Music Therapy as a Means of Communication

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Introduction

One of the goals of music therapy is to help people to come together, to establish communication. The music therapy dialogue is often nonverbal. Felix Mendelssohn wrote a beautiful set of songs called *Mugonka*, Songs Without Words. Songs Without Words is an appropriate theme or metaphor for music therapy.

Music and music therapy can touch us on many levels that words cannot. Music can evoke and energize clients emotionally, physically and cognitively in ways that words cannot. The actual music to Mendelssohn's Songs Without Words is rarely used to support music therapy activities. However, the idea and symbolic implied by Mendelssohn's title gives an indication of the dynamic and enigmatic field of music therapy.

One of our themes for this workshop will be music therapy and communication. I would also like to give an overview of the field of music therapy. We will try to fit in some time for instrumental and movement workshop activities that will illustrate clinical and rehabilitative objectives as well as the sounds and tactile and multi sensory experience of playing instruments.

To conclude these introductory remarks I would like to make it clear that a Song Without Words, as Mendelssohn's title implies, may be taken too literally. In the

process of music therapy it is true that music is the primary clinical modality. Yet we should not think of music therapy as a field that limits or prohibits the use of words. On the contrary, music therapists try to stimulate preverbal and verbal language skills and often discuss or give feedback to their clients about the musical experience and activities during sessions.

How much music and how many words is a balance that each music therapist must find for themselves in relation to each client. A client with normal verbal skills can verbally process the musical part of the music therapy experience. A nonverbal client is not able to respond in words but they are often able to respond to words. Clients that do not have expressive verbal skills might have some understanding and are receptive to what is said and how it is said. Therefore, the field of music therapy is sensitive to the needs and potential of each client (case by case) in regard to the use of words.

Overview of Music Therapy

Music therapy is difficult to explain, just the two words, music and therapy, encompass enormous spheres of clinical science, art and education. Even as students and faculty at this university who are not well acquainted with the field of music therapy we all have our own ideas of what music therapy is and what it is not. Maybe we think of it as stress reduction, *karaoke*, joining a music group, or simply going to a concert.

Actually in music therapy we work primarily with client's developmental disabilities, psychological issues or physical and multiple handicaps more frequently than we work with mildly affected or fully functioning individuals who might have a neurotic problem but can still function at their job and with their family.

Our focus is on the interactive and rehabilitative process of therapy using music as

the primary vehicle for the client therapist interaction. I would like to divide the field of disabilities into two groups, developmental delay and psychotherapy or counseling. In the area of developmental delay we work with disabilities, like autism, mental retardation (MR), pervasive developmental disorders (PDD), attention hyperactive disorders (ADHD), cerebral palsy (CP), and many kinds of syndromes like Down's syndrome, Rett's syndrome, and multiple delays. Music is a channel of communication to clients of all these disabilities. The more creatively we use music the more effectively we can contact a wider range of client disabilities.

In the field of psychotherapy and counseling, there are problems such as school refusal, depression, bullying, family problems, phobias, addictions, and even domestic violence. In all these areas music can be a release of frustrations and anxiety, a guide to self-awareness, awareness of tension and feelings, and a way to emotionally open blocks, and habitual problematic behaviors.

In music therapy we use several channels: voice, instruments, movement, and listening. These are the main areas by which we contact clients. Sometimes I see young music therapists, who never talk to clients during the session. Just because we call it music therapy it does not mean that there is a rule or law against using verbal communication.

As music therapists we have several areas of goals or objectives. Communication may be top on the list. Sometimes we work with physical problems or motoric problems, we often focus on intellectual development, integrative skills, social emotional development, and music is an excellent release or catharsis.

As therapists we are focused on the quality of experience rather than the quantity of any given response. However, quality and quantity in therapy is a complex issue

that we cannot fully explore in this introductory lecture. Unique aspects of music therapy are energy, emotion, and experience. We can also support goals similar to counseling and psychology, speech therapy, occupational therapy, and physical therapy.

Speech therapy is closely allied with music therapy as we target communication skills and listening in our work with language delayed clients. Physical therapy is concerned with body movement and coordination. In music therapy we use music to stimulate, support and coordinate range of motion, fine and gross motor skills, muscle tone, body awareness, upper body and lower body skills and overall physio/motoric coordination.

