Music and the Wounded of World War II[1]

Musik und die Verletzten des Zweiten Weltkriegs

Margaret Ann Rorke, Utah, U.S.A.

During 1995, America commemorated the fiftieth anniversaries of V-E Day and V-J Day, reminding us once again of the triumphs and the horrors of World War II. For American music therapists, this is a time of remembrance as well. Due to the tireless efforts of many dedicated physicians and musicians during World War II and its aftermath, the healing powers of music were witnessed on an unparalleled scale. For the first time in history, a military, the American Service Forces, officially recognized music as an agent capable of helping its mentally and physically wounded. This was, indeed, a major turning point in the longstanding partnership between music and medicine, and, in essence, the beginning of the modern music therapy profession. There are about 50 published sources dating from 1944 through the early 1950's that provide information on this subject; some were written by military officers and others by well-informed civilians. This study is derived from these sources.

This account has several different facets. They include the creation of the music portion of the military's Reconditioning Program, the contributions made by civilians and individual servicemen, and the results of these efforts, with special emphasis on the study at Walter Reed General Hospital. Enlivening this picture and expressed in their own words are the thoughts of World War II's military spokesmen, pioneers in music therapy, civilian volunteers, and wounded veterans.

Dieser Artikel erschien ursprünglich 1996, ein Jahr nach den 50-jährigen Gedenktagen von „V-E Day" (Sieg in Europa) und „V-J Day" (Sieg über Japan), die uns an die Triumphe und das Grauen des Zweiten Weltkrieges wieder erinnern.

Auch für amerikanische Musiktherapeuten ist dies eine Zeit des Gedenkens. Durch die unermüdlichen Anstrengungen vieler engagierter Ärzte und Musiker während und nach dem Zweiten Weltkrieg wurden die Heilkräfte von Musik in einer unvergleichlichen Weise bezeugt.

Zum ersten Mal in der Geschichte wurde die Musik von einer militärischen Organisation, den American Service Forces, offiziell als eine wirksame Kraft anerkannt, die fähig ist, ihren psychisch und körperlich verletzten Mitgliedern zu helfen. Dies war ein großer Wendepunkt in der seit längerer Zeit bestehenden

1 This article first appeared in the *Journal of Music Therapy*, XXXIII (3), 1996, 189–207

10.29091/9783752001860/007

Partnerschaft zwischen Musik und Medizin, im Wesentlichen sogar der Anfang der modernen Musiktherapie als Beruf. Es gibt ca. 50 veröffentlichte Quellentexte zu diesem Themenbereich – von 1944 bis zu den 50er Jahren.
Einige wurden von Offizieren, andere von Zivilisten, die mit der Thematik vertraut waren, geschrieben. Der vorliegende Artikel basiert auf diesen Quellen.

U. a. behandelt er die Entstehung eines musikalischen Bausteins im „Reconditioning Program" des Militärs, Beiträge von Zivilisten und einzelnen Dienstleistenden bei dieser Aufgabe und die Ergebnisse dieser Anstrengungen. Eine Studie, die am Walter Reed Hospital durchgeführt wurde, wird schwerpunktmäßig behandelt.

Wörtliche Wiedergabe von Gedanken von Repräsentanten des Militärs, Pionieren der Musiktherapie, ehrenamtlich tätigen zivilen Helfern und von verwundeten Veteranen beleben die Darstellung.

The Military's Use of Music

The use of music in the military was discouraged during the early years of World War II, particularly 1942 and 1943. Only divisions and armies were provided with bands. Soldiers were not even allowed to take musical instruments oversees during 1942 and 1943, although some were smuggled abroad.

Eventually the higher authorities in the military became convinced that music, instrumental as well as vocal, was a great aid in boosting the morale of the homesick soldiers. In August of 1943, the Army was encouraged by an unnamed Special Services Music Officer to look at the use of music with its wounded. That Special Services Music Officer wrote:

The Army has authorized and organized music as a morale-builder and a „drive into battle," but the Army neither authorizes, nor has organized any form of music for men coming out of battle wounded and oftentimes mentally affected. Although the Red Cross takes care of music from the [recreational] listening aspect in hospitals, it is felt that there is work to be done by the War Department in that field. („Music in reconditioning," 1945, p. 14)

The Army answered this call in its Reconditioning Program. This program was designed by the Office of the Surgeon General to return wounded military personnel to duty or to civilian life in the best possible physical and mental condition. Plans for it were formulated during 1943 and 1944, and they included music.

