

Chapter 1

Music in the Lives of People

When we take part, or listen to an absorbing performance, we are temporarily protected from the input of other external stimuli. We enter a special, secluded world in which order prevails and from which the incongruous are excluded.

(Storr, 1992:105)

Introduction

This study examines and explores the meaning of music in the lives of older people. It is largely concerned with mapping the diversity of the experience of music for older people and focuses on the emotional, social, intellectual and spiritual roles that music plays in the lives of the participants. The study is particularly interested in documenting and exploring the perceptions and life stories of older people.

The research will show how music can effectively be used as a medium for helping people to express themselves, communicate, understand their sense of identity, maintain and achieve goals in life and express their own defined sense of spirituality

Background to the study

Very few people today could claim that their lives are devoid of musical stimuli. Music impacts on people's daily lives either directly or indirectly, by choice and by imposition (Tame, 1984). For instance, one only needs to consider the influence and use of 'muzak'. This calculated, manipulated, and often synthesised music is

found playing throughout shops, shopping malls, on telephones, in waiting rooms, elevators and service stations.

Music is part of our collective daily existence and it is heard in advertising, film, radio, television and sporting events. Music is also a major part of our rites of passage such as baptisms, weddings, funerals and church liturgies. It is used to promote nationalistic pride through national anthems, religious fervour in liturgical services, team loyalty and support at sporting events, romance during one's courtship days, and community spirit at social gatherings. It has also been closely associated with war and battle cries where music had a dual purpose of inspiring one group and fear in another (Smeijsters, 1995). Music has been used throughout the ages in working songs that have supported the rhythm and productivity of occupations. Tame (1984:145) provides further insight by stating:

From the earliest times, fisherman, harvesters and other workers have sung in unison in order to inspire themselves to work at optimum capacity. With the coming of the radio, we might note, this basic practice did not cease, but rather adjusted: scientific researchers have discovered that melodious, cheery music on the factory floor boosts productivity considerably.

Throughout the ages music has been politically and socially controversial. For example, Plato held the view that rhythms and melodies were representations of moral qualities and needed to be regulated by the State. The Catholic Church limited the use of secular music during the Middle Ages, along with communist Russia during the early years of the twentieth century. Joseph Stalin expected composers such as Shostakovich and Prokofiev to submit their compositions to a committee for censorship (Haas, 1984). Stalin was less concerned with music being

too atonal or avant-garde, but whether it glorified the State and did not contain adverse political or social messages.

Today, music is readily accessible and affordable to most people. Pre-recorded music is available on radio, compact disks, tapes, videos and TV. The choice of performances, performers and interpretations of any work is vast. This applies to music of every genre, including classical, jazz, pop, folk, country, rock etc. The same musical work can be interpreted and performed in many different ways by different musicians. The same performer can also interpret the same work several times over with different interpretations each time. An example of this is the recordings of the complete Beethoven thirty-two piano sonatas by such pianists as Arrau (1962, 1989) and Brendel (2001; 1999), or the nine symphonies of Beethoven with Karajan conducting (Bachmann, 1990; Karajan, 1990a, 1990b). This raises the question of whether the meaning and importance of music for people today is the same or different to that of the past when music was less accessible. One might assume that ease of accessibility and diversity of choice has changed the meaning and value of music in people's lives today.

Historically, the demand for accessible musical entertainment grew during the latter half of the nineteenth century in response to the increasing wealth of the middle class (Storr, 1992). This was largely associated with the industrial revolution that saw a larger number of musical instruments being manufactured and a greater dispersion of wealth among the middle class. In the twentieth century the trend continued along with the development of the phonograph and other technically sophisticated recording equipment.

If music is an important part of our lives, is it possible that through music we are able to interpret and assign value and meaning? Kenny (1999) suggests it is possible to interpret and assign musical meaning. She believes that engagement in music activities can provide a person's life experiences with another level and dimension of understanding. However, according to Tame (1984), most people give little thought to the meaning or function of music in their lives. Modern human beings are generally conditioned from birth to be materialistically orientated and to take such things as music in their lives for granted. This might explain why some people might regard music as being a peripheral entertainment and not an essential aspect of their daily well-being.

Bright (1995:309) argues that music for many people can elicit emotional responses. These responses range from cognitive through to physical responses.

Tame (1984: 14) in his book, *The Secret Power of Music*, further states:

...whenever we are within audible range of music, its influence is playing upon us constantly such as speeding or slowing, regularising or irregularising our heartbeat, relaxing or jarring the nerves, affecting the blood pressure, the digestion and the rate of respiration. Its effect upon the emotions and desires of man is believed to be vast, and the extent of its influence over even the purely intellectual, mental processes is only beginning to be suspected by researchers.

The scope for understanding the healing nature of music associated with good health and well-being has only begun to be explored (Campbell, 1995). Today, however, music is widely used in the following areas of health care (Harvey, 1995:186-196) including:

- labour and delivery,
- neonatal care,
- intensive care units,

- cardiac care units,
- paediatric cardiac catheterisation,
- pre and post operative care,
- coma units,
- surgery,
- dentistry,
- neurology,
- psychiatry,
- gerontology,
- rehabilitation,
- oncology, and
- pain and stress management.

John Ortiz (1997:32) proposes that music has the ability to lessen pain by serving as an imaginary sanctuary and safe haven from pain. Music can help reduce stress and tension and thereby induce relaxation. He states that music functions as 'an interpreter translating pain waves into healthy sound energy'. His statement also implies that music has an important role in clinical practices where people could be made to feel more comfortable and less anxious when attending consultations.

Music and culture

All cultures have music, and for this reason music could be considered a fundamental activity for all humanity (Storr, 1992). It has always been and continues to be an important medium for human expression and communication (Bright, 1993a; Davis, Gfeller, & Thaut, 1992; Storr, 1992). It exists in remote, rural, tribal, urban, industrial and post-industrial cultures (Pavlicevic, 1997). It is not

surprising that music is often referred to as a 'universal' language (Lingerman, 1995:1), yet there is no such thing as a 'universal' music. This is because music differs in style and form depending on the particular culture, time and space of its context (Bright, 1993a). All the different world musics, however, have features in common that go beyond the specific culture. Storr (1992:64) explains as follows: Different cultures produce different musical systems just as they produce different languages and different political systems. Languages are ways of ordering words, political systems are ways of ordering society, musical systems are ways of ordering sounds. What is 'universal' is the human propensity to create order out of chaos.

Sloboda (1989) states that music is instinctive to humankind and dates back to primitive cultures where such societies had few artefacts (This will be discussed in greater detail in Chapter 2). The organisation of the society was expressed through transient actions and the way people interacted with each other. Sloboda (1989:267) also asserts that there are few things that 'people could congenially do with their speech that did not tend towards what we understand as music'. For example, movement of the body and modulated timing of speech could be understood in terms of rhythm, and the modulated pitch of the voice in any organised way can be understood as melody and/or primitive tonal structure.

Jourdain (1997) argues that while there are forms of communication in the animal kingdom, it is only human beings that are capable of communicating and comprehending both language and music. Jourdain (1997:276) explains the difference between language and music as follows:

...because there are no musical words, there can be no musical parts of speech. We lack equivalents to nouns and verbs in music, even by

analogy. So as much as we would like to regard a melody as a kind of sentence, there can be nothing like a language's grammar in music. The grammars of natural languages are designed for exactitude. Particular kinds of words in particular forms and sentence position generate precise meanings. Changing the form or order of the words in a phrase is apt to render the phrase incomprehensible. But musical phrases are highly malleable and tolerant of ambiguity. A melody turned one way rather than another may be less pleasing, but it is still meaningful. Indeed, unlike ordinary language, music thrives on the violation of rules. Linguistic validity is usually all-or-nothing; but musical validity is more a matter of degree.

Bright (1993a:193-194) states that music behaviour at the macro-level is strongly influenced by 'ethnicity and cultural heritage', and at the micro-level by 'peer group pressures, family, emotional state of mind, and the attitudes and experiences of relationships'. Musical preferences may also be influenced by socio-economic status and educational background (Meyer, 2001). For example, it might be assumed that a person who has been musically educated, or has financial resources, is more likely to be able to purchase recordings, attend concerts, or be exposed to a broader and more diverse choice of music (Stratton & Zalanowski, 1997; Jonas, 1991).

Kemp (1997) believes that particular personality types are especially drawn to being musicians. These personality types include people who are neurotic, stable, introverted, extraverted and psychotic. He suggests that 'by considering the musician's personality and temperament we may well open up new ways of understanding their motivational drives, their single-mindedness, and their investment of so much of their self-concepts in music' (Kemp, 1997:25). What is missing from Kemp's discussion is the possibility that his proposition might

extend to people who are not trained musicians. For example, many people who are not trained in music are very passionate about music in their lives and invest much time and energy in listening to music and attending concerts.

Lang (1975:190) states that the enjoyment of music and the composing of musical works, does not require scientific knowledge.

Mozart and Schubert did not know the first thing about the laws of acoustics, the physiology of hearing, or the psychology of perception...Yet both Mozart and Schubert managed to manipulate the physical phenomena underlying the art of music into supreme masterpieces.

This phenomenon suggests that the average person who engages with music may derive meaning from it regardless of how much formal knowledge they have of music practice theory or history. People do not need a formal or informal education to be able to enjoy music. One of the great appeals of music for most people is that music as a medium inspires, contains and transforms all types of emotions whether it is from the perspective of listener or performer (Harju, 1998).

Haas (1984:3) believes that:

...music is for everyone because 'it is a natural part of daily living. There are enough kinds of music to suit every taste, fill every need, match every mood, and send us in any particular direction. All of it is valid as long as it gives us satisfaction and pleasure, because music mirrors life and its daily happenings, joys, sorrows, and frustrations, it appeals to our senses and to our intellect.

Haas also makes the point that people's reactions to music are usually spontaneous. The question is how and why does this phenomenon happen, and

what is the unique experience and perception of music for people? Jourdain (1997:319) provides a possible explanation when he says:

...the deepest pleasure in music comes with deviation from the expected: dissonances, syncopations, kinks in melodic contour, sudden booms and silences...Banal music raises common anticipation then immediately satisfies them with obvious resolutions. There's pleasure to be had, but it is the pleasure of the bread roll, not caviar. Well-written music takes its good time satisfying anticipations. It teases, repeatedly instigating an anticipation and hinting at its satisfaction, sometimes swooping toward a resolution only to hold back with a false cadence. When it finally delivers, all resources of harmony and rhythm, timbre and dynamics, are brought to bear at once.

