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# Music in Therapy for the Mentally Retarded

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Music in Therapy for the Mentally Retarded

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Music is an essential and necessary function of man. It influences his behavior and has done so for thousands of years. Music is unique and powerful in its influence on man. Music can benefit handicapped and ill persons by helping them to change their behavior. At times, music itself elicits this behavior change, but most often it is the direct or indirect persuasion of the therapist. "By means of music and persuasion, the ultimate goal-to bring about desirable changes in behavior-is attempted." (2)

According to Dr. E. Thayer Gaston, there are three basic principles in music therapy. The first is the establishment or re-establishment of interpersonal relationships. Relationships with others are important and necessary for man because these involvements develop "systems of shared expectations, patterns of emotional relatedness, and modes of social adjustment." Each person must have a place and a function among others. He must be given attention and be called upon to respond. The second basic principle in music therapy is the bringing about of self-esteem or self-confidence without which there usually occurs anxiety. The use of rhythm to energize and bring order is the third principle. Rhythmic activities make working together easier because no words are needed. Music has always been one of man's most satisfying group activities because it was and is nonverbal communication. (2)

Music therapy has passed through three phases in its history. In the beginning, the emphasis was on the music without recognizing the need for the therapist. Next the therapist tended to disregard music in favor of developing a personal relationship with the patient. The ideal use of music

therapy is a balance between these two concepts. "The therapist uses his specialty to focus the relationship with the patient and moves in the desired direction at the most suitable rate in both the activity and the relationship." (2)

Music can be used in therapy in many different ways. Music therapy can help persons who are physically disabled as well as those who are mentally retarded. It can benefit persons with impaired vision, impaired hearing, impaired speech; persons with crippling conditions or cerebral palsy. Children with behavior disorders, such as autism or schizophrenia, or children with emotional disturbances can be treated in music therapy sessions. Music is remarkably appropriate with children who are unable to communicate because music is nonverbal communication. Music can also be used in treating geriatric patients. The music therapist must be a skilled musician as well as a sort of psychologist and doctor. He must realize the patient's need before recommending or administering a musical treatment.

Music therapy for the mentally retarded is the specific subject of this paper. Those who have used music in working with mentally retarded children soon become aware of its value for these children and the fact that the retardate often responds more readily to music activities than to most other activities. Before 1940 music was generally used with these children for its educational value. Teachers were concerned with what the child was capable of learning through music. Since 1940 greater effort has been made to understand how and why such children respond as they do. The field of music therapy has grown rapidly due to increased emphasis on the care and

treatment of the mentally retarded and the realization of the usefulness of music as a therapeutic and educational device. The goal of the treatment plan is to bring about changes of behavior in the retardate so that he will be better able to adapt and function in his environment. The music therapist is always an important part of the therapeutic situation either directly or indirectly.

The mentally retarded child responds to the same basic features of music as the normal child although the degree and emphasis may be different. One of the greatest problems with the retarded is communication. Either they have a limited vocabulary or are nonverbal. This makes it difficult for others to establish contact with them, and thus creates problems in interpersonal relationships. Music is a natural medium for establishing the desired contact. Group participation is essential to the adjustment of retarded persons to life. They have few social contacts, and many of them have never been taught how to respond in interpersonal activities.

The mentally retarded child needs to feel secure. The same music activity can be repeated happily many times, and thus, for the child, predictability becomes certain. The retardate's fear of the unknown is also alleviated through the repetition of the melodic structure and of the basic beat. A new activity should contain certain elements of familiarity. If this is not done, the retardate may refuse to participate.

Often the mentally retarded child is aware of his deficiency and lack of accomplishment. He experiences insufficient development of self-esteem because of his inability to cope with the demands of society. He can participate in a music activity and be a contributing member of the group.

In planning music activities, the music therapist must know the development level of the retardate. It is difficult to select activities and songs that allow the retarded to participate and that are suited to their social development. This difficulty is in selecting materials for singing. The song must have a simple melody and text with a certain amount of repetition and must be at the retardate's interest and social level.