For planning the employment of music in reconditioning military personnel, the Surgeon General asked that a cross-country survey be made of the musical tastes of America's war casualties and of the present uses of music in hospitals. The survey took six months and was conducted by Lieutenant Guy V. R. Marriner. Marriner, who became an American citizen in 1940, had been an officer in World War I, fighting with the army of his native New Zealand. Later he became a concert pianist, and for several years he was the accompanist for Richard Crooks. Having served in two world wars, Marriner had a keen understanding of the needs

10.29091/9783752001860/007

of the wounded. In time he was appointed Chief of the Hospital Section, Music Branch, Special Services Division, and the Music Liaison Officer between the Special Services Division and the Office of the Surgeon General. Marriner, along with Lieutenant Colonel George W. Ainlay, would prepare most of the official policy on the use of music in military hospitals.

The survey showed that music could be employed in several beneficial ways. These were (1) to expedite exercising, (2) as physical modality in post-operative exercise for orthopedic, plastic, or lung cases, (3) in educational activities (studying music, notation, or some kind of instrument, playing in an orchestra, playing chamber music or singing in a chorus), (4) for resocialization, and (5) to aid in neuro-psychiatric treatment. Next the Office of the Surgeon General sent Marriner to create model music programs for its reconditioning efforts in several hospitals. In January 1945, a description was published of one of these model programs at Fitzsimons General Hospital, Denver, Colorado („Music in reconditioning," 1945). This description reads as an abbreviated, preliminary version of the War Department's official instructions on the use of music in military hospitals, *Technical Bulletin 187*: *Music in Reconditioning in American Service Forces Convalescent and General Hospitals* (July 1945).

This eleven-page technical bulletin then was the War Department's orders for the use of music with its wounded personnel. Numerous articles dating from 1945 through 1950, written by army personnel and other qualified individuals, indicate that, indeed, *Technical Bulletin 187*'s instructions were implemented (Green, 1947; Simon, 1945; „VA hospital near Rochester", 1950).

The opening few paragraphs of *Technical Bulletin 187*: *Music in Reconditioning in American Service Forces Convalescent and General Hospitals* provide the military's views on the healing powers of music:

Music should be provided along with other activities offered to patients because it is one of the most effective vehicles for bringing a group together, for releasing the emotions, and for creating a spirit of fellowship and esprit de corps.

If the patient is an individual performer, music provides an opportunity for self-expression, accomplishment, and satisfaction. If he is a group performer, he will establish contacts with others mutually interested. If he simply listens to music, his interests are broadened and his sense of well-being is generally increased.

In neuropsychiatric treatment sections, a well-rounded program of musical activities is especially desirable. The response of the neuro-psychiatric patients on closed wards to music activities may be slow at first. However, under skillful guidance, it is possible to increase this response until most patients are deriving social and mental benefits through their interest in music.…

Music may also be a source of individual gratification and satisfaction on the association level by evoking pleasant memories of past experiences. Moods may thus be influenced through the proper use of music, while pent up emotions are often released. (pp. 1, 3)

10.29091/9783752001860/007

The military divided its employment of music into three categories: active participation (considered the most beneficial), passive participation (second in benefits derived), and audio-reception.

Active Participation

The objectives of active participation were (1) to aid in the social readjustment of the patient and to boost morale and (2) to provide occupational therapy. Ward officers prescribed exercises in the playing of small or fretted instruments as occupational therapy for orthopedic and plastic cases. For chest cases, the blowing of wind instruments was prescribed. Accompanying these exercises with rhythmic music also aided the patients.

Activities designed for active participation were numerous. Many involved groups of performers: the patients' orchestra, the patients' string quartet, or patients' chamber groups of other types. Participation in a glee club, chorus, barbershop quartet, swing trio, or chapel choir was also an option. These groups were encouraged to perform at hospital events, such as dances, radio broadcasts from the hospital, variety shows, and amateur recordings, where they could be heard and/or seen by other patients.

Also popular with the patients were small instruments to be played alone or in groups, such as the tonette, the ocarina, the harmonica, and the ukulele. These were especially handy for playing simple melodies. Short classes could be taught on these instruments, and the Army even created a publication, *Ten Minute Self-Instructor for Tonette, Ocarina, Harmonica, and Ukulele,* for interested patients.

Lessons in voice and instruments were given to patients who desired to begin serious study or renew previous training. Music technicians, American Red Cross Gray Ladies, talented patients, or civilian music teachers were the instructors.

Mass singing with song slides or song shorts was also well received. Song slides projected the words of the song on a screen, and song shorts were motion picture shorts of about eight minutes that featured famous singing stars and the „bouncing ball" technique of displaying the song's words.

The Army *Hit Kits* were particularly useful for singing in the wards. Each monthly installment contained six different current song hits plus two or three „bonus" selections of top favorites with the troops. Highly successful with patients also was the making of recordings of performances by individual patients or by groups of patients.

