Value of music education and therapy in developing the self-concept of the mentally retarded

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THE VALUE OF MUSIC EDUCATION AND THERAPY
IN DEVELOPING THE SELF CONCEPT
OF THE MENTALLY RETARDED

by

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CHAPTER I

PURPOSE OF THE STUDY

The purpose of this paper was to ascertain what, if any, value music education and music therapy have in fostering a better self concept of the mentally retarded. As Bevans states

All children possess in different degrees, the abilities to be creative and to express themselves—abilities that need to be cultivated and refined to enable the child to communicate his thoughts and feelings effectively. Every child must be offered the best opportunities to express himself creatively, to achieve goals established by him with his teacher and classmates, and to establish for himself acceptable levels of functioning in all areas of daily living and learning. He alone must finally accept or reject music as one avenue of creative expression, but he must have the appropriate opportunity to do so.¹

Music education and therapy are not new concepts. Choate states that "from the beginning, teaching of music has evolved from a single aim—the education of children in and through music."²

The basic principles of music therapy were recognized throughout the ancient world. The concept may be traced in the writings of the Greeks, Egyptians, Persians, Hindus, Chinese, and other learned nations of antiquity. It was, and still is, a part of the religious ceremonies of primitive peoples throughout the world. It must, therefore, be assumed that modern researches in this field are inspired by the earlier tradition, and the approach to the therapeutic value of music is not a recent discovery, but a restoration of older knowledge and the extension and organization of ideas long held to be valid. The entire


subject is still in the experimental stage, but data are rapidly accumulating and the ancient art is gradually being transformed into modern science.¹

Neither are these concepts new in relationship to the mentally retarded. A renewed and increasing interest in these concepts has been shown in their favor in recent years also. Although the writer feels that the National Association for Retarded Children (NARC) was not founded for the purpose of music education, it is believed that this organization was a forward movement in organizing parents, professionals, and community leaders who feel a close identification with the problem and who are dedicated to the principle that the retarded can be helped. The Bill of Rights, adopted as the Policy of the NARC in 1953, is as follows:

Every child, including every retarded child, is important and has the right to opportunities for the fullest realization of his potentials, however limited, for physical, mental, emotional, and spiritual growth.

Every child, including every retarded child, has the right to affection and understanding from those responsible for his care and guidance during his years of dependency.

EVERY AMERICAN CHILD, including every retarded child, has the right to a program of education and training suited to his particular needs and carried forward in the environment most favorable for him, whether that be the community public school, the state residential school, or his own home.

Every American Child, including every retarded child, has the right to help, stimulation, and guidance from skilled teachers provided by his community and state as part of a broadly conceived program of free public education.

THE PARENTS of every child, including every retarded child, have the right to determine for themselves, on the basis of competent advice, the course of care, training and treatment,

among those open to them, which they believe best for the well-being of their particular child and family, and to have their decisions respected by others.¹

At the same time, the National Association for Music Therapy, Inc., was founded in Kansas. Sections I and II of the Constitution state:

Section I. The purpose of the Association shall be the progressive development of the use of music to accomplish therapeutic aims in hospital, educational and community settings, and the advancement of training and research in the music therapy profession.

Section II. The objectives of the Association shall be those which aid music therapy approaches most effectively toward restoring, maintaining and improving the mental and physical health of all persons.²

The goals of music in special education are much the same as those in music education--to provide the opportunity for many musical experiences, to bring out an inherent appreciation of music and to develop musicianship. But in music for special education there are many more goals based upon the extreme differences of the children. Goals are modified so that they are attainable by the handicapped child. Very often, music is the means of fulfilling goals other than musical ones.³

The goal of improving the self concept of the mentally retarded is a very vital one.

Because the retarded child has has great difficulty in mastering the ordinary tasks set by his family and his society, he tends to develop an unrealistic picture of himself.⁴


³Marcella Vernazza, "What Are We Doing About Music in Special Education?" Music Educators Journal, LIII (April, 1961), 56.

Retarded children do not really have to be told that they are retarded. They have known for many years that they are dreadfully different from other children. The implications of this fact for their future life can be explored little by little in therapy as elsewhere, helping them come to terms with their assets as well as their liabilities.¹

Since this is the case, it is evident that the dimension needing consideration is the goal of better self concept through music education and therapy for the mentally retarded and to define terms used in the field of mental retardation.

