

Insight-oriented music therapy with elderly residents

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Abstract:

As approaches to therapy change, and the body of information about needs and issues of the elderly continues to develop, it is useful to consider the design and implementation of insight-oriented approaches (Wheeler, 1987) to music therapy programs with the elderly. Current issues for the elderly form a composite with past and future issues, any of which may emerge during a music therapy session. They may include, for example, unresolved experiences from the past, or anticipation of death, and/or current problems relating to health and peer loss. These issues may be interfaced and addressed using an insight-oriented music therapy approach (Wheeler, 1987). In the current approach, song-related material is developed, which is aimed at addressing issues of elderly residents and enhancing re-educative and reconstructive goals (Wheeler, 1987). Making strong use of the isoprinciple, song categories and outlining a paradigm of music therapy with the elderly, a typical entire session is discussed section by section and results are analysed in terms of group mood, interactions and issues. The long-term benefits of this program of music therapy with the elderly and difficulties which may arise are discussed, and recommendations for further research are suggested.

Introduction

Current research trends in areas such as gerontology and geropsychiatry are broadening and expanding our understanding of the needs of the elderly. Much of the literature in the field of music therapy practice with the elderly focuses on client needs as relating to increased sensory stimulation and music-related physical activities (Lynch, 1987; Bright, 1981; Liederman, 1967), a level which Wheeler (1987) classifies as activities-orientated music therapy. However, it is useful to consider research from related areas into the needs and issues of the elderly, in relation to Wheeler's second and third levels of insight-oriented music therapy (1987) which are based on psychodynamic principles. It seems that there has been very little reporting of music therapy used with the elderly in this way, and it is the purpose of this article to outline a music therapy program and theoretical paradigm directed at addressing needs and issues of elderly residents at an insight-oriented level, via the use of song-related material.

Needs and issues of the elderly

As background, it is useful to define the needs and issues of the elderly clients. Psychotherapists often speak of the *issues* of the client, whereas music therapists traditionally base their goals on the *needs* of the client. An *issue* may be "a matter not finally settled and on the settlement of which something else depends" (Gove, 1986, p. 1201), whereas a *need* may refer to "a physiological or psychological requirement for the maintenance of the homeostasis of an organism" (Gove, 1986,

p. 1512). Combining these two concepts, it becomes clear that the need for the client is encouragement and assistance towards the resolution of issues. *Insight* may be defined as “the power or act of seeing into a situation or into oneself”, with “immediate and clear learning that takes place without recourse to overt trial-and-error behaviour”, and includes “the fact of apprehending the inner nature of things or of seeing intuitively [with] clear and immediate understanding” (Gove, 1986, p. 1169).

Elderly clients may have many issues which may relate to aspects of their past, future or present (Short, 1992a). Clients may or may not have conscious understanding or insight into their own issues, and may have issues from various areas intermingled at different times and in different configurations. A composite of the client’s issues may appear in the responses and reactions within the music therapy session.

Past

As clients progress through life, they bring with them unresolved issues from the past. Issues of relationships and communication may relate to their primary family — mother, father, siblings and other close relationships. It has been shown that the client’s personal manner of relating and responding to the world is carried into maturity and elderly life (Atchley, 1989). This includes patterns and coping strategies which may either be productive and appropriate or maladaptive and inappropriate.

For the client, life review is a major issue in the process of ageing. Integration of differing parts of the person’s life is promoted by reviewing and resolving past experiences, thus enhancing healthy, adaptive functioning in the present (Moody, 1988; Beadleson-Baird, 1988; Lieberman and Tobin, 1983).

Future

At the other extreme, death of peers becomes an increasingly major issue in the ageing population. Looking towards an uncertain future, the client faces their own issues surrounding death and spirituality. These issues may present an “existential dilemma” (Lieberman and Tobin, 1983, p. 205); the inevitability of death and questions about an afterlife may be very difficult for clients to resolve.

Present

Both past and future issues impact heavily on the current life of the elderly client, however, in the present, the client experiences life cycle changes and ongoing psychological development in the normal process of ageing. Development occurs in integrating external reality and internal psychic functioning (Kirshner, 1988), in conjunction with ongoing stages of ego development (Erikson, Erikson and Kivnick, 1986; Loevinger, 1976, quoted in Kirshner, 1988). In line with existential psychotherapy, elderly clients have a need for meaning and purpose of life (Reinhardt, 1960; Lieberman and Tobin, 1983).

