man has found a creative outlet in action: the dance, rhythmic music, and drama. Action was and is one of the main vehicles of emotion. One of the beginning functions of the arts was to formalize and mirror in group action the individual attitudes and emotions of man. Since then, cultural restrictions and social stereotypes have submerged the individual's expressive action and his capacity to use himself as an active, creative center. Now man must use the artistic forms he created to lead him back to his lost self-expression, and away from cultural "conserves" — generalized emotions and attitudes.

We can use the emotional content and appeal of the creative arts as an additional channel of communication, where other forms of communication may have failed; and we can use the various artistic forms to stimulate needed self-expression and action.

Psychodrama as an action method was initiated by Dr. J. L. Moreno following his observation of the unique opportunities afforded by the Impromptu Theatre in Vienna for spontaneous self-expression in role-playing and social interaction. "Psychodrama" has become a generic term, applied to many different individual and group action methods which vary with the purpose and the setting in which they are used. But psychodrama, however the term is used, is always an action method utilizing the medium of the theater: — the stage, the director, actors portraying roles, and an audience — as the setting for the spontaneous enactment and catharsis of individual problems.

The stage, which may merely be a free area in a room, is set by the player's own imagination. The content of action is the individual's life or his own fantasies. He is the main actor, presenting his own problems in his own roles. The co-actors (called "auxiliary egos") are trained as therapeutic actors to take the roles required by the subject in order to help him enact his scene, and to duplicate the emotional atmosphere of the environment in which the role is played. In the drama we often find a general emotional audience catharsis, but in psychodrama the audience acts as sympathetic public opinion, and members of the audience may become the participants of the drama.

The size and composition of the audience varies with the individual treated, the nature of his problem, and the nature of the institution in which psychodrama is used. The director functions in both a dramatic and a therapeutic role. The director is the primary therapist who initiates and directs the dramatic action, and leads the therapeutically evaluative discussion which follows each scene.

Through the medium of the dramatic arts psychodrama, as a group therapeutic technique, enables the individual to learn in action to communicate through his individual role-playing, to express his emotions spontaneously both in action and interaction, and to evaluate his own role and life experiences.
music and playing schedule on the basis of functional effectiveness, which must be assured and checked through constant experimental verification.

3. The music must consist of material which has a high acceptance value, which also must be verified by continuous checking.

4. In performance and interpretation, the music must be susceptible to subjective acceptance and rejection.

It is our primary thought and plan to effect physical and mental stability of the worker through the relief of mental fatigue and boredom, rather than to goad him into extreme efforts of production beyond that which is neither normal nor healthful. We know in many cases where there have been actual production benefits due to our service, but plant operation methods that make control studies very difficult have limited the amount of statistical percentages and figures on actual production benefits.

The various outward signs of boredom and mental fatigue are partially as follows: absenteeism, tardiness, errors, slackening of effort or tiredness, small talk, visits to the rest room, griping, labor turnover, employee attitude toward work, accidents, inter-employee relations, nervousness or irritation, all of which contribute to production dips that represent our target.

Most of our verification on successfully combating these items comes through verbal comment from employees and employers and our own happenstance observations. (Numerous reports from business firms, employees and supervisors were presented here.)

We hope that our experiences and data will help you in your study of music in therapy, and we further look forward to your developments assisting us in a better understanding of the full powers of music.

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MOOD EFFECTS OF MUSIC
Kate Hevner Mueller
Educational Advisor, Indiana University

The affective values or meaning or expressiveness of music should be differentiated from the other kinds of reactions such as 1) intellectual or evaluative judgments as for example identification of its form (as fugue, song, scherzo) or of its period and composer, or of its quality (as good, bad, mediocre) or of its genre (popular or classic); 2) physiological effects, e.g. quickened heart beat, muscular relaxation or tension, actual bodily movements of swaying or keeping time; 3) judgments of pleasantness or unpleasantness e.g. "I like it" or "I wish it would stop." Psychologists have developed techniques for eliminating sources of error of which vitiated earlier experimenting on meaning in music and for ascertaining meaning in objective and quantitative terms. They find that meaning is general rather than specific, and that music produces mood effects rather than genuine emotions. These effects are consistent and stable and obtain with either sophisticated or untrained listeners, although the mood effect will usually change from one section to another of longer compositions. With these techniques the specific sources of the mood effects can be traced to various musical elements such as mode, rhythm, tempo, pitch, harmony, tone quality, and melody, and quantitative differences can be established.

A SOCIOLOGICAL APPROACH TO MUSIC AND BEHAVIOR
By Max Kaplan

Sociology deals with social relationships; it is interested in music indirectly, inasmuch as music becomes a value around which people act jointly. The question, how does music influence behavior needs to be put, first, what are the situations in which musical values affect attitudes and social relationships, second, given an understanding of the process, can similar situations or attitudes be simulated, recalled, or created? Sociology may contribute to the first, while applied fields such as therapy, movie production, education, and psychodrama develop the second. Integration of these fields is possible only in light of a common framework of principles. Five hypotheses are submitted toward this end:

I. The influence of music on behavior cannot be measured with our present knowledge unless an objective behavior-unit is available.
II. Music, as one variable factor among many other variables, cannot be evaluated for influence on the basis of simple correlations.
III. The analysis of music as influence is meaningful only in a framework of dynamic social relations.
IV. Written or stated reactions to music reveal semantic culturally-conditioned replies, and are not necessarily conclusive.
V. Three basic elements of group analysis are common values, communication and symbols, and structure.

The discussion of these hypotheses embraces such considerations as: the problems of relating attitudes, and therefore attitude studies, to patterns of action; the necessity of attempts to study the functions of music in normal and obvious situations; a proposal that there be carried on a comprehensive scale a social analysis of the integrated roles and statutes within a mental hospital, as has proven successful in industry. "Patients are more than organisms or case studies. What social patterns, cliques and reactions arise among patients, between patients and attendants... with a knowledge of previous musical interests of patients, could music be utilized — either as a subjective meaning or a medium of activity groupings — to help arrange the ecological patterns of sleeping, eating, working?"

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NEWSLETTER SUBSCRIPTIONS

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NATIONAL MUSIC COUNCIL
338 West 89th Street, New York 24, N. Y.
FIRST ANNUAL MEETING
NATIONAL ASSOCIATION FOR
MUSIC THERAPY

The first annual meeting of the NAMT took place in Washington, D.C., on December 27 and 28, 1950. The meeting was held in conjunction with the Seventy-Fifth Annual Meeting of the Music Teachers National Association.

All of the sessions of the NAMT during the two days were held in the Burgundy Room of the Wardman Park Hotel. A wide variety of subjects and problems in the field of music in medicine were discussed by distinguished speakers and experts in their fields. The two day program is printed in full in this issue of the NEWSLETTER.

A number of decisions reached during Executive Committee meetings and General Membership business sessions will be of interest to all members of the Association, as well as readers of the NEWSLETTER.

The membership decided to retain the present officers of the Association in office until the time of the next annual meeting. A proposed amendment to the Constitution was referred to committee which makes it possible to enroll members of the medical profession and music therapy research workers as Active Members. It was also decided that Student Members of the Association will be entitled to an annual subscription to the Hospital Music NEWSLETTER without an increase in their present rate of membership dues. The members authorized the printing of a selected bibliography on music therapy which has been prepared as a practical working tool for reference and use by music therapists, medical personnel, teachers, students, volunteers and others in the field. An announcement will be made in the NEWSLETTER when this bibliography is ready for distribution. Prior to publication it is planned to circulate copies of the bibliography to the Executive Committee of the Association and members of the Music Therapy Research Committee for their inspection and suggestions. It is hoped that at a later date the Music Therapy Research Committee of the NAMT will be in a position to evaluate the items in the proposed bibliography. However, it was the general feeling of the members present that a comprehensive bibliography on the use of music in medicine is greatly needed and would be helpful at this time to music therapists, medical personnel, researchers, and other workers in the field.

A number of papers presented at the Annual Meeting are printed in this issue of the NEWSLETTER. Robert A. Hingson, M.D., Associate Professor of Obstetrics, Johns Hopkins Hospital, has prepared a report jointly with Dorothy Plummer, R.N., on the use of music in obstetrics during labor and delivery. According to introductory remarks by Dr. Hingson several thousand patients in the combined Obstetrical Anesthesia Departments of the Johns Hopkins and Sinai Hospitals, Baltimore, Maryland will have been exposed to the use of music during labor when the present phase of the project is brought to a close.

A paper on what the Music Therapy Research Committee can accomplish was presented by Mr. Arthur Flagler Fultz, Chairman of the Committee. This report and a preliminary statement of aims and definition of purpose of the Music Therapy Research Committee are printed in this issue.

A "Preliminary Report on the Use of Music in Connection with Electro-Shock Therapy" by Robert Turance lists music selections used in this program at Torrance State Hospital, Torrance, Pa. Other papers and reports presented at the meeting will appear in following issues of the NEWSLETTER.

The program of the First Annual Meeting of the NAMT follows:

PROGRAM
WASHINGTON, D. C.
DECEMBER 27-28, 1950

Wednesday, December 27th
Burgundy Room, Wardman Park Hotel

FIRST ANNUAL MEETING

9:30 General Session, "Aims and Objectives of the NAMT"
    Ray Green, President
10:00 "What Can the Research Committee Accomplish?"
    A. Flagler Fultz, Chairman, Research Committee
10:30 "Psychanalysis and Music Therapy"
    Dr. Ira M. Altshuler, Eloise Hospital, Eloise, Michigan
11:00 Business Session (continued on back page)
MUSIC THERAPY DURING LABOR AND DELIVERY IN THE JOHNS HOPKINS AND SINAI HOSPITAL OBSTETRICAL ANESTHESIA RESEARCH.*
by
Robert A. Hingson, M.D.**
and
Dorothy Plummer, R.N.
(From the combined Obstetrical Anesthesia Departments of the Johns Hopkins and Sinai Hospitals, Baltimore, Maryland.)

Music has been used as an instrument of healing for as long as history has been recorded. It has been recognized as an intimate part of all primitive life. Four songs have been used by the Seminole Indians: for lumbago, for a sick baby, for childbirth, and for death. The Chippewa, Cherokee, and Winnebago Indians have all developed special types of music for the treatment of specific diseases. The medicine man in equatorial Africa used music in therapy as often as he did potions of herbs.

In civilization also the value of music in the alleviation of symptoms of disease is well recognized. First Samuel 16:23 records, "And it came to pass, when the evil spirit from God was upon Saul, that David took an harp, and played with his hand: so Saul was refreshed, and was well, and the evil spirit departed from him." There are similar accounts of such alleviation of melancholia in Hindu, Chinese, Hebrew, Arabian, and other religious writings.

Dr. Joseph B. DeLee, the Chicago authority in obstetrics, was among the first in this country to use music as a therapeuetic aid with local anesthesia more than two decades ago. For the last five years the University of Chicago surgical units have employed ear phone transmitters of music to patients being induced with gas anesthesia. They have observed that patient fright is thus minimized, inductions are shorter, and higher concentrations of oxygen can be given with nitrous oxide anesthesia.

The Jewish Hospital in Brooklyn has used music as an adjunct to gas anesthesia for the past three years. They have experimented by trial and error to find the type of music most suited in this method of combined management. The following selections are presented in order of their effectiveness:

1. Claire De Lune, by Debussy
2. Moonlight Sonata, by Beethoven
3. Dream Pantomine, by Humperdinck
4. Evening Star, by Wagner
5. Forest Murmers, by Wagner
6. Poeme, by Fibich

In July 1948 the Johns Hopkins Hospital Department of Obstetrics initiated a controlled research program devoted to the task of studying safety and efficiency of all available anesthetic agents used in obstetrics from the standpoint of

*Made possible by grants to the obstetrical anesthesia research program of the Johns Hopkins University and Hospital from Abbott Laboratories, Astra Pharmaceutical Company, Ciba Pharmaceutical Products, Eli Lilly Company, Parke Davis Company, Squibb Institute for Medical Research, Winthrop-Stearns, Inc., and Becton Dickinson Company.

**Senior Surgeon, United States Public Health Service.
arrivals of young Americans.

In order to obtain an evaluation of patient benefit from music therapy, we decided to test by questionnaire interview a consecutive sample of patients managed and supervised by one nurse in the research program. This sampling included one hundred patients; forty-seven in the Sinai Hospital and fifty-three in the Johns Hopkins Hospital. Eighteen were negro patients and eight-two were white patients. Forty-eight were service patients managed by hospital interns and resident staff, and fifty-two were private patients. In this series there was no infant mortality and no mothers presented major complications. There were two sets of twins in the series.

The patients were personally interviewed by one of us within forty-eight hours after delivery.* Each patient was told that the following measures were provided by the research program for her comfort and security: music, air conditioning, interior decorating, presence of staff doctors and nurses, medicines and anesthetics. She was asked to choose in order of preference and benefit these various facilities. The first choices expressed are as follows:

**Table No. I.**

1. Staff ........................................ 76
2. Medicine ................................... 47
3. Music ......................................... 7
4. Air Conditioning ............................ 0
5. Interior Decorating .......................... 0

---

100

Their second choices are as follows:

**Table No. II.**

1. Music ........................................ 39
2. Medicine ................................... 28
3. Staff .......................................... 23
4. Air Conditioning ............................ 0
5. Interior Decorating .......................... 0
6. Combination of all .......................... 6
7. No second preference ........................ 4

---

100

By combining these tables it can be seen that forty-six women found music of value in either first or second choice, ninety-nine preferred the staff presence as first or second choice, and forty-five preferred medicine in first or second choice. We are particularly impressed that first and second choices select the value of music in approximately the same statistical proportion as the value of drugs and anesthetics.

