

THE SOUNDS OF HEALING

MUSIC THERAPY BRINGS ANCIENT TEACHINGS INTO MODERN COUNSELLING SESSIONS

BY SUSAN SUMMERS

Music is known in every country and culture of our modern world.

Musical instruments have been found in archeological cultures dating back tens of thousands of years. Historically, music was used for ceremony, healing, community gatherings, and in life rituals — and it still is. And while people have known for centuries that music is healing, music used as a therapeutic health discipline in the Western world is relatively new.

Music therapy emerged from work with U.S. veterans who returned from the Second World

War with trauma and PTSD. When verbal psychotherapy did not heal the psychological wounds of war, listening to music was tried and found to be an effective way for the veterans to connect with the trauma that lay deep within. This led to the development of the music therapy profession. Since the early 1950s, there has been steady expansion of the practice of music therapy, culminating in the establishment of university training programs, research, and professional associations in more than 30 countries, with music therapists working in at least 50 countries around the world.

The Canadian Association of Music Therapists (CAMT) defines music therapy as “a discipline in which credentialed professionals (MTA) use music purposefully within therapeutic relationships to support development, health, and well-being. Music therapists

use music safely and ethically to address human needs within cognitive, communicative, emotional, musical, physical, social, and spiritual domains” (2016).¹

Music therapists have many years of extensive musical training and expertise prior to entering a five-year university training program at a bachelor’s or master’s level to learn specific music therapy models, theories, and interventions. In Canada, the training programs require more than 1,200 hours of supervised practica in addition to academic, musical, and clinical training. A standardized national exam completes the music therapist’s credentialing process. There are currently 1,000 MTAs (Music Therapist Accredited/ Musicothérapeute accrédité) working in Canada who are certified by CAMT. Music therapists use live music primarily, played by themselves and their clients, for transformation, re-education, and rehabilitation. They are required to have a high degree of personal self-awareness and ongoing professional development to maintain their MTA credential.



THE MUSIC OF OUR LIVES

Working in close relationship with people across the lifespan, certified music therapists bring their person-centred expertise to people in health care institutions such as acute care hospitals, NICUs, residential care facilities, hospice and palliative care wards, rehabilitation units, mental health and addiction treatment programs, speech programs, and neurological treatment programs. Music therapists also work privately with those who seek support for mental health, trauma, and other life issues. Music therapy clients have a broad range of abilities and challenges, including: high-risk expectant mothers; children on the autism spectrum or with disabilities; people of

all ages with cognitive, physical, sensory, mental health, and behaviour challenges; youth at risk; adults and older adults with dementia, brain injury, trauma, or neurological challenges; and those who are at the end of life.

“Music therapists use the unique qualities of music and a relationship with a therapist to access emotions and memories, structure behaviour, and provide social experiences in order to address clinical goals.”² To address person-centred clinical goals, music therapists emphasize specific musical elements in songs and music-making and add creative approaches such as improvisation and songwriting for relaxation, stimulation, and redirection. Music can be

LYRICIST E. Y. HARBURG, WHO WROTE “OVER THE RAINBOW” AND “APRIL IN PARIS,” SAID: “WORDS MAKE YOU THINK A THOUGHT. MUSIC MAKES YOU FEEL A FEELING. A SONG MAKES YOU FEEL A THOUGHT.”

a reflective, receptive experience in listening, imaging to music, accessing memories, and enjoyment, or it can be an active, stimulative experience in singing, making music, moving to music, and engaging in social community participation. Certified music therapists are able to train and specialize in neo-natal intensive care music therapy, neurologic music therapy, guided imagery and music (the Bonny method), and vocal psychotherapy to help their clients regain function and insight and make positive life changes.

Researchers today know that human beings are hardwired for music and have strong physiological, neurological, and emotional arousal responses (especially pleasure) to a musical stimulus. Because music transcends language, it can engage people to enjoy the experience of listening, moving to, and/or singing even without understanding the song's language.

In choosing specific music for a client, music therapists work with a central principle that the songs and music we will identify with and have a lifelong emotional connection with are comprised primarily of the songs and music we grew up with from our childhood, through our youth, and into our mid-20s. These years represent moments of impactful influences and milestones. For example, memories associated with our mother singing lullabies may bring immediate feelings of safety and warmth and of being loved and comforted. Songs and music that remind us of other family members — grandparents and siblings — will bring these important family members to us in memory, and we re-experience those feelings many years later. An example of this is a grandchild knowing songs from the Second World War, because their grandparents sang or whistled the



songs from their own childhoods. Songs from our teens and 20s document important journeys and events such as dating, relationships, completing high school and university, friendships, entering the working world, and, often, meeting our life partners and having our own children. The songs associated with these milestones become the soundtrack of our lives — for the rest of our lives. Lyricist E. Y. Harburg, who wrote “Over the Rainbow” and “April in Paris,” said: “Words make you think a thought. Music makes you feel a feeling. A song makes you feel a thought.”

