

2012

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READING 31

Taken from: Unkefer, R., & Thaut, M. (Eds.) (2005). *Music Therapy in the Treatment of Adults with Mental Disorders: Theoretical Bases and Clinical Interventions*, pp. 117-132. Gilsum NH: Barcelona Publishers.

Music Therapy Within the Context of Psychotherapeutic Models

Mary Scovel

Susan Gardstrom

Introduction

Music therapy clinical practice occurs at various levels. Wheeler (1983) has classified the treatment of adults with mental disorders into three types: music therapy as an activity therapy, insight music therapy with reeducative goals, and insight music therapy with reconstructive goals. Activity-based therapy is aimed at helping the client reach observable, measurable goals through various forms of music experiences. In contrast, the two remaining levels focus on facilitation of change through personal insight gained via musical experiences and verbalization about those experiences. Insight-based music therapy processes are ordinarily more intense and prolonged, in that deep emotions are evoked, and in the case of reconstructive therapy unconscious material is accessed. However, all three levels are valid treatment approaches. The type of music therapy used in any given clinical situation will depend on the individual needs of the client population, the philosophical orientation of the treatment facility, and the therapist's education and training (insight music therapy obviously requiring more advanced training than activity-based treatment).

Music therapy clinical practice also occurs within the framework of many different psychotherapeutic models. A model is a device for generating ideas, for guiding conceptualization, and therefore, generating explanation (Reed, 1984). In particular, psychotherapeutic models aid in scientific understanding of human response and guide therapeutic methods.

Diversity of practice is a strength of the music therapy discipline in that the therapist is not restricted to one philosophical orientation, but may base treatment approaches on the particular needs of the clients and the demands of the particular work setting.

No matter what level or model is espoused, the music therapy treatment process involves referral, initial assessment of client strengths and deficits, and establishment of musical and nonmusical goals and objectives. With proper training and guided by therapeutic intent, the music therapist selects and implements various methods, procedures, and techniques (Bruscia,

1998a). Outcome evaluations will determine the effectiveness of such interventions. Clinical decisions made during each phase of the treatment process must be clearly guided by assessment, research data, the level of practice, and the psychotherapeutic model.

Current models have limitations in explaining causes and symptomatology of all mental disorders. However, no matter which model is used, the therapists working with a client who has been diagnosed with a psychiatric disorder will base their understanding of the features and etiology of the disorder on the various axes of the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association (*DSM-IV-TR*).

The six major models commonly used in the treatment of individuals with mental disorders are psychodynamic, cognitive, humanistic/existential, biomedical, behavioral, and holistic (see Table 8—1, p. 120).

The biomedical model, with its emphasis on biological processes, is not literally a psychotherapeutic approach. However, it has been included here because of its prominence in the treatment of mental disorders and the increasing interface of music therapy with medical protocols. Similarly, behaviorism in its purest form has as its focus overt and quantifiable responses rather than underlying psychological processes, yet is included here because of the widespread use of behavioral techniques within other models. The sixth paradigm, holistic, has been addressed because of the strong influence of the holistic health movement with its emphasis on consideration of all relevant information about the life of an individual as a biological, psychological, social, and spiritual organism.

Sometimes the various models are complementary, but often they are incompatible in their attempts to understand and promote optimum health. Terminology varies tremendously in descriptions of the tenets of each model as well as in language used by the therapist and/or client in clinical practice. For example, one therapist may refer to an individual as a "patient;" this same individual may be called a "client," "resident," or "consumer" within another approach (Bruscia, 1998a). Likewise, use of terms such as "abnormality," "disorder," "disease," and "maladaptation"—all designed to reflect a departure from or disruption in health—may vary according to treatment orientation. (Where appropriate and feasible, language used in this chapter is congruent with terminology in the *DSM-IV-TR*.)

This is a cursory description of the basic tenets of each of the six models. The definition of disorder, mechanisms of change, and the therapist's role within each perspective are presented, along with music therapy methods, procedures, and strategies aligned with each model.

