

# the Evidence behind using Music Therapy with Persons with Disabilities

## WHAT CAN MUSIC THERAPY DO?

**A.** Provide a context in which the person's musical response is given value - however long it may take to appear, give (the adult) some control over the way they develop that response, within a supporting musical relationship and give each person an opportunity to discover their self-worth.

Gale, C. P. (1989)

The Question of Music Therapy with Mentally Handicapped Adults *Journal of British Music Therapy* 3 (2): 20-23

**B.** Music therapy offers an opportunity to find meaning.

"People with a severe intellectual disability can experience profoundly limited opportunities to communicate or share with others essential aspects of themselves and their identity as complete human beings i.e. their thoughts, ideas, feelings and emotions. A sense of self is at risk of being lost in people with intellectual disabilities. This can be ... developed ...through interaction which focuses attention on the exchange of meaning."

Toolan, P. and Coleman, S. (1995), Music Therapy a description of process: Engagement and avoidance in five people with learning disabilities *British Journal of Music Therapy* 9 (1): 17-24

**C.** Music therapy can address challenging behaviours.

"Improvisation...increases opportunities for interaction and communication for non-verbal clients. This approach can address the needs of people who exhibit challenging behaviour by increasing opportunities for meaningful communication and choice."

Lehmann, A. (2004) Proposal for presentation at Post School Options / ATLAS NSW State conference Research, Resource and Reality' (Unpublished)

**D.** Music therapy provides adults with opportunities where they can

- Be affirmed and validated
- Communicate as an equal partner
- Interact with others with shared meanings
- Experience being listened to and waited for
- Experience being in control
- Enjoy physical movement and vocal expression - and to reach out
- Express individual abilities
- Be challenged and surprised
- Make informed choices
- Take the initiative
- Sustain concentration
- Work through emotional / behavioural challenges
- To enjoy music

Howat R. (2004) "The Role of Significant Moments in the Process of Music Therapy Interventions" AMTA Conference. Melbourne

## SINGING HELPS SPEECH

Singing and speaking are neurologically different functions, said Concetta M. Tomaino, who has a doctorate in music therapy. For example, stroke victims can sometimes sing entire lyrics of songs but are unable to speak a simple "Hello."

Clinical studies conducted by Tomaino and her colleagues, especially Dr. Oliver Sacks, author of *Musicophilia: Tales of Music and the Brain* and a British neurologist on the faculty at Columbia University in New York, have shown that singing word phrases such as "Hello, how are you?" affects speech recovery by "rehearsing" speech. By putting regular speech and common phrases into a musical context, patients who have trouble speaking but are conscious and cognizant of what is being said to them are learning to say "Hello" and more.

Tomaino, a trained musician, is executive director of the Institute for Music and Neurologic Function and vice president of music therapy at Beth Abraham Family Health Services in New York. "Singing rehearses the speech element in the brain to become functional," Tomaino told USINFO. "We are now studying the potential effect of singing and related 'cueing' on the recovery of speech -- using musical sounds that sound like phrases or putting regular speech phrases into a musical context."

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Rainey Perry MM.

### **Relating improvisational music therapy with severely and multiply disabled children to communication development.**

Journal of Music Therapy. 40(3):227-46, 2003 Fall.

The effect of different levels of preintentional and intentional communication development on musical interaction with children with severe and multiple disabilities has not been explored in the music therapy literature. Aside from stage of communication development, what are the particular influences of disability on musical interaction with children who have preintentional and early intentional communication? A qualitative research project explored these issues. Ten school-aged children with severe and multiple disabilities participated in the project. The most common medical diagnosis was cerebral palsy. Analysis of video recordings and other data confirmed that the children's level of communication development was reflected in individual music therapy. Specifically, children at different levels of communication development varied in their abilities to initiate, anticipate, and sustain participation in turn taking, and to maintain attention to and engagement in the interaction. Both turn taking and playing and singing together were found to be important forms of communication during music therapy.

Communication problems related to disability included: difficulties in using objects as a focus of joint attention, difficulties in interpreting the interactive environment, being sufficiently motivated to communicate, severely limited means of interaction, attaining and maintaining an appropriate level of arousal, and lack of interest in interaction and the outside environment. Further study of how music therapy can be related to general issues in communication for individuals with severe and multiple disabilities is recommended.