

MUSIC

FOLKWAYS RECORDS FX 6180

adapted, composed, and improvised by
EDITH HILLMAN BOXILL, C.M.T.
for MUSIC THERAPY WITH THE
DEVELOPMENTALLY HANDICAPPED



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B778
1976

MUSIC LP

FOLKWAYS RECORDS FX 6180

SIDE 1

- Band 1. **THE PEOPLE IN YOUR NEIGHBORHOOD**
(Jeffrey Moss)
adapted by E.H. Boxill
- Band 2. **DAY BY DAY**
(Stephen Schwartz)
- Band 3. **SHOO FLY**
- Band 4. **FREEDOM TRAIN**
- Band 5. **HAITIAN SONG OF POSSESSION**
(Frantz Casseus, E.H. Boxill)
- Band 6. **GUANTANAMERA**
(Jose Marti)

SIDE 2

- Band 1. **GO TO SLEEP, MY DEAR**
(improvisation)
- Band 2. **HORA**
(Edith Hillman Boxill)
- Band 3. **THIS LITTLE LIGHT OF MINE**
- Band 4. **HEY, BETTY MARTIN**
- Band 5. **EV'RYBODY**
(Nigerian Folksong)
- Band 6. **MARGARITA**
(Tune of La Cucaracha)

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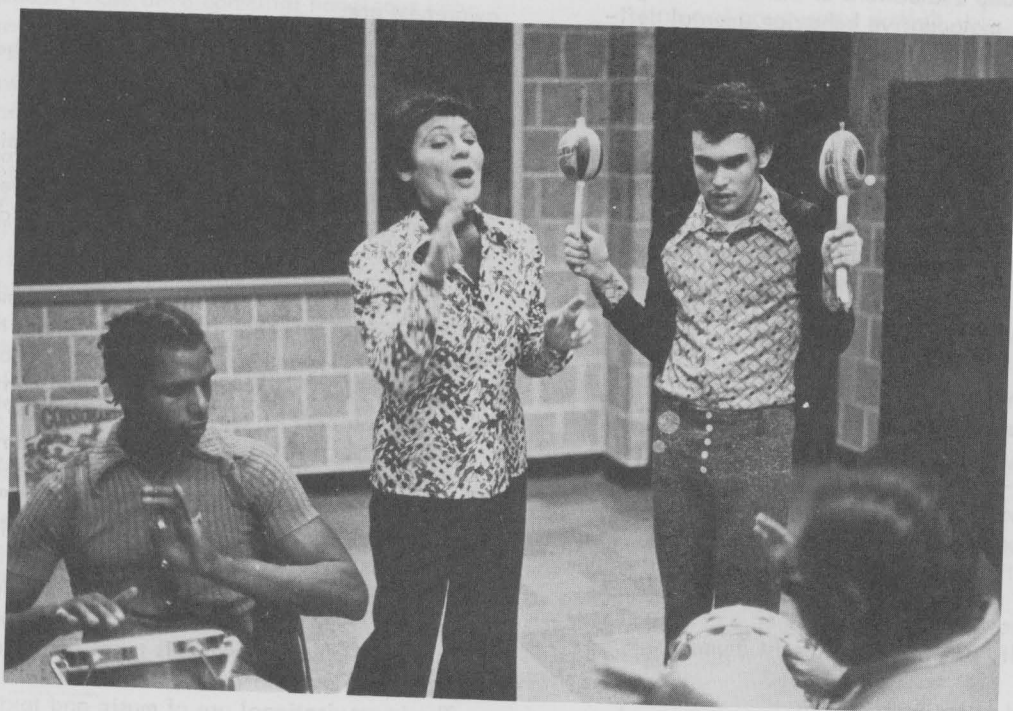
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About Edith Hillman Boxill, C.M.T.*

Head of Music Therapy at Manhattan Developmental Center, a New York State facility for the Developmentally Handicapped, and a faculty member of New York University, Department of Music Education and Music Therapy, Ms. Boxill has gained recognition for her approach to music therapy with the developmentally handicapped.