Psychodynamic Model

The psychodynamic treatment approach is based on theoretical constructs developed and refined by Sigmund Freud during the first quarter of the twentieth century; however, more modern views of this model exist today based on his work and that of Alfred Adler, Carl Jung, Erik Erikson, and others. The psychodynamic orientation holds that an individual's psyche functions at various levels of awareness, including *unconscious*, *preconscious*, and *conscious*. Jung, who constructed an analytical personality theory based on the work of Freud and Adler, posited two different kinds of unconscious. The *personal unconscious* contains an individual's repressed experiences since conception. In contrast, the *collective unconscious*, which Jung later termed the *objective psyche*, is comprised of inherited and shared human experiences and is made manifest in archetypal images, dreams, and symbols (Corsini & Wedding, 1995).

According to Freudian theory, unresolved emotional conflicts relating to an individual's instincts, early childhood experiences, and memories reside in the unconscious and are thought

to be the source of personality abnormality. From this perspective, the reconstruction of personality structures is necessary for health to ensue. Thus, 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).

Simply put, transference occurs when a client transfers patterns of responding from one time period and/or context to another (i.e., the dynamics of significant relationships from the client's past are replicated in therapeutic encounters). Likewise, countertransference is said to be operating "whenever a therapist interacts with a client in ways that resemble relationship patterns in either the therapist's life or the client's life" (Bruscia, 1998c, p. 52). Analysis of transference, which occurs many times and in many ways, sheds light on how the client relates to the present in terms of the past and helps him respond in a more mature and realistic manner (Corsini & Wedding, 1995).

The therapist's role in a psychodynamic treatment approach is to demonstrate qualities such as self-confidence and controlled emotional warmth. As the therapeutic locus shifts from the identification of conflicts to the working through of those conflicts, the therapist's role may 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). According to Jung, performing music requires all four functions of the psyche: *thinking*, to turn the notes into music; *feeling*, to give the music expression; *sensing*, in the person's proprioceptive (position awareness) feedback from his body when playing an instrument and singing; and *intuiting*, to get into the very essence of the composer's inspiration (Priestley, 1975).

Table 8—1 Psychotherapeutic Models

	PSYCHODYNAMIC	COGNITIVE	HUMANISTIC/ EXISTENTIAL
Major Contributors	Sigmund Freud (1856–1939) Alfred Adler (1870–1937) Carl Jung (1875–1961) Erik Erikson (1902–1994)	Eric Berne (1910–1970) Albert Ellis (1913–) Aaron T. Beck (1921–) Maxie Maultsby (1932–) William Glasser (1925–)	Fritz Perls (1893–1970) Carl Rogers (1902–1987) Abraham Maslow (1908–1970)
Definition	Disorders are driven by hidden conflicts within the personality	Disorders come from irrational thinking about self and others	Disorders are the outcome of failure to grow, find meaning, and be responsible for self
Therapist Role	Foster transference, make interpretations	Act as guide, challenge notions that are self-defeating	Offer total and unconditional acceptance, focus on here-and-now
Therapist Techniques	Analysis of symbolic material (dreams, imagery), free association	Rational challenging, homework to test assumptions, change of language	Hone expression to help person move to higher level of functioning
Evaluate Change	Insight into and resolution of conflict leads to personality change	Problems eliminated by changing thoughts that promote them	Client identifies and addresses factors that block actualization and freedom
Terminology	conflict, analysis, defenses, id, ego, superego, psychosexual, transference, countertransference, myths, archetypes, shadow, persona, anima/animus, individuation	unconditional shoulds, absolutistic musts, self-defeating, self-indoctrination, judging, crooked thinking, new self-statements	experiential, relationship, choice, values, autonomy, here-and-now, purpose, meaning

For a description of music experiences that are used to reorganize the personality

structure of the client, see Taxonomy II. Music Psychotherapy., C. "Catalytic Music Group and/or Individual Therapy." Techniques in this

