



# Music Therapy

Rachel Darnley-Smith  
Helen M Patey



# MUSIC THERAPY

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*For our parents*

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# CONTENTS

<i>Foreword</i>	ix
<i>Acknowledgments</i>	xi
Introduction	1
PART I – GETTING STARTED	3
1 In the Beginning	5
2 Two Approaches to Music Therapy	24
3 Music and the Therapeutic Process	35
4 Training and Survival	55
PART II – CLINICAL MATTERS	69
5 Improvisation	71
6 Music Therapy with Children: Four Case Studies	90
7 It can be a Rough Voyage ... (Working Through Setbacks)	107
8 Music Therapy with Adults: Four Case Studies	121
9 Music Therapy Resources and Information	138
References	146
Index	153





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# FOREWORD

More than half a century on from the acknowledged beginning of the present day profession of music therapy, there should be a sense of confidence, pride and achievement in the developments that have been made. Music is increasingly acknowledged as a medium of therapy – of inspiration, relaxation, motivation and integration. It is truly appropriate that the opening of this book reflects the multi-cultural role of music in a group experience, highlighting so vividly the barriers that can be overcome through sharing the varieties of melody and song, and yet incorporating the integration of rhythm. Music brings people together – yes, but more than that it integrates people with widely differing experiences, origins and attitudes.

The process that many believe stands at the centre of the music therapy treatment is the development of a therapeutic relationship within music that facilitates the therapy. Yet therapeutic process can, paradoxically, be seen as rather a ‘chicken and egg’ situation. Does a musical experience lead to the emergence of a therapeutic objective, or does a therapeutic goal define the musical experience that is required? One might consider this question in relationship to the difference between psychotherapeutic or behavioural approaches, between qualitative or quantitative investigations, process or outcome methods, terms such as ‘client’ and ‘patient’ or even between ‘music as therapy’ and ‘music in therapy’. I believe the real truth is that the client’s needs determine both the nature of the musical experience, and the direction of the therapy. Rachel Darnley-Smith and Helen Patey have given us impressive case stories that demonstrate how clients’ needs really are addressed through music therapy.

This book gives a multi-faceted insight into the application of the principles of music therapy seen from both a psychoanalytical viewpoint (Analytic Music Therapy), and from the Humanistic/Anthroposophic (Nordoff-Robbins Therapy). Both authors are very experienced therapists and music therapy teachers, and they have

succeeded in illustrating basic theory and professional methods with very appropriate and focused vignettes from case material. It is logically and well constructed, following a path from theory and training to clinical application. There is an essentially British character to this book, and the effective way the authors have presented a list of 'key events' in the history of music therapy in the United Kingdom is a remarkable testament to 45 years of development. The resources drawn on for this text reference Winnicott, Trevarthen, Wing, Tustin, Laing and Horden, as well as mainly British music therapists, and this gives a precise framework and context for the deeper, more complex case material in Chapters 6 to 8. These are human stories, revealing both despair and hope, pain and healing, where musical experiences in music therapy meet very specific and demanding needs.

Rachel Darnley-Smith and Helen Patey have managed so well to tell their story of music therapy offering the framework of theory, training and professional practice, and the complementary value of Analytic Music Therapy and Nordoff-Robbins Music Therapy within improvisation. The authors devote a whole chapter to promoting a wider understanding of improvisation, describing its value as a form of play, free association, with more or less structure depending on the form of intervention and the client's needs. There is really a valuable resource of meaningful and relevant examples from their own clinical work. These examples clearly validate and illustrate the seminal theoretical concept of the first great pioneer of music therapy in the United Kingdom, Juliette Alvin, who taught us that music is a creation of people, and therefore we can see people in their music.

Professor Tony Wigram PhD

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# INTRODUCTION

Shortly before beginning to write this book together, we collaborated on the provision of a music therapy summer school at Utah State University in the US. The head of the music therapy department, Dr Elizabeth York, had become interested in the improvisational methods of music therapy used in the UK and had met with us to exchange ideas and thoughts about our respective working practices. This led to the invitation to devise a summer course suitable for music therapy practitioners and students. The course aimed to introduce improvisational music therapy techniques through practical workshops and presentations of clinical material, together with a historical and theoretical background to the subject. The week of teaching was as stimulating as it was enjoyable and, following in the long tradition of trading across oceans, we found that we returned home with at least as much as we had taken to Utah. The lively interest of our group of American students had enabled us to look at the recent history of our own music therapy profession through fresh eyes, and to clarify the areas of greatest significance. The experience also provided the opportunity to view our clinical practice critically and to place music therapy in the UK in a worldwide context.

The purpose of this book is to present ideas arising from our clinical work against the backdrop of the theory and practice of music therapy that has developed in Britain since the 1950s. We will show how the present-day music therapy practice of using live, improvised music emerged out of the experience of musicians, educators and healthcare professionals and from the work of several influential pioneers.

Music therapy is potentially a vast topic, even when limiting the view to a British perspective. We need to begin by clarifying that we write from our own personal experience and that we have focused upon what we know best, our clinical work with clients of all ages.

We know from experience that to play music with another person is to invite a relationship to develop and to establish an emotional engagement. This has become our chief interest and our motivation for continuing to work as clinicians. While the use of music as the principle medium of therapy has remained central, theories and practice of analytic psychotherapy have contributed a framework of understanding that has made sense of the therapeutic process and provided us with invaluable insights. Using the ideas and knowledge which we have both absorbed through many years of working and teaching in music therapy, we hope to illustrate how we work and how we make sense of what we do.

Part I provides a background to music therapy, in Chapter 1 defining what it is and how it works, together with briefly documenting the history of the modern profession. In Chapter 2 we present two important approaches to music therapy, one psychodynamic and the other music-centred, that were developed in the UK, but are now recognised worldwide. Chapter 3 explores the role of music in music therapy and the significance of a therapeutic frame. In Chapter 4 we describe how music therapists train for the profession and outline some of the resources which enable a therapist to keep working over many years.

Part II focuses on practical and clinical issues. Chapters 5 and 7 contain ideas about working practice, taken directly from our own experience, and tackle some problematic areas. In Chapters 6 and 8, the clients take centre stage; here we present case studies that we hope will simply 'speak for themselves'. Chapter 9 guides the reader towards some practical methods of finding out more about music therapy.

In our summer course in Utah, we were asked to give clear definitions of the predominant models of music therapy in Britain. Although we were able to define the terms we used, we found ourselves reluctant to nail our own colours to one mast. Just as the pioneers of music therapy were enriched by their wide-ranging musical, philosophical and psychological experiences, we too have not only our personal histories but also the richness of influences passed on to us by our clients, teachers, supervisors and colleagues. In the pages that follow we want to convey our passion and fascination for our work, and also the profound nature of the experience which belongs to both the client and therapist.

Rachel Darnley-Smith  
Helen M. Patey

PART I

# Getting Started



