

Change in Music Therapy: A Discourse

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Abstract:

The goal of this essay is to explore the inherent polarity between the realities of CHANGE (gignetic) and the elements of FORM (ontic) in music therapy. With examples from clinical practice, the discourse will move forward towards a meta-analysis of music therapy theory in light of the polarity of CHANGE and FORM.

INTRODUCTION

1.1 Elements of a Definition

When attempting to define music therapy, we often state that our goal is to bring about a “positive change” in an individual. As Kenneth Bruscia puts it

“...the ultimate aim of music therapy is to induce some kind of change in the client.” 1

Most definitions of music therapy go on to say that this change is brought about by the elements of music, as well as through the therapeutic relationship that is established. Bruscia then moves on to these two questions:

“But what kind of change takes place, and how do these changes qualify as therapy?” 2

The goal of this essay is different from that of Bruscia. Rather than ask what kind of change takes place in therapy, and whether it is therapy – we are going to examine the whole notion of *change* in music therapy. To do this we will attempt to define *change* within the context of *form*.

Ultimately, how we understand these three – the process of positive change, the elements of music, and the therapeutic relationship – has been a quest that drives the historical development of theory in Music Therapy. In order to understand the question of *change in music therapy*, we will examine the core explanations which have come forward to answer this most basic question: “Why is MUSIC therapy?”

1.2 Different Views

There are two extremes in the continuum of understanding concerning the nature of music:

“Some people think that music is the fluid art par excellence, following the motions and emotions of the soul and bound to no formal rules or at best to

superimposed rules which are of secondary importance. Other people, on the contrary, hold that music is a purely formal art, much akin to architecture, in which motions and emotions are inevitable by-products.” 3

The first approach is focused on music’s capacity for change, a Dionysian approach. The second emphasizes music’s capacity to provide structure, the Apollonian approach. This polarity has real implications for clinical practice, as seen in some of the tensions that arise between, for example:

- 1) the inherent freedom of improvisation as compared to a more highly structured clinical approach;
- 2) the dynamic between client resistance and the implied compliance of participation;
- 3) the wide net of inquiry cast by qualitative research, as compared to the tightened focus of quantitative research; and
- 4) the difference between the variety of a resource-based model, as compared to a strict problem-solving approach to music therapy.

There is no doubt that each approach has merit. Our goal is to find a synthesis of these two points of view in our understanding of music therapy.

1.3 Form and Change

“All knowledge, all sciences and arts have their beginning in the recognition that ordinary, familiar things may take on different forms . . . we see water freezing into a translucent block, or the snow which fell from heaven changing to water before our very eyes.” 4

To make sense of the complex world around us, we look for *form*. Form is built on *structure*, how things are put together. This form then becomes a *concept* which we can apply to other complexities around us as a practical *analogy*.

“The only way we can do business at all with a rapidly changing, shifting, surprising world is to discover the most general laws of its transformations. The very word “transformation” tells us what we are dealing with: changes of form.” 5

The world we try to grasp with form is in a constant state of transformation which we call change, or as Langer points out “changes of form”. This phrase points to the tense marriage of form and change.

Change can be understood as an *event* happening in time in which something or someone has moved from having one *property* to another, perhaps contrasting property. 6 To understand change, it is useful to identify:

- 1) the *nature* of the change: Is it a change in entity?
- 2) the *cause* of the change: Is there an agent for the change – someone who has done something?

- 3) the *time* of the change: Is it happening at the same time as the event? Or is it a longer process of ongoing events we may call a “temporal becoming”?

1.4 A Method of Inquiry

How to understand this notion of change in music therapy? Certain propositions can be made:

- 1) Change is either expected or unexpected.
- 2) In Treatment Process we try to determine expected change.
- 3) We do an assessment of the presenting conditions, determine what the goals shall be (expected change), and devise a treatment plan to achieve these goals.
- 4) How the music therapist assesses the situation, then moves forward with a treatment plan to achieve goals is based on her value system concerning therapy – upon her theoretical foundations.