Passive Participation

Passive Participation involved the patient listening to music and discussing it. The goals of passive participation were 1) to assist in the patient's social and mental readjustment and 2) to stimulate physiological and psychological responses that

10.29091/9783752001860/007

contribute to the patient's sense of well-being. Courses in music appreciation, in which patients listened to and discussed numerous types of music, were designed for these purposes.

Audio-Reception

Audio-reception was listening to music or attending classes in which the patient did not participate. The objectives of audio-reception were 1) to provide music a patient wanted to hear, 2) to supplement educational activities, and 3) to entertain.

Opportunities for audio-reception were abundant. Particularly appreciated by the patients were the performances by outside talent, both civilian and Army, booked by the American Red Cross. Music programs on the radio of an hour or less also provided good listening experiences for the veterans. Regularly scheduled concerts of recorded music were very popular. The recorded music came from V-Disks or commercial records. V-Disks were 12-inch plastic, double-sized phonograph records of popular and classical music, recorded by leading artists and organizations of the U.S.A. A package of twenty different V-Disks was forwarded to each general and military hospital once a month. Hospitals were also encouraged to obtain commercial records of classical music, current popular tunes, old-time favorites, religious pieces, and folk tunes.

Marriner, in his travels to military hospitals, had found that the servicemen enjoyed hearing the following types of music (here arranged in their order of preference): 1) the latest song „hits" and „sweet dance" music, 2) semiclassical themes, 3) devotional music, and 4) classical music. Many patients liked a program with all of these types represented. They wanted tunes they recognized and that recalled pleasant memories. Marriner stated this in *Technical Bulletin 187* as well as the fact that patients also enjoyed regional music (hillbilly songs, folk music, etc.,) from the areas of their homes.

Special Activities

As special activities for the patients, *Technical Bulletin 187* suggested the following:
(1) the fashioning of musical instruments,
(2) the writing of a song or song parody. It was suggested that prizes be awarded to provide incentive. (3) self-taught courses in how to sing and read music and in the college-level study of harmony and the history of music, (4) musical quiz and variety shows, (5) rhythm bands, and (6) band concerts. For patients able to perform calisthenics, the accompaniment of calisthenics by strongly rhythmic music, particularly in familiar music, eased the work load.

10.29091/9783752001860/007

The Music Workshop

A music workshop was the location for many of the music activities. It was built by converting available buildings and was designed to have soundproofed cubicles, two classrooms, music appreciation room, office, library, and instrument storeroom. The music appreciation room within the music workshop was comfortable, attractive, and conducive to relaxing and enjoying music from a radio or phonograph. Small classes could meet there. Also if there was a good grand piano in that room, informal concerts could be held for small discussion groups of patients.

Options for Patients

For neuropsychiatric patients in open wards, participation in musical activities included the patients' orchestra, individual or group vocal or instrumental instruction, small-instrument instruction, singing, record making, music with calisthenics, musical quiz and variety shows, and use of the music workshop. Audio-reception included performances by outside talent, band concerts, and music in educational activities.

For neuropsychiatric patients in closed wards, participation in musical activities included singing in wards, individual or group vocal or instrumental instruction, rhythm band, and special programs. Audio-reception included selected recordings of classical, semiclassical, folk, or religious music, and small groups of live performers. Short sessions in the wards with soft music were recommended for these patients. „Live" music, where the performer could adjust to the mood of the patients, was considered most valuable. This approach allowed for requests and the personal element. It was also acknowledged that tunes and words could bring about associations that might revive realities in the mind of a patient and make that patient more accessible to a psychiatrist. In the earliest stages, listening to folk songs and singing familiar songs brought the most benefits to neuropsychiatric patients.

Some Reports of Results

As the post-war period began, the activities outlined in *Technical Bulletin 187* were also carried out in the 122 Veterans Administration Hospitals from 1946 through the early 1950's (Green 1947; Green 1948; Green 1950). Added to these activities, however, was the employment of music in insulin shock treatment, in hydrotherapy, and in operating rooms. Almost all of the 122 Veterans Administration Hospitals employed music, and by late 1946, 44 of them had full-time music specialists who worked closely with medical personnel.

No statistics were published on the number of servicemen receiving music in hospitals during the war. The first assessment was made during 1946 for the

10.29091/9783752001860/007

122 Veterans Administration Hospitals and was announced by Ray Green (Chief of Music Recreation Service, Special Services, Veterans Administration). For December 1946, he reported that about 80 000 patients participated in musical performing groups, such as bands, orchestras, choirs, glee clubs, and ward and community sings. 7 538 patients did so on the specific recommendation of a medical authority. Instruction on the piano, guitar, trumpet, saxophone, violin, etc., was given to 1 447 patients, with 601 of these patients being referred by a doctor. 331 patients took creative instruction, such as song writing, arranging, and harmony, while 1 431 had vocal lessons. Concerts, recitals, request programs, and music appreciation groups were attended by 276 062 patients.

