



MUSIC THERAPY

An Introduction to Therapy and
Special Education Through Music

SECOND PRINTING

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This book provides a basic introduction and orientation to the field of music therapy and music in special education. Developed from the teaching experience of the author and his colleagues around the United States who have tried experimental editions, this volume provides an overview of the field, setting forth basic rationales for the use of music therapy in many areas of health and rehabilitation services. It also presents basic information of how music therapists work in different settings with the different problems of their clients under various theories of treatment.

This treatise is intended for use by the beginning music therapy student in college as well as for students majoring in other therapy or special education areas. Music education students will find it useful not only because many of them will be working with special education classes as part of their school assignments, but also because they will be introduced to applications from the music therapy field which may be useful in working with problem children encountered in some of their regular classes and music groups. Finally, the book will interest laymen and volunteers in music therapy who are seeking basic information about the discipline.

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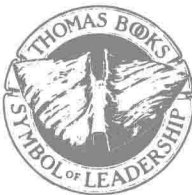
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MUSIC THERAPY

To the memory of my parents,
Ed and Edna Michel, and to
Mary Jeane, Trilly, and Matt,
my patient family

PREFACE

THE purpose of this book is to provide a basic introduction and orientation to the field of music therapy and music in special education. It is intended for the beginning music therapy student in college and for college students majoring in other therapy or special education areas. Music education students, in addition, should find it useful, not only because many of them will be working with special education classes as part of their school assignments but also because they may be introduced to applications from the music therapy field which will be useful in working with problem children they may find in some of their regular classes and music groups — bands, choruses, and the like. Finally, the book may be of interest to students contemplating a career in music therapy, and to laymen or volunteers in music therapy who are seeking basic information about the field.

The reader will find many specific ideas about how music therapy works, but the coverage is not intended to be comprehensive. In the last decade, the field of music therapy has developed rapidly and it would require a larger coverage than this volume to be more intensive about the field.

Since its earliest days in the USA the field of music therapy has had to define itself — over and over again. The term is not self-evident, that is, it does not refer to a therapy concerned with treating MUSIC (as in speech therapy). It is not as apparent as occupational therapy, almost redundant in its implication of the value of being constructively occupied; nor is it as apparent as physical therapy, which implies a physical approach to physical problems; nor even as apparent as recreation therapy, again, almost a redundant term. In fact, the term music therapy often as not is misleading. It infers a specialized study (to some people) or a performance of music as a discipline in itself, as being the therapy rather than the use of music in its context of the broad field of

human interest and activity . . . for everyman. Perhaps it should have been called "music therapy" to connote the more universal aspect of music, using a small "m" instead of the capital "M"? Worse still, the implication sometimes is that the field is a highly specialized one, applicable only to a few musically trained persons, or involved in the MUSIC education or training of people (in a formal way) for therapeutic purposes. With all these misunderstandings it is a bit surprising to find that the field has developed into the respected one it is today! Perhaps the constant explaining of what it is by music therapists has kept it from becoming too dull and commonplace? On the other side of the coin a possible advantage to the acceptance of the field has been the almost universal potential of people to accept the possible therapeutic value of music in their lives. The only disadvantage to this might be in the overreadiness of some persons to accept magical or mystical connotations of music, or to exploit such possibilities.

It seems important to present an introduction to music therapy as realistically as possible, that is, without lending credence to the connotation of it being a highly specialized field with respect to application, nor to one of its being a magical, mystical phenomenon. It is hoped instead that the reader will discover how broad the field is, and how widely it may be applied regardless of the musical background of any patient, client, or special student. Further, it is hoped that the reader may be able to discriminate between what is the ALMOST magical value of music as a therapeutic medium, and any mystical concept of music AS therapy.

Finally, it is desired that the reader will realize something of the wide scope of application of music therapy, not only because of the universality of music as human behavior, but also because of the versatility of the well-trained professional music therapist, who, as a person, may be quite as important in working in therapy or special education as his musical tools are, even to the point of where he might sometimes decide to use other approaches before he uses music in his work.

