



Information Bulletin

Musical Community: Music Therapy at Northeast Center for Special Care

By Rick Soshensky, MA, MT-BC, NRMT
Music Therapist, Northeast Center for Special care

The Community Music Therapy Program at Northeast Center for Special Care utilizes potentials inherent in musical involvement to assist our Resident-Neighbors in developing adaptive coping strategies and social skills necessary to re-enter the community.

A group of Resident-Neighbors participate in one of the many music groups held daily at Northeast Center for Special Care.



Following a traumatic brain injury, impairments to self-awareness, cognition, judgment, social behavior and communication may complicate an individual's

ability to take an active and self-motivated role in rehabilitation. The “ripple effect,” (a term coined by music therapists, Mercedes Pavlicevic and Gary Ansdell), refers to music’s tendency to spread outward, naturally attract people and move them into increasingly wider social contexts.

Employed clinically, music’s dynamic capacity for interaction, self-expression and community-building provides an experiential ground to engage our Resident-Neighbors in a process of rehabilitation.

Consider these scenarios occurring within the diverse musical contexts of the music therapy program:

- Two talented Resident-Resident-Neighbor musicians - a high-decibel rock guitarist, prone to paranoia and rapid escalation into rage collaborates seamlessly with a former professional pianist in her late 70’s who loves nostalgic music from the 20’s, 30’s and 40’s while performing background music for facility art shows and other events.
- A severely injured, disoriented former country music band leader gets up before a large audience at a facility concert to front his old band for several numbers, performing flawlessly, making announcements and introductions, astonishing staff and bringing friends and family to tears.
- A shy jazz musician, whose career and self-esteem were shattered following his brain injury, begins to regain his confidence and love for making music by jamming in the community.
- An administrative staff member, also a humble, private musician, takes time out from his busy schedule to join music sessions and participate in the same vulnerable process of growth, self-discovery and collaboration as the Resident-Neighbors.
- An easily frustrated and agitated, yet talented musician comes to accept, appreciate, and even assist, the collaborative efforts of far more impaired Resident-Neighbors during music sessions.
- Resident-Neighbors rehearse and perform in community concerts, music videos and other music related projects within the facility.
- A previously non-musical Resident-Neighbor works hard to complete an original biographical song and then sings it publicly in a music session.

These seemingly modest accomplishments represent significant achievements for the individuals involved. Music therapist, Stuart Wood (2004), also compared music’s power to connect people with an impact that extends far into a

participants life, as akin to “ripples in a pond” (p.61). Waves of music flow out of rooms, permeating the environment, affecting people.

The music community grows and evolves. Identities, individual roles and self-perceptions begin to shift. Social boundaries and distance diminish through shared experiences, the establishment of collective identity, deepening musical involvement and the emergence of common goals. Projects develop. Pathology is transcended.



Music moves people to go outward. People begin to interact in a wider social context.

Motivation is strengthened and range of expression is broadened through participation in a creative music process (Turry & Marcus, 2004). Isolated individuals find a place where they are safe and accepted for who they are. More importantly, in music they find increased freedom from the impairments that restrict their lives.

Music's unique communication functions have stimulated a growing body of literature related to its inseparability from the evolution of our species. Cognitive scientist and jazz musician, William Benzon (2001) has proposed that the brain and music evolved together and that music continues to play the role it did in humankind's beginning: “the forge in which the new forms of social being emerge” (p.238). That our prehistoric ancestors made music is clear as evidenced by the discovery of bone flutes more than 50,000 years old. It would seem likely that percussion instruments predated melodic instruments by hundreds of thousands of years. The fact that the limbic system, an ancient part

of the brain in evolutionary terms, has been demonstrated to be strongly responsive to music has led some researchers to conclude that music predates spoken language. Neuroscientist, Steven Brown (2001) proposes that very early “pre-language” humans utilized a music-language that conveyed information as well as emotional meaning using discrete pitch levels and expressive phrasing. Eventually, what Brown terms “Musilanguage,” would split into two specialties.

