MUSIC THERAPY IN PRINCIPLE AND PRACTICE

ABOUT THE AUTHORS

Donald E. Michel, Ph.D., LPC, Emeritus Professor, Texas Woman's University passed away on December 19, 2010. Known as a pioneer in the field of music therapy, he established one of the first music therapy programs in the country at the Veterans Hospital in Topeka, Kansas, upon his return from Naval service in World War II. He also established the first music therapy internship with the University of Kansas. In 1954, he established the academic program in music therapy at Florida State University, which he directed until 1975, when he became coordinator of the music therapy program at Texas Woman's University until his retirement in 1992. Don was a Licensed Professional Counselor (LPC) as well as was one of the first Registered Music Therapists. His honors included President (1959–61), Honorary Life Member, and recipient of the Presidential Citation for Lifetime Achievement of the National Association for Music Therapy (NAMT, now AMTA), Distinguished Alumnus at Missouri Western College, and Life Honorary Life Member of the Southwestern Region of AMTA. He was known for his extensive research and publications in the field and has traveled the world as a lecturer and workshop leader. He was life member Phi Mu Alpha Sinfonia, Phi Kappa Phi, and Rotary International. He took great pride in his family that included his wife Mary Jeane, who preceded him in death, two children, and four grandchildren.

Joseph Pinson, M.A., MT-BC is Assistant Clinical Professor at Texas Woman's University, where he teaches courses in music therapy. Mr. Pinson holds degrees in music from Southern Methodist University and the American University and all level certification in music education in the State of Texas. From 1974 until 1997, he was Director of Music at Denton State School (now Denton State Supported Living Center), a residential facility for persons with developmental disabilities. He is director of the Denton Bell Band and the Denton Senior Center Chime Choir. He is a published composer and has received the annual ASCAP-Plus Award since 2000. He is a former member of the Board of the American Guild of English Handbell Ringers and former President and Honorary Life Member of the Southwestern Region of the American Music Therapy Association.

Second Edition

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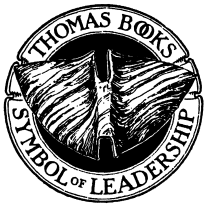
By

DONALD E. MICHEL, PH.D., LPC

and

JOSEPH PINSON, M.A., MT-BC



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PREFACE

For many years, *Music Therapy* (Michel, D., 1976, 1985) was a standard textbook at many universities. In 2005, Donald Michel and Joseph Pinson decided to create a new textbook that presented music therapy from the perspective of Michel's fifty-plus years as an educator, clinician, and researcher and Pinson's thirty-plus years as a clinician, educator, and composer. *Music Therapy in Principle and Practice* has been used in many universities since that time. The combination of valuable information from research as a basis for principles with the realities of hands-on experience as a basis for practice caught the eye of many persons involved in music therapy education.

The publisher decided that a revised version of the text was in order. In 2010, Don and I began discussions about this revision. We had many productive meetings, and I was able to get a lot of good ideas from him before his death in December.

This revised version contains a lot of material from the original, especially those chapters relating to assessment of developmental skills, focusing treatment upon the needs that are apparent at the time of assessment, and the idea of being aware of the levels of stress–before, during, and following treatment. The chapter that discusses the ability to manage or cope with the anxiety associated with any life situation has been expanded in view of the increased need for this type of information.

A glance at the Contents of this book reveals that beyond the basic principles and mechanics of assessment and protocol planning, I have added further discussion about treatment of various types of lifetime developmental skills. Each of these is further explored with regard to different populations served and the various strategies that have been found to be effective. The chapter dealing with professional ethics has been expanded, and a section about new trends in music therapy has been added. It is my privilege to offer this revised version as a tribute to Don for his significant contributions to the field of music therapy.