BIOMEDICAL	BEHAVIORAL	HOLISTIC
Paul Ehrlich (1854–1915)	B. F. Skinner (1904–1990)	B. Siegel (1932–) A. Weil (1942–) C. Pert (1946–)
Disorders are illnesses of the body due to germs, genes, or biochemistry	Learning/relearning occurs when it is paired with consequence Dis-	orders result from lack of unity of mind, body, and spirit
Understand and recommend treatment based on diagnosis	Act in directive manner, provide treatment protocol to attain goal	Enable client to be active in the healing process
Address relationship between psychosocial and neurophysiological processes	Applied Behavior Analysis, modeling, contingent reinforcement	Promote techniques to develop self-awareness, healthful nutrition, proper rest, stress management, and exercise
Find germ, gene, or biochemistry causing the disorder	Learning generalizes to new contexts	Client sees self as growing and changing and self-empowered, reduced level of stress and pain, increased peace of mind
medical model, genetics, germs, biochemistry, psychoneuroimmunology, psychopharmacology	operant conditioning, conditioned response, stimulus, modeling, shaping, cause and effect, positive/negative reinforcement	self-care, self-empowerment, inner healing, intuitive abilities, self-responsibility, awareness training

category are designed to stimulate intrapsychic material such as thoughts and feelings related to the client's past and present life. Through catalytic music experiences, the patient is encouraged to learn and grow emotionally by tackling problems on a more realistic level (Tyson, 1981).

Bruscia (1998b) identifies improvisation as one of three types of music experience frequently employed within a psychodynamic orientation to therapy. In improvisation, the client creates music spontaneously with instruments and/or the voice as an outlet for the expression of various emotional states (e.g., frustration, elation, anxiety). Through improvisation, the client is free to express any and all aspects of himself; hence, this method maybe considered a means of "free-associating with or projecting oneself onto sounds" (p. 5).

In Analytical Music Therapy, a specific approach developed by Mary Priestley and colleagues in the 1970s, improvisation is combined with movement and verbal processing. The therapist provides elementary musical structures or forms within which the client approaches and experiences difficult emotions. The improvised music "moves into the body and works on a kinesthetic level to open up blocked feelings and give access to repressed memories"⁵ (Warja, 1994, p. 79). Ego strength, that is, reality-based conscious control, may be developed through improvisatory expressive techniques such as reality rehearsal, affirmations, and programmed regression. Priestley cites freer self-expression, increased self-respect, diminution of symptomology, more satisfying relationships, and increased energy as benefits to be gained through Analytical Music Therapy processes (Priestley, 1994).

Another technique frequently used in the psychodynamic approach is music imaging, including but not restricted to the Bonny Method of Guided Imagery and Music (BMGIM) (see Taxonomy *IL Music Psychotherapy*, G. "Catalytic Music Group and/or Individual Therapy"). In BMGIM, carefully selected and ordered classical music selections are used receptively to move the client into altered states of consciousness where emotional themes may emerge through various forms of Imagery. The therapist, specially trained, guides the client in a supportive fashion, reflecting, encouraging, and augmenting the imagery experience (Bonny, 1994).

Terminology used in the psychodynamic model includes *unconscious conflict, analysis, defense mechanisms, id, ego, superego, psychosexual development, oedipal stage, transference, and countertransference*. Terminology common to Jungian theory includes *myths, archetypes, Self, ego, shadow, persona, animal animus, and individuation*.

Cognitive Model

There are several cognitive models used in the treatment of adults with mental disorders. Each of them holds that life disturbances spring from disordered thinking about oneself and the world. Many cognitive models are an outgrowth of and reaction to the behavioral perspective. The forerunner is Rational Emotive Behavior Therapy (REBT), developed by Albert Ellis, Maultsby's Rational Behavioral Therapy, Beck's Cognitive Therapy, Glasser's Reality Therapy, and Berne's Transactional Analysis are other specific therapeutic approaches with cognitive roots. Each of these models stresses the importance of cognitive processes as determinants of feelings and behaviors.

REBT is based on the assumption that human beings are born with a potential for both rational, self-constructive thinking and irrational, self-destructive thinking (Corsini & Wedding, 1995). Furthermore, emotions stem from beliefs in, evaluations and interpretations of, and reactions to life situations. More specifically, an *Activating Event*(A) triggers a charged emotional *Consequence* (C), mediated by the client's *Belief System* (B). For example, a client who has been diagnosed with an anxiety disorder (A) may believe that she will never be able to

secure employment as a result of the disorder (B); this may lead to feelings of depression and further anxiety (C). *Debating* irrational beliefs (D) is the point of intervention, and *New Effect* (E) is a culmination of the therapeutic process (Bryant, 1987).

