

**IMPROVISATIONAL MODELS  
OF  
MUSIC THERAPY**



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# IMPROVISATIONAL MODELS OF MUSIC THERAPY

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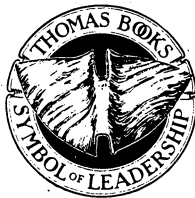
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**CHARLES C THOMAS • PUBLISHER**  
*Springfield • Illinois • U.S.A.*

*Published and Distributed Throughout the World by*

CHARLES C THOMAS • PUBLISHER  
2600 South First Street  
Springfield, Illinois 62794-9265

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© 1987 by CHARLES C THOMAS • PUBLISHER  
ISBN 0-398-05272-7 (cloth)  
ISBN 0-398-06040-1 (paper)  
Library of Congress Catalog Card Number: 86-14389

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*Printed in the United States of America  
Q-R-3*

*Library of Congress Cataloging in Publication Data*

Bruscia, Kenneth E.

Improvisational models of music therapy.

Includes bibliographies and index.

1. Music therapy. 2. Improvisation (Music). I. Title.  
ML3920.B78 1987 615.8'5154 86-14389  
ISBN 0-398-05272-7. — ISBN 0-398-06040-1 (pbk.)

*To the loving memory of my mother*  
**LENA BARCELONA BRUSCIA**

*And to my beloved father*  
**NICK BRUSCIA**



## PREFACE

**T**HE PURPOSE of this book is to provide a comprehensive source of reference on the use of musical improvisation in therapy. The book contains an introduction to the fundamentals of improvisational music therapy (Unit One), a detailed synopsis of over twenty-five models of therapy that have been developed over the last thirty years (Units Two through Nine), and a synthesis of the various models into basic principles of clinical practice (Unit Ten).

The models were identified through an exhaustive search of the music therapy literature, including journals, books, and conference programs. The intent was to include all music therapists who have used improvisation as a primary method of clinical intervention.

Unfortunately, the literature on improvisational music therapy is somewhat scattered and fragmentary. Many journal articles appear outside of the music therapy literature, and several books are out of print. In addition, many music therapists who use improvisation extensively have not written or published anything about their work. In these cases, information had to be obtained through questionnaires, personal interviews, tape recordings, and/or notes.

All available writings, publications, and materials pertaining to each model were used as sources of information. In many cases, this represents the first attempt to bring together and synthesize all of the existing literature on a particular model, and to synthesize the ideas of the originator at various stages in the formulation of the model.

Each model has been described according to the same basic outline. The outline was developed by the author to provide a uniform way of collecting and organizing information about each model, while also providing a framework for synthesizing different models according to common topics or variables. The main topics are: background, salient features, clinical uses, client prerequisites, therapist qualifications, goals, media and roles, session format, theoretical orientations, assessment and evaluation, preparation for a session, organization of a session, procedures, techniques, client-music dynamics, intrapersonal dynamics, client-therapist dynamics, group dynamics, and process (or stages of therapy).

When an entire unit is devoted to a single model, these topics are grouped together into four main chapters, followed by a Unit Summary and References. The chapters are entitled: Introduction, Assessment and Evaluation, Treatment Procedures, Dynamics and Process. When a single chapter is devoted to a model, the topics of the outline are used as subheadings within the chapter itself.

The chapters and sections within each unit have been sequenced to accommodate the informational needs of the reader, which vary considerably according to the model being described. Consequently, the topics do not always occur in the same order in every chapter and unit.

Summaries are provided for those models that take an entire unit to describe. They are not given for those models that are described within a chapter.

The reference section always appears at the end of the unit, even when chapters within the unit deal with different models. All citations within the text refer to the number assigned to the bibliographical source in the reference list. That is, any number appearing in parenthesis within the text refers to the corresponding bibliographical source in the reference list. The bibliographical sources have been numbered using alphabetical and chronological ordering, rather than according to their order of appearance in the text.

Because topics in the basic outline overlap somewhat, sections within the same unit or chapter may cover the same information, but from a different perspective or with a different emphasis. Some of these overlaps are inherent in the model itself. In fact, it is interesting to find that each model can be characterized according to its own unique overlaps. For example, in one model the sections on goals and musical dynamics may overlap because they are interdependent; whereas in another model, goals and assessment are closely linked together and therefore have sections that overlap in content.

Besides showing which aspects of the model are methodologically linked together, these overlaps between sections can also reveal how integrative and logically consistent the model is.

Needless to say, the amount of information available on each topic determines the length of each section. Thus, the length of sections may vary considerably from one model to the next. While the obvious reason for a short section is that the originator has simply not written or dealt with the topic, the less obvious reason might be that the topic is not particularly relevant to the model. Sometimes the originator has not addressed the topic because it is not essential to an understanding of his/her clinical approach. Here again, completeness of the information on these topics can provide considerable insight into the basic premises underlying the model.



