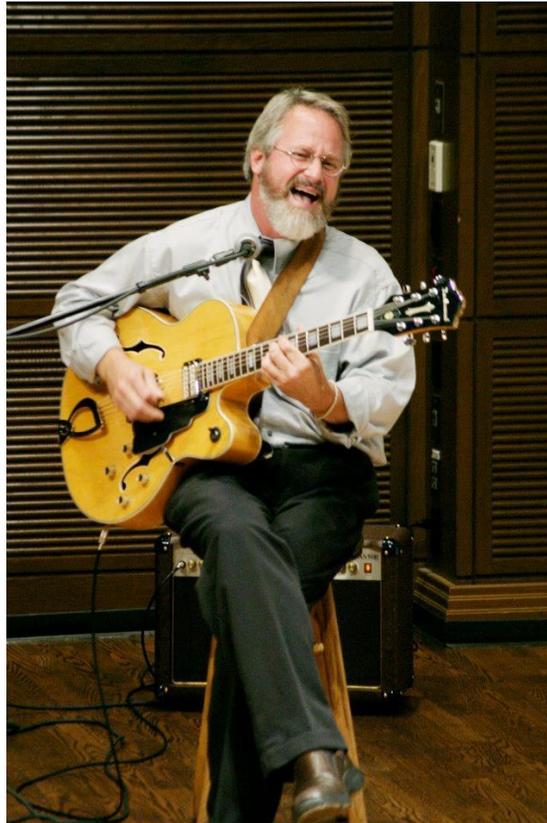


Profile 18

JAMES HILLER
United States of America

**Autobiographical Account of My Evolution as
a Music Therapist**



Music therapists learn that songs and human life experiences go hand-in-hand. Sure enough, it was through songs that my relationship with music began in the mid-1960s. Spinning tunes from stacks of 45rpm Pop-rock records (I had 5 older siblings!), I

played the hi-fi long before ever touching a real instrument. Then at the start of the 1970s when the singer-songwriter genre was hot, and led by Joni Mitchell, James Taylor, Crosby, Stills, Nash, and Young, Carole King, Cat Stevens, Dan Fogelberg and the like, I began to truly listen. I was in the throes of a major developmental phase that largely is about discovering and dealing with new awarenesses—of self, others, and intertwining personal worlds, and the confessional songs of these artists accompanied me into and through my angst and growth. Songs, with their ability to hold a person firmly in a moment, and laced with rich timbres and textures, images, moods, feelings, ideas, stories of relational wounds and consummations, inspire dreams and spark yearnings. In learning my first chords on guitar (the opening sequence of Ziggy Stardust by David Bowie—ironically a song of a Hero's Journey), I realized that I had something special in my hands; something that made it possible to express significant things that I felt and thought about, and that others might thereby resound with me. Songs and life experiences, I learned then, indeed go hand-in-hand.

The jazz guy

I was fortunate at the time to begin guitar study with a “jazz guy” who very quick had me working up the neck where much of the magic of a guitar's challenges and expressive possibilities seemed to reside. The sounds of jazz that I began listening to in earnest introduced me to very different harmonic tensions and rhythmic grooves than those I heard daily in radio-rock, and gratefully expanded my musical sensibilities. Together with my efforts at imitating the complex finger picking styles of the singer-songwriters, I made a start toward developing a fairly sophisticated ear. While maintaining lessons through high school with the jazz guy, I also learned to play and sing a batch of forty or so Pop songs. At seventeen and armed with these tunes, I played my first solo gigs in a hip little family-oriented restaurant that served free warm peanuts in their shells. Once cracked open, patrons simply tossed the peanut shells on the floor, and part of the aesthetic was hearing the crunching sounds as wait staff went about their business. I, of course, sang with great zeal! And regardless of the less than ripened quality of my musical sounds, those maiden

performance opportunities cemented in me a deep enjoyment of sharing songs with an audience.

