

mental illness in opera being broken down, historically, into a series more or less as contained periods. However, the introduction that I wrote was intended to put over the particular angle on the approach some producers have to opera, and of which, as a critic to a national newspaper, I approve. So many critics operate like pinball machines since one never really knows until their articles are in print which pocket the ball will fall into. I have strong views about the implications for opera in the 20th century with regard to the new and challenging theatricality of the producer's opera. My opinions and my overview of the various forms of madness that occur in opera will become apparent as my series unfolds over the next few months in the *Psychiatric Bulletin*. I hope then Dr Brenner will see that I have not missed the point.

MARK JONES

*St Bartholomew's Hospital
West Smithfield
London EC1A 7BE*

Music therapy – indications

DEAR SIRs

I am writing in response to the interesting article by Drs Dunne and Schipperheijn (*Psychiatric Bulletin*, May 1990, 14, 285–286). The authors describe historical aspects and some indications for music therapy.

Music therapy has a broad spectrum of indications, including disorders of general and psychosomatic medicine, and psychiatry. Unusually, it is a treatment without contraindication which is virtually free of side effects (Rosner & Meyer, 1982). Frenzied rhythmic music may induce agitation and irritability but such 'side effects' are subject to wide individual differences and are often idiosyncratic.

It may be useful to distinguish between active, receptive, and group music therapy (Alvin, 1975).

Active music therapy, in a setting with a therapist or within a group, enables individuals to achieve feelings of control, and can increase abilities in communication (Aldridge, 1989). It can foster spontaneity and creativity, enhance self esteem or enable affective discharge. Examples of active music therapy include singing or playing with the Orff instrumentarium (tamborine, bells, percussion). This kind of music therapy is most helpful in disorders with a disturbance of communication as in autism, mental handicap or mute psychoses.

Passive or receptive music therapy may enhance interest in the surroundings, may generate affective relaxation, and may increase phantasy. Examples are the use of records and tapes in a possible combination with methods of biofeedback. Hearing music may have desirable effects in many psychiatric

disorders, e.g. disorders leading to anxiety or in inhibited patients.

Both forms can be performed as group music therapy, thus enhancing social activity and communication, for example community singing and instrumental improvisations as well as the perception of music within the framework of a therapeutic group. The group setting is especially important in personality disorders and anxiety states such as social phobia and social withdrawal, and in shy and emotionally restricted patients (Feder & Feder, 1981).

Music therapy may also support other therapies, for example relaxation therapies, guided phantasy, body-centred group therapies and physiotherapeutic techniques. Music therapy can play an important role in the rehabilitation of chronic organic diseases such as multiple sclerosis, Parkinsonism, strokes, etc (Gloag, 1989). My own experiences also suggest a supportive effect of receptive music therapy in autogenic training (the autosuggestive influencing of body functions).

MICHAEL LANGENBACH

*University Hospital Nottingham
Queen's Medical Centre,
Nottingham NG7 2UH*

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DEAR SIRs

It is unfortunate that in their article entitled 'Music Therapy' (*Psychiatric Bulletin*, May 1990, 14, 285–286) the authors fail to distinguish between the therapeutic benefits of listening to music, and the active engagements of patients in musical activities in music therapy sessions. By focusing exclusively on the former, where they appropriately report on a wide range of patients who may benefit from listening to specially selected music, the authors inadvertently create the impression that this is the whole story. Indeed, the title suggests nothing to the contrary.

Music therapists in Britain place a strong emphasis on engaging patients in musical activities, structured or improvised, in group or individual sessions. The significance of the musical activity depends upon the therapist's theoretical orientations. The activity may be considered to be an end in itself; for example