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THE HEALING EFFECTS OF MUSIC ACTIVITY WITH
EMOTIONALLY BLOCKED CHILDREN

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Abstract

The protection and promotion of children's health is not only the focus of health care institutions but the priority of the society, education system and any school of educational institution.

We have developed and tested a musical and educational approach to working with children having emotional blocks.

This model has been tested at a children's department on children diagnosed with asthma that is classified as an emotional blocked. The selection is composed of three groups. Experimental groups 1 (n=15) and 2 (n=10) are different according to the set of musical activities and time of duration of the program. In the reference group (n=10) there are children who have been under treatment at the same department but without any music classes.

The comparison results confirm the effectiveness of combined (medical, musical and educational) rehabilitation of children suffering from asthma (EG-1 and EG-2) in comparison to solely drug treatments (reference indicator: $r < 0.05$). All the methods have a tendency suggesting the effectiveness of the set of measures used for EG-2 in comparison to EG-1 and proving that the longer classes last, the more effective they become. It proves the effectiveness of educational activities in terms of reduction of the general symptoms and factors muscle tension in children suffering from asthma.

The experimental work also confirms the real healing effects of music activity with emotional blocked children.

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1. Introduction

From the times ancient philosophers and teachers note that music does not only educate but also harmonizes the personality, promotes and deepens emotions. Modern scientists have come to the conviction that music is an effective corrective medium with a psychotherapeutic function.

Analysis of the term health saving educational technologies reveals that the notion behind the term varies from expert to expert, but most importantly, their psychological and educational aspects can help promote the children's health in the course of teaching (Smirnov, 2002). We agree with E. N. Dzyatkovskaya when she states that arbitrary result of the education, but actually it is the essential product of the education (Dzyatkovskaya, 2010; Dzyatkovskaya et al., 2013). We believe that the New School is the school promoting the student's integrity when the skills of learning and creativity are the skills used to self-regulate the student's physical and psychological condition, improve the quality of life and protect the health.

In today's world one of the most widespread diagnoses in children (especially, those who live in cities) are psychosomatic symptoms. "Psychosomatics" (from Greek psyche "soul" + soma "body") is the branch of medicine and psychology that studies the effect of psychological (mostly, psychogenic) factors on the development and subsequent changes in somatic diseases" (Sandomirskiy, 2005). Psychosomatics is not a generic diagnosis but a list of phenomena ranging from the diseases treated by drugs to diffuse personality symptoms. It includes the blocking of emotional expression, unhealthy signs and tension in body demonstrating a reduction on the level of children psychological adaptation skills (psychogenic disorders as a response to the challenges of the school life or family developments).

Education, psychology and preventative medicine should pool their efforts to develop a socially organized preventative program for children aimed at minimizing psychosomatic symptom clusters at early personality ontogeny stages. Ensuring health protection as a part of the education process is even more important because children suffering from those symptoms tend to develop personality factors that define this type as a psychosomatic personality profile (Malkina-Pykh, 2010, p. 723).

According to I. G. Malkina-Pykh, psychosomatic patients and students have the following common characteristics:

- 1 – a peculiar limited ability for fantasy thinking;
- 2 – a typical inability to express emotions in the self (alexithymia);
- 3 – a high adjustment to formal relations; the contacts are often regarded as "empty relations" or manipulative resource;
- 4 – inability to establish real deep relations due to the inner limitations as a result of the early fear of loss, anxious disorder;
- 5 – "infantilism", dependency.

External factors can include restricted or even asymmetric movements, apparent muscular blocks and tension in movements.

All of those issues should be addressed as a part of musical and educational rehabilitation of the children's personality.

The word rehabilitation comes from Late Latin rehabilitation, that is "recovery". Rehabilitation activities consist of the following:

- 1 – medical rehabilitation to recondition the human’s biological body;
- 2 – psychological rehabilitation to recondition the personality of people with a medical condition;
- 3 – educational rehabilitation to recondition a person as the subject of the education process;
- 4 – social rehabilitation to recondition a person as a social subject.

Today’s science defines educational rehabilitation as an indirect impact on reconditioning of the initial integrity and mental health of a person primarily through creation of conditions actualizing the productive life and promoting psychomotor activity and emotional involvement. This is it that musical activities provide (Mastnac, 2016). We believe in that so strongly that we have decided to start theoretical, methodological and experimental research.