**Table No. III.**

1. Staff ........................................ 99
2. Music ........................................ 46
3. Medicine .................................... 45
4. Air conditioning ............................ 0
5. Interior decorating .......................... 0
6. Combination of all .......................... 6
7. No second preference ........................ 4

---

200

For the patients interviewed there were seven anesthetic and analgesic methods selected. Table IV indicates the relative value of music in the various forms of management used.

**Table No. IV.**

<table>
<thead>
<tr>
<th>First Choice</th>
<th>SS Spinal</th>
<th>Saddle</th>
<th>Block</th>
<th>Caudal</th>
<th>Pain</th>
<th>Physio-</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Medicine</td>
<td>0</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Staff</td>
<td>32</td>
<td>22</td>
<td>4</td>
<td>6</td>
<td>11</td>
<td>1</td>
<td>76</td>
</tr>
</tbody>
</table>

---

Total: 1 39 29 8 7 13 3 100

The following patient quotations from questionnaire answers indicate in an intimate manner the value of music in labor.

"My labor was very poor so I had no sedation and only something was given me after I was in the delivery room. The music helped me relax and enjoy the doctors and nurses pretty room."

"I am a student of music; I have studied for years and hope to continue doing so. Music meant the most to me."

"I found music restful and I had my own method of timing my pains by the music and the moments of silence during each selection."

"Music during labor kept me from indulging in self pity."

"I was a vocalist before my marriage and music is my life. To me labor and music go hand in hand. They are both beautiful and should be appreciated."

"My labor was the most wonderful experience I have ever had. It is still hard to believe anything so talked about and feared could be referred to as a wonderful experience."

"The music was so unexpected that I'm sure I will never forget it. The selections are excellent and I'm sure greatly appreciated by every patient."

"I was in poor labor for several hours and the music certainly helped me to bear up. I even went to sleep several times. Music has always acted as a sedative for me."

"I think music most definitely assists in easing tension and lessening boredom. I hope that music in the hospital is here to stay."

"I cannot explain how much music helped me. I seemed to be in a dream with a background of beautiful music."

"I always experience a great pleasure from music, it certainly affects a change of mood. One may say music is a sedative."

"I had no medicine so therefore I could feel all of my pains. I think the music helped me more than anything. I played a little game with each pain. I would try to keep time with the music with my breathing. I had to give so much thought to that, that before I knew it my pains were gone."

From this preliminary sampling study we are convinced of the therapeutic value of music in the conduct of labor and delivery.
In conclusion, we should like to emphasize that this small sampling of one hundred patients from a series of eight thousand is not statistically significant. However, it does give us a valid patient opinion that the therapeutic benefit of music during labor and delivery cannot be denied. We propose to extend this study in the months ahead.

WHAT CAN THE MUSIC THERAPY RESEARCH COMMITTEE ACCOMPLISH
by
Arthur Flagman Fultz, Chairman
Music Therapy Research Committee National Association for Music Therapy

Statement of Problem
The real problem of music therapy research is not administrative but theoretical and scientific. We shall try to consider the subject from the emphasis of “What can the Music Therapy Research Committee Accomplish?”

This committee can contribute much to music therapy procedures and techniques. The problem of what it can do is thus seen to be of even increasing import because much of the success of our association depends upon what we as a research committee do, and what we do can only make sense in the light of the basic organization of concepts and theory according to reliable scientific methods.

One very fundamental part of our problem is that the nature of the committee’s job is one of ordering forces that otherwise must follow the law of entropy, that is, the law that elements in a system tend to seek disordered unrelatedness. The second law of thermodynamics from which this concept is borrowed states that the probability that entropy, in an isolated system, will decrease is zero. As this condition tends to pervade the system, each element approaches homogeneity, in which its most extensive meaning places the elements of the system in a uniformly anonymous and meaningless status with regard to every other element in the system.

It is therefore our duty to weigh the possibilities for study and encourage in every way possible the investigation, particularly, that of the more promising and more practically needed ones, of methods for interfering with entropy in the interest of organization and order among the forces that comprise the system we call music therapy. Briefly, what this means is that without such interference on somebody’s part, we may expect complete entropy; but by the kind of thinking and functioning that a research committee should do, higher states of integration and order can be developed that make our efforts in music therapy correlated and effectual.

How can we accomplish this? What steps may be taken now to insure (1) effectual, efficient, economic management of selection of problems for study, (2) reaching minimum standards of doing business, and (3) making public the results of studies undertaken?

Basic Presuppositions
A research committee, formulated on scientific principles and using scientific methods must set about its work differently than laymen might do it. These differences stem largely from the differences in the things we take for granted as to the factors that may or may not be expected to function in this field. I will mention several of the items we must take for granted in answering the above problems as a research committee:

That order can and will come about through the efforts of researchers who interrupt the process of entropy.

That our storehouse of knowledge holds no preconceived notions that are not eligible for close, public scrutiny.

There are no one-to-one, if A then B, relations in our field on which to base causal theory. Much of the misunderstanding and vulnerable statements of findings published today about music therapy are due to a failure to recognize this basic presupposition with regard to our kind of events. This is not a matter for debate. Deterministic causality simply does not exist among the events we have to observe, yet many writers behave toward them as if they did, and they must ultimately suffer defeat on this cold fact.

We must rely upon the same ways of knowing that have proved useful in other similar or related fields of personality like psychology, sociology, cultural anthropology.

That we may expect to find considerable disparity between the upper, ultimate levels different investigators attain by climbing different abstraction ladders, but that there does exist a basic for a unifying understanding of these ultimate differences if we re-examine the fundamental process levels, that is the determining set or pre-disposing rationales, on which these abstraction ladders are founded and erected. It is discouraging in our field to find widely different, even contradictory findings with respect to the same types of events. But when one seeks out the source of the disparity by getting at its roots, he finds that the differences are often reposed in the basic logic with which the problem was attacked in the first place. Someone has said that theories multiply in proportion to the amount of ignorance there is on a subject, and conversely, the more knowledge there is, the greater the tendency to recognize that the roots of our thinking are planted in the same soil.

That we cannot, therefore, separate an observable event from its interpretation. Even descriptions of events use words and concepts that prove themselves capable of diametrically opposite meanings. A "star" is not the event it describes. It is only the datum about a very hot, distant event. It is not the event. However, in our field we find people who attempt to describe music as "soothing" for example; that is, they try to equate one event, the stimulus, "music", with the effect it is supposed to produce which is a very distant, complicated, variant event called the response.

That orientation to the whole field of events must precede their interpretation. Too much loose speculation is going on in music therapy by persons who can only see the second baseman. They try to judge relationships and describe the whole game by too few data.

That ultimately, appropriate statistics will need to be introduced to analyze and test the values of our investigations, and make them accessible to the evaluation of others.
Some Specific Contributions

Your Music Therapy Research Committee is composed of five men, E. Thayer Gaston, Dr. Ira M. Altshuler, Dr. Jules H. Masserman, Roy Underwood, and your speaker who is the chairman. Each of these sent letters to the chairman in response to a request for his views on how the research committee might proceed. Their suggestions can be summarized in five categories:

1. An evaluation of extant bibliography and reference list for research purposes.
2. The organization of a model research center with branches in various parts of the country and some plan for raising funds with which to carry on a thorough research program.
3. Standardization for research reports, procedures and determination of directions of research.
4. Establishment of some method of clearing information on pertinent research.
5. Investigation of effects of music on physiologic changes in various "emotional" disturbances.

After meeting with the research committee and having received such suggestions as the above, it became possible to present a statement of aims and definitions of function for 1950-1951. It seems inappropriate for the committee as such to undertake specific projects on its own, but rather to conceive its function generally as a guiding body to steer the efforts of those desiring its help into more effectual action.

PRELIMINARY STATEMENT OF AIMS AND DEFINITIONS OF FUNCTION 1950-51

1. To identify and state critical hypotheses in need of being tested and explored.
2. To clarify and help define basic concepts in music therapy.
3. To aid the Executive Committee in publicizing information on experiments, findings, conclusions, and research projects for further verification and replication.
4. To serve as a clearing house to help avoid futile or ill-advised research pursuits, by suggesting improvements or changes in experimental design in the interest of more efficient investment of time and resources.
5. To provide some model experimental designs that might be at once general and typically suitable for investigating by standard approaches several sample problems.
6. To accumulate a "suggestion-barrel" out of which to recommend good, well-formulated problems that may fit into a larger scheme of music therapy, having in mind a broad twenty-year plan of study.
7. To enlist the cooperation of clinical centers, music schools, graduate schools, such as have departments of psychology, music education, medical schools, etc., whose students or research personnel are capable of pursuing the study of crucial problems in this field.
8. To develop an evaluated listing of a music therapy needing such materials, bibliography which may be made available to persons
9. To aid in the liaison between the National Association for Music Therapy and the various psychiatric and medical associations.

MUSIC THERAPY RESEARCH COMMITTEE
Arthur Flagler Fulz, Chairman
E. Thayer Gaston Jules H. Masserman, M.D.
Ira M. Altshuler, M.D. Roy Underwood

PRELIMINARY REPORT ON THE USE OF MUSIC IN CONNECTION WITH ELECTRO-SHOCK THERAPY

Robert Turansky, M.A.
Music Director, Torrance State Hospital
Torrance, Pa.

The primary objective of this paper is to show the value and purpose of music during electro-shock therapy. Under the guidance of Dr. Saul Greizman, clinical director, and Dr. Frank Righter, this program has been carried on for eight months, so that our findings are in the preliminary stages.

Music is played only during the post-shock because of the following reasons: Patients are in two small preparation rooms. The treatment room is just large enough to accommodate the treatment table, shock equipment and personnel. Due to the above problems the clinical director felt that since all the patients would occupy one room during the post-shock, music could be used here in creating a quiet and restful atmosphere.

The music that is used during these sessions is carefully selected and recorded on a portable tape recorder. Selection of the music is considered from the following standpoints: Native folk-songs, foreign music, semi-popular music, light classics and Strauss waltzes. The purpose of this method of selecting is to have a wide range of variety in reaching the interest and likes of the patients. All music compositions used during the post-shock are instrumental arrangements, experience has shown that vocal backgrounds that are played into the patients dining room are not as effective as instrumental ones.

We are only experimenting with various types of orchestral tunes and as yet do not have available data as to whether waltzes, classical music, foreign music, folk-songs or popular music are the best, so that we can offer no information as to what the reactions would be to vocal music.

The following list of compositions is an example of one hour's recording on tape:

<table>
<thead>
<tr>
<th>Songs</th>
<th>Composers</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Mother Taught Me</td>
<td>Dvorak</td>
</tr>
<tr>
<td>Waves of Danube Waltz</td>
<td>Ivanovici</td>
</tr>
<tr>
<td>I'll See You Again</td>
<td>Coward</td>
</tr>
<tr>
<td>Come Back to Sorrento</td>
<td>De Curtis</td>
</tr>
<tr>
<td>Indian Love Call</td>
<td>Herbert</td>
</tr>
<tr>
<td>Make Believe</td>
<td>Kern</td>
</tr>
<tr>
<td>Home On The Range</td>
<td>Kreisler</td>
</tr>
<tr>
<td>Caprice Viennois</td>
<td>Strauss</td>
</tr>
<tr>
<td>Wine, Women and Song</td>
<td>Strauss</td>
</tr>
<tr>
<td>Embraceable You</td>
<td>Gershwin</td>
</tr>
</tbody>
</table>
cussing the music writer and request a particular composition at the next period. It has been noted that many of the patients in discussing the music with the musician request waltzes, particularly Strauss waltzes; this may be an indication that this type of music is best suited for the early part of the post-shock. The younger patients have a tendency to request popular music. The arrangements of popular music requested to be played are carefully selected, so that the quiet atmosphere is not disturbed by loud, brassy, be-bop orchestrations. It has been observed that compositions with string and wood-wind arrangements help to retain the quiet atmosphere desired in the room. If the music is omitted the patients remind the musician at the next session that it was missed very much. Some of the patients have become conditioned to the music to the extent that they associate it with the treatment, for example, when the music was omitted several patients, after treatment, mentioned to the doctor that they did not have their treatment because there was no music in the room. There have been several incidents where the individual has discussed with the musician how the music affects him emotionally and his thoughts concerning the music as he regains consciousness. A number of patients stated that after receiving their first treatment and on gradually awakening, they heard music in the distance but just were not sure what they were hearing. Several mentioned that as they become oriented to their surroundings the music was actually in the room and not something they imagined. After a number of treatments they become conditioned to the music and did not appear to be confused as they were in their first experience in hearing the music.

The sessions give an opportunity to the musician to keep in close contact with the individuals, who are members of the various musical organizations in the hospital. Future plans are being made to have music played simultaneously in the preparation room, shock room and the post-shock room from a central unit. During the time the patients are waiting in the preparation room and also while they are in the shock room many of the patients are fearful of the treatment. It is in these two rooms that we are planning to concentrate on the use of music to divert the patients attention from his fearful thoughts of the treatment. Also a project is being planned to compare the reactions of the male and female patients.

I hope that my humble information in this paper will be of some benefit to individuals and hospitals that are interested in music during electro-shock therapy.

MUSIC THERAPY JOBS IN CALIFORNIA
The California State Personnel Board announces nationwide continuous examinations for Music Therapist, salary range: $268-281-295-310-325. Effective at once and continuing until further notice, examinations for this class will be held as announced below. Only those persons who are interested in and available for employment are urged to apply.


Examination dates (out-of-state candidates) examinations will be scheduled approximately December 21, 1950, and February 15, 1951, at locations as near the residence of applicants as conditions warrant and as examining facilities permit.

