

MUSIC IN HOSPITALS

by
Willem van de Wall



Russell Sage Foundation

G4
\$1.00

STATEMENT CONCERNING PUBLICATIONS OF RUSSELL SAGE FOUNDATION

The Russell Sage Foundation was established in 1907 by Mrs. Russell Sage "for the improvement of social and living conditions in the United States of America." In carrying out its purpose the Foundation maintains a staff which, among other duties, conducts studies of social conditions, authorized by the General Director, where new information, its analysis and interpretation seem necessary in order to formulate and advance practicable measures aimed at improvement. From time to time the Foundation publishes the results of these studies in book or pamphlet form.

In formulating the problem for study, in mapping out a plan of work on it, in collecting facts, in drawing conclusions, and in the presentation of findings, authors of Foundation studies, who are always either members of the staff or specially commissioned research workers, have the benefit of the criticism and advice of their colleagues in the organization. Full freedom is given research workers for the final decision on all of these steps, and in presenting and interpreting both factual material and conclusions in their own way.

While the general responsibility for management of the Foundation is vested in the board of trustees, the responsibility for facts, conclusions, and interpretations rests with the research workers alone and not upon the Foundation, its trustees, or other members of the staff. Publication under the imprint of the Foundation does not imply agreement by the organization or its members with opinions or interpretations of authors. It does imply that care has been taken that the research on which a book is based has been thoroughly done.

MUSIC IN HOSPITALS

By

WILLEM VAN DE WALL

*Head, Adult Education Section, Education Branch
Internal Affairs and Communications Division
Office of Military Government for Germany, U. S.*



New York

RUSSELL SAGE FOUNDATION

1946

Copyright, 1946, by
RUSSELL SAGE FOUNDATION
Printed in United States of America

WM. F. FELL CO., PRINTERS
PHILADELPHIA

TABLE OF CONTENTS

	PAGE
FOREWORD	7

CHAPTER I

MUSIC IN NORMAL LIVING

The Dynamic Function of the Musical Arts	11
The Influence of Music	12
Physical Reactions and Mental Responses	14
The Sensory-Motor Reaction	14
Mental Responses	15
Sensory Responses	16
Perceptual Responses	17
Associational Responses	18
Emotional Responses	20
The Influence of Feelings on Attitudes	22
The Pursuit of Music	24
The Recreational Pursuit of Music	24
The Vocational Pursuit of Music	25
Music and the Hospital Patient	26

CHAPTER II

HOSPITAL ORGANIZATION AND FUNCTION

Types of Hospitals	27
According to Services	27
According to Ownership and Control	28
The Professional Care of the Patients	29
Medical Service	29
Medical Superintendent or Medical Director	29
Clinical Director	30
Medical Staff	31
Nursing Service	32
Psychological Service	33
Social Service	33

	PAGE
Chaplain Service	34
The Therapies	34
Physiotherapy	35
Psychotherapy	36
Psychoanalysis	36
Group Therapy	36
Occupational Therapy	37
Industrial Therapy	38
Other Hospital Services	39
Business Office	39
Women's Auxiliary Committee	40

CHAPTER III

THE HOSPITAL MUSIC PROGRAM

General Aims	41
Participation	41
Treatment Goals	41
The Music Activities	43
Flexibility of Musical Objectives	43
Types of Activities	44
Vocal Activities	44
Group Singing	44
Individual Instruction	46
Instrumental Activities	47
Instrumental Group Work	48
Rhythm Band	48
Small Instrumental Ensembles	49
Bands and Orchestras	50
Individual Instruction in Note-Reading and Playing	50
The Piano, Portable Organ, Accordion, and Autoharp	51
Materials	51
Rhythmics and Dancing	52
Music with Corrective Exercises	53
Music for Listening	54
Radio	54
Recorded Music	55
The Study of Music	55
Theatricals and Social Activities	56
Religious Services and Other Ceremonies	57
Entertainments by Visiting Musicians	58

CHAPTER IV

INTEGRATION OF THE MUSIC PROGRAM INTO THE
HOSPITAL SERVICE

	PAGE
Institutional Regulation of Sounds and of Music	60
Mechanized Supply of Music	61
Music Produced by Visiting Entertainers	61
Practical Integration of Music-Activities Program	62
Orientation as to "Treatment" and "Therapy"	63
The Hospital Treatment Group	65
Departmental Contacts	68
Medical Service	68
Nursing Service	68
Department of Occupational Therapy	69
Social Service Department	70
Chaplain Service	70
Women's Auxiliary Committee	70
Business Office	70
Organization and Administration of Music Service	71
Allocation of Music Activities	71
Music Room and Equipment	71
Scheduling	72
Records and Reports	73
Status and Service of Hospital Musician	74

CHAPTER V

THE HOSPITAL MUSICIAN

Volunteers	77
Paid Workers	78
Qualifications of the Hospital Musician	80
Visiting Performers	80
Part- and Full-Time Workers	81
Musical Background	81
Personality Traits	82
Attitude Toward Hospital Work	83
Training for Hospital Music Work	84

FOREWORD

DEAR SIR:

I am a musician and would like to make my services available to the sick and wounded in the hospitals. Will you please inform me what I have to know and how I can prepare myself for this work.

Sincerely yours,

Inquiries of this nature made daily by mail, telephone, and personal visit give not only abundant proof of a rapidly spreading interest on the part of musicians in hospital music activities in the United States but indicate a growing need for basic information on the subject. To meet such need this handbook has been written.

Music has been used to comfort sick persons since time immemorial. Only during the past twenty-five years, however, has it been introduced in hospitals, particularly those for mental and nervous diseases. Notable progress has been made in the systematic application of music as a means of occupational therapy and of recreation. In many of these hospitals members of the regular personnel have long been interested in developing various ways of using music; in several, professional musicians are employed to carry on music activities for and with the patients.

What is new is the actually nationwide desire of musicians to give music service to hospitals. In the past five years it has gained unprecedented impetus through the strong appeal of the national war effort. Eagerness to meet the needs of this new kind of audience originated in the desire of many musicians to make an important contribution with their art, and the age-old belief that music has a beneficial effect on the sick seemed to show them a way. Hence, musicians by the hundreds, amateurs and professionals alike, sought entrance to the hospitals to bring with their music comfort and encouragement to the men and women who had become incapacitated in the service of their country and were in dire need of all the medical and humanitarian care that could possibly be provided.

This enthusiasm to serve the sick has created two related problems. The first concerns hospital administrators. How, they ask, can we use these musicians and their music to the best advantage? The second is

the problem of the musicians: In what way can we make our efforts most valuable to the hospitals?

In the stress of a nation at war there was neither time nor inclination to wait and work for a studied and detailed answer to these questions. Patients eagerly asked for music, hospital doors were wide open for those who wanted to come and sing and play, and the musicians streamed in to render whatever service they saw fit to give. The end of the war has not reduced the demand for their contribution; many of the wounded and ill still require intensive hospital care, including the comfort and inspiration that music can give during long and often tedious periods of convalescence and restoration. But there is now time and opportunity, in addition to the continuing incentive, to seek for the answers to those two questions.

Music service to the hospitals is being rendered either on a voluntary basis or as an officially assigned duty. Noteworthy as officially adopted music services are two developments: the United States Army Hospital Service has adopted a Program of Music in Reconditioning in Army General Hospitals in Continental United States; and the American National Red Cross has made music a part of its extensive recreational activities in service hospitals. The USO-Camp Shows Hospital Circuit and the Foxhole Circuit, both of which served American hospitals overseas, included musical performances on their programs. Among volunteer efforts of other civilian organizations the American Federation of Music Clubs and the Civilian Defense Volunteer Offices ranked high with the nationwide musical assistance given to military and civilian hospitals. Finally, the Theater Wing also brought musical entertainment to military hospitals as a part of its general activities program.

The total number of organizations and individuals engaged in hospital music activities is impressive. It includes professionals and amateurs, instrumental and vocal soloists, orchestras, bands, choruses, and musical comedy troupes, some of whom are nationally famous. Many hospital staff members who are musically skilled contribute their music services freely. Where funds are not adequate, music firms often donate instruments and materials. So do many civic organizations and private donors. Indeed, musicians and friends of music have shown that they have the musical needs of hospitals at heart.

A detailed description of all these efforts and contributions would make an inspiring story. This handbook, however, can deal only with some aspects of continuing significance that need clarification and development. It is written particularly for those who wish to make their

musical contribution to hospitals more effective, as changing conditions may permit, and it places before them the tested ideas and practices of others who have had extensive experience and responsibilities in this field.

Musicians acknowledge that the conditions under which they must work in hospitals seldom provide for adequate job-orientation or evaluation of the work done. Because of this, hospital music services and programs, viewed from the standpoints of both hospital and musician, tend to become hit-or-miss affairs.

The systematic application of music as a medically co-ordinated means of modern hospital treatment is still in its infancy. Serious efforts are being made today by some members of the medical profession to develop in collaboration with musicians a medically acceptable technique for using music in hospital treatment. Such a technique is already well established in connection with the use of arts and crafts as media of occupational therapy. A great deal of patient and painstaking exploratory work has still to be done to reach the same goal with music.

The following pages stress that need for professional collaboration because it has been found essential for a general understanding of the problem, and for bringing about even such constructive use of music in hospitals as our present knowledge and experience will permit. The subject is today still in the stage of personal opinion and debate. Available data have not been assembled, classified, and evaluated by authoritative medical organizations.

Therefore the principles and practices set forth here are not presented as final conclusions, but as thoughts and suggestions based on practical experience and offered for purposes of information and stimulation.

From a practical point of view, however, there is a body of common knowledge about desirable attitudes and procedures for hospital music work, and there are answers to certain fundamental questions that must arise in the mind of every musician who wishes to give the best possible service to a hospital. Some of these questions deal with basic problems common to all hospital situations. What conditions, for example, will a musician who steps into a hospital to offer musical service have to face and understand, and how shall he go about making himself as useful as possible in prevailing circumstances, even when no directions are given to him? These questions will be discussed here.

The author wishes to thank the following friends and collaborators for careful reading of the manuscript and helpful comments: Samuel

W. Hamilton, M.D., United States Public Health Service, Division of Mental Hygiene, Washington, D. C., and Raymond P. Sloan, editor, *The Modern Hospital*, both members of the Committee for the Study of Music in Institutions; Nathaniel J. Breckir, M.D., Columbia University, New York; also J. Walsh Stull, administrative assistant, Wesley Memorial Hospital, Chicago, and Mrs. Blanca Stull; and Dr. Clara L. van de Wall, research associate, United Service Organizations, Inc., New York.

CHAPTER I

MUSIC IN NORMAL LIVING

THE DYNAMIC FUNCTION OF THE MUSICAL ARTS

MUSIC is one of the inspiring elements of the happy, normal life that we wish to bring to the sick and the weak as an experience of joy and encouragement. To safeguard these possible beneficial effects so that music may be made only a helpful factor in hospital treatment, certain adaptations and precautions must be applied, and all music in hospitals needs to be carried on under proper medical direction and control. The reasons for this will become evident as the psychological effects of music in normal living are reviewed in the following pages.

The dynamic influence of music is recognized in many familiar practices of our civilization. Why is there so much music used in churches, political meetings, motion pictures, and theaters? Because these varied uses of music increase people's receptivity to other stimuli and thus may indirectly strengthen the effect of the message, whatever it may be.

The great and widespread appeal that music has for us indicates our capacity to be affected by it in many and often helpful ways. Music may not only afford deep satisfaction and joy by its purely musical content, but also by its underscoring of non-musical, philosophical, dramatic, and spiritual values, expressed in lyrics, dances, or the drama. It thus increases or emphasizes the "soul-stirring" qualities of the works for which the music has been written.

In the fullness of life we are often in need of change to get us out of the rut of our feeling and thinking. Listening to music that is pleasing to us or making music of our own may give us the needed diversion. We are sometimes so driven by the problems besetting us that it seems almost impossible to stop thinking about them, or better said, brooding over them. A gripping musical experience may interrupt the milling of our mind and give us the longed-for change. Occasionally we feel oppressed, restricted. Circumstances and the constraints of polite behavior do not permit our aroused energies a direct outlet. This makes us tense. Straight thinking becomes harder than ever. We are annoyed with ourselves, our tasks, and everybody around us. At such times gratifying aesthetic and artistic experiences like those provided by

music, dance, and drama may relieve our pent-up feelings and tensions, permitting our thought to take again a logical course from reasonable premises; we then recover the necessary poise to deal with ourselves, our problems, and our fellow men on an adult level.

Great works of musical art are in themselves masterpieces of integrated intellectual and emotional function and expression. They may lead the performers as well as the audiences through perfect cycles of emotional and intellectual anticipation and realization. The more fully their aesthetic and dynamic values are given expression in performance, the more such works will grip us, carry us along, and yield refreshment and inspiration.

THE INFLUENCE OF MUSIC

We like to share our musical joys with others. Sometimes we succeed in so doing, at other times we fail and wonder why. One of the reasons for this failure may be that we have not thought of the fact that the music which gave us such great delight may not necessarily affect others in the same way and that perhaps some members of our audience were not in a condition or mood to enjoy the performance.

Any experienced musician knows that a certain piece of music and its performance will affect various persons in different and sometimes even opposing ways. The music reviews in our newspapers and magazines often show this. To some music lovers only jazz is real music, to others only opera. The sounds of a saxophone or a coloratura voice are a great joy to many and a pain to others. During the war *The New Yorker* printed a short story by Hollis Alpert entitled "The Occarina." It described the inspiration that a G.I. got out of playing on the occurina and the exasperation that his hobby caused his comrades. The kindling influence of any art is dependent on the degree of susceptibility of an individual to that art. Some people like a piece of music as performed by a certain musician and others do not; one and the same musical stimulus may cause a variety of responses.

To give music a chance of becoming a helpful influence in the lives of others, one must take into account how it affects the persons to be served and what can be done to make it actually a beneficial factor in a given situation.

Paying attention to music is the result of an interplay of forces operating within ourselves and in our environment. The awareness of musical sounds may be caused by both external and internal musical stimuli. In the first instance these stimuli originate in our environment

and consist of sound waves produced either by singers and instrumental players or by phonographs, soundreels, and radios. In the second instance the musical stimuli originate within ourselves, in our own brain. This happens when a tune "plays through our mind" or when a composer mentally formulates tone combinations which he wants to put into script.

The hearing of music does not necessarily lead to listening. When we perform music we hope that our audience will listen, but our best efforts may fail. This should not dismay us, but should rather prompt us to find out why it happened. There are several possible reasons. First, we all listen to music that affects us pleasantly, but unless we have to pay attention for professional reasons, we try to ward off and ignore music that we dislike. Moreover, music which afforded us pleasure yesterday may turn into an irritation today. Second, listening to music with full attention and enjoyment requires a comparatively free and open mind. When we are fatigued, preoccupied or worried, depressed or excited, music which at other times would grip us and hold our attention may fail to do so.

The elements of energy and time are thus seen to be factors in the variability of our attention. The stronger and more mature and balanced we are physically and mentally, the more energy we have available and the closer and longer attention we can give to music. The weaker and less mature and balanced we are, the shorter and less concentrated our interest span will be.

Attention may be partial or divided. When we read a book or are engaged in some other activity, we may follow to some extent any music that comes within our radius of hearing and still continue our main occupation. In such instances our attention fluctuates between competing interests.

But even the strongest of us, musically speaking, can endure only limited amounts and kinds of musical stimulation. The wise performer, leader, and teacher takes this into account and arranges and rearranges his programs accordingly.

A wonderful improvement of living conditions would result for everyone if those who spend hours in the serious practice or in the mere indulgence of singing or playing would realize that there is a musical saturation point and a limit to the endurance of all who have to work, live, or rest within hearing distance. The study and practice of music for mere personal satisfaction is certainly the privilege of the amateur with this proviso, that he give such consideration to the well-being of those around him as common courtesy demands. As soon as one's

music activities in a professional way involve others, such as pupils, group participants, or audiences, some knowledge of how they will be affected becomes of prime importance if such activities are to be of benefit to them.

The greater a person's interest in music, the more effectively can music be used to influence his behavior. Interest in music is based on psychological needs on various levels of functioning; these levels are indicated by the type of response given to a musical experience. The variety and characteristics of possible responses to music will be discussed in the following section.

PHYSICAL REACTIONS AND MENTAL RESPONSES

Although we often differentiate in common speech between bodily and mental functions as if these were separate and independent, in reality they are two aspects of one indivisible function, the process of living. However, in practically every response there is a preponderance of either physical or mental aspects that reflects the individual differences among persons experiencing musical stimulation. Hence, careful differentiation between various types of responses may help specifically with a correct interpretation of the responding personalities, though it should always be kept in mind that when we discuss either a bodily or a mental aspect, the other is always implied. The general psychological levels are indicated in the following differentiation: sensory-motor reactions and mental responses, the latter including sensory, perceptual, associational, and emotional responses.¹

THE SENSORY-MOTOR REACTION

What is known as sensory-motor reaction is an involuntary or reflex action of some of our muscles. It occurs, for example, when without our being aware of it we move our head or tap our feet to the rhythm of a tune, or when babies at the hearing of musical sounds kick their legs or start a "rocking" motion of the body. Roughly speaking, the sound vibrations acting upon and through the nervous system give shocks in rhythmical sequence to the muscles, which cause them to contract and to set our arms and hands, legs and feet in motion. On account of this automatic muscular reaction many people make some movement when hearing music; for them to remain motionless would require conscious muscular self-restraint.

¹ For a more detailed discussion, see *Music in Institutions* by Willem van de Wall, Russell Sage Foundation, New York, 1936, pp. 55 ff.