DEFINITIONS

In this study Heber's definition was accepted as follows:

MENTAL RETARDATION refers to subaverage general intellectual functioning which originated during the development period and is associated with impairment in adaptive behavior.²

TABLE 1³

<table>
<thead>
<tr>
<th>Level of Deviation in Measured Intelligence</th>
<th>Range in Standard Deviation Value</th>
<th>Range in I.Q. Scores for Revised Stanford Binet L-M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borderline</td>
<td>-1.01 to 2.00</td>
<td>83-68</td>
</tr>
<tr>
<td>Mild</td>
<td>-2.01 to 3.00</td>
<td>67-52</td>
</tr>
<tr>
<td>Moderate</td>
<td>-3.01 to 4.00</td>
<td>51-36</td>
</tr>
<tr>
<td>Severe</td>
<td>-4.01 to 5.00</td>
<td>35-20</td>
</tr>
<tr>
<td>Profound</td>
<td>-5.00</td>
<td>-20</td>
</tr>
</tbody>
</table>


ADAPTIVE BEHAVIOR refers to the degree to which the individual is able to function and maintain himself independently, and it is the degree to which the individual satisfactorially meets the culturally imposed demands of personal and social responsibility.¹

SELF CONCEPT is a person's conception of himself in a given situation and is a determiner or major determiner of his behavior.²

MUSIC EDUCATION is a discipline to provide all students with a deeper understanding of the art of music and a growing awareness and sensitivity of its various meanings in both cultural and individual context.³

MUSIC THERAPY is the profession in which music and musical activities are used, along with other modalities, for the purpose of altering behavior in certain specific directions as well as enhancing the everyday existence of persons evidencing various types and degrees of emotional disturbance. Music therapy utilizes techniques and procedures similar to those employed in music education, and seeks to develop behaviors which are closely related, if not identical, to some of the basic goals held by the education profession.⁴

Accepting the definitions given, it is evident that for an individual to be considered mentally retarded both his degree of adaptive behavior must be impaired and measured intelligence be subaverage. Since there is this direct correlation between intellectual functioning


⁴Ibid., p. 504.
and impaired adaptive behavior and since music education and music therapy seek to impart knowledge and to alter behavior, the writer asked if music education and music therapy would be a means whereby the retarded could improve his self concept.

**THE PROBLEM**

The major problem of this research paper was to determine whether the mentally retarded would profit from music in their lives and, thus, improve their self concept. The purpose of music education is to develop knowledge and skill; therapy concerns itself with the emotional and social growth of mentally retarded individuals, thus contributing to the growth of the whole person by enhancing his self concept. Specifically, answers were sought to the following questions:

1. What is the image, the self concept, the retarded have of themselves?
2. What is a music education and therapy program for the mentally retarded?
3. In general, what is the education and therapeutic value of music in the lives of the mentally retarded towards fostering a better self concept?

**SUMMARY**

The purpose of this study was to ascertain what, if any, progress has been made toward helping the mentally retarded achieve a better self concept since the renewal of interest in the mentally retarded through the organization of the National Association for Retarded Children and the formation of the National Association for Music Therapy, Inc. Terms used in the study were defined. Specific research questions were posed as the subject of the present investigation.
CHAPTER 2

THE SELF CONCEPT OF THE MENTALLY RETARDED

Self-acceptance and understanding of self are closely associated. To accept himself, the growing person must be aware of himself. To accept his limitations he must be able to recognize them. Self-acceptance, in other words, requires awareness and perception. But the child's ability to become aware of himself will be influenced by the way he feels about himself, and the way he feels about himself will depend, in part, on the way others feel about him and encourage him in the process of self-discovery.¹

What is the mentally retarded's view of himself? Robinson states it this way:

The retarded child's sense of self, his respect for his own capacities, and his displeasure with his disabilities have too often been neglected. Perhaps even more than his normal peers, the child with limited capacity needs encouragement and affection from his parents and siblings or from institutional and school personnel. From their attitudes toward him, he builds his own self-concept. From them he needs the security of their affection, and a realistic appraisal of his efforts as those of a worthwhile, likable person. Too often the child sets his sights impossibly high (his idealized self) but sees himself as a contemptible, helpless burden to those around him.²

A study was made by Shears and Jensema on the social acceptability of 94 anomalous persons. The purpose of this study was to compare the acceptability of different anomalous or disabled persons in certain

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social situations. These people were blind, deaf, amputee, mentally retarded, physically handicapped, cerebral palsied, homosexual, mentally ill, severe stutterer, and a person with a harelip. They were asked to rank the ten anomalies with respect to desirability in a friend and the listing is shown in column one. The listing with respect with desirability as a self-affliction is shown in column two.

