Music is such an important part of life that some find it difficult to imagine what the world would be like without it. Music is a part of many social activities and is present in much of our environment. People may use music to communicate with others and often respond emotionally to music. Music has been a part of all cultures, and people report listening to music more than any other activity over a wide variety of contexts.

Music affects people emotionally, physically, and aesthetically, and these responses provide the basis for the use of music in therapy. Emotional responses may include nostalgia at hearing a song, sadness evoked by a piece of music, or joy and exhilaration while dancing to music. Music influences physiological responses such as changes in heart rate, electrical skin conductance, and breathing, and it also affects physical and brain responses. Aesthetic responses reflect one’s experience of the beauty and art of music.

Music and healing have been tied together throughout history. Shamans have used music in healing since primitive times. The Greek philosophers Plato and Aristotle wrote of how to use music to affect health and behavior, and music continued to be tied to healing throughout the Middle Ages and later. Music has been used to treat physical and mental problems in the United States for the last century and a half.

Formal music therapy in the United States stems from the period during World War II, when musicians played their instruments for veterans with physical and emotional trauma in Veterans Health Administration hospitals. Their music often had a positive effect on the hospitalized veterans, and the medical personnel began to request that hospitals hire the musicians. It became clear that the hospital musicians needed some training before working in the facilities, and the demand grew for a college curriculum. The first music therapy degree program in the world began in 1944, followed by the first music therapy association in 1950. The American Music Therapy Association (AMTA), the current U.S. association, was founded in 1998 through the unification of older music therapy organizations.

AMTA establishes standards and oversees music therapy education and training in the United States. Music therapy training is offered at the bachelor’s level or higher at over 70 educational institutions approved to offer music therapy degrees. Bachelor’s level training leads to entry level competencies in musical, clinical, and music therapy foundations and principles; these are acquired through academic coursework and 1200 hours of clinical training that includes a supervised internship. Many universities offer master’s and doctoral degrees in music therapy. Music therapists also may obtain graduate degrees in music therapy or a related field such as special education, social work, or gerontology. The Certification Board for Music Therapists (CBMT) establishes competencies for music therapists to become Board Certified Music Therapists (MT-BC), the credential necessary to practice music therapy, and requires continuing education to ensure that music therapists’ skills are up to date.

Music therapy is well established in many parts of the world, and many countries in addition to the United States have standards for educating and training music therapists, governmental regulations for music therapy, and active music therapy associations. The World Federation for Music Therapy (WFMT) is dedicated to the promotion and development of music therapy worldwide.
for Music Therapy is a regular online publication that presents information and opinions on music therapy from around the world. Music Therapy World publishes articles, online databases, and additional information about music therapy. These Web sites provide international networking opportunities for music therapists and others interested in music therapy and increase international awareness and communication.

Definition and Scope

Music therapy is defined by AMTA as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.” Music therapists use the unique qualities of music and a relationship with a therapist to access emotions and memories, structure behavior, and provide social experiences in order to address clinical goals.

Music therapy may be used with children or adults with physical or emotional problems or with healthy people to achieve higher levels of awareness. Music therapists work with clients with a range of diagnoses. The client groups listed below, arranged from more to less frequently served, are those served most frequently by music therapists as reported by AMTA in 2006, but they are only some of the many client groups that music therapists see. They include clients who are developmentally disabled, those with autism spectrum, the school-age population, clients with behavioral disorder, clients with mental health issues, multiply disabled individuals, elderly persons, physically disabled individuals, clients with Alzheimer’s disease or some other form of dementia, speech impaired clients, emotionally disturbed clients, learning disabled clients, clients in early childhood, neurologically impaired clients, visually impaired clients, individuals with dual diagnoses, stroke victims, and hearing impaired clients.

Music therapy methods may be both active and receptive. Active methods involve the client doing something with the music; with receptive methods, the client is receiving the music, generally through some form of listening. All may include verbal processing of feelings and experiences, particularly with adults.

Bruscia divides uses of music in therapy into four methods: improvising, performing or re-creating, composing, and listening experiences. Improvising occurs when the client makes up music using any medium, individually or with others. Performing or re-creating takes place when the client learns or performs precomposed music. Composing experiences involve the client writing songs, lyrics, or instrumental pieces with the assistance of the therapist. In listening experiences, the client listens to music of any type and responds silently, verbally, or in another modality.

