

Music Therapy and Survival: Our Guardianship For Those Who Follow

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Abstract:

This paper outlines a sociological perspective of music therapy as an important habilitation and rehabilitation process in times of rapid change. Music therapists face new pressures relating to present economic decisions made by governing bodies. Therefore they must be supported in their guardianship of the profession, its continued development and its integrity. More client groups have identified cultural and socio-economic disadvantages, and therapy training must nurture awareness and sensitivity to these groups of people.

The power of words to provide information and assessment in the important interfaces between decision-makers and music therapists, and music therapists and music educators is explored. Music therapists need to address questions of rights and responsibilities in order to take their rightful place as effective facilitator agents in a changing social world.

The development and well being of children and adults is a prime responsibility for a civilised society. Caregivers, educators, therapists and many others commit themselves to fulfilling this responsibility professionally and personally, facing the challenges involved in habilitation and rehabilitation, providing rich interactive experiences for intellectual, social, physical and emotional change and growth.

Music therapists, with pleasing or challenging sound as their interactive agent, make a major commitment to this goal of human nurturance and extension of potential. From a background of parental support for tuition in music performance, the well-skilled player or singer becomes interested in the sensitive application of musical ability towards helping younger or older people in some way. Specialised training in planning of programmes for all areas of identified need follows, with no certainty for the student that the initial impulse to use music as therapy will be sustained and enhanced by learning, training then practice. The drive toward a helping vocation may be tempered by the realisation that other people's dysfunctions are too much to contend with, that one's own personal strengths are not sufficiently focused in this direction. Or, more often, the daily pressure of being a good music therapist, actively refining and extending knowledge and skills in every session, has pressure added from extraneous sources. Music therapists battle to get full recognition and co-operation from other professionals; there is difficulty in obtaining quality working environments and musical resources; extra study and personal music rehearsal to keep the fresh edge needed for music therapy in practice takes precious extra energy from the basic working store of that essential commodity.

Then, in a discipline still consolidating its modern identity, there is the matter of public perception of music therapy. Agencies and individuals, both state-based and in the private sector, control funding and need to be convinced that their expenditure on music and music therapy training, job provision and research is being justified. They ask for, and are entitled to receive, explanation of the nature, content and outcome of programmes that are to be supported by taxpayer or philanthropic monies. These people are the politicians that can support or prejudice our future as a profession.

This puts much political pressure on music therapy today, and therapists require good professional and personal coping mechanisms. Strong leadership, direction and reinforcement for music therapists is needed for survival in the coming decade and national and local music therapy bodies must become guardians of the profession. This guardianship role is of some significance. We are not a large powerful body of practitioners and supporters, nor do we deal in tradeable commodities. We are a minority group that has to make a positive impact in the tough arena of competition for funding, job establishment and recognised status.

In the legal sense, a guardian takes care of the person, property and rights of another (usually a minor). In an ecological or sociological sense a guardian watches over, and cares for, a cause like environmental issues or the rights of an underprivileged group. Those connotations of guardianship are also appropriate for music therapy in today's world.

Without the promise of surplus, but still the stated intent to improve the economy, our elected politicians have shifted policy emphasis from social support from a benevolent state to a right-wing policy of user-pays with an open market for goods and services. Unemployment of the young, redundancies from factories and public services for older workers, large cuts in budgets for area health boards, tertiary students now pay sizeable tuition fees, Maori people want a separate education service that considers their cultural base – these are some of the social changes that are happening in New Zealand. In both our countries the reality of a monetarist economy with its free market approach and consumer philosophy has imposed strain on systems providing welfare, health and education services.

People disadvantaged by this change in the social fabric require help. Families ask for budgetary advice and, more often than five years ago, want for food; schemes are devised to train and retrain people towards employment; and many people need counselling and therapy to help cope with shock, stress and lack of personal esteem stemming from this rapid alteration in life expectations and circumstances. There is grieving for loss.