2. Problem Statement

The main contradiction lies in the fact that there are children with blocked emotions and the impossibility of a socially accepted their expression, which are either punished or constrained ... On the other hand, there is a whole layer of musical activity technologies that can perform harmonizing, corrective and rehabilitative functions when working with such children. But there are no elaborated procedures for the proof of the model and program of psychological rehabilitation of emotion-blocked children through musical activity.

3. Research Questions

We asked two basic research questions, which turned into research tasks:

We thought that educational musical activities had a strong healing and harmonizing potential to ensure targeted treatment or the reduction of psychosomatic symptoms in intensity. It helped correct the direction of children’s psychosomatic development and could become an educational product of the health saving musical technologies.

We intended to work out a set of musical and educational technologies that a music teacher could master to bring the health saving potential of musical education to life.

4. Purpose of the Study

The purpose was to develop and test a musical and educational approach to rehabilitation work with children who had emotional blocks, in particular a diagnosed psychosomatic disorder such as bronchial asthma.

5. Research Methods

5.1. Methods

We produced a theoretical and methodological model of musical and educational rehabilitation of children with the psychosomatic personality profile [5]:

I. The theoretical and methodological background for the set of musical and educational technologies for educational rehabilitation of children with psychosomatic personality profile was composed of the following concepts:

on the philosophical level: concepts of the system integrity of the personality and its “symptoms” on all the structural levels;

on the general scientific level: concepts of the interaction of psychosomatic symptoms on the level of psychological peculiarities, level of bodily representations and level of development of social relations;

on the specific-scientific level: concepts of the possibility and necessity of consistent musical and educational rehabilitation as a prerequisite for the development of the following: the experience of emotions expression in musical activities, comprehension and mentalization of these emotions, experience of free and coordinated expressive behavior (physical intoning), experience of gradual and regulated breathing (when signing), and the experience of individual creative interpretation of a music image in the context of artistic communication.

II Musical and educational technologies for rehabilitation of children with psychosomatic symptoms include:

1 – Methodological orientation to recovery:

a) a free, expressive and differentiated coordination of movements at the levels of fingers and palms, interaction of the two palms, arms and breath, singing, arms and facial expression of a music image;

b) a free, regulated and differentiated breathing with the ability to manage the duration and intensity of exhaling, the expression of emotions through exhaling when singing;

c) ability and motivation for individual realization of the child’s personality in an artistic and creative way by means of interpreting a music image, forms of performance, production of musical and physical variations based on music images acquired.

2 – Technological orientation towards the following activities:

a) musical-flexible expression technologies based on body-plastic intoning and quasi-conducting (by hands for oneself);

b) Declamation and singing technologies focusing on the work with differentiated vocal exhaling (singing, saying tongue twisters, recitation to music);

c) Impromptu performance based on a combination of the acquired skills.

3 – a psychological orientation towards minimizing psychosomatic symptoms of school-aged children including infantilism, anxiety, alexithymia, limited imagination, formalization of the sensual and emotional fields, body tension and uncontrolled asymmetry in movements.

4 – Educational orientation towards an individual and group approach to ensure not only an individual combination of specific sets of technologies but also a creative communication during group music classes.

The effectiveness of a targeted application of the health saving potential of music activities of children with psychosomatic personality profile was registered by using special complex methods including educations, psychological and medical observations and measurements.

This model was tested at a children’s department on the children diagnosed with asthma classified as a psychosomatic disorder interfering with normal education process. The condition of children and adolescents suffering from asthma was monitored with the usage of the test of differentiated self-evaluation of the functional condition (SAN), the questionnaire of trait-state anxiety by Spielberger-

Khanina (for teenagers); the Lüscher colour test. Included observation is carried out to monitor changes in the children's condition throughout each class as well as body signs (tension, limited movements, asymmetry and muscle armor). The results of the analysis of the W. Reich's diagnostics were recorded at the end of each class.

We applied the following statistical methods: Kolmogorov-Smirnov test, F-criterion (analysis of variance), Newman-Castle criterion; Fisher's exact test, McNemar criterion.

5.2.Procedure

The selection is composed of three groups. Experimental group 1 and 2 (EG-1 n=15, EG-2 n=10): children taking daily (excluding Saturday and Sunday) rehabilitation classes based on our musical-pedagogical rehabilitation model (2 – 3 weeks). The difference between experimental group 2 (EG-2) and group 1 (EG-1) is in a different set of musical activities and its duration (3 weeks). The reference group (RG) are children under treatment at the same department but without any music classes (EG-3, n=10).