In more modern times, music has reflected its period as much as it has illuminated the future and stretched social boundaries. In the Middle Ages, the Church restricted some uses of harmony that are now common. In the 19th century, the Waltz was considered immoral. In the 20th century, Stravinsky’s music, avant-garde experimentation, Jazz, Rock, and Rap idioms were all met with resistance, only to be absorbed into the prevailing musical vocabulary and social culture. As such, communal music making in a clinical setting can also contain a socio-political impetus that encourages cultural movement (Ansdell, 2002). Musicologist, Christopher Small (1998) claims that all music is ultimately a political act and music therapist, Oksana Zharinova-Sanderson (2005), refers to the music therapist as a “campaigner for music as a force for change in the community” (p. 245).

Beyond music’s social impact, researchers have uncovered music’s effect on neural activity at almost every level from the most primitive regions of the brain common to all animals to the more evolved regions thought to be distinctly human. In fact, no specific music center, as such, has been identified in the brain (Tramo, 2001).

Studies indicate that music perception emerges from a complex interplay of activity in both sides of the brain and that playing music powerfully influences synaptic reorganization throughout the brain (Pascual-Leone, 2001). Neuroscientist, Dr. Paul Aravich (2005) points to this unrelenting neural plasticity in the brain as an endless source of hope for brain injury survivors. Research suggests that this adaptability of the brain is most potently affected by sensual/emotional experiences (as opposed to cognitive/analytical ones) that stimulate behavioral patterns relevant to physical and/or social survival (Tucek, 2005). This would seem to indicate music therapy, with its potential for deeply charged interaction, memory stimulation and emotional response, as an essential component in brain injury rehabilitation.

According to Dr. Yehuda Ben-Yishay (1985), in a pioneering article on neurorehabilitation, optimal and stable outcomes are realizable only if the patient proves successful in reconstituting, to some degree at least, his “ego identity.” Music therapist, David Aldridge (2005) suggests that identity can be regarded as a performance of sorts, achievable only through feedback and dialogue with others. Traumatic brain injury can cause restrictions in performance of movement, of communication, of thinking and, for some, a sense of becoming

lessened as a whole person. Aldridge contends, “we are performed beings; that is we realize ourselves in the world - mentally, physically and socially - as performances” (p.27).

Communication, attention, arousal and action all occur within musical performance, allowing our Resident-Neighbors to experience themselves and contact others in ways that have been reduced or denied due to the nature of their injury. Clinical problems are addressed as musical participation creates opportunities to practice and internalize community transferable skills, as illustrated by the chart below:

<u>Clinical Problem</u>	<u>Musical Participation</u>	<u>Community Transferable Skills</u>
Social Isolation	Inclusion/Collaboration	Social Integration Cooperation
Communication Deficit	Musical Interaction	Improved Listening/Responding
Adynamia	Self-Initiation Vitalization	Improved Motivation Independence
Short Attention Span Poor Frustration Tolerance	Sustained Attention Rehearsal/Repetition Deep Engagement	Improved Concentration Work Ethic Alertness
Disorientation Memory Impairment Disorganization	Clarity of Situation/Role/Others Recognition/Organization in Song, Idiom, Rhythm, etc	Improved Self-Awareness Improved Executive Function
Unstable Mood (Agitation, Anger, Aggression, Depression)	Emotional Expression and Regulation	Improved Mood Management
Low Self-Esteem	Acceptance by Others Dignity Leadership Opportunities Risk-Taking	Identity Recovery Confidence

Regardless of the nature or degree of impairment, we proceed with the assumption that a Resident-Neighbor possesses receptive capacities and a

developed personality; that there is an active inner life and a motivation to communicate with those around them. We search for the music, the instrument, the form of expression that will activate response and participation.

Once a seed of creative engagement has been generated further development is possible as relationships, skills and creative vision continues to mature. From this perspective, there is no differentiation between a Resident-Neighbor's changing music over time and clinical progress. When music indicates improvement in problem areas, it can almost invariably be observed to generalize to related growth outside of music. In this way, outcomes are improved.



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