Generally, the results of these activities were not reported. Tending to the needs of their patients seemed to take all the caregivers' time. There were some exceptions to this, however. On June 1, 1946, for instance, *The New York Times* ran a short article saying that, among the deaf in military hospitals, one of the best uses of music was to accompany dancing. The totally deaf could become good dancers, it said, and dancing helped to restore a sense of balance. In addition, group singing as much as any other form of instruction, helped voice control and modulation. Vivian Sheehan (1946), working at Percy Jones General Hospital in Battle Creek, Michigan, also reported in 1946 that both the rhythm and the associational pathways created by music gave a wonderful stimulus to speech among aphasics.

In a memorable article of 1946, Ben Bernstein wrote of his experiences as a music instructor of blinded veterans at Old Farms Convalescent Hospital outside of Hartford, Connecticut. Bernstein employed both informal singing in groups and instruction on individual musical instruments with his patients. Knowing that music had long exerted a positive influence in the lives of the blind, Bernstein took great care to provide his patients education in the music of their regional backgrounds. That way a foundation was created in music should a veteran wish to continue the study of music upon his return home. The goals of the training at Old Farms Convalescent Hospital were to foster in each patient a sense of personal worth, to build self-confidence in his ability to compete on a par with the sighted within the limitation of his blindness, and to soothe the veteran's torn and jangled nerves. Bernstein felt that the desired results were achieved. „Many [of these veterans,] said Bernstein, „have come out to find lives of usefulness in fields of their particular interests or talents" (Bernstein, 1946, p. 31).

Activities of Individual Servicemen and Civilians

In addition to the military, individual servicemen and thousands of civilians brought music to wounded World War II veterans. Most prominent among these were Harriet Ayer Seymour, Pvt. Harold B. Rhodes, Esther Goetz Gilliland, Ray Green, associations of professional musicians, and the USO.

10.29091/9783752001860/007

Harriet Ayer Seymour (d. 1944), then in her seventies, along with her students, helped hundreds of shell-shocked American veterans to regain their mental health („Music for shellshock," 1944). Seymour was a pianist who had taught at the Institute of Musical Art (now the Julliard School) for six years. During World War I, she worked with AEF casualties and became convinced that music could aid in the healing process. In 1941, Seymour and a small group of supporters founded the National Foundation of Musical Therapy with offices in Steinway Hall, New York. In the next two years, the Foundation trained two hundred individuals in the curative powers of music. In February 1944, it was announced in *The New York Times* that Seymour's National Foundation of Musical Therapy was offering a new course (ten two-hour sessions) on music therapy with emphasis on its use among the war-wounded.

In an article encouraging the members of Sigma Alpha Iota to become involved in the music therapy of the war effort, Seymour stated that three out of every five Americans wounded were mental cases. In the same article she also told a good deal about her methods:

In playing or singing for the sick and wounded we use piano, voice, violin, autoharp, harp, flute, cello, guitar, and zither. Usually a group of three go together to the wards. The tone quality is softer-high notes are covered-keys are considered-and of course composers and the arrangement of compositions. For almost all wards our programs are made up of simple familiar classics-folk songs and dances, dance music such as Strauss waltzes, Sousa marches-and a few of the best popular songs, provided they have the right words.

The Schubert „Ave Maria" is the most popular of all numbers. Different programs for special wards are carefully worked out. For mental wards we use a variety of gay and soothing numbers. In fact, the music for therapy is usually either definitely quieting or definitely stimulating. For quieting, the Brahms Lullaby is especially effective. For stimulating, we find jigs and folk dances of all countries best. The national aspect is especially useful. Through the law of association we find great power in playing a Hungarian dance to a Hungarian, a Czech song to a Czech, etc. Ward programs last from fifteen to forty minutes according to the doctor's orders.

Seymour also commented:

Doctors and nurses now hail musical therapists with open arms and in some hospitals there are regular groups of musicians who have been especially trained, going several times a week with music.…We know that the right music will change fear into faith, and despair into courage, because we have seen it happen. (Seymour, 1944, p. 171–172)

In Greensboro, N. C., during March 1944, Army Air Forces Pvt. Harold B. Rhodes invented the „Xylette" for convalescing AAF servicemen. In essence, it was a fifteen-pound, miniature piano of two and one-third octaves made of aluminum

10.29091/9783752001860/007

tubing from the hydraulic systems of wrecked B-17 airplanes and the plywood from abandoned engine crates. Instead of strings, it had filed tubes that made the tinkling, bell-like tones of a celesta. Rhodes thought that mechanically minded GIs would be able to construct duplicates of the Xylette in convalescent hospital workshops.

