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## A Phenomenology of the Practice of Music Therapy with Children

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### Abstract

Music therapy has been demonstrated as an effective mode of therapeutic intervention for children in recent literature. There is extensive research suggesting benefits for various populations of children, namely: children in the neonatal intensive care unit (NICU), children who have experienced trauma, and children with disabilities. The current study served to address gaps found in the literature by conducting a phenomenology of professionally trained music therapists. Four board certified music therapists near major cities on the east coast were interviewed to comment on how they understand music therapy, and how they live out those understandings in their practice. It was found that music therapy is professional counseling, music therapy is goal based and individualized, and music therapy is often misunderstood in the general public. A comparison of these findings with results from previous studies was addressed. Limitations and suggestions for further study within the realm of utilizing music as a therapeutic tool were discussed.

### A Phenomenology of the Practice of Music Therapy with Children

Research suggests that the utilization of music in therapeutic intervention can aid counselors in yielding their desired results. While this can be applied to several populations, music therapy is frequently administered to children and adolescents. Despite the quantity of significant findings in support of music therapy as an effective intervention, the practice tends to be highly misrepresented in the general public due to lack of awareness and false preconceptions.

By promoting the effective nature of music therapy in an attempt to further normalize the practice outside of the mental health community, professionals aid individuals who would benefit from this type of intervention in providing them the ease of access that is a goal of every therapeutic intervention. This goal can be accomplished by discussing music therapy with trained professionals in the field to rid any false preconceptions, and replace them with factual evidence regarding the field of music therapy with children.

### **Epoche**

In phenomenological studies, it is vital to address some of the assumptions and preconceptions of the author. In the present study, the author had some musical training, and considers music to be a positive tool with a range of potential constructive effects in a person's life. Therefore, the author acknowledges the preconception of music therapy as an effective intervention. However, for purposes of this study, findings were limited to results garnered from the experiences of the participants, rather than the author's views and biases.

### **Literature Review**

Music has been known to demonstrate significant effects on the human brain in a multitude of capacities, each marked by various physiological changes (Habibi & Damasio, 2014). Research suggests that music holds the capacity to evoke emotional responses, aid in homeostatic processes (Habibi & Damasio, 2014), and promote bonding (Edwards, 2011; Kreutz, 2014). Chanda and Levitin (2013) reviewed the uses of music from a neurochemistry perspective, and asserted that music is used universally for outcomes related to rewards, pleasure, stress, and arousal, each marked by observable physiological change in the human body.

Wan and Schlaug (2010) discussed how learning skills, and particularly musical skills, can enhance brain plasticity when utilized earlier in life, a time wherein the brain is most receptive “to plastic changes” (p. 566). This sensitivity to growth is due in part to music’s involvement of sensory functions, motor functions, and executive systems (Wan & Schlaug, 2010). These findings hold significant implications when it comes to the recovery from diagnoses such as traumatic brain injuries, in that music is able to physiologically impact neural connections in the human brain.

Furthermore, music possesses an ability within the human brain to evoke an emotional response. Various facets of a given piece of music, such as tempo, major and minor keys, and general structure, can be used in combination to elicit specified emotional responses from the listener (Swaminathan & Schellenberg, 2015). The music itself serves as a cue that can lead individuals to outwardly express certain emotional responses.

Additionally, Swaminathan and Schellenberg (2015) explained how song choice or genre choice is often correlated with emotion. For instance, the emotional benefits of choosing an up tempo song in a major key when feeling depressed might include a shift in emotion to a generally joyful state. Conversely, a slower song in a minor key may hold the capacity to elicit more of a melancholy emotional reaction. Therapeutically, differing goals may lend themselves to specific song choices depending on the needs of each individual client.

Jimenez and Franco (2018) outlined three domains of music's activation in the brain from previous research, namely, the emotions domain, the perceptual and motor development domain, and the social cognitive domain. Relative to the emotions domain, music has an effect on the brain's limbic structures, the autonomic nervous system, the endocrine system, and the immune system. The perceptual and motor development domain includes the activation of both auditory and motor regions of the brain, including motor skill learning and comprehension. The social cognitive domain demonstrates music's activation of the anterior medial prefrontal cortex, the superior temporal sulcus, and the temporal lobes (Jimenez & Franco, 2018).

### **Music as an Expressive Therapy**

Southwell (2016) illuminated several of the common factors that serve to group specific modalities of therapy together. These various methods of therapeutic intervention are known as expressive therapies due to their shared characteristics. Interventions of this type include, but are not limited to, art therapy, play therapy, dance therapy, drama therapy, and music therapy. Each of these specialized modes of

counseling are active in nature, integrate the body as well as the mind, evoke emotional reactions, utilize sensory processing and imagination, and encourage the outward expression of internal sensations through creative and playful means (Southwell, 2016).

