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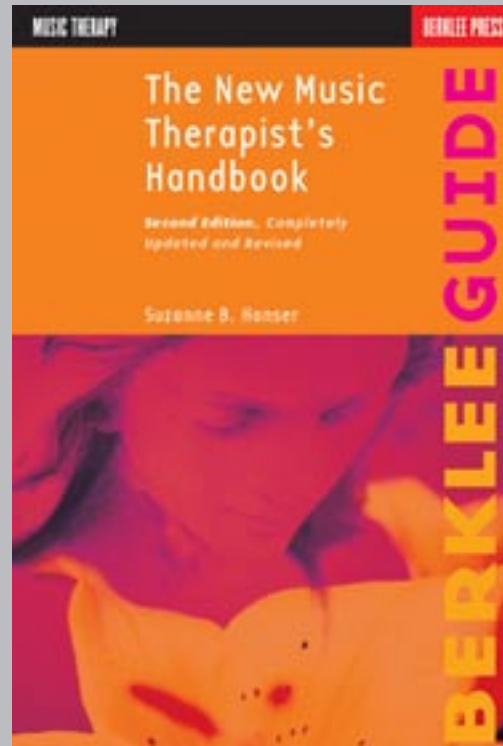
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**The New Music Therapist's
Handbook, Second Edition**
Suzanne B. Hanser

Chapter 1
An Introduction to Music Therapy

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Chapter 1

An Introduction to Music Therapy

I am a music therapist. To me, that means that I bring out the creative spirit in everyone I see. I find their music, the part of them that is free, the part of them that sings, the part of them that is rhythm. We all have this music. It shows itself when a song “comes into our heads,” or when we tap a toe to music. When we are unable to think or speak or move or be who we once were, we still have this music. It helps us express and communicate. It helps us feel good. It moves us, often deeply, always naturally.

The impact of music on human behavior has been discussed and documented throughout history. The significance of music in both our cultural heritage and our daily lives has been affirmed through countless examples of its power. References to music’s universality, magic, and myths confirm the belief that music is a potent human influence. Some have boldly pronounced that music defies the laws of nature, with its “charms to soothe the savage beast, to soften rocks, or bend a knotted oak” (Congreve, 1697). In fact, the claims for its beauty have been so greatly magnified that music is purported to exert supernatural force. The endorsement of writers from ancient healers to Biblical authors has led to a belief that the capabilities of music are mystical and incomprehensible.

Thus, the field of music therapy falls prey to the assertion that the effects of music cannot be explained. To the contrary, much of the impact of a musical experience is observable and measur-

able. The constituents of a response to music may be isolated, and it is possible to establish a cause and effect relationship between music and behavior. The effects of the “art” of music are, thus, substantiated through scientific methodology.

What guides my work as a music therapist is my own musicianship and an intuitive sense of how music affects the people I serve. They may try a new behavior, focus on a talent or ability, or find a positive force within that allows them to overcome certain limitations or problems. The process is complex. It is also based upon scientific principles, objective observation and systematic assessment of the person's needs.

A considerable body of experimental and clinical research examines the effects of music in its many forms, including performing instrumental and vocal music, listening, composing, improvising, moving to, conducting, analyzing, or talking about, music. The clientele benefiting from music therapy is, likewise, varied, encompassing young and old, acutely and chronically ill, educationally, physically, socially, and emotionally challenged. The settings range from large residential treatment centers for the severely challenged and hospitals to schools, community-based programs and clinics for individuals with specific or short-term problems. As aid is sought for whatever ails people, music therapy demonstrates its ability to help an ever-increasing number of individuals.

Because the scope of music therapy practice is so broad, it is difficult to define the field. Bruscia devotes an entire book to *Defining Music Therapy* (1998). His working definition states: “Music therapy is a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change” (p. 20). The specialized application of music as therapy will vary depending upon the setting, the therapist, and the selected technique. Even the function of music may be quite different as the music therapist encounters each new clinical problem. Common to every music therapy program is that it applies one of the many forms of music as its primary medium and is based on the needs of the clients it serves.