Music therapists are important providers of care and support for this newly identified group of disadvantaged persons. Like clients in the familiar groups (the elderly, those with intellectual or physical impairment, people in prisons or hospitals) this sector of the population looks for rehabilitation towards some previously held level of competency, initiative and independence. How valuable it would be if *habilitation* was also a main thrust for music therapy! Preventive measures for people at risk make better social and economic sense than picking up people from the bottom of the cliff. In the ideal world where local and national bureaucrats and politicians have an enlightened forward plan for health, education and welfare care, music therapy should be given a place in the forefront of this habilitation movement. For this to happen, music therapists must become more identifiable as practitioners in private practice or in establishments and institutions, and they must prepare themselves to be consultants. This is a new role for the profession, but an increasingly important one; consultancies are central to the new-wave management scene. Music therapy consultants would provide advice on programme development, assessment procedures, practical and professional liaison matters, could give refresher or extension workshops, seminars and courses, and be available to support new initiatives from musicians and non-musicians interested in the best way to include music in a client setting.

What sort of evidence is required to persuade decision-makers towards support for music therapy development? To convince the rationalists that sit on health, education, justice,

welfare and community boards of trustees that it will be more effective to fund music therapy training and jobs than something else? (Sadly today many monetary decisions relate more to alternatives than to innovations.)

Music therapy research literature can call up some impressive ammunition for a campaign of persuasion. Practitioners in music therapy have written moving testimony of positive work experience in their field. The coinage of the written word becomes important in the education of politicians in a new direction.

Politicians themselves use words, in various direct and devious ways, as a prime tool in keeping a hold on our loyalty. Music therapists, however, use the power of music, sound shapes and colours and rhythms, that communicate without reliance on a verbal base. An effective interface between words and music must be developed that impacts on today's decision-makers without compromising the integrity of the way we work with music or the way we describe that subtle process. There are two approaches to this educative task. First music therapists can provide the sort of historical information that politicians often demand, the facts and figures required for discussion and debate around a management table. Secondly, it is essential that the music therapy profession finds or develops assessment and evaluation measures that can be expressed in words suitable for a wide-ranging audience – the scientists, lawyers, teachers, social workers, parents and others who traditionally head for committees and boards where decisions are made. New assessment procedures in medicine even are using words (Gill, 1984) to measure a patient's quality of life, and younger economists (Croxon, 1990) use descriptors to obtain comparative economic information.

Provision of facts and figures about music therapy is no great problem. Objective observations and quantitative comparisons of change in physical or cognitive behaviours, in measurement of extended time on task can be found in the research literature relating to all client groups. Taking a lifespan approach, one can example Hanser, Larsen and O'Connell's (1983) work on the effect of music on relaxation of expectant mothers during labour. Chetta (1981) looked at the effect of music and desensitisation on preoperative anxiety in children. Turning from health to education topics in music therapy research literature, much has been recorded that relates to the special needs child. Vocal training improves the intonation and frequency range of speech for hearing impaired children (Darrow and Stårmer, 1986). Several researchers associated with Madsen (1975) looked at the usefulness of music to reinforce correct mathematical response. Research by Gibbons (1983) provided systematic knowledge for planning of music programmes for the elderly population and the writings of Ruth Bright (1972, 1989) have been in the forefront of observations relating to music in geriatric care. Mary Priestley (1975) and Florence Tyson (1981) write about music therapy in psychiatric fields, Susan Munro (1974) about music in palliative care in hospices. This range of descriptive evidence reinforces, for non-musicians, the premise that music facilitates changes like improvement of a skill or the quality of an environment.

The second challenge, use of language relative to music therapy outcomes and accessible to all professional backgrounds of understanding, is one that takes us back to review ideas and writings from earlier decades, looking at thoughts that are surprisingly relevant again in a scientific world that is starting to change its perception of what constitutes acceptable evaluation.

Ruud (1988) reminds us that in the 1950s, in order to establish itself among university disciplines, music therapy had to depart from all kinds of metaphysical or idealistic types of theory in order to match the prevailing positivist philosophy of science with its emphasis on experimental method or science-based procedures. Now there are changing

concepts in science with a more holistic approach and increased understanding of the breakdown of linear logic or instrumental type of reasoning. Ruud questions whether or not music has entered a Romantic Conception, with emotions back in favour. Increasingly music is being hailed as a universal kind of therapy or peacemaker, although Ruud warns about a mechanistic approach where music-sound vibrations are translated into preprogrammed ideas or actions . . . but that is another topic.