Colonel Howard A. Rusk, Chief of the Convalescent Training Division in the Office of the Air Surgeon at Washington, predicted that playing the Xylette would soften and loosen adhesions and help stretch stiffened tendons in patients' hands. It was also thought that the Xylette would help psychiatric patients because preliminary tests had indicated that psychiatric patients benefited from playing the piano and that the Xylette became a day-to-day interest for them. Rhodes also wrote a handbook *Sit Down and Play* to help the veterans learn to play his Xylette („Piano in your lap," 1944).[2]

During the war and post-war years, numerous associations of professional musicians were actively engaged in bringing music free of charge to wounded veterans. The hospital recreation workers of the American Red Cross provided listening and leisure-time activities in military hospitals. The National Federation of Music Clubs supplied volunteer leadership, instruction, and musical instruments and supplies to military hospitals. In all, it furnished over two and one-half million pieces of musical equipment to the Allied troops. The Musicians Emergency Fund concentrated its efforts on the hospitals in the New York area, although it did arrange on a national level for entertainments performed by well-known artists. To the military hospitals of New York area, the Musicians Emergency Fund provided auditorium and ward activities as well as music lessons for voice, instruments, chorus, ensemble, music theory, music composition, arranging, and solfeggio. Sigma Alpha Iota, Mu Phi Epsilon, and Delta Omicron provided music leadership and instructors, musical instruments, supplies, and equipment to military hospitals. Among the instruments delivered by Sigma Alpha Iota was Arthur Flagler Fultz' Clinic Organ, whose lightweight keyboard could be put on a patient's lap and whose adjustable key tensions allowed for therapeutic work with hand and arm muscles.

Esther Goetz Gilliland urged public school teachers of music to become involved in the war effort. In articles such as „Music for the War Wounded," she explained to music educators that they had the training, the experience, and the personal qualities to function well in music therapy activities designed for wounded veterans. She encouraged these teachers to learn more about music therapy and to collect money for the musical instruments, records, phonographs, amplifiers, earphones, sheet music, and other materials that were needed in the

2 For a lively account of imaginative applications of Technical Bulletin 187's instructions, see Leila A. McKay's „Music as a Group Therapeutic Agent in the Treatment of Convalescents." Among other activities, wounded fliers' enjoyment of the Xylette is described here.

10.29091/9783752001860/007

hospitals. During the years immediately following the war's end, Ray Green (Chief of Music Recreation Service, Special Services, Veterans Administration, and Acting Chairman, Committee on Music in Hospitals, National Music Council) joined Esther Goetz Gilliland in asking music educators to participate in music in hospital programs for returning veterans.

Music for entertainment and recreation, though never considered „music therapy" during World War II, was certainly seen then as having restorative powers. This music ranged from performances provided by headliners to local pianists accompanying the patients' singing. Headliners committed to playing music for the wounded were Yehudi Menuhin, Jascha Heifetz, Rudolf Serkin, Paul Wittgenstein (world famous pianist who had lost his right arm during World War I), the black blues singer Leadbelly, and the von Trapp Family Singers, to name only a few of the hundreds. Among those present at such performances was John R. Jones.

John R. Jones, Advisor to the USO, had worked at the invitation of the Red Cross in the wards and recreation rooms of the Valley Forge General Hospital, Phoenixville, Pa., the Brooklyn Navy Hospital and the St. Albans Navy Hospital, Long Island. In 1944, he made the following observations about what he had learned about music used for recreation and entertainment:

No doubt, the experiences they [the veterans] have lived through, have made them aware that music is something real and valuable to them. They have discovered it made their lighter hours brighter, their arduous, anxious hours more endurable, even if they did not know why or how music did these things. They like music! They'll listen to all types of music attentively. They'll hum and sing popular songs, the hits of the moment, but we observed their deeper affection for, and warmer response to folk songs, old-time favorites, ballads, to the (so-called) semi-classics and to hymn-tunes!…

My experiences in many wards, and with many patients of many types, have convinced me that one boon music may bring to the patients is to create an atmosphere around them which stirs their desire to get well, strengthens their will to help themselves to get well again. In so doing, it supplements the medical and psychiatric treatments which they receive.…

I understand that a cardinal element in the patient's recovery is to take his mind off himself, off his illness. There is ample evidence that music does this for the patients, in the majority of cases, if the music is not pressed on them or imposed on them in a continuous flow.…

The patients amaze me with their courageous spirit. There may be seeds of bitterness in the patient in the hospital ward, and bitterness does not help recovery or readjustment. But there are other seeds present, such as love of home, friends and country; youth with its romance, adventure, its humor, self-respect and aspiration; love of life and its faith, the things which are positive aids to recovery and readjustment if they are made alive and vigorous. My experiences with many

10.29091/9783752001860/007

patients have proved to me, at any rate, that among other helpful influences, music may be a powerful stimulant to these constructive qualities in the patient, and enable him to return eventually to civilian life, useful to himself and to others and finding happiness in that way. („Music for rehabilitation," 1944, pp. 13–14)

A conversation that Jones had with a bedridden patient validated his observations. When Jones asked if the patient had enjoyed the music, the patient responded: „Yes, I did. It seemed to tingle all through me."