Occupational therapy is concerned with the functional use of the body particularly in activities of daily living, ADL skills. An important diagnostic and clinical tool used in occupational therapy is sensory integration (SI). Very simply, SI is the coordination of sight, movement, and listening. On a slightly more sophisticated level when we talk about SI we are working with the development of skills such as spatial orientation, motor planning, and eye-hand coordination. Music therapy has a wide range and supports all the disciplines stated above.

A little over fifty years ago music therapy evolved as a recognized clinical profession and university field of study with its primary application being on psychiatric care. Music therapy in special education and counseling has long been a central area of clinical and developmental work for music therapists.

Music therapy is a multifaceted and holistic approach. It combines the disciplines of psychotherapy and pathology with the art of the clinical use of music. Music therapists are often part of the interdisciplinary team.

In America there is about a fifty-year old history in music therapy. In Japan, music therapy developed significantly over the past ten years. About four years ago the Japan Federation for Music Therapy was developed. Now there are several colleges in Japan with degree programs in music therapy. Many associations and study groups exist throughout the country.

Music therapy has a broad application with populations from age 2 to 102. Music therapists may work with young children with mild to severe delays, or with very old residents in a nursing home, who have Alzheimer's disease.

With a great majority of clients, communication is one of the main objectives of the music therapist. There are some cases where music therapists work primarily with physical movement, because that is the main dysfunction. Music therapists also work with special populations with visual and hearing impairments, with social/emotional problems such as depression, anxiety and phobias, emotionally disturbed adolescents and alcoholics. Music therapists work in the very sensitive area of hospice care for dying people and AIDS clinics.

In the study of music therapy in America an emphasis of the course work is on pathology, different schools of psychology and the clinical and rehabilitative use of music. In music therapy we may utilize improvisation and creativity. Music is extremely flexible and adaptable. Therefore, if we are creative, if we can use improvisation, we can maximize the contact and impact of the music therapy process and experience for our clients.

Important qualities of music therapists are their sensitivity, spontaneity, and intuition. It takes a lot of energy to do music therapy, and we really have to think about giving the client an experience that stimulates and supports their development.

Music is unique in that it can contact clients on many levels simultaneously. In this way it is a nonthreatening atmosphere or ocean in which interaction and therapy can take place surrounded by the vitality and beauty of music.

At the university we are usually concentrated with academic studies which imply information, words, and thoughts. Music is really a different form of contact and experience. Music therapists are trained to use their instinct based on clinical and musical studies to engage and make interventions (both musical, behavioral and psychological) that are clinically and developmentally beneficial to clients.

Music therapists are not trained as performers, but they are trained to develop musical and clinical skills at the piano, guitar, and a variety of instruments as well as the use of their voice and movement.

Workshop activity: musical dialogues with the voice, instruments and movement

We use many different instruments in order to develop different motoric skills and also for the different sound qualities they offer. Drums and other instruments are designed specifically for therapy by several manufactures. Sometimes the color, shape or feel of an instrument might attract certain clients.

A brilliant, powerful or gentle sound, the dynamics of tempo, volume and rhythm, melodic and harmonic phrases are some of the musical and clinical means of making contact that are part of the music therapists pallet. We may also employ adaptive equipment from special picks and beaters for people with hand problems to computer related activities and programs.

Case illustrations

***Audiotape illustration*: a behaviorally and developmentally challenged six-year old boy with autistic-like behavior. (from Nordoff and Robbins classic book and tape, Creative Music Therapy)**

First session: There are two therapists working together with the boy: one is playing the piano, and the other is playing the drums and cymbals. In some models, music therapists work as a team. You will hear immediately that this is a difficult child. The therapists are using a short musical phrase and they repeat it. They exchange the phrase back and forth like a game of catch ball between the piano and the drum. The child is not participating in this phrase, but the therapists are establishing a model for dialogue, a musical bridge, a kind of musical game of tennis.

Ninth session: The boy is much more responsive and much more open. He has let down his defenses and truly enjoys the interaction. They have established the beginning of a musical and interpersonal relationship. Here is real contact on the three E levels: energy, emotion, and experience I mentioned earlier. This is a very special case. We cannot expect many children to respond so quickly and dramatically, but music opened this boy and brought out his strengths and potential. Music therapy can sometimes do things that speech therapy or physical therapy or counseling cannot do.

Video illustrations:

1) A young girl with autism

This is the first chance I had to work with Yamamatsu-sensei in Osaka, Japan in 1986. He used the trampoline as a fundamental part of his approach to music therapy. The girl has her back turned to me. She has a variety of instruments she can use. Quickly in the first five minutes we can see some process of contact and com-

munication. There we saw stereotypical hand flapping common in autism. One of the main characteristics of autism is that autistic individuals lack normal social and interactive skills. They have limited social contact and sometimes have severely limited communication.