Another fortunate event in my early musical evolution was a high school counselor's guidance toward a new degree program in Jazz Studies at Capital University in Columbus, Ohio. Until that moment, just 3 months before graduation, I had no plans for attending college because that was just not something folks in my family did. The idea of going to college to study jazz guitar, therefore, was quite outrageous, and the fact that my parents supported me in this endeavor still astounds me. The family business was in the automotive industry, and as one brother humorously asked me when I bought my first good quality guitar, "If you can't drive it, what good is it?" But off I fortuitously went. I say 'fortuitously' because I realize now how the fairly unconventional approach to collegiate music studies that I experienced unexpectedly but unmistakably prepared me for music therapy in essential ways. For to learn and study jazz, we played—and played and played and played, most often without written music in front of us. We learned to listen, re-create, improvise, and interact *in* and *with* the music. I recall that the jazz arranging and small ensemble instructor told us that, now that we'd learned the rules of common practice in music theory, it we get to break those rules in many respects. One's ear and intuition were the guides to creating and interrelating musically. We learned to support, lead, open spaces, fill spaces, and shift the mood or feel of the music through individual and collective contributions in the moment. For a therapist who believes that therapeutic growth happens chiefly within musical interactions, the attitudes and sensibilities that I developed through jazz study have proven to be invaluable as foundations for the way I practice and teach music therapy.

Yet, music therapy as a course of study was still a decade away for me. Finished with undergraduate school and boasting just enough chops to be taken seriously, I secured gigs in clubs in and around Cleveland. I worked mostly as a solo performer, but also in duos and small bands, and periodically in pit orchestras for civic and local college theatre productions. For solo work, I built a repertoire of many hundreds of songs. I proudly considered myself a *grunt musician*; rarely turning down a gig, and sometimes working five

and six nights per week. Nightly performing was indeed good work, but could also be hazardous. It was important to avoid trouble by finding ways to politely turn down the many offers of illicit substances that patrons eagerly wanted to share with the singer. While no saint, I nonetheless maintained my focus on the music and my business responsibilities. Over time my chops grew and performing work remained plentiful. But suddenly, it seemed, I was nearly thirty years old and married, and began to consider what might be a realistic step forward for myself as a musician. Maybe more school? Maybe move to Nashville and take a chance at a higher echelon of performing? I also considered exploring a new career path, but the thought of abandoning the musical skill set I'd developed was almost unthinkable. Not surprisingly, music making had become more than my work, it was a vital part of my identity; it was what differentiated me from all of my siblings, and most significantly, it was what felt most right and good then about my role in life.

Dynamic forces of change

Then one spring at a solo gig in Ann Arbor, Michigan, I met a real live music therapist! I'd heard of music therapy, but never took time from my performing focus to investigate it. The music therapist's name was Margene Ingram (now Biederman). She said she enjoyed my music, and wondered if I would help her to prepare her guitar skills for graduate music therapy study in the coming Fall. But most interestingly that night, Margene suggested that, now that she'd seen me work, I should come see her work. This offhand proposal made sense to me, and I was quite curious about what I might witness. So we arranged that I join her at the state-run, long-term psychiatric treatment facility where she worked in southwest Michigan (the Coldwater Regional Center). There I watched a group of men, ranging in age from 40 to 70, shuffle down a hall and into a large therapy room. Some of these men had lived at the facility for 30 or more years. Most had orangey-yellow fingers from nicotine stains, some were missing teeth, and none seemed very interested in the others. In fact, the group as a whole seemed generally withdrawn and disinterested. An art therapist joined Margene who had distributed percussion instruments among the group members, and with some encouragement, the men gradually played along with Margene

who strummed and sang a few upbeat Beatles songs. The energy of the group shifted slightly upward and the men began interacting with each other, sharing memories and related thoughts about having first heard the songs and about attending concerts and dances in their youth. Following brief instructions, rhythmic improvising of a sort ensued from which the art therapist began to draw on large sheets of paper. She created colorful, abstract representations of the emotional energy heard in the group's fragmented but intentional music making. A bit of verbal processing followed. The verbal work was aimed at relating the group's music to the visual art. Special attention was brought to a few individual's unique rhythmic contributions that were highlighted in the art therapist's drawings. There was some laughter and what seemed to be meaningful interactions among the attendees. Most of the men seemed satisfied with how the time had been spent. The session ended and the men shuffled slowly back to where they had come.

What struck me most about this experience was not inspired music making, but rather the spark of life that seemed to return to the eyes and faces of these people when engaged musically. A small spark returned for some, but for others there seemed to be a profound charging of life energy that I found moving and quite fascinating. I decided that I needed to find out just what was going on in those musical moments that brought forth healthy aspects of the residents' personalities. At first my interest was shamefully and ignorantly selfish: Could I learn from studying music therapy how to harness the energy of my own music so that my audiences would feel something new and rich and appreciate me that much more? Such was the desperate thinking of a somewhat unfulfilled grunt musician! Then I went to work researching and reading what little written information was available about music therapy at the time, trying to understand what it was truly about.