Jones asked what did he mean by that, and Eddie, the patient, replied:

Well, I'm not smart with words, but I remember how the battery in the old car at home used to run down and the car was no good until I got the battery charged again. Then the old car ran like a whiz bang. I guess my battery had run down, too (and he laughed at himself), and I felt as though the music was charging it up again. It made me want to be up and out and doing the things I like. („Music for rehabilitation," 1944, p. 14)

The Study at Walter Reed General Hospital

Officially, the military took the position throughout World War II that its use of music with its wounded was not necessarily „music therapy." Doctors, psychiatrists, psychologists, and musicians had not yet made the scientific clinical tests over a period of several years needed to determine the curative powers of music. Therefore, despite the improved conditions it had seen among its wounded, the military's policy was one of using music in a recreational and educational way and in conjunction with other arts, skills, and industrial and educational courses offered to their convalescing personnel.

The military did want to know more about the therapeutic qualities of music, however. Therefore, it participated in the most important study of the curative powers of music conducted during World War II – Frances Paperte's work at Walter Reed General Hospital. As will be seen, Paperte's ideas and methods were representative of her day, and they remind one of both military and civilian techniques already discussed.

Early in 1944, Frances Paperte interested both the Surgeon General's Office and the Walter Reed General Hospital in the controlled application of music to achieve a predetermined result under clinical control. As Major General Shelley U. Marietta, Commandant of the Army medical center, put it at that time, an attempt will be made „to arrive at an unbiased determination of what may be accomplished by properly selected music in various types of cases" (Kaempffert, 1944, p. E9). Beginning in March 1944, the study continued for three and one-half years.

Frances Paperte, then of New York, had had a flourishing musical career. She was a concert singer who sang with the New York Philharmonic Orchestra

10.29091/9783752001860/007

and the Cincinnati Symphony and was a former member of the Chicago Opera Company. She had also sung for patients in an Army hospital during World War I and had observed the effect of music upon them. Thereafter, she had became a serious student of the healing value of music and was convinced during World War II that music could be a tool in the restoration and improvement of the thousands of war casualties. As Frances Paperte said:

Music has been purveyed to hospital patients for many years … however, recorded data concerning the effects of the music have been minimal … It is hoped that this study of the role of music in military medicine may serve as a stimulus to further investigation and that from factual data accumulated, there may be evolved a standard method of procedure which will develop fully the potentialities of music as an aid to medicine. (Paperte, 1946, pp. 57,64)

The goal of the study was to determine if music presented according to a specific plan could aid in the recovery of military personnel with mental and emotional disorders.

To begin the study, the patients, who were mostly neurotics, were classified according to their dominant symptoms and their level of previous involvement with music. Each patient was informally interviewed by the musical director to determine his level of previous involvement with music and was assigned to one of the following four groups: 1) little or no familiarity with any music, 2) moderate familiarity with the simpler forms and expressions of musical composition, 3) educated musical taste/preference, or 4) some participation in making music. The interviewer also asked questions about the veteran's background – his home state, his occupation, his branch of the service, etc., – so that the music most meaningful to him might be performed in the study. The medical officer designated on the prescription form the therapy desired as well as the patient's musical classification and his diagnosis, e. g., „Soothing therapy/Educated musical taste/Restlessness", or „Stimulating therapy/Moderate familiarity with music/Depression."

Control cases were used for comparison in every evaluation of subjects' progress. The control cases were carefully selected by the medical officers so that the subject and control case in each pairing were of the same age group, race, color, sex, marital status, educational level, diagnosis, and duration and severity of illness. Both were also evaluated by the same psychiarist. The control cases were given the same treatment as the subjects except that they did not take part in the music sessions.

Veterans placed in similar classifications were then assigned to small groups of from three to six patients. Each group met at the same time five days a week for its music session. While many were shorter, hospital stays averaged three months. The average number of music sessions provided the cases summarized in this study were 14.5 sessions for psychotic patients receiving stimulating music, 12.7 sessions for psychotic patients receiving sedative music, 11.9 sessions for non-psychotic

10.29091/9783752001860/007

patients receiving stimulating music, and 8 sessions for non-psychotic patients receiving sedative music.