Even in the first session, the young girl came all the way from the other side of the room and positioned herself at the piano. She begins to play and sing. This is not a piano lesson, because our goals are not to teach a song, but to develop the girl's communication skills and social contact.

2) Group session at a psychiatric hospital in Maine

Most of the clients in this illustration have a dual diagnosis, Alzheimer's disease and a psychiatric disorder. We were using a harp like instrument, the psaltery. I was trying to support the woman's play on the psaltery by playing a melodic improvisation on the flute. Later on, I used a different technique using a large scarf to stimulate movement and interaction between two men.

Some of the clients in this group were not able to speak. They were physically healthy for their age and actually looked normal, but they have lost many of their cognitive and communicative skills.

Later on in this session we worked with a smaller group. In music therapy we usually try to keep a group size rather small to six or seven people. That way, group members can more easily identify with other people in the group. And the group becomes like a family.

If there are thirty people in the group it is very difficult for somebody with a disability to feel like a central member. Some of the people in this group had a very good sense of rhythm. This experience is a release for the member's tensions and frus-

trations. There is a little bit of social contact evident in this illustration. It is more than the contact the members have normally.

3) Group session at a nursing home in Ohmi Imazu, Shiga Prefecture

These members sustained their attention for a long time. Several of the clients had a good sense of rhythm just like their American counterparts. Music therapy is a universal modality, which extends over cultural differences. The basic elements of music, rhythm, melody and harmony affect us regardless of culture. At the same time the music culture of each society should be accounted for and regarded in music therapy. Japan has a rich and unique musical culture. Geriatric clients are usually sensitive to their musical heritage.

4) First session for a boy with developmental delays, Shizuoka Music Therapy Study Group

As a transitional object for communication and interaction between the therapist and the client, I used a small resonator bell set (*tekkin*) and role modeled it for the boy. The boy quickly responded on his own. Later on, I gave the boy more freedom to use the resonator bells for a longer period of time and with more independence. This helped him to become more confident and more familiar with the instrument. This illustration was a demonstration at which 30 or 40 people were present as observers. After the boy became familiar and trusting with the instrument I asked an assistant to come and hold the instrument in a good position. The bells needed to be angled to meet his range of motion with mallet. I could then support and interact with the boy's play from the piano more freely and fully.

5) Overview of different cases and different responses from Nordoff-Robbins Center for Music Therapy

In New York there is a wonderful clinic for music therapy. It is affiliated with New York University. Yet New York University has a separate degree program for

music therapy. The name of the clinic is Nordoff-Robbins Center for Music Therapy. There are Japanese students studying there almost every year. About six or seven years ago they developed a case study film. The narration in this copy has been translated into Japanese.

Case 1: Joshua

This is a language delayed, hyperactive black boy. Therapists used a rocking movement in music therapy to help the boy focus and calm down. The boy is able to maintain the motion and stay engaged.

Case 2: Nathan

A severely disabled young boy. The music therapists have decided to begin with a stimulating sound on the tambourine to give this boy a message. Now we begin! The boy is not verbal but responds very clearly to the stimulation from the music. His grasp is limited, and they are working with him hand over hand. He is physically and mentally delayed. It is easy to see how this experience stimulates and enriches the boy.

Case 3: Group session for a small group of young children with moderate delays.

The children are now learning to follow one-step, two-step and three step directions: 1) clap your hands, 2) stamp your feet, and 3) time to say hello. This activity involves upper body and lower body movement skills and interpersonal contact in shaking hands. The therapists and the group say hello to each one of the members one at a time. In this way the group members are connected and closer together. This kind of activity involves impulse control, concentration, eye contact, and many social skills.

Case 4: Bryan

A severely multiply delayed adolescent. Bryan's response is moving and illustrates how music can reach a severely disabled client, help him to release his energy and frustrations and fully satisfy and enrich his life.

I hope everyone now has some better idea of what music therapy is. Usually, music therapy sessions take place once a week. Most sessions range from approximately 30 minutes to one hour in length. Group sessions may be an hour or more. Like many professionals in the field of psychology and counseling music therapists conduct individual and group sessions, write assessments, recommendations and evaluations, and consult with other team members.

