

# The Relationship Between Music Therapy and Theories of Psychotherapy

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For the most part, the music therapist's work has been based on adapting musical activities to the needs of clients and interacting with them in the most helpful and sensitive way possible. Therapists from the disciplines of psychiatry and psychology, on the other hand, have generally been trained to base their practices on the theories of at least one school of psychotherapy. The purpose of this paper is to demonstrate the benefits for music therapists of using one or more psychotherapeutic theories as a frame of reference for their work, and to review some representative theories of psychotherapy and their possible applications to music therapy.

To serve this purpose, a number of theories and their possible relationships to music therapy are covered fairly superficially; it is hoped that this will stimulate more intensive exploration of the relationship of the individual theories to music therapy.

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## Music Therapy As Psychotherapy

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According to Wolberg (1954), psychotherapy is "a form of treatment for problems of an emotional nature in

which a trained person deliberately establishes a professional relationship with the object of removing, modifying, or retarding existing symptoms, of mediating disturbed patterns of behavior, and of promoting positive personality growth and development."

Music therapy certainly appears to fit all aspects of this definition — the music therapist is trained, establishes a relationship with his or her client, and seeks to affect behavior as described. Frank (1974), however, identifies four features characteristic to all psychotherapy:

- a particular *relationship* between the patient and the help-giver, sometimes within the context of a group;
- a *locale* designated by society as a place of healing;
- a *theory* of illness and health, deviance and normality;
- a *procedure* prescribed by the theory that guides the sufferer toward relief.

When music therapy is measured against these criteria, the only major difference appears to be the absence of a theoretical foundation. Few music therapists, with the exception of those who use behavioral principles, systematically base their work on any particular

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psychotherapeutic theory or combination of theories.

It should be noted that some authors (Harper, 1959; Ford, 1963) add another characteristic of psychotherapy — that it is primarily verbal. While this is generally not true of music therapy, it shares so many other characteristics of psychotherapy that this does not seem a sufficient reason to exclude it as a psychotherapy.

Discussions of the differences between counselors and psychotherapists center on many similar issues. Wolberg (1954) and Steffire (1972) have found differences in counseling and psychotherapy with respect to goals, clients, practitioners, settings, and methods, but they do agree that the boundaries are often unclear. Others (Patterson, 1973) believe that any differences are artificial and that counseling and psychotherapy are indistinguishable from each other. In addition to the music therapist's use of music, the main difference between the two is again the acceptance of a psychotherapeutic theory as a frame of reference in which to practice therapy, as well as the training to use that model.

Acceptance of a psychotherapeutic theory implies several things about a therapist. First, it suggests that he or she has studied the work of a certain theoretician and has found that person's assumptions about the nature of mental health and the way to achieve it to be consistent with the therapist's own. Second, it indicates that he or she has integrated the assumptions and procedures of the theory and looks to them for answers as to why certain processes occur in therapy and how to manage them.

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### **The Benefits of Using Psychotherapeutic Theory**

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For the music therapist in specific, integration of psychotherapeutic theory

offers two benefits. First, a theory helps to explain what happens in therapy, to make predictions, and to evaluate and improve results. "Like a good map, it tells us what to look for, what to expect, and where to go" (Steffire, 1972).

In a session, when a client speaks or acts in a given way, the therapist responds in a manner that is perceived to be best for the client, based on his or her understanding of and sensitivity to the client. Much of the therapist's perception of what is best for the client in fact reflects a personal theory — whether or not the therapist is aware of this theory. In choosing from among all possible responses, the therapist is putting the theory into practice by deciding what the client means by the statement, what the statement means in the life of the client, what the proper goals of therapy are, what the therapist's function is, and finally, what the most useful technique to move toward chosen goals may be.

Acceptance of a theory also may help in raising the professional stature and credibility of music therapists, especially in psychiatric institutions, where it has found to be particularly low (Braswell, 1979).

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### **The Theories and Their Applications to Music Therapy**

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The therapeutic models discussed below are those most widely used and represent various schools of psychotherapy, i.e., psychodynamics, humanism, and behaviorism. Two therapies that do not fit into any of these schools — reality therapy and transactional analysis — are also presented. In each case, the major points of the theory will be discussed, followed by a review of any pertinent music therapy literature, a rationale for the application of the theory to music

therapy, and finally, examples of possible uses of music therapy in combination with the theory.

