

MUSIC FOR ADHD KIDS

A look back on Music as a Therapy for diverse population

M.S. Subbulakshmi

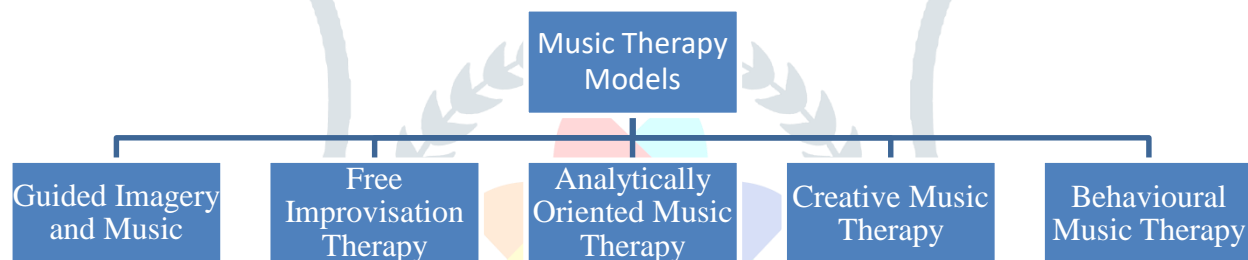
Research Scholar

Supervisor & Guide Dr. Shobana Swaminathan

School of Music and Fine Arts, VISTAS

Vels University, Pallavaram, Chennai, India.

Abstract: Since ancient times music has been used as therapeutic tool, and ancient healing rituals including sound and music have survived in many cultures. Although the healing power of music is a common theme in literature on Philosophy and music theory since long ago, it is still in a developmental stage of being an alternative therapeutic means in modern history. In the modern scientific world there is plenty of research citing therapeutic application of music in different fields of medicine such as music therapy with psychiatric patients, with physically and or developmentally delayed patients, with paediatric patients, children with communication disorders, and older adults. There have been many music therapy models used in the clinical practice. The below chart lists the different musical therapy models that are going to be discussed in this paper.



This paper talks about the above contemporary models and methods and the application of music therapy in medicine. It also presents a case study of using Free Improvisation Therapy as a therapeutic treatment to attempt to cure the behavioural issues of ADHD kids. The method has been seen to improve the attention span of these special kids and has helped alter the behavioural problems of these kids. Section 1 of the paper gives introduction to music therapy, Section 2 covers models and methods of music therapy and Section 3 covers application of music in the field of medicine. Section 4 presents a case study of employing music therapy and finally Section 5 concludes with the analysis of the different methods of Music Therapy.

1. Introduction

Music therapy is a profession which has grown largely in the last five decades. Music has found its application in modern medicine as a therapeutic cure. The use of music in treating ailments covers patients with medical, educational, social and psychological needs. A general definition of music therapy needs to be inclusive, and focus on the function of music as a therapeutic medium, as well as defining for whom the therapy is intended. The use of music in clinical, educational and social situation to treat clients or patients with medical, educational, social or psychological needs. (Wigram 2000)

While the above is the definition of the music therapy, a more broader definition according to the World Federation of Music Therapy (WFMT)

Music therapy is the use of music and or musical elements (Sound, rhythm, melody and harmony) by a qualified music therapist with a client or group, in a process designed to facilitate and promote communication, relationships, learning mobilisation, expression, organisation and other relevant therapeutic objectives, in order to meet physical, emotional, mental, social and cognitive needs. Music therapy aims to develop potentials and or restore functions of the individual so that he or she can achieve better intra and inter-personal integration and consequently a better quality life through prevention, rehabilitation or treatment (WFMT 1996)

The therapeutic application varies depending on the client population with whom the practitioners are working. With some population the process of therapy is Rehabilitative (the process of restoring skills or faculties and improving functional ability), while with others it relates more to achieving potential, resolving, physical, emotional and psychological difficulties of chronic disability. Some examples of musical therapy on non clinical population include behavioural music therapy, psychotherapeutic music therapy and educational music therapy. It is important to understand music therapy and music education as poles in a continuum. Robertson has proposed a continuum model that suggests four main categories on a continuum from left(music therapy) to right (music profession). 1. Clinical musical therapy, which comprise of four functions, surviving, coping, functioning and

reacting. 2. Educational music therapy, comprising subconscious learning, contributing, growing and responding, 3. Music education, comprising conscious learning, refining, focusing and responding, and the fourth 4. Music profession, comprising training, working, informing and performing.