Music Therapy with Children and Adolescents

Thanks to the Education for All Handicapped Children Act of 1975, Public Law 94–142, children in the United States are provided a free education in their least restrictive environment. As the law is currently implemented under the Individuals with Disabilities Education Act (IDEA), music therapy is mentioned as a Services-Program Option which may be a related service written into a child’s *Individualized Education Plan (IEP)*. Children with special needs may be referred for music therapy to meet communication, cognitive, sensory-motor or perceptual-motor, social, emotional, and psychological needs. Music therapists work to remediate skills, change specific behaviors, improve existing conditions, or teach new skills through musical experiences. Adolescents and young adults have an Individualized Program Plan (IPP) to guide their referrals. This document is based on the same format as the IEP and serves the same function for the adult with a disability.

According to “A Descriptive Statistical Profile of the 1998 AMTA (American Music Therapy Association) Membership” (AMTA, 1998) music therapists serve the following children (in order of frequency):

- developmentally disabled
- behaviorally disordered
- emotionally disturbed
- physically disabled
- school age population
(may be inclusion classes and mainstreamed children or a diverse collection)
- multiply disabled
- speech impaired
- autistic
- visually impaired
- neurologically impaired
(children and adults)
- hearing impaired
- substance abuse
(children and adults)

- abused or sexually abused
(children and adults)
- early childhood
- dual diagnosed
(children and adults)
- head injured
(children and adults)

Other populations include children with *Rett Syndrome*, AIDS, eating disorders, medical needs, burns, bereavement, *Down's Syndrome*, premature birth and neonatal needs, spinal cord injuries, *Williams Syndrome*. In some cases, non-disabled children also receive music therapy.

Developmental Disabilities

The most frequently served clinical population in children is *developmental disabilities*. This diagnosis refers to disorders which originate during childhood and continue indefinitely, affecting functional abilities substantially. One common developmental disability is *mental retardation*. According to the Diagnostic and Statistical Manual (Fourth Edition) of the American Psychiatric Association (1996), mental retardation appears in mild, moderate, severe and profound forms. For the mentally retarded child, music therapy attempts to create an environment of fun and enjoyment in which those who generally associate learning with failure are able to achieve success. While learning a simple song or finger play, recipients of music therapy are simultaneously improving eye contact, attention span, direction-following, verbal imitation, memory, *fine motor dexterity*, and *auditory discrimination*. These outcomes are typical of goals established for music therapy. By pairing words with tones and sentences with melodies, therapists improve communication through speech and language (Cohen, 1992, 1994; Humphrey, 1980; Madsen, Madsen, & Michel, 1975; Popovici, 1995; Rejto, 1973; Seybold, 1971; Walker, 1972).

The music setting also offers opportunities for mentally retarded children to learn social and motor behavior. They gain self-awareness through movement to music, and social interaction through group music therapy. Musical experimentation and stimulation nurture responsiveness to the surrounding environ-

ment in the most profoundly retarded child. The music therapist's goal of "increasing responsiveness to the surrounding environment" may be observed as the child moves to a sound stimulus such as a ringing bell. The therapist might look for turning the head in the direction of the sound, gazing at the bell, reaching for it, grasping it, sounding the bell, and imitating patterns of bell-ringing. Even at this most basic level, awareness is initiated and maintained, preparing the way for the development of more complex skills.

The literature is replete with successful applications of music therapy techniques in recognizing the potential of developmentally disabled persons (Carter, 1982; Dorow, 1982; Graham & Beer, 1980; Jellison, 1996; Madsen, 1981). Even in the most *pervasive developmental disorder*, music therapy enhances functional abilities while simultaneously enriching creative and expressive capacities. Enabling individuals to participate in some way at their own level of competence, a music experience challenges growth through developmental stages using a success-oriented medium.