## BEHAVIORAL THERAPIES

Behavioral approaches to therapy developed from the laboratory study of behavior. Behavioral therapists believe that therapy is an empirical process that must be evaluated by the same procedures used in investigating any scientific question. The underlying assumption is that all behavior — including that which is maladaptive — is learned; therapy is therefore concerned with relearning adaptive behavior.

Behavioral psychotherapy includes two related forms of treatment: *behavior therapy* and *behavior modification*. Behavior therapy is based on the work of Joseph Wolpe and follows a classical conditioning model, while behavior modification, based on the work of B. F. Skinner, is derived from operant conditioning. Both types require that after a working relationship is established, a functional analysis be made of the complaint, with particular emphasis on the general situation in which maladaptive behavior occurs, as well as on the specific situation currently maintaining the behavior.

Used most often in individual sessions, Wolpe's original technique involved systematic desensitization, in which anxiety is reduced through relaxing and then gradually encountering — either in imagination or in reality — the anxiety-producing situation. These encounters begin with a version that elicits slight fear and progress up a hierarchy of intensity to the situation that is most anxiety-producing. Other techniques using the classical conditioning model have since been developed.

The primary use of behavior modification, on the other hand, has been in group situations such as classrooms or psychiatric hospital wards. Using token economies or other items, behavior modifiers either reinforce the desired

behavior, in which case the behavior has been shown to increase, or ignore maladaptive behavior, in which case it has been found to decrease and completely disappear over time.

The use of music therapy, particularly contingent music and time-out from music, as a reinforcer in behavior modification has been investigated extensively. Among the many cases reported in the literature are the observations that contingent time-out from music was effective in reducing inappropriate mannerisms of a schizophrenic woman (Hauck, 1970) and in decreasing inappropriate group behavior in emotionally disturbed boys (Hanser, 1974). Contingent music has been shown to decrease uncooperative behavior of a mentally retarded child (Steele, 1978), to increase social skills in a nonverbal hyperactive boy (Reid, 1975), and to increase mathematical responses in normal sixth grade students (Madsen, 1973).

Therapists frequently use behavior modification in a nonmusical way, i.e., when they praise a client or serve as a model in order to gradually and systematically change a client's behavior. The relationship of music to behavior therapy, however, has not been investigated. Music may play a valuable role in the relaxation process, possibly by helping to maintain a relaxed state as more anxiety-producing stimuli are introduced.

## HUMANISTIC THERAPIES

The therapies grouped together here are at times called humanistic, third force, phenomenological or existential therapies. While sometimes separated, they have in common a belief that each person's experience is unique to that person, and that all people have within themselves a force leading them toward growth. The therapist facilitates that growth by entering the perceptual world of the client and sharing his or her feelings and perceptions. Major theorists

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relevant to this discussion include Carl Rogers, Abraham Maslow, and Frederick Perls.

Carl Rogers focuses on the therapeutic relationship. In what has become known as *person-centered therapy*, the individual's potential for growth will tend to be released in a relationship in which the helping person is experienced as authentic, nonjudgmental, and warm. Again, this belief rests on an underlying view of man as one who continually develops in the direction of growth and enhancement. The client's growth tends to occur in the direction of greater awareness of inner experiences and toward behavior directed by these inner experiences.

No literature exists on music therapy within a person-centered approach, but a music therapist with a Rogerian philosophy would aim for the therapeutic interaction described above — a relationship in which the client is free to grow, with the therapist helping to clarify awareness of inner experiences. This philosophy can be applied to a variety of music therapy situations. The therapist would first accept whichever musical — or nonmusical — endeavor the client chooses and then help the client to musically and verbally express his or her inner experiences. For example, if improvisation were used as a nonverbal tool for communication, the therapist would not guide the client in any direction, but rather support and reflect both musically and verbally the client's improvisations.