The organization of this book is along the conventional lines of human age categories. This is comparable to other books in the fields of education and health professions. The age categorization

seems to serve well not only from the practical standpoint but also from the standpoint of many clinical and special education facilities which frequently are organized on the age/developmental basis.

Most of the material for this book has been drawn from the writer's experience in the field as a clinician (eight years in a psychiatric hospital setting), a teacher/clinician (inaugurating and developing bachelors and masters degree training programs for music therapists), and as a researcher. Not only personal experience, but the experience of students, colleagues — and most importantly, the experience of those receiving music therapy — has been incorporated and drawn upon. To all of these persons I owe a great debt of gratitude — not only for continuously teaching me about my field but also for keeping it perpetually alive and exciting for me. Perhaps as Masserman has said, I may be acting as their "amanuensis" in authoring this book, and that is my hope. Readers are urged to write to me their reactions and criticisms and thus become a part of this continuing amanuensis.

D.E.M.

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MUSIC THERAPY

CHAPTER 1

THE FIELD OF MUSIC THERAPY

INTRODUCTION

UPON hearing of an occupation or profession which is relatively unknown to him, like music therapy — and which is not easily pigeon-holed into one of the more common groups of occupations such as law, medicine, teaching, or plumbing — a person is likely to say, “music therapy — what’s that?” And he or she wants an immediate, simple answer. Of course, if the professional music therapist could just say, “Oh, it’s like being a music teacher,” the questioner might be temporarily satisfied, but if he is a trifle more curious, or concerned, or perhaps career-seeking, he will want a more complete answer. For that type of answer, and for that type of person some of the following may help clarify that a music therapist is something *more* than a music teacher — even though teaching music may be part of what he does.

Since any profession must ultimately be defined in terms of those who train in it and follow it as a career, (there are no career entities, or just bodies of knowledge without *persons* involved in it), we shall examine music therapy from the standpoint of what and who a music therapist is, and what he/she does.

A music therapist is first a behavioral scientist. In a large sense a teacher also is, or *should* be a behavioral scientist. However, the teacher, unless in a “research” position, is seldom a “scientist” in dealing with the behaviors of his students, as desirable as this might be. If the music therapist is a behavioral scientist, music therapy is therefore definable as one of the behavioral sciences. It is not then, a pursuit of the Art of Music *for itself*. It is not *performance* of music as “an end in itself.” (This usually means, to the scientist, for the approval of peers and audiences.) It is *not* teaching music, as such. A behavioral science *is* concerned with human

behavior, in all its aspects, and what affects changes in that behavior or behaviors. It is based on a scientific approach, which means that it recognizes not only the possibility but the probability of change in its own basic concepts, based upon research. It seeks to find new concepts from scientific research methods of testing and measuring. In fact, the scientific method basically means questioning the old (but *not* necessarily discarding it just because of age) and seeking the new in a constantly unfolding of knowledge. The scientific method is objective, that is, it is concerned with extending observations and measuring phenomena observed. It attempts to avoid reliance on personal, "subjective" impressions. In therapy, the behavioral scientist not only attempts to apply the results of his research to change behavior but also is constantly interested and involved in evaluating and measuring his results. Research is a part of his way of life.

Psychologists, sociologists, anthropologists, and some biologists are also behavioral scientists. Others who *may* be called behavior scientists, or who rely upon the behavior sciences are speech therapists, audiologists, and special education teachers, such as those working with retarded or with physically handicapped children.

The distinction between Art and Science is not always clear. It is well recognized by professionals in the behavior sciences that the development of research designs, and the carrying out of scientific research, or even the treatment of patients, is an "art" in the usually accepted creative connotation of that term, that is, it is done skillfully, and arouses the approval and admiration of fellow scientists who can "appreciate" it. But art and science do differ greatly in their methods of investigation. Art generally depends upon subjective, introspective means for discovering truths while Science tries to become as non-subjective, as *objective*, as possible.

