



CASS' CORNER

Music Therapy for ABI Victims

Danish author Hans Christian Anderson once declared, "Where words fail, music speaks." This music is a machine, a magical machine, that brings us together. Music helps us learn. It energizes us, it makes us laugh and sometimes cry, as well as eliciting additional emotions. Music, too, has the ability to heal us, emotionally. Think back to times in your life when a song on the radio has found you dancing to the beat, maybe snapping your fingers, even humming or singing along.



Music has the power to move us, and alter our emotions and moods.

Moreover, music has a therapeutic quality that helps in healing the body, mind and spirit. For those with brain injuries, music may play an integral role in providing rehabilitative care. Earlier on, music therapy was recognized as an aid to soldiers returning from battle in World War II who had sustained injury to their own brain.

Therapists are trained to help ABI victims through rhythm repetition games, exercising to upbeat music, exercising their mouth muscles, listening to and even performing favourite tunes, on occasion.

Throughout latter stages of my own physical therapy sessions, I recall the constant broadcast of music from the band Depeche Mode emanating through the speakers. The music was familiar to me and honestly served as a virtual friend. Ironic, isn't it, that Depeche Mode's aptly named song, "Work Hard" was a number on that collection. I did.

Much as it takes time for a child to learn how to speak and write, the recovering ABI victim must also be allowed sufficient learning time. Depending on the severity of said injury, combined, of course, with pre-accident intellect, experience and abilities, different individuals may require more or less time, to remaster these skills.

Clearly research to become knowledgeable about unique therapy methods is required. It is important, as well, to research and seek specific help appropriate for a given patient's particular needs.

Some of the research I uncovered was aimed to studies that tested music intervention and its effects on moving, walking, thinking, communicating, pains, emotions and well-being. These

interventions included moving to music, listening to music, singing, composing, playing musical instruments, as well as any combination of the above factors.

In addition to beneficial results amongst ABI victims showing that the use of rhythm is positive, we discover similar findings in people who have suffered stroke. Music interventions, it was revealed, that use a strong beat within music can be beneficial for improving the speed of repetitive arm movements and communication. It can be more effective than interventions where a strong beat is utilized, without music. When delivered by a trained music therapist, it can be more effective than treatment given by other professionals.

Music interventions, conclude the author of this study, may be beneficial for the patients' gait, the timing of upper extremity function, communication outcomes and quality of life, post ABI or stroke. The results uncovered are encouraging, the author found, but more high-quality and randomised control trials are needed on all outcomes before recommendations for clinical practice can be made.

I would like to bring the information I learned from this study and recall observations I make, within our own HBIA 'Glee' group meetings. I see evidence of encouragement within those members who regularly attend Glee. The familiarity with the music provides each of us with a different sort of confidence that may not, prior, have been present.

We let the music play, we all sing, to the level of our individual desire, and we learn that, through song and encouragement, through the joy of being together, each week, every one of us is able to 'move mountains.'

Music gives us strength and we each find untold strength in this same music . . .