

MID-SEMESTER ASSIGNMENT

**UNIVERSITY OF THE SOUTHERN CARIBBEAN
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Music Therapy within Psychotherapeutic Models and its effects

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Approval.....

Psychotherapy is a method of treatment for issues of an emotional nature where a trained individual deliberately establishes a professional relationship with the object of removing, modifying, or retarding existing symptoms, of mediating disturbed patterns of behaviour, and of encouraging healthy personality growth and development (Wolberg 1954). Music therapy fits the definition, only difference being the absence of a theoretical foundation. Merging music therapy with psychotherapeutic theories delivers music therapists with a theoretical framework to effectively use with a specific client (Wheeler, 1981).

Throughout the early years of the twentieth century, physicians, musicians, and psychiatrists realized that music may be an effective treatment aid in a variety of settings. Musicians occasionally served as unpaid part-time staff members who worked under the management of hospital personnel. Though, there was a bigger demand for trained and highly qualified hospital musicians, particularly in VA hospitals and state facilities, in response to the need to treat WWII veterans. The Music Teachers National Association (MTNA) presented programs in the late 1940's to teach musicians, physicians, psychiatrists, and others in the ways that therapeutic music could be efficiently used in schools and hospitals. The National Association of Schools of Music sponsored sessions at MTNA conferences on music therapy.

In the 1960s Music therapists' work opportunities expanded to include places that served clients with developmental or physical disabilities as well as sensory deficiencies. Helen Bonny's work resulted in the development of The Bonny Method of Guided Imagery and Music. More college and university music therapy programs had been established, and music therapists found themselves in a profession that was a good fit for these changing times. Music therapists were exploring options to represent their various needs. In 1971, the Urban Federation for Music Therapists (UFMT) was founded with its office at New York University. Robert Cumming

served as its first president and NYU became its first university to be granted NASM accreditation for its music therapy degree program. In 1972, the Certification Program (was initiated and in 1975, the UFMT became the American Association for Music Therapy. In 2001, the New York City Music Therapy Relief Project was initiated in response to 9/11. The new millennium afforded great growth for the music therapy profession (Music Therapy historical review).

In behavioural psychotherapy, which includes behaviour therapy and behaviour modification, the classical conditioning model is used, for instance, to decrease anxiety by relaxing and gradually encountering the anxiety producing condition. Music may play an important role in the relaxation procedure, possibly by helping to maintain a relaxed state as more anxiety-producing stimuli are introduced. Behaviour modification is similarly used in classrooms where a desired behaviour is illustrated to allude the psyche and decrease bad behaviour (Wheeler, 1981). With the use of music therapy to reinforce behaviour modification, it was noted that contingent “time-outs” from music was effective in reducing inappropriate behaviours of a schizophrenic woman (Hauck, 1970) also in reducing inappropriate group behaviour in emotionally disturbed boys (Hanser, 1974). The use of music therapy also decreased difficult behaviour of a mentally challenged child (Steele, 1978), improved social skills in a nonverbal hyperactive boy (Reid, 1975), and increased mathematical responses in regular sixth grade students (Madsen, 1973).

In humanistic/existential therapy, Carl Roger's person centred therapy is used where the client shares his/her feelings and perceptions in a warm and non-judgemental environment and development is brought about by awareness of inner experiences. With the application of music therapy to this theory, the client is permitted to choose his/her musical endeavour and express

his/her inner feelings. Maslow's third force therapy is also used with regards to self-actualization needs and intrinsic and extrinsic learning. The use of music therapy in conjunction with this theory the person's own understanding of how music can be used to achieve greater personal fulfilment will be facilitated by the therapist (Wheeler, 1981). For instance, Helen Bonny's work with guided imagery and music (Bonny, 1975) which helps clients toward peak experiences and higher levels of consciousness, can be seen as an application of Maslow's theories. Music can also be used to encourage intrinsic learning, in contrast to other methods which may lead only to extrinsic learning.

Psychodynamic therapy comprises of bringing unconscious material to consciousness, under the belief that once aware of the reasons for particular behaviour, the client may choose whether or not to continue the behaviour. It formed the basis of the early music therapy work. The main use of music therapy in this context is the ability of music to bypass conscious verbal censorship and reach deeper parts of a person's psyche, to facilitate nonverbal expression and communication, and to build ego strength (Wheeler, 1981). Mary Priestly (1975) explains that the therapist provides a safe, protective, and supportive relationship in which the client can find an opening for emotions, express them, and then work through them both musically and verbally. She emphasizes that at this depth, music therapy is adjunctive to verbal psychotherapy.