Blacking (1973) postulates that we can learn much about a society by examining its articulated forms in music. Bunt (1996:71) supports this view by stating that 'music is essentially humanly organised sound where we can also find personal resonances from sound sculptures'. An example of this is the use of the song as a musical form throughout history to assist in the transferring of knowledge and traditions from one generation to another. In this way, songs have been major repositories of knowledge for generations of all cultures. It is interesting to note that many people (including those who suffer from memory loss and/or dementia) may remember the words of songs more accurately than other forms of communication such as stories or poems (Bonny, 1997; Bright, 1997).

The ways people use music in their lives is multifaceted, and for generations in all cultures, music has been used to celebrate important life events. Music is a way of expressing both the personal (self) and group identity, whether it be joy, sadness, loss, religious faith, or love. It can also be a way of expressing anger and distress. It has the potential to help sooth the emotions through relaxation or heighten a

person's senses. It can also be used to evoke memories of past times, events and experiences and the emotional context of those times (Bunt, 1996).

Music, well-being and health

The belief that music can contribute to well-being, health and quality of life is largely due to health professionals in the latter part of the twentieth century adopting a holistic approach to individual healthcare. Holistic health assumes a state of complete physical, social and mental well-being (Sidell, 1995). Up until to the late 1980s the emphasis on health was largely from a biomedical perspective that focused on body functioning and had little consideration for people's emotional and/or psychological health (Kendig, 1996). The biomedical model also implies that good health depends on an absence of disease because it is largely concerned with the treatment of ailments through the diagnosis of the biological systems. However, this perspective does not account for people who consider themselves healthy and well, and yet, live with a disability or chronic illness (Sidell, 1995).

In recent years the medical profession has successfully focused on disease interventions, which has meant that the concept of holism and self-healing has been relatively neglected (Rielly, 2001). A holistic approach puts the individual at the centre of the enquiry (Sidell, 1995), and has much in common with humanist psychology that accepts everyone as a thinking, feeling, and reflecting individual capable of change and growth (Beattie, 1993; Stevens, 1990). Bright (1997) reminds us that everyone should be accepted and treated as an individual with each person having a unique life-story, and a unique set of needs that do not necessarily have to be connected with an illness or disability. At the same time, it should be

remembered that human experience is infinitely diversified and that no two people have exactly the same experiences in life. Kitwood (1997) and Springer-Lowewy (2000) describe this concept as being an individual's *personhood* and suggest that it is people's subjective experiences that are rich in feeling and emotion.

Holistic health is linked with an equilibrium state in which body, mind and spirit are in harmony. This social model of health puts more emphasis on the individual's interaction with the social and physical environment rather than on decline and decay. People may suffer from a disability or chronic illness but at the same time feel generally good within themselves (Sidell, 1995). Psychoneuroimmunology (known as PNI) is an example of a holistic approach to health. It is a relatively new field adopting an underlying assumption that there is a mind/body connection that influences thoughts and feelings by anatomical and physiological functions, that in turn influences healing (Campbell, 1995; Rider, 1987).

In humanistic psychology it is the therapist who is the facilitator and often the catalyst for the client experiencing change as evident in *client-centred* therapy developed by Carl Rogers (1970,1969). In the field of music therapy, Bunt (1996) suggests that observing how the different aspects of music influence physiology, mind and emotions in people can offer a better understanding of how people react and relate to problems within their lives. The main goal should be to help people realise their own full potential by placing an emphasis on personal growth rather than on treatment. Bunt (1996:42) outlines the main objectives of humanistic therapies as being:

- respect for individuals and their unique differences,
- development of purpose and personal intentions,
- freedom of choice,
- self-growth (self-actualisation) particularly in relation to others,
- inclusion of creativity in one's life,
- acceptance and nurturing of love,
- concentration on one's peak experiences, and
- development and enhancement of self esteem.

Bruscia (1989:8), in describing the process of music as therapy, states that:

...it is concerned with subjectivity, individuality, creativity and beauty. As a science however, music therapy is concerned with objectivity, collectivity, replicability and truth. As an interpersonal process it is concerned with empathy, intimacy, communication, reciprocal and role relationships.

Wellness then is a product of a healthy body/mind/spirit interaction. Medical treatment is only effective when the whole person is treated. 'Thus, music can be an important asset in being able to create the appropriate environment for healing because it impacts upon the individual as a whole' (Guzzetta, 1995:193). Sloboda and O'Neill (2001:426) suggest that therapy is not just about the manipulation of emotions but about 'helping the person in therapy to develop more appropriate and functional responses to the problems of living'. According to Sloboda and O'Neill (2001) there are very few studies that explore the use of music in everyday life for improving problem solving or decision making.

Bunt (1996) provides an insight into how music can affect people's lives and help them to attain a sense of health and well-being when he suggests that music:

- helps people to release a feeling,
- articulate a feeling through a musical gesture,
- suspend time,
- provide a transcendental experience,
- release a wide range of emotions,
- resolve what is hurting and painful,
- provide an insight into one's self and/or others,
- provide a sense of personal or group identity,
- link significant events in our lives,
- help people to review earlier stages in their lives,
- evoke memories of the emotional context of past events and times, and
- help people to explore present issues from a different perspective and/or re-accessing earlier problems.

People's lives are made up of many kinds of experiences. Some experiences are agreeable, others unpleasant, some profound, some enriching, while others leave an imprint by being valuable (Miller, 1968). Human experience is infinitely diversified and no two people have exactly the same experience. Yet, there are many kinds of experience that people have in common with others, and music can provide opportunities for sharing experiences. It is for this reason that Miller suggests musical experience is inevitable and immediately accessible and, therefore, potentially of benefit for all people.

Hanser (1985:283) states that 'one of the foundations of the use of music in therapy, education and society, is its appeal to so many people, regardless of functioning level, age, or ability'. For older people, music can provide a way of exploring new creative directions and a way of reliving past experiences. It is an

activity that the healthy, impaired, talented and interested can enjoy. Since the 1960s, the importance of music as a therapeutic tool in aged care has been well researched and documented (Sacks, 1992; Jonas, 1991; Olderog, Kristine, & Smith, 1989; Hanser, 1985; McClosky, 1985; Kartman, 1980; Kurz, 1960). Bright (1997, 1993, 1972) states that music has two main roles in the lives of older people. Firstly, music can have an evocative effect on people because of the emotions, memories and past connections in a person's life, and secondly, music helps provide scope for people to enjoy shared interests and activities. It is for these reasons that Bright (1997) suggests that music can be justifiably regarded as a branch of preventive medicine.

Music is an easy and convenient way of encouraging social interaction by removing the barriers (whether they be social, health, or financial) that divide people. Isolation and loneliness is a common experience among older people, and can often lead to depression or withdrawal from social contacts. The reasons for isolation can include increasing frailty, loss of partner, not having family, loss of sensory and motor skills, language barriers or even security fear (Bright, 1997). Clair (1996) also includes those people who are full-time carers, and those whose status has changed in life through divorce, illness or injury. Music can be used as a way of connecting people by:

- providing a sense of purpose,
- being an inclusive and non-threatening way of introducing people and bringing them together, and
- being a distraction from ailing health or physical discomfort.

In psycho-geriatric work, music can provide excellent motivation for patients to take an active role in becoming well, or facilitating the withdrawn individual who may lack interest and self-expression to become animated. An example of this is Miss D in Sack's (1973) book, *Awakenings*. This is especially so for people suffering from dementia because the use of music can stimulate memory. Through music people recall special associations and/or meanings of particular times in their life such as their childhood, courting days, parenting, relationships, joy, loss or in some cases grief (Bright, 1997; Hanser, 1990; Kartman, 1980).

Clair (1990) states that music provides gratification and often restores a sense of worth to older people who may be experiencing depression or low self esteem. Participation in group musical activities can help older people take a more functional role in life. For example, Clair found that planned recorded music and participation in music activities had a beneficial effect on the behaviour of older patients. The patients became less aggressive, engaged in less verbal and physical reaction to hallucination, experienced reduced frequency in incontinency, developed greater interest in group activities, and improved their attention to personal appearance.

This context provides an important starting point for gaining an understanding of the meaning and importance that music has for people and highlights the possible uniqueness and diversity of the experience of music. The following questions remain to be explored:

- What is the meaning of music for older people?
- What experience and perception do people have of music in their life?
- How do people use music?
- Does music contribute to personal well-being and health? and
- Does music fulfil particular needs or functions in older people's lives?

The importance of this study

The question remains as to how and why do people use music in their lives? Jourdain (1997) suggests that people listen to music and use it in different ways depending on the time, mood, and space. For instance, some people use music as a stimulant, others as a tranquilliser, some for intensity and beauty, others for distraction and clamour, some for meaning and symbol of the world them, while others enjoy its pure abstraction qualities.

For older people, music may be used as a way of feeling connected to their past, feeling valued and needed (Christie, 1992). The connection with the past via long-term memory happens because the brain remembers things by categorising them rather than as discrete polaroids. As Jourdain (1997:164) argues, 'whatever the brain encounters, whether a sight or sound, smell or sensation, it dissects for its deepest relations, and it is this network of relations that the brain retains'. Memories, therefore, are recreated rather than being retrieved from the brain's data base. Imagery occurs in parts of the brain when stimulated by perception, that is, the visual cortex is stimulated by visual imagery along with auditory imagery. People can thus be transported emotionally and aurally back in time via the stimulus of music.

This study is not focused on the older person's musical preference but rather the meaning, perception and importance of music in his or her life. Miles and Huberman (1997) states that musical preference is a complicated phenomenon. People have individual tastes that throughout their lives can be reassessed, influenced and changed. Music preferences for most people are very personal and highly individualistic. These preferences often are dependent on a person's

cultural background, level of education, age and socio economic status (Bright, 1993; Gfeller, 1990; Gibbons, 1977; Buggert & Fowler, 1973). Lingerman (1995:42) suggests there are many factors that influence a person's musical needs and choices and these can include:

- prior experiences,
- temperament and personality,
- earliest exposure and childhood memories,
- stimuli from home and work,
- responding to other's tastes,
- peoples continuous education,
- the ideals people follow throughout their lifetime, and
- a person's desire to love and be loved.

