

# Peters' Music Therapy

*An Introduction*



THIRD EDITION



**Wanda Lathom-Radocy**

**Peters'**  
**MUSIC THERAPY**



Third Edition

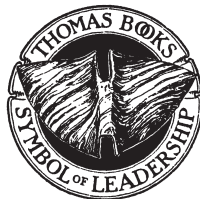
Peters'

# MUSIC THERAPY

An Introduction

*By*

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*For previous editions, Jacqueline Schmidt Peters  
dedicated this book:*

*To the glory of God,  
who gave us music and the ability to use it to help others,  
and to the memory of Leo C. Muskatevc (1917–1998),  
who, by his instruction and mentorship,  
profoundly influenced my life as a music therapist.*

*I would like to add:*

*To the memory of Dr. E. Thayer Gaston,  
who started the music therapy association on a research base  
which continues to this day.*

**WANDA LATHOM-RADOCY**



## PREFACE

Between publication of the first edition of *Music Therapy: An Introduction* in 1987 and the second edition in 2002, the field of music therapy continued to develop, and a wealth of new research and clinical literature was published. For the second edition (2002), Jacqueline Schmidt Peters reviewed the music therapy literature since 1985 extensively to update and expand the information contained in the first edition, especially regarding clinical practices. The chapters dealing with definitions of and guiding principles for music therapy also reflected developments in her own thinking and perspectives, based on reading, research, and clinical work.

Like the first edition, the second revision aimed to provide an overview of basic information regarding (1) a definition of music therapy; (2) the skills, knowledge, and attitudes that one needs to become a competent professional music therapist; (3) the historical development of the music therapy profession; (4) general principles and procedures that guide music therapy practice; and (5) major areas of clinical practice. Owing to many new developments in music therapy practice during the period between the first and second editions, the clinical practice section (Part III) was extensively revised and greatly expanded, with each population or area of clinical practice receiving its own chapter. The second edition also included more information on potential adult clients. Readers could elect to read the entire text to get an idea of the broad scope of music therapy and its history, processes, and practices, or they could choose to focus on topics of particular interest. Thus, this book became useful both to those who want to know about the field of music therapy as a whole and those who are interested only in an overview of particular topics.

When the publisher asked me to write a third edition of this book, I was pleased to do so. Mrs. Peters has produced thoroughly researched and well-written books. My job for a third edition was to include literature appearing since the second edition and to make changes in terminology that reflect the vocabulary used in the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-5), which was published in 2013 by the American Psychiatric Association. For the literature search, I conducted a “hand-search” of the *Journal of Music Therapy* and *Music Therapy Perspectives* from 2000–2015. Since this volume is an introduction to music therapy, one which was quite long even



before I started the third edition, I decided not to conduct an electronic search for further literature. If a fourth edition is written, that search should occur because music therapists continue to serve increasingly diverse populations and are producing more robust research. As an electronic search would probably double the number of references, the book then should be published in two volumes.

The book is divided into three major sections. Part I defines music therapy (Chapter One) and discusses the music therapist's education and training (Chapter Two). Part II gives the historical background for music therapy, both from the perspective of the use of music in healing practices from ancient times to the present (Chapter Three) and the development of the modern music therapy profession (Chapter Four). The concepts and historical overview presented in these sections provide a foundation that will enhance the reader's understanding of the clinical examples and applications presented in the final and most extensive section of the book. Part III begins with a discussion of general guidelines for using music in therapy (Chapters Five and Six), followed by specific examples of music therapy clinical practices with various client populations (Chapters Seven through Twenty-one). The final section concludes with an overview of several approaches to music therapy practice and a discussion of the importance of research for the practicing clinician. Some of the specific information to gain from this text is enumerated in the introduction to each section. Each chapter concludes with a summary, questions to help the reader reflect upon or apply the information, and suggestions for further reading. All references appear in a separate section at the end.

Since this book is an *introduction* to music therapy, it is directed primarily toward an audience that has little or no knowledge of the field: students in introductory music therapy courses; professionals in related disciplines who desire a basic knowledge of the scope of music therapy, including some of the research on which music therapy is based, but who have neither the time nor the inclination to search through many sources; individuals who are contemplating a career in music therapy; and those in the general public who want to learn more about the field. However, because of its copious references and wealth of suggestions for clinical work with various populations, this book may also be useful for some practicing music therapists: those who are (1) looking for a summary of research related to music therapy and a certain population; (2) searching for additional clinical techniques they might use in their practice; (3) seeking a current overview of music therapy practice and research; or (4) contemplating working with a different client population.