At the November 1974 conference of the American Association for Music Therapy (AAMT), she presented her paper/tapes/slides: "Developing Communication with the Autistic Child through Music Therapy." An innovative strategy, Our Contact Song, was introduced and illustrated in this presentation.

An active participant in "Creative Arts Therapies Week," inaugurated by the City of New York in October 1974, she conducted a workshop in Music Therapy at Finch College.

Ms. Boxill holds an M.A. in Music Therapy from New York University, and a B. of Mus. from Boston University. She has studied at the Juilliard and Dalcroze Schools of Music, and privately with such renowned musicians as Leonard Shure and Rudolf Schramm. She has taught music at Mills College of Education (New York City), Metropolitan Music School, Little Red School House, and Bank Street Nursery School.

About Music Therapy

Throughout the many ages and cultures of human experience, the therapeutic powers of music have been demon-

*Registered by American Association for Music Therapy (AAMT).

strated. However, it is as recent as 1950 that music therapy, the discipline in which music and its components are used as a therapeutic tool, has been established as a treatment modality. The practice of this profession by a qualified music therapist requires multidisciplinary training in musicianship, psychology, and the behavioral sciences, as well as knowledge of existing psychotherapies and clinical experience as a music therapy intern.

Music therapy is the use of music as a functional, therapeutic tool for the restoration, maintenance, and improvement of mental and physical health. It is a nonverbal, non-threatening modality that is effective with both verbal and nonverbal clients.

The inherent structure of music, its component parts (rhythm, melody, pitch, meter, tempo, dynamics, mood, words of song), its power as an esthetic means of sensory stimulation, its congruence with human feelings—all make music a unique treatment tool.

About Music Therapy for the Developmentally Handicapped

Research and empirical studies have given evidence that music therapy for this population has not only grown more than any other therapeutic use of music, but has frequently proved to be the primary treatment modality and an aid to diagnosis. The nature of music, as it is used in music therapy, gives broad scope to its treatment goals. In addition, therefore, to implementing its own, it can supplement and reinforce those of other therapies and disciplines.

As is every human being, the developmentally handicapped person is a unique individual and personality. The varying degrees of severity and kinds of developmental handicaps, often compounded by psychological and physical dysfunctions, result in major deficits in the capacity for communication—human communication in its broadest sense (purposeful body gestures, vocalizations, verbalizations, speech). Interaction and interpersonal relations are, for the most part, extremely limited or completely nonexistent.

Treatment plans, tailored to the individual or group, are based on assessments and evaluations of the functioning level: developmental stage, maladaptive behavior, mental deficiency, physical disability, neurological impairment, emotional disturbance, and social adjustment. The potential for growth and improvement in any area as well as existing strengths are guidelines for music therapy treatment goals that are consistent with goals determined by an interdisciplinary treatment team.

Overall music therapy goals for enhancing the development of the total person (physical, psychological, mental, and social) include:

—Physical coordination

- static and dynamic balance
- basic locomotion
- directionality/laterality
- hand dominance
- body parts/body-image
- gross and fine motor skills
- perceptual-motor skills
- muscular relaxation/release of tension and rigidity

—Developmental growth

- awareness of self, others, environment (human and nonhuman)
- eye contact and attention span
- imitative movements/behaviors
- physical/perceptual-motor skills appropriate to developmental stages
- communication skills: pre-language, body language, receptive and expressive language
- cognitive skills: memory, comprehension, academic skills

—Adaptive behavior

- direction and redirection of maladaptive use of energies (inappropriate, aggressive, disruptive, self-abusive, abusive, self-stimulative, perseverative, stereotypic, hyperactive, hypoactive, hyperkinetic) into constructive channels and behaviors
- affect: self-image/identity/esteem, motivation, emotional stability and security, appropriate emotional responses, well-being and enjoyment
- socialization, interpersonal relations, productive use of leisure time, normalization

To accomplish these long-term goals and the numerous short-term goals subsumed in them, the skilled, inventive, empathic music therapist uses music and its elements in countless ways: for example, not one song, but many songs to awaken awareness of or to identify body parts; not one component, but many components to stimulate sensory-motor responses or reflect the here-and-now person; not one improvisation, but many improvisations to transform or redirect autoerotic behavior. Moreover, in dealing with the multiple problems of the developmentally handicapped, the music therapist must fully understand the critical need for frequent exact repetitions of both the music material itself and the specific ways in which it has been applied.