In REBT, clients learn skills that help them identify and dispute any acquired Irrational beliefs that are prolonged by habit or self-indoctrination. Thus, an important component of the REBT conceptualization of human behavior is the detection of such irrational beliefs, often referred to as "magical," "crooked," or "stinking thinking." The "musts," "shoulds," and "oughts"⁵ in clients' thoughts and words may reveal rigid, unrealistic thinking that involves self-imposed demands. In thinking more rationally, clients are empowered to change self-damaging emotional responses into more positive reactions of their own choosing.

The REBT therapist serves as a guide yet does not believe that a warm therapeutic relationship is necessary for effective personality change to occur (Corsini & Wedding, 1995). The therapist's role is to identify and challenge self-defeating ideas that the clients have come to accept as absolute truth. The clients are then assisted in adopting and practicing new, healthier responses.

A cognitive-based music therapist might structure experiences that allow for verbal processing of individual and/or group reactions to musical material, as in guided music listening experiences, described in Taxonomy II, *Music Psychotherapy*, A. "Supportive Music Group and/or Individual Psychotherapy" and B. "Interactive Music Group and/or Individual Psychotherapy." Guided music listening often leads to a discussion of lyric content, the music's mood, and associations with past experiences of personal relevance to the Individual's conscious conflicts. Maultsby (1977) maintains that the therapeutic value of music resides exclusively in lyrical forms and that such forms must be rational. As the lyrics of many precomposed songs revolve around unrealistic or idealistic accounts of human experience, song writing may be employed to dispute irrational thinking and encourage rational thinking. Learning of new responses occurs when emotional reactions are reinforced by repetition of lyrics. Ultimately lyrics become associated with actual, logical, emotional, and physical action (Maultsby, 1977).

Perilli (in Bruscia, 1991) describes the use of this creative method with a young woman diagnosed with schizophrenia. The songwriting helped the client gain insight into her Irrational fears and engage in personal problem solving.

Other techniques used in cognitive approaches include homework to test new assumptions, open-ended questions, role-playing, and imagery. In this orientation, clients' Imagery is considered to be representative of cognitive processes, including distortions, and is thus subject to modification (Corsini & Wedding, 1995)- See Taxonomy VI, *Music and Relaxation*, C. "Music Imagery" for a description of music interventions that may be successful in eliciting imagery.

The terminology used in cognitive approaches includes *unconditional shoulds*, *absolutistic musts*, *self-defeating*, *self-indoctrination*, *judging*, *crooked!* *stinking thinking*, and *new self-statements*.

Humanistic/Existential

The humanistic/existential view of disorder has been described as an outcome of the failure to grow, find meaning in life, and be responsible for oneself and others. Humanistic/existential theories are concerned with defining the needs that are central to human functioning. Abraham Maslow, one of the earliest and most influential humanistic thinkers, stood in opposition to Freudian and behavioral theories of human nature (Corsini & Wedding, 1995). He described human needs in terms of a pyramid, a hierarchy of basic needs ranging from biological

necessities to self-actualization, that is, the tendency of every human being to strive toward wholeness and fulfillment. The actualized individual is a purposeful creature capable of making and acting on plans, strategies, and choices. When self-actualization is thwarted, some type of disorder may result, and the individual may be unable to successfully confront the most basic of all life questions: What is the meaning of life? How can I live up to my fullest potential? How can I face death?

This model does not offer specific technical procedures for the treatment of mental disorders; rather, it suggests a manner of being, an attitude toward change, and a way of guiding the client through the process of dealing with the fundamental issues of human existence. The existing, immediate person, rather than a prepackaged theory about that client, is the focus of all therapies claiming humanistic/existential roots, such as Gestalt therapy (Perls) and Person-Centered therapy (Rogers).

Rogers posited a number of distinctive "therapist-offered" conditions thought to be critical for client development. These include *empathy* (getting within and understanding the client's experience), *unconditional positive regard* (acting in a warm, accepting, and caring fashion), and *congruence* (a willingness to be open and honest in sharing feelings arising in the therapeutic context) (Corsini & Wedding, 1995). 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.

Again, rather than prescribing specific methods or techniques for treatment, the humanistic/existential paradigm suggests a process that is grounded in genuine care and concern for the immediate human needs of the client. 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. Various methods, both active (creative, recreative, and improvisation) and receptive (listening) (Bruscia, 1998a), are thus valid choices in the service of these aims.