Because the text's purpose is to give the reader an idea of the entire scope of music therapy in the United States, it presents an overview of several basic topics and key concepts rather than treating any one area in great depth. In keeping with the project's survey nature, only brief examples of music therapy

treatment procedures, rather than complete case histories, are presented. Therefore, when this text is used in an introductory music therapy course, the instructor may wish to use journal articles, case studies, and experiential activities to supplement and exemplify the material included in this book. In addition, those who use this text should be aware that its construction was guided by the philosophy that introductory courses in music therapy should primarily emphasize the *use of music* as an integral part of the treatment process, since using music and music-based experiences as their primary treatment modality is what sets music therapists apart from other therapists. An understanding of client problems and needs and an awareness of the dynamics of the client–therapist relationship are also important to the successful practice of music therapy, and these topics are mentioned briefly in this text.

This book also tries to provide the reader with a beginning list of sources for additional information. Therefore, all information presented is well referenced, and suggestions for further reading appear at the end of each chapter. These sources (as well as the references they cite) should provide the reader with a good starting point for finding more detailed information on a particular topic of interest. Instructors may wish to use these lists to check availability in their academic library and order books or journals that need to be added. Owing to the project’s survey nature, many listed references refer to reviews or compilations of literature related to a particular topic rather than to numerous individual studies (although many individual studies are also referenced). As Clair (2007) states, “And, so, the beat goes on and on and on! Though we have been working diligently for a very long time, the journey has just begun (p. 79).”

My sincere thanks to my husband, Rudolf E. Radocy, for his patience and support throughout this revision. He has also read the manuscript and offered many suggestions for ways it could be improved. His editorial expertise is greatly appreciated.

WLR



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**Peters'**  
**MUSIC THERAPY**



# PART I

## MUSIC THERAPY AND THE MUSIC THERAPIST

**T**his section of this book provides the reader some initial answers to some basic questions: What is music therapy? What does the music therapist do? What kinds of training and education does the music therapist receive? What kinds of skills and knowledges does the music therapist possess?

The information presented in Part I helps to establish a frame of reference for the material in subsequent sections. Chapter One defines music therapy and discusses its aims and practice. Chapter Two focuses attention on the process of becoming a music therapist. After discussing the knowledge, skills, and attitudes that are important to the professional music therapist, the chapter gives a general overview of music therapy education and training programs in the United States and describes the professional credentials that music therapists commonly hold in the United States.

After completing Part I, the reader should have gained the knowledge and information needed to perform the following tasks:

1. Give a brief description or definition of music therapy.
2. List the key elements that must be present for an activity or experience to be music therapy.
3. List the knowledge, skills, and attitudes that are important to the professional music therapist.
4. List major areas of study and experience included in a music therapy curriculum.
5. List and briefly explain the professional credentials that are commonly held by music therapists in the United States.





## Chapter One

### A DEFINITION OF MUSIC THERAPY

**M**usic Therapy has been a recognized professional discipline in the United States since 1950. Recognized by the Joint Commission on Accreditation of Health Care Organizations as one of the creative arts therapies, music therapy is listed as a related service in The Education for All Handicapped Children Act (Public Law 94-142), and it received special recognition at a hearing before the U.S. Senate Special Committee on Aging on August 1, 1991 (Special Committee on Aging 1992). Nevertheless, although public awareness of music therapy had increased to the point that two thirds of respondents in a 1991 survey had at least *heard* of music therapy (Furman, Adamek, and Furman 1991), even today many people are still not sure exactly what music therapy is. Even if they may have some vague idea that music therapy uses music to help people in some way, members of the general public often do not realize that music therapy is a distinct professional discipline that has a large body of research and stringent educational and training requirements.