Issues regarding physical health tend to have an increased likelihood as the person ages. There are a great range of causes and prognoses of physical illness or disability, which can trigger significant psychological reactions, notably significant

depression. Studies of elderly patients suggest that residual depression is common after brief hospitalisation and return home (Magni, Schifano, Baiocchi, and Renesto, 1988). For those unable to return home due to chronic illness or disability, levels of depression are expected to be significantly increased. Depression may be overlooked in the treatment of the elderly, often misinterpreted as organically-based mental impairment (Perlick and Atkins, 1981). In light of this, insight-oriented therapy may be even more necessary for the elderly than originally anticipated.

In coping with enforced adaption to institutionalised life, the client may confront issues of dependency (Christopher, Loeb, Zaretsky and Jassani, 1988), related to individuality and personal identity.

Grief caused by chronic disability and loss of functioning is frequently an issue for the elderly client (Bright, 1986). Losses of both a preferred living situation and a "convoy" of support from family and community (Kahn and Antonucci, 1981) often occurs as the elderly person enters the institutional setting.

Music therapy paradigm

Having discussed the issues and needs of the clients, it is pertinent to consider the design of the music therapy program. How is it possible to interface the issues outlined with the implementation of an insight-oriented music therapy program?

Matching music to the mood of the clients in order to begin to address needs therapeutically, the current approach followed many standard teachings in the field of music therapy, especially the isoprinciple (Altshuler, 1948). Applying the isoprinciple, the therapist developed a sense of the mood of the client and of the group as assessed by facial expressions, eye contact, breathing rate, energy levels, and other non-verbal cues, in addition to verbal and vocal responses (Short, 1989). This provided a baseline from which to work, and was reassessed frequently in order to continue to address the mood and needs within the group (Short, 1992b).

Leading music therapists have focused on musically expressing how the client is feeling or appears to be feeling, subsequently using the client's responses to directly "feed them back" to the client via musical and verbal means (Nordoff and Robbins, 1971, and Priestley, 1975, working with children and psychiatric patients respectively). Likewise with the elderly, the choice of music combined with the style of accompaniment used to achieve ongoing matching of moods, may have substantial and deeply therapeutic effects.

Wheeler (1987) has defined three levels of music therapy. These are music therapy as activity therapy, insight music therapy with reeducative goals, and insight music therapy with reconstructive goals. Psychodynamic approaches to therapy involve interactions within the personality, such as interactions between past and current events and between different segments of the personality (Wheeler, 1981). At this level, "Therapy consists largely of bringing unconscious material to consciousness, under the belief that once aware of the reasons for particular behaviour, the client may choose whether or not to continue the behaviour" (Wheeler, 1981, p. 13). The design of the current program fits into Wheeler's (1987) insight-oriented levels, eliciting both conscious and unconscious material within the music therapy

session and working with it therapeutically within a transformational and reeducative framework. The music therapy program reported here investigated the use of song material to address issues using an insight-oriented rather than activity-oriented style of singalong.

Songs offer several features inherently suitable for working with the elderly. Firstly, elderly people generally relate well to songs. Bailey (1984) states, "There exists an inherent association between songs and human contact since lyrics represent melodic verbal communication" (p. 5). Secondly, songs convey a sense of comfort and familiarity: the human voice has a powerful ability to evoke and resonate with people on a deep level. It is possible that this can be linked to early experiences of infant and mother (Gaston, 1969). Finally, the voice is a powerful means of expressing inner experience (Wheeler, 1981): songs carry a rich wealth of therapeutic material through lyrics, topic and associations.

The challenge facing the music therapist was to utilise these features and couple them to a therapeutic understanding of issues to develop a sense of intentionality and purposeful choice of songs within the music therapy session. Considerations were required as to the manner of the rendition of the songs via accompaniment, purpose of using and choosing the songs, and decisions about how the songs were chosen, and subsequently leadership within the group.

In the music therapy session, songs were used to draw out and expand upon a mood or a sentiment; to enhance the ability of clients to tolerate feelings and experience them fully, and to assist in the integration and acceptance of these feelings. Psychodynamically, the songs were used to elicit and process underlying and unexpressed issues and feelings, bringing them to conscious awareness.