Music therapy as psychotherapy may occur at three levels. In supportive, activity-oriented music therapy, goals are achieved through the use of therapeutic activities (including verbalization when appropriate), but understanding why a behavior occurs is not important. In re-educative, insight- and process-oriented music therapy, the focus is on feelings, the exposition and discussion of which lead to insight that results in improved functioning. Music may be used to elicit emotional or cognitive reactions necessary for the therapy. In reconstructive, analytically, and catharsis-oriented music therapy, the music helps to elicit unconscious material, which is then worked with in an effort to promote reorganization of the personality. Music therapists may work at one or more of these levels depending upon the needs of the client and the skills of the therapist, with more advanced training required at each level.

https://search.credoreference.com/content/topic/music_therapy
Clinical Examples of Music Therapy

Music therapy can be used in numerous ways, as suggested by the methods and levels described above. Client needs, abilities, and interests are primary considerations in determining music therapy techniques. A few examples of music therapy, selected to illustrate a variety of clients and approaches, are given below.

Children With Developmental Disabilities

Music therapy is effective for treating a wide range of problems of children with developmental disabilities and with multiple disabilities. Lisa began music therapy when she was 9 years old and received individual music therapy that was written into her individualized education program (IEP). She had multiple severe disabilities and was nonverbal, although she occasionally made some sounds. Goals for her music therapy were to increase eye focus to task, improve responses to commands, increase frequency of vocalizations, and improve bilateral use of her hands. Music therapy techniques included encouraging Lisa to play simple rhythm instruments, sometimes in response to directions from the therapist; playing songs that encouraged her to respond vocally; and having her do structured movement to music, often to directions given in the song and encouraged by the therapist. She improved in all areas, including some instances in which she said words that were distinguishable. After 2 years (82 sessions), Lisa began music therapy with the same music therapist in her school so that she could work on social skills with her peers. Sessions were held for the next 2 years in the school, with goals including increasing use of her voice, cooperating with others and increasing interpersonal relatedness, following simple directions, and increasing two-handed use of objects. Lisa continued to make progress toward many of the goals, although her responses were inconsistent.

Medical Settings

Music therapy is effective in medical settings with adults and children. Barbara L. Wheeler has worked in several medical settings, and her work with one young man will serve as an example.

Steven was 19 and hospitalized for a brain tumor. Optic glioma, diagnosed when he was 5, had now progressed so that he could not see and was confined to his hospital bed on the intensive care unit. He had other problems, including muscular dystrophy and hydrocephalus. Because he was hospitalized for an extended period of time, Steven had eight music therapy sessions. Goals were to decrease isolation, provide an opportunity for emotional expression, and increase stimulation. The music therapist usually sang songs of Steven's choice and encouraged him to tap on a tambourine as a way of participating. He found the sessions useful and usually expressed his enjoyment by smiling, playing the instrument, and speaking of his pleasure. On one occasion, a familiar melody (“You Are My Sunshine”) provided the outline for a song about what he had done that day. He was responsible for choosing the words to insert in the blanks when words were left out of the song. The song went, “Today I lay in bed, and I had pancakes. My mom was here and she loves me.” Steven was gratified by this creative endeavor, and his mother cried with emotion at Steven’s creation. Steven was transferred to a long-term facility and passed away within a few months.

Adults With Psychiatric Disorders

Working with people with psychiatric disorders, or in the mental health area, is a common focus of music therapists’ work, and music therapy has been found to be successful with this population. Additional evidence of the usefulness of music to address the problems of adults with psychiatric disorders is provided by research on aspects of music therapy used with these problems, including
those related to depression. Two types of in-depth work are described. Diane Austin uses vocal improvisation in analytically oriented music therapy. Vocal psychotherapy uses the voice, vocal improvisation, song, and dialogue to promote intrapsychic and interpersonal change within a client—therapist relationship. Austin uses the voice because she finds that singing connects people to their breath, their bodies, and their emotional lives. She uses techniques such as “vocal holding,” involving the client and therapist singing together over two consistent chords in unison; harmony; and mirroring to provide a reparative experience and work through developmental arrests.

The Bonny method of guided imagery and music (BMGIM) is an important way of using music as therapy. This method, developed by Helen Bonny beginning in the 1970s and described by Bonny in 2002, is usually done in an individual session with a trained therapist serving as the guide. The client, in an internally focused state, listens to specially programmed classical music that may evoke emotions, memories, imagery, moments of healing and transformation, and spiritual experiences. The client’s imagery comes from the client’s experience of the music and is not directed by the therapist. The development and theory of BMGIM, plus numerous instances of deep and transformational experiences with this method, are documented in the literature.

See also
Art Therapy; Autism/Asperger’s Syndrome; Developmental Disorders; Health Belief Model; Indigenous Healing; Mental Health Issues in the Schools; Mental Retardation and Developmental Disabilities

Further Readings

Web Sites
https://search.credoreference.com/content/topic/music_therapy
APA

Chicago

Harvard

MLA