Questions and Answers

Question 1: It was very impressive to see the illustration of Japanese elderly people responding to music while playing instruments. Would the interaction which happened during the session be carried over outside the session?

Answer: We always hope for a carry-over. Several of the people in that group are probably 80 years old or more. Some of them have very unusual behaviors. Mentally some of them are not organized. Therefore, it is hard to say that they can really develop skills from session to session. Several members in the group have Alzheimer's.

In general, Alzheimer's has three stages. I think some of those clients were in the second or even the third stage of Alzheimer's with very little communication skills. These illustrations were also part of a series of only five sessions. Five sessions is not enough to have a big influence, but the idea of carry-over development is intended whenever possible in music therapy.

We always want to support new skills or the maintenance of current skills, communication skills, movement skills, and concentration skills. Music therapy is much more than simply playing music. We do not expect the clients to go around in their wheel chairs with maracas for hours every day, but we do want to stimulate and support the use of hand and eye coordination, to support better listening and concentration, to motivate eye contact, to help clients be more aware of the reality around them, to use their intuitive rhythmic strengths, and to feel part of the group.

Question 2: How do you work with people with hearing impairment?

Answer: A percentage of hearing impaired people have some residual hearing, three or four percent perhaps more. A great percentage of hearing impaired people feel rhythm or vibration in their body. Because they are deaf it doesn't mean they are not rhythmic. They can also feel sounds sometimes even from the floor up.

Music therapy may open up another way to interact with people. If they can play a drum and feel they can express their energy and rhythm or connect with somebody else via rhythm it is a new kind of communicative experience. It can develop their confidence. I am not a specialist in working with deaf clients. There are some music therapists that specialize in that area.

Question 3: What about music therapy in school systems?

Answer: There are about 5,000 music therapists in the U.S., but every year more and more children are born with disabilities. Medical technology is fantastic. For example, smaller and smaller premature babies are born each year, but some of them are delayed. More children with birth defects can now survive. My point is medical technology is progressing and more children and adults with disabilities

are able to survive. However, there is a limited number of music therapists and other clinical professionals to work with these children. There is a need for more music therapists.

For example, I live in a big state, the State of Maine, more than a million people live there, and there are only three professional music therapists who work in Maine. In Maine many special education and music teachers would like to attend a music therapy seminar or workshop. The special education and music teachers would like to get some activity ideas. In some cases I consult with schools on a regular basis and do weekly sessions with disabled children.

When I go to Japan or Russia teachers would like to have some activities they can do in my absence. Sometimes I make a tape and design several different activities to go with the tape. Sometimes I try to give them a mini workshop course in music therapy to teach them the process and objectives.

Therapy and music therapy is always case by case, even session by session. Each teacher is also unique. Some teachers or speech therapists feel comfortable to use music, and some do not.

Question 4: I have a great interest in music therapy. In fact, I was impressed to observe some live sessions, and I also participated in music therapy sessions in Japan, but many of the groups were fairly large, like 60 people in one group. I wonder how music therapists can handle such large groups.

Answer: I think that kind of group is more like a recreational activity group. It is helpful and can be therapeutic since it is using music. However, it usually involves the whole group doing the same thing at the same time. It becomes more like a big lesson or activity. With 60 people it is very hard for anybody to know every group

member by name. The Individual's identity or personality becomes lost.

One idea is to divide the group into two, three or four sections to diminish the group size so that they can have more personal interactions.

Question 5: You mentioned that music therapy can be effective for different groups at different age levels, but I do not think music can be effective for every person. There must be a limit to the potential of music.

Answer: Music therapy is a communicative bridge between client and therapist, a way to make contact, contact for concentration, contact for dialogue, sometimes it stimulates physical skills, and sometimes opens up social contact. Music is subtle yet powerful, it is not limited by nuance.

Music touches almost every client, but not every client will show a great improvement. Yet, many clients will have a more significant response to music than they will to other therapies. Music is such a big experience on the level of emotion, energy, and communication. I never think of music as limited. Of course, to play music does not make everything possible or better. But if therapists are sensitive and experienced, they can usually touch the client in places where a positive and beneficial response is obvious.

Question 6: What is the job situation for music therapists in the U.S.?

Answer: Music therapists have staff positions in many different kinds of centers, such as preschool programs, psychiatric hospitals, nursing homes, and AIDS clinics. If the question is who pays or how they get paid, each state and clinical and educational system has separate ways of budgeting for music therapy, it could be part of the department of education, the department of social welfare, or the depart-

ment of health. There are also privately owned music therapy clinics/studios in the US, and some music therapists are independent consultants.