In using songs within a depth-oriented music therapy paradigm, it was important for the music therapist to be aware of potential soothing or energising effects of the songs (Gaston, 1968), and to be familiar with different styles of accompaniment (Robbins and Robbins, 1990). In the current program, the purpose and sentiment of each song was considered in terms of musical and verbal material and the integration of these, in order to determine how best it could be used within the session. In order to do so, the music therapist found it useful to consider "categories" of songs for particular purposes. Such categories included songs about family groups, nurturing, childhood, peer support, identity, marriage, body awareness, grief, change and regeneration, spiritual development, anger, love and joy. These were not definitive categories, but were useful in a general sense: there were many more gradations of feeling and uses of songs than are represented in this article. Some songs formed a natural turning point signalling a mood change in the music therapy session, while others tended to mesh with surrounding songs. An example of a song having a natural capacity to promote mood change was "Somewhere my Love" (1965). This song has a strong leaping melody of a yearning nature alternating with a second melody of narrower melodic tessitura, then changing to a climactic restatement of the original theme which entailed increased urgency and forcefulness. Alternatively, waltz tunes with homogenous melodic structure and tempo, or songs conveying similar sentiments in terms of the words, are examples of music which easily meshed together. It was important to consider in an ongoing way as the music therapy session progressed what were the charac-

teristics of a particular song. Having a good sense of where a particular song could best be placed within the music therapy session was an important skill for the music therapist to master. The choices made were based on an understanding of the structure of the session and the process of change for the clients within the psychotherapeutic process. These skills were gained from a background of training in group process and considerable experience in working in music therapy.

The main instrument used in conjunction with the voice was piano. The modes of piano accompaniment to songs from the categories were subject to improvisation and change, as necessary to address the mood of the group. As Wheeler (1987) states,

“In using music therapy at these [insight] levels, *the music itself* [italics added] is often used to elicit emotional and/or cognitive reactions which are essential for the therapy” (p. 40).

Most songs could be played in a number of different ways, relating to tempo, pitch, dynamics, rhythmic and melodic emphases, in order to change the mood and feeling generated by the music. For example, a rendering of the song, “He’s got the whole world in his hands” (1978) for piano may occur with two differing descriptions:

- (i) *Energico e marcato* M.M.  = 69
Forte dynamics, clearly articulated melody, strongly accented bass rhythm of



- (ii) *Cantabile e espressivo* M.M.  = 52
Mezzopiano dynamics, with slight rubato. Legato phrasing in melody, some legato in bass line. Bass rhythm of

Therapeutically, the music may be used in several different ways. Enhancing a particular memory with music and/or discussion may lead to the emergence of deeper thoughts and feelings in the clients. Use of songs evoking memory-related material and assistance by the music therapist in finding its relevance to the client promotes integration of material into the client’s present life.

In order to determine the group mood or ascertain if the verbally stated feelings match actual affective conditions, the music was used diagnostically for ongoing assessment. For example, if all group members verbally indicated that they were “fine”, but non-verbal cues appeared to indicate a quiet or depressed mood, then

playing music that accessed the underlying quiet feelings could be used, with the music therapist carefully noting the reactions of group members in order to obtain further insights into the actual emotional state of the group.

Songs could also be used to avoid issues; denial was a powerful force within the group. For example, residents often almost automatically responded, "play something peppy, something lively" as a method of covering up their feelings. Such a statement indicated that the clients were not in touch with their own feelings and needs at that moment: the music therapist needed to be aware of this type of denial as it arose. It was important for the music therapist to use sensitivity and solid professional skills, such as reflecting statements back to clients and gently probing questions in dealing with this type of common manoeuvre, since the group often attempted verbally to solicit the music therapist's support and approval in maintaining this apparently maladaptive defense.

The music itself could also be applied towards refocusing attention within the music therapy group. For example, if the group all dissolved into seemingly idle conversation in small groups, the music could be used to draw people together and restate the theme(s), or allow for the emergence of a new, more global theme. By affecting changes in theme, the music encouraged group cohesiveness. Also, by using songs and discussion to bring out similarities and differences between individuals, each person's unique identity was acknowledged. Cultural affiliations and connections were reinforced by using songs from or about the client's native country.