The physical environment of the sessions was designed for relaxation. The color scheme was subdued, but not somber. The chairs were upholstered and comfortable. One could also recline. The piano was employed the most, although violin, cello, harp, and solovox attachments were also used. The musical-treatment sessions were divided into three sections:

1) Mood-determination. In order to create a basic rapport between the veterans and the music, music would be played at the mood level of the patients. Then, gradually, music in the mood prescribed by the medical officer was played.
2) Patients could talk with the musicians, if the patients desired this.
3) Patients could participate in the session, if they desired. Activities might include comments, questions, requests, humming, beating time, singing, whistling, or following the score.

Outstanding musicians served as performers. They were given background to the work that they would be doing, including the instruction that the spotlight was on the patients not on the performing musicians. The personality of the performer was felt to be of the utmost importance. Staff members, who were professional musicians with backgrounds in psychology or applied psychiatry, ran music sessions under observation as well. In addition, they attended weekly meetings with a medical officer where cases were evaluated and procedures checked. Wanting to keep the variable factors to a minimum, the plan called for continuity of musical personnel.

A committee of musicians and music educators active at the national level classified musical selections according to their anticipated emotional effect. Examples of „stimulating music“, for instance, were „The Bells of St. Mary's“ (mildly exciting), Mendelssohn's „Spring Song“ (joyous), and Ravel's „Bolero“ (markedly exciting). Examples of „sedative music“ were Wagner's „Song to the Evening Star“ from *Tannhauser* (meditative), Brahms' „Lullaby“ (soothing), „Love's Old Sweet Song“ (music with rhythmic flow), Debussy's „Clair de Lune“ (music with poetic thought), Nevin's „The Rosary“ (reveries), and Chopin's „The Funeral March“ (depressing). The background of the patient was also taken into consideration in selecting the appropriate music because it was acknowledged that associative memories might be elicited from certain musical selections.

Medical and musical records were kept on all sessions and on all patients. Recorded were the name of the composition, the key, the tempo, the instrument, and comments of the musician on the patient's reactions. Medical officers kept notes on the veteran's reactions between music sessions.

The published report on this study summarized the results of 50 psychiatric cases. Altogether these 50 patients attended 536 music sessions, and 37 (74 %) of the patients showed enough improvement for it to be reported by the evaluating psychiatrists. Of the 37,4 were psychotic patients hearing stimulating music, 8 were psychotic patients listening to sedative music, 9 were non-psychotic patients exposed to stimulating music, and 16 were non-psychotic patients hearing sedative

10.29091/9783752001860/007

music. It was noted that stimulating music had basically the same effect on the psychotic patients as it did on the non-psychotic patients, but sedative music had a better effect in the psychotic than in the non-psychotic group.

The results of this study were also reported in the form of „illustrative case reports." One of the three of these told about a listless thirty-year-old lieutenant who had endured two years of active combat in the Pacific. He was depressed, anxious, and obsessed with recollections of combat. Stimulating music was prescribed, and, during his fourth or fifth music session, the patient began to talk to the musician saying, „I'm so mixed up" (Gilman & Paperte, 1952, p. 49).[3] He told the musician that he and his fiancée, whom he now refused to see, enjoyed dancing, particularly to a tune from Sigmund Romberg's *The Student Prince.* The musician played this tune, and the patient began to talk about the happy times that he associated with the song and his pre-war years. The musician then played that tune and others like it for the patient daily. The patient gained increasing confidence in the musician and talked more and more about his home, his family, and his girl. He eventually allowed the musician to find several of his friends and to tell them where he was. After twelve music sessions during a period of three weeks, the patient was discharged. The psychiatrist reported that his progress had been much more rapid than that of the comparative control case.

In a second „illustrative case report," a veteran wrote of the value of his experiences with music at Walter Reed General Hospital. This forty-three-year-old medical officier suffered from neurotic depression. He felt unsure about expressing himself and was afraid to leave the building unaccompanied. This medical officer attended twelve music sessions and also studied voice during a period of three weeks. He soon was singing to entertain small groups of patients. Before being discharged, he wrote to the music staff the following letter, which his psychiatrist said expressed accurately the role of music in his recovery:

This is to express my opinion as to the psycho-therapeutic effects of music in a case of severe neurosis.

Although I have always appreciated music and held the belief that music therapy would be beneficial to the neuro-psychiatric patient, especially in the stage of convalescence, I now am convinced from actual experience that these psycho-therapeutic effects are more real than theoretical.

This form of therapy gives the patient an opportunity of 'acting out' his emotions instead of submerging them deeply into the sub-conscious strata. Because of the numerous items that one must think of while studying music, i.e. breath control, memorizing words, music, etc., the patient has very little time to dwell on

3 Leonard Gilman, Chief of the Psychiatric Section, Walter Reed General Hospital, may also have had a part in this study because his name appears with Paperte's as author of this study's final published report. Unlike Paperte's, however, his role is not defined in the six published articles on this study.