Going back to the flurry of writings about music in the 1920s and 1930s, it is interesting to look at what Max Schoen (1927) has to say on the need effects of music where he uses descriptive words as the basis for data gathering. James Mursell (1937) writing about organisation of the musical personality stressed the engagement of the whole of the complex mind in musical behaviour. His essential point (page 323) is that 'musicality depends upon and consists of an awareness of tonal-rhythmic configurations or total patterns and an emotional responsiveness thereto'. That same year, 1937, Kate Hevner (in Bonny and Savary, 1973) published an experimental study of the affective value of sounds and poetry and used a mood wheel, an arrangement of adjectives for recording the mood effect of music. Eight groupings, each of six to 11 descriptive words, are arranged around an imaginary circle; each group has words of compatible meaning and adjacent groups have some characteristics in common. Unlike groups are diagonally opposed in the circle. All the words reflect a human state of affect, a condition that would, in interview or writings, be extended in description by a metaphor or image. This is a usual method of communication about how one feels about an aesthetic or spiritual experience, and many of these earlier writers were well versed in the subtleties of language in relation to music. Suzanne Langer (1957) writes 'Music is an emotional catharsis, its essence is self-expression'. She is writing about performed or received music, not improvisation. The reference to self-expression could validate the use of words, or drawings or dance, to express an effect. However, Langer goes on to state 'Music . . . has a special way of functioning incommensurable with language and even with presentational symbols like images, gestures or rites'.

This lovely assertion does not help the case for building an assessment tool through use of words, does not forward the search to find accountable language for modern management. Of course Langer is right. Music is unique in its potential for personal communicativeness, and does stand alone as a power to effect action and reaction for the individual or group. I suggest that we endorse her thought, enshrine that concept, but at the same time not expect all others to be at the same stage of musical understanding as ourselves. Words provide the familiar bridge between the experienced musician and the interested listener to music and observer of its affect. I am not suggesting that we abandon the quantitative approach to discovery of change through music intervention; it has its place obviously in many finite circumstances. My own research (Croxson, 1988) tried to bridge the gap between quantifiable recording of behaviours and affective use of music by using direct computer registration of motor action from cerebral palsied children and using a mix of computer-sourced rhythmic stimulus and therapist-produced melodic input as a music stimulus.

An important equity issue has to be addressed if there is to be encouragement of verbal descriptors as a means of comparative assessment in some forms of music therapy. Again Ruud (1988) reminds us of ethics and professional responsibility by pointing out that music is a culturally derived phenomenon . . . 'it is a way of organising vibration, it is coded sound, while vibration may be universally felt, *understanding* music implies knowing the codes or manner of representations prevalent in the culture, which also means knowing the culture'. Ruud goes on to say that the nature of music sometimes forces us to open up non-investigated areas of body and consciousness. Certainly other

cultural backgrounds are much fuller in aural experience, spiritual dimensions and integrated life experience than the Western model. Robert Ornstein's book, *Multimind* (1986), centres around The Western Intellectual Tradition, TWIT, with its ability to *discuss, debate, delineate and dismiss*. I often feel that this process is being used more often now, to *appear* to use a consultative and democratic process then to avoid that approach in actual decision-making, thus retaining the safety and the power of the known parameters of management.

There is another equity issue for the music therapy profession to consider in the future. Musical skills required for music therapy practice can be developed only through years of tuition and rehearsal. Access to tuition is restricted to those whose family or support systems can afford it. Music therapists therefore come from a privileged sector in society where economic sufficiency is accompanied by social attitudes that put a priority on private provision of education in the arts. Even with the best music education available during all school years (a mythical situation!) there has to be a long period where maturation of skills is achieved through enjoyable rehearsal. Often the impetus for this comes from, or is endorsed by, music educators who sense and nurture a talent, but someone has to pay for lessons, provide instruments and support practise routines. This privileged background is not shared by the majority of clients in hospitals, prisons, community centres or schools. An important part of music therapy training therefore must encourage awareness, sensitivity and knowledge of sociological perspectives relevant to client groups as well as perspectives from the musical and psychological base. Ruud's reminder that music is a culturally derived phenomenon stimulates the realisation that ethnic and anthropological background is not enough; music therapists in training and practice need well-developed skills to relate effectively to all socio-economic groups. I am not convinced that this preparation is done sufficiently yet.