Transference is a major issue that commonly occurs in a group situation. This is defined as, "the projection or displacement upon the analyst of unconscious feelings, thoughts and wishes which the patient originally directed toward important individuals in his childhood" (Goldenson, 1970, p. 1332). Evidence of transference is frequently seen in the elderly client's apparent need and expectation for the therapist to "do" for them while the client sits back to be "entertained". This form of dependence seems quite common in old age and especially in institutional situations. It promotes reliance on others and inhibition of own self-needs, and is an important issue to attend to within the music therapy setting. One way of addressing this attitude is for the leader to wait a significant period of time for clients to speak, respond, or react, in line with the style of a Tavistock or training group (Shaffer and Galinsky, 1974), and then to work with material generated. In conjunction with this, the leader has to determine the levels of anxiety in the group, in order to promote optimal functioning levels for all members of the group, in an ongoing manner. Encouraging the acceptance of individually expressed views and feelings of group members, the music therapist functions as the protector of the rights of all clients attending the session.

It was essential for the music therapist to know and understand his/her own reactions within the therapeutic situation. Countertransference, "the conscious or unconscious emotional reaction of a therapist to his patient" (Goldenson, 1970, p. 270), may reveal itself to the music therapist as a feeling that a client in some way resembles someone else, and promote unfounded assumptions about the client's behaviour or personality, thus decreasing the effectiveness of the therapy. In particular, the therapist's reactions to the client approaching death may involve

avoidance and denial (Lardaro, 1988), despite the best intentions of the music therapist. Resources outside of the music therapy session may help the music therapist in dealing with personal issues, since unresolved and/or unacknowledged problems can affect the group process within the music therapy session.

Implementation of music therapy program

The music therapy program reported here involved elderly residents in a 140-bed rehabilitation long- and short-term care facility. All clients had physical disabilities, and most were permanently in wheelchairs. Ages of residents ranged between 76 and 101 years, with most in the 85-90 year range. Types of disability included strokes (including right or left hemiplegia, and aphasia), chronic heart disease, diabetes, several visual deficit, hearing deficit, Parkinson's disease, paraplegia, severe cellulitis, long-term effects of broken limbs and arthritis, and Alzheimer's disease. Residents were assigned by the music therapist to separate groups for music therapy sessions occurring at different times, for example, very active/verbal residents, the quieter/withdrawn residents, and low-functioning residents. Flexible planning was required, taking into account personal loyalties of residents and other programming requirements within the facility. Each group had an attendance list, which was discussed with group members individually, and circulated to staff. It was generally possible to maintain this assigned attendance, although variations occurred at times due to changes in the population at the facility.

Sizes of groups ranged from 6 to 15, with an average of 8 to 10 group members; time limitations for sessions existed, restricting them to no more than 45 minutes. Residents were physically placed to form a circle including the angled piano, with each attendee having the potential of eye contact with each other group member and with the music therapist.

The current program used active choices of songs by residents and combined them with choices by the therapist, in a manner complementary to group process, as stated in the section outlining the music therapy paradigm. All group members were encouraged to sing and/or make sounds by whatever means possible, even if they had limited vocal capacity due to disability or memory loss of words.

Many decisions were referred back to the clients, how they were feeling, and what they wanted: there was a relative lack of direction by the leader compared to traditional music therapy groups with elderly clients.

In addition to actual song titles, broader choices of songs were solicited such as, "do you feel like 'quiet' or 'active' music today?". Other descriptive words were used similarly, thus permitting at least partial choice by the client, and enhancing the development of insight via feedback and further discussion, in line with the mood and themes of the group. Word sheets were used intermittently, depending on availability and session themes.

A discussion of typical session material is now presented. The overall structure of the music therapy session is discussed in terms of *formation*, *development* and *conclusion* sections. In Table 1, a complete session is presented to provide an example of the way in which a session would unfold. It is liberally referred to from the discussion of each of the following sections.