About My Approach

My approach to the music therapy process is centered in music-movement/sensory-motor/singing and chanting experiences and activities as they apply to the client's behaviors, symptoms, pathology, and to the here-and-now person. Whether in the one-to-one or group setting, I am fully engaged as one who coexists and coexperiences with those in need of assistance and habilitation.

Music therapy techniques that I have developed to open up lines of communication and awaken a continuum of awareness are:

—Reflection — instantaneous playback by the therapist of "the stuff" of the person — sounds, pace, feelings, self-initiated actions, observable behaviors . . .

—Identification — identifying, through improvised words of songs, what the person is doing, what we are doing, what and who are in the immediate world, what feelings or emotions are experienced . . .

—Our Contact Song — a strategy that has emerged from my work with autistic children — a strategy that I came to call Our Contact Song. The choice of song — discovered through much exploration and experimentation — stems from an aspect of the child's personality, behavior, perhaps a symptom. This song (best a simple folk, composed, or improvised song) and the way it is used, effects the first penetration of the "autistic barrier" — not merely as a response but more critically as a self-initiated reciprocal assertion. It is communication directed toward a coexisting human being. This song becomes a fountainhead, ever-changing in the service of therapeutic goals; a return-to-security when the world is toppling, a reminder of the safety in our relationship . . .

The improvisational use of music and texts of songs is an underlying methodology. My guidelines for the selection of music, whether folk, composed, or improvised, are:

- its suitability — quality, style, mood, structure, song text — for specific music therapy treatment goals
- its appropriateness for the needs, strengths, interests, and functioning level of the individual and/or group
- its potential for functional use and improvisational variation
- its appeal, familiarity, and source of enjoyment, individually and socially

The written word is inadequate to fully convey the deep gratification that I — "Edi" — to my clients — feel when, after session upon session in which I sing "This Little Light of Mine," an eighteen-year-old who has never uttered a spoken word, intones "L I G H T"

Or when an autistic child who seems to have been unaware of you as another person, whose unseeing eyes look away from or through you, who does not seem to hear you, who retreats from you by "resorting" to self-stimulated, ritualistic behavior — when that child pokes you, throws a glance your way, and sings back, "Margarita is your name, Edi is my name" (despite the echolalic, pronominal reversal), there is a beginning of interaction. We have discovered Our Contact Song.

Yes, these and other breakthroughs have occurred again and again. And each time is a moment of celebration and acknowledgement — of sharing the joy revealed in a face that suddenly grows bright with a new energy and sense of self.

The overall objective of music therapy is to assist clients to actualize their fullest human potential, not to develop musical skill. The process becomes "music therapy for living."

The purpose of this recording is twofold: (1) to offer a resource of music material and suggested ways to use it as a therapeutic tool, and (2) to promote understanding of music therapy as a treatment modality.

It is addressed to professionals, trainees, and students in this and allied fields. For parents, guardians and for all who are seeking the betterment of the developmentally handicapped, it may have implications of a deep personal commitment.

Presented are groups whose developmental handicaps vary in root causes, functioning levels, and chronological ages (covering a large span). Their handicaps include lack of coordination, mental deficit, lack of speech for communicative purpose, physical disability, and emotional disturbance.