One interesting way of understanding *theoretical foundations* is to examine the various answers to the basic question “Why is MUSIC therapy?” The three theory groups which will be presented all try to get to the root of the matter, but they do it in different ways. Each theory group must deal with the question of change, that is, how music makes change come about in therapy.

We call them “theory groups” because they each contain the works of several thinkers, some developed through a long time continuum of centuries. We shall call these theory groups:

- 1) The Imitative
- 2) The Interpersonal
- 3) The Musical Systems

For each of these theory groups, we will answer 4 questions:

- 1) What is the basic premise of this approach?
- 2) What is the identified need that has to be changed?
- 3) Who or what is the agent of change -- client, music, or therapist?
- 4) What is the result of this change? Where do we place it in time?

The clinical therapist will notice that questions 2, 3, and 4 relate to the sequence in treatment process that we call assessment, treatment plan, and evaluation – related to theoretical, action, and reflective knowledge.

To sum up, our method of inquiry will be to compare the three theory groups

in their approach to change in music therapy based on: premise, need, agent, and result of the change(s).

2 Examining Change through music therapy theory

2.1 Three Theory Groups

As mentioned, at its core each of the theory groups attempts to answer the question “Why is MUSIC therapy?” For the music therapist this is a crucial question. To be fully present and effective within the moment, the music therapist must understand what it is about what they are doing with music that is bringing about the desired change. Otherwise, how can the therapist be of service to the individual who has come to her for help? Also, by answering this question for herself, the music therapist is then capable of explaining the true nature of her work to others in the health care field. Finally, understanding the true nature of her work with music, and the way it makes therapeutic change come about, is one important way of lessening the risk of personal and professional *burnout*, which is inherent in all “people work”.

As we outline the theory groups, we can appreciate the depth and flexibility of approach that music therapists have developed over the centuries to understand the work they do.

2.2 The Imitative Theory Group

2.2.1 Basic Premise

This theory was first articulated by Aristotle. The argument is as follows: music is able to imitate emotion, and in this way, music brings about a catharsis---a purgation of the emotions, especially destructive one's:

“But rhythms and melodies contain representations of anger and mildness, and also of courage and temperance and all their opposites and the other moral qualities, that most closely correspond to the true natures of these qualities (and this is clear from the facts of what occurs---when we listen to such representations we change in our soul).” 7

Besides being closely tied to the Greek doctrine of *Ethos*, this theory group also continues in the Baroque doctrine of the *temperaments and affections*. In our

time we see this reflected in what music therapists refer to as the *Iso Principle* – to begin where the client is, with music to match the mood. In its more extreme applications, the imitative idea can be seen in the many “cookbook” prescriptions provided by some “New Age” musical practitioners.

Philosophically, this is a rather weak answer to the question “Why is MUSIC therapy?” because it is predicated on the necessity of music to have specific *meaning*. This idea of the meaning of music is a many-sided argument with no easy answer. Some would say music refers to non-musical things (Referentialist); some would say that no, the meaning of music is only with the music itself (Absolutist); others would argue that music has meaning because it serves as an analogy for how life works (Expressionist). One thing is certain, the meaning of music and musical forms is culturally based. The musician might assert that a major chord is happy and a minor chord is sad – but is this necessarily so? One has only to attend a Middle Eastern wedding to observe the great joy present in minor modalities. On the other hand, as a *working method* for music therapy, the imitative approach of the *Iso Principle* can often be very effective.

2.2.2 That which needs to be changed

Simply put, the imitative theory tends to deal with temperament and its corollary, emotion. In his working definition of *emotion*, Malcolm Budd surmises that emotion is a “thought expressed as pleasure or pain”.⁸ Humans are emotional beings and when emotions are dis-eased, there is pain and the need for healing. The imitative approach also says that certain types of temperaments are prone to certain emotional problems, and can be cured with very specific types of music.

2.2.3 The agent of change

In this approach it is the *music* as an expression of a specific emotion which is the primary agent of change. The client and therapist are both required to identify the emotion (anger, sadness, fear, despair, etc.) that needs to be changed and to make the music required to express that emotion – in an authentic and committed manner. But it is the music itself that provides the carrying wave for therapeutic change.