1. Amputee
2. Blind
3. Wheelchair
4. Harelip
5. Stutterer
6. Deaf Mute
7. Cerebral Palsied
8. Mentally Ill
9. Mentally Retarded
10. Homosexual

1. Amputee
2. Stutterer
3. Harelip
4. Wheelchair
5. Blind
6. Deaf Mute
7. Mentally Ill
8. Cerebral Palsied
9. Homosexual
10. Mentally Retarded

Results suggested that six dimensions probably combine and interact in the formation of stereotypes of anomalous persons—visibility, communication, social stigma, reversability, degree of incapacity and difficulty in daily living.¹

It is of interest to note that the Mentally Retarded was placed ninth in the rank of a friend and tenth in a rank ordered choice of afflictions for self.

Maslow classifies the social and the biological needs of man in this order: physiological needs, safety needs, belongingness and love needs, esteem needs, and self-actualization needs. This sequence holds only for most individuals most of the time, not for everyone all the time.

time. Maslow uses the term "self-actualizing" while Rogers uses these terms—need for achievement and development toward autonomy.

This old adage is quoted by Allport: "Everyone has three characters: that which he has; that which he thinks he has; and that which others think he has."3

How does the mentally retarded view himself? The really self-accepting person accepts his own needs and strivings just as he accepts his assets and his liabilities.4 Is this a picture of the mentally retarded individual?

Meyerowitz made a study in 1966 of the "Self-Derogations in Young Retardates and Special Class Placement." He conducted a one-year study and used the Illinois Index of Self-Derogation. At the end of this time, he found that the 180 educable mentally handicapped persons placed in a special class were more derogatory in their estimates of themselves than were normal children of the same chronological age and grade placement.5

Studies similar to the one of Meyerowitz have been made concerning the placement of the mentally retarded in special classes. Blatt conducted a study to compare the academic achievement, personal adjustment,

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and physical status of the mentally retarded in special class with mentally retarded in the regular class. His 75 participants were placed in a special class while the other 50 were in a regular class. They were comparable in chronological age and IQ. Evaluations were made of the physical characteristics, physical defects, motor skills, personal and social maturity, academic achievement and interests. The results indicate that the physical status did not differ; the physical defects were more numerous in the children in the special class; no difference was found in academic achievement; there was a greater emotional stability and social maturity in the members of the special class. There was no significant difference between the groups on the California Test of Personality. Mentally retarded children in special classes appear to have a greater degree of personality maladjustments than normal children. Mentally retarded children in both special classes and regular classes also appear to have greater academic achievements than that which is expected of them as based on their mental ages.

It was concluded that special class children and regular class children do not differ significantly in physical, personality, and academic status.1

Snyder took 170 subjects among urban and rural, public and parochial schools, Negro and Caucasian, institutional and non-institutional settings and grouped them as high or low academic achievers and studied them as to certain personality manifestations. His study confirmed the following findings: The mildly retarded show a high positive relationship between

good academic achievements and personality integration. Poorer achieving retardates show more manifest anxiety than their better achieving peers. The mildly retarded adolescents showed anxiety significantly related to their learning inhibition. The male retardates of this study obtained poorer personality adjustment scores than did the females but not to a statistically significant degree.

. . . The final conclusion based on a sufficiently wide sampling of retardates to suggest valid generality, is that personality variables play a major role in the extent to which the retarded adolescent maximizes his intellectual potential. It is an error to group mildly retarded adolescents by IQ category alone just as it is an error to predict their ultimate academic attainment by the IQ. The academic environment in which the retardate is taught should be structured to encourage participation, minimize the utility of failure avoidant mechanisms of defense and, in general, to enhance the self concept.1

Allport's opinion is such that when his emotional needs for belongingness, for love, respect and self-esteem are gratified, such characteristics as affectionateness, self-respect, self-confidence and security begin to appear.2

In the study of the social and emotional adjustment of mildly retarded children and adolescents, Gardner found that contrary to numerous statements, little is known concerning the type and frequency of behavior adjustment problems among the mildly retarded and that there is insufficient evidence to indicate that the adjustment level of special class children is superior to that of retarded children attending regular grades.3

1Robert T. Snyder, "Personality Adjustment, Self-Attitudes, and Anxiety Differences in Retarded Adolescents," American Journal of Mental Deficiency, LXXI (July, 1966), 33-41.