Music has the advantage of demanding attention that a visual stimulus cannot, because it intrudes immediately through ears that cannot be closed voluntarily. This phenomenon, coupled with the nonthreatening nature of musical exploration and auditory stimulation, may be most applicable for the child with a pervasive disorder or delay. An *autistic* child who has previously shunned human interaction may begin to communicate with a therapist who provides positive music experiences. Clinical improvisation is used extensively to enhance communication and expressivity as well as to develop more interactive social skills in autistic children. Through music therapy, they may encounter their first close relationship with a non-family member.

Behavioral Disorders

The next most frequent population treated by music therapists is children with *behavioral disorders*. These disorders include children with *attention deficit or disruptive behavior disorders* who have problems in social behavior which are extreme enough to interfere with the learning process. The behavioral disorders classification also refers to children who have *conduct*

disorders, oppositional defiant disorders, hyperactivity, or other non-specific behavior problems. These children are often referred to music therapy to enhance self-awareness, self-expression, or self-esteem. Active music behavior, such as playing an instrument and singing, necessitates using the voice and body in a clearly structured manner to produce the desired musical product. The child's ability to generate socially appropriate behavior which is incompatible with inappropriate behaviors accounts for further success of music as therapy (Madsen & Wolfe, 1979). While engaged in positive creative efforts, a child often gains self-control and a concrete emotional outlet.

At another level, feelings which are misunderstood or difficult to describe verbally may be experienced through the expressive medium of music. Children may be referred to music therapy in order to assess the nature of their emotions. Asking a child to express a particular feeling by playing an instrument may seem indirect; but, it often reveals a degree of emotional arousal which can be observed and explored. Facial affect, nonverbal behavior or "body language" while performing music offer a nonthreatening starting point for understanding emotions.

Learning Disorders

Learning disorders comprise impairments in specific academic areas. One remediation approach is a music teaching model which works through parallel behaviors in the learning of musical skills. For instance, a child who has difficulty coordinating movements of the right and left side of the body can develop this ability through moving to music, using arms and legs synchronously. Playing increasingly more complex melodies on the piano, with hands separately and then together, can develop such coordination. Visual tracking required in translating written music to the keyboard is similar to the left-to-right eye movement necessary for reading words. The ability to listen to others and respond cooperatively at a precise time with a previously learned musical part is required for participation in a musical ensemble. With the motivation to produce music, children often succeed in mastering musical skills while improving such conceptual correlates. Thus, children with

learning disorders may benefit in many ways from the demands of these structured musical experiences.

Music may also provide an opportunity for children to process an auditory stimulus and respond to it appropriately. This *auditory-motor match*, such as a person's answer to a spoken question, can be developed effectively through auditory discrimination training with music. At the extreme, musicians who learn to tune string instruments, recall lengthy melodies, or name the pitches of sounds they hear, show a remarkably finely-tuned set of discriminations.

Motor Skills Disorders

Children who have *motor skills disorders* may be delayed in motor development or display problems in gross or fine motor coordination. They may be referred to music therapy because playing instruments necessitates varying degrees of motor and eye-hand coordination, as well as breath control when playing wind instruments. To dance, one must move in specified ways, integrating various parts of the body in a smooth, rhythmic fashion. Listening to music may involve self-discipline and discrimination skills while the experience evokes images, learned responses (such as clapping along), and individual creative reactions (such as free, improvisational movements). Music therapists also assist in the rehabilitation of more severe *neuromuscular* and skeletal disorders of many types. One technique is to use rhythmic and musical cues for specific movements and for body relaxation.

Communication Disorders

Children with *communication disorders* benefit from music therapy in several ways. Clearly, singing involves speech and language, and more specifically, *auditory memory*, *pitch-matching*, and fluency. Vocal and wind instrument training provide a creative context for specific exercises which may be used in collaboration with speech therapy. Goals include improvement in articulation, inflection, breathing and pacing of speech.

Nonverbal children are especially good candidates for music therapy. Without the obvious means of communication that

most of us use, they need to learn other methods to express themselves. Music therapists are adept at offering augmentative communication and computer-assisted music methods to enable these children to express feelings and thoughts through music.

