

”Help!



I’m

shrinking!”

Some thoughts on music and the ”zitheroo” in gerontology

In the movement away from a “pathogenic” (disease-focused) to a “salutogenic” (health-resource-based) view of health, there has been widespread recognition of the unique affordances the arts, especially music, offer not only in pediatrics but also in gerontology. Music therapy has established itself as a field and, although sometimes only grudgingly accepted by the medical profession, fought hard to prove itself as “scientific”, with plenty of quantitative research to back it up. Researchers in the area of culture and health have found indications that involvement in social activities, choirs, and the like can add years to one’s life (Umeå university, among others). Norway has perhaps come the farthest among the Nordic countries with “NaKuHel” (nature-culture-health) organizations, networks, educational programs, and national initiatives, but all of the Nordic countries have taken steps in this direction, emphasizing links between culture—and, specifically, the arts—and health.

Institutionalization is of course a major problem in gerontology, as clients find themselves in unfamiliar environments, without their normal social networks, on schedules set up by others, and perhaps experiencing their own bodies as “other”—actions that were automatic now may require conscious effort or be altogether impossible. Maintaining a sense of identity and purpose, which can be a struggle in anyone’s life, can, in such a situation, require tremendous effort on the part of the individual and needs to be supported by a staff conscious of a client’s individual situation and needs. This kind of “deflation”, of our very self “shrinking”, is something we have all experienced to some degree at some time. Anyone who has lost loved ones or become unemployed struggles with similar issues.

As a musician and music teacher, I have been asked to tour homes for the elderly in Norway and in parts of Finland. I have also led retired persons’ singing clubs and founded a double quartet for male chorus singers over 70 which performs about 20 times a year, usually for other elderly people. (I founded it in 1995 and it is still going—only one member has passed

away.) Having led a number of other choirs which visited hospitals and homes for the elderly at different times during the year, I was always frustrated by the lack of real contact: usually, patients were wheeled into a corridor or open space and a choir of 30-40 would, focusing on me the conductor, sing as if we were in a concert hall. Sometimes I would go off to the side, forcing the singers to look elsewhere—hopefully at the listeners!—and sometimes I would turn to face the listeners and conduct “backwards” to be able to make contact myself.

In 2005 I decided to resolve this problem by starting a unique project (I have looked everywhere for similar groups!) I called “The quartet club”. The idea was to gather singers who wanted to develop their skills at quartet singing (one voice per part)—something any singing coach or conductor would recommend simply to improve singer’s skills—with the idea of sending the quartets to visit elderly or ill individuals or institutions. They sang by heart, no sheet music to block their contact with the listener. The singers were not to be the center of attention—the “patients” were. As I wrote in the handout to sponsors,

A successful quartet visit to a hospital can increase patients’ desire to regain health and give them an authentic cultural/artistic experience in an environment that can be both physically and psychologically burdensome. We aim to see that those who are institutionalised do not also lose their identities—it is easy to lose one’s grip on who one is when not only the bed and clothes are strange but also the people, the environment, perhaps the language.

A quartet can do many things a larger choir cannot: with no conductor waving his hands the quartet can sing directly to the patient; the group is so small that they will fit almost anywhere and can sing softly and personally even gathered around a bed; there can be time to visit with the patient and take into account her or his interests and needs.

Seven quartets, five of which were formed just for this purpose, took part. One of them, “Guldkanten” from Ingå, is still extremely active and hopes, as their name indicates, to add a “gilded edge” to patients’ everyday life.

The zitheroo

In 1998 I decided to use 15-string diatonic zithers, which I call zitheroos to distinguish them from the many other types of zithers, in health care institutions. Concerts by visiting choirs are great but there is seldom continuity or followup. On the other hand, music therapy is expensive in that it requires the services of a specialist. (I wrote an article in the magazine *Folkhälsan* called “Why not hum a little louder?” encouraging health-care workers and people in general to not let music become an area reserved for those with degrees and certification in the highly hierarchical world of medicine. Still, it would be great to have staff music therapists.) The zitheroo seemed to me to be worth trying, since 1) it is relatively cheap and durable, 2) pretty much anyone from the age of 3-4 up can play familiar tunes on it with no prior experience and no instruction (just follow the “dots”), and 3) I firmly believe that active music-making offers unique benefits that music-listening cannot.

At that point, the zitheroo was basically unknown in Finland (and most of Europe), though it was fairly common a century ago. Thus, if the zither proved successful, I felt it could open up a new world of possibilities within music therapy (and music education). I placed instruments in a home for the elderly, work places for the handicapped, the delivery ward and children’s wards of the local hospital, and the children’s ward of a mental hospital. For the next few months I went around regularly and checked the tuning, observed activities, and interviewed staff. At the request of the mental hospital, I ended up holding weekly sessions with individual children.

