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Music Therapy as an Effective and Efficient Means of Cohesion

Every experience a person has becomes a part of who they are. These experiences range from a child's first memory to a person's most recent meal, and they can be wonderful or very traumatic. Once an experience has occurred, however good or bad it may have been, it must be handled by the psyche. Some events, like most lunches, are easy for the mind to grasp and file away with minimal impact; but what if the event is more significant? How does the mind process the terrors of being abused as a child, for example? Is there anything that can be done to help the mind with this task? Music has been used for centuries to express ideas, fantasies, and histories, outwardly in ways that help interpersonal connections, but can it be used reciprocally to effect intrapersonal links as well? Can listening to or performing a piece of music help a trauma victim cope with their trauma? This investigation seeks to understand how music can be applied clinically (through the use of music therapy) to help children with emotional and behavioral disorders.

The sources used to examine this topic range from case studies that show the possibilities of music therapy to in-depth analysis of the neurological processes that can be affected through music therapy. By analyzing how music therapy has changed the lives of children with emotional and behavioral disorders (as well as children with neurological and physical disabilities) I hope to establish grounds for the inclusion of music therapy in mainstream therapy. My sources go beyond proving that music therapy is an effective way to change nonmusical aspects of a patient's life by also demonstrating its high efficiency in doing so in a non-invasive and inclusive way.

Annotated Bibliography

Avers, L., Mathur, A., & Kamat, D. (2007). Music therapy in pediatrics. *Clinical Pediatrics*, 46(7), 575-579.

Laura Avers, MT-BC, works for the Department of Child Life Children's Hospital of Michigan affiliated with Wayne State University in Detroit Michigan. Ambika Mathur, PhD, works for the Department of Pediatrics of the same university along with Deepak Kamat, MD, PhD.

This article gives a basic overview of music therapy and highlights its effectiveness at reducing stress and/or increasing immune responses. It argues that music therapy should therefore be added to the standard set of therapeutic modalities. The article itself does not discuss a unique study but synthesizes the results from other studies in order to conclude the value of music therapy: "Since music therapy is a relatively simple, inexpensive, noninvasive, and easily deliverable technique, and has also been shown in the mentioned studies to both reduce stress and increase immune responses, it is important to study music therapy as a valid treatment modality by itself in individuals under stress and in those with compromised immune systems." The article also gave particular consideration to the use of music therapy in pediatric care.

This background knowledge and straightforward analysis of the potential of music therapy in pediatrics made it perfect for answering my question: "How can music therapy help children with emotional and behavioral disorders?" It provided me with insight into how music can be applied clinically through music therapy and helped me

better understand the truly therapeutic nature of it as a practice. It's explanation of the advantages of music therapy provided me with great insight into not only why music therapy can work but why it can be more efficient than many other forms of therapy. These reasons include the ease with which it can affect a large group of people simultaneously, making it not only effective but also efficient. 5+5=10

Baker, F. A., Gleadhill, L. M., & Dingle, G. A. (2007). Music therapy and emotional exploration: Exposing substance abuse clients to the experiences of non-drug-induced emotions. *The Arts in Psychotherapy, 34*(4), 321-330.

This article was interesting because it introduced a very new perspective from the other articles I had read. Although very different in nature, this article discusses substance abuse in a different target age group, it is still very relevant to my paper because it provided insight into the flexibility of music therapy and also directly suggests how music can pleurably stimulate the brain in the same way as drugs¹. 5+5=10

Choi, A., Lee, M. S., & Lim, H. (2008). Effects of group music intervention on depression, anxiety, and relationships in psychiatric patients: A pilot study. *The Journal of Alternative and Complementary Medicine, 14*(5), 567-570.

Ae-Na Choi works for the Department of Music Therapy, Graduate School of Art Therapy, Daejeon University, Daejeon, South Korea. Myeong Soo works for the Department of Medical Research, Korea Institute of Oriental Medicine, Daejeon, South Korea. The final contributor, Hyun-Ja Lim works for the Department of Nursing, Chodang

¹ These two articles became inaccessible on PsycINFO between the times that I accessed them for my initial reading before my presentation and when I tried to reopen them to write an annotation. The annotations are the best I could do from memory.

Univerisity, Muan, South Korea. The interdisciplinary affiliations of the authors already makes this article particularly useful for my topic because music therapy and cognitive science both, by definition, cross many fields of study. For this reason, the collaboration of people from diverse fields but who share common interests makes it much more likely that the study will be pertinent to all the related fields.