Much of what we call "irresistible" in music is so because we react on this sensory-motor level of functioning. It has been found that when attention to music is poor, because of fatigue or other reasons, music that is strongly rhythmical may set up a sensory-motor reaction and thus help many to overcome their inertia and to become active in spite of their fatigue. Thus when soldiers are tired during long marches and scouts come to the end of a difficult hike, a spirited song or the strains of a snappy band will release new energies and keep them going with renewed spirit.

Other physiological reactions that may be observed in response to musical stimuli, such as those occurring in the respiratory and cardiovascular system, probably belong to the same type of involuntary bodily reaction.

The reactions just described are involuntary for one of the following reasons: (1) They are the direct physiological result of a sensation caused by musical stimuli. (2) The person involved is free from the inhibiting function of the mentality and therefore reacts overtly on the sensory-motor level. Where the inhibiting function of the mentality is active, a person still experiences physiological sensation, but his reaction to the stimuli will be expressed in the various forms of conscious response to be described in the following sections.

MENTAL RESPONSES

All mental responses contain an element of awareness. This may take various forms: for example, a person may "feel" the influence of musical stimulation, becoming gay or sad or excited; another begins to day-dream; still another finds himself recognizing a composition, perhaps even the style of a certain performer, and looks forward with keen anticipation to a beautiful passage in the second movement, wondering how this artist is going to present it.

When music arouses feelings, the content of the response is largely subjective; when the response is perceptive and produces thinking, such as following the composition's progress or critical evaluation of the performance, the content tends to be more and more objective. Finally, subjective and objective elements may appear together in a given mental response. It is not only of psychological interest thus to evaluate a response, but it is of decided social and educational importance, especially since mental responses can be modified to a certain extent.

One of the first steps needed to determine a constructive application of "directed listening to music" in education or hospital treatment

is to observe carefully and repeatedly what the individual himself offers as voluntary comment after each listening experience.

The subjective listener after hearing a piece of music is likely to talk about himself in commenting on how the music affected his feelings and of what it made him think. His response is ego-centered, or subjective. The objective listener, on the contrary, will discuss the music, the qualities of the composition, and its interpretation. The response is music-centered, or objective.

Listening to music may be a solitary or a social experience. Until the widespread use in homes of phonograph and radio, listening to music was mainly a social experience. This explains why most of the obvious and conventional responses to music are social and objective in nature. However, an element of social pressure may very well have contributed to cause a given response, and only better knowledge of the listener will indicate what his real, natural, or usual response to music is.

For many purposes connected with the use of music in hospitals, and in education, too, it is not sufficient to know only the content of an individual's response; the level of psychological function involved is also of importance. Among musicians a differentiation of responses to music in psychological terms is still an unfamiliar approach; yet it is essential to an understanding of the variety and general significance of mental responses whenever they are to be activated for a specific objective.

Content of response and psychological function together give an objective picture of what music means to the individual. Usually the question as to whether emphasis and frequency of occurrence lie in objective or subjective elements of the content is just as important as determination of the psychological level involved; therefore both kinds of differentiation should always be employed.

Sensory Responses

When the sound waves of musical stimuli received by our auditory organ cause not only the involuntary sensory-motor reaction described above but produce awareness of the musical impressions, this constitutes a sensory response. It is characterized by sensations, that is, feelings of pleasure or displeasure caused by the sounds. It is the most widespread and least complex kind of mental response to music.

Sometimes the feelings are intense and overwhelming; generally they are not very distinct and therefore are often referred to as "feeling-tone." The "feeling-tone" aroused by musical stimulation may also, of course, contain both pleasant and unpleasant sensations, but the total or after-effect will be one or the other feeling.

Sensory pleasure or displeasure is chiefly the product of those objective qualities of sounds that are described by musicians as pitch, intensity, tone color, sequence, and rhythm. In addition, certain objective facts, connected with characteristics and the physical condition of the person subjected to musical stimulation, will determine whether his sensory response is one of pleasure or displeasure. Finally, the feelings caused directly by musical sounds are sometimes colored or influenced by other feelings, only indirectly connected with these sounds, but resulting from past emotional experiences associated with a particular musical impression. Here the simple, sensory type of mental response is combined with some elements of a more complex type, called emotional or associational.

Whatever the immediate or more remote source of the feelings may be, it is these emotional components of our sensory response that determine the general attitude we will take to music. Unless the experience of music is a pleasurable one, we cannot expect the average person to take any interest in it.

Obviously people will differ in their sensory responses. When the hearing of one and the same musical selection yields one person a great deal of delight and causes another to feel annoyed, this difference in their responses does not originate in the music but in the listeners. No generalization, therefore, on the influence of a certain piece of music on people as a whole, is justified. The sensory responses to music, like all other reactions and responses to musical sounds, are individually conditioned.

One particular type of sensory response to music is the kinaesthetic or kinetic response. It occurs when the listener becomes aware of a bodily response to music and feels an impetus to express it in bodily action. Here music incites to marching and dancing, which increase the satisfaction obtained from the musical experience; also many singers and instrumental players are conscious of a feeling of physical pleasure in their music activities.

The kinaesthetic response engenders a feeling of invigoration. Music which arouses that feeling and thereby the impulse to get into motion has, therefore, special significance for the treatment of persons for whom such stimulation is deemed desirable.

Perceptual Responses

Besides being a sensory experience, the hearing of music is for many of us a stimulus of perceptual or intellectual activity. We perceive form

and design and other structural and dynamic qualities inherent in the content of the music, deriving satisfaction from the contemplation of these qualities. This faculty of the mind is essential for an objective interest in music and for the full enjoyment of it as an expression of thoughts and ideals of an aesthetic and otherwise philosophical nature.

We all differ in intellectual capabilities, needs, and interests. Some of us are content to enjoy and understand simple musical designs, such as those of folk and other short tunes and dances, while others are eager to learn and understand all they can about the musical content and values of the most complex compositions. Moreover, our intellectual interests have to be limited to certain objectives. We have neither energy nor time to concentrate on all the fields of knowledge that the human genius has developed. A limited intellectual response to music need not mean lack of intellectual capacity nor does it always indicate a lack of interest in music. It may mean merely that a person has no incentive for that particular kind of occupation with the art.

Intellectual experiences affect the feelings. If one has the desire to add to one's knowledge of music, then each item of additional knowledge will deepen one's enjoyment. While it is true that increased skill in intellectual discrimination of musical values tends to make a person more critical and, therefore, less easily satisfied, nevertheless, growth in musical knowledge broadens our opportunities for intensive and extensive musical satisfaction.

A perceptual response usually indicates that the listener is concerned with an objective interpretation of the music he hears and that the thought associations stimulated by the experience are consciously directed by him.

Associational Responses

Music affects other mental functions besides thinking, particularly the emotional life and what are known as unconscious mental processes. These are processes of connecting or associating ideas and their emotional components that are not directed and controlled by our will, intelligence, or conscious moods, but "freely" associated. They are not really free but directed by emotional impulses and physiological conditions of which we are not aware. Our unconscious as well as our conscious thought associations affect our feelings, and vice versa, our feelings affect the linking of ideas.

This type of mental response to a stimulus is called associational response; its content is highly subjective and often emotional rather than intellectual. Moreover, the feelings called up by emotional associa-

tions often tend to overshadow the pleasure or displeasure aspects of the sensory impression.

Music produces this response when the hearing of certain sounds causes the recurrence in the consciousness of thoughts or feelings tied in the memory to these sounds. Of these mental reproductions the feelings or moods frequently arise first in the consciousness; changes of feelings will also be reflected in the associational response. When unconscious mental processes have been touched by a musical experience the hearer's feeling-tone or mood may change but he will not be aware of the reason and perhaps not even of the connection between his mood and the music. On the other hand, he may become aware, even to his surprise, of a change of feelings when a piece of music that used to inspire him all of a sudden upsets him; this could happen because it had become associated with a new experience.

Two important facts concerning the associational response must be pointed out here: (1) A musical stimulus or experience may attack us directly, and even at times cruelly, on the emotional level of mental functioning. (2) Because sensations and emotions are closely related to each other we are likely to respond to music emotionally; our subjective associations indicate where our emotional life is most vulnerable and open to music's attack and influence. In this lies much of the dynamic and cultural as well as educational and therapeutic significance of the art.

Thoughts tied to the mood evoked by the musical sounds may subsequently arise in the consciousness, sometimes immediately, sometimes much later. What has happened is that the music in such instances has activated a complex; first its emotional content, then in dynamic sequence the intellectual content or component ideas are pushed into the consciousness.

Through the process of association, the hearing of music may lead to a contemplation of the past, present, and future; it may involve persons, objects and places, events and problems of immediate proximity or far removed in space and time from the present. Depending on the emotional color of these recollections and contemplations, feelings may recur or arise which so grip and absorb us that we may become oblivious to our immediate surroundings.

It is important for teachers, leaders, and performers of music to keep in mind that apparent attention to a musical presentation on the part of pupils, co-performers, or audiences, is not proof that they are concentrating intellectually on the performance. They may, indeed, be far afield with their thoughts.

Thoughts and feelings once kindled by a certain composition may recur each time this music is heard. The nature of these thoughts and feelings, whether they concern the music itself or not, is likely to determine our attitude toward the piece. We may, therefore, like or dislike a composition for reasons that have nothing to do with its musical qualities. Whether we are aware of it or not, we frequently evaluate a piece of music on the basis of its particular associational significance. The sounds become for us symbolic of all the feelings and thoughts tied to them. For many persons the non-musical significance of a piece of music constitutes the only meaning it has for them.

By giving their compositions a non-musical literary title, composers make use of the process of association to suggest the mental pictures they want their performers and audiences to develop when producing or hearing the music. Much instruction in so-called music appreciation consists of attempts to influence the imagination by verbal statements meant to set up definite associations in connection with a composition. The fact that this kind of fantasy guidance is customary indicates that musical stimuli in themselves do not automatically provide all the associations that composers wish to evoke.

Through the process of association then, music may increase our awareness of that part of the world which lives inside of us as well as of the external world, and also of the dynamic relation between the two. The process of association under the stimulus of music may build a bridge between ourselves and our environment, ourselves and the present, but it may also break off for the moment our relation with reality and the present and may isolate us in an imaginary world and time far removed from the place and people constituting our momentary physical and social environment.

Emotional Responses

When hearing music is felt mainly as an emotional experience in contrast to one which only incidentally awakens some feelings, we speak of an emotional response. This emotional experience results in an intensification of the mood in which the person was before hearing the music, or it may cause a completely different mood.

To many people a musical composition means a message from the composer to his hearers. A composer, by giving descriptive names to his works, tries to insure that the hearers will receive and understand his message. But, as is frequently the case when reading a letter, a different emotional effect may result from the one the writer of the letter

expected. With music this is much more likely to happen because there is hardly ever a personal relation between a composer and his hearers. Furthermore, the performers' personalities, or the impressions these make, enter into the picture.

It is also said that many musical compositions possess definite "moods" and that the hearing of these pieces will evoke these moods in the listeners. Whether the mood that is awakened, intensified, or otherwise modified under the stimulus of music corresponds or is at variance with the so-called "mood" that a given piece of music is supposed to "express," depends on many factors.

First of all, the emotional impressions we obtain from a composition are affected by our condition when hearing the piece. If we feel tired, a loud and lively dance may aggravate our feeling of fatigue and depress us greatly. If we are excited, the hearing of a slow and soft piece of music may increase our feeling of restlessness and aggravate our tension. It is also possible that these musical stimuli may be emotionally satisfying because of our sensory pleasure in them or because of our feeling associations with these particular compositions; the experience may nevertheless be physically exhausting because the contrast with the previous mood is too sudden and strong. In this case, then, the music would produce two moods and both may differ radically from the "mood" the composer sought to convey. Second, the hearing of certain music may stimulate associations which our conscious mind rejects and which, therefore, provoke feelings of resentment, anger, and anxiety. We all know that music can upset our emotional balance, "throw us out of gear." A conflict that has been repressed may, under the influence of music, increase mental tension and resistance and make a person uncomfortable or aggressive. Finally, for everyone except infants and low-grade mental deficient the feelings and thoughts that during the process of growth and living become associated with certain sounds and sound structures will overshadow or all but wipe out the recollection of the original sensory impression as a response that can be observed in isolation from these other elements. Therefore these later established associational responses act as a screen which prevents the direct transfer of feelings from composer to listener through music.

Feelings and moods are not transferable physical substances which, like drugs, can be injected by mechanical devices. We have already seen that for a great many persons the hearing of music stimulates associations and that the most frequent associations are of emotional content.

Because of the prevalence and intensity of these emotional responses it is often assumed that it is the music which instills these moods and that, therefore, music can be used as a mood builder. Though there is an element of truth in this assumption, the validity of it does not stretch so far as many think. Music tends to evoke the feeling-tone or mood in a person that a previous experience has associated with it and which his momentary mental condition and disposition permit him to develop.

In addition to such a very personal type of association, there are also to be found socially determined emotional associations, for example, the feeling of reverence—or at least seriousness—that most people experience when hearing church music. This is to a great extent socially conditioned emotional association because many have been taught to respond in this way from their earliest childhood. The same is true of patriotic music and much beloved folksongs.

Thus, if we differentiate carefully as to the source of the associated feeling a given piece of music evokes we may say that many will respond to music having a definite social meaning in ways similar on the surface and generally predictable, but that the special intimate association a piece of music may have for an individual, that is to say, his “very own” feeling for this music, is not predictable unless one happens to know his first emotional association to it. It cannot be predicted, furthermore, that the emotional response a piece of music has called forth at one time will be elicited again whenever the same piece is heard.

Therapy is the utilization of a stimulus whose effect is predictable. This predictability is based on a theory as to the causes for the effect of the stimulus and the subsequent testing of that theory in order to prove whether it is correct and under what conditions. The next step is the development of a procedure, which again must be tested, to insure that the desired effect from the stimulus will occur.

These are the conditions to which the use of music has to be subjected before anyone can claim that music has therapeutic effects. The question of whether or not music has therapeutic value concerns:

1. The physiological effects of music that fall under the category of physio-motor and sensory reactions;
2. The influencing of moods or feeling-tones which, if they occur, are a combination of the physiological and associational responses of emotional content.

THE INFLUENCE OF FEELINGS ON ATTITUDES

In a very rough classification we have divided feelings into subjective sensations of a pleasing and of a displeasing nature. Now, after our

discussion of the various responses, we may summarize additional facts and some implications of the processes of our emotional life that are relevant to responses to music. Our mental attitudes of liking and disliking are often determined not so much by the simple feeling aspects of our sensations as by the more complex feelings that life situations cause us to develop. Furthermore, inherent in the mental process of feeling is a tendency to color thoughts that only by association are related to the original thoughts from which these feelings sprang. The recollection of a pleasant concert may give a pleasant tone to all the thoughts that arise in connection with this concert, as for example the color scheme of the concert hall, the people we met, the taxi in which we rode home. On the other hand, if one had once a very unpleasant music teacher or some other painful association connected with certain music, hearing that music even years afterward may give intense feelings of displeasure.

The psychological process underlying the experiences just described is called "spreading of an affect." Because feelings or affects have an inherent tendency to spread, both over a period of time and to objects or thoughts associated with the original experience, it is possible to re-experience a certain mood under the stimulus of music.

Pleasant feelings facilitate our thinking about the subjects associated with these moods; they tend to facilitate generally intellectual and muscular function, to increase eagerness and capability for acquiring knowledge and skill, and ability to do effective musical teamwork. Unpleasant feelings tend to act as barriers to effort, intellectual and other. This should be given consideration by certain temperamental music teachers and leaders who wonder why some of their gifted pupils and collaborators do such bad work and stay away from so many lessons and rehearsals.

Responses to musical stimulation are as rich in variation as human beings are different. Finding out as much as we can about how individuals respond to certain music in given situations is to make a beginning in finding out how music may be used to their advantage. Liking or disliking a given musical stimulus or experience is conditioned by two factors:

1. Qualities objectively existent in the composition and originating partly in the physical nature of the sounds, such as pitch, intensity, tone color, sequence, rhythm;

2. Subjectively ascribed qualities, derived from feelings and thoughts stimulated by and associated with the musical tone structure, and defined and evaluated on the basis of the listener's physical, emotional,

and intellectual capabilities and trends, his past experience, his present situation, and his needs.

THE PURSUIT OF MUSIC

The urge to make music is so strong in some people that singing, playing, or pursuing whatever their chosen occupation with the art may be, becomes essential for a relaxed, happy frame of mind.

Tensions of non-musical origin may also be relieved by musical expression. Amateur musicians who can permit themselves to indulge in the making of music only in their spare time, seek and frequently find a momentary relief from pressing worries and other disagreeable conditions in some form of music activity.

Many amateurs, and even some professional musicians, like to make music without having a particular interest in the art as an intellectual pursuit. That is why some very talented and successful musical performers do not wish to be bothered with the study of the theory and history of the art.

On the other hand, there are some who seem to have an exclusively intellectual interest in music, who spend a great part of their lives in listening to music and in reading and writing about it, but never touch an instrument or sing a single note. A few, but by no means all, of our music critics belong to this category of music lovers and connoisseurs. Their particular contribution to the art is their evaluation of the aesthetic and artistic qualities of musical compositions and interpretations, and furthering the public's intellectual standards of musical judgment.

Moreover, there are many friends of music who neither perform nor compose, who neither write nor make speeches about music, but who do all within their power as individuals to support the art of music, to back the work of composers, performers, music teachers, and music organizations. The indirect musically creative potentialities of these people, who keep music alive as part of our culture, are frequently overlooked, underrated, or misused; consequently their contribution of enthusiasm, understanding, and persistent unselfish service to the art is often not fully recognized as a social force.

THE RECREATIONAL PURSUIT OF MUSIC

The interaction of personality and environment determines the part music will have in the successive stages of one's life. Interest in and pursuit of the art may take different forms in various periods.