The first two books I found were way over my head, even after multiple readings of each. These were Juliette Alvin's 1966 *Music Therapy* and Mary Priestley's 1975 *Music Therapy in Action*. With no comprehension of Analytic concepts, I struggled mightily to understand what these women had to say about music and mental health and how these were related in a clinical process. Then I

found the first edition of Ken Bruscia's *Defining Music Therapy* (1988) and it was a revelation to me! I poured over this little book for the next year, and things began to make sense to me. Music therapy, I learned on a fundamental level, was many things, the most important of which had to do with relationships between a client, a therapist, and their music. "I could do this music therapy thing," I thought; "I'm relational, and I know how to access music in different ways and on different levels." I visited with directors of a few music therapy programs at Midwestern universities, exploring the possibility of graduate school. I remember asking Michael McGuire at Eastern Michigan the following question: If he were my age (30ish) and decided to pick up his family and move somewhere in the country for equivalency-graduate study, where would he go? I am forever grateful that his honest response was Temple University—"good things are happening there," he said. Curiously, it just so happened that Temple was where Margene had gone, and so it seemed to me that there must indeed be good things happening there. Not long afterward, I found myself in Philadelphia, walking with my guitar case onto the Temple University campus to audition and interview for the equivalency-master's program. Out of an on-campus restaurant near the music therapy offices, a tall and handsome man in a beard and a jacket and tie strolled with a colleague. Ken Bruscia smiled at me and said, "you look like a folk singer from Ohio," and I laughed and said, "you look like a music therapy professor from Philadelphia!" Thus began a relationship that I cherish like no other in my life.

An art, a science, and an interpersonal process

The Temple graduate music therapy program was a great challenge for me. Whereas I could play and sing, I had never been a very good academic sort of student—and definitely not much of a writer. The program was taught by Ken and Cheryl Dileo (then Maranto), each with very different foci and skill sets, making for a rich and well-rounded curriculum for an American music therapist. We learned from Cheryl the foundations of what is now often referred to as the *medical model* of treatment; outcome oriented work supported by objectivist (i.e., post-positivist) research. Ken's focus was more on *music psychotherapy*, with support from quantitative, case study, and newly emerging qualitative research.

The program itself was endorsed by both the National Association for Music Therapy (NAMT) and the American Association for Music Therapy (AAMT). Exposure to a wide range of philosophical and theoretical perspectives was therefore a natural outgrowth of the program, and it seemed that each student was encouraged to find and cultivate her/his own distinct foundations and path.

Those were exciting times at Temple. We were fortunate to have as guests on campus music therapists from the USA and many other parts of the world. These were individuals with whom Ken and Cheryl were forging connections, discussing treatment approaches, theory, and research. Ken Aigen, Diane Austin, Lars Ole Bonde, Denise Grocke, Colin Lee, Gabriella Perilli, Clive and Carol Robbins, Henk Smeijsters, Brynwulf Stige, Tony Wigram and others shared their perspectives regarding emerging theories and concepts regarding music therapy. While still forging my own beliefs about music therapy, I intently took these experiences to heart, wondering if I would ever feel myself an integral part of what then felt like a rather large music therapy world. (I have to smile to myself now in understanding that, in reality, the music therapy world was then and remains quite small!) I was also fortunate during my time at Temple to study with astute colleagues from Australia, Canada, China, Germany, Venezuela, and the USA.

An experiential form of therapy

A handful of key experiences during and after graduate training stand out as significant toward deepening my understanding of and beliefs about music therapy. I consider these episodes to be pivotal in the formation of my particular identity as a music therapist, including experiential training and service to the profession.