In contrast to the above findings, Ringness found that bright children have better formed self concepts, are able to differentiate better, are better adjusted and are in closer contact with reality than average or retarded children. He found that average children are sometimes below the retarded in self estimates. Since the bright and average children were in the same classrooms this is not illogical; the retarded were in the secure atmosphere that is cultivated in special classes.¹

Similar studies were made by Collins and Burger,² and Schurr, Joiner, and Towne.³ These studies bear the same findings: There is a definite positive effect on the self concept and school placement in a special class and upon school achievements. There are significant differences for the variables of self-criticism, identity, social self, family self, and moral-ethical self-scales in the negative direction.

SUMMARY

The research studies referred to here are in agreement that the mentally retarded individual, as a whole, has a derogatory self concept and that his family, peers, achievements, physical and mental health have a bearing on the formation of his self concept.


MUSIC EDUCATION

Research studies have shown that the mentally retarded have a derogatory self concept due to various factors, one of which is their usually poor achievements. The writer now investigates the value of a music education program for the mentally retarded as an educational tool in helping the mentally retarded individual achieve a better self concept. The value of education "lies not primarily in what it trains the child to accomplish but in what it inspires him to be." Should that not be true of a music education also?

Bauer wrote that "music through the ages has a universal appeal because of its constant entanglement with the social, religious, scientific, political and aesthetic elements of life. It becomes, therefore, a document of human experience recorded in movement and sound." This document of human experience is recorded in a state required music program in Indiana Schools as follows:

A. Intellectual:
1. Awareness of the logical organization of serious music.
2. Ability to listen attentively and to follow with understanding the unfolding of a musical work
3. Ability to appreciate good standards of musical performance
4. Ability to appreciate good artistic principles •••
5. Respect for the quality of mind of the creative artist •••

B. Technical:
1. Ability to use the singing voice as a means of self-expression.
2. Ability to read musical notation and to use such ability in group and community singing
3. Ability to make music on instruments •••


C. Aesthetic:
   1. A sharpened sense of beauty in sound
   2. An awareness of and growing response to those products of our artistic heritage.

D. Social:
   1. Recognition of the social qualities of music.
   2. Consciousness of the aesthetic and cultural values in one's community
   3. An awareness of the contributions which the artists of America and of other countries have made to one's own enjoyment and the cultural enjoyment of all people
   4. A sense of belonging by student participants, and a feeling of identification with a successful performing group.

All of the proposed intellectual, technical, aesthetic, and social goals as proposed in this curriculum cannot be achieved by all because some children are exceptional. In the book, Educating the Child Who is Different, Egg states that

"even though all our children cannot be termed musical, music appeals to them all without exception. Every child is touched emotionally by music; it means something to each one. Even when the children do not participate actively, even when they cannot produce a single note, we can see from their faces that they are taking part inwardly."

Egg referred to the child who is different. This difference was described by Cruickshank in this definition of mental retardation.

Mental Retardation refers to individuals who, for temporary or long standing reasons, function intellectually below the average of their peer groups but whose social adequacy is not in question or, if it is in question, there is the likelihood that the individual can learn to function independently and adequately.

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Listed below are the intellectual characteristics of the educable mentally retarded as recorded by Kirk:

1. The mentally retarded child shows low performance on verbal and nonverbal intelligence test; his IQ will be in the range from 50 or 55 to 75 or 80. This implies a rate of mental development approximately one-half to three-fourths that of an average child.

2. Retarded mental development may include slowness in maturation of specific intellectual functions needed for school work, such as being significantly low in memory for auditory and visual materials, generalizing ability, language ability, conceptual and perceptual abilities, imagination and creative abilities, and other functions considered basically intellectual.

Academic Characteristics:
1. The educable mentally retarded child is not ready for reading, writing, spelling, and arithmetic when he enters school at the age of six. He does not begin to acquire these skills until he is eleven. This delay in learning is related to mental age, not to chronological age.

2. The rate at which the child progresses in school is comparable to his rate of mental development, that is, about one-half to three-quarters the rate of the average child. He should not be expected to cover a year's material in a year's time, as do average children.

3. At the end of his formal school career his academic achievement will probably have reached second-to-sixth-grade level, depending upon his mental maturation.\(^1\)

Although the learning characteristics and the academic characteristics of the educable mentally retarded may differ in degree from his normal peers, he has the same life needs of every individual. These life needs are:

1. Learning to maintain a state of physical well-being.
2. Learning to live safely.
3. Learning to understand one's self.
4. Learning to get along with others.
5. Learning to communicate ideas.
7. Learning to travel and move about.
8. Learning to earn a living.

9. Learning to be a home-maker.
10. Learning to enjoy life through the appreciation of art, dance, and music.
11. Learning to adjust to the forces of nature.
12. Learning to manage one's money.