As recreation, the pursuit of music supplements the routine of living with an interest and activity which, voluntarily followed in one's spare time, enrich the pattern of living with elements of relief and encouragement, comfort and joy.

In the normal course of life, however, circumstances will change and our need for and interest in music may change accordingly. It is not uncommon for youngsters who showed in their teens a great interest in the making of music to lose that interest when reaching maturity. This is not necessarily because they have ceased to love music, but because the requirements of energetic career-building and homemaking are the natural and at times all-absorbing pursuits and goals of adulthood. Toward the end of this creative period when goals of early adulthood have often been reached, in many cases in the later thirties, energies are freed and the need for new incentives and satisfactions is felt. That is the time when many people return to their early loves. If these include music, and the earlier pursuit of the art has left a pleasant memory, the chances are that the violin is taken up once more or singing in a church choir becomes attractive.

Thus it follows that music educators and parents who wish to see their pupils' and children's initial love for music grow into a life interest and a sustaining force should take care that the early musical experiences of children are of an encouraging and reassuring nature. Musicians who wish to be successful in their work should provide thoroughly satisfying musical experiences to those men and women who, by taking music lessons or participating in musical group work, seek to attain in later life the satisfaction of some of their deepest and oldest psychical needs.

THE VOCATIONAL PURSUIT OF MUSIC

A more complex psychological relation with music develops when it is taken up as a vocational pursuit. Like that of any other professional occupation, this pursuit implies the use of music also as a means for reaching goals of a non-musical nature such as earning a livelihood and attaining professional and social recognition. The musician in the course of his life may or may not attain all these ends. His professional career may be a continuous success or may become a lifelong struggle. The situation in which he finds himself in middle or old age may be one of grim contrast with the brilliant heyday of his early professional career and be just a desperate battle against hopeless odds.

His initial enthusiastic attitude toward the art of music may have remained unimpaired or, on the other hand, the burden of his lot may

have grown so heavy that he has turned into a musical skeptic. Music, once a source of joy and inspiration, has then become an irritant, a cause of disillusionment and pain. The fact that someone is known as a professional musician does not necessarily mean that at all times in his life hearing or making music will afford him either inspiration or relaxation.

Some people are exposed daily to a great deal of music, not on account of their vocational or avocational interest in the art, but because it happens to be an element in their non-musical job situation. To this category belong employes of the music industries and businesses, and persons connected with churches, theaters, restaurants, and night clubs. A constant involuntary exposure to music during one's occupation with non-musical pursuits, though it may occasionally animate or calm, tends to dull musical receptivity, and as more than one person has said, "to make moments of silence a godsend."

MUSIC AND THE HOSPITAL PATIENT

All the points discussed thus far concerning the function of music in normal living serve only one purpose: to lay the foundation for a better understanding of the function of music in our lives at such times as we may be hospitalized.

The patient population of our hospitals today represents a cross section of the national population. It includes persons of all social, economic, and cultural levels with a wide variety of emotional and intellectual dispositions, interests, training and experience, callings and hobbies. It also represents a cross-cut of the musical interests and callings prevalent in any community.

The hospital musician will have not only to take into consideration the various aspects of the function of music in normal living discussed in the preceding sections, but also the particular function music may be given in the hospital that he is planning to serve, and in the treatment of the patients to be entrusted to his ministrations.

This specialized function will be given detailed consideration in the chapters that follow.

CHAPTER II

HOSPITAL ORGANIZATION AND FUNCTION

AS SOON as we realize that a constructive use of music for purposes of education and treatment requires a careful consideration of the situation and needs of the persons we want to serve, we have made the first step in understanding what our attitude and approach to our use of music with hospital patients should be.

The best service of which we are capable can be given when we feel at home in our place of work. We can have that assured feeling only if there is a clear understanding between ourselves and the people with whom we have to work; without it we cannot make an effective contribution to the collective effort.

TYPES OF HOSPITALS

ACCORDING TO SERVICES

Just as hospitals differ from one another in many respects because of the different purposes they serve, so the scope of music activities desirable and feasible in them varies from the point of view of the service to be rendered by music. It is practical to group hospitals as follows:

1. Hospitals of all types, except mental hospitals
2. Mental hospitals
3. Hospitals that include psychiatric departments or wards among other clinical services

In most hospitals, with the exception of the specialized institutions for the treatment of tuberculosis and other prolonged physical illnesses, the period of hospitalization for the average patient is much shorter than that for the average mental patient. Persons suffering from mental disorders represent the largest single clinical group of sick people requiring hospital treatment. Mental hospital treatment permits a more extensive use of music than the forms of treatment applied in other hospitals or hospital departments, where music is mainly used as a means of entertainment. Exceptions to this rule are the specialized

divisions or hospitals for convalescents, orthopedic cases, and children, which carry activity programs.

ACCORDING TO OWNERSHIP AND CONTROL

Hospitals are owned and controlled or sponsored by (1) the government, and as such are classified as federal, state, county, city or municipal hospitals; (2) private groups and organizations such as religious and racial groups and fraternal organizations; (3) private individuals and groups, operating either on a profit-making or non-profit-making basis.

The hospitals owned and controlled directly by the federal government include those of the Army, Navy, Air Corps, Veterans Administration, and the United States Public Health Service.

Because a hospital is an institution to which the community entrusts for medical care and treatment the men, women, and children whose health or lives are in jeopardy, the service to be rendered requires the strictest possible form of organization, distribution of authority and responsibility, discipline and order.

The legal and medical responsibility for the management of each hospital rests in the Board of Trustees or Board of Governors, or in a department of government. It is their function to formulate policies, to assume responsibility for the administration of the hospital, and to uphold its medical standards. The chief administrator is frequently, though not always, a physician.

All hospital administrators are subject to certain governmental controls vested in the official health authorities of a given community, whose business it is "to supervise the community's health and sanitation, and to reduce both morbidity and mortality"¹ and to certain professional controls exercised by such national organizations as the American College of Surgeons, American Hospital Association, American Medical Association, American Psychiatric Association, and the National Committee for Mental Hygiene.

Each hospital administrator is responsible for the management of his hospital to a government department or to the governing Board of Trustees, made up of citizens of high standing, who represent the interests of the community and who according to the American democratic conception of public administration act as liaison officers between the hospital and the community.

The administration of a hospital is concerned with two related fields of management: the professional care of the patients and the business of the institution.

¹ Colcord, Joanna C., *Your Community*. Russell Sage Foundation, New York, 1941, p. 99.

THE PROFESSIONAL CARE OF THE PATIENTS

MEDICAL SERVICE

The scope of function of a hospital is fourfold: (1) caring for the sick and injured, (2) providing educational facilities, (3) collaborating in the prevention of disease, (4) promotion of scientific research.

The functions of . . . [the] organized medical staff [of a hospital] may be summarized as follows: provision of professional care of the sick and injured in the hospital; maintenance of its own efficiency; self-government; participation in education; auditing the professional work; and furnishing advice and assistance to the administration. . . .

The professional care of the patient is the essential responsibility of the medical staff, the duty for which its members exist and around which all their activities are centered.¹

The medical staff is departmentalized in various clinical services such as medicine, surgery, orthopedics, and so forth. Each of these services is administered by a department head, a specialist in the particular branch of medicine represented in his service.

The staff of each of these departments comprises a number of physicians, each of whom is medically, administratively, and legally responsible for all treatment measures taken in behalf of each patient entrusted to his care.

Medical Superintendent or Medical Director

The chief executive of some hospitals is a physician experienced in medical administration and institutional management, who bears the title of medical superintendent or medical director. In other hospitals the general management is exercised by a layman or a registered nurse, trained in hospital administration. These bear the title of superintendent or administrator. In these hospitals, however, a physician serves as chief of the medical service.

The chief executive of the hospital is responsible to the Governing Board for efficient management, carrying out the Board's policies, and operation of the institution. He is the chief authority in all matters pertaining to the business of the hospital. The staff members are responsible to him either directly as heads of departments or indirectly through the department heads.

Among the many responsibilities of the director are: selection of the

¹ MacEachern, Malcolm T., M.D., *Hospital Organization and Management*. Physicians' Record Co., Chicago, 1935, p. 142.

department heads and approval of the appointments and discharges of personnel; organization, co-ordination, and effective functioning of the departments; and provision of the physical facilities and equipment of each department. To the director's concern belong frequently the educational and recreational activities and facilities of the hospital personnel.

Although in the larger hospitals the medical director does not take an active part in the treatment of the individual patients, for which the attending physicians are responsible, the director keeps in close touch with the medical staff concerning all medical matters in which his advice and approval are needed and with all the staff members through such direct and indirect contacts as his administrative policies require.

It is a physical impossibility for the director of a large hospital to have a continuous personal contact with all members of the personnel. Responsibility for the specialized and detailed tasks of the personnel rests with the department heads concerned.

Music is only one of the hundred-odd activities carried on in a hospital and not one of the basic items of service, such as medical care, nursing, housing, and feeding; thus, it certainly cannot receive more attention from the director than any of these basic services. Some directors will not give any attention to the music services. Others will find occasional opportunity to give the work some consideration. There are directors, even of large hospitals, who find time not only to pay close attention to the functioning of music in their hospital, but to participate as active performers in hospital music programs.

To these men who, unheralded by publicity, have done all within their power to give music a definite function in their institutions, we musicians owe a great debt. Without their initial and faithful support through many years when music as a detail of hospital routine was untried, music and musicians would not play the part in the hospital life of this nation that they do today in such increased measure.

The vision and the administrative backing of the hospital's chief executive is, of course, one of the major determinants in the use and possibilities of music in the hospital field. In some hospitals the musician will be directly responsible to the assistant director. The support and confidence of these men are powerful factors in providing the musician with the opportunities he needs.

Clinical Director

In many of the larger mental hospitals the clinical director, a highly experienced physician, is in charge of the medical treatment service and

of the in-service training of the personnel. His responsibilities include: "(1) The maintenance of a high standard of psychiatric performance. (2) The creation and co-ordination of as extensive a teaching program as the resources of the hospital will permit."¹

He is the psychiatric and educational leader of the staff and is in administrative charge of the instruction of the hospital personnel in the class, conference room and ward, and of the instruction of students who need practical experience in psychiatry.

Wherever the clinical director conceives the work of the hospital musician to be an integrated detail of the medical service, the musician's activities gain in practical effectiveness. Not all hospitals have a clinical director and not all clinical directors feel concern about the use of music in the institution, but an interested executive in that position may arrange for the participation of the music worker in courses, lectures, in case studies and other treatment studies, and in staff meetings, which will advance his technical understanding of the work. The clinical director can authorize and facilitate the musical group work of patients from various hospital divisions. He may also arrange for the training of apprentices in hospital music work.

Medical Staff

The practical task of the medical staff is to diagnose or determine the nature of the patients' illnesses and to prescribe and supervise the general and specific treatment measures to be applied in each given case.

Wherever these treatment measures include activities carried on in behalf of and with the patients, such as occupational and recreational activities and music, assignment of the patients to these activities and medical evaluation of the results of their participation are the prerogative of the medical staff. This all-important fact, which cannot be stressed too often, will be discussed in Chapter IV, Integration of the Music Program into the Hospital Service.

The medical staff is assisted in the care and treatment of the patients by a number of professional hospital workers, each specialized group of which functions as a technical department. These technical departments include among others those of nursing, psychology, social service, chaplain's service, and occupational and industrial therapy.

¹ Bryan, William A., M.D., *Administrative Psychiatry*. W. W. Norton and Co., New York, 1936, p. 244.

NURSING SERVICE

The hospital nursing service is administered by the director of nursing who, as a rule, is also in charge of the institution's School of Nursing Education, whenever such training is given. The director is assisted by several supervisors of nursing or head nurses, who direct and control the work of the nursing personnel assigned to the various services and wards of the hospital.

This personnel is classified as follows: (1) graduate nurses, who have completed the prescribed three-year course of nurses' training and passed an examination set by a State Board of Nursing Education; (2) undergraduate nurses, who are students in the Nurses' Training School; (3) orderlies and attendants, who have not received a full technical education in nursing, but who in many hospitals are given a short in-service technical training for the performance of their tasks.

The student nurses are trained in schools of nursing. These schools are either a part of the Nursing Department of a hospital or are independent educational institutions, affiliated with various hospitals. In the latter case they are frequently departments of institutions of higher education.

The faculty of a school of nursing education is headed by a director, who is assisted by a staff of instructors, including physicians as well as nurses, and lecturers in special fields of technical significance for the professional education of the nurse.

"In contributing to the personal comfort of the patient the nurse does almost as great service in promoting recovery as she does in the actual administration of treatment. . . ." ¹ She has a definite and painstaking task to perform in the various kinds of treatment. Within the scope of her professional function she has also the practical supervision of the patient's daily routine of living. She is the friend and comforter not only of the patient, but frequently of his relatives and friends. A good nurse is a congenial companion as well as a strict disciplinarian.

She is often in charge of a great number of patients, many of whom are in a serious condition requiring constant minute attention, while others, in a better state but not too well disposed, are often inclined to demand continuous attention. The ward nurse has the responsibility of carrying out prescribed treatments and keeping physical and social order in her division. In addition, she has to keep a detailed record of her technical observations on her patients' condition.

¹ MacEachern, Malcolm T., M.D., *Hospital Organization and Management*, p. 381.

This close professional contact with the patients makes the nurse a source of knowledge and information about the patients of great practical value to the hospital musician. Earning the good will and cooperation of the nursing staff is essential for the success of the hospital musician's work.

PSYCHOLOGICAL SERVICE

Some hospitals, particularly mental hospitals, have a department of psychology, which has a variety of functions including mental testing, vocational testing, clinical psychotherapy under psychiatric supervision, study and application of child-play therapy in children's hospitals, bibliotherapy and psychological guidance of the patients' reading, selection of personnel and patients for the Department of Occupational Therapy, research in the physio-psychological aspects of behavior. The professional education of a hospital psychologist requires a full college training and graduate specialization in normal and abnormal psychology and mental testing.

The hospital psychologist is a valuable source of practical information for a hospital music worker on the patients' mental aptitudes and other personality traits. Frequent consultation with him will prove very helpful to the musician in planning and working out musical tasks for the patients within the reach of their mental capabilities.

SOCIAL SERVICE

The personnel of the Social Service Department comprises a director and, according to the size and facilities of the hospital, a number of social service workers.

The purpose of medical social work in the hospital is to obtain and apply such understanding of the patient as will enable the institution, the physician, and other agencies concerned to comprehend and treat his illness more effectively. . . .

Hospital social service is concerned with anything that the patient may need to further his recovery. In other words, it is service to the total personality of the patient insofar as this service is needed to promote health and welfare. . . .¹

In the mental hospitals the Social Service Department is a division of the psychiatric service. The hospital social service worker, a highly trained specialist, is a liaison officer between the patient, his family

¹ *Ibid.*, pp. 539, 540.

and the community on the one side, and the hospital administration on the other side.

The hospital social service worker secures information concerning the medical, social, and economic history of the patient. She studies also his cultural status and interests and plans for social service treatment of both patient and family when needed. The treatment concerns the development of the patient and his potentialities for different levels of adjustment. It is worked out in interviews and conferences with him and with his family for purposes of education and re-education.

As a liaison officer between the hospital and the community the social worker will assist the patient and his family further in his re-adjustment in the community, if need be through a system of "after care" or post-institutional supervision.

The Social Service Department is an important source of information, orientation, and assistance to the hospital music worker. He should not fail to establish a live working relationship with the staff of this department.

CHAPLAIN SERVICE

In many hospitals a chaplain is in charge of the institutional religious services and attends to the spiritual welfare of the patients. This makes him a valuable source of information on the patients and their needs. Frequently the chaplain includes among his tasks the management of the institution's social activities such as patients' entertainments. Hence, there are many opportunities for fruitful collaboration between the chaplain and the hospital musician.

THE THERAPIES

The hospital patient receives two types of related treatment, general and specific. General treatment comprises all the measures taken in behalf of the comfort and well-being of the total patient population in distinction to specific treatments, which are medical measures prescribed by the medical staff in behalf of individual patients. "The specific treatments of the patient resolve themselves into four classes: medicinal, surgical, dietary, and those afforded by the adjunct facilities."¹

It would be complicating the essential purpose of this handbook to develop each aspect of all therapeutic approaches and general and specific treatment measures practiced in the hospitals. Only the general

¹ *Ibid.*, p. 381.

aspects of some of the major measures of treatment will be discussed, in which the function of music and musicians may be considered to be of some significance. For this purpose the following therapeutic procedures will be considered: physiotherapy in relation to orthopedics; psychotherapy; occupational therapy, a system of medically controlled patient activities for remedial purposes; and industrial therapy.

The interaction of the physical and mental functions causes physiotherapeutic measures to have besides physical effects mental effects, and psychotherapeutic measures to have both physical and mental effects. In therapeutic occupations both types of therapeutic procedures are given correlated application.

Certain treatments consist of things done to the patients like surgical operations, medication, and exposure to ultra-violet rays. These can be applied, if need be, without their active co-operation. There are other treatment measures that do not consist only of things done to the patients but which may, and in many instances do, require their active co-operation, hence comprise also things done by the patients. These treatment measures to which belong the therapeutic occupations may involve not only their physical and mental co-operation, but also social participation. They include activities interesting to the patients, keeping them occupied in ways that from the medical point of view will further the normal functioning of their physical and mental powers. To this group of treatment measures belong the hospital music activities.

Physiotherapy

Physiotherapeutic procedures, also called physical therapy, include, among other techniques, muscular training, therapeutic exercise, gymnasium therapy, and hydrotherapy. These treatments are medically prescribed and controlled and applied by professionally trained technicians, called physical therapists.