People do not need to be able to break down music into its components such as rhythm, melody, harmony, texture or timbre in order to like or dislike music (Miles & Huberman, 1997). The world of music is as diverse as listeners' loyalties to it and different people are drawn to different types of musical styles and forms. These might include classical, popular, rock, indigenous or folk music. These categories can be sub-categorised into vocal, instrumental, and/or music of a specific period. For example, **Table 1.1** outlines some of the categories and sub-divisions associated with classical music (Haas, 1984).

Table 1.1 **Examples of Music Categories**

Song	lieder, art song, chanson, madrigal, opera, etc;
Instrumental	symphony, concerto, suite, overture, sinfonia, etc;
Chamber	trio, quartet, string ensemble, woodwind ensemble, sextet, octet, etc;
Choral	mass, cantata, oratorio, chant, etc;
Forms	fugue, sonata, minuet and trio, suites, partita, symphony, theme and variation, fantasia, etc; and
Periods	medieval, renaissance, baroque, classical, romantic, twentieth century, etc.

Bright (1993a) states that a person's personal associations with a particular piece of music profoundly influence his or her emotional response to the music. People respond to the perceived emotional quality of music and to the events that lead them to the association with the music. Musical engagement can provide a person with a sense of joy, elation, sadness or loss as he or she associates past or present life events with particular musical works.

Small (1996) states that in music, as in other aspects of our lives, people often transfer the meaning of an experience into the hands of others. These are usually experts who include composers and performers, and those who tell us what we should be listening to. An individual's experience of music is thus filtered through other people's perceived expertise. Small suggests that people who know little about music, yet know what they like and prefer are often the more fortunate

for it. This is because they access abstract knowledge without relying on another person's opinion. As a result, people can assign personal meaning to particular types and forms of music that they encounter in their lives.

Focus of the research

The focus of this research is older people's perception of the importance and meaning of music in their lives, and develops a narrative description of the music experience and meaning for older people. The study uses the World Health Organisation (2002: 4) definition of older people and includes people who are 60 years and older. The study will recommend ways that music could be better employed to improve the lives of older people. It will highlight how music can be used to understand the life experiences and self-identity of a person as he or she grows older.

This study specifically describes and documents the many ways in which older people use music in their lives. This is achieved by:

- uncovering the diversity of ways music is used by older people in their lives,
- identifying differences and similarities in how music provides meaning for older people,
- examining ways music can be successfully used to improve the quality of life of older people, and

Conclusion

By exploring the function and meaning of music in the lives of older people from the perspective of older people, the reader will gain a greater understanding of how music can be used as to promote a sense of self in life. According to Christie (1992:71) an important goal of gerontology is 'the maintenance of people's

cognitive, emotional, and physical level for as long as possible'. The data from this study will provide detailed evidence that music has an important role in the maintenance of well-being, quality of life for older people who participated in the study.

Chapter 2

Literature Review

After silence, that which comes nearest to expressing the inexpressible, is music.

Aldous Huxley 1931 (Shapiro, 1978:15)

Introduction

This study is primarily concerned with the perception, meaning and function of music in older people's lives and how this may contribute to well-being and quality of life. It is not concerned with music from a purely therapeutic nor a psychological perspective. However, to understand the role that music plays in older people's lives and how it might contribute to well-being, one needs to understand historically the ways that music has been used in society and the more recent application of music as a *therapy*. A review of the use of music as a healing agent throughout history is testament to the fact that music has meaning and purpose in societies of all cultures.

Music's role as a healing agent throughout history

Tame (1984) in his book, *The Secret Power of Music*, states that from China to Egypt, to India, to the golden age of Greece, there was a common belief that there was something immensely fundamental about the power of music. These civilisations believed that music could heal, entertain, control emotions, maintain social order and degrade the individual psyche. Thus, the importance and meaning of music

in people's lives can be seen to date back to the earliest times and the role of music as a therapeutic medium is not something new.

The following history outlines the use of music as a healing tool from the beginning of known human existence. It reveals how music has evolved into a therapeutic medium throughout the ages and as a professional practice in modern day.

Music in preliterate times

Scarantino (1987:3) states that 'music, not art or language is the oldest form of expression, borne out of man's need to communicate to others his emotions, desires, and state of being'. The first instrument known to man was his voice, which he used to chant imitations of nature and express feelings of joy, frustration, anger, sorrow and fear. Palaeolithic cave paintings confirm that music was important to man from the earliest of times. In these etchings early humans can be seen dancing. The remnants of flutes made from bone also suggest that people danced to some kind of music (Storr, 1992).

In preliterate times, people believed they were controlled by magical forces and surrounded by a hostile and unpredictable environment. Preliterate societies are defined as those that did not have any form of written communication and consisted of early nomadic people who sheltered together to survive cold climates and food shortages. They believed in magic as a way of protecting themselves and remaining healthy. Music was associated with magic and used extensively to help maintain physical and mental well-being (Davis et al., 1992). Preliterate cultures used songs derived from or connected with supernatural forces. These were used, for example, to entreat the gods in life's activities ranging from keeping good

health, ensuring adequate food supplies, and protection from rival clans (Merriam, 1964). If a person became ill, it was the role of the 'medicine' man to exorcise the evil spirit. Thus, the magician/musician/healer became an important role in the diagnosing the illness and determining the appropriate cause of action. He was assigned the responsibility of healing the person. Music in this period of history began by serving communal purposes, such as religious ritual and warfare, and quickly became an adjunct to rites of passage rituals (Storr, 1992; Sloboda, 1989).

Music therapy in antiquity times

During Antiquity times the magical and rational concepts of medicine began to evolve separately. Davis (1992) states that in ancient Egypt about 5000 BC the elements of healing, including the magical, religious and rational, existed side by side, although healers usually only applied one particular philosophy of treatment for the individual. Music healers in Egyptian times had a privileged place in society because of their close relationship with priests and government officials. These priest physicians believed music was medicine for the soul. They included chant therapies as part of their healing practices (Feder & Feder, 1981).

The Egyptians were one of the first civilisations to record their use of music in medical practice. This is evident in the ancient papyri writing that dates back to 1500 BC (Bunt, 1996). A sick person during the Babylonian culture (c.1850 BC), was, from a religious perspective, considered as having offended against the gods and an outcaste. The individual was treated by a religious ceremony that included music (Sigerist, 1970).

Music came to have a special influence over emotion, thought and physical health in ancient Greece. In Sparta 600 BC, Thales who was a celebrated musician and lyric poet was credited with curing a plague through musical powers (Merriam, 1964). He was invited by the Council of Sparta to help appease the wrath of Apollo as witnessed by a plague and stop the faction fighting among the citizens by writing songs which exhorted law-abiding behaviour (Cary, Denniston, Wight-Duff, Nock, Ross & Scullard, 1961; Smith, 1889).

Pythagoras, in the sixth century BC, recommended that music could be used as a psychohygienic and therapeutic medium. He considered music as controlling the force of passions in man (Cary et al., 1961). In the fourth century BC, Plato asserted that rhythm and harmony could deeply affect the soul and that the training of younger people in music would contribute to their attainment of virtue. Aristotle classified emotion and reactive mood as affective segments of the individual personality and stressed the cathartic effect of music. He was less puritanical than Plato by advocating the use of all types of music for the purposes of relaxation. However, he also held the view that rhythms and melodies were representations of moral qualities, and, as such, had an effect on the soul. Music was considered by the State to have such a major influence on citizens that in Argos of ancient Greece, the purity of music was regulated by law, and at Sparta, any venturesome innovators of new music had their instruments destroyed (Cary et al., 1961).

In the first century AD, Aretaios of Capadocia observed the influence of music upon the disposition of the soul and the formation of character. Asklepiades in the same century employed music therapy in his treatment of split-personality cases, and Aristides Quintilianus, through music, transported his patients into

other psychic states (Forman-Radl, 1992). Aristides Quintilianus recommended that his patients listen to music or play an instrument. This practice ultimately informed the present modes of music therapy, which usually are either passive-receptive or active improvisatory forms.

Boethius in the fifth century attributed to music the regulative function that continued up until the Renaissance period. He believed that music either improved or degraded human morals (Davis et al., 1992). Cornelius Agrippa, a physician in the sixteenth century, held the view that music had a therapeutic value, especially music produced by the human voice. He considered vocal music as best suited to alleviate psychic disturbances (Forman-Radl, 1992). In summary, music was considered by philosophers and medical practitioners to have powers for healing. It was also viewed as dangerous by some authorities. The use of music was controlled by church and state authorities so that it did not debase moral decency.

Music therapy in Renaissance and Baroque times

Music during the Renaissance was used as a remedy for melancholy, despair, madness, and as a preventative medicine. It was widely believed to be a powerful tool capable of enhancing emotional health (Davis et al., 1992). Music, although causing a slight melancholic response from some people, was still considered an important form of therapeutic treatment by Burton and others. In the seventeenth century Robert Burton (1577-1640) wrote in his book, *The Anatomy of Melancholy* (1621):

Many men are melancholy by hearing music, but it is a pleasing melancholy that it causeth; and therefore, to such as a discontent, in

woe, fear sorrow, or dejected, it is a most present remedy (Shapiro, 1978:182).

During the Baroque period music continued to be based on the theory of the *four cardinal humors*. This theory dated back to 380 BC and was described by Polybus (son in-law of Hippocrates) in his treatise, *On the Nature of Man* (Davis et al., 1992). The four humors were blood, phlegm, yellow bile and black bile. Each humor was thought to be unique and have special qualities. The perception of good health depended upon the balance of all four humors. An imbalance of two or more humors was thought to lead to illness.

Kircher (1602-80), in his theory on temperaments and affections, believed that personality characteristics were associated with certain types of music. Thus, a depressed person would be drawn to melancholic music, whereas cheerful people would be drawn to uplifting music such as dance music. This required the healer to carefully choose particular types of music for rehabilitation that reflected the personality traits of the individual (Carapetyan, 1948). In music therapy today, music is also chosen to suit people's moods and state of mind. This is known as 'entrainment' (Ortiz, 1997:317). Ortiz (1997:318) explains entrainment as 'a merging with, or synchronising to, the pulse of the music. From a musical perspective, for example, a state of relaxation is typically achieved or enhanced through exposure to *largo* or *adagio* movements'. The notion of entrainment is closely related to the isomorphic principle that suggests people's moods should be matched to the mood of the music they are listening to. By doing this in a music therapy session a gradual move in emotional state can gradually occur (Gaynor, 1999).