The retarded child too often becomes frustrated in coping with life's situations with his limited capabilities so that Ginglend writes:

The needs of the retarded child are basically the same as those of his normal brother, but many factors operate to prevent his needs from being answered in exactly the same way as his brother.

Programming for the educable mentally retarded involves several critical components. The first is to develop special provisions for them since they cannot benefit sufficiently from the instruction provided in the regular class. Another equally important component is the development or stating of realistic goals and aims. Dobbs, Niesen, Weber, Littleton and Grele, have all tried to answer the retardates' needs by fostering music education among the retarded specifically by their understanding of the problem and by submitting music curricula for the education of the mentally retarded.

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Neisen discussed some of the basic principles, factors, and techniques to be considered in the organization and the development of curriculum projects for programs for the retarded. Some of his principles are:

The curriculum project must be guided by long range goals. The nature and needs of the learner influence curricular content. The content of the curriculum must have purpose, meaning, and utility for children at each stage of their development. The curricular content should be guided by goals which are stated in terms of specific behavior. The curricular content should have scope and sequence.¹

The writer has examined a number of music curricula for the retarded and agrees with Balkin's statement that

Music should be an integral part of any educable group, and that the music program for an educable class need differ only slightly from that of a regular music class.²

Most mentally retarded children have musical ability which should be encouraged. The value of music cannot be overestimated providing the music is chosen to fit the immediate needs of the child. It is desirable to correlate the music with the daily experiences of the child. Music will provide opportunities for the initiative of the individual, an outlet for emotions developing confidence through a feeling of accomplishment, developing poise. These were the conclusions drawn from a questionnaire by Carey in 1958.³


The retarded child should achieve a measure of success in his musical experience. The production of a child's voice in singing is a natural and spontaneous act. Through singing the child learns the breathing process, intonation, tone, articulation, and memory of sounds and words. He can feel the vibrations of his vocal chords and even become aware of good body posture when he stands and sings.

Rhythm activities are essential in the music education of handicapped children for it helps them develop coordination of their muscles and in turn helps them in their other studies and areas of learning. Rhythm bands and activities, marches and simple folk games are helpful.

Instruments should be included in a rhythm band. After success on simple instruments, the melody bells and autoharp are especially good for these children.

Listening and creativity can also be profitable activities but in order to be meaningful to the children, music must be loved by them. Kondorossy expressed it in these words. "Music can bring into the lives of all these children a potential for enjoyment that recognizes no handicaps." ¹

Rowland conducted a survey of teachers' opinions. His question was: Do you think the musical interest of mentally retarded children will correlate most closely with their chronological age, mental age, or the reading level? He received 48% back with the answer in favor of the mental age. ²

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It must be remembered that there is a difference between musical tasks and musical performance. This researcher has investigated the musical tasks. Therefore, the writer is in agreement with Alvin when she said that Remedial music may help the mental, perceptual, or emotional growth of the handicapped child, irrespective of his musical aptitude or ability. Music may be the only way he can realize himself. Music may represent to him a non-threatening world with which he can use the restricted physical or mental means he possesses, however weak or deficient. Musical activities also can help him towards the awakening of perceptual awareness, the development of auditory discrimination and motor control.\(^1\)

Thresher wrote words of praise in these words:

The use of music with mentally retarded children is generally considered felicitious. When children learn the words to new songs and sing the songs together, socialization is encouraged and defective speech improved. Fine and gross motor coordination may be helped by learning to make and play musical instruments, by dancing, and by body rhythms. Music stimulates the senses and gives aesthetic pleasure and musical response, and releases emotions and tensions. The fun of learning and the self satisfaction of having learned—whether the product is the words to a song, the notes of an instrument, or the step of a dance—should not be underestimated in view of a retarded child's need for love, approval, acceptance and success. . . \(^2\)

This same meaning and expression of music is also found in the writing of Littleton and Grelle.\(^3\)

O'Toole did a project in Boston and her only aim was to put gladness into the heart and joy into the soul of some retarded children of . . .

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both elementary and intermediate age. The children came to realize that music is something that can not be taken away from them.  

In conclusion, Portney writes:

Children find music extremely helpful as an aid in learning. Music aids in the education both of the mind and of the emotions. Music sharpens a child's sensibilities and familiarizes him with his emotional resources. Music intensifies his capacity to feel and probe. Music gives him a sense of order which the outside world does not supply. Music converts the animal in him and transforms him into an affectionate child, sublimates his feelings of hurt and revenge into love and devotion. Education is the sensitizing of the whole child, not of the mind alone.