2.2.4 The resulting change

The goal for this work is *catharsis* – the release of negative emotions – like having a good cry, only musically. The emotional person has moved from pain to pleasure. The inner person is in balance with the outer world. This change happens in the moment – and the result can be either temporary or cumulative over time.

2.3 The Interpersonal Theory Group

2.3.1 Basic Premise

“If you are translating form in one material into form in another material, you must create that form from the inside outwards.” 9

In this sentence, Herbert Read points to the difficulty one faces in theorizing about things; one can understand them from the outside inwards, or from the inside outwards. What do we mean by this? To understand from the outside inwards, means to use a theory developed for a previous, yet similar, event to describe the present event. We will argue that the Interpersonal Theory Group uses the outside inwards approach in order to understand music therapy.

This has been a natural development for a profession which from the very beginning has sought legitimacy within the modern medical model. Here is Even Ruud’s introduction to the topic:

“While the ultimate goal of Music Therapy as a treatment profession is to establish itself as a unique discipline, up to now it has been largely necessary to build Music Therapy’s underlying processes upon prevailing theories in psychology and other treatment philosophy . . . divided into four general approaches: the biological, the behavioural, the psychodynamic and the humanistic.” 10

By using the perceptual filters of these various approaches, the therapist begins to see music as providing a bridge---an experience---in which the therapist is able to establish a relationship with a client. Bruscia incorporates this idea into his definition:

“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.” 11

To sum up, the working premise of the Interpersonal Theory Group depends on the premises of the particular psychological approach that is being used. The behavioural music therapist would be working with a very different set of criteria than the analytical music therapist. Yet both are using an outside inwards theory to understand the changing events of music therapy.

2.3.2 That which needs to be changed

The Interpersonal Theory Group is inclusive of all current treatment theories. Each one of these has a view as to what needs to be changed: for the behaviourist it is behaviour, for the humanist it could be self esteem. The music

therapist follows the theoretical guidelines of the particular theory to assess the presenting conditions and to develop goals for therapeutic change.

2.3.3 The agent of change

There is no question that the client is an agent of change in most psychological approaches, and the more he is involved in a proactive way, the more effective the treatment can be. The music may serve as an agent of change in several ways: as a bridge where a therapeutic relationship can develop, as a reward for proper behaviour, as a home-base from which one may journey, or even as a doorway to the subconscious mind, for example. But, the real carrying wave for change in the Interpersonal Theory Group is the therapist herself, because it is she that is trained in the theoretical approach and she that determines how it will be applied.

2.3.4 The resulting change

Again, the nature of the change will be determined by the psychological treatment model being used. Each approach has its own value system which determines which specific goals are important. The endgame depends on the rules of the game – and these are determined by the theoretical approach being used.

2.4 The Musical Systems Theory Group

2.4.1 The Basic Premise

The “outside inwards” approach of the Interpersonal Theory compels us to ask: “Where is the MUSIC in all of this?” Can one not also build a therapeutic relationship in other ways – camping, art, movement, talking, etc.?

As music therapists have become more empowered as a profession, there has been a gradual shift towards developing an “inside outwards” theoretical approach. This emerging paradigm represents an effort to develop a musical model for understanding music therapy. Carolyn Kenny’s *Fields of Play* 12 is one creative approach to this question. David Aldridge’s chapter on *Health as Performance* 13 is another movement in this direction. One could argue that Taylor’s 14 discussion of the musical brain as a model for music therapy is another brick in the wall for building a musical systems theory.

A musical model for music therapy is deeply engrained in the Nordoff/Robbins conception of the Music Child:

“The Music Child is that entity in every child which responds to musical experience, finds it meaningful and engaging, remembers music, and enjoys some form of musical expression. The Music Child is therefore the individualized musicality inborn in each child.” 15

Does the Music Child move on to become a Musical Adult? What is the anatomy of this Musical Being? In my own contribution to this paradigm, I argue that humans are musical beings, made as music is made---wired for sound. In the same way that we have basic bodily systems such as the circulatory or the respiratory system, so we can speak of having musical systems---for example, we speak of our rhythmic system. 16

In his theory of Multiple Intelligences, Howard Gardner argues that:

“The core operations of music do not bear intimate connections to the core operations in other areas; and therefore, music deserves to be considered as an autonomous intellectual realm.” 17

The Musical Systems Theory Group places emphasis on what music therapists would call the *elements of music*. Bruscia states that:

“One of the basic premises of music therapy is that because music experience involves and affects so many facets of the human being, every musical change that a client makes is indicative of a non-musical change of some kind.” 18

If we are made as music is made, it follows that as change happens in the music, so the individual is changed.

