

DEPARTMENT SCHOOL \_\_\_\_\_

*Office Memorandum*

Mr. M. Krafve,  
TO : Admin, Service Director

DATE: 11/17/65

FROM : Elmer C. Ruehling,  
Director of Music

SUBJECT: Report on organ study project conducted at Faribault State School  
and Hospital, and report on. summer employment.

Enclosed is a complete report and outcome of the Organ Study Project.  
The research is finished and now it's a matter, of implementing the  
program which I'm presently doing.

The summer employment this year helped to speed this project  
to completion,. It gave me time to experiment with more students,  
and construct, collect and evaluate information for a questionnaire  
to measure student-technician interest toward organ instructions  
at Faribault State School & Hospital.

I was unable to start any summer music programs: in the cottages  
for school age children this year as I indicated because of insufficient  
amount of time for this work. I gave the organ project priority.

The two music workshops I conducted this fall were helped by  
the extra experimentation made this summer. Approximately twenty five  
people from nine MR and MI institutions were trained to conduct organ  
study programs for their institution.. Half of these institutions have  
instruments to work with and the other half wish they had the equipment.

cc: Dr. Engberg  
Dr. Smith  
Mr. Knack

**ELECTRIC ORGAN STUDY PROJECT AT  
FARIBAULT STATE SCHOOL AND HOSPITAL**

- I. History**  
Initial meetings-Starting and purposes of project  
Introduction to color  
Unit in School program  
Unit In cottages
- II. Aims and Objectives to organ study, and explanation of method.**
- III. Various ranges of children or adults who can learn from the color method.**
- IV. Survey of project given to students and technicians and results.**
- V. Potential use of organ study in an institutional setting.**  
Possible number of students per instrument.  
Possible number of students who can benefit by organ study in an institution.  
Number of hours one instrument can be used per week.
- VI. Educational and Therapeutic value of organ study.**

## I. HISTORY

The organ study project started March 19, 1963 and was initially arranged by Mr. Ardo Wrobel, Chief of Rehabilitation Therapy program, Department of Public welfare. The experimentation at Faribault State School and Hospital was conducted by Elmer C. Ruehling, Special Teacher of Music. Pointer System Inc., publishers of a nationally known method of organ instruction and keyboard materials, and Hammond Organ Company cooperated in this project by agreeing to loan the organs and necessary materials. (A similar project directed to the "Educable" retarded and mentally ill was conducted at Rochester State Hospital, and Owatonna State School.)

The primary purpose of this project was to discover:

1. Whether or not organ study is a valuable experience for the mentally retarded? (Educable and Trainable groups)
2. Whether or not organ can be mastered by retarded people?
3. Whether or not Pointer System approach to organ is workable with the mentally retarded.

After several months the above questions were answered affirmatively as far as the "educable" child was concerned. These students were extremely enthusiastic about organ study and made it a point to adhere to regular practice schedules. The "trainable" child had difficulty learning and reading regular Pointer System music because of his inability to fluently recognise alphabetical symbols and numbers. In February of 1964 I had developed a color concept to Pointer materials and began giving organ lessons to trainable children on an experimental basis through June of 1964.

In September of 1964 organ study was instituted as part of the school music curriculum because of the experimental groups' success with learning to play organ. During the school year 1964-65 approximately 23 children with IQ's ranging from 39 to 90 were successfully taught to play organ by the color approach.

Organ study was transferred to the cottages for a period from June first to September first 1965 on a experimental basis. Five cottages were selected to participate in this project. (two male and three female) The outcome of this pilot project will be discussed later.

## XI. Aims and objectives to organ study— explanation of color method.

The following aims and objectives may be used for organ study with the mentally retarded:

1. To provide for a pleasurable leisure time activity.
2. To provide an instrumental music experience.
3. To help the child socially by participating in a music activity.  
(doing something other people can do—identification)
- A. To strengthen the child's power of self
5. To develop self control of emotions through following the disciplinary process of reading music.
6. To develop skills in following a schedule. (Telling time—days of week)
7. Help to foster a taste for music.
8. To lengthen child's attention span, and offer him the therapeutic value of accomplishment through successfully learning to play the

The color approach involves the use of various colors to assist the student in discriminating the printed notes, the various keys, and the fingering system. The five colors used are red, blue, yellow, purple and green. The organs upper manual, which is played with the right hand, has colors in the following arrangements: C is red, D is blue, E is yellow, F is purple, and G is green. These particular colors were selected because the retarded child can easily learn them.