10.29091/9783752001860/007

his deleterious complexes and thus gradually establishes a tendency to become more extrovert.

Another important factor is the relaxation that the patient experiences, thereby increasing his self-confidence. Music as it is applied and taught daily to patients at the Walter Reed Hospital also affords an opportunity to socialize with others in an area of mutual interest.

All the above mentioned factors tend to eventually (and I believe successfully) remove the feeling of inadequacy which is constantly grasping the neurotic patient. (Gilman and Paperte, 1952, pp. 51–52)

As the period of music's large-scale use among the wounded of World War II came to an end, the modern music therapy profession began. During the middle and late 1940's, numerous Americans had, indeed, learned the value of music in helping the ill, and many of these Americans continued to advance music as an aid in medical treatment. In the late 1940's and early 1950's, researchers sponsored by the Music Research Foundation begun by Frances Paperte, as well as researchers with other affiliations, performed further studies on the effects of music upon people. Others active in the field, such as Ray Green, Esther Goetz Gilliland, and Arthur Flagler Fultz, saw the need for an organization that would promote standards and certification, research, and the exchange and evaluation of information among music therapists. In 1950, these individuals established the National Association for Music Therapy.

References:

Bernstein, B. (1946). A music program for blinded veterans. *Music Educators Journal, 33,* pp. 30–31

Gilliland, E. G. (1945). Music for the war wounded. *Music Educators Journal, 31,* pp. 24–25, p. 51

Gilman, L.,; Paperte, F. (1952). Music as a psychotherapeutic agent. In Music Research Foundation, Inc. (Eds.), *Music and your emotions* (pp. 24–55). New York: Liveright Publishing Co. This completed study was first published in July 1949 in *The Journal of Clinical Psychopathology*. (Four progress reports on this study were published in the *The New York Times*: April 16, 1944, IV, 9; May 15, 1944, 21; August 29, 1944, 14; and April 7, 1946, IV, 11; and one preliminary report was issued as Paperte, Frances. (1946). Music in military medicine. *Mental Hygiene, 30,* pp. 56–64)

Green, R. (1947, January). The music program in Veterans Administration hospitals. *National Music Council Bulletin*, 7, pp. 20–21

Green, R. (1948, January). Music in Veterans Administration hospitals. *National Music Council Bulletin*, 8, pp. 15–17

Green, R. (1950, January). Veterans Administration hospital music. *Hospital Music Newsletter, 2*, pp. 22–23

10.29091/9783752001860/007

Kaempffert, W. (1944, April 16). Possibilites of Music in Aiding the Mentally Ill. *The New York Times*, p. E9

McKay, L. A. (1945). Music as a group therapeutic agent in the treatment of convalescents. *Sociometry*, 8, pp. 233–237

Music helps veterans with impaired hearing. (1946, June 2). *The New York Times*, p. 36

Music for rehabilitation of war casualties. (1944). *Musical Digest, 25,* pp. 10–14, 22–25

Music for shellshock. (1944, January 24). *Newsweek, 23,* p. 66, 68

Music in reconditioning in Army general hospitals. (1945, January). *National Music Council Bulletin, 5,* pp. 14–15

New Music Therapy Course. (1944, February 10). *The New York Times,* p. 18

Paperte, F. (1946). Music in military medicine. *Mental Hygiene, 30,* pp. 56–64

Piano in your lap. (1944, December 18). *Newsweek, 24,* pp. 102–103

Seymour, H. A. (1944). Music therapy. *Pan Pipes of Sigma Alpha Iota, 36,* pp. 171–172

Sheehan, V. M. (1946). Rehabilitation of aphasics in an Army hospital. *Journal of Speech Disorders, 11,* pp. 149–157

Simon, W. (1945). The value of music in resocialization and rehabilitation of the mentally ill. *Military Surgeon, 97,* pp. 498–500

U.S. War Department. (1945). *Music in reconditioning in ASF convalescent and general hospitals* (TB Med. 187). Washington, D.C.: U.S. War Department. (A slightly revised version of this technical bulletin appears in Ainley, G. W. (1948). The place of music in military hospitals. In D. M. Schullian & M. Schoen (Eds.), *Music and medicine* (pp. 322–351). New York: H. Wolff)

VA hospital near Rochester offers first-rate music program. (1950). *Music News, 42,* pp. 11–12

Margaret Ann Rorke, Ph.D,
Margaret.Rorke@music.utah.edu
University of Utah – 1375 E. Presidents Circle, Salt Lake City, UT, 84112, USA

10.29091/9783752001860/007