Music classes are five days per week, during which the children play music actively together and solo, little by little and without any stress, taking into account the conditions in hospital. Singing technologies are used with a gradual increase in phrases for elongation of exhalation, musical-motor technologies – for musical quasi-conducting (for oneself) and plastic impromptu and joint performance of favorite songs.

Every day the medical monitoring of the condition is carried out through the measurement of respiratory functions. At the beginning and at the end of the rehabilitation program the psychological testing and records of examinations of behavioral and body displays.

6. Findings

The comparison of the results confirm the effectiveness of combined (medical and musical-pedagogical) rehabilitation of the children suffering from asthma (EG-1 and EG-2) in comparison with those receiving medicines (reference indicator: $r < 0.05$). All the methods have a tendency of increasing the effectiveness of the set of measures used for EG-2 in comparison with EG-1 and proving that the longer classes last, the more effective they become. Differences between EG-2 and EG-1 are statistically insignificant in terms of the specific parameters under study. But all of them are one-directional: EG-2 gives higher average indices than EG-1 in terms of all the indices, and shows lower SA/TA level with SAN methods and included observation method.

Our qualitative study covers only one parameter, the presence of 3 full “emotional-muscle blocks” simultaneously (according to W. Reich). We compare the percentage of the children with this parameter in the three groups before and after educational activities. The percentage of such children before music rehabilitation in the three groups under test was identical. The “weight” of the parameter in the groups varied slightly from 73% to 80%. After the experiment there is a significant reduction ($r < 0.05$) in the number of children in EG-1/2 with three full “muscle blocks” in comparison with RG. On the contrary, in the latter the number of children with three “blocked zones” increases by 1 person, which came as no surprise, as no musical and educational methods have been used on the group to loosen up the muscle

tension. There are significant differences ($r < 0.02$) between RG and EG-1, RG and EG-2 (the intergroup difference in both cases was 60%), i.e. the groups identical before the experiment have a considerably lower percentage of children with three blocks after the experiment. It proves the effectiveness of educational activities in terms of reduction of muscle tension in the children suffering from asthma.

Pilot research demonstrates that the proposed musical and pedagogical model for psychological rehabilitation of children with psychosomatic personality profile encompasses all the symptom levels: 1) physical (breath and movement symptoms); 2) emotional (perception and expression of emotions and feelings); 3) intellectual (change of a rigid attitude to retaining the symptoms of ailment for a positive attitude towards recovery and initial health).

These results allow to extend the functions of the process of music education and prove a health saving effect of musical activities of schoolchildren on them. All those must become a part of professional training by specialists in the field of music education (Toropova et al, 2012).

7. Conclusion

1. Musical activity has a powerful health saving potential and can ensure psychological and pedagogical support, rehabilitation measures and prevention of the development of psychosomatic personality profile in schoolchildren.

2. The validity of methodical principles and theoretical theses of the proposed psychological rehabilitation model for children with psychosomatic personality profile has been proved by multi-level cross-disciplinary evaluation.

3. The following concepts serve as a theoretical and methodical basis of the psychological rehabilitation model for children with psychosomatic personality profile:

- Philosophical level – the concept of constitutional integrity of personality and its “symptoms” at every level of hierarchy;
- General scientific level – the concept of interdependence of internal and external “issues” of psychosomatic symptoms and their identification at the level of psychological constitution of a person, at the level of bodily manifestations, and the level of development of social bonds;
- Specific-scientific level – the concept of possibility and necessity of the systematic musical-pedagogical rehabilitation of children that would ensure experience accumulation: emotional expressiveness of feelings during musical activity (perception and “mentalization” of emotions), free and coordinated expressive movements, even and regulated breathing, learning and creative activities.

4. The model of the application of musical-pedagogical technologies in the psychological rehabilitation of children with psychosomatic symptoms includes the following components:

1) Methodical orientation to recovery: a) a free expressive and differentiated coordination of movements; b) a free controlled differentiated breath; c) ability and motivation for an independent artistic and creative realization of a schoolchild personality;

2) Technological orientation to such types of music performance activities as: a) music and plastic; b) speech and singing; c) techniques and exercises for free improvisation;

3) Psychological orientation to reducing symptoms of psychosomatic personality profile in school-aged children, including: immaturity, alexithymia, anxiety, limited imagination, formalization of senses and emotions, constrained movements, uncontrolled asymmetry of movements;

4) Pedagogical orientation to the implementation of individual and group approach facilitating the variability of the combination of specific technological systems.

5. We believe that prospects of future studies lie in a real cooperation between specialists of different fields creating innovative development and rehabilitation programs on the basis of music education for different social groups and age.

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