ПЕДАГОГІЧНА ТА ВІКОВА ПСИХОЛОГІЯ

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THE ROLE OF MUSIC IN IMPROVING CHILDREN'S SPEECH

Music plays a significant role in speech disorder therapy addressed to primary school children. Music requires systematic work, patience, discipline, perseverance and precision. The paper discusses the role of music education (skills and abilities) and voice development in children. Voice activity is supported by the following forms of music education: singing, speaking practice (in particular songs and voice emission activities), playing instruments (tasks focused on manual skills) movement and music (eurhythmics), listening to music (reception and verbal interpretation of music), performing music (releasing vocal and creative expression). Various methods (among others the Good Start Method or Ortho-phonic – Musical Method) and techniques (among others: musical notation or music based motor activities etc.) can be used while developing vocal skills in children. The process of voice therapy is long-lasting, yet efficient, which can be by confirmed by the author.

Key words: *music, therapy, ability, musical skills, vocal competence, musical activity.*

1. Music education – introduction

The best time to start music education is at the level of primary school. Young students readily acquire various perception, creative and action (singing, dancing playing instruments) abilities through games and play. This is also the best and final time when musical taste, preferences and interest can be shaped. Children learn about the culture of their environment, improve their Polish through appropriate articulation, rhythm, stress placement and intonation. They develop their perception of musical features of speech such as tone, pitch and duration. Music constitutes the deepest source of humanistic education and makes students sensitive to values. It supports all spheres of general development: physical, intellectual, emotional and aesthetic.

The primary aim of primary level music education is to develop the interest in music among students who, among others, learn what systematic work, perseverance, precision and attention focus mean. This applies in particular to correct voice emission, repetition of activities or listening to a given composition. The music itself constitutes the universe of feelings, it evokes emotions, gives satisfaction or stimulates both creative and reproductive activities. Developing music skills and musicality (or the ability to experience music), so significant in the process of development, constitutes yet another aim. Musical ability includes various general factors such as attention, memory, imagination, will, intelligence, general emotional sensitivity as well as special factors including all cognitive skills responsible for perception, remembering and comparison of the features of sounds and music compositions.

Music ability includes:

- sound pitch sensitivity (perception ofphysical sound differences, acoustic vibration per second),
- sensitivity to sound tones (perception, remembering, aesthetic evaluation of the quality of human voice, instruments and bands),
- volume sensitivity (so called dynamic ear for music which allows to appreciate the flow of phrases and longer section of particular compositions)
- sensitivity to polyphony (noticing sounds of more than one melody),
- the feeling of rhythm (noticing, remembering and the ability to reconstruct sounds in their mutual time relations),
- musical imagination (the ability to present sounds, their pitch, consonants, tone, rhythm, tempo, remembering compositions)..

The involvement of primary school students in music affects the cognitive sphere through perception, structuring, classification and evaluation. The ability to experience the aesthetics of music influences the efficiency of one's expression on individual emotional reactions of listeners. The impact of music makes students more susceptible and sensitive to education and therapy. Music and extra-music contents (the sound layer, lyrics) shape taste and opinions of young listeners. Music integrates people, arises respect for composers and musicians. The therapeutic impact of music is also of significant importance. It lowers the level of stress, removes developmental, retardation, hearing impairment, speech, sight and

motor deficiencies.

Music therapy and diagnosis are still absent from contemporary schools practice. Analyzing and assessing the level of students or their disorders is preconditioned by the familiarity the principles ofdiagnosing. The variety offorms available and used in practice exerts influence on the quality of music education and result in good therapeutic effects. As far as hearing impairment is concerned, music amplifies listening stimuli by means of sounds which are diversified in respect of tone, dynamics and pitch. The quality of communication between students and their environment improves by activating the hearing channel and focusing their attention on sounds. In case ofemotional development disorders music triggers work on self-development, self-realization, which may exert a positive impact on the stability of correct development in students. The same applies to physical development disorders, whereby music has a positive influence on therapy of through encouraging motor activity. The role of music is particularly important in case of speech and articulation disorders. Appropriate selection of voice emission activities and songs may constitute of the factors leveling the extent of disorders and improving students' voice quality.

