LETTERS TO THE EDITOR

Music Perhaps Best Used by Music Teachers

In her issue article entitled "Should Music Be Used Therapeutically in Occupational Therapy?" (AJOT, March 1992, pp. 275-277), Anne MacRae discussed issues that are not new. From 1984 until 1987, Kitchener-Waterloo Hospital in Kitchener, Ontario, was fortunate to have a part-time music therapist as a member of its occupational therapy department. Music therapy was introduced with the client population as a means of improving the quality of their lives; for various reasons, these clients did not participate in programs already well established on the unit by occupational therapy, physical therapy, physiotherapy, and volunteer activities. Referral for music therapy was through the occupational therapy department (either from a physician's referral or from the occupational therapists). Many similarities existed between occupational therapy and music therapy—both therapies had an assessment, problem list, goals, and treatment plan plus an evaluation period to see if the program was obtaining the desired results. The major difference was that occupational therapy used a different treatment medium to reach the goals. During the period of having music therapy available, a video was made that clearly illustrated the change in clients over a 2-month period. Changes in sitting posture, awareness of the environment, and improved communication were just some of the areas of improvement that were illustrated in the video.

I agree with MacRae that music "can promote health through the use of activity that involves all the occupational performance components" (p. 276). Let us look at some similarities of our profession and that of the music therapist.

When looking at a client's physical status (i.e., range of motion, strength, coordination), occupational therapy may use equipment such as goniometers and dynamometers. In comparison, the music therapist looks at whether the client can manipulate an instrument; if they can, how do they manipulate it? Some of the common goals of both therapies include (but are not limited to) the following:

1. Improve orientation to self, time, and place
2. Improve attention span
3. Improve concentration
4. Improve or encourage range of motion
5. Increase self-confidence
6. Provide an opportunity for verbal and nonverbal expression.

Examples of how the occupational therapist may achieve these goals are shown below:

1. The occupational therapist working with a client on a computer program may gradually increase the complexity of the program as the client's attention span and concentration improves. The music therapist may have the client playing instruments for a certain time and speed that he or she determines on the instrument.
2. The occupational therapist may use a work-related activity with the client, such as sanding, or may use specific equipment, such as a work sample, which requires the client to work in a specific position toward a particular therapeutic goal. Conversely, the music therapist may have a client exchange musical instruments or may have a client exercise to music.

The above were just two examples on how an occupational therapist and a music therapist can complement each other's work. In rehabilitation, there is no doubt of the value of music in our treatment programs. However, when using music as a treatment medium, occupational therapists need to take heed. We must not make light of the special skills of our music therapy colleagues. Yes, music is "a pleasurable, intrinsically motivating activity that can be easily graded and used to promote overall health" (MacRae, p. 275), but we must be careful to prevent inappropriate use of music in occupational therapy. We use music in our program either as background music, for music appreciation, for socialization, or as a percussion session. Often, it is the occupational therapist's musical preference that dictates the approach to and the mood of the treatment program. If this is so, is the client gaining maximum benefit from the treatment session or is the response the therapist notices as short lived as the pleasure the music has brought? As an occupational therapist, I find this difficult to answer and would tend to leave the use of music as a treatment modality to the experts.

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Correction

For "Hmong Children and Their Families: Consideration of Cultural Influences in Assessment" by Cheryl Meyers (August 1992, Vol. 46, No. 8, p. 758):

In the fifth paragraph, the line "Hmong do not marry within the same clan, which is considered to be incestuous and is strictly forbidden (T. Yang, personal communication, May 13, 1991)" was duplicated. The following was omitted and should follow the above statement and end with the portion of the sentence published in the article, as follows: "Hmong leaders traditionally practice polygamy to maintain strong ties to other clans. This is practiced particularly among brothers. If a brother dies, an older brother will marry the widow and take over responsibility for the children." The AJOT editorial staff regrets this error and hopes readers were not inconvenienced.

The American Journal of Occupational Therapy welcomes letters to the editor. If you have a comment about or reaction to something that has appeared in the journal or about an issue that affects us or the profession, let us know your views. Type the letter double spaced and forward it to Elaine Visellear, Editor.