Brocklesby, in his treatise *Reflections on the Power of Music*, wrote that music was used to remedy emotional excesses such as fear, sadness, depression and even excessive joy. He also believed music was therapeutic for the relief of delirium, frenzy, melancholy and maniacal behaviour (Rorke, 2001). Writers such as Shakespeare and Armstrong also included numerous examples of music as therapy in their plays and poems (Davis et al., 1992). During the Renaissance and Baroque times music was documented to be a useful therapy by several notable medical professionals. The advent of the printing press also meant that treatises about medical practices were beginning to be more widely read and accepted.

Music Therapy in eighteenth and nineteenth centuries

In the eighteenth and nineteenth centuries Wackenroder developed what became known as the 'sympaticotome effect' (Forman-Radl, 1992:432). This essentially meant that music was used to accompany particular feelings and emotions to help the individual feel better. Wackenroder believed that of all the arts, it was music that promoted the most conflicting emotions in people, because it could stimulate and elicit both joy and sadness (Forman-Radl, 1992:432). Samuel Vogler described music as the language of the soul. In particular, he believed that song with its combination of melody and sentiment of lyrics could relieve a person suffering from depression or melancholy (Forman-Radl, 1992).

Interest in music as therapy increased during the eighteenth century and articles occasionally appeared, such as the unsigned one in the *Columbian Magazine* in 1789 entitled 'Music Physically Considered'. The author of this article used ideas taken from the French philosopher Descartes who discussed the importance and use of music for influencing and regulating emotional conditions. The proposition was that a person's mental state may affect his or her physical health. The same author

recommended that the health practitioner needed to be highly skilled in medicine and musicology to be able to use music as a therapeutic tool (Davis et al., 1992).

In 1804, Edwin Atlee (1804) wrote a dissertation entitled, *An Inaugural Essay on the Influence of Music as a Cure of Diseases*, which concluded that music had a powerful influence on the mind and body (Davis et al., 1992). He believed that music could benefit an ill person because of its positive influence on mental and physical illnesses. Another such writer was Samuel Mathews (1806) who produced a book in 1806 entitled, *On the Effects of Music in Curing and Palliating Diseases*. In this book Mathews noted the benefits of music in the treatment of ailments of the mind and body (Davis et al., 1992).

These two dissertations are so similar in form and content that they were most likely to have been influenced by the physician/psychiatrist Benjamin Rush, who was a professor at the University of Pennsylvania at the time. Rush was a very strong supporter of the use of music in the treatment of mental and physical disorders. He played a major role in the establishment of 'music therapy' as a legitimate professional discipline during the nineteenth century. As a result, many institutions for the deaf, blind and physically disabled in the United States began to employ musicians to create programs as therapy (Davis et al., 1992). Davis (1992) claims that George Blumer was one of the first physicians to establish an ongoing program of music therapy in an institution and, along with Benjamin Rush, should be recognised for being one of the most influential pioneers of music as therapy.

In 1830, John Dogiel (Campbell, 1989) published studies that described how music can evoke physiological responses and affect circulation of blood in humans and

animals, including the rise and fall of blood pressure. His claim was that variations in circulation depended on the intensity and timbre of the sound. In an article titled, *Music as a Medicine*, James Whittaker (1874) extended Dogiel's ideas by arguing that musical responses are linked to physiological, psychological and socio-cultural aspects of our lives. By citing American and European sources, he concluded that music had enormous effects on the treatment of mental and physical disorders. In a paper titled, *Music in its Relation to the Mind*, George Alder (1892) wrote about the moral obligation of providing mental patients with a well-rounded program of treatment using art, physical education, reading and music (Davis et al., 1992).

Another important pioneer was James Corning (1889) who was a neurologist and developed a technique based on using vibration in medical treatment. He was one of the first people to adopt a scientific approach by using a controlled environment to test his subjects. Davis (1992) states that although Corning's research has not been validated by modern science, he systematically tried to record the effects of music on mental illness. Corning's hypothesis was that thought processes become dormant while people are asleep and this state allows musical vibrations to enter into the subconscious. By playing appropriate music, the subject could transfer the pleasant sensations that they experienced while asleep into their conscious waking hours.

Music therapy as a profession in the twentieth century

By the beginning of the twentieth century physicians, psychiatrists, musicians and educators were writing about the benefits of music in scientific publications. Such a publication was the journal *Music and Health* published in 1913 by Eva Vescelius,

who was also responsible for the founding of the National Therapeutic Society in New York in 1903 (Davis et al., 1992).

In the years 1918 to 1935, Willem Van de Wall (1923; 1936) documented his music therapy work in hospitals and prisons. He was appointed Chairman of the *Committee for the Use of Music in Hospitals* in 1944 and was responsible for the establishment of music programs in psychiatric hospitals in the United States.

In 1919 Margaret Anderton, a musician who had worked with the rehabilitation of Canadian soldiers after World War I established a teaching program at Columbia University. This program was designed to prepare musicians for working in hospitals and other health institutions. She believed that musicians needed to be trained as therapists and have an understanding of the psycho-physiological aspects of music (Davis et al., 1992).

In 1926, Isa Maud Ilsen founded the National Association for Music in Hospitals in the United States. As a musician, nurse and hospital executive she believed that music could be used to control pain and stress for surgical patients and those with physical ailments. She had taught with Margaret Anderton at Columbia University and been a Director of Hospital Music in Red Cross rehabilitation hospitals after World War I (Davis et al., 1992). Ilsen also advocated that institutions only appoint trained and qualified professionals.

Another important pioneer was Harriet Seymour (1920), who like Anderton and Ilsen, had worked extensively with war veterans. She published a book entitled, *What Music Can Do For You*, and widely promoted the use of music as therapy for the next three decades. In 1941, Seymour founded the National Foundation for

Music Therapy and co-produced the first substantial text on the training of music therapists titled, *An Instruction Course in the Use and Practice of Musical Therapy* (Seymour & Garrett, 1944). Seymour through her clinical application of music as therapy in hospitals, showed that music helped to reduced stress and anxiety in patients. Later, Taylor (1981) suggested that music can shorten a patient's admission stay in hospital.

By the early part of the twentieth century there was an interest in music as a therapy by some sections of the medical fraternity both in Europe and the United States. However, music therapy was neither embraced, nor totally accepted as scientifically valid by the wider medical community. This was evidenced by the few hospitals and health institutions that employed full-time salaried music therapists. Music therapists were usually unqualified, unpaid or worked part-time under the supervision of hospital and medical personnel (Davis et al., 1992).

In the period 1943-1944, plans were formulated for a 'Music in Reconditioning' program and implemented in 1945 in the United States by the combined efforts of the Office of the Surgeon General and the Defence Forces (Rorke, 1996). This program recognised the importance of music in returning military personnel to duty or civilian life. The program had three main objectives. These were to: (i) aid social readjustment, (ii) boost morale, and (iii) provide occupational therapy. Specifically, the program was designed to help:

- bring groups together,
- release the emotions,
- create a spirit of fellowship and esprit de corps,
- provide an opportunity for self expression and development of self esteem,

- increase neuropsychiatric patients response, and
- provide an educational and occupational forum for personal development.

Margaret Rorke (1996:189) states 'the healing powers of music were witnessed on an unparalleled scale. For the first time in history the American Service Forces officially recognised music as an agent capable of helping its mentally and physically wounded'. This was a major turning point in the partnership of medicine and music, and greatly influenced the establishment and acceptance of music as a professional discipline. **Table 2.1** outlines the number of veterans involved in the rehabilitation program in the United States of America in December 1946.

In the late 1940s several American universities and colleges initiated programs to train music therapists at the undergraduate and graduate levels. These included the Universities of Kansas, Michigan State, Columbia, the Chicago Musical College, the College of the Pacific and Alverno College, (Boxberger, 1962). About the same time, the Committee on Music in Therapy from the Music Teachers National Association offered programs and seminars to educate musicians, physicians and psychiatrists in the ways music could be used as a therapeutic tool.

The National Association for Music Therapy (known as NAMT) was formed in 1950 and held its first conference in Washington in 1950 (Davis et al., 1992). This association in the following decade developed training programs, established therapy standards and produced a large number of professional publications. In 1985, the World Federation of Music Therapy was formed at a Congress in Genoa, and in 1990 at a World Congress in Brazil several commissions of the Federation

were established. These commissions were to develop, plan and implement World Congresses that would compare teaching programs, codes of ethics, and present and publish up-to-date research (Bright, 1997).

Table 2.1: Veterans involved in rehabilitation programs, veterans hospitals: United States of America, December 1946 (Green, 1947).

Number of Veterans	Music Activity and Rehabilitation Program
122	Veterans Administration Hospital (1946-1950's) All employed music staff, 44 had full-time music specialists working with medical personal
80,000	Patients participated in performing ensembles, including bands, orchestras, choirs etc
7,538	Patients recommended by a medical authority (this assumes that 72,462 did so voluntarily)
1447	Patients studied a musical instrument (601 referred by a doctor)
1431	Patients had vocal lessons
276,062	Patients attended concerts, recitals, request programs, and music appreciation classes
2.5 million	Instruments were supplied National Federation of Music Clubs to military hospitals

In Australia, it was Ruth Bright who in the late 1960s was credited with being the founder of music therapy as a profession. Her book, *Music in Geriatric Care* (Bright, 1972) was the first major music therapy publication in Australia and since then has been proactive in promoting and establishing professional training programs in the various states. Today, there are training courses at the universities of Melbourne, Queensland, Western Sydney and University of

Technology, Sydney. Presently in Australia there are approximately 250 people working as qualified music therapists (Johnston, 2002).