2. Voice activity

As it is generally agreed that voice is the basic and the oldest musical instrument, its function and development deserves special attention, particularly among primary school students. Articulatory organs mature between 3 and 14 years of age. Both children's vocal ability, as well as range of pitch (range of pitch tends to be lower at present, yet there is significant individual diversity). According the generally accepted principles the scale in 6-7 year old children covers an octave (c1-c2), at the age of 8 a ninth (c1-d2), at the age of 9 a tenth (c1-e2) and at the age of10 an eleventh (h,b-e2). During speech the functioning of the articulatory organs is comparable to singing (respiratory muscles and the diaphragm are used). An interval scale is usually used: from a minor and major third, to a fifth and sixth. If speech is emotionally marked an eighth is used. In the process of singing breathing is deeper, the diaphragm, vocal chords, the muscles of the larynx and throat as well as resonators work at a higher intensity. Shift between adjacent vowels are quicker and intonation as well as resonance are better.

Shaping and developing voice in children is a complex and time consuming process. Application of voice emission techniques, accurate performance of songs or other tasks may aid therapists in the treatment of voice dysfunctions.

Vocal abilities include:

- so called appoggio,
- pure intonation (appropriate sound attack),
- voice sonority (sound and balancing voice cross the entire scale),
- appropriate articulation and leveling the sound of vowels,
- voice dynamic (skillful use of voice by means of dynamic Shift from pianissimo to fortissimo),
- legato voice delivery,
- voice flexibility and technical efficiency in relation to articulation and tempo. The following factors condition proper voice emission in children: **Appropriate position during vocal activities.** The muscles of the face, the mandible, lips, the tongue, shoulders, the neck, the back have to be loose and the posture has to upright.

Appropriate breathing. While singing, inhaling is quick whereas exhaling slow. The ability to control exhaling allows for appropriate voice emission. Respiratory organs perform three functions: inhaling – air blockage – exhaling. Inhaling – means drawing air into the lungs by means intercostal muscles and the diaphragm, which in turn is followed by air blockage. The diaphragm moves upwards and compresses the air drawn. In the process of exhaling the air 'attacks' vocal chords located in the larynx; they are two flat straps and flexible muscles. At the further stage, the flow of the vibrating air moves from the laryngeal cavity to the nasal and mouth cavity. The outgoing voice causes vibrations in the surrounding air which become audible when they reach the organs of hearing. The beauty of sounds produced is conditioned by resonators which refine and improve them. Sounds, if appropriately produced or emitted, resonate in the sinuses of facial bones [58]. Use of breathing exercises helps to loosen all muscles, increases lung capacity and the functioning of the diaphragm. Before the therapy starts, the general condition of the child's organism and nasal patency has to be checked, deep breathing in a forced rhythm is not recommended. Strenuous activities may result in coughing or dizziness. Most therapists agree that initial breathing exercises should be conducted in a horizontal position as it is safe for children.

Releasing the strain of larynx, neck and throat muscles constitutes another factor in shaping voice in children. Such activities should be performed as preparatory exercises prior to singing. The voice becomes sonorous if both chest and head resonators are active. Hence, the subsequent factor applies to shaping the head voice. Activating the head resonance in children is particularly important and is conducted by looking for so called «upper voice position.

Articulation and delivery are still further factors. Practice aims at developing the ability to combine the rhythm of words with the rhythm of music. Text based activities are delivered in various ways depending on the dynamics, tempo and sound coloring. This is accompanied by rhythmical delivery ofproverbs or rhymes, creating musical illustrations to poems (musical aspects of poetry) and stories

or working on song lyrics. The activities develop perception, remembering and conscious use of the voice apparatus. «Those who want to sing correctly should pronounce all words. In front of the tongue and behind the teeth, in clear syllables. Do not put to much strain on the throat and the voice should be focused in the mouth. Pretend that your are yawning, but speak and sing with your mouth* [5, p. 106]. The most frequent articulation problems identified among primary school students include aggressive pronunciation ofvowels (shouting), unclear and non-diversified pronunciation of subsequent consonants, so called «syllable swallowing», unclear pronunciation of word final consonants, accidental breathing, frequently in mid-word positions, exaggerated mouth opening while pronouncing vowels, throat clenching, high muscle tension accompanying mandible movements.