Creative Music Therapy, developed by Paul Nordoff and Clive Robbins, espouses the fundamental tenets of humanism. Creative Music Therapists 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). Although evolving from Nordoff and Robbins' work with children with mental and physical impairments, Creative Music Therapy has been used in the treatment of adults with emotional difficulties as well (Ansdell, 1995).

Van Den Hurk and Smeijsters (in Bruscia, 1991) described the use of improvisation in Person-Centered work with an adult diagnosed with a personality disorder. Some aims of therapy were to help the client abandon rigid response patterns, take responsibility, make choices freely, enjoy music making, and reduce interpersonal isolation. Techniques of empathy (e.g., imitating, synchronizing, pacing, and reflecting) (Bruscia, 1987) were used throughout treatment in order to create a safe environment and support the expression of emotions. See Taxonomy I, *Music Performing*, G. "Individual Music Improvisation/Interaction (process oriented)" for an explanation of similar improvisatory techniques.

Success and accomplishment through music instruction and performance experiences may contribute to a client's 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. Examples of these techniques are found in Taxonomy I, *Music Performing*.

One could assert that Guided Imagery and Music (GIM), although associated most frequently with psychoanalytic constructs, is practiced from a humanistic/ existential stance. In GIM, receptive methods are used to assist the client in the development of self-awareness and insight, clarification of personal values, and exploration of religious and transpersonal realms, among other aims (Bonny & Savary, 1973). Furthermore, the individual "traveler" and his immediate experience of the music are of paramount importance at each stage of the therapeutic journey.

Change is evaluated by determining whether a client has achieved greater independence and personality integration. Progress toward self-actualization is evident when the client is demonstrating an ability to identify factors that block freedom and the spontaneous expression of feelings, as well as taking greater responsibility for choices and actions.

Terminology commonly used in this model includes *experiential, relationship, choice, values, personal responsibility, autonomy, here-and-now, purpose, and meaning*.

Biomedical Model

The biomedical model defines mental disorder as a biologically based illness. Biomedical researchers consider three possible causes of an illness: germs, genes, and biochemistry (Rosenhan & Seligman, 1984).

Medical theories tend to place the nature and cause of mental illness in the person's biological nature. It is believed that underlying the symptoms of abnormal behavior are organic, physiological, or biochemical processes (Ruud, 1980). In determining the etiology of psychological abnormalities, those who adhere to the biomedical model search for an organic basis. They look for a germ that is causing the syndrome or study the client's family history to see if genes might be the cause. They also explore the biochemistry, specifically the brain, for any further insights that might explain the illness or abnormality.

Within the biomedical model, the therapist's role is to study the etiology, work toward understanding the diagnosis, and recommend and provide treatment based on a thorough understanding of the illness. Once the etiology is identified, a biological treatment—often a drug—will be used to mitigate the symptoms. For example, pharmacological treatment of an individual with chronic depression might include tricyclic antidepressants or monoamine oxidase inhibitors. Sometimes electroconvulsive therapy is used. A patient diagnosed with an anxiety disorder may be prescribed anti-anxiety drugs typically classified as benzodiazepines. Psychotropic medication is frequently prescribed to reduce the distractions, confusion, hallucinations, and delusions typical of schizophrenia.

Music therapy, as a complement to traditional medical treatment, may impact directly the biological processes related to illness or help manage the concomitant symptomatology (Taylor, 1997). Research indicates that music listening may be effective in altering body chemistry. For example, some studies have linked receptive methods with lowered levels of adrenal secretions present in stress reactions, such as epinephrine, norepinephrine, and cortisol (Bartlett, Kaufman, & Smeltekop, 1993; Miluk-Kolasa, 1993; Spintge & Droh, 1987). Receptive methods such as guided music listening are described in Taxonomy IT, *Music Psychotherapy*, A. "Supportive Music Group and/or Individual Psychotherapy" and B. "Interactive Music Group and/or Individual Psychotherapy." Because of the close relationship between adrenal corticosteroids (stress hormones) and the immune system, data suggest a correlation between music-assisted relaxation techniques and physical health (Rider, Floyd, & Kirkpatrick, 1985). For a description of these techniques, see Taxonomy VI, *Music and Relaxation*.

Terminology used in this model includes *medical model*, *genetics*, *germs*, *biochemistry*, *psychoneuroimmunology*, and *psychopharmacology*.