First is the *methods-based approach* through which we learned design and facilitation of therapeutic music experiences. In essence, we examined experientially the therapeutic potentials of certain ways of engaging with music; i.e., the Four Methods: Improvisation, Re-creation, Composition, and Receptive methods (Bruscia, 2014). Each method was taught as a course and were titled, for example, Receptive Methods, Re-Creative Methods, or

Improvisation Methods. We learned through repeated experience and reflection how engagement in each method and its variations drew on specific aspects of our humanity and functioning. From this intrinsic knowledge we developed skills and intuitions for how we might bring clients into health promoting relationship with music. The methods approach is in pedagogical contrast with the *population approach* wherein one enacts an analogue of how another therapist has used music with certain sorts of clients in particular settings. (The term *evidence-based* had not yet been coined to describe this approach). It made great sense to me to explore and reflect carefully on my own experiences with each of the methods toward understanding how a client may be challenged to similarly engage in/with music. How else can a therapist know the potentials of a given musical episode for a client than by experiencing it for her/himself? I embraced the opportunities this approach presented to learn about music as well as about myself. I now believe that a therapist makes the most beneficial musical-clinical decisions when drawing from her/his own intrinsic knowledge of the music, while also accounting as fully as possible for the client's contextual factors (e.g., cultural, psychological, emotional)—factors that are not of necessity addressed in the population approach. The central attitude that the methods approach has engendered in me is that I try to be perpetually aware of how I experience music in different situations and use this knowledge clinically and in my teaching.

A second batch of experiences that were foundational in the process of developing my identity as a music therapist were experiential training opportunities in individual and group music psychotherapy and in the Bonny Method of Guided Imagery and Music (GIM). (Level I training in GIM was then part of Temple's graduate curriculum, and Level II was an elective.) To express outwardly through music and words one's psychological and emotional experiences, or to be led *inside*—that is, to examine one's self through music—are unique and profound human experiences, particularly when lived within an empathic therapeutic relationship. I learned to hear my emotions as they manifested in my music making, and to trust that music—profoundly invasive and sometimes intimidating—could lead me to important personal insights.

By example, I recall experiencing the power of a Gestalt procedure that provided an opportunity for me to examine my process related to leaving behind my hard fought identity as a performing musician. Being at Temple was a time of major transition for me, of course, but I was unaware of just how emotionally challenging it was to *let go* in order to embrace a new identity and purpose. I was led into an intense dialogue with my guitar that was perched in an empty chair. During that experience, I unearthed many of my unspoken fears and regrets, along with a painfully deep sense of loss. Following the contentious dialogue, I held my guitar as if caressing an aching and perhaps dying part of myself. I played familiar notes and chords, trying to reconnect with my past. The sounds were recognizable, but they didn't feel the same as before. Something was beginning to change in how I felt about the sounds I made and the notes I played. Something had to change, I realized in those moments, in order to move forward with integrity and wholeness.

I also remember one of many significant experiences in GIM during graduate training that also deepened my understanding of music and myself. In quite a few of my early GIM sessions, perhaps similarly to other novice travelers, I experienced sustained episodes of stuckness in my imagery as I struggled to free myself to be open to the music and where it could take me. Then during a Level II session, I flowed easily with the music and found myself underground—literally in the soil, and trying desperately to reach the surface. As close as I can recall, the Helen Bonny music program selected for that point in the session was Death-Rebirth. I recall having unsettling feelings of sadness, frustration, and anger leading into the moments when I was digging at the soil around me, searching for air and freedom. The experience stirred in me tangled feelings of great sadness and rage, and I was suddenly reminded of the death of my brother Tim by suffocation in a construction accident. The soft, damp ground around him where he was inspecting a trench had collapsed and pulled him in. Tim was something of a hero to me; kind, physically very strong, a fun sense of humor, and with heavy heels when he walked. He was just 23 years old at the time, and beginning to figure out who he was and what he might do with his life. But he couldn't dig himself out

that day, and in my GIM experience I was faced with my hidden feelings of great anger at him for not being able to save himself. Whereas I grieved his passing for a few years, I hadn't yet forgiven him for not being invincible. With the awarenesses that the music led me to, I was finally able to begin a more thorough healing process.

I count myself fortunate to have lived these experiences with strong and supportive colleagues, and I still draw from that learning today. I endeavor to provide opportunities for my students to experience similar kinds of self-learning at whatever level they are ready, believing absolutely that such experiences are essential to becoming an empathic and sensitive music therapist.

Using various facets of music experience...