Physical therapy . . . has become recognized as one of the most valuable adjuncts in the treatment of selected diseases and pathological conditions. . . . The results of the therapeutic procedures are seen most markedly in orthopedic and fracture surgery. By the use of physical therapy, muscle function is maintained until its return to normal; during enforced periods of rest, joints are prevented from stiffening and muscles and tendons from contracting. Continued or permanent disability is thereby avoided.¹

In many hospitals music is used in physiotherapy as a stimulus of the patient's impetus to exercise his muscles according to specific

¹ MacEachern, Malcolm T., M.D., *Hospital Organization and Management*, p. 344.

treatment needs. In this treatment music is applied as a muscular as well as a psychological stimulus. In the Army hospitals music is used in medically prescribed physical exercise.

Psychotherapy

The *psyche* is the mind. In modern psychiatry the *psyche* is regarded in its own way as an "organ" of the individual. . . . The mind, like all other organs of the body, has its own local functions and those functions that are intimately associated with adjacent and distant organs. It is like the cardiovascular system in that it reaches all parts of the body; it also serves to adjust the total organism to the needs or demands of the environment.¹

Psychotherapy [is] . . . any measure, mental or physical, that favorably influences the mind or psyche. Usually, however, the term is applied to measures that are associated with the amelioration or removal of abnormal constituents of the mind.²

The psychotherapeutic value of the use of music in mental treatment is conditioned by the measure in which this application helps to normalize in specific instances the functioning of a disordered or diseased mind. The technical implications of this specialized use of music will be discussed in following chapters.

Psychoanalysis

Psychoanalysis is one of the psychotherapeutic techniques in which music can be used to good advantage. It concerns "the separation or resolution of the psyche into its constituent elements."³ As a method of psychotherapy, it aims to lead a person by means of a painstaking educational process to solve his mental conflicts and live on a constructive cultural and social level. Psychotherapy, including psychoanalysis, involves the psychological interaction of the therapist and only one patient.

Group Therapy

Recently a form of psychotherapeutic treatment, called group therapy, has been tried. This is a procedure in which the therapist or person put in charge of the activity functions as the psychological leader of a group of patients or persons with the aim of causing the

¹ Hinsie, Leland E., M.D., and Shatzky, Jacob, Ph.D., *Psychiatric Dictionary*. Oxford University Press, New York, 1940, p. 437.

² *Ibid.*, p. 450.

³ *Ibid.*, p. 439.

activity to normalize the psychological and social functioning of each member of the group and of the group as a social unit.

The activities organized to this end comprise lectures, discussions, and other group activities, which tend to stimulate common modes of thinking, feeling, and behavior and to provide incentives and opportunities for socially and culturally mature group life.

In its application to hospital treatment, group therapy is therefore also a method to strengthen the morale and the group spirit of the patient population. By co-ordinated medical and musical direction patient participation in musical group activities is being made a practical technique of hospital group therapy.

Occupational Therapy

Occupational Therapy is any activity, mental or physical, prescribed by a physician for its remedial value. It is recognized by the medical profession as a valuable adjunct in contributing to and hastening recovery from disease or injury. . . . The doctor's prescription based on physical, mental and emotional factors, controls the selection of occupations, and the treatment is carried out by technicians called occupational therapists.¹

The activities of the occupational therapy program include: therapeutic arts and crafts (design, leather, metal, plastic arts, textiles, and wood); educational therapy (adult education, fine and applied arts, home economics, hospital library management, and primary and secondary education); recreational therapy (dramatics, gardening, music, physical education, social recreation).

In Occupational Therapy those simple occupations are regarded as diversional which are given primarily for the amusement and distraction of the patient himself, "in which simple processes are used to occupy the fingers and divert the mind of the patient from his or her condition, surroundings, etc. Here it is largely a question of morale."²

Occupational therapists are specialized technicians, trained in professional schools of occupational therapy. In order to be approved and registered, occupational therapists have to meet the requirements of the American Occupational Therapy Association, which is affiliated through a liaison committee with the Committee on Medical Education and Hospitals of the American Medical Association.

¹ The Occupational Therapy Yearbook, 1945, p.v. An official publication of the American Occupational Therapy Association.

² Hinsie and Shatzky, *Psychiatric Dictionary*, p. 525.

Most schools of occupational therapy include in their curricula of theoretical and clinical training practical orientation in the recreational uses of music only. However, many of the trained occupational therapists have musical abilities, be it as performers, teachers, or leaders, which enable them to carry on a well-planned music-activities program with the patients as a part of the general program of occupational therapy.

Music is classified and applied in many hospitals as a form of occupational therapy under the administrative supervision of the head of the Occupational Therapy Department.

The American Occupational Therapy Association has published from its very beginning many articles on music as an occupational therapy and hospital activity in its official professional magazine: *Occupational Therapy and Rehabilitation*, formerly *Archives of Occupational Therapy*.

Wherever an Occupational Therapy Department is in charge of patients' activities, musicians will find a sympathetic group of professional hospital workers whose practical objectives and contacts with the patients are closely allied with those of the musician.

Industrial Therapy

Work is a part of reality—interest in it brings the patient back from his world of phantasy into contact with his surroundings. It is substitution therapy.

While mental hospitals have always utilized patients in their industrial activities, there has been a distinct line of demarcation between occupational and industrial therapy. The former has been primarily an application of the crafts, and trained therapists have not been greatly concerned with what should be the real goal of all occupational treatment—a useful industry that fits the patient to become a contributing member of the hospital or general community. A feeling has developed, not expressed but implied by attitudes on the part of many therapists, that industrial work is not occupational therapy. This is a narrow viewpoint and one which should be corrected by educational institutions which instruct occupational therapists. Any form of work is therapeutic and must be classified as such.¹

Industrial occupation may include any kind of utilitarian activity, from non-skilled labor to specialized professional work, in which the patient was engaged before the onset of his illness and hospitalization. It also pertains to any systematic work in which the patient may be instructed and engaged during his hospitalization that contributes to

¹ Bryan, William A., M.D., *Administrative Psychiatry*, pp. 184-185.

the economic upkeep of the institution and to the welfare of the hospital population of which he is a member.

From an administrative point of view patient participation in a hospital music program assumes the status of industrial occupation as soon as this participation is organized and scheduled as routine service, not rendered during leisure hours; like playing the piano for dances, physical exercises and chorus rehearsals, and assisting in the teaching and coaching of other patients.

It will be seen from the foregoing statements that occupational and industrial therapy overlap in scope of activities and that the classification of these activities as occupational and industrial depends to some extent on individual interpretations.

OTHER HOSPITAL SERVICES

There are two departments not directly engaged in the professional care of the patients but contributing to the essential service of the institution, with which the hospital musician may have some contact. These are the Business Office and the Women's Auxiliary Committee.

BUSINESS OFFICE

In most hospitals carrying a music program the musical equipment and supplies, as far as these are not obtained by donations, are purchased like all other materials through the business office. Further details will be found in Chapter IV.

The business division of the hospital organization, which is sometimes under the control of a business manager, embraces certain departments which do not directly contact the patient in rendering professional service, but which indirectly are of vital importance. These departments may be classified in two groups: those concerned with the strictly business affairs of the hospital; and those responsible for maintenance of the building, grounds, equipment, and furnishings. The first of these includes the business office and the accounting department under which is placed the department of purchase and supply. In addition, there may be included the telephone and information services. The second group, often referred to as the service departments, includes mechanical, maintenance, housekeeping, and laundry. Since all these are directly concerned with the business organization they are usually placed under control of the business manager in hospitals which are sufficiently large to require such an assistant to the director. In the smaller hospital, it is necessary to combine various departments.¹

¹ MacEachern, Malcolm T., M.D., *Hospital Organization and Management*, p. 661.

WOMEN'S AUXILIARY COMMITTEE

In addition to the personnel directly under control of the director and the medical staff working in collaboration with him, there may be certain adjunct groups established by authority of the governing body and working for the general good of the hospital. . . .

The purposes and activities of the women's auxiliary result in rendering service to the hospital in two ways, by the intangible benefits of community relationship and by the work which is actually performed or the funds which are raised.¹

The Women's Auxiliary Committee is composed of philanthropically minded women of social standing. They contribute a great deal of their time and energy to provide ways and means to increase the efficiency of the hospital service.

Inasmuch as hospital budgets do not permit, as a rule, extensive expenditures on music services and supplies, many an institution owes to the active interest and ardent support of its women's auxiliary committee the opportunity to include music as a regular feature in its patients' welfare program.

For a further clarification of the function of music and of the musician in the hospital organization the following chapter will present an outline of the actual music-activities program.

¹ *Ibid.*, pp. 109, 110.

CHAPTER III

THE HOSPITAL MUSIC PROGRAM

GENERAL AIMS

The general objective of any hospital music program is to provide the patients with pleasurable musical experiences of a comforting and encouraging nature. This implies that all hospital music activities should be selected and performed in a way to invite the interest and active participation of the patients.

PARTICIPATION

A hospital music program may provide two types of patient participation, passive and active. Opportunities for passive participation as onlookers or listeners are offered, for example, when entertainment is provided by skilled performers. Opportunities for active participation are offered when patients are encouraged to take part as singers or instrumental players, as students or teachers in music activities organized and operated under skilled leadership for that purpose.

Whether a patient shall participate either actively or passively in any music program does not depend on his belonging to one or another diagnostic group, but on the permission of the attending physician who, on the basis of his knowledge, seeks for the patient a definite result from such participation. Patients of various diagnostic classifications but with related treatment needs may be assigned to the same activity. One reason for participation by a patient is his active or dormant liking for a given activity. Participation in musical group work of advanced types obviously requires certain technical qualifications.

TREATMENT GOALS

In hospitals where the music-activities program is carried on under medical control, the musician in charge of these activities will be required to work with designated patients for definite treatment goals indicated by the physician. These may be of a physiological nature and concern, for instance, the improvement of muscular function and an increase of physical endurance and perseverance in the practice of controlled bodily movements.

The psychological goals toward which the hospital musician may be expected to strive are generally to be defined as follows:

1. Arousing and strengthening interest and participation of the patient in pleasurable aesthetic activity associated with normal life, thereby reducing his opportunity and inclination to surrender to the depressing influences of idleness, boredom, and preoccupation with abnormal and harmful thoughts.

2. Encouraging less capable patients to a similar interest and participation in a normal and pleasurable pursuit, thus facilitating the release of emotional tensions and providing immediate satisfactions. These results are an essential first step toward the elimination of unhealthy modes of thinking and abnormal conduct, and the resumption of a normal thought production and socially desirable ways of behavior, which may eventually lead to intellectual self-control. To bring a patient from despondent self-contemplation to concentration on subjects of beauty and good cheer within his reach, however incapacitated he may be, is sometimes the major objective to strive for.

3. Within the limits of the patient's musical interest and power of musical production, the music worker should always encourage the patient to seek for or express the beauty of music. Helping the patient to make the best possible use of his musical capabilities should include the widening of his musical horizon and his practical contacts with the art; strengthening his musical discrimination and enriching his taste; developing his self-reliance and his impetus to produce music himself, no matter how simple.

At the same time the attractiveness of the art should never be marred by demands made on him beyond his musical capabilities. In all work with hospital patients artistic goals should remain subordinated to treatment goals. Sometimes pathological and unsocial trends cause patients to indulge in exhibitionistic antics or kindred demonstrations of inferiority and deterioration. Such expressions should never be tolerated, even if in a musical form they have some resemblance to artistry. Only when music activities develop and strengthen normal behavior of patients can music be said to have a constructive function that justifies its being included in any hospital treatment program.

It should be remembered that illness and weakness, pain and discomfort tend to increase the urge toward self-protection and may aggravate a trend toward self-centeredness and unsocial behavior. Although many hospital patients will be found pleasant persons to deal with in whatever physical or mental condition they may be, there are others who, on account of a fundamentally unpleasant character aggra-

vated by illness or weakness and discomfort, are extremely critical and unco-operative in their attitudes.

One of the tasks of the hospital musician is to see if he can improve, even momentarily, the emotional disposition of these "difficult" patients by relieving through his work with them some of their tensions and lessening thereby their aggressiveness. An intelligent patient can often be helped to counteract his unsocial impulses by the assertion of his will to co-operate.

From a socially educative point of view the objective of all hospital music-making by workers and patients alike should be to contribute to the well-being and cheer of others. In this way all musical activity, whether through individual or group effort, becomes an act of good will and co-operation.

THE MUSIC ACTIVITIES

FLEXIBILITY OF MUSICAL OBJECTIVES

The growing skill of composers and the increasing complexity of their works has produced an artists' repertory which can be performed only by highly talented and skilled musicians. Theirs is the only music the public wants to listen to in the concert hall, the theater, or on the phonograph and radio.

In contrast to such virtuoso music, which is produced with a listening audience in mind, amateur music of a technically less complex type produced by musicians who are not so highly skilled and have not unlimited time and energy to spend on the practice of their art should be performed for the inspiration and satisfaction of the performers themselves and not aim to compete for an audience with the repertory and performance of musical professionals.

Still, amateur music-making is vital and needed, because on simpler levels it is a skill the practice of which can offer to many a genuine music lover an intimate, live, and active contact with music, giving shared enjoyment and expression to his appreciation of music.

Professional musicians always constitute only a small minority of the patient population of any hospital, most of whom will be musically unskilled. A patient-activities program, in order to be successful, should therefore be conducted within the limits of the understanding and skills of the participants. In other words the program must be constantly adjusted to the needs and possibilities of those whom it hopes to benefit. Musically talented patients, however, whose condition permits, should be invited to take part in hospital programs—not to show off

as prima donnas but to support the common effort. Underlying all music activities in which patients are encouraged to take part is the principle that whatever a patient can do himself with music is of greater remedial value than what is done for him musically by others.

TYPES OF ACTIVITIES

A music-activities participation program for hospitals may comprise vocal and instrumental work, rhythmic and dancing; planned opportunities for listening and for the study of music; musical theatricals; music for social activities, including religious services and other ceremonies.

Vocal Activities

Group Singing

Not everybody is gifted as a solo singer, but almost everyone who has a speaking voice and who can hold a tune can derive a great deal of satisfaction and inspiration from participation in group singing.

Compared with instrumental playing singing is a simple matter. It can be enjoyed without technical preparation by patients whose condition permits very little energetic effort. Group singing is one of the few music activities that can give patients of the most varying levels of physical and mental development and culture the opportunity to do something collectively that affords immediate satisfaction and gives a feeling of social well-being.

The trouble with much institutional group singing in the past has been that it was often overdone by too frequent and prolonged song sessions, and that it was badly managed by leaders who either regarded community song leading as something beneath their dignity or who did not know how to make it an inspiring as well as musically gratifying pastime.

The most effective song leader the writer ever met was a man who went about his business in a very informal and simple, though principled and engaging way. He did not use songbooks or even an accompanist. He sat among his singers and decided with them what was going to be sung. He then began to sing in a soft voice. He did not indulge in any physical leading such as is done by armswaying, foot-stamping, and yelling. He just sang. It was his intimate knowledge of the song, his belief in its message and beauty, his desire to be a stimulating member of the group, and his convinced and heartfelt way of expression which made him a compelling, inspiring force, a real leader.

At times he would introduce a song not known by the group. He would recite the text slowly with a great deal of feeling. Every word he spoke was significant. Then he sang. Everybody listened attentively. When he sang the song a second time one could not help joining in, softly and carefully. To repeat the song with everyone singing was the most natural next thing to do. It was astonishing how in a few minutes the group not only assimilated the text, the tune, and the meaning of both, but was able and inspired to give full expression to its message in a deeply felt and truly musical collective rendition.

In this example is contained the essence of all true musical leadership: a wise selection of material, authoritative knowledge, aesthetic conviction, and reassurance of the performing group by an inviting and encouraging method of presentation.

The use of accessories to singing, such as accompaniments, song-books, song slides is not only useful but often essential, especially when dealing with groups not used to collective singing. However, the crux of all group singing consists in the songs themselves, the methods of leadership used, and the hearty teamwork of all participants.

Song meetings can be held either indoors or outdoors on the lawn. The occasion may be an informal one, such as singing in the wards after supper, or formal, as an adjunct to religious services, ceremonies, and concerts. Group singing can also be used as an effective and encouraging filler-in between numbers at social parties and entertainments generally.

In arranging programs, which should always be done as much as possible with the help of the participants, care should be taken to have the selections of such various types that everybody shall have something to suit his particular taste. It may be well to use for this purpose a variation of song types and to alternate slow and quick, soft and loud songs. Of proved popularity and usefulness are selections of a preponderantly rhythmical nature, and songs more particularly expressive of feelings and ideas, such as are found among the folksongs and ballads of many nations, including American lyrics and easily singable popular songs. Some of the beautiful lyrical solo songs of graceful melodic lines and relatively small vocal range do well as appealing group songs.

Part singing should always be encouraged. If a group shows any inclination and ability for harmonizing, instrumental accompaniments should be reduced to a minimum. This will be helpful in strengthening the harmonic self-reliance of part singers.

On the other hand, reliable instrumental accompaniment may be at times just what is needed to give the singers an encouraging backing.

It may be of any instrumental type from a single violin, accordion, or portable organ up to a grand piano, organ, orchestra, or band.

Loud, overpowering accompaniments should always be discouraged, and inefficient, stumbling accompanists eliminated. It is better to do without, because unrhythmical, sluggish, and faulty accompanying tends both to crush the spirit of the singers and to mar their vocal efforts.

It may be occasionally feasible to organize some of the patients and members of the hospital personnel in regular choirs and choral clubs. Whenever there is opportunity to use available talent in these types of advanced vocal group work, the fullest possible use should be made of it. Such choral groups must never be encouraged exclusively or at the expense of the general interest in community singing, for the hospital population as a whole should have their full share of the invigorating musical experience that plain, well-directed community singing affords. There is need and room for several levels of musical expression. Frequently the impetus for more advanced work develops out of simpler attempts. This indicates real and healthy growth. Good and substantial music programs are not developed overnight; especially is this true in hospitals where music for and by the patients is a new enterprise.