The goal of this study was to test the effectiveness of music therapy in improving depression, anxiety, and relationships in psychiatric patients. Its methods were as follows: “Twenty six patients were non-randomly allocated to either a music intervention group or a routine care group. The music intervention group received 60 minutes of music intervention for 15 sessions (1 or 2 times weekly). The outcomes were measured with Beck’s Depression Inventory, the State and Trait Anxiety Inventory, and the Relationship Change Scale” (p. 567). The study showed that after 15 sessions the group that received music therapy showed significant improvements in depression, anxiety, and relationships when compared to the control group. This source is relevant to my question because it evaluates the effectiveness of music therapy in treating depression and anxiety, both of which are common emotional disorders in children. 5+5=10

Diephouse, D. A. (1964). The evolution of a music therapy program for children. *Psychiatric Quarterly Supplement*, 38(1), 119-126.

This article provided insight into why music therapy could be a more effective therapy than the “traditional” methods since children naturally come up with a way to make music therapeutic when provided with the tools. It is also interesting to note the emphasis on the therapist as a sympathetic *listener* and not as an involved party¹. 5+5=10

Lathom-Radocy, W. B. (2002). *Pediatric music therapy*. Springfield, IL, US: Charles C. Thomas Publisher.

Wanda B. Lathom-Radocy, MT-BC, received degrees in both music education and music therapy from the University of Kansas. She has been the president of the National Association for Music Therapy while also working as a primary and secondary school teacher. She has initiated music therapy programs at multiple colleges and has worked to increase the awareness of music therapy in schools. All of this, along with her interest in training music therapists makes this book extremely useful for answering the question: “How can music therapy help children with emotional and behavioral disorders?”

This book was invaluable as a source for understanding the state-of-mind that children with emotional and behavioral disorders can be in and in what specific ways music therapy can change that state-of-mind. Specifically geared towards how to approach the therapy correctly in a clinical case, the book includes valuable definitions (helpful for understanding diagnoses) and explains clearly what music therapy can and cannot do. The list of common goals of music therapy was particularly helpful for me. It explained why imitation and goal-directing are important during the music therapy session so that patients can change nonmusical behaviors outside of the therapy room. 5+5=10

Osborne, N. (2009). Music for children in zones of conflict and post-conflict: A psychobiological approach. In S. Malloch, & C. Trevarthen (Eds.), *Communicative musicality: Exploring the basis of human companionship*. (pp. 331-356). New York, NY, US: Oxford University Press.

Nigel Osborne is a composer who also pioneered the use of music therapy for children who are victims of conflict. He is the consultant for continuing programs across the world today and thus clearly has both excellent experience and a wide range of studies to draw from. He is a professor at the University of Edinburgh where he previously studied.

In this article, Osborne studied the effects of music therapy on a group of children in post-war Bosnia. He wanted to offer children a distraction from the brutal conditions of their everyday life and allow them a creative outlet. He did this through “a small number of creative workshops...organized in collaboration with local artists in the besieged city of Sarajevo” (p. 333).

This article suggests that music therapy can help children with Post-Traumatic Stress Disorder (PTSD) because of its ability to help “modulate and regulate the autonomic nervous system” (p. 335). It also discusses the practicality of this approach since it is non-invasive and simultaneously supports community building. He suggests that music therapy is effective from a physiological view.

The effects of music on basal metabolism, emotion, feeling, mood and related symptoms of PTSD, are linked closely to the following issues of hearing sensing, respiration and basal metabolism: 1) Hearing may modulate movement, the heart, respiration and basal metabolism. 2) The heart may modulate the basal metabolism and may condition respiration and movement. 3) Respiration may modulate the heart and basal metabolism, condition movement and generate sound. 4) Movement may modulate heart rate, respiration, and metabolism and generate sound. 5) The basal metabolism may modulate heart rate and respiration and may condition movement (p. 349).

This quote provides me with a physiological basis with which to answer my question: “How can music therapy help children with emotional and behavioral disorders?” The entire case study is exactly tailored to my question and in fact helped me decide on what the final focus would be.

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Robarts, J. (2006). Music therapy with sexually abused children. *Clinical Child Psychology and Psychiatry, 11*(2), 249-269.