In essence, the music of our lives (music and songs that have meaning and relevance to our lives for the entirety of our lives) comes from the voices (singers, family who sang, recordings we listened to, community experiences, etc.) and genres (jazz, country, classical music, hymns, etc.) that we heard when we were children. Music that was listened to by our families and that we heard in our home and participated in will, in general, have strong emotional content for us. When we hear a familiar song that has importance in our life, we are brought back immediately to where we were, who we were with, what we were wearing and doing, as well as

ELEMENTS WITHIN EVERY PIECE OF MUSIC AND SONG — RHYTHM, LYRICS, TONE AND TIMBRE, MELODY, HARMONY, DISSONANCE, DYNAMICS, PITCH, METRE, AND TEMPO — ARE PROCESSED AND ACCESSED IN DIFFERENT PARTS OF THE BRAIN.

what we were feeling in that situation where the song was played. Emotional life memories are experienced more strongly when music is present, and that song or piece of music becomes the gateway to that memory and experience. This can be especially useful and important for clients with repressed memories from trauma and abuse, where cognition that relies on verbal dialogue may not be able to break through to the somatic and held emotions and memories that live within the body.

THE POWER AND SCIENCE OF MUSIC

Neuroscientists studying the musical brain for the past two decades now know more about why music is such a powerful influence in our lives. Music therapists know the power that music and music therapy interventions have in their clients' behaviour and progress.

Elements within every piece of music and song — rhythm, lyrics, tone and timbre, melody, harmony, dissonance, dynamics, pitch, metre, and tempo — are processed and accessed in different parts of the brain. Specially trained music therapists use these elements in specific ways with clients with neurological trauma and disease to support rehabilitation and relearning of functional skills such as speech, gait, mobility, and balance.

For example, for someone with a degenerative disorder like Parkinson's disease, walking to a certain rhythm can help the person maintain a regular gait longer than without music. Someone who has had a stroke affecting the left-brain speech centres that results in aphasia can learn to speak again through a series of progressive singing responses that emanate from the undamaged parts of the musical brain. The skills are enacted and experienced in the musical brain and relearned by the left-brain over time with repetition, determination, and a strong relationship with a music therapist.

Music can do great good; it can also do great harm if not used with intention, mindfulness, and expertise. Music therapists are sensitive to cultural considerations, because music is diverse and completely intertwined with a person's cultural experience. They are mindful of which music may have a positive, life-affirming, therapeutic effect, and which music is contraindicated for use with certain clients at certain times. In many cultures, certain music is only played or heard at certain times of the year, for certain festivals or celebrations, or for death and dying rituals.

Music and sound have also been used during times of war and conflict and in torture, and any counsellor working

THE SONGS AND MUSIC WE WILL IDENTIFY WITH AND HAVE A LIFELONG EMOTIONAL CONNECTION WITH ARE COMPRISED PRIMARILY OF THE SONGS AND MUSIC WE GREW UP WITH FROM OUR CHILDHOOD, THROUGH OUR YOUTH, AND INTO OUR MID-20s.



with immigrants, refugees, and people who have experienced trauma needs to be mindful of their possible musical triggers. Clients who have experienced sexual abuse may have music that reminds them of the person who abused them or the situations in which they found themselves to be vulnerable. Trained vocal psychotherapists (the Dr. Diane Austin model³) guide clients to use sound and vocalization as a way to express subconscious, pre-verbal experiences, where there are no words to describe a somatic and emotional experience that may continue to impact their lives.

INTEGRATING MUSIC WITH YOUR PRACTICE

Music therapists can provide professional consultation for other therapists and health professionals on how to best use music in their practice. For example, counsellors may want to use recorded music to enhance the treatment plan for their clients; this could include playing recorded background music to create an ambience of safety, calmness, and relaxation or to redirect or distract from outside noise and inner chatter.

The iso principle — which is a technique by which music is matched with the client's mood, then gradually

altered to affect the desired mood state — is applicable here: meet the client where they are and slowly move towards change together. This is particularly applicable to the choice of musical selections, instrumentation, lyrics, and genre. Choosing music that matches where a client is at the beginning of a session or matches the mood they need/want in order to share deeply is critical for rapport building and to align them with their stated goals and purposes for being in therapy. An example of this might be a therapist who encourages listening to favourite recorded music to elicit emotional responses where words are not available: what lyrics in a favourite song say best what I am feeling?

Music and sound have been used in healing for thousands of years. Certified music therapists bring these ancient teachings to the therapy room to support clients and patients to more fully engage with their lives and to increase functioning levels physically, mentally, emotionally, and spiritually. Used with intention and knowledge, music is a powerful co-therapist and ally. As Jimi Hendrix said, "Music doesn't lie. If there is something to be changed in this world, then it can only happen through music." ■

Susan Summers, PhD, AVPT, NMT, MTA, is a music therapist, vocal psychotherapist, and faculty member in the music therapy department at Capilano University, North Vancouver.

REFERENCES

- 1 CAMT (June 2016). <https://www.musictherapy.ca/about-camt-music-therapy/about-music-therapy/>
- 2 Wheeler, B. Ed. (2015). Music therapy as a profession - chapter 1 in *Music Therapy Handbook*, p. 5., The Guilford Press, New York.
- 3 Dr. Diane Austin. www.dianeAustin.com