Table 1: Outline of music therapy session material (number of group members = 15)

Topic	Music:	Initiated by:	Responses: verbal and vocal:	Mood of Group: (MT interpretation)
"Up" mood of group members	<i>Beer barrel polka</i> (Brown et al, 1934) [lively style]	Music Therapist (MT)	Most people singing. Laughter and approving comments.	Excitement
Shower, enjoyed by Helen	<i>Singing in the Rain</i> (Freed and Brown, 1932).	Sam	Singing, approval, discussion	Interested in new ideas. Active participation by many group members.
	<i>A fella with an umbrella</i> (Berlin, 1947) [songsheets]	MT	Singing, approval, discussion of song and its movie.	
"Another song with songsheets"	<i>G'day, g'day</i> (Fairbairn, 1988) [songsheets]	Rose	Discussion of words, of Australian animals, aborigines, Native Americans and comparisons. Enthusiastic singing.	Interested in new ideas. Active participation by many group members.
"Another song with songsheets"	<i>Tell me why</i> (Beall and Nipp, 1982a) [songsheets]	MT	Learning of song; requests by group members for further repetitions. Expressions of liking of songs, and discussion stemming from this. Second verse, acknowledgement of "God" — many group members connecting with this and liking it.	Relaxed and focused.
More religious songs	<i>Amazing Grace</i> (Newton, 1952) [gentle style]	Sam	Most group members singing quietly	"Reverent" feeling in group.
	<i>You'll never walk alone</i> (Hammerstein and Rodgers, 1945)	Bea	Quiet singing, with feeling.	
	<i>He's got the whole world in his hands</i> (Traditional, 1978) [gentle style]	Rose	Quiet singing. Brief discussion and acknowledgement by group members of need for a "higher power". Sam: "It's like a church service." Helen: "But we need this."	
	<i>Show me the way to go home</i> (King, 1925) [gentle style]	Elizabeth	General singing. Brief discussion, indicating impact of song on a metaphoric level, of approach to death.	Positive, accepting approach to death.
Closure	<i>Sing your way home</i> (Beall and Nipp, 1982b) [songsheets]	Group and MT simultaneously	Enthusiastic singing. Brief review, of change in topics during session. Carrie and Tess: "Look how far we've come today." Group approval for this comment.	Sense of completion within the group.

Formation

In this program, the music therapy session commenced with a familiar song, providing a recognisable structure for the participants. This had the advantage of assisting clients in cuing in to the new situation of the music therapy group, and provided the music therapist with a song with which to gauge the mood of the group using the isoprinciple. A typical song might be "When Irish Eyes are smiling" (Olcott, Graff and Ball, 1912) which could be presented in many styles and moods, yet it left the development of themes open-ended as appropriate to the beginning of the session.

The music therapist next addressed the feeling state of the clients, by verbally asking attendees how they were feeling and allowing ample time and opportunities for response. Each person was addressed individually, thus facilitating person contact. General group comments were also solicited, with the music therapist carefully observing all responses. Information about feeling states was useful for determining levels of depression, physical pain and general participation, in order that the isoprinciple could be used to further address the needs of the clients.

In the example session quoted in Table 1, the group appeared, by verbal comments, to be in a very positive and energetic mood. Non-verbal indications, facial expressions and body posture, supported this. The music therapist therefore used an extremely "up" song, "Beer Barrel Polka" (Brown, Timm and Vejoda, 1934), played in a lively style, in order to match the perceived mood. Use of this lively music also had the purpose of diagnostically double-checking the reactions of group members, to check for the presence of denial. Results showed that the group's lively behaviour was maintained and supported by verbal and nonverbal cues, both during and after the music. These apparent good feelings and high spirits continued into the second song.

The topic of enjoyment of a recent shower was raised by one of the clients: showers were often a source of contention for residents, and were regulated according to institutional nursing schedules. This client was able to reinforce her own individual identity by expressing her own feelings. Being able to grasp and express the enjoyable feelings of taking a shower was an impressive step forward for this client.

Another client selected the next song to address the feelings of this client ("Singing in the Rain", Freed and Brown, 1932). It was unusual to have a group member choose a song to match another group member's feelings, and the level of insight shown in doing so was not often seen in this program. At this point, there was sustained active musical and verbal participation by a greater than usual proportion of group members, and an apparent lively interest in current material within the session. This formed a very "here-and-now" focus in the group, with adaptive styles of relating between group members.

Development

In the middle section of the music therapy session, broad theme(s) usually emerged. These themes developed in many different ways — a word, an idea, a gesture or even an interruption — could provide material which would ultimately be used thematically, with the reason or triggering factor for the theme being far less

important than the theme itself. The music therapist needed to be alert to issues related to the emerging theme(s).