Jacqueline Robarts works at the Nordoff-Robbins Music Therapy Centre, London, United Kingdom. Nordoff-Robbins Music Therapy centers exist in many places across the world and are well-known and well-respected centers for music therapy. Both this article and the article below by Robarts deal with how music therapy can help children who have been sexually abused. Though many aspects of the articles are similar they are both independently useful as they have slightly different foci in regards to the same case study. The case study used in both articles discusses the progress a sexually abused child, called Sally, made through the use of music therapy. This article takes an interdisciplinary look at how “...music, when used with clinical perception, may reach and work constructively with damaged children in an evolving, musically mediated therapeutic relationship” (p. 249).

Robart’s methods for applying music therapy include a great deal of improvisation. She is clear about the distinction between improvisation as she applies it and improvisation for performance sake, however. “In clinically oriented improvisation the music therapist is...improvising music with clinical perception to ‘meet’ and respond to a client’s responses as they evolve” (p. 250). This article (compared to the next one) gives a great

deal of detail into the methods used to achieve results which is extremely helpful in answering my question: “How can music therapy help children with emotional and behavioral disorders?”

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Robarts, J. (2009). Supporting the development of mindfulness and meaning: Clinical pathways in music therapy with a sexually abused child. In S. Malloch, & C. Trevarthen (Eds.), *Communicative musicality: Exploring the basis of human companionship*. (pp. 377-400). New York, NY, US: Oxford University Press.

Also written by Jacqueline Roabrts, this article “describes how music therapy can assist the creation and restoration of meaning, when meaning and a cohesive sense of sense are lost or impaired” (p. 377). It delves into the question of why *music* therapy may be more effective than other, “traditional” forms of therapy. Robarts suggests that:

Children enact and express their feelings, responses, and all kinds of motivations primarily in bodily movement, gesture and vocalization. These primary forms of self experience and expression are essentially musical - rhythmic and tonal. This is why children’s emotional experience can be so readily reached and affected by music, and why music continues to be an intrinsic motivating part of human experience throughout the lifespan (p. 377).

This article (compared to the prior Robarts article) makes an argument for music therapy over other types of therapy (or at least in addition to). I found it to be one of the primary articles in my research – I was always coming back to it for examples strong conclusions. It provides qualitative results for Sally’s treatment and emphasizes the importance of a biological basis for music therapy.

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Schneck, D. J., & Berger, D. S. (2006). *The Music Effect: Music Physiology and Clinical Applications*. London: Jessica Kingsley Publications.

Daniel Schneck is an international consultant on basic physiological function and the role of music in human adaptation. He is also an accomplished violinist and continues to perform professionally. Dorita Berger is a concert pianist as well as being a music therapist. She is a consultant on music in human adaptation and its application in music therapy.

The Music Effect was extremely useful because it made the connections between music and physiology very clear. My biggest struggle with this project was remembering to keep in mind the importance of the neuro- and physiological aspects of music therapy that make its application worthwhile. This book made that easy. Chapter 6, *Physiological Entertainment*, was particularly useful with this goal because it discussed the difference between therapeutic music and music therapy. It also gave an extensive list of neurological functions that can be affected/trained/changed through the proper application of music therapy. The book even managed to tie in cultural references that shed light on the possible origins of music therapy before it was given a name. All of this helps answer the question, “How can music therapy help children with emotional and behavioral disorders?” by explaining the principles that allow the techniques described in many other articles to work.

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Sloboda, J. (2001). Chapter 8. In *Music And Emotion* (pp. 181-201). (Reprinted from *Music And Emotion: Perspectives From Music Therapy*, by L. Bunt & M. Pavlicevic)

Leslie Bunt works for the Faculty of Health and Social Care, St. Matthias Campus, University of the West of England in Bristol, UK. Mercedes Pavlicevic works for the Music Therapy Programme under the Department of Music at the University of Pretoria in South Africa.

Along with delving into many of the specifics of music therapy (including different approaches and materials that may be used) this chapter includes a study judging emotion in short improvisations. Two groups of both student and practicing music therapists were invited to improvise according to an emotion drawn from a card. The therapist was allowed to use whatever instrument they chose. They were asked to then convey the emotion on their card to the other therapists, who were asked to rate the improvisation as to how well it expressed the emotion. The results showed that, though there was some overlap in the perceived emotion, clearly the music therapists were able to communicate the intended emotions to their listeners. In this study, happy and angry were very clearly distinguishable. As a side, it also describes some of the key musical aspects of each emotion.