Behavioral Model

The behavioral model was first developed in the early twentieth century. Between 1920 and the middle of the century, behaviorism dominated psychology in the United States and also had wide international influence. The initial effect of behaviorism on psychology was to minimize the reflective study of mental processes, emotions, and feelings. These covert processes were abandoned in favor of the study of objective behavior of individuals by means of experimental methods. This orientation provided a way to relate human and animal research and to bring psychology into line with the natural sciences such as physics, chemistry, and biology (Bijou, 1996).

B. F. Skinner, a pioneer in the development of this model, views psychology as the study of the observable behavior of individuals interacting with their environment. Skinner's notion of controlling and modifying behavior is based on the principles of *operant conditioning*, the assumption being that changes in behavior are brought about when that behavior is followed by a consequence. Behavioral theory posits that learning or relearning occurs only when some kind of consequence is paired with the learning. *Reinforcement*, either positive or negative, serves to increase behavior, while *punishment* serves to decrease or extinguish behavior.

Today, behavioral therapists apply learning theory to a variety of practical problems. The mechanistic approach of earlier behavioral practices has largely been replaced with a more functional application of the concept of *stimuli-response* that has meaning and utility for the individual client. For example, in biofeedback, a modification technique developed in the 1940s, the client is "fed back" visual or audible signals about what is occurring in his or her body in order to help the client learn to control aspects of functioning and achieve optimum health.

The therapist's primary function in a behavioral approach is to design and implement a treatment protocol that enables the client to attain specific goals and objectives. The therapist assumes an active and directive role that may include setting up a contingency to help change abnormal behaviors.

The behavioral music therapist is concerned with manipulating the musical stimuli to effect a change in observable, measurable behavior. She may use Applied Behavior Analysis (ABA) techniques in order to design individual treatment programs to meet the client's needs. ABA involves observing, identifying the target behavior(s), establishing a baseline, determining strategies for change, implementing the strategies, and evaluating and documenting changes in behavior (Hanser, 1999).

Although used most frequently with children, a behavioral approach to music therapy has been applied to adults with mental disorders. In an early study, Hauck and Martin (190) demonstrated that time-out from music experiences was effective in reducing the inappropriate mannerisms of a woman diagnosed with schizophrenia.

Overt actions and covert behaviors (e.g., cognitive, social/emotional) can be revealed, examined, and modified through music therapy treatment (Hanser, 1999). For example, the opportunity to play an Instrument could be used as a reward for improved client behavior. See Taxonomy I, *Music Performing*, R. "Individual Instrumental Instruction (product oriented)," for an explanation of this technique. In addition, the client may seek to learn and develop a new musical skill or exercise and improve an existing musical skill. The therapist instructs the client in playing techniques, using materials for the appropriate learning level, and assigns practice tasks

of which the client is capable. The therapist may use principles of reinforcement to increase desired behavior, both nonmusical and musical. Other techniques used in this model are relaxation training, token economies, modeling methods, systematic desensitization, assertion training, and self-management programs.

Only behaviors that can be observed and measured quantitatively are evaluated within a behavioral paradigm. One criterion for evaluating change is the extent to which learning generalizes to new situations.

Terminology utilized in this model includes *operant conditioning*, *conditioned response*, *stimulus*, *modeling*, *shaping*, *cause and effect*, and *positive/negative reinforcement*.

Holistic Model

The holistic model is based on the assumption that healing comes from within. The body heals itself. The word *holistic* stems from the Greek *holos*, meaning "whole" or "entire," which relates to the words *heal* and *health*.

Unity of mind, body, and spirit is the fundamental principle of the holistic health philosophy, wherein individuals are seen as physical, emotional, mental, and spiritual beings. One major tenet is that in order to activate an individual's own healing process, the individual must take responsibility for all personal experiences including his or her own health. Another tenet is that only when an individual's incessant thinking ceases and he or she experiences stillness of mind can spirit inspire and work, opening the blockages the mind has created (Andréws, 1994).

