

THE INTERNATIONAL CONGRESS OF MUSIC THERAPY 1974 PARIS - CLAUD BANG , DENMARK.

Since 1961 I have been employed as a teacher of the deaf and a musictherapist, at the Ålborgschool, State Special School for North-Jutland, in Denmark. In the past 13 years I have used music in the treatment and the education of more than 400 deaf, partially hearing and multiply handicapped children in age 3 - 16.

The musictherapy-program of mine has been developed on basis of studies under prof. Karl Hofmarkrichter, Taubstummeninstitut Straubing ,Bayern, at the Manilla Institut for the Deaf in Stockholm, Sweden, the composer Carl Orff at the Academie Mozarteum, Salzburg, Austria, prof.A. van Uden, St. Michielsgestel, Netherlands, and Dr. mus. Paul Nordoff and Clive Robbins in Great Britain and in U.S.A. It has since 1967 more and more been integrated in the education of the staff inside Special Education in the 5 nordic countries, and several other places.

I have given lectures, demonstrations and workshops at several European and American Universities, as well as appearing as guest lecturer at the 1972 annual conference of the American Association on Mental Deficiency, at the Midwest Regional Media Center for the Deaf, University of Newbraska, at the Speech Department, Northwestern University, Chicago, and at the Crane School for Music, State University of Potsdam, New York. In Great Britain this summer 1974 at The Lady Spencer-Churchill College of Education , Oxford. An outmost succesful cooperation with skilled colleques in the nordic countries has contributed to place music therapy quite central in to-days special education.

The crux of the program is the musical voice- and speech training, which is started, when the children are in the age of 3, and is subsequently integrated in the dayly articulation- and speech education for our hearing handicapped students. The Speech is the most musical of the many activities of a human beeing. The speech is at the same time one of the most valuable tools for communication and memory. However to establish and develop the communication with the world around him, the deaf has to learn to penetrate the monotony, to learn to speak rhythmic and melodic.

This is the background for our musical voice- and speech therapy, through which the voice-levels and the voice qualities of the children can bee improved, at the same time as the accents in dynamic, duration and pitch, the three corner- stones in a rhythmic-melodic speech are taught systematically through a utilization of the childs residual hearing, the contact-vibration sence especially in the hands and the sound perception in the whole body. In this method a great number of special music-instruments are used, such as tuned pauks, bongo-drums, xylophones, playing music-board, electronic organ. But the best of the various music-instruments, which I have tested in the past 13 years, I have brought with me to day. That is the resonant boxes, from Sonor, which we brought into our music therapy program 4 years ago.

The Danish State has granted me the economic resources to a research-project, which I started one year ago, and which I expect to finish with a dissertation for a doctors degree in 1976 - 77. The research is an investigation of the physiological sound-functions, perception and reproduction of sound, among totally deaf and normal hearing children examined by using resonant- boxes in sound-analysis and musical speech-therapy.

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At the Ålborgschool I make tape-recordings from the training of 30 deaf and 30 normal hearing children in the age of 5 - 15 and of their vocal responses with a BA - sound to different resonant boxes in 24 different test-positions, from which you will here see the first 8. At the Institute for Phonetics, at the University of Copenhagen, I transform the recordings of the more than 200.000 ba- responses to curvematerials on the Minograp and Sonagraf, Visible speech equipment. The curves are then analysed and measured, transferred to data, and examined statistically in cooperation with the Data-center at the University in Ålborg. My research project happens also in cooperation with The State Hearing Clinic at Århus University, and with the Institute for Music Science at the University of Copenhagen.

Nearly all our deaf students and a very great number of hearing-handicapped in the nordic countries, in Great Britain and in U.S.A., where I have demonstrated the resonant boxes and the methodology, gives extremely responses to the sound and vibration from the resonant boxes, which possesses quite special accoustic-vibratoric characteristics. In my research I am carrying out measurements and isolated observations of the afferent and efferent paths, especially with the purpose to characterize the sound-perception and reproduction among deaf compared with normal hearing. I am hereby setting up pedagogical and methodical lines of direction for the use of resonant boxes in the daily voice- and speech training with hearing-handicapped children. This is from day to day an increased desire and need, not only in schools and units, where hearing-handicapped are educated and treated, but also among hearing-advisers, speech pedagogs, music-pedagogs, in kindergartens and in parents-organisations, I have met at my lectures all over in the nordic countries.