JOSEPH PINSON

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MUSIC THERAPY IN PRINCIPLE AND PRACTICE

Chapter 1

THE FIELD OF MUSIC THERAPY

- Defining Music Therapy
- Basic Philosophical Concepts
- Historical Perspectives
- Employment Opportunities

DEFINING MUSIC THERAPY

One of the earliest philosophical pioneers, E. Thayer Gaston, seemed to avoid a specific definition. In *Music in Therapy* (1968), he chose to discuss rather than define. Gaston is considered by many to be the "father of music therapy." He was a music educator who realized that music was a stimulus which trained therapists could utilize to elicit certain measurable responses (relaxation, arousal, associations, etc.) in therapy. The title of the book suggests that music is the principal agent of change. Gaston offered these **principles** for the music therapy profession:

1. Music is a means of nonverbal communication deriving potency from its wordless meaning.
2. Music is the most adaptable of the arts being utilized with individuals, groups, and in various locations.
3. Through participation or listening, music may lessen feelings of lonesomeness.
4. Music elicits moods derived from emotions and has the capacity of communicating one's good feeling for another.

5. Music can dissolve fears of closeness, because its nonverbal nature allows an intimacy that is nonthreatening.
6. Music, in most cases, is sound without associated threat.
7. The shared musical experience can be a form of structured reality upon which the therapist and the patient can form a relationship with some confidence.
8. Musical experiences possess an intimacy, because listeners and performers derive their own responses from each musical experience.
9. Preparation and performance of music can bring about a feeling of accomplishment and gratification.

Music therapists understand that music is the thing that makes this therapeutic modality effective in areas where some other types of intervention have failed. Also in *Music in Therapy* (1968) William Sears defined or described the profession in terms of its **processes** (based upon work of several clinicians).

It is important to understand the difference between so-called "**therapeutic music**" and music therapy. The former describes a relationship between an individual and his/her music. In one instance, a person may relax by listening to favorite recordings, or in another, rhythmic music may provide a motivating background for exercise. Neither of these is necessarily part of a prescribed regimen that includes personal interaction with a professional music therapist, which is an important element of **music therapy**.

In the relationship between the individual and music, the person involved could either be listening to a performance (recorded or live) or he/she could be performing the music. Usually a higher level of involvement is achieved through listening to live music, and an even higher level in performance. Music therapists today make every effort to involve their clientele in active performance of familiar music or music that they create together.

Music therapy is a relationship among all three–the individual, the therapist, and the music. For the purposes of therapy, neither listening nor performance alone achieves the level of **structure** and **interaction**, which is inherent in the triangle shown in Figure 1. Other variations of this process may occur with group activities; however, the relationship between the therapist and the individual is of primary impor-

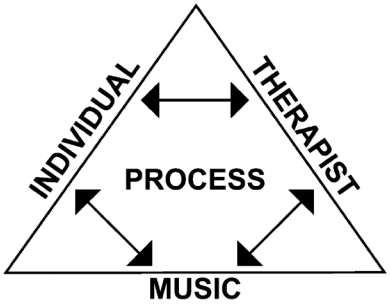

Figure 1.

tance, as in other health professions. The triangle, suggested in a conversation with a former student, Rae Sirott, illustrates the dynamics of this relationship.

Just as the triangle in the illustration is a *stable* device of building construction, the combination of elements in the therapeutic equation provides stability and structure. If there is a conflict in personality between the music therapist and the individual in treatment, the triangle may be broken at that point. If the music therapist cannot relate to the music that is important to the individual, there is the possibility of another break. If that same person cannot get involved in the music presented by the therapist, this may be another area in which a connection is not made. Many times, when therapist and client cannot agree on the type of music to be used, a skillful music therapist will help the individual construct new music that is acceptable to both. Music is a "common ground of sound" (Pinson, 1989) on which the needs of all participants (therapist and client) may be met in an effective and efficient manner.

For many years, music therapists have debated which is most important–the music or the relationship between therapist and the individual served. There are good arguments for either interpretation.

Another consideration is that music may be thought of as a continuum within the structure of a single piece or as it is used throughout a treatment process. At any moment within a performance or a listening experience, the emphasis may shift from the music to the relationship and vice-versa. If we place music (represented by a solid line) and the relationship (represented by a broken line) on the same time path (moving from left to right), their importance at any given moment may