File your application at least three weeks in advance of the examination you wish to take. Applications may be filed at any time; accepted candidates will be notified approximately a week in advance of the time and place of examination. An effort will be made to schedule each candidate for the first examination following receipt of his application. An applicant who files too late for one test will be notified of the next scheduled examination.

Intermezzo .................................................. Provost
Three O'clock In The Morning ......................... Terris
Tea For Two .................................................. Youman
More Than You Know ..................................... Youman
Etude Op, 10, No. 3 in E Major ....................... Chopin
Peg Of My Heart ............................................. Fisher
Tales From Vienna Woods ............................... Strauss
Oh Marie ................................................... Di Capua

When I Grow Too Old To Dream

Romberg-Hammerstein

Sometimes I'm Happy ......................................... Youman
Speaking To Me of Love .................................. Lenoir-Silver
Cradle Song .................................................. Brahms
Sari Waltz ................................................ Kalman

Since April, this program has been carried on in the male and female admission building with about fifteen to twenty patients. The reaction of the patients to the music has been observed by Dr. Greizman, Dr. Righter and the nursing personnel, who have been of great assistance in compiling valuable information concerning the reaction of the patients to the music background. The following reactions and observations have been noted: Pleasant atmosphere added to the room. Calming and assuring influence when consciousness returned. It soothes and relaxes the individuals and makes it easier for them to sleep or lie quietly. Several patients have actively objected to the music because it disturbed their rest and brought back unpleasant memories, but generally the patients welcomed the addition of the new atmosphere. When a disturbance does occur while the music is going on, frequently there is an attempt by the other patients to ask the individual to be quiet and listen to the music. Occasionally some will hum or sing to a tune like "Home On The Range" or nod their heads and wave their hands to a Strauss waltz; recognize a composition and name its title; associate the song with past memories — pleasant or unpleasant. One individual remarked that when the tune "Make Believe" was being played that he recalled the pleasant memories of going to dances and social functions. Another person began to cry in the playing of "Three O'clock in The Morning". This patient was not willing to discuss why he was crying during the composition, so it was possible that some unpleasant episode was recalled and that made him react in this manner. When such reactions are noted the information is passed on to the doctor, who later discusses the matter with the individual.

At times various individuals discuss the music with the writer and request a particular composition at the next period. It has been noted that many of the patients in discussing the music with the musician request waltzes, particularly Strauss waltzes; this may be an indication that this type of music is best suited for the early part of the post-shock. The younger patients have a tendency to request popular music. The arrangements of popular music requested to be played are carefully selected, so that the quiet atmosphere is not disturbed by loud, brassy, be-bop orchestrations. It has been observed that compositions with string and wood-wind arrangements help to retain the quiet atmosphere added to the room. Calming and assuring influence when consciousness returned. It soothes and relaxes the individuals and makes it easier for them to sleep or lie quietly. Several patients have actively objected to the music because it disturbed their rest and brought back unpleasant memories, but generally the patients welcomed the addition of the new atmosphere. When a disturbance does occur while the music is going on, frequently there is an attempt by the other patients to ask the individual to be quiet and listen to the music. Occasionally some will hum or sing to a tune like "Home On The Range" or nod their heads and wave their hands to a Strauss waltz; recognize a composition and name its title; associate the song with past memories — pleasant or unpleasant. One individual remarked that when the tune "Make Believe" was being played that he recalled the pleasant memories of going to dances and social functions. Another person began to cry in the playing of "Three O'clock in The Morning". This patient was not willing to discuss why he was crying during the composition, so it was possible that some unpleasant episode was recalled and that made him react in this manner. When such reactions are noted the information is passed on to the doctor, who later discusses the matter with the individual.
ENTRANCE REQUIREMENTS

All applicants must be United States citizens. California residence is not required.

Either I

Education: Equivalent to graduation from either a recognized school of music or a college or university, with major work in music therapy. (Registration as a senior will admit applicants to the examination, but they must produce evidence of graduation or its equivalent before they can be considered eligible for certification from the employment list.)

Or II

Experience: One year of full-time paid experience on a professional level in work with mental patients. (One year of graduate work in music therapy may be substituted for the required experience.)

and

Education: Equivalent to graduation from either a recognized school of music or college or a university, with either (1) a major in music, or (2) a major in education, psychology, or occupational therapy and a minor in music. (Registration as a senior will admit applicants to the examination, but they must produce evidence of graduation or its equivalent before they can be considered eligible for certification from the employment list.)

Or III

Some other equivalent combination of education and experience.

FACTS ABOUT THE POSITION

A Music Therapist plans and conducts a music therapy program in a State institution or clinic for patients referred for treatment by medical officers; stimulates patients in active participation in choral groups, orchestra, and small ensembles; gives special instruction in vocal and instrumental music; plans programs and entertainments; coordinates the activities of the music therapy program with other therapeutic programs; keeps clinical notes and records; orders and cares for necessary equipment and supplies; and does other work as required.

Vacancies are in various State hospitals located in non-metropolitan areas under the Department of Mental Hygiene.

FACTS ABOUT THE EXAMINATION

Place of examination: Sacramento, San Francisco, Los Angeles, and such places in other states as the numbers of candidates warrant and conditions permit.

Veterans preference: Requests for veterans preference, together with proof of eligibility, should be submitted to the Department of Veterans Affairs, P.O. Box 1559, Sacramento, previous to the date of the examination, unless your eligibility for veterans preference has been permanently established.

Competition: This is an open competitive examination. There are no persons in the State service employed in classes considered eligible for promotion.

Applications are obtainable from the State Personnel Board in Sacramento, San Francisco, Los Angeles, or from a local office of the California Department of Employment. Applications filed by mail should be addressed to the State Personnel Board, 1015 L Street, Sacramento, and must be on Form 678, the official application form. Applications must be completely filled out and signed. Your acceptability for any examination must be based on the information on your application.

Eligible Lists consisting of successful candidates who have not accepted job offers or been appointed will remain in effect for at least one but not more than four years.

Fingerprinting: Competitors must be fingerprinted prior to employment.

SCENE OF THE EXAMINATION

A minimum rating of 70% must be attained in each part of the examination.

Written Test: Weighted 6.
1. Knowledge of music theory, harmony, and instrumentation.
2. Knowledge of the therapeutic principles and techniques of group and individual activities used in music therapy.
4. Familiarity with the basic pathology involved in diseases and injuries resulting in mental and physical handicaps, and of the physical and psychological problems of the handicapped person.


Evaluation of personal traits and fitness, including the ability to establish and maintain cooperation of those contacted in the course of the work; ability to play one or more musical instruments; ability to establish rapport; ability to adopt an effective course of action; initiative, tact; good judgment; resourcefulness; patience; and emotional stability will be made by a personal interview. The interview may be held in California or about the written test date. Candidates residing out of State will be interviewed whenever arrangements can be made. The interview will be held as near their homes as conditions permit and may, be either before or after the written test dates.

Any information presented during the course of the examination may be verified and supplemented by investigation which may also cover the employment record, character, and personal history of competitors.

MEDICAL REQUIREMENTS

Good health and freedom from disabling defects and communicable diseases. Medical examinations will be required of all successful competitors who are appointed to a position. This examination will be given without charge by a physician at the institution where the position exists. Failure to pass the medical test will constitute basis for rejection during the probationary period.
PROGRAM (continued)

11:30-12:30 Executive Committee Meeting
   Hamilton Room, Wardman Park Hotel

1:30-3:30 Joint Meeting with MTNA, Main Ball Room, The Shoreham
   “Music in Mental Hospitals”
   Dr. Samuel T. Hamilton, Past-president, American Psychiatric Association
   Musical Interlude
   Woodwind Ensemble, Michigan State College
   “Music in Industry”
   Harold Burris-Meyer, Stevens Institute of Technology

3:45-5:15 Burgundy Room, Wardman Park, Dr. Samuel T. Hamilton presiding
   Robert Turansky, Torrance State Hospital, Torrance, Pennsylvania
   “Selections of Music to Accompany Electro-Shock Therapy”
   Miss Ruth Knouss, Sheppard and Enoch Pratt Hospital, Towson, Maryland
   “Music Therapy During Labor and Delivery in the Johns Hopkins and Sinai Hospital Obstetrical Anesthesia Research”
   Robert A. Hingson, M.D., Associate Professor of Obstetrics, Johns Hopkins Hospital

8:30 Concert to be announced—complimentary to all registered numbers

THURSDAY, DECEMBER 28th

Burgundy Room, Wardman Park Hotel

9:30 Business Session

10:30-11:30 Panel Discussion—Problems and Relationships
   Esther Goetz Gilliland, Moderator, Chicago Musical College. Speakers and subject to be announced

1:30-2:00 Myrtle Fish Thompson, Music Director Essex County, Overbrook Hospital, Cedar Grove, New Jersey, presiding
   “How can the American Red Cross Assist the Music Therapist?”
   Miss Mariana Bing, Asst. Director, Service in Veterans Hospitals, A.R.C., Washington, D.C.

“How Voluntary Organizations may be used in Music Therapy”
   Edwina Eustis of Musicians Emergency Fund, New York City

2:00-3:00 Ray Green, presiding, “The Use of Music in V.A. Hospitals”
   “The Use of Students in a Music Program”
   Miss Helen Platten, Music Technician, V.A. Hospital, Montrose, New York
   “Programming of Music Groups or Celebrities from the Community”
   William Wenger, Music Technician, V.A. Hospital, Staten Island, New York
   “Recent Developments in the Music Programs of Veterans Administration Hospitals”
   Mr. Lenard Quinto, Chief of Music Recreation Service, Special Services, Veterans Administration, Washington, D.C.

3:00-3:30 Future Planning for the NAMT

3:30-3:45 Recess

3:45-5:30 General Discussion and A Summary of the Conference

A nationwide examination for Music Therapist will be held by the California State Personnel Board on February 15, 1951, as near the residence of applicants as examining facilities permit. These positions are in State hospitals throughout California.

College graduates with specialization in music therapy or a music major with some experience with mental patients may apply to take the examination for Music Therapist. The salary range of this position is $268-325.

A Music Therapist plans and conducts a music therapy program in a State institution, stimulates active participation by patients in musical activities, plans entertainment programs, and cooperates with other therapeutic programs.

Applications must be filed on the official form 678 by January 25, 1951, and may be obtained from the California State Personnel Board, 1015 I Street, Sacramento 14, California.

NMC HOSPITAL MUSIC PUBLICATIONS

Back issues of the Hospital Music NEWSLETTER may be obtained from the National Music Council, 338 West 89th Street, New York 24, N.Y. Price 40c per copy. Back numbers of the NMC BULLETIN containing articles on hospital music, $1 per copy.

NEWSLETTER SUBSCRIPTIONS

We invite you to join the growing list of HOSPITAL NEWSLETTER subscribers. The rate is one dollar a year for three issues of forty cents per single copy. Make checks and money orders payable to the National Music Council.

NATIONAL MUSIC COUNCIL
338 West 89th Street, New York 24, N.Y.
Also NMC Hospital Music Publications
Recent Developments in the Music Program
for Patients in Veterans Administration Hospitals*

Lenard Quinto

Chief of Music, Recreation Service, Special Services
Veterans Administration, Washington, D. C.

There are several recent developments in the music program for patients in Veterans Administration hospitals in which you may be interested. In using the term "developments" in the title rather than the word "innovations", I believe the selection has been made advisedly for very few innovations in the field of hospital music have been introduced in recent years. However, there is a "newness" about the Veterans Administration hospital music program. This may be seen in the basic concept of our purpose on this work, the refinement of the activities which have been found to be successful with patients, and the assuredness of the results with which the problem is approached.

Purpose of Program

The purpose of the music program in Veterans Administration hospitals is to provide, as an integral part of the total medical program, a comprehensive, well-balanced, and professionally executed range of music activities to meet the needs, interest, and capacities of all patients. All activities offered in the music program require medical approval. It must be borne in mind that of the total beds in Veterans Administration hospitals over 75 per cent are occupied by long-term patients.

The music program is planned to assist the doctor in getting his patients well and to make life as satisfying and meaningful as possible for those patients who must remain in the hospital for long periods of time. The diversified activities which constitute the program are designed to accomplish the following objectives:

a. Assist in facilitating patients' adjustment to hospital life and medical treatment.

b. Provide doctors with opportunities to observe patient behavior and response to activity.

c. Assist in orienting patients in their physical limitations and potentials.

d. Contribute to the development and maintenance of normal physical condition during the patients' stay in the hospital.

e. Develop interests and skills in so-called "carry-over" activities; that is, activities in which patients may participate safely and beneficially during their stay in the hospital as well as after their discharge from the hospital.

f. Contribute to the total social and psychological readjustment of patients.

Primary consideration is given to the needs of patients as determined by appropriate medical authority. Following this determination, patient interests and capabilities as well as program resources are ascertained so that appropriate activities may be selected to meet these patient needs.

Basic Music Program

The greatest latitude is exercised in the development of music activities for psychiatric patients. Included in the basic music program, among other music activities for these patients, are instrumental and vocal activities such as bands, orchestras, drum and bugle corps, glee clubs, choruses, choirs, community and ward sings, vocal and instrumental instruction; creative activities; music appreciation; music presentations by patients, community organizations, or celebrities; and related music activities.

Music for psychiatric patients is medically prescribed before and after electric and insulin shock treatment, for operations performed under local anesthesia, during hydrotherapy, and with many other treatment programs. The music program for tubercular patients consists of those activities which do not place a physical burden on the patient. The period of hospitalization limits the music program for the general medical and surgical patient.

Domiciliary members participate in all phases of the music program.

Because of its diversified use, the hospital music program reaches all patients at some time during their hospitalization. Music is used with adapted sports activities, social and game activities, patient-participation shows, radio broadcasts, motion picture showings, chapel services, canteen visits, and library activities, as well as in the dining room and with corrective and occupational therapy.