In order to analyze music therapy, it is important to analyse the various ways in which the client experiences music. The needs of the clients are typically met in one of six 'design models', focussing on one of six basic properties of music: Objective, universal, subjective, collective, aesthetic, and transpersonal (Bruscia, 1998). Music as objective experience refers to directly influencing the client's body or behaviour in an observable way. Music as Universal refers to universally appraised sounds and vibration patterns with healing properties. Music as subjective refers to listening to music as an exploration of one's values. Music as collective refers to use of music to provide a shared identity of people who belong to a community. The last two models refer to musical experience of beauty and meaning in the music and experience of oneness and wholeness in music. Having defined what musical therapy is and how one experiences music as part of the music therapy in this section, let us analyse the models and methods of music therapy.

2. Models And Methods Of Music Therapy

In this section, we will study five models of music therapy. Before doing that, let us define what a model is and its associated terminology to understand how the music therapy has to be administered to the client. According to Bruscia (1998), a method is defined as a particular type of music experience that the client engages in for therapeutic purpose. A variation is defined as a particular way in which that music experience is designed. A procedure is everything that the therapist has to do to engage the client in that experience. A technique is one or more steps within any procedure that a therapist uses to shape the client's immediate experience and a model is a systematic and unique approach to method, procedure and technique based on certain principles. Therapeutic administration has seen five internationally acclaimed models which will be described in here.

2.1 Guided Imagery and Music (GIM) (The Bonny Model)

The first one is the Bonny Model (Bonny, 1989). In this model also known as guided imagery and music, the process evokes imagery during music listening. In this approach a specifically programmed classical music is used to generate a dynamic unfolding of inner experience that covers psychological, emotional, physical, social, spiritual and the collective unconscious. It is a process where material is introduced, developed, transformed and integrated. GIM is more commonly described by prelude, induction, music travel and postlude. The prelude (15-20 minutes) has the client's attention turn from outer to the inner world. The client lies down on a mat and closes his/her eyes and the therapist takes control of the audio and the overview of the full body of the client. Induction that lasts for 2-7 minutes facilitates a transition from ego dominated to deeper levels of consciousness. In the music travel stage, the client and the therapist share the imagery of the client broadly understood as inner experiences by means of visual and auditory. This stage lasts for 30-50 minutes. And finally, the postlude when the music comes to an end the client is guided slowly but surely back to a normal state of consciousness. During this stage, the therapist helps the client to connect the experience to his daily life and the problem in focus. GIM has clinical application for self development, music healing, drug addiction, abuse, and other psychiatric conditions.

2.2 Analytically Oriented Music Therapy (The Priestley Model)

In this type of musical therapy also called the Analytical Music Therapy proposed by Priestley (1994), the clients are actively involved in clinically organized musical activities and the method stresses on the improvisations of the music. Either composed music is used or the activity of composing songs or instrumental music can be used. This therapy focuses on the personal or functional development of the client and not so on the aesthetic quality of the musical product. For people who speak, a session typically starts with the therapist and client intuitively exploring what is meaningful to the problem the client may have. From there they create a working topic formulated into a rule as an inspiration for a musical improvisation. This method can be defined as music in therapy, as the music is used to symbolically express inner moods, emotions and associations. This method is used with psychiatric patients and their counselling. This model is also used for treating multiply disabled children.

2.3 Creative Music Therapy – Nordoff-Robbins Model

Most of the early development of creative music therapy proposed by Paul Nordoff and Clive Robbins (1977) was aimed at children with learning disabilities, from the mild end of the spectrum to the severe, including Down's syndrome. Music making is the primary focus of therapy sessions. The therapists often provide a musical frame, frequently singing about what the patient is doing in order to bring into focus the experience that is occurring. Any musical expressions produced by the client, vocal or instrument are incorporated into the frame.

2.4 Free Improvisation Therapy (FIT)– The Alvin Model.

As opposed to any prescribed rules, Alvin's method (1975) is musical where the entire client's therapy is centered around listening to or making music. Every conceivable kind of music activity can be used. Improvisation is used in a totally free way, using sounds or music that are not composed or written beforehand. The therapist imposes no musical rules unless requested by the client. This method does not require any musical ability or training and is not evaluated according to the musical criteria.