Music therapy allies itself with and depends upon the findings of other behavior sciences, as well as its own scientific research. It is concerned about man and his behavior, especially his behavior with music. The music therapist must not only know a lot about the behavior sciences in general, but also about the interactions of music and man. Finally, as a therapist, he must learn how to

apply his special knowledge and skills to the problems of seeking to change behavior.

The field of music therapy is relatively young. As an organized specialty it has come into widespread use in the USA only since about 1946. Yet it has had a place in the beliefs of man from ancient times, and even in the so-called "primitive" tribes still existing today. Ask most people if they *think* music might have therapeutic powers and they are likely to say, "Oh yes, I can see how music affects people . . . I know how it calms me when I'm all tensed up." Or, they might recognize that music also excites them . . . as at dances or sports events. They might recall how music provides a kind of solace for the war-weary soldier in far off lands, when in moments of respite from battles he sings with his buddies, or listens to a mate play on his guitar or harmonica. They might mention how music affects groups of kids at summer camp, as they all sit around the campfire and sing.

Are these ordinary functions of music for us in our daily lives what music therapy is all about? In a way, yes, insofar as music affects behavior of man in general ways. But is it therapy? No more so than man's use of other ordinary stimuli such as fresh air and sunshine, in his daily living. Healthful, perhaps, but seldom therapy. By definition, therapy is different than merely the pursuit of pleasurable, helthful stimuli.

Therapy Defined

Dictionary definitions of therapy and related words give basic ideas of the specific meaning of the word, e.g., "therapeutic" means "to attend" and " . . . of or relating to the treatment of disease or disorders by remedial agents or methods." Therapy is defined as " . . . remedial treatment of bodily disorder . . . (or) . . . psychotherapy (as) an agency designed to bring about social adjustment" (Webster, 1963). Masserman finds in the Greek root of the word, therapy, the meaning "service," and states that " . . . serving the best interests of a fellow human being, whether stranger, friend, client, or patient, is the purpose of all treatment as well as the hallmark of civilization" (1966).

Under the broadest definition, almost anything done for people who are in need of it may be called therapy, perhaps even the “garden therapy” of garden clubs, which is supplying flowers for hospital patients. However, when used by professionals, the term therapy usually has a more definite connotation, that is, there is a specific measure taken to alleviate pain and initiate improvement in specific health problems. It is in this sense that music therapy should be considered, i.e., its use to accomplish specific treatment goals.

An implied meaning of therapy is *change* — the bringing about of changes from undesirable, unhealthful, uncomfortable conditions to more pleasant ones. (A change from pain to less pain might be one way of putting it, although over-simplified.) In this sense, therapy has a similar definition to that of learning: “changed behavior.” Modern concepts of therapy very closely relate, and sometimes *equate* therapy and learning.

Masserman states that therapy in the psychological sense is “... the science, techniques, and art of exerting a favorable influence on behavior disorders by every ethical means available” (p. 114), and defines psychotherapy as “... the science and art of influencing behavior so as to make it (a) more compatible with social norms and (b) more efficient and satisfactory to the individual” (1966, p. 110). One can even extend these definitions to apply to physiological disorders, i.e., when the patient’s basic problem seems weighted in that direction, in which case the use of drugs, surgery, and other such authorized, ethical means are appropriate. Remember, man is not ever simply *either* mentally or physically sick, but whatever the cause, he may “hurt all over.”

A final assumption about therapy is that it is ultimately *individualized*. Granting that hospitalization itself, with the advantages of modern technology and services, is in its way therapy, individualization of procedures to meet the unique needs of the unique individual is generally presumed in our society today. Music therapy strictly defined then, is an *individualized procedure*, whether the technique is one-to-one, or group. Looking at the term music therapy as we have defined it in therapy terms — what about “music” — does that need definition?