Excepting final choral and choir rehearsals, vocal group sessions should not be extended beyond thirty or forty-five minutes. During these sessions the main business of the leader should be to keep the group singing. No time should be lost in speeches and discussions, nor by any prolonged attention to individual participants. If the latter is necessary, private sessions are in order.

Individual Instruction

For psychological as well as musical reasons private vocal work with individual patients is sometimes helpful. Some patients need special attention from the leader in order to overcome real or imaginary handicaps. Shy or reluctant persons who, nevertheless, like to sing and for whom it would be good to indulge in a little singing are likely to make a real effort and will overcome their shyness, once the personal encouragement of a leader in whom they have confidence sets them going. Even patients without vocal gifts, but with a great desire to sing, may be encouraged to do so if singing would help to give them self-assurance and a needed objective.

There are also persons with speech defects who would be helped by a certain amount of vocalization, supposedly for musical purposes. Some inhibitions may thus be modified or even overcome which, by creating

psychological barriers, are often the cause of speech difficulties. Others, musically inclined but subject to introspective brooding, can sometimes be led to less self-centered thinking when they are steered toward emotional self-expression in vocal practice and when their imagination is given aesthetic satisfaction by the singing of beautiful songs.

Work with individual patients is also useful for other reasons. Convalescence is often accompanied by renewed impetus to take up old interests or to learn new things. Thus there are patients who would like "to pick up again vocally where they left off" and who should be encouraged actually to resume vocal exercises. Others should be helped to acquire desired skill in note-reading and sight-singing, or to extend their repertory by being coached in new songs. These activities serve as bridges leading from the hospital to the community type of living. All this work can be stimulating and helpful in many ways. Care, however, should be taken that it does not inflate those fantastic and unreasonable hopes of a future career which too often possess the vocally ambitious person. The number of self-appointed future Metropolitan Opera stars is astonishingly great.

Once more it needs to be said that emphasis should always be given to the beauty of the art and to the responsibility of each participant to make as beautiful music as lies within his power, rather than to exploit the art for glorification of the self.

Instrumental Activities

A person who wants to sing has no choice of media. The only instrument available to him is a part of himself. Anyone who wants to play an instrument has a wide variety to select from. The choice may be influenced by a number of factors, such as the example of others, preference for certain tone color, ease in manipulation of an instrument, the music that can be produced on it, its availability, and access to a teacher. There are persons who have taken up the practice of an instrument mainly because a parent, a teacher, or a conductor has told them to do so, and once started they continue playing it for the rest of their lives. Others have disliked to practice and have become discouraged or have stopped because a cherished teacher dropped out; or because of the pressure of other interests and pursuits. Deep in their souls, however, many desire to begin again. Finally, there are the people who always wanted to play a certain instrument but never got around to it.

All these varieties of players and would-be players are to be found among our hospital patients. Whenever it becomes the job of the

hospital musician to search out the active or slumbering musical interests of patients and to use these for purposes of treatment, he may make interesting discoveries and find out that he has opportunity to carry not only a lively vocal program (always easier to develop) but also a varied number of instrumental activities. Occasionally a patient will own his instrument and have it with him in the hospital. Other patients have to depend on whatever the hospital can provide in the way of guitars, flutes, violins, or other instruments.

During the recent war the Army hospital service has seen to it that, through its own efforts supplemented by the American Red Cross, the National Federation of Music Clubs, and other organizations, its hospitalized service personnel has been given the use of thousands of instruments, ranging from harmonicas, ocarinas, ukuleles, accordions, and guitars to regular band and orchestra instruments and even pianos. Moreover, the Army and its auxiliaries wherever possible have provided music instructors to assist patients in learning to play. And again it was proved, not in a few instances but in hundreds of cases, that even the most primitive instrument and the simplest type of music-making can be very valuable assets musically and otherwise in hospital treatment.

The Outline of Program of Music in Reconditioning . . . as adopted in Army General Hospitals in Continental United States¹ under the heading "Personnel," stresses one factor that should be mentioned at this point, namely, that "The success of the program lies largely in the vision, initiative, adjustability, co-operation, willingness and musicianship of the personnel assigned to music. Care is taken in finding the right men for this work."

What holds good for Army hospitals in this respect counts equally for civilian institutions. Hospital service offers ample opportunities for "musical prospecting" but a musician with imagination and interest in human beings is needed to detect and bring out the music living in the hearts and souls of patients. In instrumental activities such work often requires a great deal of ingenuity, skill, and patience.

Instrumental Group Work

The Rhythm Band. The simplest form of instrumental group activity is rhythm band work. The instrumentation of a rhythm band includes bells, cymbals, cloggs, double castanets, rhythm sticks, sand blocks,

¹ See National Music Council Bulletin, January, 1945, for a reprint of this Outline as of September 25, 1944.

tambourines, and triangles. These percussion instruments can be manipulated by simple hand movements in co-ordination with the rhythms of selections performed on a piano or used as an accompaniment to music provided by a phonograph or radio.

Depending on the leader, rhythm band work can be made musically a highly instructive and satisfying experience.

Like singing, it not only permits physically and mentally able persons to participate in a simple and engaging form of ensemble music-making, but it offers interesting and pleasurable musical occupation to persons physically and mentally incapacitated.

Small Instrumental Ensembles. The number and variety of small instrumental ensembles feasible in a hospital depends only on the number and variety of instrumental players available at a certain time. Patients come and go, get worse, get better. Their ensembles may be therefore short-lived, but even if they last only a couple of days they can do a lot of good.

When as few as two players get together an ensemble is born. Its instrumentation may comprise a banjo and guitar, a violin and an accordion. The players may be able to play from notes, and they may not. That does not necessarily mean that their music is any better or worse. The main asset in each case will always be the natural musical sensitivity and ability of the performers.

Players should be given opportunity and encouraged to experiment together at a safe place, which means outside the hearing radius of people not participating in the musical exercises. If the players are sufficiently skilled or can be developed into tolerable performers, they should be invited to make the rounds and entertain some of the patients able and willing to enjoy the offerings. If occasion permits, the players may be joined by a few singers.

By no means should this type of music-making be limited to patients only. Some effective music is made occasionally by mixed groups of patient and personnel performers.

The spontaneous and frequently spirited performance of such bands of strolling minstrels, together with the informality and casualness of proceedings, will often be more appreciated than the formal entertainments provided by visiting professional talent. The offerings of the home talent, even when not comparable in musical perfection with those of some visiting professionals, are always likely to be welcomed. Such spirited expressions of musical good will on the part of the "home gang," strengthen the "we-feeling," the sense of belonging, so important to the comfort and happiness of those who must share for the

time a rather close community life with all kinds of people never met before.

Bands and Orchestras. In some of the larger institutions, more particularly in mental hospitals where the population fluctuates comparatively little, there is sufficient instrumental talent among patients, and sometimes among personnel, to organize a small band or orchestra. These organizations usually consist of from eight to 15 people, and comprise some clarinetists, cornet and trombone players, an occasional saxophonist, a trap drummer, a double bass player, a few fiddlers, a pianist, and any other type of instrumental player who happens to be around. These ensembles are mostly make-shift organizations doing the best they can. Basically they are bands which are given the title of orchestra as soon as their membership can boast of a few string players. Often the performers are of modest or mediocre attainments. Nevertheless these groups often make a real contribution to the hospital environment by performing at dances and other social gatherings.

Individual Instruction in Note-Reading and Playing

However, some of the instrumental players may be rusty in their ability to read notes and to handle their instruments and hence the life of many a hospital instrumental ensemble may depend on the amount of private instruction the leader can give to the weaker members of his group. As in the case of choruses and choirs, the time set apart for ensemble playing should not be spent on the coaching of individuals. This causes too many tedious "waits" for the group as a whole and tends to discourage the better performers.

Performance from scores requires, of course, a certain proficiency in note-reading. This again may call for special instructional sessions with beginners.

The value of the teaching of note- and sight-reading, however elementary a chore it may seem to many an ambitious ensemble leader, should not be underestimated. The most hesitant and awkward first attempts to acquire new knowledge and skill represent a fresh start, the widening of a horizon, and may become a badly needed new objective to live for. In the matter of technical development the learning of note- and sight-reading is a "must." It may also constitute a desirable exercise in intellectual concentration and self-control—especially for musically sensitive patients in need of an occupation within the orbit of their emotional interest.

Since intellectual effort and mental self-discipline require frequently an unusual expenditure of mental energy, care must be taken by the

music instructor that lessons and practice periods shall not be carried beyond the limits of the individual patient's physical and mental endurance.

For that reason rehearsals should be short, at most not longer than one hour, and private lessons may even have to be limited to a few minutes.

The Piano, Portable Organ, Accordion, and Autoharp

Of particular usefulness for hospital music activities are the piano, the portable organ, and the accordion. On account of their tone qualities, they are not only practical as solo instruments but very effective for enriching and strengthening the tone volume and the bass of small vocal and instrumental ensembles.

Of this group of instruments the piano is, of course, the most essential and best liked. Every hospital music leader should be able to play and teach the piano. Without that skill he cannot do good work.

The portable organs now on the market are aesthetically respectable musical instruments. Their tone color blends well with the human voice and particularly with the smaller wind and stringed instruments. When portable miniature pianos are not available, the less expensive folding and lightweight organ is a most effective substitute.

The accordion is a band in itself. Its musical values are better understood and exploited today than ever before. It is less flexible than the portable organ but it has more "punch," is louder, and is particularly effective as a stimulus to muscular impetus, one that makes some dreamers even jump up and dance.

A smaller stringed instrument that has of late been given a special function in hospital music work is the autoharp. It is a kind of zither, from which the player evokes tones and harmonies of the ethereal soft color of the wind or aeolian harp. It can be used either as a solo instrument or for accompaniment, and can be taken to the private room and to the bedside of patients who should only be given the softest music to listen to. Some patients are delighted just to strum its strings.

Materials

It can be easily understood that the standard printed books and sheets of vocal and instrumental ensemble music may not always be suitable for hospital purposes. A good leader should be capable and willing to make arrangements fitting the most unorthodox combina-

tions of instruments and voices, adapted to the capabilities and limitations of his particular patient groups.

Selections should be short and varied, representative of the older as well as of the newest standard repertory, and should always contain a goodly number of pieces asked for by the patients.

Only experienced choral and instrumental leaders should undertake and be put in charge of this type of work, for only they can develop performing potentialities of patients. Experienced leaders will know best what material to select and how to obtain it. There is an abundance of music materials of all needed kinds on the market. Even an elaborate listing would do an injustice to the many excellent selections not included. A short list would be futile.

Rhythmics and Dancing

It has been said in the first chapter of this handbook that music will incite to motion in rhythmic synchronization with the sounds. Now the dynamic influence of music on our muscular output of energy will be discussed for its treatment values, particularly in physical reconditioning of patients who need to regain their impetus for and mastery over their muscular functioning. It is of particular importance to realize that music should never be applied as a stimulus of muscular effort in the treatment of orthopedic and cardiac cases without specific medical prescription and constant medical check-up because there are many such cases in which medically uncontrolled muscular and emotional stimulation and excitement caused by music will set up tensions and incite to motions that prove injurious to the patient.

Although the same warning would be in order concerning the arbitrary use of music in many other cases of illness and infirmity, it is particularly necessary to sound this warning in regard to the use of rhythmics and dancing as patient activities because these pursuits require the robust functioning of the entire body. Therefore, medical guidance and the greatest skill and caution in applying technically the instructions of the physician are of grave importance.

Since rhythmical bodily motion is the natural reaction and response of many people to music, rhythmical exercises and dancing can be considered and co-ordinated as integral parts of a hospital music-activities program.

The average musician cannot be expected to contribute more to this "kinetic" part of the music program than the music, unless he is trained and experienced in the physical education aspects of this work.

For any elaborate program of rhythmic and dancing the services and leadership of a trained physical educator are indispensable. He should work in collaboration with the staff musician.

The musician's part in this program consists in providing the needed types of music. These include: action songs and singing games, folk dances, social dance selections, and all kinds of accentuated rhythmical compositions suitable as accessories to corrective gymnastic work.

Action songs and singing games provide the simplest types of group rhythmic, particularly suitable for children and certain categories of mental patients. They afford opportunity for bodily exercise, co-operative effort, and socialized recreation set to musical patterns.

Group and folk dances are natural and invigorating exercises of a more advanced type, offering opportunity for mass participation in joyful physical action to patterns of a rich and varied national and international variety. Although many musicians hate to play for social dancing, they should overcome this antagonism if they are capable of performing the latest hits of the current dance repertory in a creditable style and of so contributing to the social well-being of the hospital.

If the hospital staff musician cannot render this type of service, a good professional dance band should be engaged. This is better than to resort to phonograph or radio music. Any dancer knows how a fine band of "live" musicians can get him going. No sounds emitted by a phonograph or radio exert the push and pull of a lively dance outfit operating on the floor. If the musicians have "swing" and fire they are likely to be the most appreciated musical troupe visiting the hospital.

Music with Corrective Exercises

Present-day hospital practice recognizes more and more the importance of music as a dynamic accessory to corrective exercises or gymnastics to increase the muscular and emotional tonicity and energetic impetus of patients recuperating from operations, injuries, and other physical infirmities. Convalescents often need all possible encouragement to overcome by exercise their inertia, muscular flabbiness, or resistance to motion. Prescribed physical exercises to be repeated day after day are sometimes painful and always monotonous. Muscular reconditioning is in fact a slow process which requires on the part of the patient a co-operative attitude and a great deal of endurance and perseverance. Stirring rhythms and gracefully swinging tunes will not only set many patients going but will keep them on the move and even enjoying what, without this sonorous support, might be an annoying

ordeal. Periods of strenuous effort should be followed by moments of rest. There is music which can be used to facilitate this needed relaxation.

It is evident that the music program for this type of physiotherapy has to be carefully selected and organized to fit individual needs and to avoid harmful and painful results. The selections should be both medically satisfying to the attending physicians and musically attractive to the patient. To be kinetically stimulative, music does not have to be loud. Some of the finest, most alluring dance and ballet music is soft. But to be effective, it must be always well performed. If a pianist is used, he should be rhythmically "tops," otherwise he will be an annoying hindrance. For this work a first-rate phonograph and good records are highly suitable. The Army's Program of Music in Reconditioning, referred to earlier, provides an illustration of how music is applied in military hospitals in corrective gymnastics:

"Music with Calisthenics. V-Discs, records of waltzes, marches and dances are used. A music technician synchronizes the various cadences and tempi of the records with the words of command which are given by the physical training instructor. This program is given over the public address system to the wards daily."¹

Music for Listening

The great variety of reactions and responses likely to result from musical stimulation (as discussed in Chapter I) indicates the necessity of regulating for the sake of the welfare and comfort of the patients the over-abundant flow of sound to which they are subjected in hospitals today. The time when the main problem was how to afford hospital patients opportunity to listen to music has passed with the advent of the phonograph and the radio. Loudspeakers, portable phonographs, and radios, not to speak of visiting musical entertainers, provide in many hospitals such an incessant, omnipresent flow of sounds, musical and otherwise, that not importation but regulation of music in hospitals has become an urgent need. This may be made one of the duties assigned to a hospital music director. The control of sounds disturbing to patients is treated in some detail in Chapter IV.

Radio

The radio provides other auditory stimulation and satisfaction besides music; as a source of news and entertainment of all kinds it is

¹ National Music Council Bulletin, January, 1945, p. 14.

today essential in every household. The rich variety of musical programs offered by the various local radio stations and national networks makes it possible to arrange in the hospitals for special listening hours to suit various tastes. Sometimes patients are benefited by programs of light entertainment music, jazz, popular songs, musical comedies. At other times they need especially the opportunity to listen to a full symphonic or operatic broadcast.

Recorded Music

Phonographs can be used in hospitals in various ways, for informal musical entertainment, for dancing and physical exercises, and for intellectual occupation with the art in sessions designed for "directed listening."

In these sessions patients under the leadership of an experienced musician or music connoisseur, be it a patient or a staff member, listen to recordings and discuss correlated facts and opinions about the musical values of the compositions and their interpretation.

The musical objective of sessions like these, in which the discussion may extend to any aspect of the composition, including historical or biographical backgrounds, is to widen the patient's musical horizon and to give intellectual depth to his enjoyment of the art.

The psychological objective of this type of work is to increase the stimulative function of music on intellectual levels and to balance correspondingly its function as a mainly sensory and emotional stimulus. By encouraging intelligent listening the hearing of music becomes less of an opportunity for egocentric daydreaming and more a matter of objective interest to the patient. The leader, however, should not indulge in "music appreciation monologues" but should rather stir up a lively exchange of thought and information on the part of the listeners.

The Study of Music

It is realized today that many patients can be benefited by a period of music study under teachers who are able and willing to adapt their teaching methods and materials to the interests and treatment needs of each individual patient.

In many of the progressive mental hospitals music studies by the patients have been encouraged and practiced for years. Instruction in applied music, particularly piano, is provided on regular schedules; choral and choir practice is a rule; classes in music appreciation are held; note-reading and elementary theory and harmony are taught; and

incentives for reading books and magazines on musical subjects are consistently provided.

Again, the Army has made a forward step by including many phases of music study in its Program of Music in Reconditioning. This program increases the literary interest in music by making new books on music available through the post libraries. These books are often recommended by the patients for purchase by such libraries.