The project of my research however also includes examinations of the physiological sound-functions among children with brain-damages and are setting up training-programs for the integration of the resonant boxes in the voice- and speech-treatment among speech-retarded, mentally retarded, motoricly dissabled and other groups of handicapped. The project analyses the effects by using resonant-boxes in the training and rehabilitation of sick voices and in singing-education among normal-developed buzzers.

Here you are going to hear and see some examples of responses by deaf children to the resonant boxes.

I am convinced, that with this particular instrument in the musical speech-therapy we have got the very best possibilities to train and develop especially the hearing handicapped childs ability to perceive and reproduce tones and rhythms and thereby through near cooperation between parents and pedagogs, improve the possibilities for the hearing handicapped to perceive and reproduce the melody and rhythm of the speech resulting in an improved modulation, an increased mastering of speech and understanding of speech, a better communication and an easier adjustment and integration in the society.

Comments to the over-head material in the research-project.

- Christian I : The resonant box tone has a remarkable change between the overtones, especially the resonant boxes in the octave above middle c.
Response nr.1 shows a very poor, weak and unstable voice, as for the sound. Only the primary tone and the 2. harmonic can be seen in the spectrum. There are many interruptions in the voice.
Response nr. 2. shows a louder voice production with visible overtones to give the 2. and 3. formant. Voice technical, there is a considerable improvement and continuity .
- Christian II: The child learns the b - explosion for the first time. At the same time he is getting closer to the primary tone.
- Anne Mette: We can notice a reduction of the noise and a improvement of the overtones. The intensity has grown with 10 db.
- John : Another deaf, who for the first time learns to make a half glottal stop.
- Karl Erik : The noise you can see around 3000 Hz. in the first recordings is ^{snuffling} nasaling. ~~There is a b-explosion.~~ in the first responses.
After the sessions the noise has nearly gone and there is a quite clear b- explosion. A larger spectral energy with more visible overtones and with higher frequency. In relation to the total energy in the spectrum., the primary tone is diminished in dynamic, which is a big plus for the voice. The voice has got a brighter sound.
- Benny : Here is an example of the evaluation of the improvement in the voice-energy, intonation and ~~compression~~ caused by the training with the resonant boxes.
In response nr. 4. there is a positive tendency to a weaker primary tone and 2. harmonic in relation to the rest of the spectrum. The formants , ~~from~~ which gives the information, are, as you know, in area 300-3000 Hz.

Improvements caused by the training with resonant boxes.:

- The spontaneous voice is improved, air-filled voices gets a better compression.
The pitch and level of the spontaneous voice can be corrected and the frequency area broadened.
Learning b- explosion.
Diminishing of the nasaling, ~~the snuffling~~.
Learning a half glottal stop.
Learning the accents of the speech, speechrhythm and - melody.
Support for voices who changes.
The exercises in the research with the deaf children gives a fine picture of each child's spontaneous voice, its extension and which tones are the best to be used in the mel. accent. The curve-material at the same time describes the voice qualities of the children and the changes in these as a result of the therapy. These informations and the learning-procedures are distributed to everyone, who are involved in the articulation-and speeduc. of the ch.

Comments to Video- tape demonstration:

Musicality is the susceptibility for musical influence, and when you react upon, responds to, or even make up your mind about it, there is a mark for, that you have musicality. Even totally deaf children can learn to perceive the accents in dynamics, duration and pitch. Therefore we can rightly say, that they possess musicality and sense of rhythm.

The correct use of the three accents, which characterizes music and speech, are from the early kindergarden age built into words, phrases and sentences in order to develop the skill to perceive and reproduce the rhythm and the melody of the speech and create a better spontaneous way of communication with the world around the deaf.

A number of play- songs are composed designed to help the handicapped children to a greater awareness. Songs about taking a walk in different kinds of weather, about colors, hello- and good morning songs, songs in which the child is encouraged to write and spell his name, or songs about the days of the week, different animals etc. Other songs are arranged to be sufficiently flexible to include any subject, that the musictherapist or the teacher might wish to bring to the children.