Abraham Maslow concentrates on the person's motivation for growth. He has developed *third-force therapy*, which states that man is continually striving toward self-actualization and that a hierarchy of needs must be satisfied before this is possible. Maslow studied people whom he felt were self-actualized and developed the concept of meta-needs. These are actual needs, existing in addition to those which are more con-

crete, for abstracts such as truth, beauty, and wholeness. Maslow believes that the pursuit of these needs motivates people who are at higher, i.e., more self-actualized, levels of development. He concludes that lack of satisfaction of these meta-needs lead to meta-pathology, including boredom, hopelessness, and alienation.

Another relevant aspect of Maslow's theory is the concept of intrinsic and extrinsic learning. Intrinsic learning comes from within and consists largely of learning to be a human being, while extrinsic learning is imposed from the outside and has no personal relevance.

Music therapy used in conjunction with Maslow's theory is a means by which the client may explore and develop personal potential. Clive Robbins (1979) has recently explored the relationship of his and Paul Nordoff's work to Abraham Maslow's theories and concluded that music is able to play a role in helping to satisfy man's need for self-actualization, as well as certain meta-needs.

Therapists seeking to help clients satisfy their meta-needs would be working with basically healthy people who are attempting to achieve or maintain self-actualization. The therapist's task is then to facilitate the person's own understanding of how music can be used to achieve greater personal fulfillment. Helen Bonny's work with guided imagery and music (Bonny, 1975), particularly as she helps clients toward peak experiences and higher levels of consciousness, can be seen as an application of Maslow's theories. Music may also be used to promote intrinsic learning, in contrast to other methods which may lead only to extrinsic learning.

*Gestalt therapy*, developed by Frederick Perls, has gained wide popularity in recent years. Gestalt therapy is based on the belief that the human organism attempts to regulate itself and that it has an inherent drive toward growth and

need satisfaction. When a need emerges and is fully experienced and satisfied, the gestalt is formed and the satisfied situation can melt into the background, leaving the foreground free for the next emerging need. In order that these needs can be recognized and experienced, gestalt therapists emphasize the core concept of awareness.

When self-regulation is interfered with, polarities result; therapy frequently centers on confronting these polarities and integrating them into the client's level of awareness. Gestalt therapists use a number of specific techniques to help the client become aware of the here-and-now. It is important to realize, however, that these techniques themselves are not gestalt therapy, but only tools.

As with the other therapeutic approaches, the gestalt music therapist will view disturbed behavior in the context of the theory. The goal of therapy will be to increase awareness of the present experience; music will facilitate this awareness and help resolve polarities or other problems interfering with the client's ability to experience self.

Because music can be experienced without consciously talking or thinking about it, it is a natural tool for gestalt therapy. The literature contains no references to gestalt and music therapy, but because the processes are similar, music therapists may be able to draw from the experiences of other creative arts therapists (Zinker, 1977). The power of music to totally involve a person both psychologically as well as physically may be useful in teaching the client how to become completely involved in other situations. Vocal music may be useful in two ways: deep breathing as a means of more fully experiencing the body and voice as a means of expressing the inner experience. Instrumental improvisation may also help the client get in touch with polarized parts of the self in order to reclaim and integrate them.

## PSYCHODYNAMIC THEORIES

The psychodynamic approach has been developed by numerous theoreticians. Sigmund Freud originated psychoanalysis; others who have created their own theories, with varying degrees of relationship to Freud's work, include Alfred Adler, Carl Jung, Karen Horney, Otto Rank, Harry Stack Sullivan, Anna Freud, Erik Erikson, Erich Fromm, and many others. These theories can be applied either individually or in combination.

What these authors have in common, and why their work is considered psychodynamic, is their belief that a person's behavior is primarily due to the interaction of various elements of the personality. These include the interaction between past and current events; motivations; and segments of the personality such as the id, ego, and superego.

Therapy consists largely of bringing unconscious material to consciousness, under the belief that once aware of the reasons for particular behavior, the client may choose whether or not to continue the behavior. One of the ways in which unconscious material is brought to consciousness is through the relationship with the therapist. In this case, certain of the client's feelings toward the therapist actually reflect feelings toward important figures in the client's past that have been projected onto the therapist in a process called transference. Resolution of transference, specifically, the process of learning to recognize and understand projected feelings, constitutes much of the process in psychodynamic therapy.