Dynamics constitutes a significant factor in shaping voice in children. Children's voice should not be subjected to excessive strain as the voice apparatus is still rather delicate at this stage of development. Mezzo forte to piano dynamics is the most suitable for children. Diversified dynamic scales should be used while preparing songs and both creative and reproductive activities.

The above discussed factors conditioning appropriate voice emission, articulation and delivery in children exert impact on correct and pure intonation.

Pure intonation depends on:

- emission readiness of the voice apparatus and skillful sound attack,
- the intensity of musical imagination.

Singing in tune requires familiarity with the internal system and relations in the sound material. Acquiring and learning melodies is conditioned by the ability to grasp pitch differences. De-toning (lowering the pitch) and supra-toning (raising the pitch) relative to equal temperament are characteristic features of sung melodies.

Lack of interval awareness or the ability to adjust vocal chords to particular pitches constitutes some of the reasons of out of tune intonation. Out of tune intonation is relatively widespread among primary school children due to poor standard of music education. Intonation practice has to be systematic and students have to be sensitive to pitch levels in songs, taught how to compare and differentiate between high and low pitch sounds, sing individual sounds and sound sequences of diversified pitch. Children who sing out of tune due to the lack of appoggio, poor musical memory or short concentration span require individual attention.

It is vital to remember about voice protection: loud singing, singing for periods exceeding 10 minutes or while marching, singing in cold temperatures is not recommended and voice scales for children have to be observed.

Language education is supported by music through rhythm and intonation in speech or singing, rhythmical character in poetry and by extra-musical contents of music.

Syllabuses for primary school students suggest activities based on rhythmical recitation of text accompanied by the use of artistic means of expression such as the timbre of voice, diverse dynamics, tempo or articulation. Students should also acquire the ability to control breathing while singing or speaking, read simple rhythmical and melody patterns from notes. These abilities are related to appropriate sound intonation, singing various melody motifs with diverse sets of sounds, humming, singing legato or staccato. Hand movement and rhythm syllables (rhythmic syllables – a quarter note = **ta**, an eighth note = **ti**, a half note = **ta-a**, a whole note = **ta-a-a-a**, a guarter note rest = **sza**, an eighth note rest = **pst**). Hand movements are related to the rhythm of relative solemnization. It consists in showing relative pitch by hand movements and gestures. It makes reading notes aloud or reading from hand movements easier. Hand movements indicate at «melody movements», hand arrangement stands for solemnized sounds and in this way describes the sound of the melody. In practice rhythm syllables (tantalization) is used. Rhythm syllables (related to the system of relative solemnization) are consecutive, the eighth note rest = pst.

Introduction of hand movements and rhythm syllables brings variety while working with voice, improves concentration, thinking, memory and imagination.

3. Selected therapy methods useful in voice therapy

Various methods are used in therapy addressed to children. J. E. Nowak (1993) suggest an ortho-phonic-musical method. Its principal aim is to improve the pronunciation of three types of sounds i. e. s, z, c, dz, ś, ź, ć, dź; s, ż, c, dż. The method is based on songs with specially selected ortho-phonic texts (basic activities), whereas phonematic hearing practice, gymnastics and breathing activities perform an auxiliary role. The methods lowers psycho-motor hyperactivity, improves motor skills, increases the speed of learning automatic texts and exerts a positive influence on the level of motivation for practice and involvement during sessions.

The Good Start method developer by M. Bogdanowicz is system of activities improving psycho-motor, visual hearing, motor functions, integration, lateralization, as well as body construction and spatial orientation. The method is based on three elements: visual (graphic symbols and letters), auditory (songs) and motor (making movements while reconstructing graphic symbols or letters harmonized with the rhythm of songs). The songs used are specially selected in order to make sure that both in the title and in the lyrics there occurs a word starting with the introduced letter, and that the sound is frequently repeated in

the lyrics. The rhythm of the song should correspond to the structure of the letter treated as a geometrical figure. This makes reconstructing the shape of the letter and simultaneous singing possible.