While many definitions of music therapy exist, most definitions recognize “the significance of music and sound in achieving a broad variety of nonmusical goals in the areas of mental and physical health” (Moreno et al. 1990, 43). The American Music Therapy Association (AMTA) broadly defines music therapy as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (Website, June 2014). Within this book, **music therapy is defined as a planned, goal-directed process of interaction and intervention based on assessment and evaluation of each individual client’s specific needs, strengths, and weaknesses, in which music or music-based experiences (e.g., singing, playing musical instruments, moving or listening to music, creating or discussing songs and music) are specifically prescribed to be used by specially trained personnel (i.e., music therapists or those they train and supervise) to influence positive changes in an individual’s condition, skills, thoughts, feelings, or behaviors.** This definition contains several key elements that help differentiate music therapy – a scientifically based, allied

health profession – from new age music healers and mass-marketed music healing solutions (Summer 1995; Summer and Summer 1996) or from the general beneficial effects some individuals may experience when they participate in certain types of music experiences. For music-based experience to be true music therapy, all of the following basic components must be present.

### **MUSIC THERAPY IS A PROCESS**

Music therapy is a *process* that occurs over time and involves growth, change, and development. According to Sears (1963, 1968/2007), the processes in music therapy “take place *by uniquely involving* the individual in experience within structure, experience in self-organization, and experience in relating to others” (2007, 15). Music therapy demands a commitment of time and energy from both the client and the therapist; it is not a simple, instant cure or a magical panacea. Thaut (2008, 183) mentions a “process-specific approach, which focuses on individual areas of mental ability (such as attention, memory, executive function, etc.)” This approach has been supported by research by Schulberg and Mateer (1987), as well. Gardstrom and Jackson (2011) define music therapy as

a systematic process of intervention wherein a credentialed music therapist helps a client to access, work through, and resolve personal/interpersonal issues primarily through music interventions. Music therapy may occur individually or in a group setting. (233)

The clinical process of music therapy gradually produces an unfolding of growth toward desired outcomes (Aigen 1995a):

Music therapy . . . is not an isolated therapeutic intervention or a single musical experience leading to a spontaneous or sudden cure. For the client, therapy is a gradual change process leading to a desired state; for the therapist, it is a systematic sequence of interventions leading to specific changes in the client. (Bruscia 1989a, 48)

The process of music therapy may include various musical, creative, artistic, therapeutic, developmental, educational, interpersonal, behavioral, and scientific components as music therapist and client interact over time in both musical and nonmusical areas. More specific information on these components is covered in Part III of this book.

### **MUSIC THERAPY IS PLANNED AND GOAL-DIRECTED, BASED ON INDIVIDUAL ASSESSMENT**

Music therapy is not just any process involving musical experiences. A series of random experiences involving music that somehow help a person

feel better is *not* music therapy. Rather, music therapy is a planned process that involves a carefully thought-out sequence of steps and procedures. First, the music therapist observes and assesses the client to determine problems and areas of need, as well as his or her strengths and responses to or preferences for various musical stimuli or musical experience (Lathom-Radocy 2014, 3). Based on the information from this assessment, the music therapist sets specific goals and objectives in one or more of the client's areas of need (with the input from the client when possible). These goals and objectives give direction to the therapeutic process (Hanser, 1987). They specify what changes must occur in the client's condition, thoughts, feelings, or behaviors to indicate improvement in the targeted physical, mental, social, or emotional functioning areas. The music therapist has goals for clients similar to those of other members of the treatment team (e.g., improving motor, social, cognitive, communication, behavioral, or emotional skills/functioning). The difference lies in the treatment modality: The music therapist uses music and music-based experiences to help clients reach their therapeutic goals. "Regardless of the theoretical model used, music is the primary tool of every music therapist" (Summer and Nolan 2001, 5).

After assessing and evaluating the client and specifying individual therapeutic goals, the music therapist designs a series of specific experiences that will help the client reach the goals. This music therapy treatment plan then is implemented over a designated period of time. After this period, the music therapist evaluates client progress to see if goals and objectives have been met or if revisions in treatment approaches are necessary.

### **MUSIC THERAPY INVOLVES INTERACTION AND INTERVENTION**

Music therapy is not a solitary pursuit; it involves interaction between and among three main entities: the music therapist, the client, and the music. In music therapy, as in any therapeutic or helping encounter, a supportive, success-oriented atmosphere and a caring, trusting relationship are of vital importance. According to Hanser (1987, 46), "One of the most significant ingredients in any successful therapeutic program is the establishment of a caring relationship between therapist and client. Without it, even the most effective techniques may be utterly useless."

While the music therapist and client undoubtedly will interact through words and actions apart from music at times, the primary interactions in music therapy occur through and within music activities and experiences. Cross (2009) observes that music facilitates group relationships and contributes positively to members of the group in ways that may not be possible through