Question 7: I am a consultant at a center for people with developmental delays. In Japan, occupational therapists and physical therapists are not officially staffed in the public school system. Are music therapists working in public school systems in the U.S.?

Answer: Yes, they are. I work part time in public school systems in Maine. My center for music therapy in Surry is a private clinic. However, it is not so easy to understand all the distinctions. I have clients who come to my clinic from schools as well as private agencies. Their school, city, or state pays for the sessions. The health care system and educational systems in America are very complicated.

Question 8: When I saw children playing music in the video illustrations I had an impression that those children were imitating what the adults were playing. In my understanding children learn ways to interact and respond through the act of imitation, as a primitive form of communication. I wonder if you think the responses of those children shown in the video are similar to such a primitive form of communication.

Answer: Infants learn by imitation, of course. Very often in music therapy we are at a primitive level of communication, even the level of five or six months old infants although the client maybe ten, twenty, fifty, or eighty years of age.

We often try to establish some imitation, just like parents stimulate infants. Sometimes parents imitate the child, and sometimes the child imitates the parents. Music therapists have to be very delicate and skillful in understanding the dynamics of dialogue and interaction through imitation.

Thank you for your thoughtful and stimulating questions, and thank you for the chance to take part in this lecture series. It has been a great pleasure and honor.

アラン氏の講演と音楽療法について

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「音楽療法（Music Therapy）」はアメリカにおいて第二次世界大戦後、心身ともに傷を負った帰還兵に対するアプローチから直接的な始まりを見せました。また、これらの実践を基盤として、大学機関で精神科医を中心とする医療従事者と協力体制が築かれ、専門家としての音楽療法士を養成することも始まりました。稲田（2000）は、音楽療法が現在も発展途上にあるとはいえ、専門職として医療チームの一員に位置付けられている国も存在すると述べています。従って、彼らには演奏スキルなどの「音楽的基盤」、心理療法の理解などの「臨床的基盤」、査定や計画・実施を効果的に行うスキルなどの「音楽療法の基盤」などが要求されます。

日本でも最近注目度が高まっていますが、上記のことから考えても「音楽を習っていたから」というだけでは気軽に出来るものではないことが伺えるでしょう。

ところで、私は音楽療法に興味を持っていくつか本や文献を読みましたが、その度に「音楽療法とは何か」をいつも考えさせられます。音楽と療法という「双方共が不明瞭な境界線（ブルシア，2001）」の中にあるため、音楽療法はかなりの多様性を秘めているのです。そういう意味では学際的とも言えます。また、方法も一定でないので具体的なイメージがしにくく、おのずとその視点や考え方、定義も十人十色になります。環境、対象者（音楽療法の対象者は幅がとても広い）によっても変わるでしょう。例えば、音楽そのものを「癒し」だと思う人や「指導を円滑に進めるための補助道具」だと考える人もいるし、演奏（既成作品の再生、または即興など）、歌唱、音楽を伴う運動表現、鑑賞という「活動内容そのもの」に重点を置く人もいるでしょう。従って「これが音楽療法だ」と言うのは困難で、考え方や定義は、それを述べている人の姿勢、「この領域への考え方や専門家としてのアイデンティティを表現している（ブルシア，2001）」のです。

アラン氏は今回の講演で、ヒューマニスティックなアプローチから「コミュニケーション」という、一つの重要なテーマを提供してくださいました。音楽経験はただ音楽だけをコミュニケートするのではなく、言語的・非言語的なもの、その他の多くのものを含み、柔軟性を持って様々なレベルのコミュニケーションの拡大を促します。また、（音楽療法における）即興性と創造性は、被治療者の音楽療法のプロセスや経験に影響をもたらし、その関係性を最大限に引き出すのです。こうした、被治療者を主体としたうえでの治療者との相互関係のあり方、援助の姿勢が音楽療法ではないか、と私は思っています。

ワークショップの中で、アラン氏は私達と音楽を通してその場を共有する機会を下さいました。また、主に小児を対象とする即興的アプローチで有名なNordoff & Robbinsのセッションを含む多くの貴重なテープやＶＴＲも提供しながら、音楽療法の効果を示してくださいました。被治療者がコミュニケーションの能動性を音楽をとおして得ていく姿がリアルでした。非言語的なものがもつ治療についてさらに学習を深める契機となりました。

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