4. Forms of musical activity

Use ofbasic musical forms may support therapy in terms ofpsycho-motor stimulation and releasing psycho-physical tension.

Singing and speaking practice are probably most useful forms of work in the therapy of speech disorders. It has numerous expression and aesthetic values. Due to its diversity and mood ofthe songs it enriches the world of children's emotions, shapes their aesthetic attitudes.

Playing an instrument has a positive impact on the general development of children, stimulates their creativity, makes hearing more sensitive, shapes attention and memory, and improves motor skills. Instruments can be used while working on songs, as accompanying instruments or while composing one's songs.

Combination of movement and music constitutes yet another significant form of work in speech disorders therapy. Eurhythmics and dancing steps may strengthen voice activities (e. g. marching or topic focused songs can be used). Movement when accompanied by music teaches auto-orientation, energizes the organism, stimulates heart and lungs, coordinates visual-motor-auditory skills, and introduces internal peace and order. Primary school children need a lot of movement which constitutes an essential factor of their development. Movement perfects muscles, the nervous, respiratory and circulation systems as well as sense organs. Experiencing music through movement has a positive impact on shaping children' personality since it teaches concentration and the feeling of beauty. Constant stimulation and suppression of movement by musical stimuli increase quick reaction span. Practice is supportive of developing the appropriate body posture conditioning among others endurance and motor coordination relevant in voice therapy. Play base on music and movement offers children a lot ofjoy, makes them more sensitive, and develops imagination, by above all unblock and relax irritable and shy children.

Listening to music is another form of activity supporting the therapy of speech disorders. The skill of listening consists in the ability to feel and understand music. The scope of students' musical perception applies to:

- listening to human speech,
- listening to the voices of nature and the surrounding world,
- listening to songs and musical fairy tales,
- listening to live and recorded music.

Music teaches how to perceive, describe, contrast and identify sounds. Musical perception is an ability which develops along with experience, it is a skill

Table 1

Forms of activity

Musical forms	Therapeutic value
Singing and speech practice (individual, group, voice emission activities)	- improve self-control, - improve attention span, thinking and memory, - make contacts with the environment (peers) easier, - offer numerous expressive and aesthetic values, - combine music with words, - due to variety of moods influence emotions, - make students active, - constitute a source of emotions, - ease nervous tension, - stimulate imagination, develop the scope of vocabulary, hearing and voice efficiency, - aid speech disorder, stuttering and orthophonic therapy, - allow to practice delivery, - improve pronunciation skills, - develop external and internal discipline.
Playing musical instruments (individually or in groups)	- improves manual skills, - shapes sensitivity to sound, - develops the feeling of rhythm, - develops imagination, - develops creativity, - improves concentration span, - develops the ability to experience music both emotionally and aesthetically,
	- develops numerous personality features (memory) and concentration skills, - illustrates various mental and emotional states (musical dialogues and pictures), - develops internal and external discipline.
Listening to music (live or recorded)	- develops imagination, - develops musicality, - develops artistic sensitivity, - offers aesthetic experience, - relaxes by means of relieving mental tension, - allows to release aggression in an acceptable way, - helps to establish non-verbal contacts, - triggers the ability to abandon inhibitions as well as the states of anxiety and fear, - activates the emotional sphere of the child's psychology, - shows how vary voices and their strength regularity, speed and intensity, - shows how to perceive and define, - the specific features of sounds, contrasts between them and their identity.
Playing music (vocal, instrumental, motor and verbal expression)	- develops imagination, - enriches children's emotional life, - gives joy and self-satisfaction, - increases children's activity, - allows to release energy in various forms of expression, - teaches self-control, - makes auto-relaxation possible, - involves motor and sensual functions, - encourages motor expression, - satisfies the need for creativity.
Movement and music (dancing as a form of integration)	- conditions appropriate physical and mental development of children, - relaxes, - develops cognitive processes: perception, thinking and imagination, - heats up the organism, stimulates heart and lungs, - perfects motor skills: agility, endurance, strength and courage, - develops the feeling of rhythm, musical memory, attention, spatial imagination, the aesthetics of movement, - coordinates visual-motor-auditory skills, - teaches auto-orientation, - introduces internal peace and order, - develops external and internal discipline.

which is perfected and advanced as the level of artistic and emotional sensitivity increases. People listen to music in order to experience it and not analyze, study or name (Burowska Z., 1980).

