

EXPERIENTIAL ACCOUNT

Incorporating Music Therapy-Informed Techniques into CBR: Experiences from Practice with two Children and their Families in Rural India

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ABSTRACT

Purpose: *This experiential account describes the process and observed impact of including music therapy-informed techniques into community-based rehabilitation for two boys with disabilities in rural India. The aim is to inform other CBR facilitators and grassroots organisations of the potential of including music in CBR.*

Method: *This is reported from the perspective of two experienced CBR programme leaders. While their experiences of integrating music into CBR are narrated, the methods used are reported elsewhere in an accessible format (see in-text for link). The individual cases are part of an international research collaboration between Australian music therapists and Indian CBR facilitators.*

Results: *In the two cases described, music in CBR supported existing physical development goals, and increased motivation and engagement in CBR for the children and their supporting communities.*

Conclusion and Implications: *Online peer-mentoring between music therapists and CBR facilitators can support CBR facilitators to use music in ways that supplement their existing skills. It also offers novel and engaging new ways for them to motivate participation and support development for children with disabilities and their families. CBR facilitators found that they were able to effectively embed music into their CBR work and that doing so enhanced their enjoyment and engagement in CBR.*

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Key words : Music therapy; community-based rehabilitation; intercultural collaboration; online skills sharing; disability; digital health

INTRODUCTION

This experiential account presents two stories of community-based rehabilitation for two boys - 16-year-old Ranjit and 7-year-old Pallav (pseudonyms used to protect participant privacy). Both young people live in a rural area of central India, and both were participants in an intercultural music sharing programme which aimed to incorporate music therapy-informed strategies into home-based CBR for children with disabilities and their families. The programme was part of a practice-based research collaboration between a large Indian healthcare network and an Australian university, conducted between 2018 and 2022, funded by an internal university grant. This research collaboration studied the process and impact of introducing music therapy-informed strategies into CBR in rural India. More project information including video examples can be seen at: https://www.youtube.com/watch?v=OYH_WYegH54

METHOD and RESULTS

Design

These two stories are the experiential accounts of two programme managers from two grassroots disability organisations who were involved in supporting Ranjit's and Pallav's rehabilitation. These programme managers oversaw the music programmes for their organisations and observed first-hand the impact of integrating music into CBR for these young people. Their observations are shared in order to inform CBR facilitators in the field about potential benefits of using music therapy-informed techniques in CBR. Further publications reporting overall findings from this research collaboration are currently pending publication.

Tools

The programme began in 2018 with a 4-week visit to India by an Australian music therapist and 5 music therapy students. They observed and learned about the existing CBR home-based therapy programme in the region, shadowing local Indian counterparts from two grassroots disability organisations. They then developed ideas for how music may be incorporated into the existing CBR

programme. CBR facilitators and coordinators of the grassroots organisations attended training sessions, workshopped ways to use music with children with disabilities as part of their work and gained information about how music can support rehabilitation goals. Music sharing activities such as instrument playing, singing together and listening to familiar music were then incorporated into CBR sessions in the children's homes.

Following the visit, video footage of music-based CBR interactions were sent weekly to the Australian music therapy team via WhatsApp. Observations and ideas were then shared back and forth between Australian music therapists and Indian CBR facilitators over a two-year period. This method of online sharing with external therapy consultants was a pre-established process for CBR work with the participating grassroots organisations and was therefore adopted for music therapy consultation as well.

Alongside the intercultural music sharing programme, an action research project studied the ways that the programme may be helpful or otherwise in this context. The research group was made up of university academics, organisation research coordinators, programme managers of the disability organisations, and CBR facilitators. The disability organisation programme managers who present these experiential accounts were co-researchers from this group and developed these stories with Australian music therapy co-researchers. The writing process began with verbal storytelling that was audio-recorded on Zoom. This was transcribed, then checked and collaboratively edited. The verbal language was edited to written language to provide additional clarity and context, and then re-checked for accuracy by all four authors. Attempts were made to remain as faithful to the original descriptions as possible. In each story, the child is described briefly, followed by a description of how the addition of music was observed to impact the child and their CBR programme, as well as their family and support network.

Music in CBR with Ranjit

Ranjit, a 16-year-old boy, lives with his family of five - his parents, older sister, and grandmother. A class 10 student, he enjoys playing outdoor games and is referred to as a good boy who respects and listens to his CBR facilitators.

Ranjit has had significant physical impairments since childhood. Before the introduction of a therapy programme, he was unable to move his hand or wrist or fingers as they were very bent. He could not straighten his right leg

which was bent upward from the knee. The CBR facilitators introduced him to physiotherapy, but he did not take much interest. They were aware that if they stopped the physiotherapy, Ranjit would not continue with it as there was little family involvement.

The music therapists discussed the benefits of introducing music into the CBR programme.

When therapy through music began and goals were set, Ranjit showed a lot of interest. There was a shift from passive acceptance to active engagement with therapy. The CBR facilitator was not doing the movements alone; Ranjit had begun to cooperate. Sometimes movie songs were played, such as promotional Indian film music, and Ranjit began to take an active role, doing all the stretching, strengthening, pulling, and finger and gripping movements that were prescribed. The CBR facilitators recognised his interest in therapy while playing and listening to music, although he did not express this.

Apart from the youngster, other members of the family and the neighbouring children also became interested in the ongoing therapy. This is described as 'social mobility'. Doing group therapy with the involvement of family members and others yielded many positive results. Whenever the CBR facilitators said, "*Let's do some group music therapy*", other children would come and sit with Ranjit. They formed a group and enjoyed playing alongside him. His parents were also involved. Although the therapist was concentrating on the client, it was observed that family involvement made Ranjit feel, "They are concerned for me; they wish me well". He did not feel alone.