The Army goes a step further: "When orientation lectures on foreign countries are given, records of these countries' musical masterpieces, dances and national music are integrated with the discussion of their culture and customs."¹

To stimulate intellectual and creative effort among the patients: "The public address system is used [in the General Hospitals] for musical quiz programs and for musical competitions, including song-writing contests and parody contests. Prizes are offered to the winners."¹

Without doubt many civilian general hospitals are already interested in developing music activities for some of their patients, or may become interested. Wherever teachers are being installed they should always keep in mind that a hospital is not a music school and that the first and last objective of any work with patients should always be "encouragement."

Theatricals and Social Activities

The relation existing between the dynamic functions of the sister arts—music, dance, and drama—makes possible their correlated use in a hospital music program.

Action songs and games, dramatized stories and songs, musical skits and minstrel shows (still excellent devices for amateur theatricals) offer rich opportunities to obtain the active participation of patients of all ages and a wide variety of interests and skills in projects and frolics of institution-wide significance.

Among the many benefits derived from these correlated activities particular mention should be made of the opportunities they afford for full bodily and mental self-projection in disciplined cultural patterns, for practice in creative teamwork, and for inspiring entertainment by patients for their fellow patients. In this, as in other phases of music work, the leader should draw as much as possible on the ideas of the participants. Some of these may be more gifted and have more experi-

¹ National Music Council Bulletin, January, 1945, p. 15.

ence in dramatics than the official leader; others, in order to obtain real benefit, need encouragement in expressing freely what they have in their minds. This proves frequently to be of unexpected practical value. Usable original ideas are often worth far more than mechanically parroted lines and imitated gestures. The beauty and constructive value of hospital theatricals lies in the free and eager collaboration of the participants. Truly artistic achievements are sometimes the unexpected result.

Any gatherings for sociability's sake or for more formal purposes can be greatly enlivened by an appropriate music program. Spontaneous groupings about a piano, some singing and playing by those who happen to be around and available, may be just as pleasant and refreshing as more formal entertainments. A music leader can do a great deal to enhance the entertainment values of any social gathering by keeping a hand in the doings, by assembling talent, providing materials, and by keeping the program moving.

Formal affairs that require the co-operation of many people from the hospital and from the community need, of course, more prolonged and detailed planning. A part of the institutional success of all such affairs lies in their running smoothly and on schedule. At no time should any entertainment be permitted to "drag out." The weaker the talent, the shorter the show. But even the best talent should perform within bounds.

Formal entertainments should be announced as far ahead of date as feasible. Anticipation of a coming event works like a bracer. An announced party or entertainment is something to look forward to and that means a great deal to many persons forced by circumstances to stay for a seemingly interminable period in the limited environment of a hospital ward.

Religious Services and Other Ceremonies

Hymn singing is still the most liked and practiced art of group singing. It is the age-old common practice from which the more elaborate and artistically pretentious choral activities have sprung. In regions weak in church choirs few, if any, oratorio and other choral societies will be found.

Many people who are not interested in community or choral singing can be persuaded to join in hymn singing. No hospital music program is therefore up to date and complete without making provision for hymn singing and choir practice. The benefits to be derived therefrom

are obvious. Most hymns are easily singable and are the traditional and cherished expressions of religious aspirations.

The singing of hymns and anthems, if accomplished with conviction and musical taste, will enhance the quality and inspirational power of religious services. Sacred music used in hospitals need not be complicated; nor must the performers be virtuosos. If not of a maudlin sentimental form and content, but rather of an optimistic and healthy nature, and if performed in a wholesome spirit and with musical taste, the simplest piece of sacred music can give the congregation a real sense of comfort, satisfaction, and spiritual invigoration.

Nurses' commencements, receptions, and holiday festivities, taking place either indoors or on the hospital lawns, are all social events in which music can be used to enhance the tone, dignity, and joyous character of the occasion. The joint musical participation of patients, hospital personnel, and outside talent in these affairs can be made an impressive demonstration, symbolic of the function of the hospital as a humanitarian agency that successfully furthers the health and happiness of the community.

Entertainments by Visiting Musicians

Since the electrification of sound distribution and the concurrent development of music education in the schools of the nation, the musical discrimination and taste of the larger public have grown in such measure that today mediocre music performed in mediocre fashion will not be listened to willingly, much less applauded.

This means that any musical performer who wants to make a favorable impression, whether he calls himself an amateur or a professional, must make an artistically acceptable job of his public appearances. In the hospital, particularly, the visiting musical performer, who wishes himself on an audience that has an obvious right to be treated with special consideration, must recognize that inadequate performances and programs are mere intrusions, harmful to the atmosphere of comfort, and the cause of boresome and annoying interruptions to the daily routine.

It may seem preposterous to point out specific ways in which amateur musicians can make their offerings more acceptable to hospital audiences, but no one familiar with the many occasions on which entertainers and "entertained" have been alike embarrassed and disappointed by crude performances will find the following suggestions uncalled for. With due respect for the good will of the hundreds of musical entertainers now giving volunteer service to the hospitals it

must, however, be stated that often the work of some of them is lifeless, slipshod and uninspiring, and therefore disappointing to their audiences as well as to themselves. Furthermore, many amateurs who volunteer for hospital work have had little experience to guide them. Attention to the details noted here may be of service.

1. Every program should be carefully planned, practiced, and rehearsed.

2. Every number of the program should be presented in a convincing style, free of stumbling over notes and words, and wobbly intonations, poor tone quality, and inaccurate harmonies. The entertainer should be able to give an easily flowing performance, pleasant to hear and comfortable to watch. He should do more than merely produce tones and vowels; he should transmit coherent and lucid messages of musical and poetic beauty.

3. The program should include only compositions that lie well within the singers' vocal range and require no more vocal or instrumental technique than the performers command.

4. No compositions of pretentious length or extraordinary complexity should be presented. Selections should be varied in style, short, and appealing by their straightforward simplicity.

5. Musical ensembles, trios, quartets, and larger groups should be carefully planned and rehearsed so that no disturbing incidents will occur, such as time-wasting discussions about seating, last-minute searches for missing parts, false starts, and catastrophic endings.

6. Programs should be given according to schedule, beginning and ending exactly at the hours agreed upon.

7. On formal occasions a few well-chosen words introducing the performers, the titles of the selections, and the names of composers and lyricists are polite, and an appealing method of enlightening the audience and obtaining its eager attention.

8. At ward entertainments formal introductions are not always in order. On these occasions a certain informality and casualness will often be preferable as a less imposing and more "homelike" procedure which leaves the patients free to pay or not pay attention to the program.

9. Entertainers should be tastefully groomed and deport themselves in a businesslike manner.

10. Applause should not be expected as a matter of course, but, when forthcoming, should be cordially acknowledged.

11. When a certain selection does not meet with a favorable reception, the performers should not be perturbed but keep going in the best of spirits.

CHAPTER IV

INTEGRATION OF THE MUSIC PROGRAM INTO THE HOSPITAL SERVICE

TODAY the use of music is being gradually integrated into the hospital service as a means of treatment, but not yet on a national scale. As indicated earlier in this handbook, to many hospital administrators the effective use of all the musicians who are eager to bring "live" music to the hospitals and the regulation of the flow of electrically transmitted music are real problems.

From the point of view of some hospital workers musicians are unusual characters who differ considerably from the types of persons they identify with their own professional environment. Even for hospital officials who like music it is sometimes hard to think of music and musicians as elements fitting into a hospital service. After hospital workers and musicians have worked side by side for a while they usually find out that basic to the professional skill of each there are an underlying discipline, a philosophy of work, and techniques. This "getting acquainted" constitutes a sound basis for real collaboration, and then the former difficulty resolves itself into the merely administrative questions: how music is to be utilized to good effect in the institution, and how the person who is responsible for the music program can be made an asset to the hospital staff.

INSTITUTIONAL REGULATION OF SOUNDS AND OF MUSIC

It has been said that where the appalling evil of medieval times was "smell" that of our present day is "noise."

One of the most trying problems for many hospital administrators is how to get and maintain in their institution the quiet that is essential for the comfort and rest of the patient population, particularly when the hospital is not constructed with sound-absorbing materials and is situated in one of the teeming urban centers in which traffic din never abates. Is it any wonder that some hospital superintendents, in their constant struggle for silence and quiet, do not want music to become an additional source of disturbance or aggravation?

If music is to have a beneficial function in hospital life, two principles of management should be applied to it: (1) Inasmuch as every

hospital has its own problem of noise abatement and sound regulation, the use of music should be studied and allocated as a technical detail of the larger matter of institutional housekeeping. (2) In order to give purposeful sound, which includes music, its essential constructive function, prevention of all avoidable noises is imperative and rigorous control of all the sources of noise and sound must be set up and maintained.

MECHANIZED SUPPLY OF MUSIC

Of the three main sources of mechanized music supply in hospitals, the radio, the phonograph, and the soundreel, the first two urgently need regulation. There is no reason why all patients should be exposed to the raucous noises of radios and phonographs merely because it suits the whim of someone. Neither is there a valid excuse for the continuous flooding of halls and corridors with the metallic screeches of public address systems used for broadcasting phonograph recordings. This is now all too often permitted to go on day after day, apparently because no one seems to have any conception of its harmful effects. The flow of music through the halls and wards should be as purposefully controlled as that of fresh air and light.

Measures recommended for administrative control of radios, phonographs, public address systems for the purpose of reducing the nuisance element of mechanized music production in hospitals and for the furthering of its beneficial use include:

1. The assignment of officers who are responsible for controlling the use of these machines, the programing of selections, and the timing of presentations;
2. Limitation of the use of individually owned radios, phonographs, and recordings;
3. Substitution of public address systems, ward radios, and phonographs by individual headphones and sound-pillows connected with a central radio set;
4. The allocation of special rooms and the scheduling of special hours for broadcasts of programs of radio and of recorded music.

MUSIC PRODUCED BY VISITING ENTERTAINERS

Another important source of hospital music entertainment is the visiting performer who brings "live" music, enriched by the element of personal appearance.

In hospitals that lack administrative interest in and supervision of entertainments provided by visiting musicians, situations are likely to

develop that mar the effectiveness of these events and spoil the mood of many members of the audience.

Some hospitals do not furnish the necessary chaperonage to visiting entertainers, who are virtually left to shift for themselves. If they are seasoned artists familiar with hospital etiquette and mindful of the needs of patient audiences, their presentation will usually come off well. But when, as too frequently happens, an unseasoned group of mediocre or incapable performers is let loose on the patients, boredom and disappointment will often result.

The blame for such malfunctioning does not always lie entirely with the luckless visitors. It is true they should have been wiser and done better. But many a time they are not even aware of their shortcomings. They will blame their failure on the patients and the management. "Nobody told us what to do, so if we did something wrong, it was not our fault."

Visiting performers should be informed of what is expected of them. Of course, in many overcrowded and understaffed hospitals, lack of personnel and time can be offered as an excuse for any lack of attention to visiting entertainers.

It has been found possible, nevertheless, in many hard-pressed institutions to regulate successfully entertainments by visiting performers with a minimum of administrative effort. This is accomplished by such measures as:

1. Delegating the management of these entertainments to a specifically assigned member either of the Nursing Staff or of the Social Service or Occupational Therapy Department, the Chaplain's Office, or one of the Auxiliary Committees;
2. Issuance of a leaflet containing the needed information for visiting performers;
3. Exclusive use of experienced musical talent, which implies the shutting out of rank amateurs. Better no performance than a desultory one;
4. Discretion in acceding to complaints of some visiting performers. Even good musicians may have to be excluded if a prima-donna attitude makes them incapable of adapting their contribution to the needs of patients and hospital.

PRACTICAL INTEGRATION OF MUSIC-ACTIVITIES PROGRAM

Music activities are carried on in different hospitals to a varying extent. Very few hospitals have no music at all. Whether extensive or not, a hospital music program, in order to be effective, needs purpose,

organization, and control. These should be the result of a definite guiding philosophy and policy, expressed through capable leadership. They are lacking as yet in many hospitals to the detriment of the music activities already being carried on there. What is needed is a practical integration of all these activities into the total hospital service. The proper relation of the music program to this service has to be worked out in all its details.

This requires that the entire music program be organized and carried out under the control of the hospital administration. The object of this control is to make the music program an organic part of the institutional plan of care and treatment.

In addition, the musician put in charge of this program should be given for his technical guidance an interpretation of his work as a part of the total service. Good musicians have creative imagination and intuition that enable them to acquire a full practical understanding of unfamiliar hospital procedures. They need, however, factual information concerning the basic concepts of hospital service and the functional place music is to be given in the institution where they will work. This will eliminate any thinking at cross purposes with the hospital staff. Once this orientation has been given, the musician's professional adaptability and resourcefulness will greatly facilitate smooth functioning of the music program.

ORIENTATION AS TO "TREATMENT" AND "THERAPY"

The fact that a hospital carries a music-activities program does not always indicate the existence of a clear administrative policy regarding its function. This is confusing to many professional musicians; they would like to know whether music in hospitals is to be "recreation," "entertainment," "instruction and performance," "treatment," "therapy," or a combination of some of them. These are not just academic distinctions; different approaches, techniques, materials, and standards are used according to the various musical purposes to be achieved. Perhaps the musician is told by a member of the hospital staff that the Occupational Therapy Department's work with the patients includes music, but he may find on investigation that it is different from what he is accustomed to call music. However, the experience may bring home to him his need for understanding the meaning of the terms "treatment" and "therapy."

According to Webster's Dictionary, "treatment" means act, manner, or an instance of treating, as a patient, a subject, or a substance, as in

processing. The term "therapy" connotes the medical art of healing and is concerned with remedies for diseases. A therapy is a method of medical treatment which has the purpose of reducing or eliminating pathological (illness-producing) biological processes. Colloquially, however, therapy is frequently used in a broader sense to denote various forms of treatment, some of which are medically prescribed and others which are not, but all of which are designed to counteract or terminate destructive processes and conditions favoring such processes.

Some phases of treatment as well as of therapy include the application of educational methods. These are procedures whereby the patient is taught to collaborate with the various efforts of the staff to improve his condition by the use of his own physical and mental powers for definite constructive purposes.

The following description given by Robert S. Wilson¹ of the meaning of "treatment" as applied to social work contains helpful thoughts for the musician who wishes to make his music and himself constructive forces in treatment procedures.

According to our more modern conceptions, treatment begins when the social worker makes the client feel that he is accepted, his strengths recognized, and his ability granted to meet the situation with some supplementary assistance and a clearer perspective on his problem. Treatment occurs when the client "is able to be himself without fear either of condemnation or of indulgence."² He is then able to utilize the opportunity to grow and to try out his strengths. It is this giving to the client the opportunity, the desire, and the technique to grow, to make his own decisions, and to gain understanding of his own motives, which constitutes treatment. The proof of the treatment is the absence of the further need for the social worker.

In many hospitals the music-activities program will be considered by the administration as a general aid to care and treatment; in addition, an individual physician may make use of the available facilities by assigning an occasional patient to music activities for definite therapeutic purposes. This does not transform music into a therapy, but it indicates that opportunity and demand for the fullest possible beneficial service that music can render in a hospital are not likely to occur where only occasional or haphazard activities are being carried on.

By the nature of their contacts and work with the patients, all hospital staff members may exert on them a therapeutic influence,

¹ The Short Contact in Social Case Work. National Association for Travelers Aid and Transient Service, New York, 1937, vol. 1, pp. 37-38.

² Quoted by Dr. Wilson from "Psychiatric Implications for Medical Case Work" by Ruth Smalley, in *The Family*, December, 1934, p. 263.

whether or not this contact and work are conceived and officially labeled as a therapeutic measure. This, of course, is equally true of the contacts and work of the hospital musician.

Only through extensive medical research will it be possible to develop a body of knowledge and skills, and to evolve a system of co-ordination and practice essential to defining authoritatively the possibilities and limitations of the use of music as a medical "specific." Not before such a thoroughly tested body of knowledge and experience has been obtained, and not until qualified musicians have received the technical training needed to apply it under skilled medical control will it be legitimate to use the terms "music therapy" and "music therapist" to denote a generally applicable and medically recognized method of treatment and a professional music specialist.

For the time being, therefore, the writer prefers to define the application of music in connection with the treatment of the sick as that of music being used "in therapy." This seems a more correct and even more inclusive designation of the practice, because of the uses already made of music and of musicians in some of the generally applicable and medically recognized methods of therapy, such as physio-, psycho-, and occupational therapy.

THE HOSPITAL TREATMENT GROUP

Whatever the scope of function and designation of the musician in charge of a hospital music program may be, as soon as his assignments cause him to enter into regular professional contact with the patient population he becomes a member of a group of hospital workers whose diverse technical dealings with the patients have one common purpose: to provide them by collective effort with the best possible medical care and treatment.

This team forms a psychological and social circle around the patient of which each member is a source of psychological stimulation. The better the musician and the other members of the staff understand his work as an organic part of the collective effort, the more the patient, who is the center of all measures taken, will benefit from its musical phases.

In addition to this intramural group of hospital staff members the outside population, represented by visitors, writers, speakers, and performers reaching the patient by correspondence, the printed word, radio, and soundreel, is a constant source of stimulation to be reckoned

with, particularly when the patient's psychological treatment requires precise conditioning. (See chart on opposite page.)

From the treatment needs of the sick and the medical methods devised to meet those needs have evolved the various branches of hospital service discussed in Chapter II, each of which is a special contribution to the total system of hospital treatment. The practical integration of the music program into these branches of service is first and last a matter of technical understanding and of collaboration between the staff members of each branch and the persons in charge of the music program.