It was concluded that music therapy would grow as long as music therapists aligned themselves with a psychotherapeutic theory and since each had a different implication of music therapy, further investigation needs to be done to clarify its use. The same musical therapy can apply to more than one psychotherapeutic approach and the way the therapist interacts with the client, regardless of the musical activity being used, may determine the approach being used, and in fact, may very well be the most important factor in therapy.

To evaluate and verify the relationship between music therapy and psychotherapy and see its effectiveness, an experiment was conducted in 2008 to test the efficacy of music therapy in the treatment of Behavioral and Psychiatric Symptoms of Dementia. The purpose of the experiment was to see whether or not music therapy was successful in reducing BPSD in subjects with dementia. Fifty-nine individuals with dementia were registered in this study and all of them underwent a multidimensional assessment including Mini Mental State Examination, Barthel Index and Neuropsychiatry Inventory at enrolment and after 8, 16, and 20 weeks. Subjects were randomly assigned to experimental or control groups. The music therapy sessions were evaluated with standardized criteria. The experimental group received 30 music therapy sessions (16 week of treatment), whereas the control group received educational support or entertainment activities. As a result, the total score significantly decreased in the experimental group at 8th, 16th, and 20th weeks. Specific BPSD (ie, delusions, agitation, anxiety, apathy, irritability, aberrant motor activity, and night-time disturbances) significantly improved. The empathetic relationship and the patients' active participation in the music therapy approach, also improved in the experimental group. The study shows that music therapy is effective to reduce BPSD in patients with moderate-severe dementia (Williams & Wilkins, Inc, 2008).

In 2012, Mary Scovel and Susan Gardstrom reiterated and updated Wheeler, 1981, with their examination of music therapy within the context of psychotherapeutic models. The behavioural therapists applies theory to practical circumstances with a more functional application of the stimuli-response concept. A treatment protocol is designed and executed to enable the client to achieve specific goals and objectives. The behavioural music therapist manipulates musical stimuli to affect a change in observable, measurable behaviour. Applied Behaviour Analysis (ABA) techniques may also be used in order to design individual treatment

programs to facilitate the client's needs (Hanser, 1999). They agreed and highlighted that overt actions and covert behaviours (e.g., cognitive, social/emotional) can be revealed, examined, and modified through music therapy treatment (Hanser, 1999).

In, humanistic/existential therapy, they concurred with the Maslow's self-actualization form of therapy and illuminated Roger's position where the therapist's role is to be immediately accessible to the client and to focus on the here-and-now experiences created in the therapeutic relationship. A respectful, attentive, caring, and understanding attitude will assist the client in breaking down barriers and achieving more satisfying levels of personal functioning. The humanistic/ existential music therapist uses music as a tool to elicit and identify those needs as well as stimulate and support the actualization process. Creative Music Therapy, developed by Paul Nordoff and Clive Robbins, make extensive use of improvisation as a means of fostering the emergence of the essential core of the human being (Nordoff & Robbins, 1977). In this approach, music and musical expression is viewed not as "symbolic representations of something else but instead as direct manifestations of the self" (Aigen, 1998, p. 296). A client's success through music instruction and performance experiences may contribute to a sense of mastery and power, thereby increasing confidence and self-esteem. It may benefit the Individual to learn to accept the responsibility of practice as a self-imposed task and relate personal effort to an aesthetically satisfying musical result.

The two fundamental goals of psychodynamic therapy are to bring repressed unconscious material into the individual's awareness and to move toward corrective emotional experiences through the processes of transference and countertransference (Bruscia, 1998b). In psychodynamic treatment the goal is to demonstrate qualities such as self-confidence and controlled emotional warmth. Shifts from the identification of conflicts to the working through of

those conflicts, results in a therapist's change from an analyst to that of an ally and active supporter. Techniques frequently used by the therapist include interpretation, dream analysis, free association, analysis of resistance, and analysis of transference and countertransference processes. Music experiences may be used in addition to or in place of typical verbal methods of psychoanalysis (Bruscia, 1998b). Scovel and Gardstrom agreed with Priestly (1975) and her application of analytical music therapy.

It is concluded that each of the approaches presented above has as its ultimate aim the growth and development of the individual, leading to a more satisfactory and satisfying adjustment to life processes. Growth may mean the expansion of one's horizons, outwardly in perspective and inwardly in depth (Wilbur, 1981). And that music therapists are able to communicate in the language of the various theoretical models. The value of music therapy ought not to be assessed according to whether it reflects psycho dynamic, humanistic, or scientific principles, but rather on the basis of its success in demonstrating outcome data reflecting a patient's recovery of healthy functioning.

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