To sing and sing together can provide a range of stimulating, liberating experiences for handicapped children. Songs with contents they find meaningful are song with conviction. When words are set to music with the normal emphases and inflections of speech, the children are able to sing with natural ease and the songs will have pedagogic and therapeutic value for them. All these elements, I found in Paul Nordoff and Clive Robbins : Children's Play- Songs, which I have translated and adapted to danish, swedish and norwegian editions.

A handicapped child singing intently is deeply committed in his singing. The musical instrument, he uses, is part of himself, his own body. In using it to sing he experiences his singing as a direct extension of himself. Perceptive, cognitive and expressive capacities are working together. Singing can thus in many cases be an experience of arousal for the handicapped child, of freedom from many of the confusions and restrictions of pathology.

Instrumental group activities can create situations in which children can experience and develop apprehension, concentration, responsibility, initiative and first of all self - confidence, all the most important elements in the creation of a total personality.

By using instruments in musical group activities we are trying to develop the community with the children through their participation in musical creative work. When the music-therapist himself creates the music, we can even with the most severely retarded and multiply handicapped child create a working community, which brings us in near contact with the child's development. During this contact music therapy works pedagogical creative.

In the musictherapist's work with the group the individual child must never be lost sight of, his needs as well as his abilities should become a vital part of any structured activity. There should be an interaction between the individual and the group, which is therapeutic for all.

The music therapy begins with the child as he is, approaches him on his own terms with empathy and respect for the child, and it helps him discover himself through musical experience and achievement. A feeling of being accepted is very essential for the handicapped child, or adult, who has failed so often. For all children but especially for the handicapped, experiences with and in music can be a tool, that leads to thoughts and feelings far beyond music itself.

Fantasy and flexibility must be boundaries in every music program for handicapped children allowing possibility for a maximum of musical participation and developing the creative activity by pupils at any level of achievement and interest. The music therapy must be adapted to the handicapped and not the opposite.

Through music therapy deaf and partially hearing children develop so that they can spontaneously give responses to the influences of the music, move and play instruments in accompaniment to music, and therefore have a free kinaesthetic experience, which is not imitative activity but creativity coming from the child himself. One of the most important principles is, that you build upon that which already exists in the child and develop such potentials to a conscious level.

By tunes and rhythms a new world of sound is brought into the consciousness of the hearing handicapped child. Through the numerous variations of these sounds the child is pulled out of his isolation created by his handicap. Through music the child can become alive and engaged, and given a way of self expression, which can make living easier and therefore adjustment in society more possible. An integrating music therapy.

The reproduction of the diverse and varying ~~dynamic~~ in dynamic, duration and pitch into body movements gives the children an outlet for their need to move. It makes them uninhibited and flexible, and they will more and more spontaneously want to internalize the received rhythmic- musical stimulus into movements, speech and song.

Our electronic organ is extremely valuable for the training in sound- perception. It ranges from 32 - 7000 cps and special equipment like Leslie loudspeakers and electronic bongo- systems. With the organ I have got the first responses at all from a number of our ,ost severely multiply handicapped children.

The attractive story of "The three Bears and Goldilocks" by Paul Nordoff and Clive Robbins gives each participating child not only a rich musical experience but also the experience of being an essential part of a group, working together to perform a composition. When words, music, ideas and actions are composed in a functional way, the childrens abilities are most effectively engaged.

Musicotherapy has served to lift the children to a level of active gratification through the formation and mastery of musical skills and the creative expressive use of them. Because of this the children have been able to develop a growth of ego function and a sense of self- realisation. Music Therapy has supplied an important means of motivating the deaf and multiply handicapped children to advance beyond the passively gratified position and to move on to separation and individuation.

Music therapy is not just fill in busy work in order to try to teach the handicapped to accept his handicaps.

The music therapist's work consists of using music as a pedagogical and therapeutical means to bring out a development, where he comforts or relieves, improves or maybe cures the condition of the handicapped.

The music therapist knows that his work will never cease to challenge him, nor will it ever disappoint him. He must only make himself worthy of this art, of the children or adults to whom he brings it, and of the responsibilities that he, as the mediator of the therapeutic music, will have to bear.

In music education music is often a goal in itself. In music therapy music certainly not is a goal, but a means to reach a visual, acoustic and motoric whole in a world of reality for the handicapped.

Mes dames - messieurs !