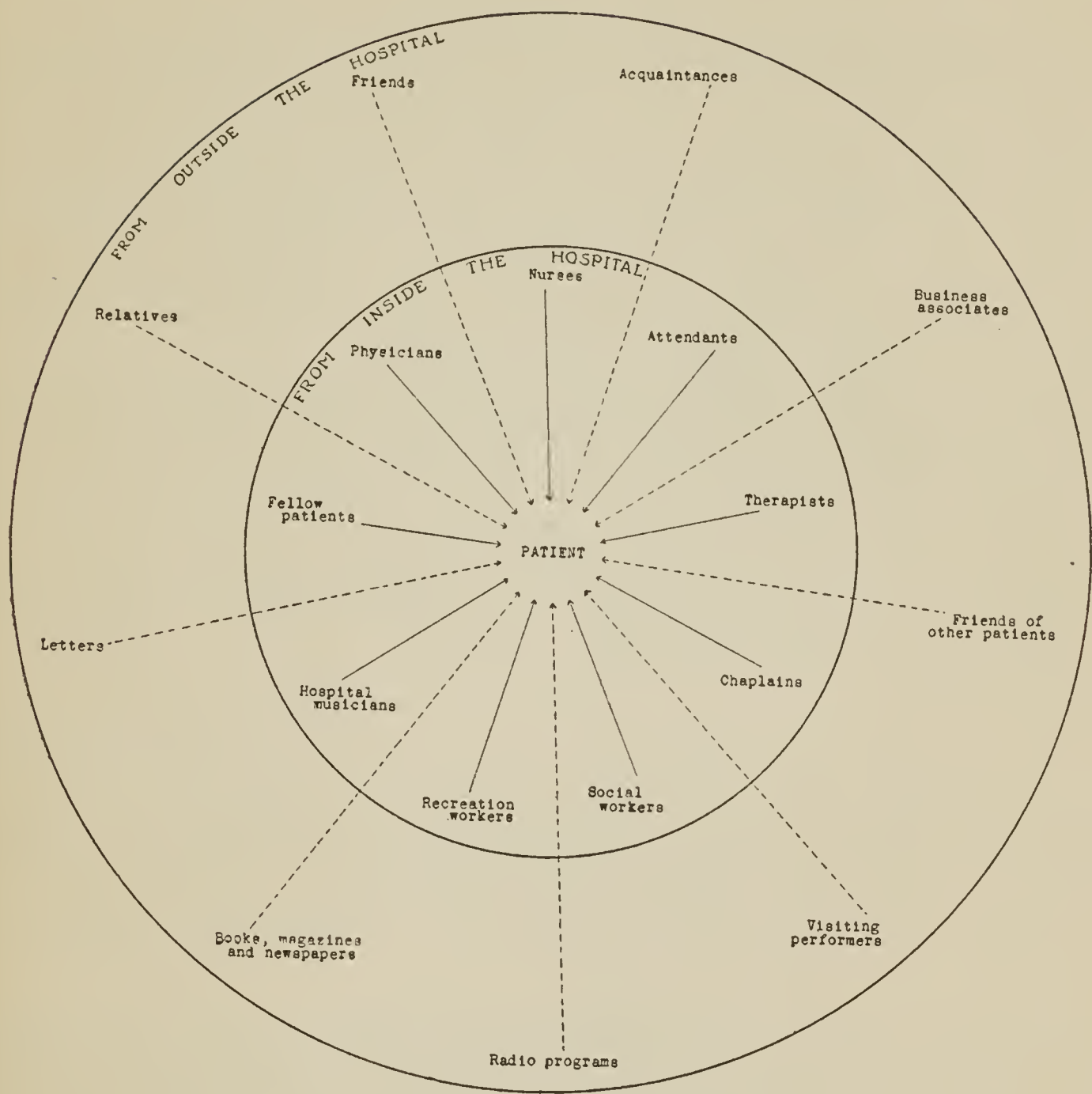
This collaboration implies the utilization of the dynamic function of the musical arts (discussed in Chapter I) in the professional care of the patients (outlined in Chapter II) through music activities as reviewed in Chapter III.

The brevity of this presentation does not permit a detailed consideration of the development and function of an integrated music program in action. As long as its objectives and techniques have not been standardized and given general application and recognition, the extent, content, and practical value of the music program will be conditioned entirely by the amount of professional interest, ability, and serious collective effort of all the staff members of the institution concerned in making the music program as effective a medium of hospital treatment as local opportunities and vision permit.

From this it follows that the influence of the hospital musician and of his work on a patient is only one variable psychological factor among many. It is clear that the musician, in order to avoid working at cross purposes with his colleagues and to be of real assistance in a unified psychological effort, needs a clear understanding with his fellow staff workers, as well as with the relatives and friends of the patients, of the goals and methods of his work.

Unless a hospital musician is very sensitive to his dynamic relation to the patients and the hospital staff, unless he is sufficiently flexible to adjust himself and his work to the requirements of the institutional environment, he cannot make the best possible contribution to the service. At the same time the musician can only function at his best and make a maximum contribution to the collective effort of the staff, when the members give him all the information and collaboration he needs to fit his work into their procedures of function.

A few suggestions culled from practices that have been tested and found useful in the hospital field will now be given to supplement the ideas presented thus far. They will, it is hoped, be helpful in regulating



SOURCES OF INFLUENCES THAT AFFECT THE PSYCHOLOGICAL
CONDITION OF HOSPITAL PATIENTS

the major contacts between the various hospital departments and the music service.

DEPARTMENTAL CONTACTS

MEDICAL SERVICE

The responsibility for the medical integration of the music program, that is, the adaptation of the use of music and of the work of the hospital musician to treatment procedures, lies with the medical staff.

The musician's job is to execute the physician's indications and report to him and discuss with him the requested observations. From this it follows that the musician should never be encouraged or permitted to undertake the medical interpretation of the patient's response to his prescribed participation in any music activity.

In hospitals where interest in music on the part of the medical staff makes professional collaboration of physician and musician a practical procedure, the following routines are recommended:

1. Preliminary observation of the patient by the staff to determine his responsiveness to and need for music;
2. Medical checking of response of patient to his prescribed participation in music activities.

This includes:

- a. Observation by the physician of the patient during his occupation with music;
- b. Systematic recording of patient's response in notes of physician and nurses and in reports from musician;
- c. Conferences of attending physician, nurses, and musician on musical case and group work.

In hospitals where the physicians do not take an active professional interest in the musician's work, but where he is expected nevertheless to work with patients, the supervisory and administrative responsibility for his activity should be assigned to the Department of Nursing or that of Occupational Therapy.

NURSING SERVICE

The co-ordination of the music service with the nursing service concerns the adjustment of the schedule of music activities with the schedule of the nursing service, the supervisory control of music activities in the wards, the preparation and transportation of patients for attendance at music centers, and the prevention of unnecessary

increase in the nurses' work loads and avoidable interruptions of ward and hospital routines.

To accomplish this the following procedures have been successfully applied:

1. Daily clearing by the musician with the supervisor's office of arrangements concerning location and hours of activities and attendance of assigned patients;
2. Routine preparation of patients' attendance lists and regular checking of patients' attendance at music sessions;
3. Regular preparation and comparison of notes on patients' responses in conferences of musician and nurses on music work.

In some hospitals members of the nursing staff take an active personal interest in the institutional music program. Many of them are musically gifted, some have had a good musical education and are experienced performers. They want to keep up with the art in some way or other, and will do everything within their power to further the use of music in the hospital service. They will organize nurses' glee clubs and orchestras and as time and circumstances permit not only support and participate in patients' music activities, but take the lead in organizing and directing them. In some nurses' training schools group singing and other music activities are regular features of the school program.

Collaboration of a hospital musician with such musically active nurses and students of nursing is helpful in fostering a spirit of understanding and good will between him and the nursing staff, and cheerfulness in the hospital.

DEPARTMENT OF OCCUPATIONAL THERAPY

Full co-ordination of the hospital music program with the patients' activities program of the Occupational Therapy Department exists as a matter of course in all hospitals where the music program is an organic part of the occupational therapy program and the person in charge of the music activities is a member of the occupational therapy staff.¹

In some mental hospitals an extensive music program is carried on which requires greater technical knowledge and experience in leading and teaching music than members of occupational departments possess. Organization and direction of music activities is then entrusted to a professional musician of experience who functions as the administrative head of a special Music Department.

¹ See Chapter II, pp. 37-38.

Close co-ordination of such a Music Department with the Occupational Therapy Department is imperative, so that through routine clearance of patient assignments, schedules, and programs a proper balance in the content and sequences of patient activities in both departments shall result. Joint conferences of directors and staff will prove of great help in integrating these two activities.

Participation of the hospital music director in the staff conferences of the Occupational Therapy Department will greatly further the mutual understanding, appreciation, and collaboration of both related divisions concerned with patient occupation.

SOCIAL SERVICE DEPARTMENT

Except in hospitals having a regularly established music service, a musician's contacts with the Social Service Department will be only of incidental nature, as will be evident from that department's function. They may pertain to the musical interests of a patient's pre-hospital life. The social service worker because of her contacts with the families and friends of patients may sometimes be in a position to ask for instruments and other musical materials for their use.

CHAPLAIN SERVICE

In hospitals where there is a chaplain or a director of religious activities on the staff, arrangements for volunteer music activities are often made through his office. Collaboration of the hospital musician with the chaplain service or with the ministers of the various denominations that hold services in the hospital may consist in recruiting and rehearsing members of the staff and patient population for choral and instrumental duties during the religious services.

WOMEN'S AUXILIARY COMMITTEE

One of the important functions which a Women's Auxiliary Committee may well undertake in collaboration with the hospital musician is the responsibility for passing on the musical qualifications of volunteers who wish to render occasional entertainment service.

BUSINESS OFFICE

In many hospitals the musician, even if he is a full-time employe, will have no contacts with the business office; in others he will obtain

his materials and supplies from it. In larger institutions requests for materials and supplies are submitted in the form of requisitions which have to be approved by department heads concerned and by the superintendent whose signature is mandatory.

The musician may make his requests or requisitions on the basis of previously arranged budgetary policies and allowances, or they may call for funds that must be specially provided. The Department of Purchases and Supplies can be very helpful in securing more and better materials more promptly and economically. Incidentally the music director may find badly needed singers or instrumentalists among musically talented office workers who are sometimes eager to participate in their spare time in the hospital music program.

ORGANIZATION AND ADMINISTRATION OF MUSIC SERVICE

Much may be done to further the constructive functioning of music in hospitals by proper methods of organizing the work.

ALLOCATION OF MUSIC ACTIVITIES

The following measures are recommended to insure appropriate space and facilities:

1. Designation of space, such as rooms, wards, halls, and auditoriums to be used for musical purposes, in locations beyond the hearing of patients whose treatment and comfort would be upset by musical proceedings and also removed from administrative offices and sleeping quarters of the personnel;
2. Reservation or construction, wherever possible, of special rooms or buildings for concentrated music activities. In the Army hospitals sound-proofed music cubicles are constructed in available buildings or barracks to serve as workshops, at least one cubicle containing a small piano;¹
3. In all these rooms provision should be made for adequate lighting, fresh air, and moderate temperature.

MUSIC ROOM AND EQUIPMENT

In every hospital which carries an extensive music program a spacious room should be designated to serve as music office and library, as well as instruction, practice and rehearsal room, and as a storage place for instruments and materials. This room should be sound-proofed, so that

¹ See National Music Council Bulletin, January, 1945, p. 14.

the sounds produced inside the room shall not penetrate to the halls. The sound-proofing, however, should not cause the music to sound flat or dead in the room itself. This tends, as bitter experience has proved, to dispirit performers as well as listeners.

Equipment should cover the practical needs of each institution and should include a piano, a radio-phonograph, records and cabinets, music stands, a writing desk, a flat table, bookshelves, closets for instruments, and a sufficient number of solid and folding chairs to seat small groups of choristers and ensemble players.¹

All equipment should be of standard quality. Although this may require a somewhat larger initial outlay of funds, standard materials will prove in the end more economical and effective to use.

Control and care of all music materials owned by the hospital should be assigned to the institutional music director or, in absence of a permanent musician, to another interested and responsible member of the personnel.

SCHEDULING

Any more extensive hospital music-activities program should be developed gradually according to a definite but tentative and flexible plan, so that this program can be slowly and carefully built into the service and scheduled according to needs of treatment and administration.

Because treatments are generally given in the early morning hours, unless exceptions are made, group activities are best planned for the late pre-luncheon morning hours, later afternoon hours (in view of rest periods), and early after-dinner hours.

Group activities should be arranged as to time and participation so as to conflict as little as possible with schedules and assignments of other patient-activity units, such as the occupational therapy and work departments. During visiting days and hours group activities should be held down to a minimum.

Sessions with individual patients or with small groups of patients can be arranged on a more flexible schedule than those involving the participation of large numbers of patients. They can be set for any time during the morning, afternoon, or evening when the participants are not needed by other services and it is convenient for them to attend.

The schedule of a full-time hospital musician may require from six to eight hours' service, five to six days a week and three to four hours

¹ For more details see *Music in Institutions* by Willem van de Wall.

on one half-day. This will permit one and one-half or two days off duty to be arranged according to local institutional practice. If Sundays and holidays are counted as workdays because of choir and other music services scheduled for these days, an equal number of weekdays may be taken as off-duty days instead.

Such a schedule must make provision for routine sessions with individual patients and groups of patients, hours for preparation of lessons and rehearsals, periods for reading and reporting, and time for staff conferences.

The length of the activity periods should never outlast the span of interest and desirable energy expenditure of any of the participants. The following time assignments have been found practical, if applied in a flexible manner, with consideration for the physical and mental condition of the patients.

Individual music session	20-30 minutes
Vocal group meetings	
Community singing	30-45 minutes
Choir rehearsals	45-60 minutes
Instrumental group meetings	
Regular rehearsals	45-60 minutes
General rehearsals	60-120 minutes
Theatrical rehearsals	45-60 minutes
General rehearsals	60-120 minutes
Social parties and performances	60-120 minutes

Programing and scheduling should move from the simple to the complex. It is far better procedure to launch a new institutional program with one simple activity, such as one weekly informal musical get-together of a few interested persons around a piano, than to start off with an ambitious formal program of choral and instrumental activities that requires the participation of many persons at all kinds of hours, difficult to schedule. Complex activities and schedules should be the natural results of a slow process of growth. The objectives should evolve out of a blending of needs and experience.

RECORDS AND REPORTS

Those in charge of a hospital music program should be required to keep routine records and reports of the musical proceedings. The purpose is to co-ordinate the music activities with those of the entire organization and to provide up-to-date information on the progress of the music service. The data thus obtained will permit regular checking

and critical review of programs, patient participation, and methods; they will be helpful for the study and improvement of the service.

All entries in records and all reports should be consistently dated and contain two types of information, distinctly separated: (1) factual data, that is, objective statements of facts, (2) subjective observations and opinions.

Separate records should be kept of assignments of individuals and groups, responses of individual patients and groups, schedules and programs, repertory of each music unit, inventory of material on hand, requested, received.

Regular monthly and annual reports should be prepared and directed to the administration. These should contain synoptic digests of the records, outlines of plans, interpretations of needs, and recommendations for improvements. In most civilian general hospitals the scope of the music activities is still limited to occasional entertainments by visiting performers. These affairs require only incidental administrative supervision, preferably by interested and specially assigned staff members.

In hospitals intending to carry a more extensive and ambitious music program, which requires constant musical direction and administrative supervision, the employment of a qualified professional musician is needed to develop more fully the musical resources of the hospital population and facilitate the administrative regulation of the music activities.

Depending on the size of the hospital, the number of patients, the patient activities, and other controlling circumstances, this musician may be engaged for part or full time.

STATUS AND SERVICE OF HOSPITAL MUSICIAN

There is a minimum and maximum service that may be expected from a musician in any given hospital situation. His job is a practical one of meeting with his music certain human and treatment needs at specified times. Although one may acquire some preparatory theoretical information on this subject, the practical approach and technique—which also involves the dynamic qualities of the musician's personality—can only be obtained in actual hospital practice.

Any newly appointed music worker should be given ample opportunity to observe and learn to recognize attitudes and methods of other staff members in their dealings with various types of patients. Understanding the attitudes and methods of his fellow workers, besides some

of their problems and their need for co-operative support by other workers, will help the musician to see where he, with his specialty, may become a collaborator and also where lie the limitations of his particular approach.

The musician should be made to understand that the greatest assistance he can offer is to render services in conformity with the wishes of the staff members who are administratively responsible for the work that they want him to do. He should learn to appreciate that he can make progress in his work only through regular and faithful service. If need be, it should be pointed out to him that however limited or insignificant from a musical point of view may seem some of the services he is rendering or the results he obtains, as treatment they are of value.

No blueprint could itemize all the possible services that music and musicians may render. Personnel-patient contacts are of many kinds, involving a variety of finer shadings and psychological functions. So are the dynamic interactions of music, musicians, patients, and hospital personnel. The more sensitive and flexible, versatile and adjustable the musician is, the more opportunity he will have to make himself and his art useful.

There is more to music and the work and function of an efficient hospital musician than to serve such precisely prescribed and controlled therapeutic applications of music as the general medical insight of today permits. There is an unofficial mission to perform which, although it contributes under certain circumstances to medical methods in the overcoming of pathological processes, has a constructive function of its own: it is, to provide hospital patients with opportunities to enjoy the art of music as a cultural and social interest and occupation in a manner that is entirely divorced in their minds from concepts of illness and therapy. The sheer contact with efficient and sensible musicians and with an art that, like fresh air, sunshine, and flowers, introduces into the sick-room elements of normal and joyful cultural and social living has values which, even when not defined as of specific therapeutic significance, will help to make hospital life for the patient less dominated by the traditional sick-room atmosphere and more pervaded with ideas, feelings, and events that are part of normal social life at its best.

The benefits to be derived from the application of music as a measure of hospital treatment are conditioned, as we have seen, by four interactive factors: a recognition of and administrative provision for well-regulated music services within the hospital organization; the presence of physicians and other staff members who make use of the music

facilities of the hospital according to the same principles of accuracy that they apply to the other forms and methods of treatment; the qualities of music as a stimulus and incentive of medically and culturally desirable physio-psychological and social functioning; the qualifications of the musicians rendering service to the hospitals.