SUMMARY

Music should be in the life of every individual. The music program for the mentally retarded should differ only slightly from that of a regular program and should include rhythm, rhythm bands, rhythmic activities, songs, singing, and instrument playing when possible.

Research into music programs has been cited and it is concluded that the mentally retarded are enriched through music education.

MUSIC THERAPY

Do the mentally retarded profit from music therapy in their lives and thus improve their self concept?

Music education individually prescribed to accomplish therapeutic aims is classified as music therapy.

Music therapy is the profession in which music and musical activities are used, along with other modalities, for the purpose of altering behavior in certain specific directions as well as enhancing the everyday existence of persons evidencing various

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types and degrees of emotional disturbance. Music therapy utilizes techniques and procedures similar to those employed in music education, and seeks to develop behaviors which are closely related, if not identical, to some of the basic goals held by the education profession.1

Gaston defines music therapy in these words:

"Music Therapy is a gently insistent but dynamic persuasion of man to change his behavior, to share with and to expect fearlessly from his fellowman, and in so doing to achieve a happy confidence and satisfaction in himself."2

It was not until the twentieth century that the white man came to realize the use of music as a functional tool in promoting mental, and thus, physical health.3

In 1950 the National Association for Music Therapy, Inc., was organized for the purpose of progressive development of the use of music to accomplish therapeutic aims in hospital, educational, and community settings, and the advancement of training and research in the music therapy profession.4

The short term goals of therapy are to:

1. Increase tolerance of instruction.
2. Decrease avoidance behavior in possible failure situation.
3. Teach how to achieve success in long term projects.
4. Increase attention span and concentration skills.
5. Develop a realistic view of self.
6. Increase self esteem.
7. Decrease irresponsible behavior in work situations.
8. Increase tolerance of authority figures.
9. Decrease avoidance behavior in social situations.


10. Increase awareness, acceptance, and responsibility towards other's feelings.
11. Develop skills in dealing with intense emotions.
12. Develop knowledge of ways to avoid seclusive, passive living in the community.

Music therapy is the application of the art of music to accomplish therapeutic aims. It is the use of music and of the therapist's self to influence changes in behavior. Through these changes it is hoped that the patient will experience greater understanding of himself and the world about him, resulting in a more effective adjustment to society and better mental and physical health. To do this, the trained music therapist follows the specific treatment aims prescribed by the attending physician.

Exceptional (handicapped) children profit greatly from music therapy and are second only to the mentally ill in numbers receiving music therapy. This is a rapidly growing field for those who wish to use music in work with the mentally retarded, and emotionally disturbed, the cerebral palsied, the crippled, the blind and those with multiple handicaps.

"Therapy concerns itself primarily with the overall emotional and social growth of the individual." Although sensory-motor and personal-social disabilities do not necessarily have any intrinsic or invariable association with mental retardation, they are, nevertheless, frequent concommitants. The impairments in the personal-social factors are as follows:

**IMPAIRMENT IN CULTURAL CONFORMITY**

Deficiencies in this category reflect one or more of the following: behavior which does not conform to social mores, behavior which does not meet standards of dependability, reliability, and trustworthiness; behavior which is persistently asocial, antisocial, and/or excessively hostile.

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IMPAIRMENT IN INTERPERSONAL RELATIONS
This category is intended to reflect deficiencies in interpersonal skills. The individual with an impairment in interpersonal relations does not relate adequately to peers and/or authority figures and may demonstrate an inability to recognize the needs of other persons in interpersonal interactions.

IMPAIRMENT IN RESPONSIVENESS
Impaired or deficient responsiveness is characterized by an inability to delay gratification of needs and a lack of long-range goal-striving or persistence with response only to short-term goals. Those individuals who respond only to biophysical stimuli of comfort or discomfort would be classified at one extreme of the dimension of behavioral responsivity. Individuals classified at the other extreme would be characterized by responsiveness to abstract or very symbolic rewards.¹

Adaptive behavior is a composite of many aspects of behavior and a function of a wide range of specific abilities and disabilities. Intellectual, affective, motivational, social, sensory, and motor factors all contribute to, and are a part of, total adaptation to the environment.²

The basic goals of music therapy for the mentally retarded, whether provided for in the community or in special institutions, are basically the same: to help the children to higher adaptive behavior levels; to establish better interpersonal relationships, which some authorities consider a part of adaptation; and to help them develop self-esteem. In accomplishing these goals, music therapy sometimes enables retarded children to function more adequately than individual tasks would indicate.³

²Ibid. p. 76.
Music programs for the moderately retarded, such as outlined by Scheerenberger\(^1\) and Frasher\(^2\) revolve around circle games, line games, songs, action songs, and singing. Songs were selected on the basis of interest, enjoyment, and curriculum correlation. Rhythm bands, dances, folk and square dances, and activities were used to assist in developing the visual, auditory, and motor processes.