Western society in the past has expected the home, and then the school, to provide knowledge and shape attitudes in the educative and moral development of the young. Major changes in social factors and education legislation has placed much more responsibility towards schools and teachers. Two incomes are often needed to sustain basic family needs, there is a high proportion of single parent families, many children come to school hungry or with chronic health problems such as ear infections. Scarcity of money engenders scarcity of time for human relationships to be fully supportive. Mainstreaming legislation now involves parents and teachers in altered expectations about the best environment for special needs children, and too rapid implementation of the changes towards complete or locational mainstreaming has put enormous strain on classroom teachers not experienced in this area and without sufficient physical or professional support – aides, equipment, advice. What is undoubtedly a right, to have equal educational opportunity, has become a focus of much difficulty in the short term. There is a framework of specialist resource in speech and language, physical therapy, psychological advice (although it is often in too short a supply). Certainly, for mainstreamed and special needs environments, the speciality of music therapy should be available. Working towards this goal will ask for more mutual understanding between music therapists and music educators than is at present evident.

Music therapists who are conversant with the basic research literature in music education become more credible when promoting their own valuable capacity for contribution to educational opportunities for all. Also they have a responsibility to add their voices to continued public expression of the value of music in the school programme and with the private music teacher. With much emphasis on job-based training in education, it is possible that curriculum changes advocated may threaten arts subjects.

Music educators need reminding that there is more to music than the skills of learning to sing, play, listen and move. A new Music Syllabus (1990) in New Zealand centres its content around three words . . . (children should be encouraged to) *create, recreate* and *appreciate* music. Great words – they capture the spirit of the cycle of exploration and organisation of sound which accompanies the joy of music involvement. It would be wonderful to have a parallel set of words that reminded educators and politicians that access to many aspects of learning can be made *through* music. Children can create, recreate and appreciate language and numeracy skills through music, social skills can be elicited, rehearsed and transferred into a confident personal repertoire through group music-making. The processes of perception, cognition and kinaesthetic learning can be identified and rehearsed and consolidated by informed musicians using music in a planned way.

Music therapists have the potential to become the 'informed musicians' for education either through specialised practice or by becoming consultants within the school system. In this latter role logical emphasis would be on the importance of early intervention and remedial or preventive work (sometimes this would be seen as the habilitation aspect of education). Music therapists know for instance that aural and kinaesthetic intervention is of great value where autism has been identified, that visually or hearing impaired youngsters benefit considerably from a range of musical activities. Speech delayed children benefit more from melodic intonation therapy than they do from traditional speech-only based therapy (Krauss and Galloway, 1982) and indeed many speech and language therapists are using chanting and singing in their work now.

One trusts that music therapists are well aware of the depth of music education research that can add a useful dimension to therapy practice and consultancy. Also there is a growing body of pure research from a variety of professional journals that should persuade policy-makers to make a commitment to early intervention programmes using music. Chang and Trehub (1977) established the sophisticated aural acuity of babies who were habituated to melodic, and in another project, to rhythmic, patterns; the babies registered heartbeat alteration to changes in those patterns. Much useful work in perception and cognition by researchers such as Krumhansl and Keil (1982) and Serafine (1983) gives justification for a rounded multisensory input for many learning modalities. Music therapy work too, reflects interest in sensory integration theory (James, 1984). This gives substance to the sort of articulation of objectives that can be made, together with music educators, in the pursuit of replicated or applied research funding that has direct relevance to the use of music therapy towards improved well-being and development of children.