In each song a separate color designates the note, the key to be played, and the fingering for the right hand or melody part. Colored tape placed on the students right hand fingernails in the following order helps the student to use proper fingerings red to thumb, blue to index finger, yellow to middle finger, purple to ring finger, and green to little finger. An example would be to place the red thumb on the red key when student reads a red note. Same approach is used for the remaining colored melody notes. The tapes are not needed after student learns what color each finger represents.

When playing chords with right hand or melody part, the left hand strikes the chord on the lower manual or keyboard while your left foot plays the pedals. The color modification used to play the organ pedals and lower manual for chording is as follows; C is red, P is purple, and G is green. (Use F and G left of middle c on lower manual)

Don't identify chords as C, F, or G chords, but rather as red, purple, or green chords for this method. The chord symbol on the printed music is a colored dot above each staff of the melody indicating which chord to be used at a given place in a song.

The student constructs a chord with his left hand by pointing his index (pointer) finger to colored key which matches chord symbol on the printed music. While playing the pointer colored key, then move thumb two keys to the right—press and hold both keys down. Then count three keys left of pointer color, and press this key with the little finger. Hold all three keys down and press colored pedal which matches color chord symbol on the music with the left foot. This system works for all colored chords. Have student practice pressing the three keys and pedal simultaneously for each chord to develop proficiency with chording.

A progress chart was developed for the color approach which is based on a system of developmental steps. It gives the student a visual reference by which he may better understand what progress he is making with music lessons. The chart illustrates various degrees of technical advancement a child is making plus keeping an accurate record of his technical progress and songs learned. This chart places organ study on a competitive basis among the students and it contributes to faster individual improvement as well as faster group development.

In conclusion many times alphabetical letter and fingering numbers are too abstract for the retarded child to readily comprehend, therefore, the color approach serves as a "music readiness" method for organ study which develops the fundamental habits necessary for advanced playing. It gives the student a better understanding of the mechanics of note reading and serves as a "short cut" to mastering organ for the average and gifted student from pre-school age through adulthood. In short, the color approach is a means to an end. The end being "to teach an individual to play the organ to the best of his ability." He starts with the color approach as a stepping stone and later transfers to standard notation which opens unlimited avenues as to how far one may progress with organ study.

### III. EXPLANATION AND OUTCOME OF ORGAN STOUT PROJECT AT FARIBAULT STATE SCHOOL & HOSPITAL

As mentioned earlier organ study was offered as part of the school music program and later transferred to the cottages. This pilot study was in operation from September 1, 1964 to September 1, 1965. During the school year children had opportunity to practice two hours per week. They also received a half hour lesson during this time. The same type of schedule was used for the cottage program. It was found that after two to four supervised practice periods the student understood the materials and instrument well enough to practice unsupervised.

The students involved in this project were scheduled and came to organ lessons as well as practice sessions on their own. The organ was centrally located and it was noted by the psychiatric technicians that there was little or no problem in respect to students keeping his or her appointment....and that students were highly motivated to "get to organ instructions as well as practice periods." The emotionally disturbed and children with behavioral problems readily accepted this challenge and were prompt and diligent in carrying out this organ schedule.

As of September 1, 1965, 38 students with various MA, CA, and IQ levels and behavioral problems have been experimented with for the study. The method of instruction used was the color approach previously described. It was found that retarded students with IQ's of 40 or more and MA's of 5 or more could successfully learn to play the organ. Students classified as mildly retarded (55- 69 IQ) are capable of learning to read none colored music, however, they had less trouble learning the fundamentals of note reading after having experience with colored notes. The color approach is highly motivational from a near instant success point of view in learning to play the organ. Some moderately retarded (40 - 54 IQ) students are able to transfer from color to none color music. A few severely retarded children (25 - 39 IQ) can learn to play the organ. The best results occurred with students who were in their teens or sub teens to adults.