Guthrie and others did a study in 1961 and 1962 and found four patterns which involved social conformity, maintaining emotional control, utilizing assertiveness and maintaining fearful relationships which necessitated deception. Both studies gave evidence of the struggle of the retarded subjects in the face of an environment which makes many demands which they cannot meet. It was found that the retardate's primary concern was that they be liked and not criticized and that they differentiate sharply between peers and others; a factor which may be responsible for some of their ineffective social behavior as retarded tried to please both their peers and other people.\(^3\)

Jorgenson and Parnell conducted a study with mentally handicapped children to modify inappropriate social behavior through the medium of


music therapy. The results were all interfering behavior decreased and participation increased when the token reward was used. Interfering behaviors continued to remain low for 25 sessions.¹

The writer wishes to draw attention to Jorgenson and Parnell's study again. Music activities were chosen for this particular study but it was music with candy that brought about the desired results.² It is the belief of the writer that music therapy is not miraculous but can help to enrich the lives of those whom it touches. Weigl found that 10% of children did not change perceptibly with music therapy; 20% showed improvement in class but little carry over in the home and 70% showed positive changes in behavior and attitudes.³

Goodnow,⁴ Chace,⁵ and Johnson and Phillips⁶ all conclude that dance is an art of moving efficiently, effectively, and expressively. It is an activity which fosters the complete utilization of the total body in order to express meaning and interpret feeling. It is of great value in music therapy.

²Ibid. p. 87.
Kondorossy expressed the richness of music very well when he said:

Music is, therefore, an area of enrichment for those unfortunate children who were born with the desires of normal children but less potential for attaining them. Until they were introduced to the world of music in a classroom experience, their separate handicaps had excluded many of them from their social environment. In it they found their first and, for some, their only cooperative venture.¹

Music permits and encourages each person to participate dynamically in his own growth and change and ... music therapy helps the patient to a healthier adaptation to society.²

**SUMMARY**

Since 1964 there has been much research done on the subject of the self concept and the mentally retarded. There is not too much controversy. In fact, there is agreement that the mentally retarded individual, as a whole, has a derogatory self concept and that his family, peers, achievements, physical and mental health have a bearing on the formation of the self concept.

Music should be in the life of every individual. The music program for the mentally retarded should differ only slightly from that of a regular program and should include rhythm, rhythm bands, rhythmic activities, songs, singing, and instrument playing when possible.


CHAPTER 3

SUMMARY OF RESEARCH STUDIES AND CONCLUSION

The major problem of this research paper was to determine whether the mentally retarded would profit from music in their lives and, thus, improve their self concept. The purpose of music education is to develop knowledge and skill; music therapy concerns itself with the emotional and social growth of mentally retarded individuals, thus contributing to the growth of the whole person by enhancing his self concept. Specifically, answers were sought to the following questions:

1. What is the image, the self concept, the retarded have of themselves?

2. What is a music education and therapy program for the mentally retarded?

3. In general, what is the education and therapeutic value of music in the lives of the mentally retarded towards fostering a better self concept?

Self concept was described as the person's conception of himself, the self-esteem, or image the mentally retarded person perceives, conceives, and evaluates himself.

As a result of his interaction with his environment and particularly with others' evaluations of him, the individual develops an organized, dynamic sense of self, and he molds his behavior and perception accordingly.1

Research studies have shown that there are many variables that influence the mentally retarded child, as to the concept he has of himself. Some of these variables are: sociological and physiological factors, environment, culture, family, peers, and the degree of mental intelligence he has. There have been studies with opposing views that the mentally retarded placed in a special school has a better concept of himself than other retarded who are in the regular classroom setting. There are also opposing views as to the self concept the mentally retarded, especially the mildly retarded, has of himself but studies are in agreement, that the more severe the retardation the more derogatory the individual's self concept. Findings also agree that girls seem to be less affected by emotional reactions and have a better self concept than do boys and Wagner adds that "there are as few as 10% who show no emotional reactions."1

Since so many retarded children also have unfavorable emotional reactions, music education for the retarded was considered. Findings indicate that music provides a wide range of emotional expression. Both positive and negative emotional reactions are expressed through music. For this reason, movement, rhythm bands, rhythmic activities, and dances are highly prescribed.

