

A Music Therapy Program for Senior Citizens

This midterm letter opens with an appeal to a funding agent that would clearly have interest in the topic. The problem discussion includes data that show the projected increase in the aged population over the next 30 years and their relative neglect. Research includes reference to theories and programs relating to music therapy, establishing several potential foundations for the plan. In a way, though, the paper offers too broad a picture of the evidence for this opportunity without focusing on the specific aspects of music therapy that will be important to her plan. One sign of its lack of focus is how often the sources are quoted rather than being digested within the writer's overall vision and paraphrased. As a midterm paper, this is a good start toward the final project. But how might it be revised to give it more focus and coherence? What do you think might be the most promising finding she cites in favor of music therapy? How can that help her form a more focused paradigm to justify a more specific plan? After all, what kind of music therapy program will she have? Will it be one focused on building memory and awareness in individuals, or one focused on building community and promoting connections among these isolated individuals? Or both? The writer talks about both individual and group lessons but does not explain why both will be used or how they figure in the overall vision. How can the writer focus the project better and build a more coherent paper where the plan grows out of a specific paradigm?

55 Rutgers Street
New Brunswick, NJ 08901

February 27, 2001

ASA: American Society on Aging
Society on Aging of New Jersey
833 Market Street, Suite 511
Princeton, NJ 08540

Re: MUSIC THERAPY PROPOSAL

Dear Ms Huff:

The ASA Foundation is known for funding projects that help enhance the physical and mental well being of aging individuals. This letter is being sent to introduce you to my plan to help increase the quality of life in the geriatric community. I am working on a proposal to introduce music programs into the aging community in and around the city of Whitehouse Station. Your organization is known to support and encourage projects that support the geriatric community and contribute to their physical, mental, and social well-being, and I think you would be interested in funding this project.

PROBLEM

According to the latest census figures, people 65 years or older numbered 34.5 million in 1999 and represented 12.7% of the U.S. population, or about one in every eight Americans ("A Profile..."). With the population of aging adults increasing, and the availability of curriculums

for the geriatric community decreasing, there has become an even greater need for programs and activities for this age group to participate in. According to Dan Blazer, “The oldest old are the fastest growing age group in the United States; approximately 2.9% of the population was 80 years old or older in 1993, and this figure is projected to be 4.3% in 2025” (Blazer 1916). We therefore need to address their concerns.

A general misconception is that elders do not have the ability to function in day-to-day activities and therefore society tends to neglect this age group all together. New research even suggests that “cognitive decline is not an inevitable part of the aging process. The brain is able to grow new nerve extensions (dendrites) at any age, and emerging evidence suggests that brain cells are capable of regeneration – important to the laying down of new memories and information” (“Recognizing innovations...”). Although some are institutionalized for severe mental or physical problems, the majority of elders live in our communities and function as normal adults with minimal physical incapacities. Despite the stereotypes, only 5% of individuals 65 years old and older live in nursing homes where they can expect to participate in organized therapy; but for the majority “who remain in the community, their participation in outside activities decreases by about 33% from the late 60s to early 80s” (Blazer 1919).

There exists an incredible lack of activities and programs for this age group often causing boredom and melancholy that can then lead to depression. In a recent report from a large community survey of older adults, it was found that: “Less physical activity and fewer social contacts among individuals further explains the increased depression risk” (Playfer 6). As individuals age, it is still important to keep their minds as well as their bodies active. In short, mental stimulation should be maintained throughout life.

PERTINENT RESEARCH

Music therapy has become an increasingly popular way of working with elderly, mentally and/or physically disabled individuals. Music therapy is “a service that uses music therapeutically to address physical, psychological, cognitive, and/or social functioning” (“Music Therapy...”). Music therapy has become increasingly popular with the geriatric community, in part because “Music is a form of sensory stimulation, which provokes responses due to the familiarity, predictability, and feelings of security associated with it” (“A Dose of Music...” 3). Music has been shown to relax, soothe, and even heal others for centuries. Pythagorus and other ancient Greeks thought that certain musical notes had healing properties (Berk 39). Although music is most commonly used for relaxation, it has many other varied uses. Music relieves boredom as well as pain, sustains physical activity and the use of fine motor skills, and provides memory recall that can result in positive changes in mood and emotional states. Music therapy is “a powerful and non-threatening medium in which unique outcomes are possible” (“Music Therapy...”).

Music can do much more than just help one relax. According to a recent study conducted at Case Western Reserve University, “relaxing and listening to music actually helped to relieve the pain of patients” (“A Dose of Music...” 2). This is important when dealing with an aging population. Physical and mental ailments increase with age, creating a potential “downward spiral in health-related quality of life, including frailty and failure to thrive, increases as the individual ages” (Blazer 1920).

Music has been shown to have other positive effects on individuals. “A music-facilitated strategy for depressed older adults has proven to be useful to distressed individuals” (Effects of a Music Therapy Strategy on Depressed Older Adults 271). Most aging adults experience depression to

some degree at some point in their lives. Research has shown that: “Short-term therapies have been successful with depressed elders, but at the present time, these treatments are usually restricted to a clinical or office setting” (“Effects of Music Therapy on Depressed Older Adults” 265). Music does not have to be, and rarely ever is, restricted to any one environment, making it easily accessible to all individuals.

In addition, music programs help unite individuals with common interests or problems. “A strong sense of group identity and a feeling of belonging is created because participants are actively making music together.... Bringing people together physically, emotionally, and mentally” (Berk 39). It also enhances the individual’s positive feelings towards him / herself, giving them “a sense of accomplishment to know that they can still learn something new and succeed at it” (Playfer 38).

Music therapy programs have been showing tremendous signs of therapeutically healing the adults who were participating in those program. Jones, who began the program in a nursing home noted, “Doing it all: singing, playing, learning the music, working as an ensemble and taking direction enhances independence and feelings of self worth” (Bruck 38). Music has also been employed as a form of therapy for older adults in a variety of residential and adult day health care centers. “Descriptive and experimental studies have documented effects of music on quality of life, involvement with the environment, expression of feelings, awareness and responsiveness, positive associations, and socialization” (“Effects of Aging on Processing...” 166).

Not only does the music aide the individuals participating in the program, but it is “also therapeutic for the participants’ families, who are given the opportunity to see what their loved ones are still capable of accomplishing and enjoying” (Playfer 418). It has also been noted that: “The musical activities are also therapeutic for the participant’s families, who are given the opportunity to see what their loved ones are still capable of accomplishing and enjoying” (Bruck 37).

PROPOSAL

My proposal is to introduce a music program to the older adults living in Whitehouse Station. The program will consist of basic music instruction such as time and key signatures, note values, and rhythm. In addition, the individuals will be asked to participate in group ensembles in which they will be allowed to pick the instrument of his/her choice. Instruction would consist of individual as well as group lessons based on instrumentation and ability. Concerts, as well as other performances, will be performed periodically throughout the year as determined by the musician’s ability and readiness. For example, orchestral concerts may be held once a year, while small group ensembles, such as percussion or brass quartet may be held every month. This program will give the adults a new, fun, and challenging experience through the use of music. With the use of music therapy, many of the problems or illnesses associated with aging that elders experience in their later years will diminish or disappear altogether, thereby enhancing their quality of life.

Thank you for taking the time to read my letter. I will be giving an oral presentation on March 11th at 5 P.M. at Rutgers University. I would like to invite you to attend that presentation and learn more about my proposal. If you have any questions or concerns, please feel free to contact me at (732) 555-1185. I look forward to seeing you then.

Sincerely,
[Name withheld by request]

Works Cited

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