Au cours de cette congrès nous avons été à la fois réalistes, inspirés dans la discussion. Mais nous avons toujours su que nous devons chercher et rencontrer le malade à son niveau et accepter ses conditions.

Que nous soyons professeurs, thérapeutes, pédagogues, psychiatres, psychologues, médecins ou autres, nous devons travailler ensemble; le personne handicapé a besoin de chacun d'entre nous et se développera grâce à notre travail d'équipe pour l'aider.

Que nous frappions dans nos mains, ou que nous utilisions un tambour, ou un diéje, ou un piano Steinway, que nous jouions Beethoven, Bach, Beatles, ou que nous improvisions, la réponse venant de la personne handicapée, cette réponse et réglant cette réponse, nous montrera quand nous appliquons la bonne méthode.

Le meilleur et seul juge qui puisse nous dire, qui est le musicothérapeute et qui applique la musicothérapie, ce sera le handicapé que nous contacterons et entrons en communication, grâce à la musique comme instrument et aide pour communiquer.

Par conséquent cessons de définir et discuter de musicothérapie, et plutôt, rentrons chez nous et agissons concrètement.

Mes chers amis!

Je voudrais vous saluer, vous et les pays que vous représentez, de la part du Danemark et de tous les pays Scandinavie. Ainsi que vos gouvernements, institutions et collègues dans vos équipes respectives.

Mais tout d'abord, je voudrais adresser mes salutations plus chaleureuses aux personnes handicapées à qui vous avez fait don de tout votre vie.

Mes plus grands remerciements au comité international qui a organisé cette conférence.

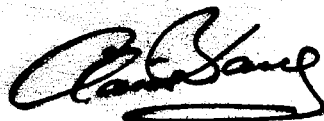
MERCI MILLE FOIS - MERCI PARIS !

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Music therapy is relatively new in Denmark and in the other nordic countries, but in the last nearly 15 years we have in Denmark, and with quite a succes, used music as an therapeutic aid, not only in pshyciatry, but also in the pedagogical/psychological areas..

The first one, who seriously began to work with music therapy in Denmark, was the pianist principal C.M. Savery at the Ortopedic Hospital in Copenhagen. There he gave his music to cerebral palsied children from 1956 until he died in 1969.

In the years about 1960, three men started as music-teachers in three different institutions at different places and with different kinds of handicapped children. The late Frode Bavnild worked at Vodskov Centralinstitution for mentally retarded, Carlo Svendsen at Geelsgaard School for cerebral palsied and myself at Ålborgschool, State Special School for North-Jutland with deaf, partially hearing and multiply handicapped children.

In august 1967 at the 13 th. nordic Congress on Mental retardation in Stockholm, the danish pioneers met with the late Arvid Höglund from Uppsala, who had started music therapy with mentally retarded in Sweden. As a result of that meeting and a following at Geelsgaard School oct. 27th 1968, the Nordic Society for Pedagogical Music Therapy was founded with a board consisting of 2 members from each of the countries, Norway, Sweden, Finland and Denmark. Arvid Höglund was the chairman until he died in february 1969. He was followed by Frode Bavnild, who died in 1971.

The first Nordic Conference on Pedagogical Music Therapy was held in april 1969 near Århu in Denmark, arranged by The danish Ministry of Education, who had invited the Ministrys of Education in the other nordic countries to participate with maximum 7 participants. Finland sent 6, Iceland 0, Norway 4, Sweden 6 and from Denmark was pointed out 5. There were many remarkable reports at this conference, concerning music therapy and the started nordic cooperation.

For the danish delegation one of the results of the conference was the appointment of a commitee, which consisted of 4 of the danish representatives, Frode Bavnild, Carlo Svendsen, Søren Mühlhausen and myself. We prepared in half a year the foundation of The Danish Society for Music Therapy as a danish and first section under The Nordic Society for Pedagogical Music Therapy. On october 11 th 1969, about 100 of our colleagues and friends in music therapy joined us at the general meeting, where The Danish Society for Music Therapy was founded. As chairman we chose in unison Professor mag. art. Gunnar Heerup , The danish conference was followed by two conferences in Norway and Finland. Frode Bavnild, Carlo Svendsen and I were invited to lecture about music therapy in Denmark. Later on Sweden arranged a Nordic Conference on Cooperation in Music Therapy. Nearly every wheel was finally running !