Psychoanalytic theory has been applied to many aspects of music and has been reviewed quite extensively (Noy, 1966; Noy, 1967). Psychodynamic models formed the basis for much of the early music therapy work, as well as that currently practiced in Europe and, to some extent, in the United States. The main use of music therapy in a psycho-

dynamic framework appears to be based on the ability of music to bypass conscious verbal censorship and reach deeper parts of a person's psyche, to facilitate nonverbal expression and communication, and to build ego strength.

Mary Priestly (1975) has described her work using improvisation within a psychodynamic framework. She uses a number of techniques, many of which have the client improvise a situation, either alone or with the therapist. The musical sounds are used to objectify, develop, and amplify the situation, so that the reactions and insights can then be examined verbally. Heimlich (Heimlich, 1972; Heimlich, 1973) uses music and related media such as movement or art to assist children's communication. She has reported that by understanding their communications and dealing with them either directly or metaphorically, children are able to explore and express feelings that have previously remained hidden.

The music lesson has been used as a format for individual music therapy within a psychodynamic framework (Tyson, 1965; Tyson, 1966; Tyson, 1979). She explains that the therapist provides a safe, protective, and supportive relationship in which the client can find an outlet for feelings, express them, and then work through them both musically and verbally. She emphasizes that at this depth, music therapy is adjunctive to verbal psychotherapy.

### REALITY THERAPY

Developed by William Glasser, reality therapy is based upon the premise that the basic psychological need is for a unique identity. This is either a success identity or a failure identity, depending on one's relationship with others.

A key concept in reality therapy is that the formation of a success identity is in part facilitated through involvement with another person, in this case, the therapist. After establishing an involved therapeutic relationship, the therapist can

help the client work toward the main goal of treatment, i.e., individual responsibility. Disturbed behavior is seen as the result of irresponsibility, and the therapist confronts the client with the irresponsibility of his or her behavior and helps to plan future behavior. Therapy deals not with the past but rather with the present and the future.

The great majority of those who practice traditional music therapy unknowingly use to some extent the principles of reality therapy. For example, many music therapists frequently attempt to help clients establish success identities by developing special skills through music, or by assigning a unique part to play in a piece, with this part viewed as an opportunity to strengthen the client's sense of self as worthwhile and competent. The involvement which is key to reality therapy is also characteristic to many music therapy relationships and many therapists in fact attribute the success of music therapy to this involvement. Finally, music therapists also help their clients accept responsibility for their behavior and deal largely in the present in order to help with more reasonable plans for the future.

Although many music therapists use principles of reality therapy in these ways, those music therapists who are specifically trained in the theory may be more effective than those who base this use on intuition alone.

### TRANSACTIONAL ANALYSIS

Transactional analysis, developed by Eric Berne, has become increasingly popular. Man's psychological state is perceived as consisting of three observable ego states: the Parent, the Adult, and the Child. Everyone has these three states and the specific behavior and thoughts associated with each. A person operating from the Child state may be spontaneous, creative, or rebellious. The Adult state is rational and it stores, retrieves, and processes information in order to make mature deci-

sions. The Parent state communicates the messages a parent might give, i.e., values, beliefs, and rules.

Transactional analysts believe that people have an innate need for recognition, or strokes. When strokes cannot be obtained through normal and healthy means, individuals may resort to transactions that have an underlying meaning quite different from the overt one. The therapeutic process consists of analyzing these transactions and then changing patterns that prove to be unsatisfactory.

One published article has explored the use of music therapy and principles of transactional analysis. Arnold (1975) used music to structure an extended permission class. This group was designed for clients whose parental injunctions had inhibited their thinking, talking, moving, touching, laughing, etc. His rationale was that music had the power to activate the Child ego state, the state which these people needed practice in operating. He chose goals and successfully structured musical activities to lead the participants through experiences that would activate the Child ego state and make the clients more accessible to further therapy.