Amazingly, the zitheroo was extremely well-received at all of these places. A bedridden patient in the children's ward required to stay there through the Christmas holidays enjoying lying in bed and playing, much to everyone's delight. Difficult children at the mental hospital showed great concentration (and didn't tease each other about it) in playing "Silent Night" and other songs at a Christmas party for their families. Developmentally disabled individuals who had never been able to play any instrument played familiar songs very satisfactorily already on the first try.

Placing one of them in a nursing home (home for the elderly) was more or less "just for kicks" from my point of view. I didn't really expect much, but was curious. Would patients be interested in trying? Would poor vision and diminished hand-eye coordination make it difficult or even impossible? My thought was that even if the residents themselves could not play, visitors could. I had a vision of grandchildren visiting old grandma and, getting restless after a few minutes in grandma's room, wandering out into the hall and lobby where the zitheroo was placed on a table. I pictured them trying it out, getting interested, and then, perhaps then or on a later visit, playing and singing songs for grandma. Visiting grandma could even be a proposition with more positive connotations than previously...

As it turned out, some residents could play, but the instrument itself was not placed in any common space where they could get at it. Instead, it lived in the staff coffee room! This may have had beneficial effects on staff morale, thus improving patients' lives as well, but I was disappointed. (A number of staff bought instruments from me later on, so there was real interest there.) Of course, in this instance, I had approached the institution myself with the idea of placing a zitheroo there, and this is often a flawed approach as many familiar with the dynamics of third-world aid or help-to-self-help programs would agree: things tend to work best if the initiative rests with those active at the grass-roots (in this case, institutional-care) level.

In the following years, I developed work with zitheroos largely with children, mostly preschoolers. Since the instruments I was able to obtain (from eastern Europe) were not of very good quality, I set up production in Finland in 2002, doing everything except the woodworking myself. I have never done any advertising whatsoever, but word of mouth and a few workshops in connection with culture and health seminars led to interest on the part of a number of institutions and agencies working with the elderly. One bought 27 instruments to place in different wards, etc., although I wasn't sure that was a good idea unless they had one or two persons who took a certain responsibility for tuning them now and then, etc.

In any case, quite a number of instruments are now used in work with the elderly in Finnish and Swedish-speaking areas of Finland as well as in Sweden and Norway. One local agency working with patients with dementia has found that it is very helpful; some residents enjoy playing regularly, and caregivers are able to use it as support for singing with residents. As always, I learn things from users, in this case learning that sheet music with a white background made it more difficult for residents with poor eyesight to see the strings. After experimenting they decided that yellow or orange background was best, and copied the music using that color paper. I should also point out that, earlier, all the music consisted of black dots without fancy illustrations. The sheet music I now provide with the instrument is designed more with children or others with good eyesight in mind, so I also offer versions with large, clearly recognizable notes if asked.

That the zitheroo can provide much enjoyment for all ages was demonstrated to me when an elderly woman called me one morning to order an instrument and explained that one had been left at her place the day before and it wasn't until 2 in the morning that she forced herself to stop playing and go to bed. And, while children may enjoy playing, it is often older people who have never played an instrument—or even entertained the idea that they could ever play an instrument—who are most touched by the pleasure it can give. Many also like the sound itself, that rather quiet, “angelic” (their term, not mine) sound. One customer wrote: “I am going to give it to my old mother. She spends quite a lot of time alone so this playing might cheer her up.”

Things worth considering if you are thinking about using zithers with the elderly

The instruments are not very expensive, even our handmade Finnish ones, and they are durable, seldom breaking a string even if accidentally knocked off a table or treated rather roughly. However, it is probably not a good idea to just order a zitheroo and place it in an institution. I have heard many wonderful stories from parents who discovered the zitheroo in the hospital delivery ward, either using it themselves to play and sing for the newborn, or letting older siblings keep both busy and have the feeling that they are “doing something nice for the new baby” by playing the zitheroo. Still, when I go in once a year or so to check the tuning I often find that staff have stuffed it up on the highest shelf in the common room, not really even visible unless you know what you are looking for. Institutional staff often love it when things look clean and uncluttered. Some daycare centers keep instruments locked away in a closet 99 percent of the time.