This is significant to my question (“How can music therapy help children with emotional and behavioral disorders?”) because it validates the use of music for expressing and guiding one’s emotion. It shows that music therapy can help patients by communicating, channeling, and mirroring emotion.

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Tauris, I. B. (2008). Chapter 12. In *Music and Conflict* (pp. 172-183). (Reprinted from *Managing Conflicts through Music: Educational Perspectives*, by K. Skyllstad)

Kjell Skvillstad is Professor Emeritus of the Department of Musicology at the University of Oslo in Norway. He is the founder of Intermusic Center and is highly interested in the relationship between music education and conflict transformation. His article was particularly useful to me in tandem with Nigel Osborne's article (see above) because they both deal with transforming an area of conflict through music.

Though this article did not perform specific experiments, Skvillstad's studies of the cultures he is trying to help transform definitely constitute a knowledge base from which conclusions may be drawn. One of the most significant conclusions he made for my purposes was that the age at which implements (in this case music therapy) must be applied to be most effective is the age seen as "critical for the development of individual attitudes" (i.e. young people). It is also significant to note the goals of his project (The Resonant Community) had distinctly musical end goals, this stands in contrast to most of the other cases where music therapy was employed primarily as a means of changing a nonmusical aspect. However, it also has many similarities to other cases: for example, it is attempting to reach a relatively large community at one time (something we have already established is most efficiently accomplished through music). 5+5=10

Wheeler, B. L., & Stultz, S. (2008). Using typical infant development to inform music therapy with children with disabilities. *Early Childhood Education Journal*, 35(6), 585-591.

Barbara Wheeler works for the School of Music at the University of Louisville in Kentucky. The study conducted in this article "...examines typical infant development with special attention to musical relatedness and communication. Videotapes of sessions centering on musical play with typically-developing infants and of music therapy sessions

of children with multiple severe disabilities are examined in light of developmental issues, conceptual frameworks, and relationships between typical development and developmental issues of children with disabilities.” It describes the results across the stages of psychosocial development as modeled by Greenspan. The results show that even in children with disabilities, “the music clearly draws them in, organizes their behavior, and structures their participation, allowing them to extend their communication beyond their normal level.” This addresses my question by showing effectiveness of music therapy with patients exhibiting many types of disabilities. Since often times behavior and emotional disorders are coupled with physical and developmental disabilities it is short-shorted to consider the two cases as only mutually exclusive. However, even if they were considered separately, this article would still be relevant because it shows yet another way music can be applied clinically as therapy.

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After analyzing the above sources, it becomes clear that music therapy can help any child (but especially those with emotional or behavioral disorders) to connect with themselves in a more cohesive manner and communicate and interact better with their community. On an individual level, music therapy allows children to feel their emotions in a way natural way – through movement, gesture, and vocalization. Once a child is able to understand their emotions and release them they can start to focus them. It also helps them better understand how others feel and why people act the way they do. Depending on the specific case (since music therapy and its goals are both highly individualized), music therapy can also help children with academic skills, motor skills, organizational skills, and other social skills. In a group setting, music therapy promotes community bonding that extends beyond the session and allows even groups that have gone through devastating conflict to begin to rebuild without the emotional trauma weighing down on them. Group music therapy can also promote communication and social skills similar to the individual setting.

Music therapy is also not only a possible choice but also an efficient choice for accomplishing these goals. Though many other therapeutic techniques can address similar end goals, very few are so innate within children. Children want to move to and participate in music – it's something that is ingrained in all of us from before we are born as we feel the natural rhythm of our mothers' heartbeat or steps. Since it is so natural, children will feel particularly comfortable expressing themselves in this way. It is also efficient since it can be applied to many people simultaneously and work to create a more cohesive group as it concurrently creates a more cohesive individual. Because music therapy can be used both passively and actively, any member of a group therapy session – whether they are participating directly at any given moment or not – will still be affect.

All of the information presented above has helped me answer my question: “How can music therapy help children with emotional and behavioral disorders?” Music therapy can help by creating an environment where children are susceptible to elements of music that will help facilitate permanent nonmusical changes in stated aspects of their lives. I believe the next step is to find a way for music therapy to be better incorporated into the fields of psychology, biology, education and all the fields in between in order to help all children be better able engage in their world by having a coherent sense of self and developing essential life skills. Since music therapy is a relatively new and un-researched field, it will take a great deal of further work and study to truly reveal its worth to the world.