For the severely retarded one should give the student a trial period to observe his learning skills. Many times they parrot or learn the songs by rote and don't understand the method. However, some individuals with IQ's in the high 30's and MA's of 5 or more were capable of successfully learning to play the organ, There wasn't enough

experimentation with this group to make a good observation but this is how it appears as of now.

Of the 38 students involved in the study 5 had dropped out before completing the entire method, and 3 discontinued after finishing the course. There were 15 students in the mildly retarded range (55 - 59 or more IQ), 19 in the moderately retarded range (40 - 54 IQ) plus 4 in the severely retarded (25 - 39 IQ), The mildly retarded range had 5 drop outs - 38%, the moderately retarded range had one drop out - 5%, and the severely retarded range had two drop outs - 50%.

Of all the drop out3, 3 were unable to understand the materials and method. The remainder lost interest in playing the organ and were discontinued. Therefore, one may conclude that five students 'were drop outs because they lacked interest in playing, which for percentage sake would be about a 13.% drop out from organ lessons. This is a very low percentage when one considers the multiple disabilities and type of students worked with.

## A SURVEY OF ORGAN STUDY PROJECT

The basic and primary purpose of this survey was to evaluate student and technician interest in the organ study project. The outcome, which indicated positive results and will be discussed later was used to determine whether or not organ study should be continued for the mentally retarded in an institutional setting at Faribault State School and Hospital.

The survey was in a form of two questionnaires. One for the student and another for the psychiatric technicians. Information was collected orally from each student and technician. Questions for the survey were constructed in such a manner that biased answers would be difficult. A honest expression of the project from the students and technicians with the least amount of emotional involvement was desired to establish the value of organ study. If the survey shows that high interest in organ study is present in a large enough cross section of students and accepted favorably by the technicians, one may conclude that organ study in the cottages will be valuable for the mentally retarded.

We will evaluate the technicians reports first. This questionnaire is composed of seven questions of which the first were directed toward evaluating individual student response to organ lessons as the technician saw it. Only technicians who had contact with children taking lessons answered these questions. 15 technicians evaluated 28 children taking lessons. Some students were evaluated by as many as four technicians. This was done to cross examine various responses and help to get an accurate picture of how the technicians viewed the children's interest in organ study. (73% of students were evaluated).

In questions 1, 2, 3, and 5 65 responses were made of students taking lessons. For question #4 comments were asked and registered.

Question #1—Can student come and go to scheduled practice sessions without reminding  
RESULTS YES 51, NO 13, NEED REMINDING SOMETIMES 1.

Question #2—How interested is student in taking organ lessons?  
RESULTS: NOT INTERESTED 9, OCCASIONALLY INTERESTED 3, USUALLY OR ALWAYS 51 .  
NO COMMENT 2 .

Question #3—Does student talk about playing the organ? What does he say?

RESULTS: YES 40 , NO 23 , NO COMMENT 2 .

What students talk about is placed in order of importance with beginning statement being repeated most.

Proud of progress.

Showing materials learned,

Bragged about playing better than anyone else.

Child in very excited about lessons.

Liked getting new material.

Talked about going to lessons.

Students talked to other students taking lessons and to technicians about lessons,

Question #4— That value if any does organ playing have for this individual (leisure time *and* behavioral changes if *any*)?

NO COMMENT: 8\_\_\_.

Student enjoy it very such.

Student was flighty type> helped to calm him down,

Gave student an interest child wouldn't have had otherwise.

Pride in accomplishment.

Good leisure time activity.

Proud of coming and going to lessons unsupervised,

Drawing student out by showing her accomplishment.

Proud of doing something other boys aren't doing.

Helps to activate him.

Glives outside interest to occupy child's time,

Child became less withdrawn.

Students mind was pre-occupied by lessons to the extent that his temper tantrums become more controlled,

Students enjoy entertaining others by playing for them.