Sensory Impairments

Children with *sensory impairments* may have problems with vision, hearing or both. Children with *hearing impairments* are aided by the sensory stimulation of music and vibratory rhythmic cues offered in music for speech and body movements. As improbable as it may seem at first, there is considerable clinical evidence of the efficacy of music therapy with children who are deaf. Children who are visually impaired benefit from music therapy when they develop their auditory and musical abilities. Their music therapists also contribute to mobility training when unsure or rigid movements become more fluid and natural through intervention with music.

Physical Challenges

Other *physical challenges* comprise conditions wherein impaired physical development or functioning, including sensory impairments, are sufficiently severe to interfere with normal functioning. When a physically challenged child or adult is referred to music therapy, the objective is often to demonstrate to clients that they are capable of performing or creating music heretofore deemed impossible. By modifying musical instruments and using adaptive music technology, music therapists have shown that the sense of worth may be greatly enhanced in a person who is able to produce pleasant sounds. Music therapists have witnessed the joy of quadriplegics who perform for enthusiastic audiences on specially-adapted guitars and the immense pride of people in wheelchairs who learn to dance by using mobile parts of their bodies.

Certain *physical therapy* manipulation with repetitive movements set to music, yields a cheerful experience, which more closely resembles play than work. Music offers incentive to complete uncomfortable exercises as the client executes the necessary movements more smoothly and rhythmically. Music therapists work collaboratively with physical therapists to

develop creative treatment approaches for their clients. *Multiply handicapped* children, likewise, succeed with a creative approach which emphasizes one's abilities and strengths as opposed to the often more obvious disabilities and weaknesses.

Children in Inclusion Classrooms

As a group-oriented intervention, music therapy accommodates different levels and abilities, bringing out the best in every child who participates. Music therapy provides a wonderful opportunity for children with special needs to interact positively with children in the typical classroom as they learn together in *inclusion* classes (Gunsberg, 1988; Hughes, Robbins, McKenzie & Robb, 1990; Humpal, 1991).

Special Applications to Adolescents

The various disorders and conditions described above are generally diagnosed or recognized in childhood, but they also affect adolescents and, in some cases, adults. Many music therapists specialize in adolescence and have expertise in the unique challenges facing individuals at this stage of development. Some work within a family therapy model, helping parents and children communicate about their preferred music and the meaning of that music. Another technique is family improvisation, used as a metaphor for understanding patterns of interpersonal interaction within the family or among peers. Music therapists also assist adolescents in understanding the mechanisms that contribute to such problems as eating disorders by becoming more aware of their emotions through expressive music activities.

Music Therapy with Adults

Medical Conditions

The psychological impact of having a medical condition or illness is often overlooked in the search for a medical treatment. Treatment may call for hospitalization, surgery, or other procedures which tend to provoke anxiety in most people. The emotional reaction to even the most inconsequential sickness, perhaps requiring bed rest alone, may be traumatic for some. For others, illness triggers a full-blown mental disorder. Music thera-

pists have designed procedures for inducing relaxation which both ameliorate the anxiety associated with illness or hospitalization, and divert attention away from pain or discomfort. These techniques have been applied to a wide variety of clinical populations in medicine and dentistry (Froehlich, 1996; Standley, 1986, 1996). Patients have responded well, to the point of over-representing the effects, as in a young woman who exclaimed, "I couldn't have had that baby without music!" (Hanser, Larson, & O'Connell, 1983). Often, the need for medication or restraint is minimized when music therapy is introduced.

Applications in the general hospital are expanding rapidly with the acknowledgement that the connection between mind and body is strong. The impact of psychology on physical illness has been documented, and music therapy procedures have been shown to be efficacious strategies for coping with pain and anxiety. People with chronic illnesses can share meaningful experiences in music therapy groups where emotional responses are drawn out and discussed. Some individuals learn new musical skills and begin to appreciate another dimension of their lives. Others are aroused through more passive musical involvement or introduced to new coping strategies through music-facilitated stress reduction. Dramatic research indicates that comatose patients may begin to respond when background music is provided contingent upon their slightest physical movement (Boyle & Greer, 1983).