The Australian folksong, "G'day, g'day" (Fairbairn, 1988) was familiar to the group members, and emphasised greeting and relating to another person. In the session quoted (Table 1), this song served to promote national identity of group members and stimulated lengthy discussion of Australia and the United States.

In order to refocus the group to the present session, match the mood of the group, and deepen the level of response, the music therapist initiated the next song, "Tell me Why" (Beall and Nipp, 1982a).

Tell me why the stars do shine
Tell me why the ivy twines
Tell me why the sky's so blue
And I will tell you just why I love you.

The topic and associations of this song were relatively open-ended, and many issues could potentially emerge. In view of this, it was likely to have the function of being a turning point within the music therapy session. The first verse of the song asked seemingly imponderable questions about the nature of the world, while the second verse gave reassuring spiritual-type answers to these questions, ending with an affirmation of personal worth.

Because God made the stars to shine
Because God made the ivy twine
Because God made the sky so blue
Because God made you, that's why I love you

(Beall and Nipp, 1982a)

This song had potential to connect with existential issues and also issues of personal identity and spiritual values. The reactions of the group showed that this song did, in fact, refocus group attention from geographical and historical details towards here-and-now aspects of the music therapy session and personal involvement. A major theme began to emerge regarding acknowledgement of a higher being ("God"), a topic which group members immediately responded to, spiritual identity appeared to be the main issue in question. It is worthwhile noting that residents with several different Judeo-Christian faiths and with differing levels of personal religious commitment were present.

The atmosphere of the group had now changed substantially to have a somewhat "reverent" sense. The music therapist carefully followed the isoprinciple by matching the music to the apparent mood of the group. "He's got the whole world in his hands" (Traditional, 1978) was deliberately played in a reverent and reflective style rather than the rather upbeat style that one would usually expect of a rendition of this song. Group members discussed God and their need for a higher power, with one client spontaneously reflecting (about the session), "It's like a church service". This client was recognising a quality of the mood of the group, with considerable insight, and feeding it back to group members. Another client replied, "Yes, but we need this". The client seemed able to acknowledge a spiritual need that she saw as being relevant to all members of the group.

The next song suggestion surprised the music therapist ("Show me the way to go home", King, 1925), since it is often considered a drinking song. However, the music therapist chose to play it in a quiet musical style, as appropriate to the mood of the group at this point. Responses showed that group members were interpreting this song differently to the usual interpretation, with "home" relating metaphorically to death and afterlife issues. This was an appropriate manner of moving towards issues of the future, in a seemingly positive and accepting manner, and showed a great deal of insight.

Conclusion

The main purpose of the end of the session was to promote timely resolution or at least partial resolution of issues presented. This included encouraging clients to find a change of perspective towards an issue, to recognise the shared nature of issues, or to allow the theme to be viewed with an increasing level of understanding, as a temporary or partial resolution. Closure often occurred through a summary in music and/or words, as appropriate to the preceding parts of the session, and in line with the issues presented and media used. Sometimes the session content evolved to completion without further leadership, but other times the music therapist took an active role in bringing the session to a close. Experience and professional judgement were required in decision making for this concluding section of the session.

From the music therapy session outlined in Table 1, the group at this point seemed very cohesive and supportive of each other. There was a natural move towards resolution: spontaneous verbal discussion summed up the wide difference of moods and themes from the beginning of the session to the end. Two clients simultaneously expressed, "Look how far we've come today" and a general murmur of group approval ensued. This statement showed unusual insight into the process of change within the session, and contained a sense of personal self-esteem and value, insight, and a positive sense of identity. General client responses showed firm group cohesiveness.

As a final song, both the group and the music therapist simultaneously suggested, "Sing your way home" (Beall and Nipp, 1982b). The words of this song picked up the issue of "home", with aspects of future issues reflected in phrases such as "close of the day" and "drive the dark clouds away" (Beall and Nipp, 1982b, p. 59); rendering of accompaniment was in a gentle and reflective manner.

Discussion

This insight-oriented music therapy program, as outlined in the preceding sections, has evolved out of a wish by the music therapist to address the needs and issues of elderly clients at a level deeper than that of activities therapy. Song material was chosen as the music medium, with the therapist applying the isoprinciple in an ongoing manner throughout the session. This technique provided a dynamic connection to the feeling state of the group as it progressed. Song categories were developed to aid the therapist in recognising and working with issues as they arose within the group from specific songs. Such a music therapy program could best be described by Wheeler's (1987) insight-oriented levels of music therapy.