A cornerstone of alternative medicine is the idea that the mind influences the health of the body—positively and negatively. A principle objective is to identify those currents that generate creativity, healing, and love and to challenge and release those currents that create negativity, disharmony, and violence (Zukav, 1989). Advocates of holistic models frequently advocate merging conventional and alternative medicine openly and intelligently. According to a well-publicized survey in *The Journal of the American Medical Association*, the total number of visits to alternative-medicine practitioners has leapt by some 50% since 1990. It now exceeds visits to all primary-care physicians in the United States (Weil, 1995).

Siegel (1986) supports complementary and alternative medicine, particularly mind-body healing. His medical practice evolved after he experienced post-traumatic stress disorder, found nowhere to go, and no one to help him deal with his feelings. In overcoming illness, he professes the importance of love, family structure, and the experience of illness. The patterns associated with healing include a willingness to express feelings, change life and relationships, and deal with spiritual aspects (Siegel, 1986).

Pert (1997), a supporter of the mind-body unity school of medicine, assigns a key role to the biochemical basis of emotions. She asserts that unexpressed emotion causes illness. The "molecules of emotion" travel throughout the bloodstream, hooking onto receptors on cells in every corner of the body (Pert, 1997). Intestines are filled with neuropeptide receptors; hence the notion of "gut feelings" is not merely a metaphor, but an actual biological reality. Pert asserts that brain chemicals (neuropeptides) act as messengers between the mind and the immune system and no barriers exist between thoughts, feelings, and one's biological healing system. Furthermore, Pert has also proposed a connection between memory and emotion and that emotion creates the bridge between mind and body. This connection is demonstrated through experiments showing parts of the brain acting as the gateway into the whole emotional experience.

Perhaps the most difficult holistic principle to accommodate in clinical practice is the

spiritual dimension and belief in the concept of energies. Many of the sound healing methods are based on theoretical beliefs involving energy systems in the human body (Crowe & Scovel, 1996). Energy systems are proposed to be powerfully affected by our emotions and level of spiritual balance as well as by nutritional and environmental factors (Gerber, 1988). The holistic model embraces vibrational healing as a way to balance such energies that are not in equilibrium.

The trend toward a wide variety of experiential therapies has emerged in the latter half of the twentieth century, their purpose being inner growth and self-actualization. There is a burgeoning directory of practitioners of various healing arts including acupuncture, Ayurvedic medicine, biofeedback, chiropractic, craniosacral therapy, herbal remedies, homeopathy, massage therapy, naturopathy, and meditation.

Holistic therapists view themselves as facilitators. Knowledge is freely shared on the assumption that understanding will enable the client to be active in the healing process. The therapist shares personal experiences, creating a more equal therapist-client relationship. The therapist's techniques not only help the client find information but promote techniques to develop self-responsibility, better nutrition, ample rest, stress management, and proper exercise.

The techniques used in this model encourage the client to look within for his or her own healing. See Taxonomy II, *Music Psychotherapy*, D. "Catalytic Music Group and/or Individual Therapy," for a description of techniques aligned with the holistic philosophy. The emphasis here is to encourage the client to reach and explore altered states of consciousness for the purpose of allowing imagery, symbols, and latent feelings to surface from the inner self. The aim is to help the client develop self-awareness, clarify personal values, release blocked intuitive energy sources, bring about deep relaxation, and foster spirituality and self-empowerment.

Change is evidenced in a client's reduction of stress level and removal of pain or dysfunction, as well as an alteration of affect and a demonstration of more patience, harmony, and peace. The integrated client sees himself as a growing, changing person who is self-empowered.

Terminology used in this model includes *self-care*, *self-empowerment*, *inner healing*, *intuitive abilities*, *self responsibility*, *self-examination*, *self-healing*, and *awareness training*.

Conclusion

Many theories have been developed to explain mental illness and guide its treatment. Treatment protocols are designed to help the individual reduce or alleviate psychosomatic dysfunction, address socioemotional difficulties, and/or conquer existential anxieties. In any case, 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).

Ideally, music therapists are able to communicate in the language of the various theoretical models. Many clinicians opt for advanced training in order to practice within insight-oriented approaches. Some espouse a single theoretical model. Others, particularly private practitioners with diverse clientele, adopt an eclectic stance, using a variety of medical, environmental, and psychosocial strategies and influences to help their clients achieve optimum health.

At the heart of both unitheoretical and diverse clinical practice are carefully selected and implemented receptive and active music experiences. Ultimately, the value of music therapy

ought not 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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