With motivation and the positive feeling of group participation, Ranjit started mingling with family members and other children. His parents were pleased when they saw not only CBR facilitators, but also other people coming and helping their child to play. So, joyful group playing became therapy for Ranjit.

Another element of the music therapy process was that it motivated the family to help Ranjit continue with exercises in the absence of the CBR facilitators. If the facilitators were not able to come, the parents were advised to play any song – from a movie or a famous song - and Ranjit had to do sit-ups or dance for 5 minutes. If he was unable to manage without support, he could hold onto something with his hands. In this way therapy for his legs began with stretching as well as standing movements, in the absence of the CBR workers. Ranjit is now able to stand on both feet for 10 minutes at a time, whereas earlier he used to

stand on only one leg. His balance while walking is also improving slowly.

The CBR facilitators observed that Ranjit was able to shake his wrist after music therapy. He was learning these movements by using drums and shakers. He is now able to move his fingers, and has begun to hold a pen and pencil. Previously, writing was difficult because of painful fingers and inability to flex his fingers and wrist. By continually doing music therapy for stretching and movement for the fingers, Ranjit has gradually begun to write with the affected hand. He is also able to carry and hold small items.

Ranjit has received a lot of encouragement through music therapy. The improvements are apparent and, hopefully, will continue. CBR facilitators have also found that music therapy has made their work much easier, and they have enjoyed administering it.

Music in CBR with Pallav

Pallav, a 7-year-old boy, lives with his mother and two sisters. He has cerebral palsy and multiple disabilities (speech and intellectual disability). Totally dependent on others for help, he was always lying down unless supported to sit up. There was a full-time helper to look after and/or help him to complete his tasks.

Pallav would be taken to a Day Care Centre regularly, and the CBR facilitators would visit him at home to provide therapy. The CBR workers did a case study and made SMART goals for Pallav: to stand with support; to sit without support; to develop his grip to hold objects; and to improve his body movements. Targets were set to improve his sitting position and hand and leg movements. Passive exercise and playful activity to develop skills and grip were offered, but Pallav used to cry while being given therapy or made to do any of the activities.

When the CBR facilitators started to administer physiotherapy along with music, the child would respond for longer periods without crying. Listening to music helped him to forget his pain and continue therapy. He got involved in group activity and began to smile during interactions. Music therapy techniques also helped Pallav to develop his hand movements. When the CBR workers sang, "*Pallav, Pallav, you have to do*", he was happy to hear his name and would smile in response. Playing with the egg shaker, finger cymbals, tambourine, and the ocean drum require a lot of hand movements. The up-and-down motion provided good exercise for his shoulder, while using instruments encouraged Pallav to

do finger exercises that strengthened his grip to hold objects. Now, he is able to stand with support, sit without support, beat the drum, hold shakers, and follow instructions from CBR facilitators.

Through music, the CBR workers were able to give particular exercises, develop Pallav's interest to sit and beat the drum, and to hold and shake the shaker. Pallav was thus motivated to do active, free exercise by himself.

On noticing that Pallav was interested in group music therapy, the CBR facilitators started to involve him in group activities with minimal support. Activities to practice start/stop, slow/fast, mirroring and matching, helped Pallav to understand the rules of group activity. He learned how to take turns and how to imitate others. He enjoyed being part of the group and responded with a smile or loud voice. For example, to learn how to start or to stop, he would be told, "*Pallav, clap your hands*"; then he would clap and follow the leader.

The CBR workers also got family members involved in helping Pallav. Both his sisters cooperated and made time to play music and sing songs so that Pallav's movements, speech development and social interaction improved. They looked after him while their mother was at work and encouraged him, through music, to stand with support and do strengthening exercises.

At each visit the CBR facilitators would greet Pallav by singing, "*Pallav, Namaste Pallav*". The child understood that they were singing for him and would respond with a smile and lots of hand movements. Music (song adaptation) gave him special energy to do actions and follow instructions. Pallav was especially happy to listen to songs that mentioned his name, like "*Namaste Pallav*", "*Pallav ko chalnahai*", poems and so on.

Music supported Pallav to improve his hand movements, grip, balance to stand with support, and to sit without support. He is now able to hold a spoon with minimal support and tries to feed himself. The CBR facilitators are very pleased with his progress. The family members are very happy with music therapy and are continuing to provide it for Pallav.

DISCUSSION

In both cases, the CBR facilitators described the use of music in CBR to support the physiotherapy goals for Ranjit and Pallav. Music motivated the youngsters to participate actively, rather than passively, in their rehabilitation. It also

motivated their family members and friends to get involved in CBR and continue rehabilitation when the facilitators were absent. Specifically, CBR facilitators noticed that:

- Music-based activities motivated Ranjit and Pallav to participate actively in CBR and provided a distraction from discomfort.
- Music-based activities allowed Pallav to explore concepts like fast/slow, start/stop, loud/quiet, leading/following and taking turns.
- Instrument- playing supported fine and gross motor development for Ranjit and Pallav.
- Music-based activities provided opportunities for social inclusion. Family and community members became interested and more involved in CBR.
- Music-based activities provided structure and motivation for families to continue CBR activities throughout the week.
- Music-based activities provided enjoyment and fun for Pallav and Ranjit, their families and their wider community.

CBR facilitators and the involved families used a variety of music activities with these two young people. They drew on the music therapy-based techniques shared in workshops, and also on their own existing music skills, equipment, and interests.

CONCLUSION

The authors of this report believe that other CBR facilitators may similarly benefit from incorporating shared music-making into their CBR work to address SMART goals and promote active participation and family/community engagement; also, to bring joy and fun into their interactions with one another in CBR.