This, basically, is our music program for patients in Veterans Administration hospitals. As to the recent developments in our program let me first discuss specific progress which we have found to be successful with a particular type of patient.

Recent Developments

Recently, the Veterans Administration conducted a survey of the Rhythm Band activities. It was found that many Veterans Administration hospitals in which regressed patients were hospitalized were conducting, as a part of their medically approved activities for such patients, this rudimentary activity. The Rhythm Band is but one of the many therapeutic activities through which patients aided themselves in developing muscular coordination, personal neatness, cooperation with other patients and hospital staff, personal satisfaction through accomplishment and assumption of responsibility, and an interest in life outside the limited scope of their hospital experiences.
Veterans Administration hospital personnel have found that the Rhythm Band:

a. Stimulated cooperative procedures among patients.

b. Stimulated social activities of a group-participation nature.

c. Helped in subordinating individual desires to the common desires of the group.

d. Provided a means of release of emotional forces in a constructive manner.

e. Helped in creating a spirit of fellowship.

f. Aided in establishing some measure of coordination.

g. Helped in broadening patient interest.

h. Provided a means of relaxation.

There was no standard instrumentation used. Many of the instruments were made at the hospital. Such instruments as guitars, ukuleles, or harmonicas, which are not considered to be typical Rhythm Band instruments, were introduced. Exclusion of such instruments would thwart one of the purposes for which the band is organized. The maximum degree of complexity achieved was to have different groups of instruments play during different sections of the music or to have one group of instruments play on the strong beats and another group of instruments play on the weak beats. Modified eurhythmics were introduced; this included walking and marching. Considerable spontaneous reaction was elicited. Group singing was introduced. One hospital introduced music of a type which normally does not encourage kinetic response.

In the main, the activity periods were conducted by the hospital music technicians or recreation workers. The nurses and hospital attendants aided and often were key personalities in encouraging participation. In reviewing the Rhythm Band activity in his hospital one of our Managers, a physician said, "The Rhythm Band has added another method to our hospital armamentarium."

Other Developments

The music technicians in our hospitals are developing other programs for specific types of patients. One of the most interesting developments in our music program is that which is designed for tubercular patients. All music technicians are well acquainted with the passive phase of this program. However, the medical staffs at some of the Veterans Administration hospitals housing tubercular patients have felt that the patients about to be discharged should participate in activities which they will enter when they leave the hospital. For musicians, this means that they are allowed to play an instrument of their profession or to sing.

In addition, special programs are being introduced with pneumothorax treatment. Other music programs are being conducted for lobotomy patients. What the outcome of such controlled research experiments will be cannot be evaluated at this time. If something is found which will aid these patients or if we find that certain music will not aid these patients, the Veterans Administration has served the purpose of research.

As with all hospitals, the Veterans Administration tries to have music available in all parts of the hospital and with other activity programs. One of our medically approved programs is that of taking the patients to the canteens to reorient themselves to a situation similar to that to which we hope they will return in their community. During these canteen visits we try to have patient groups play and sing for the patients. The response and value to both the listener and performer has assured us of the worth of this project.

Music Research

The Veterans Administration is in a unique position with respect to the mass of material in its custody and has definite responsibility to learn as much as possible concerning its patients. This means that we welcome all true research in the field of music with patients. Such research must be organized and approved at the hospital level in coordination with the Manager and the responsible staff members. After the Manager has given his consent, the proposed project is then sent to the main office of the Veterans Administration in Washington, D. C., for final approval. Prior to final approval, the project is transmitted to the National Research Council for their consideration. If any established school, foundation, or like organization desires to enter into a music research project, they are warmly encouraged to outline their plans to the Manager of the hospital at which they would like to work.

Use of Students

Should you visit certain of our 149 hospitals throughout the country, you will see outstanding music programs being conducted with the assistance of students from the top music conservatories and universities. In accordance with a recent decision, we are now able to offer these students quarters and/or subsistence as compensation provided such assistance has been determined by the hospital staff to be of benefit to the patients. If a college or university chooses to give credit to its students for their work in a Veterans Administration hospital, there is no objection on the part of the Veterans Administration. However, the Veterans Administration has no legal authority to participate in the conduct of a formal training course for college or university students, or to make its facilities available as an accommodation to the school. This does not mean that the Veterans Administration cannot give an orientation course to student workers just as it is normally desirable and necessary to orient any new employee to hospital procedures and routine. It does mean that the conduct of a formal course at the hospital by a college or university for the benefit of its students, which course is conducted either by the staff of the university or by Veterans Administration staff members or by both, is not authorized.

Should colleges, universities or conservatories be planning courses in music therapy and wish to have a "work room" for their students, an offer of assistance should be made known to the Manager of the hospital at which the students would like to work. It is up to the Manager to decide what assistance will do the most good for his patients.

In conclusion, the programs outlined above are but slight indications of the thinking and work being accomplished by our music technicians in coordination with the entire medical and administrative staffs at our hospitals. There are many other research programs and special projects currently being conducted in our hospitals. However, they have not progressed to a publication stage. Be assured that when something definite has been ascertained the Veterans Administration will be pleased to share our findings with the many who so kindly shared the results of their research with us in order that we might help the doctor return the patient to his rightful place in the community and society.

Use of Students in a Hospital Music Program*

Mrs. Helen Beaver Platten,

Music Technician, VA Hospital, Montrose, N. Y.

Experience at a Veterans Administration Hospital has proved that a Hospital Music Program can be successfully augmented by the use of college students, and that the program can be mutually beneficial to both the patients of the hospital and to the students of a college or university.

I would like to tell you how such a program developed by a Veterans Administration Hospital and a College of Music was organized, how it was conducted and how the contribution of the students was appraised.

Since the Westminster College of Music in Princeton, N. J., is only thirty miles from Lyons Neuropsychiatric Veterans Administration Hospital, I thought that perhaps the students could be interested in participating in the hospital’s Music Program for the patients. After obtaining clearance at the hospital, it was necessary to secure the approval and to be assured of the support of the Dean of the college, Mrs. John Finlay Williamson.

The Dean was convinced that the students would acquire a valuable musical experience, and benefit from participating in such a program, so it remained to interest the students. I spoke to them at a Compulsory Attendance Assembly, explaining our need of volunteer musicians. The enthusiasm of the response was extremely gratifying — 50 students signed up to entertain on the closed wards of the hospital. A schedule was established and the students divided into three groups, each group coming one evening a week. This program was begun in the first semester of the college year.

It soon became apparent that these college students differed quite a great deal from the usual volunteer and would require more extensive orientation and supervision than music volunteers usually receive. The students were generally not mature enough to understand or cope with the actions and behaviors they observed on the wards. They had not been exposed to the varied and “direct” vocabulary of the patients.

They were young, between the ages of 17-22 and often times too buoyant, too noisy for a hospital or professional atmosphere. Attire was not always appropriate; attitudes were sometimes too “Josephine” or “Joe College.” So a more intensive orientation seemed desirable.

One month later, permission was received from the Manager of the hospital to organize a course of extensive orientation for the students. The Dean of the college was pleased with the idea so the course was outlined by the Director of Professional Education at the hospital and then submitted for accreditation by the college to the New Jersey State Board of Education. The course has been modified each subsequent year. The general content included 2 hours devoted to general hospital orientation and procedures; and ward etiquette, the “Do’s” and “Don’ts” with patients.

A psychologist, appointed by the Chief of Psychology, lectured for two hours on personality structure and development, three hours on mental mechanisms. The lectures by the psychologists were followed by a series given by a psychiatrist appointed by the Chief of Professional Education. Two hours were concerned with personality types, six hours were devoted to the psychoneuroses, character disorders and the functional and organic psychoses. The last three lectures given by the psychiatrist were devoted to the types of psychiatric treatment, shock therapies, psychotherapy, and the milieu therapies. The final seven hours were concerned with music in the general as well as the “total push” program planned for the rehabilitation of the neuropsychiatric patient.

In February of 1948, six months after the students began coming to the hospital, the Board of Education accredited the course for two semester credit hours, on the basis of a one hour weekly lecture and a two hour practicum on the wards. A group of 22 students enrolled in the course entitled by the college “Music Therapy.” The course was finally organized so that all the students came to the hospital on one evening a week designated as “Music Night.” They attended a lecture for one hour, followed by the two hour practicum on the wards.

Prior to the actual beginning of the course, all the students who enrolled were screened and auditioned for the purpose of cataloging the types and skills of their abilities. The students were divided into three groups, each group containing a well-balanced variety of musical talent. Those students who were judged not yet ready to perform were allowed to accompany the groups to watch, or were given phonographs and assigned to the wards to conduct record request programs. As soon as these students were considered ready to perform, they were then assigned to a group.

In each of the three groups, a leader was chosen by the students. Such student leaders assumed an important liaison and supervisory role in the program and were charged with the responsibility for the general conduct of their groups from the time they arrived on the station until they left. Before the students began their programs each evening, they met with me, and received any last minute instructions or changes. The group leader submitted a copy of the program to be presented that evening, so it was possible to approve each program, make suggestions or changes, before the music was presented on the wards. At the same time, the group leader was given the assignment for the following week and informed as to the type of ward, and appropriate music, thus giving the class a week to prepare the next program. Following the periods on the wards, and while these topics were still fresh in their minds, the students met again with me to discuss any incidents which might have occurred during the evening, including outstanding reactions to programs, or any bizarre conduct observed.

Because we were unable to secure attendants or aides during the evening hours, the students could not be utilized for individual or group teaching of the patients. Their work on the wards consisted mainly of entertainment. At regularly spaced intervals they conducted group singing. However, the plans for the current year were broader. During the first semester it was planned that the practicum on the wards would consist of entertainment only. During the second semester active patient participation periods would be organized by the students, to include rhythm bands on the continued treatment wards, music appreciation classes for selected patients, and programs to be presented over the hospital’s Central Broadcasting System at stated intervals.

In an evaluation of the contribution of students to the Hospital Music Program, let us consider how the hospital and its patients benefit from such an association. We gained between 20 and 30 student volunteers each week to entertain on the closed wards of the hospital with good music. The students were all trained musicians, studying and concentrating on music every day, since music was the career of each one. In addition to their musicianship, they were enthusiastic about the course they had elected to take, and eager to learn all they could. It was necessary for the students to devote time to planning their programs, as half the grade they received in the course was based upon their performance and attitude; the other half was based upon their scholarship.

They came on a regularly scheduled basis, attendance being compulsory, so it was possible to plan a long-term program effectively with them. They knew their assignments in advance, and were able to plan programs suitable to the type of ward and type of patients they were to entertain. We were able to inspect their programs in advance to be certain that the music was appropriate. They were instructed by a psychiatrist and a psychologist to help them understand the patient and to develop an awareness and appreciation of the psychodynamic effects of music. They were able to discuss any problems, psychiatric or otherwise, with the, staff each week and any factors which caused them concern or annoyance. Another consideration was that students are valuable inasmuch as they will be tomorrow’s volunteers . . . some may stay in the field of Music Therapy . . . many of them who follow their separate careers will maintain an interest in hospital work and continue to serve as music volunteers. Through their exposure to a Hospital Music Program, they are made aware of the contribution that music can make to the neuropsychiatric patient and the part that it can play in the patient’s rehabilitation. They may be valuable agents in interesting other musicians in the communities in which they live to serve in the program.

Finally, an academic association of this type permits the formulation of many research projects. A group of skilled, educated, and experienced students can certainly be used to assist with many experimental and research projects which may be planned and accomplished on a long-term basis.
Relationships in a Music Therapy Program at a Large State Mental Hospital

Tomo A. Yagodka, Director, Music Therapy Department
Camarillo State Hospital, Camarillo, California

Relationships with Hospital Staff — Executive and Medical

We have been fortunate at Camarillo in having a Superintendent, Clinical Director, and Executive Staff that is completely favorable to a Music Therapy program. They have been helpful and cooperative in every way, finding space for our ever-increasing activities in a hospital where working space is at a premium, and helping us to find funds for the purchase of pianos for the wards and for other equipment and supplies.

The Medical Staff has also, on the whole, shown interest in our work and refer musical patients to us or "prescribe" music where they feel it will be beneficial to the patient. They also show considerable interest in the progress of their patients.

We have also had very excellent relations with the Occupational Therapy Department and the Recreational Therapy Department. The work of these departments has been rather closely integrated at times, especially, as often happens, when we are all doing work with the same patients or when we combine our efforts in a pageant, festival, or other large scale entertainment which, of course, calls for music in one form or another.

As we have heard rumors to the effect that such splendid relations as we have enjoyed here with the staff are not always quite as excellent as this and as we are hoping to be helpful with suggestions that other therapists may find useful, we would like to outline a few hints that we have found helpful.

One of the first duties, in our opinion, of the Music Therapist must be to cultivate and foster the attitude we have outlined in our relations with the hospital staff. It is most important not to worry about bothering the Superintendent or other important officer of the staff. If it is necessary to see such an officer, see him as soon as he can see you, have your facts well organized, and be as brief as you can be. If the problem is in connection with your relations with some other member of the Staff, do everything that is humanly possible to straighten this out yourself before you consult any high officer but if you fail, do not consider that you are tale-bearing if you do have to tell him your troubles, because you may have to and should fight for your program if necessary. In dealing with the business management of the hospital, the most important single thing to remember is; do not buy anything in the way of equipment or supplies that you do not use.

The last rule that I have found useful is to try to remember at all times, that, while the Music Therapy program is and should be of the most vital importance to you, it is only one of the many parts of the general therapeutic program of the hospital, and it must be fitted into that program. It is one thing to sit at your desk and schedule activities for every ward on paper, but quite another to fit it into other treatment schedules, baths, ward housekeeping etc. This may seem elementary but I have seen otherwise good people fail to achieve maximum results simply because they did not stop to consider their program in its proper relation to the other work of the Hospital.