Of the greatest importance for inspiration and evaluation of music therapy in all the 5 nordic countries has been the cooperation with the famous team, the american composer and pianist, dr. mus. Paul Nordoff and the english special teacher Clive Robbins, who during the last 7 years gave courses and workshops in music therapy with severely retarded children for audiences not only in the nordic countries, but also in many other european countries, in U.S.A. and at this moment in New Zealand. We all gained from the knowledge and experience, that is the background for their outstanding work and publications.

Even if many things has happened in danish music therapy within the last decade, we must realize, that only the first chapters has been written. Many problems has to be solved by the individual music-therapist and by the organisation. First of all to establish an education for music-therapists and a relevant scientific research in the areas of music-therapy.

The Danish Society for Music Therapy now counts around 250 members from all the 5 nordic countries. The Society works to spread out the knowledge about and the use of Music Therapy, f. ex. in Special Education. The Society supports the music-therapeutic work which allready is running, by arranging lectures and demonstrations, week-end and week-courses, publishing materials. It also works to start people, who wants to and desires to work as music therapists. Finally it works for the cooperation between branches of special education in the nordic countries. In september 1972 the Board of the Danish Society for Music Therapy pointed at the desirable in having the education in music therapy placed around and integrated in the music-therapy program at my institution, Ålborgschool, State Special School for North-Jutland, and connected to the educational center under the new University of Ålborg. The Teacher Training College of Ålborg took on the responsibility in the arrangement. The first years course in music-therapy in the nordic countries is now a reality. It started on september 3 th and runs every tuesday 6 hours in 40 weeks. Beeing the head of the education and the main instructor, I have in cooperation with the Teacher Training College and the Danish Society for Music Therapy, constructed the plan for the course, so that it besides the necessary practical skills in musical exercises related to activities in music-therapy, will contain theoretical disciplines of neurological/psyciatrical/psychological and special education characters, music and special education in a unity. The years course intend to enable the 15 participants to teach handicapped pupils in smaller groups, with the music used as a pedagogical aid. It handles about pupils, children and adults, lightly as well as severe handicapped, f. ex. reading-retarded, speach-retarded, slow learners, mentally retarded, motoric handicapped, blind and sight deficient, deaf, partially hearing and multiply handicapped. The course includes practical musical work. Praticice and pupils demonstrations followed by Internal T.V., institutional pratice period and the following support disciplines: instrumental playing, improvisation, singing, musical-dramatic and creative, expressive movement, dance, body consciousness, anatomi and physiology, speech psychology, clinical psychology, ~~institutional psychology and childrens psychiatry.~~ In the course will be arranged visits to different institutions and weekend-courses. A great team-work between all the 12 instructors has allready given the course a fine start. The years course is financed by the Teacher Training College at Ålborg and the 15 participants are all trained teachers who all works with different groups of retarded children. They all possesses skills in music education and on an instrument , they have all of them specialized in music during their teacher training periods, and are now working with music with the children at the institutions and schools, where they are employed. It could have been desirable if the course could have been more open and have given attendance from many other groups of personel in the team, among kindergarten-teachers, physio-therapists and occupational therapists, musicians and parents there has been tremendous interest for the course. Also from

the other nordic countries, teachers in special education has payed very much attention to our initiative, and especially from Norway and Sweden there has been a number of applications to the course. The difficulties has been f.ex. the distance and the one-day-a-week course.

In all modesty we can say, that Ålborg is a international known and recognized center and pioneer place for music therapy with the handicapped. Every year we are visited by hundrec of special education teachers and other groups on the staff around the handicapped, from th nordic countries, Western Germany, England, Australia, United States. It is a common opinic that it would be natural and outmost desirable, if the new university center in Ålborg in a near future could build the frame around our nordic education and training of music the- rapists.

The motto under which we have introduced the students in the course is a sort of summary about our experiences in music therapy in my case in nearly 14 years. The use of music as a therapeutical and pedagogical aid in the treatment, and the education of all groups of handicapped:

- 1) often gives results, which can be equal with other forms of treatment and education.
- 2) sometimes gives better results than other forms of treatment and education and
- 3) in numerous cases has shown to be the only passable way to obtain therapeutic and pe- dagogic results.