Case material and clinical examples have not been included in the book. Aside from not having sufficient space in the book to do them justice, their inclusion goes beyond the purpose of the book. It is hoped that the reader will return to the original source for more detailed clinical information on each model.

Since it is rare for one music therapist to write about the work of another, a major concern throughout the writing of this book has been accuracy. For this reason, the originators of every major model were asked to review the author's manuscript and to make any revisions that were deemed necessary. All of their recommendations for revision were incorporated. Hence, every unit or chapter of the book devoted to a particular model has been scrutinized and approved by its originator(s) and where appropriate by other therapists who have used the model.

In addition, to insure organizational clarity and to enhance readability, every section of the book has been critically reviewed by other music therapists and creative arts therapists.

Notwithstanding the author's efforts to provide a complete and accurate report of his own work and the work of his colleagues, the experience of writing this book has pointed out that, as powerful and valuable as they are, words are only words. Even the most accurate, eloquent description of a model cannot do justice to the process of improvisational music therapy itself. Most therapists spend their entire careers trying to find the words to describe their clinical work, just as musicians spend their entire lives trying to capture the essence of musical experience. Therapy and music are both indescribable in their own right, and the art of music therapy is even more elusive to the pen.



## ACKNOWLEDGMENTS

For their personal and professional support,  
their valued opinions and suggestions,  
and their editorial advice

SANDRA LEVINSON, M.Ed., CMT  
CHERYL MARANTO, Ph.D., RMT  
PHYLLIS BOONE, RMT  
BARBARA WHEELER, Ph.D., RMT  
DAVID READ JOHNSON, Ph.D., RDT  
ARLYNNE STARK, M.A., ADTR  
VICKY ANDERSON WHITELING, M.A.

For their personal and administrative support  
during the writing of this book

DEAN HELEN LAIRD  
DR. JEFFREY CORNELIUS  
DR. ROGER DEAN

For the study leave which made the book possible

TEMPLE UNIVERSITY

For sharing their work, ideas, and concerns,  
and for reviewing my description of their work

DR. CLIVE ROBBINS, CMT  
MARY PRIESTLEY, LGSM, LGSM (MT)  
EVELYN HEIMLICH, B.S., CPvT  
BARBARA WHEELER, Ph.D., RMT  
HELEN MANDEL GROB, RMT, CPvT  
LAURA McDONNELL, M.A., CMT  
CAROL BITCON, M.M., RMT  
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CAROL MERLE-FISHMAN, M.A., CMT  
SHELLY KATSH, M.A., CMT  
PETER SIMPKINS, CMT  
ANNE RIORDAN, M.Ed.  
LISA SOKOLOV, M.A., CMT  
GILLIAN STEPHENS, M.A., CMT  
BARBARA GRINNELL, Ph.D., RMT

For the illustrations

DANIEL A. PARDO

*Improvisational Models of Music Therapy*

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**IMPROVISATIONAL MODELS  
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**UNIT ONE**

**THE FUNDAMENTALS OF  
IMPROVISATIONAL MUSIC THERAPY**



## DEFINITIONS

**M**USIC THERAPY is a goal-directed process in which the therapist helps the client to improve, maintain, or restore a state of well-being, using musical experiences and the relationships that develop through them as dynamic forces of change. The therapist helps the client through assessment, treatment, and evaluation procedures. Aspects of the client's well-being that can be addressed through music therapy include a wide variety of mental, physical, emotional, and social problems or needs. In some instances, these problems or needs are approached directly through music; in others, they are addressed through the interpersonal relationships that develop between client, therapist, and/or group.

Music therapy may involve the client and therapist in a broad range of musical experiences. The main ones are improvising, performing, composing, notating, verbalizing, and listening to music. Methods which employ improvising as a primary therapeutic experience are referred to as "improvisational music therapy."

Improvisation is a creative activity which commonly occurs in everyday life, in the performing arts (music, dance, and drama), and in the respective arts therapies. Accordingly, the term "improvise" has many different definitions.

In everyday language, "improvising" means to make something up as one goes along or as Webster put it "to make, invent, or arrange offhand." In certain situations, it can also mean to create or fabricate something from whatever resources are available. In music, "improvising" is defined as "the art of spontaneously creating music (ex tempore) while playing, rather than performing a composition already written" (1:140).

In a music therapy context, improvising encompasses elements of all these definitions. It is inventive, spontaneous, extemporaneous, resourceful, and it involves creating and playing simultaneously. It is not always an "art" however, and it does not always result in "music" per se. Sometimes it is a "process" which results in very simple "sound forms." Music therapists strive to improvise music of the highest artistic quality and beauty, however, they always accept