Relationships with Attendants and Nursing Staff

This group always comprises the largest one in any hospital and in many ways it is the most important since these people actually live for 8 hours each day on the wards with the patients. If the attendants are sympathetic to the Music Therapy program, this will probably be one of the most important single things in the success of that program.

Many attendants, especially those who have had many years of experience in mental hospitals and who have been brought up on old-fashioned methods, honestly consider Music Therapy as a "frill" and just another way of "spoiling" the patients.

At our hospital, we have an on-the-job training program, and this has proven to be of great value in getting away from outdated attitudes. I found greatly increased interest and cooperation after I had given a number of lectures to these attendants classes about our aims and therapeutic uses of music. Ever since that time, I have made it a point to explain to the attendants whenever possible just what I was trying to accomplish.

As an example, in one of our therapy groups with regressed schizophrenic patients of the catatonic type, I had been trying many types of music in order to provoke interest and reaction on the part of the patients. This had gone on for a number of weeks with very little success, since work with this type of patient is necessarily slow. The patients in the group had been sitting like statues without comment or other sign of reaction. The attendant who had brought the group to the classroom had been watching my efforts with some attention. This type of patient is, of course, very much aware of everything that is going on but appears to be totally indifferent and, in fact, almost as if he were not there at all. The attendant came up to me when the class was over and said, "Say, do you really think there is any use of wasting your time on these fellows? They aren't listening at all." All of the patients naturally heard this and having worked for many weeks to at least establish a good feeling between the patients and myself and the music, I was somewhat annoyed by his question. I answered that, the patients appeared to be interested in the music and that the fact that they were not particularly demonstrative about their enjoyment was no indication that such interest was lacking. However, I sought this attendant out afterward and found him to be not a bad fellow at all; he was really puzzled, and I carefully explained to him what I was trying to do with the group. I also explained that a combination of music and the friendly interest of the therapist might be the first thing that would get this type of patient moving in the direction of improvement, interest in the real world, and, perhaps, even an eventual complete abatement of his symptoms. I showed him a letter from the family of a discharged patient, in which they wrote that their daughter, who had been hospitalized for several years, had told them that she had first "felt like getting well!", (this phrase is the patient's) after hearing some violin music during one of our ward programs. All of this interested the attendant and thereafter, he became almost as excited as I was over each and every reaction to the music, and as the months passed and most of the group showed marked improvement, he went about the hospital telling everyone who would listen what a great thing Music Therapy was.

In some cases, and especially on very disturbed wards, the attendants are extremely busy and any new activity, such as ward musical programs are looked upon with hostility by some attendants as interfering with their work.

They had never had any music before and had gotten along nicely without it, the patients were too disturbed to listen to music, there were only a dozen or so out of 150 patients on the ward who were well enough to attend, the attendants had enough to do without having to move chairs around the day-room for the patients to sit in and listen to music, etc. In these cases, it is important to realize that there is a certain amount of justice in some of these statements. However, if the music therapist will persevere and try to carry on his program with as little inconvenience as possible to the attendants eventually they will cooperate in every way, for the simple reason that, in the long run, the musical programs will make their work easier. One of the reasons that a few patients are noisy is that the idea of musical programs is new to them, too, they are suspicious of anything that is strange and making a noise is a sort of defiant gesture to show the musicians that they are not "getting anywhere with them".

Quite often after a few weeks of regular programs, an interesting thing happens. Anyone who continues to be noisy irritates the majority of patients who do want to listen, and they demand that the loud patient be banished. In a week or so the disturbing patient returns and now is quiet because he knows he will be banished and he, too, wants to hear the music. The therapist should plainly show the noisy patient that he is only sent out of the room because he is spoiling the enjoyment of the rest of the group. The patients soon relax and when we ask the patients to participate in singing, the response is usually very good. The same attendants who offered objections to our coming to the ward, once, because the patients are so donating instruments and music, arranging musical programs, etc. now begin to ask us if we couldn't come twice a week instead of the group. The patients soon relax and when we ask the patients

Various nearly has a music library of over 8,000 items, ranging from song literature, instrumental solos, through chamber music to full orchestral scores and parts. Three-fourths of this music has been donated by various universities, municipal music libraries and individuals. Various musicians of high standing have donated their services to perform at concerts for our patients. The Oxnard Community Chorus gave a very creditable performance, of the "Messiah" for a large audience of patients at Christmas last year.

We have reciprocated by many talks, lectures and demonstrations for various groups in many communities about our Music Therapy program. In this matter of demonstrations, however, we have confined the appearances of patient musicians to groups such as serious students from the universities, the various county nurses associations, psychiatric groups, etc. The reason for thus confining patient appearances is that I strongly disapprove of public performances or the exploitation of patient musicians for purely entertainment purposes. As I am aware that many music therapy programs include such performances as an important part of their activities, I would like to outline the most important reasons for my personal disapproval.

At Camarillo, we do give a formal concert about every three months, when various groups of patients such as the Mixed Chorus, chamber groups, or vocal and instrumental soloists have carefully prepared works for such a program. These concerts are attended by an audience of about 600 patients (the capacity of our present auditorium), and we may invite interested guests, physicians or other members of the staff, teachers, social workers from nearby communities to the number of perhaps 25 people, but the program is mainly for the patient audience. It is of great value, we feel, to the listening patients to see what fine things may be accomplished by other patients. The performers are in a fairly familiar and understanding atmosphere. Strain is at a minimum. The patients in our musical groups are drawn from every ward in the hospital, including some of the most disturbed. No one in the audience is very upset in the event that some of the performers may have bizarre mannerisms, (usually controlled during a performance) or if a musician should have an epileptic seizure during the program. The patient audience is used to such things and is very understanding about them. Everyone shares in a fine musical experience, and the really ill patient performers greatly benefit from their appearance under such circumstances as well as those who are not quite so sick.

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patients should be one of the most important parts of the program. If one is going to take musical groups away from the hospital, in order to avoid exciting curiosity in the audience composed of the general public or to avoid upsetting the listeners, the very patients who need the encouragement and help must be eliminated from such performances. It would not be wise to subject patients to public attention or in the event of an epileptic having a seizure, to give him the feeling of having disgraced the group. Therefore, the therapist will find himself forced to take only relatively well patients such as psychoneurotics, mild psychotics, drug-addicts or alcoholics, and he must work intensively with them all the time, because the composition of the group is constantly changing as the stay of such patients in the hospital is usually short. If he is fortunate enough to have a very talented group of people, he may have gratifying musical results. But, he will have to neglect other groups of patients who need musical activities as much or more. Musical activities outside the hospital may mean stories in the local newspapers, (in which, of course, the music therapist and the hospital are prominently mentioned) and, naturally, letters are received from important citizens thanking the hospital for the entertainment provided for the club or organization at which the performance was held. Such activities may have a public relations value but, to me, they are rather doubtful therapy. I am aware that claims are often made that there are educational values to the public in showing them that mental patients are "just like other people". However, since this is really not the case where one is dealing with quite disturbed patients, it again means that only relatively well patients participate in this type of program.

Relationships with the Public

Our hospital is in an extremely isolated part of the State and is nearly ten miles from the nearest good-sized community, Oxnard, a town of about 25,000 population. In spite of this, there are many volunteer groups who have helped us in various ways, by donating instruments and music, arranging musical programs, etc. These groups have come all the way from Los Angeles which is nearly 50 miles from the hospital. The Music Therapy Department has a music library of over 8,000 items, ranging from song literature, instrumental solos, through chamber music to full orchestral scores and parts. Three-fourths of this music has been donated by various universities, municipal music libraries and individuals. Various musicians of high standing have donated their services to perform at concerts for our patients. The Oxnard Community Chorus gave a very creditable performance, of the "Messiah" for a large audience of patients at Christmas last year.

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Relationships with the Patients

Obviously, this relationship is of greater importance than any of the others and, in actual fact, your program, in the long run succeeds or fails in direct proportion to the quality of this relationship. It seems to me that the three greatest needs of the mental patients in a large, State hospital are: attention, approval, and, most of all, affection. The qualities of warm, friendly interest and real affection in the broadest sense are perhaps more important to the therapist than any others.

Naturally, any work that is done with either individuals or groups of patients is a form of attention, but beyond this, a friendly good-morning and a smile directed to a patient just in passing is even more important. There may be those days when you are so tired that the best you can manage is a smile from the teeth rather than from the heart; still if you make that small effort you may do much for a desperately unhappy person.

The ability to remember patients' names and to address them by name is also important. This shows the patient that he has made an impression on you. Because of the pressure of time, too, often patients are called by their last names in calling rolls, etc. Therefore, it has always been our practice to use Mr., Mrs., or Miss in addressing patients, thereby, making for a dignity in our relationship which is most important. With continued acquaintance, we may progress to first names with younger patients which, of course, is a mark of special attention and affection.

A rather hard-to-describe attitude of friendly, relaxed formality is a particularly good one toward all mental patients as it frequently happens that a patient who is starved for affection, attention and approval will fasten upon the music therapist with a sort of affection because of his friendly attitude and association with the beauty of music, and this somewhat formal attitude makes it easier to deal with this situation.

I have always made it a point to mention my wife and son in dealing with all groups and individuals, and I cannot help feeling that the patients' frequent inquiries in regard to my family's health, my son's progress in school, etc., are an indication of the correctness of our attitude, since the patients have, in the broadest
sense, not only a kind of affectionate relationship with the therapist but somehow have become members of his family. This feeling of "belonging" is most important and such a vicarious family life may be very helpful to the patient.

In spite of the therapists affectionate regard for the patient, (and he should sincerely feel this, as patients readily see through any forced friendliness), if his attitude is completely objective in the sense that his whole interest is in helping the patient to get well, he will probably not often find himself in serious difficulties. This objective attitude is not so easily achieved as might be expected, since many patients are so attractive, interesting and appealing. It is not at all uncommon for doctors, nurses, attendants and therapists to have "pet" patients who receive special attention and treatment. From every standpoint this is not a good attitude, since it is obviously unfair to less attractive or interesting patients: also in the not uncommon occurrence of a set-back in the patient's improvement, it causes a strong feeling of disappointment in the therapist so that he may feel that it is he who has failed, which will certainly have an effect on the quality of his work.

In working with large groups of patients such as choruses or orchestras, it is most important to praise and encourage the group frequently and even when correcting mistakes to show patience and consideration in the way it is done. It is difficult for a well-trained musician not to try to achieve perfection, but it is very tiring and discouraging to the patients to go over and over a difficult spot in a score. I do not mean, however, that all the music performed should be childishly simple; in fact, it is far more encouraging to the patients to sing a difficult piece of music really well than to do nothing but "easy" music. It is fatally frustrating to the patients if they get the idea that you feel that they are incapable of doing anything really complicated. Always attempt to do really good music as well as you possibly can.

After a performance do not stand around receiving the compliments of the staff or your friends but go at once to the musicians who were performing and tell them how very well they did their work. If any mistakes occurred during the performance, be sure to minimize them, since it is too late to do anything about them when the performance is over. Remember; in any performance the patients are under considerable tension, and by your affectionate words of praise you can dispel most of the strain.

While the high quality of performance is most important, and you will ever strive to make the music better and better, it is important never to forget that in a Music Therapy program, the most vital thing of all is making your music work for therapeutic ends, and what helps the patients is far more satisfying than any amount of musical perfection. To know that one has had ever so small a part in aiding a patient through one's devotion and careful work to regain and hold to a fine, useful life in the world outside the institution is so full of the deepest satisfaction that no amount of applause for music could begin to compare with it.

About Camarillo State Hospital

Built 14 years ago, Camarillo is the newest Hospital in California. Patient population: 5143 patients. Approximately 60% women. Children's Unit: About 65 non-psychotic children. Mostly Primary Behavior Disorders (pre-delinquent) with a few borderline psychotics.

All types of mental disorders with the usual percentage of schizophrenics, manic-depressives, through paretics, senile cases, alcoholics, drug-addicts, various traumatic psychoses, paranoid cases to various psychoneuroses.

Treatment: Shock-therapy, surgical treatment, group psychotherapy, etc. Supportive therapies: Occupational therapy, Recreational Therapy, and the newest, Music Therapy.

Music Therapy at Camarillo

This department was started in April, 1949, with the present therapist, who was appointed, after a competitive State Civil Service Examination. The department is an independent unit and is not, as is the case in many hospitals, an adjunct of the Occupational Therapy Department. The department has a separate budget for all equipment and supplies.

Music Activities functioning at the present time:

Mixed Chorus. Approximately 100 voices divided Soprano, Alto, Tenor, and Bass. Rehearsal once a week of one and a half hours. Sings at Concerts, Festivals, Entertainments, Cantata at Easter with orchestra and soloists, Christmas Carols on every ward in the hospital at Christmas.

Music Appreciation Class. Open to patients on all wards. Music is played, and lives of composers and simple technical aspects of the music discussed. Attendance about 150 patients. Class held once a week. Some type of music or works by a single composer is played by "live" musicians or recordings.

Dance Band. Plays for weekly dance (650 patients). Also plays alternately with other ensembles, such as trios, during the lunch period in each of the large cafeterias (one each for men and women patients), approximately 2000 patients each lunch period in each dining room. Also performs for dances on wards or special parties and dances.

"Concert" orchestras. One each for men and women patients who are not top-notch performers about 16 to 25 in each band playing simple classics and light classics, etc. Accompanying Cantatas and other choral music, etc. Weekly rehearsals.

