

Integration of Music Therapy and Theology: A Preliminary Approach

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Abstract:

The notion of collaboration between music therapists and the clergy comes to us supported by several different perspectives within the music therapy literature – philosophical, theoretical, practical and developmental. The process of collaboration, however, has yet to receive the attention it deserves, being hindered primarily by the lack of a framework within which such a relationship can be described. The purpose of this paper is to present such a model, deriving it of necessity from the field of psychotheology. The model uses prayer – a concept compatible with both fields – to integrate music therapy and theology. Examination of its usefulness finds support for the premise that there is much to be gained from such an approach, including potentially improved therapeutic outcomes. The paper concludes that collaboration with the clergy is a likely prerequisite for improved spiritual health care by music therapists and clergy alike and that, as such, is required of both professions in their work as members of the holistic health care team. It recommends that further study be made of this relationship in general, and of the model of 'compatibility' as it applies to the integration of music therapy and theology, in particular.

Introduction

Collaboration between music therapists and the clergy comes to us highly recommended by the literature. In the first place, the concept of interdisciplinary collaboration is fundamental to music therapy's professional identity (Bruscia, 1988; Gaston, 1968), to its processes of theory development (Ruud, 1978; Duerksen, 1981), and to the philosophy of holistic health to which it now ascribes (Bunt, 1988). In the second place, music therapy's heritage includes the field of religion (Alvin, 1979).

In the third place, collaboration between music therapy and other related disciplines has already been attributed numerous treatment benefits: special education (Macmahon, 1985), art therapy (Milford and Caldwell, 1988), physiotherapy (Robbins and Robbins, 1988), speech pathology (Steel and Tossell, 1988). Lastly, collaboration between music therapists and the clergy is recommended by convincing descriptions of music therapy's unique role in spiritual health care (Bright, 1986; Muirhead, 1982; Munro, 1984; O'Callaghan, 1988), and by virtue of limitations only now becoming apparent in the scope of the currently favoured behavioural methodology (Bunt, 1988; Coddling, 1987; Gfeller, 1987).

Despite its credentials, however, music therapy's partnership with the church has not kept pace with these other collaborative efforts. There may be several reasons for this apparent delay including that which fundamentally hinders the process of integration *per se* – the fear that one field (e.g. music therapy) will be 'swallowed up' by the other (e.g. the church) (Collins, 1986). Other possibilities include the lack of a framework within which collaboration between these two fields could be described (Bunt, 1988), the as yet poorly understood relationship between man's spirit and his music (Bright, 1986), and the frequent absence of clergy from health care teams (Dombeck and Karl, 1987).

In summary, pursuit of the man-music relationship has brought music therapy into collaboration with several related fields. It is the premise of this paper, however, that the relationship between music therapy and theology is among those least well developed. Its purpose is to devise a preliminary model by which collaboration between music therapists and the clergy may proceed. In doing so, 'the clergy' are assumed

to be of the Christian church and to be best represented ideologically by the discipline of 'theology'. The field of 'psychotheology' is assumed to be a valid model from which music therapy can develop its own integration processes with theology, and it shall be used as such in this paper.

Literature Review

Interdisciplinary integration has been described as the attempt to unite or combine aspects of two distinct disciplines by examining their assumptions, foundational issues, conclusions and methods so as to achieve some fruitful outcomes (Bouma-Prediger, 1990). Such a process has been strenuously exercised by several fields in recent years, but perhaps in none more so than those of psychology and theology.

Psychotheology is that discipline which seeks to integrate the fields of psychology and theology. Its ultimate purpose is to enable each field to more effectively facilitate those changes which bring individuals into a state of spiritual and psychological wholeness (Collins, 1986).

A tremendous variety of models have been devised to facilitate this process, and, more recently, a number of systems by which to categorize them. The resulting classification systems have served to clarify the relationship between the two disciplines, and to give direction to research efforts (Foster, Horn & Watson, 1988).

Of particular interest to music therapy in its search for integration with theology should be those styles which seek to retain each other's boundaries. In one such classification system Foster, Horn and Watson (1988) described two contrasting methods of psychotheological integration – 'manipulative' and 'correlative' – the latter of which enables each discipline to be retained in their original form throughout the integration process.

'Correlative' models focus on the complementarity of the psychological or theological concepts and are of two types: (a) the 'compatibility method' whereby similar psychological and theological facts are correlated with both sets being given equal weight; and (b) the 'complementarity method' in which the two disciplines are seen as answering different kinds of questions and so no attempt is made to alter inconsistencies.