Playing music can also support the therapy of speech disorders. Creative expression results from natural mental human needs. It offers the students yet another opportunity of musical expression. It allows for a musical dialogue, play of syllables and words, creating topic focused songs, creating musical illustrations to poems, stories or texts which may contain rhythmical sentences, puzzles, humming or singing vowels and syllables (vocalize) to one's own or some other selected pictures or even singing through an attendance list.

Music offers numerous opportunities of improving speech. Frequent singing, work on voice emission or various musical tastes may exert only positive impact on the process. Teachers and therapists should define aims, means of realization and forms of activity. They should remember that «biological rhythm constitutes the source ofmusical activity, moods and experience are manifested as musical actions and that children have their own musical imagination, the sense of imitation, a passion for team work, they can feel associate and think in abstract terms» [6, p. 94].

5. Practical and therapeutic dimensions of musical activity

H. Gawrońska, T. Nowak and L. Zielińska (2001), in their article Expanding the musical space by the child's share in art', present interesting examples of creative forms of activity which show how to discover one' vocal and motor abilities. The course of two improvisations entitled «Awaking sounds» and «Awaking movements»: students are gathers in a big room. They gradually shift from total silence and stillness, both in the sphere of sound and movement, to action in the forte dynamics. The climax means leaving one's place and exploring the surrounding space. Walking around the room is accompanied a tone cluster created by students who move around and sing at the pitch which they find most suitable for them. As the sound dies out children return to the place where they started the activity.

As far as speech is concerned so called Musical notations can be created jointly with students.

The dynamic musical notation presented above contains letters (which may be replaced by digits) offers an attractive of practicing the pronunciation of letters with diversified volume, tempo and articulation. Forte dynamics is used with capital letters whereas piano dynamics is used with lower case letters. In some case crescendo i.e. gradual intensification of sounds or diminuendo i. e. a gradual decrease in volume can be used. Other options include mezzo forte (mf) i. e. medium loud or mezzo piano (mp) i. e. medium quiet. Letters placed in the upper script mean intonation at a high pitch, while letters placed in the lower script intonation at lower pitch levels. Various forms of articulation can be used e. g. staccato – in short time periods, separately (Diagram 1), legato – link sounds, portato – pronounce sounds as if they were steps or combine them in a discontinuous way, glissando – slipping along the sounds, fluent passages from one sound to another, short, long, vibrating etc. sounds can be used an any way, mormorando – humming or singing with lips closed, usually sound m is used. Performance based on the notation can assume any form e. g. one line is performed as a group, whereas another one individually with specific roles ascribed. The conductor indicates which line is supposed «to speak». A cover can be used and moved gradually to the right in order to present particular tasks. Various letters can be performed in duos, trios etc. Performance of the entire notation with different sounds if students' voices occur to be most efficient.

Spoken sounds is another example of notation. Selected vowels are pronounced with different tones. Tempo fluctuation (slow, moderate, fast, speeding up or slowing down) can also be used (Diagram 2).

Another proposition are exercises for face muscles (messaging, chafing and patting cheeks, messaging muscles of the mandible, chin, neck, moving nostrils), exercises for the organs of speech: puffing