Ward programs. Regular weekly programs are held on the two receiving wards, the two tubercular wards, and the four most disturbed wards. Music is always played by patients, vocal solos and mixed quartets, instrumental ensembles and solos or by the music therapist and internes.

Interdenominational Church Choir. Approximately 20 voices. SATB. Sings for all Church services, Protestant, Catholic, and Jewish. Weekly rehearsals.

Special Therapy Groups. Two groups, one each of men and women from the most disturbed wards. Regressed schizophrenic patients of the catatonic type. Object: to provoke interest, comment and participation.

Children's Groups. Singing and singing games, rhythm band.

Vocal and Rhythm Band. Humming and singing syllables and using drums, cymbals, triangles, castanets, with orchestral bells and xylophone. Women's group from a psychotherapy ward, mostly composed of psychoneurotics.

Special work with small ensembles, trios, quartets, both instrumental and vocal. Special coaching of soloists.

About the Music Therapist

Tomo A. Yagodka, 48 years old. Studied piano with Joseffy, Busoni and Godowsky among others. Theoretical studies and composition with Rubin Goldmark and Sir Edward Elgar. Tour ed as Concert pianist in the United States, Europe, and South America, and the Far East, also appearing with many orchestras as soloist. Composed three Symphonic Poems for Orchestra, two Piano Concertos, one Orchestral Suite, several string quartets, other chamber music, Sonatas and many small pieces and songs. Taught piano, harmony theory, instrumentation. Co-director Verde School of Music, San Francisco. Supervisor, Teaching Project, Federal Music Project, San Francisco, 1935 to 1939. Received appointment as Music Therapist at Camarillo State Hospital, April, 1949. Had four years special psychiatric training, including experience with mental patients.
Music Therapy Training Programs in California

A Clinical Training Program in Music Therapy has recently been established at Agnews State Hospital, Agnew, California. With the approval of Walter Rapaport, M.D., Medical Director and Superintendent, Doris L. Taggart, Supervisor, Rehabilitation Therapies has furnished the outline of this program which follows, Agnews State Hospital is a large mental hospital with an extensive program in music therapy. A clinical training affiliation for students in music therapy is a recent development in this program.

Clinical Training Program in Music Therapy
Agnews State Hospital, Agnew, California

I Actual experience in music therapy as follows:

A Conducting individual vocal and instrumental activities for patients.

B Conducting group vocal and instrumental activities for patients.
   1. Orchestra
   2. Dance band
   3. Rhythm band
   4. Choral groups

C Instruction of special patient groups and individuals in:
   1. Music appreciation
   2. Music theory
   3. Instrumental techniques
   4. Vocal techniques

D Planning and executing music programs to modify moods on the wards and as an adjunct to hydrotherapy treatments.

E Coordinating activities of music therapy program with the total rehabilitation therapies program.

F Instruction and guidance in the writing of psychiatric progress notes and specific case studies on the patients being treated.

II During the internship the students will attend various classes, etc., as follows:

A Orientation to the hospital — approximately 20 hours. This will include a complete tour of the hospital and special interview with each student to outline and plan his program.

* Psychopathology — approximately 15 hours.

1. Introduction — individual differences, norms, personality development
2. Neuroses
3. Psychoses
4. Anxiety
5. Motivation
6. Need
7. Frustration and conflict
8. Fatigue
9. Hypochondriasis

10. Delusions
11. Hallucinations
12. Compulsion
13. Hysteria (inactivation)
14. Hysteria (autonomy)
15. Disorder of thinking and language in schizophrenia

*C Psychiatry — approximately 15 hours.

1. Introduction to psychiatry
2. History of psychiatry
3. Symptoms of mental illness
4. Mental mechanisms (adjustive techniques)
5. Causes and classifications of mental illness
6. Psychoneuroses
7. Toxic — organic psychoses
8. Manic-depressive psychoses
9. Involutional melancholia
10. Paranoia and paranoid states
11. Schizophrenic psychoses
12. Psychopathic personalities
13. Mental deficiency
14. Alcoholism and drug addiction
15. Psychosomatic medicine

*D Psychotherapy and psychodiagnostics — approximately 10 hours.

E Special therapies — 7 hours.

1. Lobotomy
2. Electric and insulin shock
3. Physical therapy
4. Rehabilitation therapies
5. Social work
6. Industrial

F Psycho-physical control — 9 hours. Management of the overactive and resistive patient.

G 10 clinics of psychiatry conducted by staff psychiatrist. 10 to 15 hours.

H All day trip to Langley Porter Clinic at San Francisco.

I Staff and court procedures. Attend once each — discharge staff, diagnostic staff, and court commitment.

III Time will be allowed for students to have supervised study in music therapy and related therapies composing rehabilitation therapies in preparation for State Civil Service Examination through:

1. Books available in hospital medical library
2. Printed material available in music therapy division
3. Practical experience in use of material read

* We realize that most interning students have had courses in abnormal psychology and clinical psychiatry but feel additional lectures of special interest will facilitate their actual treatment experience.
Nation Federation of Music Clubs gives
Music Therapy Award

Mr. Allen D. Toedter of Chicago has been awarded the Anne M. Gannett $500.00 Scholarship in Music Therapy. The award was made at the biennial convention of the National Federation of Music Clubs at the 1951 meeting in Salt Lake City.

The Anne M. Gannett Fund of the NFMC was established to aid deserving young people in order that they may carry on their studies in their chosen field of music. Mr. Toedter received the Music Therapy award to enable him to continue his training in this field. We believe it is the first time such an award has been made in music therapy and we should like to congratulate the Federation on its interest in this important field.

Mrs. Hartwig Dierks is Chairman of the Music in Hospitals and Hospitals Workshops for the National Federation of Music Clubs.

Articles on Music Therapy

"Greater Need for Music in Hospitals", in "The Triangle" of Mu Phi Epsilon Fraternity, March 1951.

"Music Therapy at the Hinman School", in "Pan Pipes" of Sigma Alpha Iota Fraternity, April 1951.

"Medicine Finds Practical Place For Music, Both in Home, Office", New Jersey Music, May 1951.

National Music Service Committee, Jean Tennyson, Chairman—Article about the activities of this newly appointed committee appears in "The Wheel", magazine of Delta Omicron, May 1951.

NMC Hospital Music Publications

Back issues of the Hospital Music NEWSLETTER may be obtained from the National Music Council, 338 West 89th Street, New York 24, N. Y. Price 40c per copy. Back numbers of the NMC BULLETIN containing articles on hospital music, $1 per copy.

It is with a feeling of loss that we tell our readers of the death of Anne M. Gannett. Mrs. Gannett was Past President of the National Federation of Music Clubs and she always showed a deep and lasting interest in music therapy. We know that our readers will join us in extending our sincere sympathy to the members of the National Federation of Music Clubs for a great woman and a great leader.

News Release on Veterans Administration Hospital Music Program

Veterans Administration has adopted a standardized musical activities program for hospitals, designed to provide the greatest possible benefits for ill and disabled veteran-patients, F. R. Kerr, assistant administrator for VA's Special Services, announced.

Blueprints of the program were drawn up at a three-day seminar held early in April at the Downey, Illinois, VA hospital. The seminar featured discussions by VA physicians and others who have worked with music in hospitals, as well as demonstrations showing how music can be utilized in treatment programs for patients.

The program, Mr. Kerr said, is flexible enough to be adapted easily to the needs of all types of patients, ranging from tuberculous patients in hospitals for long periods of time to others who may remain for only a few weeks.

Following are the main points covered by the standardized music-in-hospitals program:

1. Music activities must not be conducted in a vacuum, but rather should be coordinated with other hospital activities.
2. Music activities should be tailor-made to fit the needs of individual patients, regardless of whether music is used recreationally or as a part of medical treatment.
3. Volunteer workers should be encouraged to assist in VA's music programs.

Speakers at the seminar included Dr. Byron Cane, manager of the Downey hospital; Dr. M. C. Thomas, manager of the VA hospital in Waukesha, Wisconsin; Dr. Jacob W. Klapman of the Northwestern University medical school; Mrs. Esther Gilliland, director of the musical therapy department of the Chicago Musical College, and others.

The demonstrations included concerts by an all-patient orchestra, band and glee club at the Downey hospital, and also a portrayal of the part music plays in the treatment of lobotomy patients.

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NATIONAL MUSIC COUNCIL
338 West 89th Street, New York 24, N. Y.
SECOND ANNUAL CONVENTION
NATIONAL ASSOCIATION FOR MUSIC THERAPY

The National Association for Music Therapy will hold its second annual convention in Chicago on November 9, 10 and 11 at the LaSalle Hotel. Experts in the use of music to aid rehabilitation of handicapped children and mental patients will gather from all parts of the country to demonstrate and discuss techniques and problems. Opportunities for music therapists will be presented by representatives from states that have established civil service examinations. Handicapped children and adults who have conquered their infirmities through music study will perform. Approximately thirty organizations interested in the rehabilitation of the handicapped are cooperating in the convention. The program for the three days of the convention follows below.

NATIONAL ASSOCIATION
FOR MUSIC THERAPY
250 West Fifty-Seventh Street, New York 19,
NEW YORK

CONVENTION NOVEMBER 9-10-11, 1951
La Salle Hotel, Chicago, Illinois

THURSDAY, NOVEMBER 8
7:30 p.m.—PARLOR A—Executive Committee Meeting.

FRIDAY, NOVEMBER 9
8:00 a.m.—MEZZANINE—Registration
9:00 a.m.—ILLINOIS ROOM.
  Presidential Message—Ray Green, President
  Panel Discussion—"Music to Aid the Handicapped Child"
  Moderator—Miss Mary E. Courtenay, Ass't. Supt. of Chicago Schools, in charge of Special Education
  Mrs. Olive P. Bruner, Principal, Christopher School
  Mrs. Elizabeth Marshall, Ass't. Director, Radio Division, Board of Education, Chicago
  Mrs. Verna S. Carlisle, Consultant, Child Development, National Society for Crippled Children and Adults
  Miss Virginia Reeves, OTR, Director of Occupational Therapy, Illinois Children's Hospital School
  Choric Poetry Group—Christopher School—Director, Miss Edith Vahringer, Speech Therapist
  Demonstration—Rhythm and Movement—Mrs. Eleanor Lesack, Jahn School
  Mrs. Marion Lychenheim Bloch, Pianist
11:30 a.m.—Business Meeting

1:15 p.m.—ILLINOIS ROOM—Demonstration
  Chairman, Esther Goetz Gilliland, 2nd Vice-Pres.
  "Instruments for Specific Physical Handicaps"—Harry N. Kennard, Educational Director, Lyon and Healy, Chicago, and Assistants.
  "Scope of the Chicago Program"—Mr. O. C. Rose, General Supervisor of Recreation, Chicago Park District

2:15 p.m.—Panel Discussion—"Music to Aid the Handicapped Child"
  Moderator—Mrs. Elva R. Heylman, Vice-Pres., National Congress of Parents and Teachers
  Mrs. Edna Deakin Petersen, Decatur, Illinois, Teacher of the Mentally Retarded
  Mrs. Louise Weir, Music Therapist, Devereux Ranch School, Santa Barbara, California
  Mrs. Margaret Z. Roan, Music Therapist, Aidmore Hospital, Atlanta, Georgia
  Mr. Richard Blake, Music Director, Cambridge State School and Hospital for Epileptics and Mentally Retarded, Cambridge, Minnesota

4:00 p.m.—Demonstration—Rhythm Techniques
  Mrs. Gertrude Maxham, Chicago Park District
  Mrs. Margaret Z. Roan, Music Therapist, Aidmore Hospital, Atlanta, Georgia

5:00 p.m.—PARLOR A—Meeting
  Music Therapy Research Committee

6:30 p.m.—Dinner—N.A.M.T. and Cooperating Organizations—ILLINOIS ROOM
  Toastmaster—Rudolph Ganz, M. Doc., President, Chicago Musical College
  Music—Mrs. Laverne Simpson, Lyric Soprano
  Miss Lela Hamner, Accompanist
  Speaker—Rudolf Dreikurs, M.D.—"Understanding the Exceptional Child," Professor Psychiatry, Chicago Medical School
8:30 p.m.—Report—Music Therapy Research Committee for 1950-51

Review—Significant Studies in Music Therapy Research

Panel Discussion
Moderator—Arthur Flagler Fultz, Chairman, Director, Musical Guidance, Boston, Massachusetts

Ira M. Altshuler, M.D., Director of Group and Music Therapy, Wayne County Hospital, Eloise, Michigan

E. Thayer Gaston, Ph.D., Professor of Music Education, University of Kansas; Consultant in Music Therapy, Winter Veterans Administration Hospital and Topeka State Hospital, Topeka, Kansas

Miss Althea Bush, representing Jules H. Masserman, M.D., Associate Professor of Nervous and Mental Diseases, Northwestern University; Scientific Director of the National Foundation for Psychiatric Research; Chief Consultant in charge of Post-Graduate Training for the Veterans Administration

SATURDAY, NOVEMBER 10

ILLINOIS ROOM

8:30 a.m.—MEZZANINE—Registration

9:00 a.m.—Panel Discussion—"Scope of the Hospital Music Program and Professional Opportunities"

Moderator—Alfred P. Bay, M.D., Supt., Manteno State Hospital, Illinois

Miss Bertha Schlotter, Supervisor Occupational and Recreational Therapy, Dept. of Public Welfare, Illinois

Ewing H. Crawford, M.D. State Dept. of Mental Hygiene, Sacramento, California

Leonard Quinto, Chief of Music, Special Services Veterans Administration, Washington, D.C.