Other music therapists who follow principles of transactional analysis have also exploited the spontaneous, creative quality of music-making to activate the Child state (Mayercak-Polling, 1979). The Adult state may also be activated when necessary, perhaps by developing the discipline necessary to learn an instrument; the Parent state may possibly be strengthened by leading a group activity or giving directions to others. Free musical improvisations may also provide material for analysis as well as opportunities for change.

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## Conclusion

It hopefully has become apparent that music therapy might progress more solidly if music therapists were to align

themselves closely with a psychotherapeutic theory. Each theory has different assumptions about the nature of mental health and how to achieve it. Each has different implications for music therapy, and each will require further investigation in order to clarify its use in music therapy.

It is obvious that the same musical activity may be used in more than one psychotherapeutic approach. What is done with the musical activity — and why it is done — distinguishes one approach from another. The way the therapist interacts with the client, regardless of the musical activity being used, may determine the approach being used, and in fact, may very well be the most important factor in therapy.

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## References

- Arnold, M. Music Therapy in a transactional analysis setting. *Journal of Music Therapy*, 1975, 12, 104-120.
- Bonny, H. Music and consciousness. *Journal of Music Therapy*, 1975, 12, 104-120.
- Braswell, C., Maranto, C. D., & Decuir, A. A survey of clinical practice in music therapy, Part II: Clinical practice, educational, and clinical training. *Journal of Music Therapy*, 1975, 16, 50-69.
- Ford, D. H., & Urban, H. B. *Systems of Psychotherapy*. New York: John Wiley and Sons, 1963.
- Frank, J. D. *Persuasion and Healing* (Rev. ed.). New York: Schocken, 1974.
- Hanser, S. B. Group contingent music listening with emotionally disturbed boys. *Journal of Music Therapy*, 1970, 7, 43-53.
- Harper, R. A. *Psychoanalysis and Psychotherapy*. Englewood Cliffs, N J: Prentice-Hall, 1959.
- Hauck, L. P., & Martin, P. L. Music as a reinforcer in patient-controlled duration of time-out. *Journal of Music Therapy*, 1970, 7, 43-53.

Heimlich, E. P. Paraverbal techniques in the therapy of childhood communication disorders. *International Journal of Child Psychotherapy*, 1972, 1, 65-83.

Heimlich, E. P. Using a patient as "assistant therapist" in paraverbal therapy. *International Journal of Child Psychotherapy*, 1973, 2, 13-52.

Madsen, C. K., & Forsythe, J. L. Effect of contingent music listening on increases of mathematical responses. *Journal of Research in Music Education*, 1973, 21, 176-181

Noy, P. The psychodynamic meaning of music, Parts I-V *Journal of Music Therapy*, 1966, 3, 126-135, 1967, 4, 7-23, 45-51, 81-94, 128-131.

Patterson, C. H. *Theories of Counseling and Psychotherapy*. (2nd Ed.). New York: Harper and Row, 1973

Priestley, M. *Music therapy in action* London: Constable, 1975

Reid, D. H., Hill, B. K., Rawers, R. J., & Montegar, C. A. The use of contingent music in teaching social skills to a nonverbal, hyperactive boy. *Journal of Music Therapy*, 1975, 12, 2-18.

Steele, A. L. Programmed use of music to alter uncooperative problem behavior. *Journal of Music Therapy*, 1968, 5, 103-107

Steffire, B., & Grant, W. H. *Theories of Counseling*. (2nd Ed.) New York: McGraw-Hill, 1972.

Tyson, F. Therapeutic elements in out-patient music therapy. *The Psychiatric Quarterly*, April 1965, 315-327.

Tyson, F. Music therapy in private practices — Three case histories. *Journal of Music Therapy*, 1966, 3, 8-18

Tyson, F. Child at the gate: Individual music therapy with a schizophrenic woman. *Art Psychotherapy*, 1979, 6, 77-83.

Wolberg, L. R. *The Technique of Psychotherapy*. New York: Grune and Stratton, 1954.

Zinker, J. *Creative Process in Gestalt Therapy* New York: Brunner/Mazel, 1977.

### Reference Notes

1. Robbins, C. Personal communication, September, 1979
2. Mayercak-Poling, S. Personal communication, September, 1979

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