The third, and perhaps most significant series of experiences in my early realization as a music therapist, were my introduction to (and subsequent research and clinical work with) the Improvisation Assessment Profiles (IAPs) (Bruscia, 1987). The IAPs turned out to be the very pieces of the music therapy puzzle that, upon entering the Temple program, I had unconsciously been waiting to find. Ken introduced the IAPs during a clinical improvisation course. As he described and demonstrated them and their potentials, I recall vividly the depth of my attention and, simultaneously, how my imagination swam with the possibilities. I believe I said out loud that day, "This is what I've wanted to hear!" The IAP's have become the ground upon which I comprehend music (improvised, recreated, or recorded) and its nuanced reflections of human psychological and emotional experience. Practically, they provide a useful process for analyzing a client's improvised music. But when subsequently linked to theories of personality (particularly psychodynamic and existential thought), they provide a window of understanding relative to clients and their ways of being. The IAPs were therefore a revelation for me, but they also have become a key focus for my thinking and theorizing about music therapy. On some level, they are a part of my professional *raison d'être* in music therapy, for they caught my attention back in 1991 and continue to hold my interest as an aspect of my research, teaching, and clinical work.

Following graduate school, a number of years in fulltime institutional and private practice, and deepening immersion in university teaching, I was fortunate to have been selected to serve on the CBMT Exam Committee. Over the span of seven years, I found this work to be challenging, immediately relevant for the profession, and quite eye-opening with regard to the varied ways in which others view and understand music therapy. Indeed, various orientations to music therapy came fully into play while attempting to create and collectively edit meaningful certification exam items (i.e., exam questions). While the work was always enjoyable, negotiations around the conference table could sometimes be contentious, as humanistic, behavioral, psychodynamic-leaning, and music-centered practitioners debated clinical approaches and decision making that a candidate might apply to answer certain items. Imagine how an exam item written by a psychodynamic or humanistically oriented therapist, with a well-determined *correct* response, could make little to no sense for the music-centered or behaviorally trained therapist, and vice-versa! More than once while evaluating the *best* response to a given item, someone at the table might incredulously say, “Would someone *really* do that?,” or “That’s about the *last* thing I would think of do in that situation.” The way these variations in perspective played out was fascinating, and frustrating, particularly as we all sought meaningful compromise while maintaining our own as well as the exam’s integrity. It was enlightening to hear impassioned disputation from colleagues with perspectives quite different from my own and to unreservedly question each other’s stance. Yet through these stimulating discussions, my own beliefs became more well-formed, and I became more articulate about them. Through the process of arguing for and through my beliefs about the potential meanings of music, therapy, and the therapeutic relationship and its significance in treatment, I came to more fully understand the depth and breadth of the different levels of practice at work in the discipline (Bruscia, 1998; Wheeler, 1981, 1983). This knowledge has been tremendously helpful in my teaching and supervision. Looking back, I believe it was critical for my professional development to have had these experiences with varied groups of colleagues who served with me during my tenure. I believe that it would greatly benefit the profession for more music therapists to to engage in similar debates regarding

philosophical and theoretical underpinnings of our work and how clients can best be served. Since my time serving the CBMT I have remained intent on deepening my understanding of different clinical perspectives at work in music therapy, and this interest has become a guiding force in my current scholarly efforts. For this I am grateful to the colleagues with whom I served.

Reflexive process...

Songs—the origin of my relationship with music—as documents of both mundane and profound human experience, remain particularly important to me now fifty years after I learned to work a record player. I continue to learn song material and to perform it regularly. Like me, my audience tends to be much grayer than when I began my performing journey, and also like me, the focus of the audience's appreciation is most often on the songs themselves and the associations they evoke, rather than about the performer. Whereas earlier in my playing career, songs were a vehicle that I used in attempting to capture love and admiration, and a pay check. Now they are a comfort. Rather than a vehicle for getting somewhere, the more than a thousand songs on my working list have become a space through which I can wander, revisiting places and events, friends and feelings—these are the images that I experience as I play and sing. The songs themselves have become the reason that I perform, and I find great joy and satisfaction in that awareness.

As a clinician, I try to bring my full musical self to the therapy process, drawing from innumerable experiences composing, performing, playing for fun, and as a reflexive listener. I know from decades of playing and listening that songs, musical pieces, and improvisations have their own energy, and their own pallet of imaginal, emotional, and relational possibilities. I know that music reveals us—to ourselves and to others—and that we can, and do, find our true selves through the music that we make and listen to, if we are intentional and open to it. I know these things because I have experienced them, not because I read in a peer reviewed journal that music can *do* this or that. For me, the full human experience of music will never be quantifiable, but will always be phenomenological. For me, music is an opportunity that I can bring

to myself and to clients (and audiences), and through which we all experience ourselves in varied and meaningful ways.