11:30 a.m.—Demonstration—Gerald Cohen, Handicapped Pianist, Music Therapy Interne, Essex County Overbrook Hospital, Cedar Grove, New Jersey

Fredric Gingrich, Director Music Therapy, Mount Pleasant State Hospital, Iowa

Leo C. Muskatec, Music Therapist, Milwaukee County Hospital, Wisconsin

Mrs. Myrtle Fish Thompson, Director of Music, Essex County Overbrook Hospital, Cedar Grove, New Jersey, Sec'y National Association for Music Therapy

12:00 Noon—CENTURY ROOM—Luncheon — N.A.M.T. and Cooperating Organizations

Chairman—Roy Underwood, 1st vice-president N.A.M.T., president Music Teachers National Association.

Music—William Burdette, Tenor

Miss Lela Hamner, Accompanist

Panel Discussion—"Volunteer Music Service in Hospitals"

Moderator—Mrs. Ronald Dougan, Nat. Vice-Pres., National Federation of Music Clubs

Mrs. Hartwig Dierks, Chairman, Hospital Music Program, National Federation of Music Clubs; Treasurer, National Association for Music Therapy

Miss Edwina Eustis, Musicians Emergency Fund, New York City

Miss Mariana Bing, Ass't Director, Service in Veterans Hospitals, American Red Cross

2:30 p.m.—ILLINOIS ROOM—Concert and Community Sing

Downey V.A. Hospital Patient Orchestra and Choir, Francis W. Heinlen, Director of Music; Alan Wells, Ass't Music Director, Albert Snyder, Neuro-Psychiatric Aide

Discussion—"Patient Benefits of Community Concerts" F.W. Heinlen

5:00 p.m.—Business Meeting

Election of Officers

SATURDAY, NOVEMBER 10

8:00 p.m.—Panel Discussion—"Musical Creativity and Emotional Conflict"

Moderator—Theo. J. Dulin, M.D., Northwestern University Medical School Nervous and Mental Diseases; Psychiatric Institute, Municipal Court

Mrs. Margit Varro, Music Teacher, Author, Lecturer, Roosevelt College, Chicago, Institute of Design, Illinois Institute of Technology

Ira M. Altshuler, M.A., M.D., Director of Group and Music Therapy, Wayne County Hospital, Eloise, Michigan

Hans Rosenwald, Ph.D., Mus.D., Dean, Musical College, Author, Lecturer

Heinz Kohut, M.D., former Assoc. Prof. of Psychiatry, University of Chicago.

SUNDAY, NOVEMBER 11

MORNING—Church Services

Tour of Chicago

10:30 a.m.—WGN and Mutual Broadcasting System — Radio Broadcast The Northwestern University Reviewing Stand "The Role of the Arts in Therapy"

CHICAGO MUSICAL COLLEGE

64 East Van Buren

3:30 p.m.—LITTLE THEATER—10th floor, Musical

4:30 p.m.—RECEPTION ROOM—9th floor, Tea

Guests of Honor —

Incoming Officers, N.A.M.T. Midwest Chapter, American Musicological Society

Officers of the Chicago Musical College

Program Chairman—Esther Goetz Gilliland, 2nd vice-president
EXPANDING MUSICAL ACTIVITIES IN A MENTAL HOSPITAL
By Samuel W. Hamilton, M.D.

All over the land, except for the Veterans Administration, the mental hospitals are crowded. They were originally designed to care for a definite number of patients, perhaps a liberal fraction of the communities in which they were built. The number of patients has multiplied faster than buildings have risen. Beds have been crowded into spots where they did not belong, by the dozen, by the score, and by the hundred. The effects on the patients have been detrimental, and in the poorer hospitals, disastrous. Mental hospitals differ from general hospitals in that most of the mental patients are ambulant — up and dressed all day. When beds are placed in the living room, patients have less space in which to get about. This may cause little inconvenience at night, but is very detrimental by day, for persons when crowded together grow irritable and even hostile. You may remember that an admiral of our Navy when about to spend several months in an ice cave in the Antarctic chose to stay alone rather than take someone with him, for he knew that whenever two persons are thus isolated patients are ambulant — up and dressed all day. When beds are placed in the living room, patients have less space in which to get about. This may cause little inconvenience at night, but is very detrimental by day, for persons when crowded together grow irritable and even hostile. You may remember that an admiral of our Navy when about to spend several months in an ice cave in the Antarctic chose to stay alone rather than take someone with him, for he knew that whenever two persons are thus isolated together for a long while they get to hate each other. Rather than put in more beds, it might be better to pile the extra mattresses in a corner during the day and spread them out on the floor at night (properly made up with sheets and blankets) so as not to let the bedsteads take up the day space. But even so, each additional patient needs to have a chair or a spot on a bench and a few square feet in which he can move around, and a seat in the dining room and accommodations in the toilet, and when the ward is crowded all these ordinary needs of life are supplied in smaller measure because more patients must use the same number of facilities.

Many of our patients come from humble homes and people sometimes get the idea that the homes were all poor homes, but that is not the case. I have read histories in a state hospital going back to 1843, and in the New York Hospital back to 1808. It was always difficult for most families to get private care for members who developed mental illness and as long as there have been mental hospitals the patients have included persons of culture. Indeed quite outstanding citizens have suffered from mental illness that required care in public hospitals.

To meet the emotional needs of several hundred patients of different interests we should provide ourselves with a considerable variety of appeals. No doubt you would all agree that a farm hand or indeed a farm owner should in a mental hospital have an opportunity to do something on the land. It has been his life and it appeals to him. Perhaps he is too sick or too feeble to do it now, but the opportunity should be there, for this is his realm of activity and when he can he is likely to get more satisfaction out of that work than out of other things. Some city dwellers too may be encouraged to do something on the land. I would not want to put a longshoreman weeding the flower beds where he would be likely to pull up the wrong plants, but there are other things out-of-doors that we can get many city dwellers to do. But perhaps city-reared men and women are not likely to find satisfaction in the dirt, aside from tending a few patches of garden. Should the city dweller be discriminated against by our insisting that he hoe beans? Obviously not. We should offer him something that would interest him more.

Considerable nonsense about "music therapy" has been put out by well-meaning musicians and still more by ambitious writers who must compose articles about every popular topic. There is such a thing as music therapy, but if I do not happen to use that term much, it does not indicate blindness to the possibilities of integrating music into the actual scheme of treatment of thousands of our patients. Simply let us remember that all cultural contributions to treatment are adjunct therapies. The strongest presentation of music therapy I have seen on the screen was in that beautiful play, "The Seventh Veil," and we can imagine a special case running such a course, but it is unusual. What we do see on all sides in a mental hospital that has a strong music department is the encouragement of scores of patients to do more for themselves and for others, and the participation of hundreds of patients in forms of musical activity and the entertainment and encouragement of hundreds more by patients who have been led to pass on to their fellows the enjoyable things that they can do.

In a long and busy hospital career one may have opportunity now and then to help expand a useful activity so that its possibilities, previously understood but not attained, become actual accomplishments. I might instance our occupational therapy in the Third Army in Germany in 1918 and 1919, where we were able to develop in two army hospitals the best departments of occupational therapy that I had seen. To my medical associates and to the very able ladies who ran those departments at Coblenz and Trier, I pay hearty tribute for showing the patients and showing me as well what a broad and fine influence this combination of labor and art and ingenuity could evolve. Another cultural opportunity came to me three years ago in a hospital in New Jersey to which I had been called. I knew the hospital, having surveyed it in 1939. When I went to it in 1947 it already had had 52 years of musical service by a fine musician of gentle and sympathetic mind. His engagement was only for part time. He ran the choirs, he developed a women's band, among employees, and in some instances teaching girls who could not read a note how to remember and play certain parts on wind instruments. He brought in musical groups to entertain selected patients. I know of no other mental hospital in the country with a record so long as this. Mr. Suenderhaft was a man of somewhat advanced years and was planning to retire.

Our Board set up a position for a musical director and in 1948 we got a very able lady to fill it. Such jobs often have to be passed out to persons who are good musicians but who have everything to learn about the patients. They must go slow, or they make unnecessary and embarrassing mistakes, that is, mistakes that would have been unnecessary if the musician had had training. In a few hospitals some such workers have received training, particularly in one of the Pennsylvania institutions where Willem van de Wall once set up musical departments. After he left our field, there was no one on the Atlantic seaboard who gave systematic training to the tyro. Of late, the best developed music department, by all odds, is that at Eloise. We may all envy Dr. Altschuler for his skill in linking his department with Michigan State University so that he has not only given service to his patients, but has also accorded to music students actual practice in working with mental patients and comprehending their problems and ours.

Our musical director had worked in another hospital. From that experience, she knew about some of the difficulties that happen in a large organization. She came to us an accomplished musician with admirable musical connections. She knew how patients are likely to act; she understood the importance of some of those little things that outsiders do not realize, such as who carries keys and who needs to be kept under surveillance and who can be trusted to be not merely a student of music but a helper in the department. Trivial, one might think, but not around a mental hospital. She had a delightful persuasive manner not only with the patients but with department heads and other employees, and within her burned the fire of devotion to The Cause. If any of you do not know The Cause, it is the pursuit of better treatment for the mentally ill of North America.

She soon organized the work, and then it went ahead faster than sometimes I could provide facilities. Let me be careful not to bore you with details, but some points of our hospital history may not be out of place. A worker needs a place to work. If the work is with noisy instruments, he needs a place where he will disturb as few people as possible. Our facilities were restricted, for the hospital is crowded. There is a good auditorium, but that could not be split up into practice rooms, for the ceiling is high and the basement tiny. If we could have excavated the five-sixths of the basement that never was dug out, it would have been
a good place for a music department but the engineers said that was out of the question. There was nothing on the first or second floors of the hospital (where the patients are) that could be spared for music rooms. Fortunately most of our institution was built in the period when basements were believed in — and good basements. So we took a basement. Force of circumstances led us to locate under one of the men’s wards, and later we decided that this was fortunate because men, being better regimented in this world, are less likely to complain about noise down cellar than women are. Women patients had to be brought to the men’s side, but perhaps that is better than taking the men to the women’s side, everything considered. We had to give up the use of the clothes chute that opened into what was to be the music director’s office, so we went under a ward that has relatively little soiled linen and plenty of workers to carry it down the stairs instead of chuting it from the dormitory to the basement. The section of basement that we converted consisted of a small room that became the office, a middle-sized room where people could practice one instrument and another, and a larger room where we sometimes gather as many as 134 for music appreciation. It looks hardly big enough for so many. There was no plumbing, so we had to put some in. Our Department of Plants and Structures is a very busy contingent and it takes time to make changes like these. We are very fortunate in having one of the best services in this country as regards decoration. The work of our painters in transforming a basement into a suite of music rooms evoked immediate appreciation from the ladies who were going to spend long hours in these rooms, as well as from visitors and members of the Board who come to the music department occasionally. We assembled equipment. Some was given to us, considerable was bought. I am not sure that every Board would think it other than a waste of money to buy pianos, but ours bought three that had been well rebuilt. I know that some Boards would call it a waste of money to tune pianos, but we have been keeping our pianos in tune all over the hospital. In my opinion, this has produced very beneficial results, as contrasted with experience in some hospitals where pianos get tuned every 5 or 10 years — perhaps.

The hospital already had a small orchestra that played for dances. We usually call in an outsider to play the leading trumpet and perhaps may continue to do so. But, in general, the orchestra has gradually been growing stronger. Several patients now play in it. We envy those hospitals that assemble as many as a dozen or 15 patients and get perfectly good music from them without the help of any employees. I am not sure that many such orchestras exist.

We had two choirs. The Protestant choir was the stronger, for the other one had fallen into somewhat inharmonious desuetude. Proper permission was obtained from ecclesiastical authorities, and one big choir was developed for both services. I wish you could hear them singing some of the fine Catholic music. It is moving and very satisfying, and no small test of their musical capacity and their good training. The head of our Board bought them 50 beautiful choir robes. Music appreciation has been spoken of. That called for a good instrument and a considerable number of records. The Red Cross helped us in these regards as well as in many others. You see, for your music director you need someone who can develop good connections, or better still, has them already.

Let me remind you that in every considerable mental hospital there are a few patients of considerable talent and perhaps of considerable musical education. They are not well enough to go home yet, but plenty well enough to play inspiringly in the hospital and perhaps to sing well. It is cruelty, we contend, to confine such persons’ activity to helping with the house-work and reading somebody’s discarded magazine, though these are both honorable activities. It is also an enormous waste of human talent to let such people sit around instead of cultivating their gift and using it for the benefit of other patients. Presently the time came when some of these talented patients needed a place to practice. It is hard to practice in the sitting room of a ward where 80 people live. It is difficult to concentrate when a lot of things are going on, and the other 79 may not like to hear the musician go over and over a passage that evades mastery. If it is difficult for the pianist, it may be impossible for the cornetist and the vocalist. To be sure, in one of the men’s wards quite a little practice went on but men stand noise more stoically than women. We needed practice rooms, so we knocked a hole in a basement wall and filled up some arches and made 4 practice rooms adjacent to the department. Our mechanics did another fine job on this project. We did nothing specific to prevent transmission of sound but since the partitions between the rooms are of hollow tile, the noise in one is not disturbing in the next.

Perhaps too much has been said about the talented patients, but I think the musical director has just as much right to take special pride in some talented patient as a surgeon has in a puzzling surgical case from whom he has lifted numerous troublesome parts. Neither the surgeon nor the music therapist should be expected to lead an entirely humanitarian life. Leaving the talented, we find lots of patients who are only elementarily musical. They cannot sing, they cannot play any particular instrument, but they can be enlisted in a rhythm band, and of course that was done. A rather dilapidated looking patient from one of the wards where long-time cases accumulate came in on some errand one day and proceeded to everybody’s surprise to tackle the xylophone. She does it very creditably too, and enjoys doing it. You know how the washboard and the colander and other domestic implements lend themselves to rhythm if you only have a piano around supplying a bit of melody, and how the comb and the harmonica can be coaxed into melody; and the patient gets away from the crowd.