Student interested in getting away from building—not in lessons. (1 incident)

Question #5—How much is involved in getting the student to practice? (Watching time, transportation to and from lessons, dressing and grooming self)

RESULTS: NO ONE NEEDS HELP SOMETIMES A GREAT AMOUNT OF HELP WITH TIME.

The next two questions were specifically aimed at the technicians and the answers were to indicate how they felt about the organ study project in general.

Question #6—What reaction do you have in sending female patients to male patient building for organ lessons and practicing?

RESULTS: A. No objections under present conditions. 9 responses.

B. Transporting problem in getting child to understand where to go. 1 response.

C. Wouldn't advise it for teen age boys building. 3 responses.

D. Best if one instrument be placed in each area (one for boys, another for girls). 1 response.

B. Questionable 1 response.

Question #7~-If room permitted and organs were available, would you agree to have one placed in your building for the children to practice on?

RESULTS: YES 33 . NO 0 . NO COMMENT 2 .

What problems would there be if one was in your building.

A. None. 7 responses.

B. Have instrument placed where technicians could see children. 3 responses

C. Good pass time—would like to see it happen if possible—we have the room. 3 responses.

D. No if instrument is in day activity room, (most technicians agreed to this)

The second part of the evaluation was directed to the student\* The questionnaire was to indicate how interested students were in playing the organ. Eight questions were used and two questions asked the student to make a comment on his own.

Question #1—Do you like playing the organ? YES, 28, NO 1 Why?

- |                                |  |
|--------------------------------|--|
| 1. It's fun. (11)              | 6. Better than anything.                   |
| 2. I don't forget to come.     | 7. Keeps my nerves down, I don't get       |
| 3. Sounds good.                | 8. It helped me with my speech.            |
| 4. Good pastime.               | 9. It has so many nice tones.              |
| 5. Better than sitting around. | 10. One student said "(Getting too hard."* |

Question #2—Do you wish to continue playing the organ? YES 28 , NO 1\_ Why?

- |  |  |
|--|--|
| 1. Learn more songs - something I can do rather than lay around* | 5. Then I can play at home.                              |
| 2. I think I can do it good.                                     | 6. Practice and be good enough for the Christmas program |
| 3. Because I want to   | 7. Learn to play it real good.                           |
| 4. I enjoy it and know I have an organ of my own.                |  |

Question #3—Which would you sooner play the organ or the piano?

RESULTS: ORGAN 26 RESPONSES: PIANO 3 RESPONSES. PRACTICED ON BOTH 15 RESPONSES

Question #4—Do you have trouble remembering when to come for your lessons or practicing?

RESULTS: YES 10 . NO 19 (ask student to state his practice period—day and time  
23 knew schedule, 6 didn't know schedule.

Question #5—Would you like more time, less time, or same amount of time to practice the organ than you have now?

RESULTS More time 14 responses, less time 2 responses, same amount of time  
13 responses.

Question #6—Do you come for lessons and practicing by yourself?

RESULTS: YES 26 . NO 3 .

Question #7--Have you ever played any other musical instrument?

RESULTS: YES 8 . NO 21 , if so, which. Bells, piano, clarinet, accordian, flute.

Question #8—Do you practice other than your scheduled times?

RESULTS: YES 15 , NO 14 .

Some of the students weren't asked to complete the questionnaire because they were dropped from organ lessons or have moved before answering the questionnaire. Of the 38 students involved, 29 completed this questionnaire. (76% of students evaluated.)

## POTENTIAL USE OF ORGAN STUDY IN AN INSTITUTIONAL SETTING

Organ instructions can be used in the home, the institution, and the Day Care setting for retarded or mentally ill. The next question is "How can such a program be implemented?" An advantage of Pointer System materials is that it doesn't require a music therapist or teacher to conduct the program. At the home a parent could present this material to a student.

How and why an *organ* instruction program can operate in an institution concerns me most. First we will discuss "the how." One could administrate this program through a recreational program, volunteer services, educational department or ideally through the music department. Instruments could be located in central areas for lesson purposes, and the cottage could have an instrument for students to practice on which would allow the program to reach many individuals. As pointed out earlier, one doesn't have to be a music specialist to conduct the program, therefore, the possibilities of an organ study program in the institutional setting seems favorable. Conducting this project in a Day Care setting shouldn't present any problems administratively.