Tuning: So! It would be very good to have one or preferably two people interested in providing the basics: see that the instrument is available as appropriate, and see that it is tuned once in awhile. I also provide free tuning, sometimes calling up and letting people know I will be in an area and can tune their instruments (tuned 9 that way 2 days ago when I visited Kimito). However, anyone with reasonably good fine motor skills can learn to tune, using an electronic tuner or the free tuning software available from my website (www.treehousemusic.nu) even if they are deaf. I would definitely recommend that you spend an additional 7 euros for a T-shaped tuning tool (wooden handle) that will make it easier, especially if you are tuning several instruments. And, I recommend that you work with a friend and share the task, one perhaps constantly plucking the string with the pick and the other turning the peg. I can tune 10 zithers in 10 minutes if necessary, but beginners should plan to invest some time in the project the first time. Tuning a kantele involves exactly the same skills, though tuning a guitar may be easier because the gear mechanism makes it less sensitive to small movements. Start by tuning a guitar if you have one, then move on to the zitheroo.

Using the “transposer”: I view the zitheroo as having two basic problems, aside from the limitation that is a simple two-octave diatonic (major) scale, the white keys on the piano as it were. The first problem is that they must be tuned now and then, as I mentioned. The second problem is that you will no doubt want to play other songs than the ones that come with it. On a flight to the USA a few years ago I used the time to come up with an invention which has neatly solved this second problem, letting anyone from about age 10 up learn to write out songs from any songbook to play on the zitheroo in about 10 minutes. I call this “key” I have invented the “transposer” since it will take a song in any key (any number of flats or sharps) in a songbook and let you write it out for zitheroo while at the same time transposing it to C-major. I have held many workshops teaching use of this to nurses, daycare workers, and

others, and everyone has learned quickly. Since getting the rights to publish popular songs is a long, arduous process for me to undertake, I have given up on it. Instead, I suggest you use the transposer (transponerare in Swedish, nuotinsiirtäjä in Finnish) and go to the library for a songbook.

Finally, if you are thinking of getting zitheros, consider how many you need. Buying 10 is probably not a good idea unless you plan to put them in different places. I often lead preschool groups where 20 children play zitheros at the same time, but even with me emphasizing the beat on guitar or piano, keeping the group together is not easy. Adults of normal ability can do this very well, but for the elderly there can be various issues which make it difficult. Still, playing together with someone else on 2 instruments is great fun and a worthwhile challenge at any age, so I would definitely recommend buying 2 to be kept in the same area—this applies to use in the home, daycare, or homes for the elderly.

Why is the zitheroo largely unknown, and totally unused in music therapy?

If the zitheroo is so great, why am I the only one in all of western Europe who makes them? Why, though I have presented papers on them at international conferences in music education, has not one other researcher taken an interest in them? Why do no music teacher training courses mention them, and why do preschool teacher training programs ignore them entirely?

These are serious questions. A century ago, similar instruments with sheet music under the strings were common in Finland and the other Nordic countries, before the guitar and accordion took over, and the piano. But then they were forgotten, except for in parts of Belarus and the east. My own production in Finland began in 2002 and I do not advertise, so it may be that it takes time to spread these ideas. I am currently working on my doctorate on musical agency and the zitheroo, but am told that the average dissertation is read by 5 people so I am not sure how much that will help.

My general suspicion is that music education is a rather conservative business, generally. In Jakobstad (Finland) where Swedish-speaking preschool teachers are trained, daycare and health-care institutions all around the area, in addition to perhaps 50 families, have purchased and used zitheros for several years. But the teacher's college has yet to buy or borrow one, or show interest in having a workshop (I sent one as a gift to the college but think it may have ended up in private hands). At the international conferences I go to, I generally leave an instrument or two in a common room with a sign encouraging people to play. Almost always, music researchers and education specialists walk past and ignore them, while the staff at the reception desk and maintenance staff have a great time playing when not otherwise involved. (I often observe from a distance, behind a newspaper.)

Why, to my knowledge, no music therapists use zitheros (except for my own attempts) is even more striking. There are a number of producers of zitheroo-type instruments in the USA, for example, and imported ones sold there as well, yet no research by anyone except myself has been published, as far as I know. Missionary zeal can blind one to the truth, and that might be part of my problem, that I don't see the whole picture. In any case, I do believe that good ideas will find a way forward, in spite of obstacles. If the zitheroo serves a purpose, it will eventually be discovered by the musical powers that be and accepted as something more than a "gimmick", which is more or less its current status, if it has any status at all!

Christel Gustafs called me yesterday about your course in gerontology and her interest in finding materials on the zitheroo in English, so I have put down these thoughts today for you and wish you the very best, thanking Christel for her interest.

Best wishes, Jonathan Lutz

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