Music attracts and holds attention, affects moods and relieves tension, creates group spirit, assists in developing motor coordination, stimulates the imagination and facilitates self-expression. Most important, music helps mentally retarded children to adjust to a society in which they have been placed without the mental capacity bestowed upon most of their associates.2


The research this writer reviewed showed that music affects the lives of all it enters and contributes to the growth of a person through knowledge and skill in specific areas. This also has a range from attracting and holding attention to stimulating the imagination and facilitating self-expression. Growth in one area is growth of the whole person.

All studies reviewed by this writer show perfect harmony of agreement that music is beneficial to the mentally retarded in various degrees. Vernazza says "It is clear that exceptional children receive music enthusiastically, that they greatly benefit from participation in music, and that music enriches their school day."¹

It is not possible to predict the degree to which retardates' concept of self can be changed. The writer believes that with the music educational program for teaching individuals and, therefore, for reaching individuals some untapped potentials inherent in these persons will be reached. To reach the individual better, music therapy, a prescribed music activities program for the individual was considered. In this program, the music therapist prescribes music for experience within the structure that demands time-ordered behavior, ability-ordered behavior, affectively-ordered behavior, and sensory-elaborated behavior. She can provide music for experience in self-organization: self-expression, opportunities for socially acceptable rewards and nonrewards, and provide for the enhancement of pride in self or she can provide music that has experience in relating to others.²

¹M. Vernazza, "What Are We Doing About Music in Special Education?" Music Educators Journal, LIII (April, 1967), 58.
Since music therapy was revised only twenty years ago, there has not been much research on the subject. The study and findings by Nordoff and Robbins seems to summarize the other few studies done in this field. They found that music therapy could free the mentally retarded children from the frustrations and tensions that bedeviled their lives. They saw improvements in classroom attitudes and behavior through music therapy that resulted in the upgrading of several children's teachability and withdrawn or hostile children were brought effectively into the group. Even more far-reaching and less torseeable were changes in the social conduct outside of school. Almost every child appeared to develop, through his participation in the work of the group, as a whole, a new self-image.\(^1\)

**CONCLUSION**

The writer has found that since there are so many variables that influence the child (and the mentally retarded are usually deficient in the means to cope with the variables) they often meet with frustration and failure. Repeated frustration and failure surely lowers the already low tolerance level and leads to more failures. This can only result in a concept of self which is not good, as the studies have indicated. However, proper evaluations can only be made from physical, physiological, psychological, personality and sociometric testings. To date, these findings show a derogatory image the mentally retarded have of themselves.

Music ability and intelligence are not related on the lower end of the continuum. The mentally retarded can and certainly do profit from...

this enrichment in their lives although they will seldom, if ever, become great artists. The music goals for the mentally retarded are the same as for all children--growth and development in four major areas: mental health, social development and adjustment, language development, and physical development. Research studies show how music education fosters exploration to discover, find, and enjoy a wide range of musical experience and enrich the lives of the mentally retarded.

Music therapy is still in its infancy. The writer understands music therapy as an extension of music education. It is music education plus a prescribed therapeutic factor; such as movement, dance, activity, type of music, setting, group or individualized instruction. This type of therapy is still in its beginnings and seems to have supportive approaches. Music therapy for the retarded is surpassed in its use only by that of the mentally ill. However, it is too soon for researchers to evaluate it. Further research studies are needed to investigate the musical situations, processes, and the various aspects of music therapy operations.

And it came to pass, when the evil spirit from God was upon Saul, that David took a harp and played with his hand: so Saul was refreshed and was well, and the evil spirit departed from him.

Samuel 1, 16:23.
BOOKS


ARTICLES IN JOURNALS


DeObaldia, Mario and Best, Gary A. "Music Therapy in the Treatment of Brain-Damaged Children." Academic Therapy, VI (Spring, 1971), 263-269.


Foale, M. "The Special Difficulties of the High Grade Mental Defective Adolescent." American Journal of Mental Deficiency, LX (April, 1956), 867-877.


--- Monograph Supplement. American Journal of Mental Deficiency, 2nd ed. LXV (September, 1959).


Murphy, Mary Martha. "A Large Scale Music Therapy Program for Institutionalized Low Grade and Middle Grade Defectives." American Journal of Mental Deficiency, LXIII (September, 1958), 268-273.


Snyder, Robert T. "Personality Adjustment, Self Attitudes, and Anxiety Differences in Retarded Adolescents." American Journal of Mental Deficiency, LXXI (July, 1966), 33-41.