Music therapy in professional practice

The American and Canadian music therapy associations describe music therapy as the skilful use of music and musical elements by an accredited music therapist who helps clients maintain mental, physical, emotional, and spiritual health. Music has nonverbal, creative, structural, and emotional qualities that help facilitate a therapeutic relationship through contact, interaction, self-awareness, learning, self-expression, communication, and personal development. A music therapist is expected to be an accomplished musician able to play several instruments (preferably keyboard such as piano or accordion, or guitar), sing and improvise in a variety of styles. Detailed studies in music theory, harmony, conducting, music history, solo and ensemble playing, and composition are the basis of a therapist's musical knowledge and skill (Darrow, Gibbons & Heller, 1985). In her book, *Music in Geriatric Care: A Second Look*, Bright (1993b:123-129) provides practical tips and personal insights into the daily life of a music therapist. These include the practicalities of using portable instruments, having a broad repertoire of songs and musical materials to call upon, and examples of specific therapy situations.

The American Music Therapy Association (2002a) states that music therapy can impact on older people's lives in the following ways:

- memory recall that contributes to reminiscence and life satisfaction,
- positive changes in mood and emotional states,
- feeling of control and independence,

- awareness of self, environment,
- reduction of anxiety and stress for both older adult and carer,
- management of pain by non-pharmacological means,
- stimulation and interest in life,
- structure and increased motor ability,
- emotional intimacy with friends, partners and family, and
- opportunities for social interaction.

Bunt (1996) states that the essence of our humanity is best understood by the music in our lives. When one knows the potency and potential of the use of music as a therapeutic device, it is then possible to integrate people of different backgrounds, cultures, and experiences. Bunt also claims that music can help people find their lives more worth living. If this is the case, then the question to ask is: Can music have a significant impact on older people's lives if it was not used specifically as a therapeutic tool? In other words, can music impact on people if they decide to engage in music activities as a result of interest and pleasure?

Today, there are music therapy training courses available in most countries and major cities. In Australia, the first training program was established in the 1970s at the University of Melbourne. Students usually complete the degree course either by undergraduate training or by a conversion graduate course upon completing an appropriate tertiary qualification (Bright, 1997). Professional music therapy training involves a combination of theoretical and experiential learning. Music therapy students develop a knowledge of normal and abnormal human development; of symptoms, problems, and needs associated with people who have a variety of disabilities and illnesses; and of various treatment approaches

and modalities. They are trained in observation, assessment, treatment planning, implementation, and evaluation. It is also necessary for the therapist to have training in theory, research methodology, practice of music therapy and psychology (Darrow et al., 1985).

Music therapy is about helping people to develop 'more appropriate and functional responses to the problems of living' (Sloboda & O'Neill, 2001:426). The aims of modern music therapy according to Forman-Radl (1992:433) are many and diverse with the effectiveness of the therapy depending largely on the reaction of the patient to treatment. In summarising the aims of music therapy for psychiatric patients, Forman-Radl concludes that music can help to:

- provide emotional release,
- respond to musical stimulation in form of primitive reactions,
- promote human contacts,
- integrate people into society,
- liberate people from isolation,
- reduce people's tension,
- attain a position within the socio-cultural environment,
- relieve people from psychic pressure,
- promote will power,
- improve awareness of personal mood fluctuations,
- deflect concentration from people's somatic ailments,
- promote self-disciplinary powers,
- reactivate self-confidence,
- promote people's attainment experiences (learning through success),
- adjust to life's problems,
- be adequate in dealing with people's daily requirements,

- improve people's ability to concentrate,
- recover people's learning ability and mnemonic capacity,
- stimulate collaborative or independently undertaken creative activities,
- stimulate people to develop sensible hobbies,
- improve people's acceptance of demands imposed by duties or responsibilities,
- improve people's acceptance of demands imposed by duties or responsibilities,
- introduce people to cultural activities, and
- extend people's sphere of general interests.

History confirms that music as a therapeutic tool is not an invention of our age, but has been greatly developed and influenced by the experiences and conceptual definitions of American therapists in the twentieth century (Forman-Radl, 1992). Today, the psychological and psychotherapeutic concepts of healing are united in the precept that the person is a homogeneous entity rather than a conglomerate of separate parts (Heal & Wigram, 1993). The use of music as a therapeutic tool requires a combination of theoretical knowledge in both music and psychology. The therapist must also have advanced practical skills in music, including a large and diverse repertoire from which they can draw upon to facilitate helping the client. Music therapy is largely about empathic communication through music and words and the therapist must have good clinical skills in counselling psychology (Bonny, 1997; Bright, 1997).

The role of music in health and well-being

According to Campbell (1995), we are just beginning to realise the deep and profound scientific, medical, psychological and spiritual questions involved in the power of music. It is only in the twenty-first century that there have been extensive scientific studies regarding the potential of sound as an agent of healing and cure. These include: music as an anaesthetic, the effects of music on memory, the influence of music on synchronising brain waves, modifying behaviour, and stimulating physical responses.

For most people, pain is a common by-product of illness and intrusive medical intervention. Maranto (1993:156) in outlining the goals of music in medicine states that music should be used to:

- (i) eliminate stress and anxiety,
- (ii) eliminate pain,
- (iii) eliminate depression, helplessness and low self-esteem, and
- (iv) enhance immune functioning.

If music can reduce or distract people from pain and discomfort, then the end result must be enhancement of quality of life. A secondary effect was the possibility of a faster recovery period (Winter, Paskin, & Baker, 1994).

According to Maranto (1993:159) the use of music in medicine revolves around the following principles:

- music elicits physiological responses,
- music elicits psychological responses,
- music evokes imagery and associations,

- music elicits cognitive responses, and
- music may cause physiological and/or psychological entrainment.

One of the most important benefits of music on health is that it simultaneously affects the biomedical and psychosocial aspects of treatment of the individual. It is painless and non-intrusive in the sense of medical procedures, has few side effects, is easily accessible, is cost effective and incorporates participation and a sense of personal responsibility for one's own treatment (Maranto, 1993). Clair (1994:173) states that music can supplement the human touch of nursing and medical practitioners that often is overlooked because of available time. The use of music can reduce a client's isolation and feelings of anxiety, and provide a more structured and stable way for patients to cope with discomfort and stress. Clair suggests the following reasons for establishing the use of music in a clinical setting, including:

- establishing a comfortable and familiar environment for the client,
- initiating positive and pleasant experiences in a setting that is usually associated with anxiety and discomfort,
- structuring the time clients must wait before, during, and after the procedures,
- offering a distraction from the procedure, and
- quieting the effects of the bustling routines of the medical facility.

Today, music is widely used areas of medicine (Harvey, 1995). These areas include: labour and delivery, neonatal care, intensive care, cardiac care, paediatric cardiac catheterisation, pre-operative and post-operative care, coma units, surgery, dentistry, neurology, psychiatry, gerontology, rehabilitation, oncology, and pain and stress management. This is largely a result of Western health care

philosophy embracing a holistic approach to health and well-being. However, for music to truly be developed in health care, Harvey suggests that the following is needed:

- medical school education needs to include music,
- hospitals need to schedule in-service training,
- musicians need to be skilled in the science of their art, and
- composers need to create musical works that consider the healing aspect of music.

Phillip (1994) argues that the concept of creative expression through the Arts has the potential to provide health promoting opportunities for individuals as well as helping them to improve their well-being and self-esteem. Phillip argues that music can easily improve and lift a person's sense of self-esteem, and when this is heightened people are more likely to lead a healthier lifestyle.

Older people with special needs

For many older people the use of music is crucial for communication such as those people who suffer from dementing conditions such as Alzheimer's disease. Music can provide them with a connection to the past and the present. The associations stimulated by music may be of times past, places or people. It may also evoke associations with emotions, visual images, or other sensory information. These could include flavours, odours, textures, temperatures etc. It is the use of nostalgic music that stimulates the person into a shared reality with the carer (Clair, 1996). Ways of facilitating this stimulation can include the singing of a song, listening to music, or getting the person to dance. The meaning evoked centres around the memories of the emotional context of the times past.

People who suffer from dementia can often recall more of their younger years than recent events. This may be in part due to 'a whole cyclical process of interconnections between beginnings and ends' given that it is our sense of hearing that is first to develop and often the last lost (Bunt, 1996:158). It is interesting to note that recent research shows that people suffering from *frontotemporal* dementia and loose functioning in their left anterior lobe can sometimes develop artistic or musical skills which they had not previously attained (Miller, Boone, Cummings, Read & Mishkin, 2000; Miller, Cummings & Boone, 1998).

Clair (1996) writes of music being important to people who are suffering from dementia. She outlines how music can also be important for the spouse and other family members who struggle to cope with the early, middle and late stages of the disease.

Music can provide opportunities...to share something that goes beyond the fulfilment of day-to-day physical needs with the people for whom they care. Music can enhance interactions (verbal and non-verbal), trigger memories, promote feelings of closeness, and create an opportunity for emotional intimacy between care-givers and care recipients (Clair, 1996:257).

Sprinzeles (2000) states that patients and families of people who live with disabilities need to be helped as much as possible to find effective coping mechanisms. The experience of a disability impacts on all family members, not just the individual with the disability. Music can assist carers to find time and facilitate interaction with other people who share similar life experiences. Music can significantly decrease stress and anxiety for the carers who often need to put their own needs last.

The use of music in residential settings can help provide all residents, whether suffering from memory loss, dementia or Alzheimer's disease, with a sense of intimacy and connection between other residents and staff. In an institutional setting it is often difficult to develop friendships or show open signs of affection towards others. For older people it is often more difficult to maintain friendships as people become more frail and less able to visit or communicate with others. This is a great loss for most people if we accept that friendship is a need and source of affection in our lives that helps provide us with happiness, strength and contentment (Bright, 1997). Music can help facilitate 'friendship' by providing people with opportunities to interact and share their own life experiences. It may be as simple as dancing with another resident, partner or carer or participating in a community music session by either singing or playing a musical instrument.

In a study of dementia patients living in residential care, Ragneskog, Kihlgren, Karlsson and Norberg (1996) found that the playing of soothing music during meal times helped settle some of the restless patients, and in one case, a patient fed herself more than usual. The playing of music had the effect of helping the patients to feel more relaxed and eat more calmly. Music can thus be a pleasant and non-threatening way of modifying behaviour and assisting people in their daily routines such as bathing, dressing, eating or exercise. For example, frail older people in residential care can find music to be a good stimulant to get them motivated and involved in exercise. Exercise is also more enjoyable when it is accompanied by music (Johnson, Otto & Clair, 2001).