In the next and final chapter the function, qualifications, and training of these musicians will be considered in some detail.

CHAPTER V

THE HOSPITAL MUSICIAN

MUSICIANS rendering service to hospitals fall into two categories, volunteers and paid workers.

Most of the music service rendered to hospitals by professional as well as amateur musicians is on a volunteer basis. Without the voluntary efforts of these hundreds of friends of music and of the sick, by far the greatest number of hospitals would be without benefit of any other music than that provided by the radio, phonograph, and sound-reel. In fact, lacking the assistance of the many philanthropically minded musicians who blazed the trail for "live" hospital music, even hospitals now carrying extensive music programs under paid professional direction would never have felt the need for music, nor would they have developed the initiative nor acquired the resources to make live music available for their patients.

VOLUNTEERS

Philanthropic effort is a strong and characteristic factor in the development of American democratic culture. It is the practical expression of the belief that the greatest possible number of persons should share in the development and enjoyment of the cultural resources and values of the nation. Perhaps the particular mission of philanthropic effort as practiced by the American people is to foster the development and application of the arts and sciences for the welfare and happiness of all.

True, what ought to be done is not always being done, either for lack of funds or for lack of conviction, vision, and faith. Nevertheless it is the volunteer who, through resourcefulness, good will, and even sacrificial spirit becomes a creator, a pioneer in the field of social action, and who often makes progress possible, particularly in unusual and unexplored fields of human endeavor. One of these fields is the hospital as a laboratory for the fusion of two great arts, medicine and music, for the benefit of the sick.

Philanthropic effort takes two forms, that of providing support in kind (funds and materials) and that of service. Patients' fees do not as a rule cover the operating costs of hospitals, particularly of public

hospitals which take care of the thousands of indigent sick who pay very little or nothing. Without philanthropic support both in kind and in service, many hospitals would not be able to function according to the minimum standards required and certainly would be unable to give additional services, among them those rendered by musicians.

Most volunteer work in hospitals is done on a part-time basis, since most volunteers have other responsibilities. For many it is a humanitarian leisure-time activity. For those who have had the benefit of a thorough music education, volunteer hospital work is an opportunity to utilize gifts and experience that otherwise might find no socially beneficial outlet. In many institutions the services of performers, leaders, and teachers of music are required only for a few hours, a half-day or one full day a week.

Among volunteer musicians whose faithful services provide not only musical entertainment but also leadership for patient music activities, many hospital employes play an important part. These ardent friends of music and the sick, who often have considerable musical training and experience, devote many of their off-duty hours to enliven the hospital community with their singing and playing and their inspired leadership of patient choruses and bands.

May the spirit of the volunteer who faithfully provides philanthropic support of hospital music never fail. The needs of the sick in hospitals are graver than ever. A great work has to be done.

Not every musician, however desirous of giving service to hospitals, can afford to do so on a voluntary basis. All his energy and time is usually consumed by his professional efforts to earn his daily bread, some or all of which may be earned in those hospitals that pay for incidental music service.

PAID WORKERS

Although very few hospitals carry in their budgets specific items for musicians' salaries, some mental hospitals employ professional musicians. These are in charge of music activities that require more continuous direction and service than volunteer musicians can be expected to give. The financing of hospital music is still in the developmental stage. Expenditures are usually defrayed from funds not specifically allocated to music, but to amusement, recreation, occupational therapy, religious services. Philanthropists and civic organizations occasionally contribute funds for musical purposes, perhaps to hire a teacher, or to purchase a piano.

During the past twenty years the need for adequate professional music services has been definitely felt in the mental hospital field; only since World War II has it become more widely recognized in general hospitals. The Program of Music in Reconditioning of the Army has demonstrated to the latter the practical value of these services. There is no doubt that when the work of musicians in hospitals has become better developed and more generally accepted as standard hospital procedure, the demand for paid services will increase and methods for adequate financing of these services will evolve. Meanwhile musicians must be better prepared to meet the qualifications for this work. Any type of public service, including that of a professionally trained hospital musician, needs a sound economic foundation in order to develop. Until the financing of music activities has become a generally adopted policy of hospital administration, paid positions will have to be created as and when individual hospital administrators decide to engage qualified musicians on a salaried basis. Progress as to training and professional service thus depends on hospital administrators, musicians, and recognized schools for the training of hospital personnel collaborating with resourcefulness, flexibility, and vision for this purpose.

Today music services rendered to hospitals on a pay basis include the following:

1. Professional entertainers either financed by the hospitals or by individual supporters or organizations. An extensive service of this kind is that of USO, Inc. Camp-Shows, so far as they provide professional performers to the American service hospitals throughout the world.
2. Teachers and leaders of music such as organists, vocal and instrumental teachers, choir, band and orchestra leaders, and recreational music workers. Most of these services when rendered by outside or visiting musicians are given on an incidental or part-time basis. In some civilian mental hospitals and in a few Army hospitals, civilian musicians are engaged for full time.

In most Army hospitals, however, musically trained service personnel is in charge of the hospital music activities, conducted under the auspices of the Reconditioning Education Officer.

In some hospitals music services are rendered by paid personnel not exclusively employed and listed as musicians, such as occupational therapists and recreational aides. These workers by applying their musical skills as detail techniques of occupational therapy and recreation procedures, are often better qualified and in better position to

integrate music in the hospital patient-activities programs than persons who only specialize in music and have no experience in hospital procedures.

The American Red Cross employs recreation workers to work in the program of social services rendered in army and navy hospitals. . . . The recreation worker plans, organizes, and conducts medically approved recreation for patients. . . . The program . . . may include hobbies, dramatics, music, quiet and active games, and special interests such as discussion groups and varied craft activities. The program emphasizes the active participation of the patients and utilizes their leadership abilities.¹

QUALIFICATIONS OF THE HOSPITAL MUSICIAN

VISITING PERFORMERS

In many hospitals where music services are limited to entertainments by visiting performers, the character of their musicianship and their personal qualities are of great importance. As has been pointed out in detail in Chapter III, the visiting performer should master a varied repertory and an attractive style of presentation.

In his relation to the patients he should be sensitive to their reasonable wishes and not become irritated or unfriendly when his audiences do not behave as he wants them to. Neither should he show any partiality to some and neglect of others.

Whether he is a volunteer or a paid performer he should be business-like in his relations with the hospital; he should keep his word and not cancel engagements except for serious reasons. If he must stay away, he should notify the hospital as much in advance as circumstances will permit so that other arrangements can be made. He should show deference to the rules of the hospital and have the proper respect for its personnel. Personally, he should show sportsmanship in collaborating and not back out or otherwise obstruct when affairs are not run exactly according to his taste or when he does not receive the attention he thinks is due him. His mission is to make people feel better and not worse; not to obstruct, but to facilitate the smooth running of hospital routines.²

¹ Employment Guide for Selecting Recreation Workers, Domestic and Overseas Army and Navy Hospitals. The American National Red Cross (ARC 843, rev. August, 1945, p. 1).

² A helpful leaflet entitled *Music in Hospitals* related particularly to volunteer service in military hospitals in collaboration with the American Red Cross has been published by the National Federation of Music Clubs. Copies can be obtained at the Publication Office of the Federation, 113 East Green Street, Ithaca, N. Y.

PART- AND FULL-TIME WORKERS

In hospitals which include a regular music-activities program for the patients in their scheme of care and treatment, the services of a part- or full-time music worker are needed.

In the survey recently undertaken by the National Music Council on the use of music in hospitals for mental and nervous diseases,¹ the question was asked:

“What principal qualifications should music workers possess in order that their services may be valuable in hospitals?” Analysis of the replies disclosed that desired qualifications fell into four categories: musical background, personality traits, attitude toward mental patients and hospital work, training and experience in mental hospital work. Although the survey concerned mental hospitals only, the required qualifications are essential for all hospital music workers, and will be discussed under the same headings.

Musical Background

It cannot be expected that the hospital musician should be equally gifted and experienced in every branch of music activity that is appropriate to hospital needs. He should at least be able to do vocal and music appreciation work, play the piano, and have sufficient technical skill to transpose and arrange scores. In some hospitals the music director is assisted by part-time band and orchestra leaders and piano teachers.

Various categories of professional musicians have been able to develop themselves into versatile hospital music directors by “stretching themselves,” that is, acquiring the musical knowledge and techniques that the service demands. In the survey just quoted the following categories of professional musicians were listed: private and public school music teachers, vocalists, voice teachers and choral leaders; pianists, organists, violinists, wind instrument players, band and orchestra leaders.

Wherever active patient participation in music is one of the chief methods and goals of the program, the musician to be employed should by natural aptitude and by experience be an educator. That means that he should be a musician who does not stop at performing music exclusively as a means of self-expression even if this be on an artistic level, but that his natural bent is to discover and develop the musical inter-

¹ Published in 1944 by the National Music Council, Inc. Copies can be obtained for 15 cents at the Publication Office of the Council, 338 West 89th Street, New York 24, N. Y.

ests and skills of others, not only for musical ends, but to give their lives more zest and cultural content.

In fact the attitudes, training, experience, and pedagogical techniques of the good music teacher, leader, and recreational music worker are all essential requirements for a hospital music worker. In mental hospitals a public school music teacher can do good work, particularly one who is gifted in music activities with adolescents who naturally fluctuate between emotionally charged juvenile impulses and adult aspirations and behavior.

The wider the range of the hospital musician's familiarity with the current American music repertory the better service he can render. Not only knowledge of standard classical and sacred music is needed, but also of popular compositions, an unparalleled musical medium of cheerful fraternization.

The more inclusive the range of cultural interest of the hospital music worker, the more extended will be his range of constructive contacts with various types of personality among the patients.

Some patients, independent of their chronological age, may have to be approached on a child level with kindergarten songs and dances, simple tunes and rhythms; others will collaborate only with a music worker who, they are convinced, has standing in his profession, knows his "stuff," can perform well himself and discuss with them the beauties of a symphonic poem or the artistic merits of a well-known virtuoso. Fundamental to all the technical qualifications of the hospital musician are his own profound love for music, a catholic and sound musical taste, and ability and inclination to make others share in his enthusiasm for the art in a spirit of good will and good cheer.

In some institutions the patient music-activities program has been organized and is carried on by hospital staff members who do not belong to the music profession, but who have a great interest and sometimes considerable skill in the leading and making of music. These include doctors, nurses, occupational therapists, and other hospital workers. The fact that in some instances these musical amateurs have obtained better results in their work with the patients than some professional musicians proves that good musicianship in itself is not sufficient to do satisfactory hospital work and that other basic personality traits are needed to make the worker's musical qualifications effective.

Personality Traits

In order to be an effective hospital music worker one should be physically healthy and emotionally well balanced and self-controlled.

Over-emotional and unstable persons, handicapped by compensation mechanisms, no matter how gifted they may be as professional musicians, should not seek employment as hospital music workers. Work of this character can be accomplished only by mature personalities, experienced in the art of living and having a feeling for and an understanding of the human needs of the patients entrusted to their care.

Inasmuch as the efficacy of the work is either enhanced or hurt by his personal relation to patients and staff, the musician should have a congenial and cheerful temperament so that his influence on his social environment will be comforting and encouraging. Prima-donna and dictatorial attitudes will only cause resentment and frustration. His optimistic disposition should enable him to keep his poise in trying situations. He should have a sense of humor, which helps to break tensions and to make everybody feel a little better in spite of circumstances. Ability to be objective will make it possible to deal in a disarming manner with disagreeable and aggressive persons. He should have patience and tact and show understanding of the other fellow's predicament. His inventiveness and flexibility should help him to master situations where old methods prove to be ineffective. Patients often need moral backing in their efforts. This the music worker may give when he sets the example by his own quiet persistence in a given task. Last, but not least, willingness to collaborate, to work together with others in a joint undertaking, should be a well-developed trait of the music worker's character.

Attitude Toward Hospital Work

The dominant motivation of a musician's desire to work in hospitals should be to make his energies, knowledge, and skills useful in the most intelligent way in the treatment procedures applied for the improvement and comfort of the sick. That requires willingness to work with handicapped persons, and to gain understanding of their needs. It means ability to adjust one's methods of procedure to these needs. The worker's attitude toward the patients' handicaps and limitations should be a positive one: he should not regard them as deplorable obstructions to the attainment of his own musical ambitions and goals, but as challenging problems and opportunities for particularly skillful work.

His job is to facilitate the normal functioning, physically, mentally, and socially, of the patients, to focus their attention on lovely things such as the beauty of a song or the greatness of a symphony, and to help them to free themselves from worries and fears by encouraging

them to do satisfying things like singing a song or playing a tune. In all his musical attempts he should remember that he may never sacrifice the well-being of the patient to the attainment through him of musical results. The efficacy of his work in the last analysis will not be measured by musical standards but by medical evaluation in which the patient's response to the music and the worker is judged in terms of physical, mental, and social functioning.

Unless a hospital musician is very sensitive to his practical position in relation to the patient population on the one side and the hospital staff on the other side, unless he is flexible and adaptable and adjusts himself and his work to the modes of work prevailing in a given hospital, he cannot give the best possible service.

As emphasized in Chapter III the musician's task in a hospital is one that requires teamwork. To be useful at all, his work has to be understood and applied as a link in a chain of treatment services that depend on the harmonious co-operation of many persons, each of whom in his special field contributes to the work of the others in a joint endeavor to further the improvement and comfort of the patients.

TRAINING FOR HOSPITAL MUSIC WORK

From the musical angle the work of the hospital musician is in many respects related to that of the school music teacher and leader of recreational music activities. From the hospital angle it is related to the work of the occupational therapist. It is a skill that can be acquired only by practical experience in the hospitals under proper guidance.

For purposes of vocational training in this work the most desirable apprentice workers will be experienced teachers and leaders of applied music—good musicians, who are successful in working with healthy people and have an insight into the practical life problems of mature men and women. For work in children's hospitals experienced kindergarten and grade teachers will be the most promising candidates.

It is a deplorable fallacy to assume that a hospital job is the solution of the employment problem of professional music students who, after failing to make the grade as performers, have proved also to be of doubtful value as apprentice music teachers.

Until a musician has gone through a probationary period as a hospital worker, which gives him, as well as the administration, ample opportunity to learn whether he fits in the hospital and the hospital fits him, he should not decide to give up his work and earnings as a teacher and leader in the community and venture into this new field.

If after some years of satisfactory work in the community as a professional teacher and leader, a musician still feels a desire for hospital work, he should find out if there are any openings. If so, by doing part-time work under proper supervision, he would come to a sober conclusion as to whether this field would prove sufficiently satisfying to justify giving up part or all of his previous work in the community.

The number of hospitals having either part-time or full-time paid positions for musicians, though showing some increase in recent years, is still very small compared with those depending upon volunteers. It may be assumed, however, that when the function and use of music and musicians in the hospital service become better understood and further developed, the demand for well-prepared directors of hospital music activities and the number of paid positions will increase. In general, the opportunities for employment of musicians will always be fewer than those in the school field. Professional hospital music work is a rather specialized field; furthermore, the number of schools of all kinds in which musicians are employed is likely to remain far greater than the number of hospitals.

It will be to the advantage of the hospital service and of the music profession that practical training for hospital music work be organized according to the same high and practical standards as the training for the nursing and occupational therapy professions.

To attain this goal two conditions will have to be met: (1) There must be medical research and collaboration between physicians and musicians with full appreciation of each other's contribution to teamwork that will lead to generally applicable and officially recognized treatment measures. (2) "Standards and curricula for training of qualified personnel [must be developed by educational institutions] on the basis of careful planning and co-operation with hospitals."¹

A sufficient body of tested knowledge and skill available in the use of music in hospitals and other welfare institutions warrants giving general orientation courses in hospital music in co-operation with hospitals and other welfare institutions. Advanced training in this work has still to be developed as the result of research which should be carried on by scientific methods.

A growing recognition of the need for systematic training is expressed in the attempts of several schools to organize courses in this field. However, until more empirical knowledge is obtained than is available today, the best preparation for hospital music work will consist of the following: (1) In-service orientation of experienced musicians carried on

¹ National Music Council Bulletin, August, 1944, p. 13.

in hospitals by interested and competent staff members. Hospital procedures and a working knowledge of how to deal with patients and patient activities should form the basis of such training along the lines now followed by students of nursing and of occupational therapy. (2) Provision of opportunities for experienced hospital workers in charge of hospital music activities (but not trained and employed as professional musicians) to acquire the particular musical knowledge and skills that they need to become more proficient in the musical aspects of this work.

The vocational training of hospital music workers is a new educational project that should be rooted in and developed from the needs of the service. A definition of objectives, content, materials, and methods for the professional training of hospital musicians, like that for training nurses and occupational therapists, should be arrived at by careful analysis of the practical music work now in progress. Content and methods of training should not be arrived at by *a priori* scrambling together of already existing music and science courses, which can never provide a coherent basic knowledge and skill pertinent to the practical job to be done.

It is clear that whatever form and content this training may assume, it should be given on a graduate level and reserved for seriously interested students who have the necessary personality qualifications in addition to training and experience in music, or training and experience in some branch of hospital work with patients.

Vocational training for hospital music work is not a subject for mass instruction. The number of paid positions will continue to be relatively small, hence the number of students will have to be kept in reasonable proportion to job possibilities. This type of vocational training will not yield sufficient revenues in student fees to warrant its development for financial profit. It is one branch of instruction which, to serve humanitarian and non-commercial ends, needs particularly to avoid exploitation in order that it may develop according to scientific methods; hence it should receive philanthropic support.

In this need the friends of medicine and of music may see an opportunity to further the medically integrated use of music in the hospital service.