All the groups of handicapped with whom we are working in music therapy could be charac- terized as communication-retarded or handicapped, in the sense that you consider speech blockings of either motoric, sensoric or emotional causes, as restrictive for the commu- nication and function in the society. Communication is as a matter of fact a vital emotio- nal connexion between people. Music can establish contact without speech.

Through music therapy we can find unutilized possibilities in other paths of communication than those which build on the speech and language.

In Denmark we don't separate clinical and pedagogical music therapy. in my opinion every form of clinical music therapy also has to be pedagogical, if not, it simply is not therapy. This also means that we prefore activity rather than receptivity.

Music therapy is a suppliment to the work, which is carried out by the other links in the team, pedagogs physiotherapist, psychologist, psychiatrist, physician and others.

It could be relevant to look upon music therapy, its methods and materials, as a sort of alternative to the existing song- and music education, especially if we realizes some per- spectives concerning the integration of exceptional children in normal schools.

Music therapy is the controlled use of music in the treatment, rehabilitation, education and training of children and adults, who are handicapped.

Music is that, what the person who listens to or feels the music, percives from the per- formed music. Music is a pass of time arranged by sound.

Music is also a world in which everyone of us has his own experiences. There are endless depths, infinite varieties and facets of musical experience for us and for the handicapped child. -

Any child whose physical or psychological well-being is impaired, underdeveloped, or otherwise in need of remedial treatment is handicapped in our society. Recognized types of handicapped children include the mentally retarded, emotionally disturbed, physically disabled, visually impaired, hearing handicapped, perceptually disaced, culturally different, speech handicapped, brain-injured, and gifted. (In most schools, the gifted are handicapped by "the system".)

Our handicapped children are being educated in a number of different ways today. Some are enrolled in special schools, some are in special classes administered by public schools. Still others are placed in regular classes with their normal peers, and their special needs are met through ancillary resource personnel. Whatever the program or facility for the handicapped, it cannot be effective unless it is staffed with professionals in every field who understand the problems of these children and are equipped to design programs to meet their needs. If music educators are to take their place among these professionals, we must do a better job of preparing music teachers for work with exceptional children.

The demand for special education music teachers and music therapists is rapidly increasing as public schools, special schools, institutions and day care centers become aware that there are college programs training music specialists to work effectively within their educational schema.

In most cases, the special education music teacher is not a therapist but rather a teacher who strives to develop skills in his pupils. Music education goals are largely behavioral and can easily be successoriented, therefore, music experiences can be therapeutic as well as educational. The music teacher who understands and is sympathetic to the overall goals of the special education program can make a significant contribution to the development and reinforcement of such basic skills as independence, socialization, language development, and basic concepts - at the same time that such specific music skills as singing and rhythmic coordination are being developed. What is needed is a league of musiceducators, who are familiar with the growth patterns of various kinds of handicapped children and who recognize not just their limitations but their potentials as well. Only those who have at least basic knowledge of the types of exoeptional children in our schools are in position to design music programs that will have realistic yet challenging goals for each individual. Only those who have such knowledge are capable of fashioning music programs in which the handicapped can participate in a musical experience along with their normal peers.

Music methods and technique courses for teaching handicapped children should include a thorough understanding of basic learning skills and the specific music activities through which they may be achieved. Some experience in learning to adapt standard materials, both vocal and instrumental, as well as designing original materials would be valuable. The course should also introduce the students to related research and assist students in developing facility in reading and interpreting current research in music education, music therapy and special education.

In addition to music skills commonly required of music educators, the special education music student will need to be competent in piano improvisation, folk and classroom instruments, folk music, youth music, music of ethnic groups, and simple instrumental arranging. Some experience with musical production such as operettas would be helpful as well. A proper curriculum should offer either elective courses in these areas or at least the opportunity for independent study.

Finally, and perhaps most important, actual experience with the handicapped is essential and should be a part of the program throughout its duration. A unique aspect of the program at the Crane School of Music, State University of New York at Potsdam, where I gave a workshop this summer and learned about their degree program in music for the special child, is the built-in practicum. Students work with individual or small groups of children twice a week. Many of the children are enrolled in a learning disabilities program in the campus Research and Demonstration Center, but others are referred by special education programs in surrounding school districts. A special education music lab is located in the music school complex in addition to a special music resource room in the Research and Demonstration Center. Practicum students meet once a week for a seminar with their instructor and the Research and Demonstration Center resource room supervisor. During these sessions problems are discussed, tapes of music sessions may be reviewed and individual cases presented. Reportwriting and interpretation of testing results are emphasized as well. Students are continually informed about the progress and problems of their children in other areas of the curriculum. It is felt that this seminar is orienting the students to a multi-disciplined approach and preparing them to work closely with other professionals concerned with handicapped children.