Mental Disorders

Mental disorders have been classified by the American Psychiatric Association (1996) as clinical disorders, personality disorders or mental retardation, general medical conditions, and psycho-social and environmental problems. A primary treatment modality is psychotherapy, in which music plays a unique role. Music therapists of a wide variety of philosophical persuasions have applied music successfully to psychotherapeutic techniques (Arnold, 1975; Hadsell, 1974; Madsen, 1981; Maultsby, 1977). They have capitalized on the nonverbal aspects of musical expression as a means of observing, understanding, and changing feelings and emotions (Tyson, 1981; Unkefer, 1990). The music therapy setting becomes a micro-

cosm, eliciting interactive social behavior which may be shaped as therapy progresses. Reactions to and perceptions of music, discussions of musical themes, and problem-solving in a musical context are parallel behaviors for responding to similar situations outside the therapy environment. Dealing with these issues in the supportive and positive music setting can assist the person in tackling the real problems.

Another therapeutic aspect of music is the meaningful content and affect conveyed to the listener through musical compositions. Individuals may begin to understand their own feelings when they listen to a song which expresses similar ideas. A discussion of Simon and Garfunkel's "Bridge Over Troubled Water" may yield new insights into sources of support while it presents options for adjusting to troubling circumstances.

Images evoked by music listening provide increased understanding. *Guided Imagery and Music* (Bonny & Savary, 1973; Bonny, 1994) has been used to promote deep relaxation, a heightened sense of awareness, and what has been reported to be an altered state of consciousness. The therapeutic potential of the vivid images evoked by the combination of musical stimuli and verbal guiding are just beginning to be tapped. Special applications of music therapy extend to such conditions as *posttraumatic stress disorder* and to those who have been victims of abuse and trauma. *Forensic psychiatric* settings also employ music therapists. People who are unable to process painful material find a way to access emotions by engaging in music experiences which bring out spontaneous nonverbal expression. Improvisation, songwriting and lyric analysis are popular music therapy techniques. In all of these instances, the music therapy setting offers a structure within which cognitive, social/emotional and overt behavior may be revealed, examined and changed. Perhaps, herein lies its power.

Correctional Psychiatry

Working with both *juvenile offenders* and adults who are incarcerated in a correctional facility, music therapists play an important role in rehabilitation. The structure provided through music therapy allows offenders to participate in healthy, posi-

tive experiences, learning to deal with impulse control, interpersonal dynamics, and self-awareness.

Neurological Rehabilitation

Music therapists work with individuals who have sustained a *traumatic brain injury, stroke*, and conditions such as *Huntington's* and *Parkinson's diseases* by assisting in the retraining of lost abilities, aiding the recovery process, and teaching adaptive and coping strategies (Lee, 1989; McIntosh, Brown, Rice, & Thaut, 1997).

Community Music Therapy

As community-based treatment and education become more widespread, music therapists have begun to offer services to people who do not have a diagnosable problem, but wish to cope with the stresses and pain that they experience every day. Others desire to realize their potential and develop their self-awareness or expression through music. Music therapists are well-trained to meet their needs and have developed programs for relaxation and self-actualization (Giles, Coogan, & Cox, 1991).

In addition, there are a number of people with special needs who are interested in learning how to develop their voices or play musical instruments. Individuals with conditions such as *Williams Syndrome* generally have considerable musical ability, and require music lessons from someone like a music therapist who is knowledgeable of their unique learning requirements. This direction in music therapy practice is reflective of the growing interest in recognizing the musical potential in all of us.