Lists of activities are sometimes deadly, but I venture to run over rapidly a list of things that our music department is doing with and for our patients. Every ward in the hospital, good, bad, or indifferent, is reached sometime or other, and here is a brief list of the things that are going on: band, browsing, choir, community sing, dance orchestra, men’s glee club, women’s glee club, jam sessions, lessons in music study, opera listening, piano ensemble, preventive rhythm band, sight singing, small chorus, small ensembles, theory (3 sections), 40 ward activity performances weekly. Recorded music played in the shock therapy waiting room has relieved tension and apprehension, and helped personnel to do their work better. The recreation department was helped to reestablish folk dancing which had been in abeyance several years.

Most of the time three attendants have been assigned to the department whose job is not to do musical work but to see that patients are brought in and taken back and that they are under necessary observation while there, and to perform various administrative duties ranging from being receptionist to making sure that the place is tidy at the end of the day and ready for the next day’s activities. In our hospital every employee has at least 92 days a year off. It takes three persons to do two jobs, so when I say that three have been assigned to the department I would not give you the false impression that three are often on duty on the same day. Most of the time two are, but if anyone is sick there may be only one ward employee engaged in this work.

In what ways can one expect to reach a large number of patients through music? Probably most of us start with singing. A skillful leader can go into any kind of a ward and get to singing many hundreds of patients into joint vocalization. No doubt everybody has done singing at some time, perhaps very poor singing. Even those who cannot carry a tune can be heard singing when left to themselves. The Music Department that does nothing more than get groups of patients singing would be very useful, and perhaps that is as far as some departments have been encouraged to go. But one need not stop there, provided resources are available to carry the work farther.

The next step might be to help individuals with their singing and give them the satisfaction of knowing that they are expressing themselves better. This means that someone in the music department understands the theory of singing and has the patience to pass technique along. We are not likely to develop a great singer in a mental hospital, but some fine voices may be made smooth
Instead of raucous. When this has been done, the pupil is set to entertain others. Similar methods are used for instrumentalists. One schemes incessantly to improve the confidence of those who have ill withstood the battering of the world, and the worse battering of their own incertitude. In such an emotional outlet many a patient finds solace and hope.

It is difficult for one who is close to a project to assess judicially its benefits. People have told me that the patients are easier to care for since music was made generally accessible. They are more inclined to sing of an evening and then go to sleep. They are likely to feel more cheerful during the day. Thus another resource has been applied to relieve tension and mitigate unpleasant moods. Unresponsive patients are led to play together ensemble. One hears considerable spontaneous music; to be sure, it was never absent from the hospital, but there seems to be more of it than there was. This may take the form of individual singing, humming, or whistling, or little groups can be heard participating. Every now and then a patient unexpectedly calls on his relatives for an instrument and proceeds to make his own music. The discomforts of leaving home and going to an institution where someone else directs one's life, where space is scant and where some of one's fellows are, to some extent, disagreeable companions should be mitigated as far and as skillfully as possible. We believe that our program has, in general, accomplished some of this mitigation. We know also from personal testimonies that many patients who have a little musical ability are more cheerful, more ready to give their confidence to those who are working for them, more easily convinced that the hospital organization is working for them rather than thwarting or persecuting them.

This field is geographically broad, but financially restricted. There is room at one time and another for a considerable number of intelligent and sympathetic musicians, but no single hospital is likely to employ many at a time, though any good hospital would welcome voluntary service to an almost unlimited extent. Those who enter the field with the idea that a discovery has been made and miracles can be performed by the enthusiastic but inexperienced musician will have to revise their ideas, or else suffer grave disappointment. Those who will go to the hospital where a good program exists and work for some months as apprentices or assistants before undertaking to direct such programs may expect a career of usefulness and profoundly interesting and encouraging experience. The musician should be facile. He should have a memorized command of a variety of musical forms, be able to fit himself flexibly into the moods of the patients, and able also to lead them skillfully from one type of musical expression to another. A person who does not like classical music or does not have a personal quality. One who doesn't need to dwell on them theoretically, but in practical work of Dr. Willem van de Wall in Pennsylvania hospitals, leading to a collaboration for many years with Dr. van de Wall and Dr. Mason Pitman currently of the Belle Mead Sanitarium staff in New Jersey, on the Committee for the Study of Music in Institutions, a research project financed by the Russell Sage Foundation. In the early 40's Dr. van de Wall and Dr. Hamilton undertook a national analytical survey of developments in hospital music for the National Music Council, the parent organization from which N.A.M.T. stemmed. Later when Mr. Ray Green, Hospital Chairman for National Music Council, was delegated the task of organizing our Association, Dr. Hamilton was called upon to help outline aims and objectives, and his talk on Music Therapy at the New York Convention of Music Teachers American Association on June 1st, 1950, on the eve of the birth date of N.A.M.T., added strength and prestige to our inception and focalized interest on the need for this newer application of music.

In addition to his position on the Executive Board of N.A.M.T. Dr. Hamilton has served on the Advisory Board of the Music Research Foundation and unofficially as consultant in many parts of the country on specific hospital music problems.

In a brief resume of outstanding milestones in Dr. Hamilton's career outside of his contacts with music, mention should be made of the following:

B.S.—University of Vermont

Medical Degree—College of Physicians and Surgeons, Columbia University, N.Y.C.

Graduate Work—University of Breslau, Germany

Marriage to Ruth Norton, November 7, 1911

(Two children)

World War I—

Major Medical Corps, 42nd Division

Special Psychiatric Consultant, First Army Corps

Head Psychiatrist, Army of Occupation

Staff connection at various times with

State Hospital Service, N.Y. (Manhattan and Utica)

Dr. SAMUEL WARREN HAMILTON

AUGUST 21, 1878 — JULY 27, 1951

By Myrtle Fiba Thompson, Music Director

Essex County Overbrook Hospital, Cedar Grove, N. J.

It is my privilege to be given this opportunity in a magazine devoted to the development of the profession of Music Therapy to write a piece on the life of the late Dr. Samuel W. Hamilton.

His is a well-known name in the history of hospital music in America during our generation, as well as one held in high esteem throughout the world of psychiatry.

His sudden death during this summer at the age of 72 while in consultation at the Vermont State Reformatory for Women came as a great shock to the many in the professions of Medicine and of Institutional Music who knew him as active, keen and with seemingly many years of valuable service before him.

It is a particular loss to us in the National Association for Music Therapy on whose Executive Board he has served since its beginning, and on whose advice on organization and thoughtfully objective wisdom we have constantly relied.

Dr. Hamilton has been identified with music in institutions for many years. In 1924 he was called upon as consultant in the practical work of Dr. Willem van de Wall in Pennsylvania hospitals, leading to a collaboration for many years with Dr. van de Wall and Dr. Mason Pitman currently of the Belle Mead Sanitarium staff in New Jersey, on the Committee for the Study of Music in Institutions, a research project financed by the Russell Sage Foundation. In the early 40's Dr. van de Wall and Dr. Hamilton undertook a national analytical survey of developments in hospital music for the National Music Council, the parent organization from which N.A.M.T. stemmed. Later when Mr. Ray Green, Hospital Chairman for National Music Council, was delegated the task of organizing our Association, Dr. Hamilton was called upon to help outline aims and objectives, and his talk on Music Therapy at the New York Convention of Music Teachers American Association on June 1st, 1950, on the eve of the birth date of N.A.M.T., added strength and prestige to our inception and focalized interest on the need for this newer application of music.

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Staff connection at various times with

State Hospital Service, N.Y. (Manhattan and Utica)
New York City Police Dep't. (Psychiatric Consultant)
City Hospital, Philadelphia, Pa.
Bloomington Hospital, White Plains, N.Y.
Superintendent Essex County Overbrook Hospital
(1947-1950)
National Committee, Mental Hygiene on Carnegie Survey
for A.P.A. and A.N.A.
United States Public Health Service, Mental Hygiene
Division
Psychiatric Consultant for Veterans Administration and for
various individual states of the country.
Honorary Commissioner for the Department of Mental
Hygiene, State of Minnesota
Consultant—New Jersey State Institutional Building Pro-
gram
American Psychiatric Association
Program Chairman three years
President 1946-47
Council Member, 1947-1950
I personally have particular reason to speak with respect and
understanding of the valuable opportunity given me to build up a
Department of Music Therapy under Dr. Hamilton as Adminis-
trator. Although we had had contact during the war years on
hospital music techniques and military hospital programming, ours
had been for some time a mail and ‘hearsay’ acquaintance only.
It was not until the fall of 1947 when Dr. Hamilton had come
as Superintendent to the Essex County Overbrook Hospital, my
own county mental institution, that we became friends in person.
He invited me to call at Overbrook since we were now Jersey
neighbors and extended to me the courtesy — of which he was
always so generous to any who sincerely sought knowledge — of
an unhurried, tireless and painstaking introduction to his hospital.
Subsequently with the approval of his Freeholder Board of Man-
agement he invited me to come to Overbrook as Music Therapist,
to “Dream dreams” as he phrased it and make them actualities
where possible in making music an integral constructive force in
the total hospital effort for the welfare of his patients.

The development of the program at Overbrook with such ad-
novative support from Superintendent and Board was spectacu-
larly fast in the material basics of quarters, equipment and help
which are essential for implementing a program. Most of the
readers of this paper are already familiar through previous articles
with the details of the Music Department as developed at Over-
brook so I only comment here that we were soon able to round
out a full schedule of activities with a program of broad scope
both in individual and in group work. We were enabled to de-
velop most of the diversional, educational, occupational and re-
ligious avenues possible for making music a vital factor in the
hospital morale and enrichening to that degree the individual in-
hospital life of the patient.

I should like to paint a word picture of Dr. Hamilton as I
found him to be as a Superintendent. Because of his keen per-
ception, clarity of verbal expression and insistence on good work-
manship he was a constant stimulant and delight to work under.
He was a tireless worker himself who was on the job early and
late most days of most weeks.

I think of him as a ‘black and white’ administrator by which I
mean one who insisted on orderliness and clarification both in
ideas and in words, so that there could be little quibbling or lazi-
ness in thinking problems through to an understanding of them
even if no solution were possible. He expected the people to
whom he assigned responsibilities to see a plan of action clearly,
to anticipate how to handle such variations in it as would ensure
flexibility, to be able to meet the burden of detail involved.

One had to think for oneself, know the whys and wherefores of
a plan made, and to justify it with logic and forcefulness. This
was a fine whetsone on which the worker could sharpen his skill
as well as being a challenge to test the strength of a conviction.
You had to prove the soundness of your contentions, and he
loved to make you thrash these out, pro and con. He respected
you for sticking to your guns when you felt you were right, and
he chuckled over a good argument as only a born Yankee barg-
ainer would fully appreciate. It was not that he was hard to
convince but that you must prove your reasons soundly yourself.
Then he gave you warm and unfailing support wherever he could,
and if he could not he said so frankly and clearly with an ex-
planation.

He was never too hurried to discuss the smallest detail or to
take the time to make you feel that your particular conference with
him was a pleasure. Yet he was never lavish with praise. A
eulogy from Dr. Hamilton was some such cautious phrase as “Very
commendable.”

There was a certain brusqueness that sometimes antagonized
when he was impatient of things he felt were not meeting stand-
ards of workmanship as he saw them. Although broadly charitable
in his understanding of the human frailties which caused what
he considered weakness he nevertheless would neither condone
or accept their manifestation.

He loved to prowl at all hours throughout the hospital and
was eager always to see that his charges have as good a time of
it as was possible, whether in the detail of “more pies for pa-
tients” fresher vegetables or pleasant colors in the dayrooms. He
was inordinately proud of the prize dairy herd, new sewage dis-
posal plant, the murals on the walls.

Behind the reserve and dignity indigenous to the born Ver-
monter one sensed there was a rather shy man wanting to like
and be liked and with it all there was much charm in the drollery
of his wit when he was in expansive mood and in the natural
simplicity of his manner.

The following quotations will be of interest. From Dr. G. Pitt
Beers, the Baptist minister and an old friend, speaking at Dr.
Hamilton’s funeral:

“The world knows Dr. Hamilton primarily as a man of science
and he indeed is entitled to that description for he was a scien-
tist in the highest sense of the word, entirely at home in the scien-
tific method and bringing to all his work a scientist’s demand for
the best . . . not a scientist devoted to the task of destruction as
so much of science has been in recent years but to the service of
his fellow men and in particular to a group in great need of under-
standing in modern life. His entire life was devoted to a ministry
to the mentally ill. Whether as a Superintendent directly, or in the
service of the Federal Government studying institutions and pre-
paring reports for their improvement, or in personal contact with
the ill, always his aim was to improve the condition of this care,
and the hospitals across the country will be better qualified for
their work because of the work he did.”

And from a letter to Mrs. Hamilton after his death from Dr.
vande Wall:

“I want to express to you again my thankfulness for his great
interest and collaboration in our work and for the ideals which
brought us together and which we shared for so many years.

“It would be easy to fill pages about the many experiences we
lived and worked through together, to which he contributed not
only his technical knowledge and wisdom, but above all his great
patience and faith. He saw more in the practical possibilities of
the use of music in institutional care and treatment than most of
his colleagues, and many of those, who although using music,
lacked the all around human interest and approach in this matter
which characterized Sam Hamilton’s activity in this field.”

In closing I like to think of a night at a banquet of the Ameri-
can Psychiatric Association when a whole room full of doctors
from all parts of the continent rose spontaneously to do honor to
one of the venerable ones on their roster in token of their respect
for the years of clear thinking and forceful action he had brought
to his profession and to the councils of this great national organi-
ization.