2.5 Behavioural Musical Therapy:

This method proposed by C Madsen and V Cutter (1968) is defined as the use of music as a contingent reinforcement or stimulus cue to increase or modify adaptive behaviours and extinguish maladaptive behaviours. As in behaviour therapy, the focus

of the treatment is towards the modification of behaviour and the process involves the concept of stimulus-response and music is used to change behaviour and reduce symptoms of pathology. In practice, music in any form is used in conjunction with a behaviour modification program. An example of this would be to reward a person with learning disability to stay focused on a task with an opportunity to listen to music perhaps songs. If his behaviour deteriorates, the music is withdrawn based on the assumption that the person wants music experiences thus the program is designed to increase his attention span because of his motivation to get musical experiences.

There are a lot of other models in the literature but are out of scope for this paper's coverage.

3. Clinical Practice In Music Therapy.

3.1 In psychiatry:

Active music therapy – primarily improvisation, but also performance and composition – is widely used method in psychiatry today. Receptive music therapy is being developed as systematic treatment modality and as a tool for improving patient's quality of life. As with the case of active music therapy where improvisation is described as an interactive process and could benefit patients with severe relationship dysfunction, in receptive music therapy, the patient and the therapist listen to selected pieces of music and reflect on their experiences afterwards GIM as explained earlier is used prevalently. After finding a psychological issue as a focus for the session, the patient listens to specially selected music and verbalizes his /her experiences during music listening.

3.2 In Physically or Developmentally delayed patients:

For this population, music breaks down barriers of disability, rigidity and age. Therapists may use classical, pop or folk music, and while improvised music provides the best medium for creative development, songs and pieces from the repertoire also allow the expression of emotion and communicative participation in a musical experience. Irrespective of age, an elderly person with profound disability responds just as positively and emotionally to a child's nursery song, or a simple folk song, as a six year old boy. The development of a musical and therapeutic relationship has been demonstrated in many articles and case studies where the therapeutic process involves both musical and non musical goals.

3.3 In Pediatrics:

It is increasingly becoming a common tool that music therapy can offer another contact form than the one offered through verbal language. There is also generally more knowledge that music therapy can be a necessary contribution in work with relationship and communication abilities in children who are not able to use, or having difficulties in using, verbal language. Music therapy with children focuses on resources more than problems. Music therapy offers a frame for these children, where they can express themselves on their own premises and thus can be seen, heard and valued something that they create themselves from inside.

3.4 In People with communication disorders:

Music therapy for children with severely delayed, disordered or absent language development is the latest research focus (specifically special children). When a music therapist works with a child with no language skills, he/she can work on communicative levels that precede the time one learns a language. A ten year old boy, whose language skills are that of a 1 year old can express himself and be met on both levels through music.

Besides these four areas of clinical applications detailed by Tony Wigram and Jos De Backer, (1999), music therapy is also used to build relationships with older adults. At the same time music therapy is very much an in-thing for self development and management.

4. CASE STUDY:

During session 1, around ten kids of age group 6 to 12 who are diagnosed with ADHD are assessed with the ADHD assessment tool and are profiled with areas of behavioural weaknesses and problems. From sessions 2-5, the chosen kids were engaged in Free Improvisation Therapy (FIT). A set of classical carnavic verses and bhajans were sung and the kids were asked to repeat the verses to the best of their ability. The kids did not have the musical training before and the sessions were subsequently conducted until the kids were able to recite them to a reasonable level of coherence, rendition and rhythm. Kids music improvisations were noted and what is observed were the following changes in the conduct during future sessions. A 10 year old boy who did not have sitting tolerance and who used to be restless and highly vocal, had increased sitting tolerance after the 6 sessions of FIT. An 8 year old boy who had specific leaning on the one of the songs sung had to engage in repeated and non participatory gestures but not for other songs. During subsequent sessions of singing that unique song brought his involvement in singing and the kid chose to participate later on in the future sessions and stop the repeated gestures. FIT was convenient to employ to these attention deficit kids as non prescriptive style provides free and unrestrictive music listening or making.

5. CONCLUSION:

Of the five methods discussed above, my research focuses on Free Improvisation Therapy. The advantages of Alvin Model are that there are no rules that are prescribed for music making or listening and that it does not require the client to have any musical ability. As my research focuses on kids who are ADHD to a mild degree or severely, creative music therapy, AST, or GIM would all be non comprehensible and impractical to administer to the client. Free improvisation allows for non restrictive musical therapy with greater flexibility of improvisation from the client. In the case discussed, the therapy has had improvement effects on behaviour

problems of kids. FIT also had an effect on increasing the attention span of kids which the ADHD kids lacked. The method allowed for kids who do not have any musical training or ability to undergo therapy with minimal administering issues. Although, each one of the methods described above have their advantages, Alvin model is better suited for the population of ADHD special kids.

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