Music also has been shown to have an important place in palliative care (Hogan, 1999, 1998). Campbell (2001:212) notes the work of Therese Schroeder-Sheker who established a specialist palliative music program to help the dying at Saint

Patrick's Hospital in Missoula, Montana some twenty years ago. As a result of her pioneering work, there are specialist programs in hospitals, nursing homes and hospices for the dying throughout the United States. The use of music can create a peaceful and serene environment to assist the dying person that is often taken up with the cacophonous sounds of heart monitors, respirators and other life support systems (Schroeder-Sheker, 1993).

The sound of beautiful music...helps restore the dignity, intimacy, and immediacy of dying, often for the family as well as the patient (Campbell, 2001:212).

Schalkwijk (1994) outlines the importance of using music for people who have developmental disabilities. Through the use of music therapy, people with developmental disabilities can receive specialised treatment by people trained in psychotherapeutic care. Music can provide people with ways of treating psychological disorders and living a life with dignity. Music can provide ways for people to be involved in leisure activities and be more socially integrated (Davis, 1999b). Through the use of repetition in song, musical games and pictures, people with short-term memory problems can also enhance their ability for retaining information (Schalkwijk, 1994).

The psychological aspect of music in people's lives

For most people music is a pleasurable experience, whether they listen to it intently or participate in the making of music. The appeal of music is primarily emotional and psychological. It excites us, moves us, entertains us, soothes us and thrills us more than most other stimuli (Scarantino, 1987).

Juslin and Sloboda (2001b) suggest that the main reason why most people engage with music is for the emotional experience. Yet, the connection of emotion and music has not been extensively researched. Neither Deutsch's (1999) book, *The Psychology of Music*, nor Lewis and Haviland-Jones (2000) in their book, *Handbook of Emotions*, contains literature on the connection between music and emotion. Juslin and Sloboda (2001b) state that it is the emotional aspects of music that should be at the centre of today's musicological research. It is remarkable that it has been neglected for decades, except for Meyer's (1956) classic treatise, *Emotion and Meaning in Music*.

One reason why the emotional aspect of music may not have been researched in recent times is because many people are conditioned in the classical tradition and expected to listen to music silently, respectfully and without moving (Small, 1999). In keeping with this tradition is the expectation that people's appreciation of music is understood only in terms of intellectual knowledge of history, form, harmony and instrumentation as opposed to 'articulated emotional responses' (Juslin & Sloboda, 2001b:5). However, this assumption disregards the fact that while people's engagement with music is often a private experience, music is usually heard in a social context and often accompanied by other activities that also have particular meaning and emotional context (Sloboda & O'Neill, 2001). Thus, the impact of music on people's emotions is not a direct phenomenon, but rather reliant on the context of the situation and their understanding of the social world within which they live. Sloboda and O'Neill (2001:414) state:

...emotions should not be thought of as abstract entities such as *anger* or *elation*, but rather as actual moments of emotional feelings and displays in particular situations within a particular culture...Music is a cultural material (as is language) that provides a kind of semiotic and affective

power which individuals use in the social construction of emotional feeling and displays.

Music can provide people with ways of discovering and interpreting their sense of identity. It can be a medium through which people are able to express emotional states that are closely associated with self (Sloboda & O'Neill, 2001). DeNora (1999:50) states that people can find a sense of *self* in music because 'musical materials provide terms and templates for elaborating self-identity'. This is because music acts as a mirror that allows people to interpret, transfigure or disfigure the image of their identity as they so choose. Sloboda and O'Neill (2001:423) supports DeNora's findings by stating:

Music provides numerous ways in which musical materials and practices can be used as a means of self-interpretation, self-presentation, and for the expression of emotional states associated with the self.

One of the primary functions of music is to enhance the quality of individual experience and human relationships (Blacking, 1995). Music expresses aspects of people's experience in society because its structures 'are reflections of patterns of human relations, with the value of a piece of music being inseparable from its value as an expression of human experience' (Blacking, 1995:31). Thus, music is also an expression of a person's relationship with society. Music can be a medium through which people can express themselves. It can also be a way that they come to know and make sense of the society within which they live.

Kahn (2000) suggests that people who participate in music activities and belong to social networks associated through music are more likely to experience a sense of belonging in their life. They are also more likely to feel accepted, valued and

needed. He also states that it is music that can help people to develop new social networks during times of transition in life.

Merriam (1964) notes that the function of music in society is mostly associated with non-verbal communication. Music brings people together for a common goal and is a form of stimulation. Other functions include: emotional expression, symbolic representation, enforcing conformity to social norms, validation of social institutions and rituals, and the contribution, continuity and stability to culture (Merriam, 1964:61). For many people living in residential care with diminished independence, stimulation is often restricted to eating and drinking, or television. However, when people are engaged in music activities that are either individual or group focused, music can be a sensory stimulus that can help to maintain and improve quality of life (Davis, 1999a).

When someone is playing, composing or listening to music, all of his or her cognitive processes are brought into play. These include the cerebral processes that are associated with motor control, feelings and emotions, cultural experiences, social activity and intellectual activity (Bunt, 1996; Maranto, 1993). For this reason, Bunt believes that music's deep connection with one's inner self 'helps musical expression to become a potential manifestation of such feelings' (Bunt, 1996:72).

Campbell (2000), Rose (1985) and Ostrander, Schroeder and Ostrander (1982) claim that music has enormous benefits to people as an aid for helping them learn. They suggest that by listening to *largo* movements from Baroque works a person's vital signs are slowed down with the pace of the music, thereby making him or

her physically relaxed, leaving him or her more mentally alert and able to assimilate information. Campbell (2000), Rose (1985), Ostrander and Schroeder (1982) together agree that an individual can better retain information by playing appropriate background music. Their theory is that if the right brain, which deals with creativity, is distracted with music, then the left brain that deals mostly with analysis can take in data that needs to be learnt, all at a coordinated pace so that the body can absorb the number of stimuli (Scarantino, 1987). The notion of music influencing a person's learning has also been explored in Campbell's (2001) widely publicised book, *The Mozart Effect: Tapping the Power of Music to Heal the Body, Strengthen the Mind, and Unlock the Creative Spirit*. Campbell claims that music can enhance learning and creativity, and that the playing of an instrument or the incorporation of music into a classroom can affect learning, motivation and behaviour positively.

Storr (1992) writes how stammerers can sometimes sing sentences that they normally could not speak. He explains this phenomenon as stammering being encoded in the left-brain hemisphere while singing is predominantly a right brain activity. This could also explain why many people suffering from dementia are able to remember and participate in musical activities in a way that is not possible in other daily activities. An excellent example of this is the philosopher Friedrich Nietzsche, who in his latter years was insane and died of paresis in 1900. Before he died he was unable to speak words or construct sentences. Yet, he could sit at the piano and improvise for hours (Storr, 1992). Sacks (1985) provides a case study of a musician who suffered from a brain lesion and was unable to recognise most objects or function normally. The only way the man could bath, dress or eat

a meal was to do so while singing. Music not only provided structure for this man's life, but also enabled him to function in life.

Music as a tool for helping the healing process is non-invasive, non-chemical, non-threatening, and can often help people confront issues that they have not dealt with earlier in their lives. This is effected largely because of the association between the events of the past and a particular piece of music (Levine & Levine, 1999; Ortiz, 1997; Bright, 1993). Under the right circumstances, music is an effective therapeutic agent because it can 'align patterns of emotions, structures of consciousness and/or psychic energy' (Stewart, 1990:62). It does not need to appeal to logic and rarely meets with intellectual resistance to initiate its action (Guzzetta, 1995). The healing capabilities of music are intimately bound to the personal experience of inner relaxation. Music can be a healing agent because it is simultaneously a structured and transcendent activity (Hamel, 1986). Although it is highly regular and usually structured as an activity, music can affect people's emotions and states of awareness. Crowe (1995:111) states:

...music moves us beyond our needs for order and for the process
existential questioning.

Stewart (1990) argues that music has the potential to align people's patterns of emotions, structures of consciousness and psychic energy. Music can help people to initiate movement by modifying their mental state and cuing them towards more positive psychological affirmations, such as:

- sad ⇒ cheerful,
- discouraged ⇒ hopeful,
- gloomy ⇒ sunny,
- negative ⇒ positive, and
- tormented ⇒ peaceful.

For many people, music can facilitate moving their mood away from a depressive state. However, for some people, hearing music can increase their depressive state. More over, Storr (1992:69) states that unless the person is so depressed to the extent of being unmoved by any external stimuli, then music is more likely to lift his or her spirits or 'at least relieve the sterility of being unable to care about anything or anybody'. He believes that it is far better for a person to feel that life is tragic than to become totally indifferent to it.

Storr (1989) suggests that a person engaging in music alone by either listening or playing an instrument is linked to self-discovery and self-realisation. It is a way he or she can become aware of his or her deepest needs, feelings and impulses. Kemp (1997:22) expands this concept by suggesting that when people choose to either listen, perform or compose music it then becomes an expression of people's individuality, and is thus a way of helping them to develop a personal *self*. He states that 'people perceive and come to know the world around them very differently, (this includes art objects) the ambiguity of which stretches people's imaginations and allows them to delve deeper into their sense of identity and well-being'.

Music is a medium by which people can express both their personal and group identity throughout their lives. Stokes (1994), when referring to music and group identity, states that music is socially meaningful because it provides people with ways to recognise identities and places. An example of this is the Aboriginal people of the Northern Territory in Australia who have a strong relationship between social identity, musical performance and geographic location (Hargreaves & North, 1997).

Listening to music can mean creating and expanding a person's sense of internal space where he or she can retreat from the reality of the world. This is achieved by creating an internal imaginative world of sound that is rich in symbolism and personal meaning, and revisiting the emotional context of particular memories (Bunt, 1996). The essential quality of music is its ability to create another world of virtual time (Blacking, 1995). Music can structure time for people because it allows emotions and arousal to peak at a determined time and facilitates people being drawn into and engaged in another world of time (Storr, 1992).

The world of time created by music was noted by composers such as Mahler when he said 'music may lead us to the after world' (Bonavia, 1956:204), and Stravinsky, when he commented that 'music is given to us with the sole purpose of establishing an order in things, including, and particularly, the coordination between man and time' (Stravinsky, 1936:83). Hindemith spoke of 'the victory over external forces and a final allegiance to spiritual sovereignty' (Wilson, 1962:135), and Menuhin (1972:3) noted that 'music creates order out of chaos; for rhythm imposes unanimity upon the divergent; melody imposes continuity upon the disjointed, and harmony imposes compatibility upon the incongruous'. Music not only provides people with another reality of time, but can give them a new sense of order and harmony in their lives. Storr (1992:105) expressed a similar view by stating:

...when we take part in music, or listen to an absorbing performance, we are temporarily protected from the input of other stimuli. We enter a special, secluded world in which order prevails and from which the incongruous is excluded.