When a child first enters an institution for the retarded and observes the music therapist working with other children, he may readily initiate a relationship with the therapist. The therapist must be skilled in observing the patient and in reporting his observations. He must be able to tell if extended music therapy would be beneficial and able to design an effective treatment program. When the retarded patient is referred to music therapy treatment, the aim is generally socialization, strengthening of defenses, intrusion on fantasy, stimulation, or gratification.

There are three levels in establishing social relationships among retarded children. Pregroup socialization includes patients who are very young and prefer objects to persons. Most of these have very short attention spans and are hyperactive. Action games that allow everyone to do similar things and that stress initiation can be performed with a minimum amount of interaction in the group. The therapist can structure games, dances, songs, and rhythm band activities that require increased consideration for others in the group. The hyperactive child may participate in short action songs or games that provide an outlet for his physical need to move. Because these songs are short, the child may withdraw between songs, but be brought into group activity for increasing lengths of time. Much of the therapy for

preschool children is directed toward preparation for special education classes. If the child is not able to interact, he will not be able to tolerate the group activities within the classroom or to pay attention long enough to learn.

Another type of socialization therapy includes children who have learned to interact with others, but do so in an antisocial manner. The music activity can be so appealing that patients modify their inappropriate social responses in order to be included and to cooperate in producing the music. It is often helpful to establish a regular routine for the therapy session. The goal is to provide the aggressive or fearful child with an environment in which there is a degree of consistency that will enable him to approach the problems of his own life in a calm mood.

Retarded adolescents often need therapy for social interaction. Both boys and girls may be afraid to initiate relationships with the opposite sex because their reactions are sometimes extreme; they laugh too loudly, cry too easily, and may feel rejected as the result of an unimportant incident. Adolescents need a structured setting in which to try a variety of means of establishing relationships. When adolescents feel self-conscious, music can fill the void in conversational lapses. Music groups can give the patient an opportunity for more social and individual responsibilities.

The second aim of music therapy to be considered is the strengthening of defenses. Patients who have difficulty with impulse control benefit from tightly structured activities that are gratifying to them such as a drum corps or a modern dance group. In a group of this type, self-discipline is a necessity to give the group a uniform appearance. In performance, the retardate feels a sense of self-pride and self-accomplishment.

Music can also be used in therapy as an intrusion on the patient's world of fantasy. The fact that an individual may be functioning on a retarded level does not always indicate that the problem was initially the result of brain damage. It may be the result of an emotional disturbance or a lack of sensory stimulation. The patient may be able to begin with concrete reality such as keeping time to music with simple instruments and progress to an acceptance of the reality of his feelings and behavior. Music that encourages motor participation can be useful because it intrudes on the patient's fantasy life.

Stimulation is another aim in treating the mentally retarded. Often retarded children are from culturally deprived homes. They need the reinforcement of successful participation because their inability to compete causes them to be satisfied with less than they are capable of achieving. The patient gains increased confidence in his ability to learn new material when he participates in structured music activities. His confidence stimulates his desire for learning as well as his desire to expand his interpersonal relationships.

Music is an excellent activity for retarded children who lack a sense of gratification. Children enjoy performing in programs if they feel assured of success. These performances also allow emphasis on grooming, appropriate group behavior, and responsibility. Retarded patients may request individual practice periods. This is a way for them to learn to use leisure time without having someone plan every minute for them.

All is lost if the retarded are not shown how to use adequately what they have learned in therapy. The therapist must show them how they might use music in their homes or everyday in their lives. Those who have



learned to play instruments must be encouraged to continue. Music has much value for the mentally retarded. Music fulfills a number of their needs in a nonthreatening way. In summarizing, music activities can minimize the differences between the mentally retarded and normal children.

After reading and studying several sources of the subject of music therapy, my knowledge has been greatly expanded. This paper serves only as a summary of the things I have learned. My primary source has been Dr. E. Thayer Gaston's book Music in Therapy which is a collection of articles by many different authors. I have learned of the great value of music in treating persons who are mentally retarded as well as persons who are physically handicapped. The music therapist must be a musician primarily. After he has completed his training as a musician, he must seek an understanding of psychology and sociology and clinical experience. Music therapy is more than a profession. It is a service to mankind which requires love, patience, understanding, and dedication.

## Bibliography

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2. Gaston, E. Thayer. Music in Therapy. New York: The Macmillan Company, 1968.