From exploration of ways to encourage interfacing and mutual understanding between therapists and educators, between musician and politician, one comes back to a central question which as yet has no simple answer. *Why* does music have an effect on a wide range of diverse behaviours?

At this stage of a presentation one can only signal personal sources of exploration and inspiration. In the *New Groves Dictionary of Music* (Spender and Shuter-Dyson, 1981) there is a particularly interesting section on the Psychology of Music. This discipline, a new academic area comparatively, despite its Pythagorean origins, has a principle task of discovering how a human being makes sense of music. The writers have identified three conceptual innovations resulting from new lines of scientific enquiry since World War II. First they find a link between cognitive and Freudian learning theories enabling the psychologist to relate emotional to cognitive memory. Thus musical memory retains qualitative aesthetic and affective experience difference as well as that from

harmonic and rhythmic elements of music. Secondly, a cybernetic view of human beings sees them as purposeful, self-regulating biological systems which keep in balance cycles of perception (input) and action (output); this has importance in the perception-action sequence involved in music – there is feedback from sound emission which enhances the ongoing production of sound. Thirdly, the innovation in psychology of information theory has relevance. (Lathom, 1971 relates this concept to music therapy.) Incoming communication messages, which could be in the form of musical stimuli, are received in increasing degrees of order until they become so redundant that full attention to them is no longer demanded; other stimuli can accompany them, can facilitate an observable educational effect or change of behaviour.

Another major area for personal exploration is that of neurological function, now recognised as being much more complex than previously thought. Juliette Alvin (1982) felt strongly that this area would provide an important breakthrough in understanding the power and effect of music. Ornstein (1986) writes about the 'multimind' postulating that, instead of discrete neurological centres and prescribed paths for various human behaviours, we have a number of small 'minds' scattered about . . . 'a patchwork quilt of talents in the brain' (page 47). The mind we bring up front to face a particular task is the one most suited to it. This resembles Pribram's brain system theory (in Campbell, 1983) where the brain is termed hologic and storage of memory is in every part; a snippet of sound could trigger off associations that make connections in other parts of the brain 'hologram'. Ornstein, a neurophysiologist, had earlier subscribed to the separate operation of left and right hemispheres of the brain in this book 'The Psychology of Consciousness'. Then there is the 'triune' model of a three-layered brain system, an approach developed by Dr Paul MacLean (in Campbell, 1983). A lower 'reptilian' brain co-ordinates biological and physical functions of the body, a middle 'mammalian' brain contains the limbic system which is involved with the processing of emotions, and the third intellectual and conceptual brain, termed 'neo-mammalian' is housed in the neo-cortex. Brain theories then offer a fascinating mosaic of ideas relating to music and its function which in the future could lead to further understanding.

Guardianship of music therapy as the world heads towards the year 2000 must be concerned with its care, property and rights – words originally stated in the legal definition given at the beginning of this paper. Music therapists are trained to care in a thorough way; a therapist meets a client with sensitivity and awareness of emanated needs, then facilitates or provides flexible responses to those emanations. The cybernetics of the action-reaction cycle of music-making, listening or movement are managed with loving care. If property and rights can be word-chained as intellectual property and cultural rights there is identification of other areas important to the guardian role.

First, the acquisition of relevant and current intellectual property by eclectic reading in many related fields is a professional and never-ending responsibility. Widening of a personal construct base nurtures the knowledge gain, skill development and energy replenishment which is the basis for quality practice. Also within the personal construct frame cultural sensitivity to all people requires better understanding of a wide range of background difference.

At present the world is going through a winners and losers phase. For survival in this tough political climate, promotion of joint constructs of understanding are important, done in a manner that sustains the integrity of music therapy in a changing social world. As a basis for that form of learning, and for care of ourselves as responsible music therapists, this set of guidelines from educator Paolo Freire (in Sher, 1989) sits easily

on my shoulders. To be of quality and not merely mechanical the learning process should be:

- participatory
- critical
- values-oriented
- multicultural
- student-centred (client-centred)
- experiential
- research-minded and
- interdisciplinary

Those precepts could frame a valuable approach to the future of music therapy.

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