Music as a medium for channelling a person's emotional being is trans-cultural given that all known cultures had/have music. This reflects people's attraction to organised sound although it is the human mind that assigns these sounds with significance. According to Sloboda (1989:1) the reason why most people take part in music activities whether it be listening, composing or playing an instrument is because music is capable of arousing in them deep and significant emotions. He describes these as ranging from the 'pure aesthetic delight in sound construction, through emotions like joy or sorrow which music sometimes evokes or enhances, to simple relief from monotony, boredom, or depression'.

Blacking (1995) postulates that music transports people in a variety of ways, and this is evident in such responses as the tapping of feet or hands, the falling into a trance like state, or even giving vent to anger. However, such physical states have no meaning unless people relate them to particular personal associations or events in their lives. For instance, such a physical state may be linked to an erotic, religious or other such like state. The music itself cannot have extra musical meaning unless the experience to which it refers already exists in the mind of the listener. When music has such associations it can then make people more aware of feelings they experienced by intensifying and/or underlining the emotion.

Music, however, only causes arousal in those that desire pleasure and meaning from it (Storr 1992). Storr (1992:4) refers to this arousal as being a condition of heightened alertness, awareness, interest, and excitement. He states that 'music can penetrate the core of our physical being. It can make us weep, or give us intense pleasure...much like being in love'. Storr claims that there is a closer relation between *hearing* and emotional arousal than there is between *seeing* and emotional arousal. Hearing enhances the experience and is one of the main

reasons why cinematographers use music extensively in films. Storr (1992) also suggests that the hearing of other people tends to foster deeper relationships between people than just seeing them.

Music can help reduce pain by serving as an imaginary sanctuary from pain. It helps reduce stress and tension, and can induce a relaxed state in people (depending on the choice of music). Ortiz (1997: 32) in his book *The Tao of Music* states that music helps people to achieve a sense of peace and relaxation because it triggers endorphins in the body that help the mind create sound images and escape into a painless world sheltered by their imagination. He believes that music energises people and can be instrumental in helping them by:

- altering thoughts by reprogramming old and dysfunctional messages that may have a negative effect on their lives,
- modifying beliefs and attitudes, thus allowing us to believe in our own value,
- setting realistic and achievable goals,
- countering psychological noise helping us to re-examine self imposed expectations,
- challenging internal and external assumptions of ourselves,
- modifying inner messages especially the ones that are self defeating and centred around 'shoulds' and 'musts',
- eliminating the dissonant, negative and self destructive dialogues active in our minds,
- letting go of guilt feelings, unresolved angers and self destructive images of ourselves,
- letting go of false standards that represent our own misperceptions of 'others' thoughts about how we 'should' or 'ought' to be, and

- examining and ridding ourselves of unrealistic self imposed standards that can manifest in anxiety, hostility and/or depression.

Bunt (1996:73) comments that 'music animates the emotions, developing and moving on a level which is essentially below the level of conscious emotion'. Music's realm is that of emotional energy and is concerned with feelings that often help people to appreciate the essence of pleasure. When individuals engage in musical activities they focus on abstract, symbolic and internal representations. Music is beyond words and articulates people's inner forms that go beyond the concept of language. One of the intrinsic qualities of music is its ability to circumvent the world of objects (that) allows it a characteristic access to the unconscious that is not open to language' (Shepherd, 1991:63). It is for this reason, for instance, that music can have a direct influence on reducing personal stress, because unlike other forms of stress management, music goes straight to the emotions and bypasses language (Holland, 1995).

Music can at times provide a catharsis bringing a long awaited release either through laughter, joy or tears. It may also be in the form of a social opening up where people who have been isolated from others, talk and share their feelings after hearing music that triggers pleasant memories, feelings of joy, sorrow or happiness (Kaye & Blee, 1997).

Langer (1942:243) describes music as an 'analogue of the emotional life' composed of the gestures, forms and shapes that are part of the everyday pattern of our emotions. For this reason music can be understood as a transformer and metaphor in people's lives. It can be an expressive representation of people's moods, mental stress and resolutions. Music can put people in touch with

emotions that they have felt previously, and also present emotions and moods they have not felt. The changes in people's lives, ideas and emotions can thus be articulated symbolically in musical forms even if they do not understand all the details of these ideas, feelings and or emotions (Bunt, 1996; Langer, 1942).

Tippett (1989:47) supports Langer's theory by stating that when people listen to music they become aware of important aspects of themselves that they might not have previously perceived. Thus, by putting people in touch with their inner selves, music can help people to feel whole. He explains as follows:

Symphonic music in the hands of the great masters truly and fully embodies the otherwise unperceived, unsavoured inner flow of life. In listening to such music we are as though entire again, despite all the insecurity, incoherence, incompleteness and relativity of our everyday life.

Music can contain the 'paradox, ambivalence and intense passion often associated with traumatic experience' (Volkman, 1993:25). It can help the people by acting as a bridge for time travel into the past, present and future simultaneously. It is a transformation process that can take people to many different depths and heights – 'all richly imbued with private fantasies, dreams and symbols' (Bunt, 1996:36). It is for this reason that that music acquires its emotional value through association (Terwogt & Grinsven, 1991). Ortiz (1997) suggests that in people's memories everything seems to happen in relation to music, because it is music that freezes images into recollections and releases recollections into images.

One of the most noticeable applications of music in every day society is *muzak*. This is electronically manipulated music originally developed in the 1930s as a subliminal motivator. It is music where the tone and rhythm is synchronised to

complement people's patterns of productivity and behaviour and is part of daily life. It is present in elevators, on phones, in shopping stores, waiting lounges etc. As consumers, people are subliminally motivated to either eat faster in restaurants, slow their pace when shopping, buy more, or wait patiently for service (Ortiz, 1997; Scarantino, 1987).

In the book, *The Nine Myths of Ageing*, Powell (1998) discusses the concept of optimal ageing that for older people means continuing to function at the highest possible level in the context of inevitable limitations that aging places on us. Optimal aging means continuing for as long as possible physically, cognitively, socially and psychologically. Powell claims that most 'young-old' and some 'old-olds' have a remarkable capacity to restore themselves physically and mentally to earlier levels of function. All they need to do is be motivated and be given the opportunity. Music can contribute significantly to quality of life as music 'tells us more about the quality of time than the specific length of time (Bunt, 1996:71). Results from a study by Holohan and Sears (1995) on ageing show that the skills and talents required for music do not necessarily diminish with age.

The physiological impact of music on people

Ansdell (1995) believes that we make and experience music because our bodies are made up of cells, organs and muscles that have pulses and tone, tensions and resolutions, phrasing of actions, bursts of intensity, repetitions and development. It is through music that people's emotions share the qualities of speed, force, attack and intensity of music.

It is the ear that is the first sensory organ to develop and interestingly, the last sense to cease at the end of one's life (Tomatis, 1991). It therefore, is hardly surprising that at the beginning of life a young baby hears before it can see (Campbell, 1995). This is demonstrated by the fact that a child can recognise its mother's voice immediately after birth. At the age of one month a baby can also recognise the voices of other members of the family (Scarantino, 1987). The ear is a very complex organ and it fulfils roles apart from hearing, such as balance, regulating gestures and all the normal verbal language of the body. The other function of the ear is its cochlear function that aids in the analysis of sounds and serves to charge the individual with electrical potential, where external stimuli are able to charge the cortical battery. This is measurable by an electroencephalogram. The internal means by which we come to experience these stimuli is known as the neurological field (Campbell, 1995).

Through the use of high frequency sound therapy Tomatis (1991) claims to have successfully treated illnesses and disorders including: ear, nose and throat; stuttering; ringing in the ears; inflammation of the middle ear; neurological disorders; drooling; eye muscle imbalances; psychiatric disorders such as depression, hyperactivity and attention deficit; learning disorders such as dyslexia and inability to concentrate; and balance and coordination (Wilson, 1995). Tomatis (1991) states there are two types of sound. These are charge sounds and discharge sounds. It is the charge tones that give tone and health, and the discharge tones that tire and fatigue the listener.

The brain needs sensory stimuli to remain dynamic, thinking and functional (Tomatis, 1991). The brain requires at least three billion stimuli per second for at least four and a half hours per day in order for an individual to remain conscious.

It is interesting to also note Langer's (1989) statement that the more open older people are to diverse experiences, the higher they score on cognitive tests, as opposed to those people who do not experience any change in their daily living. Thus, music can play an important and effective role in the well-being and physical health of older people. It is therefore important that older people continue to exercise their brain as much as their body so that they can maintain good health for as long as physically possible (Kirkwood, 2001; Powell, 1998).

The concept of people's bodies being affected by sound can easily be assessed by an electro-encephalogram that measures the changes in the amplitude and frequency of brain waves. The effect can also be observed by the tingling of the skin surface, the dilating of pupils, increased muscular tone and the respiratory rate becoming either faster or slower (Storr, 1992; Sloboda, 1989). In a study of nerve stimulation or 'chills' experienced by people participating in music activities, Panksepp (1995) found that 'chills' were largely an effect of conditioning. When people listened to unfamiliar music, chills usually occurred as a result of sad music and intense climaxes. There was also a gender difference in the experience of chills because females tended to be more influenced by sad music than was the experience of males who were more prevalent to chills while listening to happier music.

In a book titled *Your Body Doesn't Lie*, Diamond (1979:32) tells us that 'music enhances our general well-being and that surrounded by the right sound, we can be invigorated, energised and balanced'. It was Diamond who discovered that the 'stopped anapaestic beat' found in most rock music can cause muscles in a person's body to go weak. He suggests that music can be an important part of primary preventative health care at a prephysical and energy-imbalance level. He

cites the longevity of many conductors such as Stokowski, Tocannini, Fiedler, Ormandy, as testament to his theory. One might also consider the large number of instrumental performers who continued to perform and teach in their latter years such as Arrau, Casals, Rubenstein, Rostropovich, Menuhin or Stern.