A preparation curriculum for special education music teachers must necessarily include study in the behavioral sciences also. Study in the disciplines of psychology, sociology and anthropology can significantly enhance a student's understanding of individual differences. A logical sequencing of these courses in the curriculum will help make all courses more meaningful to the student also. For example, it's rather difficult to appreciate the differential development of the handicapped child without a thorough understanding of the development of the average child. Basic courses in psychology might be chosen from those traditionally entitled Introduction to Psychology, Developmental Psychology, Psychology of the Exceptional Child, and Educational Psychology. Sociology and Anthropology courses found to be the most basic besides introductory courses are those concerning urban and rural societies, racial and cultural minorities, and problems of contemporary society.

Since the special education music teacher is a special educator, it is essential that some study be undertaken in this area of education. The amount and breadth of study will no doubt be limited by the offerings of a given school and perhaps by lack of flexibility in the music education curriculum as well. Any possible way of circumventing either problem should be investigated such as curriculum revision, exchange programs with other colleges, or consortium arrangements where neighboring colleges combine efforts in the interest of broadening all curriculums.

The more traditional courses in special education have dealt with the general education of various "types" of handicapped (i.e. retardation, emotionally disturbed, physically handicapped). More innovative departments are likely to be offering study in Learning Disabilities, Remedial Programs for the Handicapped, the Handicapped Child in the Regular Classroom, etc. Considered important for the special education music teacher are those courses which deal generally with various approaches in the education of children with learning problems regardless of etiology.

Speech and language difficulties are a secondary handicap for so many exceptional children that functional knowledge of the principles of speech correction is absolutely essential in the preparation of the special education music teacher. It is evident, that research has shown a positive correlation between speech and music, particularly in the area of aural discrimination. Yet so little research of this type is documented and virtually no follow-up studies are available. It seems that these two disciplines are hardly aware of each others existence in the public schools or at least are unaware of their common goals. It would seem that much could be learned about speech acquisition and learning in general through some scholarly studies of programs which combine music and language or music as an approach to speech articulation.

In addition, the course should explore music movement activities for the development of increased body awareness as well as exploring the ways in which simple instruments can be used.

The emphasis in education today is on developing the potential of the individual. We must stop sizing up every child in terms of what he can contribute to the music program (through chorus, band, or orchestra) and start being concerned about how music can help him. It may help him to improve his speech, his reading level, his muscular coordination his visual perception, his auditory discrimination, his arithmetic comprehension, or his self-confidence. It may even aid his social adjustment and improve his self-concept. All of these achievements are well-documented in journals of special education and music therapy.

The challenge is upon us. Those in higher education who have the authority and the wisdom must overhaul outmoded methods courses. Those music teachers who have never had the opportunity to receive special education music training must demand that such courses be made available. Those in charge of music in the state departments of education must encourage the development of such courses. And the public schools must communicate to higher education faculties the need for music teachers for the exceptional .

Unless we begin now to do something, the situation will be even more critical within ten years. In the 1980 s we will need more music teachers for inner-city schools, more music teachers for rural schools, more music teachers for more special children. Until we stop discriminating musically against children who are different, we are not worthy of the slogan "Music for every child."

The time has never been better for introducing such courses into our college curriculums. Today's college students are characterized by an empathy and concern for the individual that has seldom been equalled in its intensity. They have been educated in public schools where special education classes are an established, accepted fact. Therefore, the idea of special education is not as foreign to them as it is to some of those, who entered public school prior to 1950.

Many of today's youth seek a challenge in life. What better one to give them than the music with the exceptional?

We are assembled in beautiful Paris, the fashion center of the world, but our theme is not just a fashion. Music Therapy has come to stay and the problems concerning education and research has to be solved through a close cooperation between everyone in the team, involved in the treatment, the education and the rehabilitation of the handicapped, a collaboration between institutions and areas for the handicapped, and here and now a teamwork across every border in our world - a world of music.

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