The practical implementation of this program as described in the previous section points out several interesting features. In the example session (Table 1), major client issues dealt with institutional life, identity, spirituality and afterlife. Use of the feedback properties of the isoprinciple enhanced insight and encouraged an awareness of feelings and issues within the group, which was particularly evident regarding the song, "Show me the way to go home" (King, 1925). The atypical way that this song has been used indicated to the music therapist the need to change the often stereotypic ideas of a song only being played in a certain way or style, whilst respecting the composer's intent.

Of the nine songs used in this session, residents chose twice as many songs compared to those chosen by the music therapist (Clients, six; Music therapist, three). This was with the exception of the last song, which was jointly chosen. Had the clients not been encouraged to choose songs matching their own mood, a rich wealth of psychodynamic material relating to spirituality and the afterlife would have been lost, notably, "Show me the way to go home" (King, 1925) and its metaphorical implications. Conversely, having the music therapist take the lead with an open-ended song when a change of focus was needed served as a catalyst in allowing this material to begin to emerge ("Tell my why", Beall and Nipp, 1982a). Thus, an interplay of flexible leadership between music therapist and group appeared to be the most valuable method of enhancing material relating to issues of elderly clients. Twice in this particular session (Table 1), spontaneous statements of enormous insight by group members occurred. This fact was thought to relate to the interplay of group choices with the musical isoprinciple. The features mentioned above, although specific to the example session, provide an indication of the range and depth of issues that may be elicited by this approach to music therapy with the elderly.

Over time, progress of clients in dealing with issues was not necessarily directly continuous from one music therapy session to the next. Continuity depended on many factors, including health variations of individual clients, institutional events and sometimes even climatic variables. The direction of thematic material progress towards recognising the overall issues, leads to appropriate goal setting by the music therapist. Such recognition comes with an expectation that different issues may arise in each session, but that subsequently issues would recur and gradually be transformed over a sequence of music therapy sessions.

Organisational prerequisites for successful therapy in this type of program included a capacity to stream clients into closed groups with similar levels of function, and a therapy room with minimal interruptions. In order to make the current program effective, considerable time and effort was needed to change preconceptions, develop viable groups, and foster appropriate interactions and initiative within the group. Time, patience and perseverance by the music therapist were required in addressing both staff and residents, since within the facility these were the only closed groups. Ongoing education aimed at addressing differing expectations of the music therapy program was found to be necessary.

In order to provide the type of music therapy program outlined in this article, essential music therapy skills are required of the facilitator. These included an understanding of many aspects and approaches to individual and group therapy,

ability to modify the music according to the moods and issues of the clients, and a broad repertoire of songs and related material encompassing different styles, interests and sentiments. These music therapy skills could be acquired within or in addition to standard training and certification. It is important to note that the aspect of playing the same songs in different ways and styles in order to apply the isoprinciple (Altshuler, 1948; Short, 1992b) has rarely been addressed in literature or research, and is thought to be an encouraging direction for further study.

Although it took a lengthy period of time to develop (two years), residents involved in this program ultimately participated and found meaning in the music therapy session at an increasingly deeper level compared to any other of the programs offered within this facility. Residents gradually developed a workable understanding of differences between therapy and entertainment. Voluntary absenteeism was reduced to almost nil, and group members on many occasions displayed severe irritation at circumstances which prevented them from attending the music therapy session. Recommendations for continuance of the program included continued voluntary attendance and affirmative statements by residents expressing that they found the music therapy sessions helpful. Another major benefit of this music therapy program was that apathy and dependency was being replaced by self-direction, insight and enthusiasm by the clients, both within the music therapy session and often extending into other areas of activity within the facility.

The particular style of music therapy chosen for working with a specific population of elderly clients depends on the training and skills of the music therapist and their therapeutic orientation, but in the final analysis the mode of therapy chosen must be that which benefits the client to the greatest extent. The program and ideas presented here outline an application of music therapy which addresses the needs and issues of the elderly in an insight-oriented manner. Music therapists are encouraged to consider further applications of music and therapy in assisting geriatric clients in this very important adaptive and growth phase of the life of every human being.

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