Spiritual experience through music

Gaynor (1999:29) states that in every spiritual and mystical belief systems there is a 'universal motif' of sound. He further highlights that every religion and wisdom tradition, whether it be Eastern or Western, tend to sing more prayers than speak them. His reasoning is that sacred song and chants underscore the intensity of the religions and make the individual feel in greater communion with the divine.

Jordan (1999:22) in his book, *The Soul of a Musician* states that one's personal faith is about a sense of spirituality. It is the human condition that has at its core a spirituality that lives within each person. He suggests: 'It is one's faith which forms and fosters the soul's interiority and depth'. To have an awareness of one's own spirituality requires time for solitude, quiet reflection, and for self-understanding (Jordan, 1999:23). Clair (1994) further defines *spirituality* as an internal state of being that goes beyond forms of expression and involves a concept of deity, god, or higher power. It is also something that is conceptualised by the individual. The development of a person's spirituality grows from the person's search for meaning in life and does not need to be associated with any particular creed or religious dogma (Storr, 1992).

Spirituality and religion are not necessarily the same. Religion is how one chooses to practice his or her faith or spirituality, such as following a particular dogma,

which often has a supreme deity and is centred around the individual living by a particular code of practice (Jordan, 1999). For some people, religious dogmas provide a belief system that helps make sense of the world and their place in it. This is because they deliver prescriptions for behaviour and give the individual a sense that he or she is participating in a 'divinely-inspired plan' (Storr, 1992: 187).

Jordan (1999) suggests that if people examine the lives of great composers such as Bach, Britten, Brahms, Mendelssohn, Stravinsky, Vaughan Williams and so on, they will learn how these composers chose to practice their faith, but if people listen to their music, one only hears the faith and the spirituality of the composer, never their religion. The exceptions to this statement are the particular settings of musical works such as masses, motets, psalms or other such generic religious works that were composed and used for particular forms of liturgical rituals.

For many people it is through music that are they able to probe more deeply into their spiritual selves. Other ways include yoga, meditation, reading scripture, poetry, or Tai Chi. Spirituality can be considered as the substance of religious beliefs that above all must include our belief in ourselves (Jung, 1958; Scarantino, 1987). It is manifested through a person's intelligence, personality, self-conscious and will. It is the interaction of the spiritual, emotional, intellectual and creative forces that shape a person's being (Buchanan, 1999). Spirituality represents a person's ability to access those higher powers that can elevate them in thought and action. These thoughts in turn can provide him or her with the inspiration and desire to create a more meaningful and higher quality of life for him or herself and people around them (Scarantino, 1987).

Jung (1958), who specialised in the treatment of middle-aged people for whom life had become meaningless, believed that healing was largely a religious matter. In other words, an individual achieves psychic health and wholeness only after he or she has been able to acknowledge being guided by an inner integrating factor. This factor Jung believed was independent of conscious intention.

Winter (1995:258) suggests that the idea of healing is associated with the concept of 'coming home'. 'Home' is where the heart is, suggests the poets, or where God is, according to the mystics and saints. It is a place, a route, an odyssey, a reality outside our selves. Music that imitates life can therefore be an external revelation of inward reality and this is often experienced and expressed through music. Winter develops Jung's concept of spirituality and healing by suggesting that music can unite people with one another and in the process they can be comforted and healed.

Wholeness, healing, integration: that is what the inner journey is about, and it happens when our inner and outer selves (when the world with us and the world around us) when creation and our own creativity merge and emerge as one. (Winter, 1995: 259)

Storr (1992:168) asks the question:

How is it that music as an art, which promulgates no doctrine, which preaches no gospel, which is often entirely dissociated from verbal meaning, can be experienced as making sense of life?

The answer is essentially lies in the fact that music can be a way of ordering people's experience. Music helps people to exalt, enhance and find meaning in life. Storr (1992:188) further states:

...for those who love music, it remains as a fixed point of reference in an unpredictable world by being a source of reconciliation, exhilaration and hope.

For many people, music is a way of accessing their *centre*, which Jordan (1999:50) describes as follows:

...the place where the experiences of one's entire life reside. It is also the place where one's profound life beliefs reside, such as beliefs in faith, others, and self all occupy this sacred place. It is the place from which human love, care, humbleness, selflessness and giving flow.

Music can help people access a higher power and achieve a transcendental state where they can gain strength, courage and faith (Scarantino, 1987). Through music, people can feel up-lifted in heart and voice. Music can help them reach beyond the limits of their immediate reality to be renewed in both soul and body.

The concept of 'mindful' ageing

The concept of mindful ageing borrows from the writing of Langer (1989), who in her book, *Mindfulness*, discusses the concept of mindful and mindless behaviour. Mindless behaviour permeates people's daily lives where they accept without question certain assumptions, or codes of behaviour. It is automotive thought and behaviour, with a single perspective and single thought action response. It is about having falsified views that do not change, which is known as 'premature cognitive commitment' (Langer, 1989:35).

Mindfulness is about the creation of new categories, being open to new information, and being aware of more than one perspective. However, *mindlessness* diminishes people's self-image, narrows their choices, locks them into

preset attitudes, and ultimately wastes personal potential. The consequences range from the trivial to the catastrophic. For example, it can inhibit self-image, deprive people of control, and hinder personal development. Mindlessness can be both self induced and imposed from others when people accept stereotypes, images and norms without questioning their validity (Langer, 1989).

Langer (1989:92) suggests that the concept of 'ageism' is linked with people having a premature cognitive commitment to the activities of older people that they consider are non-confirmative. Few people bother to discover the needs, likes and dislikes of older people, and as a result a *common denominator* attitude often prevails (Kitwood, 1997). In such cases some older people are often labelled as eccentric or senile. Ageism is the result of negative stereotypes that are internalised from childhood, for example, people who accept as fact that older people are lonely, senile, dependent, frail etc. This ageist attitude applies to older people as it does to younger generations. Langer (1989:92) states:

...we do not know how many of the infirmities of old age are actually programmed into our bodies, or how many may be due to premature cognitive commitments. We do not know how many more serene or exciting options for living one's life might be conjured up if our minds were open to them.

Mindful health care solutions centre around the individual accepting responsibility for his or her own state of health and exercising his or her prerogative to choose solutions. This often means regaining control that is sometimes taken away when people willingly consult specialists or experts expecting that they have the answers and prescriptions to solve the problem (Langer, 1989; Small, 1996). Scott (1996) suggests that specialism is not always the best method of arriving at the truth, and that it often requires people to go beyond

the immediate field of knowledge that the specialist works within. This concept can be applied to health clinicians as well as our development of musical taste and preference.

Mindfulness requires people to take a more diverse look at a condition. It requires having more than one single perspective, and in a health care situation involving the individual in the process (Langer, 1989). This leads to feelings of control and greater freedom of choice. According to Permuter and Langer (1979) the more decisions and control that an individual has, the more likely they are to be less depressed, more independent, confident, alert and assertive. By having the freedom to choose, older people are more likely to feel a greater sense of well-being (Kirkwood, 2001).

As people grow older and become more infirmed, the freedom of choice often diminishes or is taken away from them. However, as Kirkwood (2001:1) states, 'if choice leads to health, and health leads to reduced dependency, then choice is more efficient, not less'. In other words, people should be encouraged to continue having and making choices in life. While ageing for many older people will involve loss of choice, society needs to be careful not to impose prejudice and fewer choices for individuals. This ultimately, can only lead to learned dependency, premature closing off of options, and the misguided over protection of older people (Kirkwood, 2001).

One of the most important reasons for using music as a therapy for older people is that music is one of the most social of all the Arts, because it facilitates people connecting and interacting with each other. When people experience diminished social interaction they have less mental stimulus and this can cause them to

become more inwardly focussed and susceptible to depression (Kirkwood, 2001). It is also the social aspects of life that are the most effected by age, frailty, mental or physical disabilities, and geographic isolation (McClosky, 1985).

Research by Kahn (2000) suggests that people who have strong social networks may enjoy better physical and mental health than those who do not have such networks. She also suggests that people with good networks are less likely to become ill and more likely to recover faster. Loneliness and depression can be helped avoided or lessened when people engage in musical activities whether it be solitary listening, group listening, music making or dancing (Bright, 1997; Wylie, 1990). This is because music can facilitate people feeling an improved sense of self-esteem and at the same time distract them from internally focussing on negative aspects of their lives.

Beauty in people's lives 'provides them with the fullest potential of what they can be in the world' (Kenny, 1989: 77). 'Beauty is something we need to survive as human beings' according to Kenny (1996:120). She defines beauty as:

...that which is capable of moving us or striking a certain harmony in people's lives. It offers people a sense of coherence that comes from a sense of connection.

Dissanayake (1992) takes up this point when she says that experiences in the arts and experiences with beauty are not only life-enriching but also life-sustaining, and that to survive as a species people need to value and spend more time being immersed in the making and appreciating of life through the arts. It is beauty that has the ability to move people, open their hearts and helps them achieve wholeness because it facilitates a connection for people with the subjective

experience of meaning (Levine & Levine, 1999). The composer Tchaikovsky once stated:

Music is not illusion, but rather revelation. Its triumphant power resides in the fact that it reveals to us beauties we find nowhere else, and that apprehension of them is not transitory, but a perpetual reconciliation to life. (Lingerman, 1995:153)

Jourdain (1997:330) expresses the same ideal when he states that music can move people to ecstasy, and in doing so is more than just moving their emotions.

It propels us for seconds to a kind of experience we hardly glimpse in our lives. It is powerful and extremely pleasurable. But above all, it is beautiful.

Conclusion

Barbara Crowe (2002b:1), former president of the American Music Therapy Association, wrote of the importance of music therapy in people's lives by saying:

...music can make the difference between withdrawal and awareness, between isolation and interaction, between chronic pain and comfort, and between demoralization and dignity.

If music has the potential to influence people's physiological, psychological and spiritual selves, then clinicians, educators, carers, and people growing older would benefit by being informed about the potential of music and how it can contribute to older people's experiences of well-being, health and quality of life.

The literature demonstrates that music has an important place in the psychosocial health of people and as a therapeutic medium has become an established profession in its own right. The literature signals that music may have significant meaning for people who choose to use it consistently within their life. The

meaning and importance of music for older people, however, needs further investigation as there are few studies that look at the emotional, spiritual and personal meaning of music in people's lives.