The 'compatibility method' of psychotheological integration has already been used by music therapists – at least in principle – as a means of achieving interdisciplinary collaboration. Several concepts have been chosen including the following: 'communication' for the collaboration between music therapy and speech pathology (Steel and Tossell, 1988), 'movement' with physiotherapy (Robbins and Robbins, 1988), 'artistic expression' with art therapy (Milford and Caldwell, 1988), and 'music' with the psychology of music (Bunt, Cross, Clarke & Hoskyns, 1988). Since the process of 'communication with the Divine' is common to both music therapy and theology, the concept of 'prayer' which it describes is proposed by this author as an initial meeting point for collaboration.

Prayer has been described as the generic term for all aspects of humanity's conscious relationship with God, particularly that part which consists of mental and verbal communication (Selby, 1986). The concept of prayer is traditionally divided into praise, thanksgiving, confession and supplication, describing the essential components of man's relationship with God, thus giving "shape and definiteness to the mysterious communion between God and man" (Macquarrie, 1982, p. 494).

* *Theology* addresses the relationship between the doctrines of the christian faith and the issues of life (Erickson, 1986).

Music therapists working in the spiritual realm have paid particular attention to the concept of prayer, describing their role as including enhancement of the person's relationship with the Divine, either their consciousness of God's presence (Muirhead, 1982), expression of their spiritual feelings (Munro, 1984), affirmation of their spirituality (Bright, 1986) or referral to appropriate spiritual advisors (Bright, 1986). In a sensitive anecdotal paper, Muirhead (1982) described the role music therapy can play in helping patients "relax and centre down for prayer".

The church, for its part, recognizes the benefits of music as a spiritual health care medium. In the Bible, music functions as a vehicle for prayer, being used at different times to give expression to the various elements of the people's relationship with God (Maries, 1983). It appears from recent literature, however, that the clergy are almost as lacking in knowledge about music therapy and its role functions as music therapy is of theology. The structured use of music has been used by the clergy as an adjunct to pastoral care (Froehlich, 1987; Houts, 1981), but "[has] not been fully exploited for [its] therapeutic, restorative, and reconciling capacities" (Houts, 1981, p. 202).

As such, the concept of prayer has already been used to some extent as a meeting place between music therapy and theology. While the efficacy of this approach has yet to be addressed, research by which the therapeutic value of prayer *per se* may be gauged has already produced encouraging results. In a comprehensive review, Finney and Maloney (1985) noted the potential of prayer as a tool in group therapy, its effectiveness in integrating a person's sense of self, in providing an adjunct to psychotherapy and in enhancing Christian spirituality.

Summary and Conclusions

According to the holistic health philosophy, each member of the health care team will encounter clients' spiritual needs at some time. At those times the health care professional has the following options:

- (1) ignoring the spiritual dimension of the client;
- (2) referring the client to the clergy without participating in that aspect of care;
- (3) co-operating with the clergy so that relevant information is shared;
- (4) collaborating with the clergy in an interdisciplinary mode, each contributing the unique skills of his or her discipline to address such problems (Dombeck and Karl, 1987).

The findings of this preliminary study support the premise that collaboration between music therapists and the clergy has benefits beyond those already realized in clinical practise, and that further integrative efforts are warranted. While music therapy has made progress in seeking collaboration with other related fields, most notably the allied health therapies, work with the clergy is as yet less well defined.

The lack of a framework by which to proceed has been one factor apparently hindering the development of collaboration between music therapists and the clergy. The 'compatibility model', borrowed from the disciplines of psychotheology, has at least surface validity when applied to this new field of endeavour. From this model the concept of 'prayer' may be derived as a potentially fruitful meeting place for music therapists and theologians.

The principal danger of such an approach lies in its potential for superficiality, that there may actually be more significant differences between the concept of prayer as it is understood by each discipline, than which first appear (Foster, Horn & Watson, 1988).

There are also questions relating to the different sets of goals and assumptions held by each field, such as those regarding their respective views of human nature.

Practical issues regarding the implementation of integration processes between music therapists and the clergy are beyond the scope of this paper. Suffice to say that the disciplines should work together using prayer as a tool to mutually facilitate the spiritual life of the individual, each contributing their unique skills.

As with other interdisciplinary efforts recorded to date, this area warrants further study. Topics requiring urgent attention include the following: (a) concepts other than prayer which are compatible to both fields and therefore potential tools for collaboration, for example, 'healing and wholeness' and the 'therapeutic process'; and (b) more detailed study of the concept of prayer as it is understood by the music therapy profession.

It has been said in regard to music therapy that 'the history of this profession is just beginning', and that 'each of us has the opportunity of adding another page or another chapter' (Bright, 1972, p. 4). The purpose of this paper has been to excite and inform music therapists and clergy alike, of the tremendous potential for spiritual enrichment which lies in structured collaboration such as is available using the concept of prayer. If it has served this end then the story is only just beginning.

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