Next question asked is, "Why give organ lessons to the mentally retarded or ill?" The main objective is that it serves to provide a leisure time activity, and gives the retarded an instrumental music experience which hasn't been previously done to any extent except for a selected few individuals. A mentally retarded or ill individual often has spare time in an institution because of his inability to participate in many constructive unsupervised activities. It's possible for an organ study program to become successful in an institutional setting with a minimum of supervision with proper instructional materials. The question has been asked many times, "What activities can be used in the cottages at institutions to provide for pleasurable leisure time experience?" I ask, "Why not consider organ study?" It's been proven that the retarded with IQ's of 40 on up and mentally ill can successfully learn to play the organ.

One instrument could be used for 25 to 30 or more students. This would allow each student to practice approximately 1 1/2 to 2 hours per week. It is estimated that at least 10% of the total institutional population could benefit from organ lessons. I'm sure

this estimate would be higher with retarded because they haven't had the exposure to instrumental music lessons and this is how it appeared to me in observing the students I worked with.

One organ could be operated for a minimum of 8 hours to a maximum 10 hours per day or for 40 to 70 hours per week, depending on the facilities of the institution. It is best if the organ be placed in a practice room where student isn't distracted by other patients. However, if there is a quiet enough area in a cottage, besides a practice room, this may work satisfactorily.

## VI. EDUCATION AND THERAPEUTIC VALUE OF ORGAN STUDY

How does it feel to be producing music? There probably are as many answers to this question as people playing or performing music. However, there is a feeling of gratification and goodness when one has success with music, which can be highly motivational to an individual.

Through this sensory accomplishment in music, the mentally retarded or ill child or adult shares in a pleasant emotional experience that is both therapeutic and rewarding. The means which music has served to bring about this emotion has varied from singing individually and in groups to rhythm and dance bands plus many other musical activities. A more recent means is organ instructions.

Music should be an emotional outlet as well as an aesthetic experience. The therapeutic value of organ instruction isn't measurable in many respects except in terms of enthusiasm displayed by a student toward playing or practicing. His overt desire to continue learning diligently is an indication of having a pleasurable emotional response to organ instructions. When he is experiencing success in learning the mechanics of music his attitude will be enlightened and the student becomes highly motivated through his accomplishments. The psychology is simple--we enjoy doing that what we can do well, and with proper aids and instructional materials it is possible to bring about a healthy emotional release through organ lessons. Bearing this in mind, it was observed that even the emotionally disturbed and easily upset student modified his behavior after receiving organ lessons.

A student is involved with several educational responsibilities when taking organ lessons. One of the more important is following the scheduled lesson and practice periods. Here he must remember the dates and times when to come for sessions. It was required of each student to remember his schedule without help from the technicians. A little help is offered at the beginning lessons, but then he is "on his own" so to speak. If a student would miss sessions, the instructor or technician reminded him of this and if too many sessions were missed he would be dropped from taking organ lessons. A very high majority

of students must have been well motivated toward taking organ lessons because it was quite seldom anyone would miss a session without a valid reason. I have observed that this dedicated interest among the students has not decreased during the past two years. Matter of fact, interest is increasing and we don't have enough organs and personnel to cover individuals who would like to take lessons and could benefit from them.

Students were extremely enthusiastic about coming and going to practice unsupervised. The added responsibility of doing something without help, or someone telling you to do it was the aiding factor in creating this enthusiasm. Technicians at the various cottages had the lessons schedules and knew when someone from his building should be at practice. This was done to help with administrating the organ study program.

In conclusion there is demonstrable value for organ study for the mentally retarded or ill. With its ease of use and program approach, organ study with the Pointer System can take its place in the regular program of the recreational therapies and music department in state institutions as well as the home or Day Care Center, As the student progresses with his music, success is built upon success and music becomes a vehicle to open up many other areas of learning, achievement and satisfaction. Active participation such as playing music serves faster in motivating or remotivating rather than passive listening, therefore, a program of this nature has great potentiality.