Music Therapy with Older Adults

Gerontology is the study of late life and its associated characteristics. Music brings energy and life to many people who approach late life with loss of cognitive or physical functioning, not to mention the loss of loved ones or vocational identity. Feelings of worthlessness and despair are transformed into pride when people are shown that they are still capable of being creative and can learn new skills. Often, too, involvement in musical experience which is reminiscent of a joyous time can be

extremely revitalizing (Bright, 1981; Clair, 1996; Hanser & Clair, 1995; Smith & Lipe, 1991). The most withdrawn and confused patients suffering from *dementia* due to *Alzheimer's disease* and related disorders are able to participate actively in music therapy sessions. As music demands reality-oriented behavior in the present without risk of failure, even the most cognitively impaired older adults master musical tasks with enhanced self-respect (Brotons, Koger, & Pickett-Cooper, 1997; Koger, Chapin, & Brotons, 1999).

Too often, older adults are given the message that they have outlived their usefulness. The losses which naturally accompany the aging process contribute to a weakening self-concept. These perceptions may soon be overturned when individuals are given the opportunity to cooperate in a musical endeavor enabling some to perform, some to compose, some to accompany, some to listen, and everyone to employ the highest level of creative potential.

At the End of Life

Music therapy holds a special place in the process of preparing for death. Individuals who are dying find a way to express what they are feeling through choosing music to hear, sing or perform, and by composing songs with the help of the therapist. Families who participate together in music therapy transform this difficult time into an experience of unifying creative expression with their loved one (Lee, 1995; Mandel, 1993; Martin, 1991).

Conclusion

The preceding survey of clinical problems has presented a sampling of music therapy practices for identified needs or disorders. Of considerable challenge to the health care professional, however, is the prevention of such difficulties. No musical vaccine has been, or could ever be found for a particular disease. One wonders if people who listen to a piece of relaxing music at the end of a stressful day, play an instrument as a means of self-expression, or channel excess energy into musical participation in an ensemble are at lower risk for distress.

This overview of music therapy has disclosed only a few of the myriad of effects produced by music. It is significant that the

claims regarding the strength of music in affecting behavior are not based merely on the casual observations of a single witness, but rather are backed by wide and varied evidence generated through scientific research. With this foundation, the music therapist proceeds to develop an individualized program for each client or therapy group.

The New Music Therapist's Handbook focuses on the client and helps the therapist decide upon the most appropriate and efficacious methods. It presents a model for music therapy treatment planning with individuals who have such conditions as developmental disabilities, behavioral, learning, motor skills and communication disorders, sensory impairments, physical challenges and illnesses, mental disorders, and geriatric conditions. It also describes applications with people who are dealing with the stresses of ordinary life or coping with the discomforts that all of us encounter at some time in our lives. The book is designed for students and practitioners of music therapy who participate in the development of individualized treatment programs, presenting examples of people who benefit from music therapy services. It steers the therapist through the course of planning, implementation and evaluation, offering clinical practice guidelines and real music therapy cases. This approach borrows from principles of music therapy and the behavioral sciences to demonstrate an objective and "data-based" view of music therapy.

Summary

This introduction to the field of music therapy presents applications to a variety of clinical settings. For children with developmental disabilities, music therapy teaches social, motor, academic and conceptual skills. It offers opportunities for self-expression, self-esteem and self-control for children with behavioral disorders. The acquisition of musical skills in a child with a learning disorder brings parallel developments in perceptual-motor and cognitive areas. The positive, creative aspects of music learning offer incentives for freer movement, rhythmic understanding, and enhanced sense of worth in children with motor skills disorders. The melodic and rhythmic elements of

speech are enhanced in individuals with communication disorders, and people who are unable to use speech learn new ways to express themselves. Children with sensory impairments or physical challenges develop their talents and strengths through music therapy. Medical patients divert attention from pain while attempting to deal with their illnesses. People with mental disorders respond to the nonverbal metaphor established in the music therapy setting. Geriatric patients become involved in a creative reality-oriented experience which may be revitalizing and reminiscent of joyous times. These populations represent one segment of the clientele who can benefit from the use of music therapy.