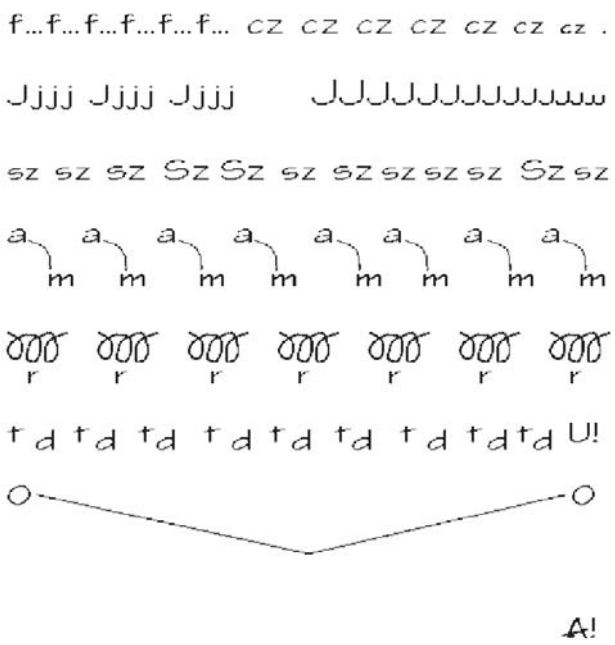

Diagram 1. Musical notation (prepared by the author)

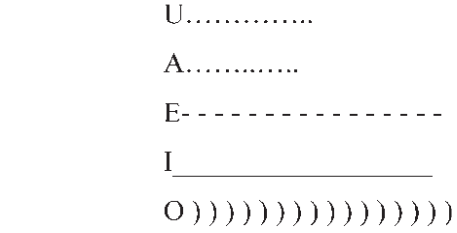

Diagram 2. Spoken sounds

out cheeks and then drawing them in so that they are between the teeth, moving the lower and upper lip up and down, lifting and dropping the upper lift several times with the mandible fixed in on position, tight lip rounding followed by increasing the tension of lips on the gums so that the teeth become visible and lips remain open, alternate pushing out the left and right cheek with the tongue, pulling out one's tongue while trying to touch the nose and the chin, clattering with one's tongue: crescendo, decrescendo, slower, faster, using quick changes, changing the rhythm of the activities. Another group of activities applies to stomach muscles, the diaphragm, and the chest muscles (e. g. pushing the stomach below the solar plexus and push the hands away with abrupt muscle tension, pushing out the ribs with internal muscles, making the stomach muscles tense while making sure that the ribs do not fall down an remaining still for a while in this position. Release the muscle tension on the conductor's signal, «shoot» with the lips while pronouncing the voiceless consonant «p», each time adding another impulse of stomach muscles and the diaphragm. The «appoggio» is particularly significant as otherwise the throat becomes stiff. Emission exercises suggested by the author include various rhythm, delivery and melody focused activities. Leveling the sound of vowels, pure intonation and correct breathing occur to be of particular significance.

6. Conclusion

Supporting children with speech disorders with music is a long-term, yet efficient process. Music permits for experiencing the individual character of one's personality, releasing emotions, spontaneous actions and hence it provides a perfect tool for therapist. Involvement in various forms of musical activity triggers the acquisition of skills relevant for skilful use of the voice apparatus and appropriate voice emission. The paper discusses selected aspects of music therapy.

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Lidia Kataryńczuk-Mania. The role of music in improving children's speech

W terapii zaburzeń mowy uczniów klas młodszych muzyka może odgrywać znaczącą rolę. Muzyka wymaga systematycznej pracy, cierpliwości, dyscypliny, wytrwałości i dokładności. W artykule uwzględniono potrzebę kształcenia muzycznego (zdolności i umiejętności) i rozwijania głosu dziecka. Aktywność głosową wspomagają takie formy edukacji muzycznej, jak: śpiew i ćwiczenia mowy (szczególnie piose3nka, ćwiczenia emisyjne), gra na instrumencie (zadania manualne), ruch z muzyką (zadania rytmiczne), słuchanie muzyki (odbiór i interpretacja słowna utworyw), tworzenie muzyki (wyzwalanie ekspresji wokalno-twórczej). Rozwijając kompetencje wokalne dzieci można wykorzystywać różne metody (m. in. Dobrego Startu, Ortofoniczno-Muzyczną) i sposoby pracy (m. in. muzyczne partytury, zabawy muzyczno-ruchowe, itp.). Proces terapii głosowej jest długotrwały, ale na pewno skuteczny, co potwierdza praktyka autorki.

Słowa kluczowe: *muzyka, terapia, zdolności, umiejętności muzyczne, kompetencje wokalne, aktywność muzyczna.*