THE VALUE OF MUSIC AS OCCUPATIONAL THERAPY

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The therapeutic value of the study of music has long been recognized. But probably not until the reconstruction work of the World War was it honestly used as a curative measure in our country. Even then it was introduced into our government hospitals more as recreation, but its healing influence soon began to be recognized, even by the ward surgeons who acknowledged that their patients improved under the application of music study.

In this paper I shall tell my experience in the music work in government hospitals, rather than theorize on the subject.

In the first hospital to which I was assigned, the music work was very elementary and more recreational. The boys played on any instrument we could find, from a jewsharp and mouth organ to a violin, making good, pleasing, snappy music too. And never missed a practice, often begging for more.

In the second hospital in which I served, the work assumed the importance of music for music's sake and students became so numerous that it was necessary to add more teachers to the staff. I was given a vocal teacher, a piano teacher, and a violin teacher, so that our "faculty" consisted of four, myself included.

We had a regular schedule of hours for the daily lessons and our commanding officer became so interested in the department that he gave us separate rooms for our work, so that our lessons in the different forms continued throughout the day.

The interest deepened, and at one time our students numbered one hundred and sixty-three.

The work was given always by consent of the ward surgeons.

At this point I will call attention to some definite cases who profited therapeutically through their music study.
One, a nervous case, despondent, restless, at first cared only for rag and jazz noise. Gradually, quiet, restful selections were introduced by the teachers and the patient became fond of the music of Schubert, Mendelssohn and like composers. He never missed a lesson, became cheerful and in a measure contented, saying his music was "so restful to him."

Another very earnest student wished to study the piano for music's sake and enjoyed the technical side of the subject. An operation interrupted his lessons at the piano so the teacher went to his bedside and taught him scale building. He mastered the theory of all the major and minor scales while still confined to his bed.

Another bed patient sent for me one day. I called and found him anxious to do some studying that would prepare him for the piano work later, when he would be able to get to an instrument. I procured the very hearty consent of the ward surgeon and proceeded as follows:

I had the patient draw the illustration of the piano key board, then described the same to him and taught him to read it. He next learned the notes on the staff in both clefs and then related them to the key board. Rather an unusual procedure to be sure, but he thoroughly enjoyed it and when he was able to get to a piano, it was surprising how correctly and how much he had learned about the key board. He had also mastered the value of the length of the notes and rests, etc.

Another patient had a drop wrist, his right wrist. Before the injury he had played by ear, and he felt that practice at the piano would be beneficial to his hand. He consulted his surgeon and received encouragement and permission to proceed. Greatly enjoyed his lessons and because he thought it helped his wrist he was benefited.

Another lad had studied piano with his mother before the war. She died while he was in France. He longed to get at the piano once more, and so registered as a pupil. At his second lesson I seated myself at his right. He seemed uneasy and wanting something, and finally said "Would you mind sitting on the other side, mother always did!" During the lesson I made a
certain correction and he exclaimed, "I remember that, Mother told me not to do that." His lessons seemed a comfort to him because they reminded him of home. Needless to say the aide did all she could for him for "mother's sake."

An overseas captain suffering from neurasthenia was told by his ward surgeon to take up some interesting work in the occupational therapy department. He said he would enjoy the study of piano the most. The surgeon told him to register for lessons at once, which he did. He said "I know absolutely nothing about the theory of music, but I am anxious to begin at the foundation and if you can teach me to play simple melodies with one finger I shall be very happy and everlastingly grateful."

In the locked ward was a patient who made no response to any efforts of those caring for him. The ward surgeon found out that he came from a very musical home, and had himself become quite proficient as a piano student. The surgeon prescribed music as a curative measure. The patient came under guard of an attendant. I found it simply impossible to arouse him even to speech. So I would play quiet restful melodies, well known in any home, and in time he began to show interest and would ask for certain selections and at last sat at the piano and played for himself, and the task was to get him away from the piano.

In all of our teaching we held before the patients the idea of becoming music students and not jazz artists. The importance of hearing good music was emphasized and through the generosity of a good friend of mine in California, I was able to secure tickets for the patients to attend various artists' concerts, and the result was most gratifying; often inspiring some of them to genuine study.

A splendid little orchestra was formed at this hospital and we practiced faithfully every day. There is a decided tonic in playing in a group, and a pleasure and a certain sense of pride in having a part in furnishing the community music for the hospital. We became proficient enough to play for the hospital dances and movies. Two violinists, a cellist, a flutist and a pianist played at Sunday Chapel services. The vocal teacher on my staff organized a splendid male quartette that also furnished chapel music, and program numbers.
At one Veterans Bureau hospital I taught piano, and was also able to get together a splendid little orchestra that furnished the community music for the station. A number of patients who became interested in the study of music in our occupational therapy department are now Federal Board students receiving vocational training in music.

The interesting and interested cases I have mentioned in this paper are only a few of a large group of patients who have been benefited by the music in our government hospitals. I am sure there are those here today who will agree, with me that the value of music as occupational therapy cannot be estimated in the stimulation of intense interest and in contributing to the building up of the morale of the patient.