What you hear is indicative of — illustrative of — the use of music as a therapeutic tool, not the music therapy process. It is representative of the variety of music which, in the course of my experience as music therapist, has proved effective with a wide range of clients. The ways in which the music is used and the origin of its selection are diversified inasmuch as music therapy is a creative process of discovery, exploration, and experimentation firmly based in accomplishing music therapy goals. For example, since rhythm is an energizing and integrating force, and, if a music therapy goal is designed to arouse and raise the energy level of a hypoactive or withdrawn person, music that has a strong beat or rhythmic pattern(s) would be an obvious choice. It is, however, the conscious, deliberate, often intuitive, use of this music and its components in an ongoing treatment process that makes the material a therapeutic, functional tool.

Side I

MUSIC

1. THE PEOPLE IN YOUR NEIGHBORHOOD

Jeffrey Moss

Adapted by E. H. Boxill

2. DAY BY DAY

Stephen Schwartz

3. SHOO FLY

Traditional

4. FREEDOM TRAIN

Traditional

5. HAITIAN SONG OF POSSESSION

Frantz Casseus

Edith Hillman Boxill

6. GUANTANAMERA

Jose Marti

Side II

1. GO TO SLEEP, MY DEAR

Improvisation

2. HORA

Edith Hillman Boxill

3. THIS LITTLE LIGHT OF MINE

Traditional

4. HEY, BETTY MARTIN

Traditional

5. EV'RYBODY

Nigerian Folksong

6. MARGARITA

(Tune of La Cucaracha)

(Mexican Folksong)

Side I

SUGGESTED MUSIC THERAPY GOALS

1. Self-awareness and identity
Awareness and identity of others
Interpersonal relations
2. Attention span
Auditory perception
Speech sounds
3. Physical coordination:
fine and gross motor skills
kinesthetic memory
perceptual-motor skills
Cognition: memory/recall (through repetition of specific set of arm and leg movements)
Communication: gestural and vocal (speech sounds and words of song)
4. Auditory discrimination/perception
Perceptual-motor skills
Sound production (phonation)
Comprehension
5. Arousal of energy level
Sound production/chanting
Auditory discrimination
Coordinated body movements (through steady pulsation)
Creative movement/emotional responses
Group awareness and unity
6. Speech articulation
Ear-hand coordination (ability to reproduce exact rhythmic pattern)
Impulse control (ability to take turns)
Awareness of self in relation to others
Socialization

Side II

1. Reduction of hyperactivity and/or hyperkinesis
Relaxation/release of bodily and/or emotional tension
Responses of emotions and feelings
2. Locomotor skills: agility, motility, laterality
Memory skills (through specific dance movements)
Psychomotor experiences
3. Speech
Awareness of environment (through concrete, literal meaning of words)
Gross motor skills
4. Basic locomotion
Gross motor skills
Stability through structured environment
Body parts
Imitative movements
Self-initiated movements
5. Reality-orientation
Memory/recall
Comprehension
6. Our Contact Song (see explanation in section on techniques and strategies)

NOTE: Underlying all the above goals are enhancement of self-concept, emotional security, and self-motivation through successful, enjoyable, and fulfilling experiences.

SUGGESTED USE OF COMPONENTS

1. Text of song (adapted to setting and group)
2. Repetitive speech patterns and melodic line
(for flow of verbalization)
3. Structure — A B A B (for organization of
(physical and mental processes)
4. Rhythm (for pre-language stimulation and unification
of group)
Tempo and words of song (for dramatic movement)
5. Rhythm (as energizer)
Dynamics and mood (for psychomotor experience)
6. Rhythm/rhythmic pattern (for individual integration and
group unification)

1. Tempo, dynamics, mood (for diminishing sensory stimulation
and creating a quiet environment)
2. Rhythm, tempo, mood (for evoking high-spirited feelings,
movement, and sensory experience)
3. Words of song (for verbalization and movement)
4. Structure/form — A B A B¹ A B² A B³ A
(for order through anticipation and repetition)
Rhythmic variation (for movement changes)
5. Words of song, pitch, and melody (for stimulation of many
senses — auditory, visual, and, referentially, gustatory
and olfactory)
6. Words of song (adapted and improvised for aspects of
individual)

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