2.4.2 That which needs to be changed

In this approach, there is a careful assessment of the rhythmic, tonal, and harmonic aspects of the individual’s presenting conditions. When assessing the rhythmic being, for example, we work with the knowledge that the brain controls over 100 different biological rhythms. Also, we can draw upon research in chronobiology on the infradian, circadian, and ultradian rhythms. The therapist then seeks to identify the change needed to bring about some integrity in the individual’s rhythmic life. Musical rhythm is seen as bringing order in a biological, emotional, cognitive, communicative, and social manner. The same type of assessment is carried out for the individual’s tonal and harmonic systems.

2.4.3 The agent of change

Not only is the musical change “indicative of a non-musical change” as Bruscia states above, but in this theory group it is seen as being the *cause* of a non-musical change. Music functions as the *co-therapist*, a dynamic force for change in music therapy. The carrying wave for therapy happens within the individual’s deeply embedded musical systems.

2.4.4 The resulting change

The change has two dimensions, the musical and the non-musical, and both are evaluated by the music therapist. The change happens in the moment; music is a real experience in the *now*. The Music Child is involved in health as performance. We participate in the temporal becoming of the rhythmic, tonal, and harmonic being.

3 Comments

3.1 Ethical Implications

This essay began with the statement that the primary goal of music therapy has been to bring about *positive change* for the client. We have expanded the discourse to explore change as a counterpoint to form through the filter of three theory groups which deal with the question “Why is MUSIC therapy?” We have examined the basic premise of each approach, as well as the need for change, the agent of change, and the resulting change for each of these theories.

Still, one question lingers: What are the ethics of change in music therapy?

An individual with some kind of need comes, or is referred, to music therapy. Does the music therapist now have permission to try to bring about whatever change she thinks is necessary? Does the written or implied contract of therapy give the music therapist a free hand in determining what the change will be and how it will be brought about? How far can the therapist go in providing direction? Who gives the permission for this? What if the individual is non-verbal? Can we be really sure that his personal will and dignity is not being violated? Are there sufficient checks in place to guide this *therapeutic imperative*?

In the Code of Ethics of the Canadian Association for Music Therapy (CAMT), music therapists are required to:

“Assure, in the process of obtaining informed consent, that at least the following points are understood: (a) purpose and nature of the activity; (b) mutual responsibilities; (c) likely benefits and risks; (d) alternatives; (e) the option to refuse or withdraw at any time, without prejudice; (f) over what period of time the consent applies; and (g) how to rescind consent if desired.” 18

This seems clear and comprehensive enough. However, the concept of *change* is not mentioned in the Code. It has been replaced by phrases such as *purpose and nature of the activity, likely benefits and risks, services*. Focus is on respect for the individual, delivering services to the best of ability, and on minimizing harm. But is all change allowed as long as there is written consent, and there is no perceived harm? These concerns about change in music therapy are “questions which never go away” if one is to practice ethically.

3.2 Being Aware

Currently, music therapists worldwide are involved in working with a surprising variety of presenting conditions. Each of these situations requires clarity and effectiveness. If the music therapist is to find a clear pathway forward with the individual who has come to her – she must be clear on the nature of the change she will be helping to move forward. In order to do this, she must understand the implications of her own deeply held notions concerning music and healing. These determine her conception of change.

This discourse has considered *change in music therapy* by looking at the core theory groups which bring forward a rationale for “Why is MUSIC therapy?” An underlying theme has been the tension between the forces of change and those of form. It is hoped that this approach will encourage the clinical music therapist to recognize her own theoretical tendencies and to consider the deeper implications of change in her work of helping others.

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