Through this expression-based form of therapy, the benefits of therapeutic intervention are opened up to a range of individuals who may not respond as well to more commonly utilized methods of intervention. Some common examples of these populations include NICU patients, children who have experienced severe trauma, and children diagnosed with certain disabilities, all of which will be addressed in the current study (Southwell, 2016).

Music therapy is a functional use of music to foster healthy development psychologically, physiologically, and socially (Jimenez & Franco, 2018). Music holds the capacity to demonstrate effective results when other methods are unsuccessful for a number of reasons. Jimenez and Franco (2018) delineated the factors that make music therapy an effective method of expressive therapy in the context of early intervention. Firstly, music draws attention in a more significant way than other stimuli, enabling clients to become engaged more readily. In addition, music is used to stabilize and elicit emotions by activating cortical and subcortical regions of the brain. Furthermore, music integrates both cognitive and behavioral aspects of therapeutic intervention by involving facets such as memory storage and retrieval, and evoking movement through rhythmic auditory stimulation. Finally, interpersonal communication skills are improved nonverbally by using this expressive form of therapy, aiding individuals in increased competency with their social skills (Jimenez & Franco, 2018).

### **Music Therapy with Children**

While music therapy can certainly be effectively utilized in therapeutic interventions with adults, it is often seen in the context of interventions provided for children and adolescents. Sarkar and Biswas (2015) advised that music be utilized to enhance the typical brain development of children, demonstrating that music holds the capacity to engage several parts of the brain. Both hemispheres of the cerebrum are needed when processing music, and by listening to various types of music, Sarkar and Biswas (2015) asserted that it opens the potential to create more neural pathways in the brain. Musical activities can aid children in several facets of development, namely, earlier learning, faster cognitive abilities, improved social skills, enhanced self-confidence, memory recollection, and heightened creativity (Sarkar & Biswas, 2015).

The concept of attachment remains vital in the lives of young children, as they learn to formulate their perceptions of both themselves and those around them. These views hold significant implications for the relationships formed throughout the child's life. Music therapy can assist in the process of forming and maintaining a secure attachment style. It accomplishes this by promoting co-regulation and responsiveness between the parent and child, decreasing stress and disruptions in mood, improving communication and coping skills, and fostering social interactions (Pasiali, 2014). Pasiali emphasized the notion that these results are derived from purpose-driven, planned musical interactions, as opposed to random, independent musical experiences.

In a study examining toddlers' private singing, Sole (2017) found that young children used music as a tool to reflect, self-soothe, and gain understanding of the world



around them. When placed in their cribs, toddlers used singing as a means to effectively transition from interacting with caretakers, to solitude. In addition, this alone-time in the crib was a time for toddlers to sing about the events of the day, as well as practice and develop their language skills (Sole, 2017). The structure of music often mirrors that of language, allowing for singing to double as practicing communication skills for children still learning to speak (Sole, 2017).

Research conducted by Jacobsen, McKinney, and Holck (2014) seemed to suggest that parent-child dyads with emotionally neglected children can benefit from music therapy as well. Dyads who received musical therapeutic intervention displayed significant improvement in nonverbal communication, reducing stress, and mutual understanding and attunement (Jacobsen et al., 2014). One strength of using music therapy in this capacity is minimizing the risk of the therapist overshadowing the parent, which is often a concern in verbal therapy. By utilizing music, the therapist can both model and facilitate interactions when needed (Jacobsen et al., 2014).

Three common populations of children that tend to benefit from the therapeutic interventions music therapy provides are infants in the NICU, children and adolescents that have been through some form of trauma, and children with disabilities.

**Music therapy in the NICU.** The utilization of music therapy in the NICU setting has demonstrated significant results for goals aimed at the overall health and wellbeing of infants in critical care. In a study conducted by Keith, Russell, and Weaver (2009), both the frequency and duration of inconsolable crying in critically ill infants were significantly decreased. This decrease in crying managed to alleviate the stress

experienced by the infant in an attempt to show physiological changes. Keith et al. (2009) found that music therapy was successful in changing the infants' heart rate, respiration rate, and oxygen saturation.

One helpful musical intervention for NICU patients is the pacifier activated lullaby, more frequently referred to as PAL. Standley (1999) conducted several case studies with Florida State University after developing the PAL, and found that this method of intervention displayed significantly effective results. The PAL connects a pacifier to an air pressure transducer, so that when a predetermined level of sucking is reached, lullabies are played from a recorder (Standley, 1999). This mode of intervention has led to infants being released from the hospital sooner by reinforcing the behavior of sucking, which enables infants to learn the muscular movements needed to independently feed (Clements-Cortes, 2012). In addition to helping infants learn this vital behavior, the PAL also creates a soothing environment, encouraging a deeper sleep. Babies in the NICU are prone to overstimulation, and often experience pain, anxiety, and stress. The use of the PAL serves as an effective way to increase behaviors, such as deeper sleep and independent feeding, which often correlate with earlier discharges from the hospital (Clements-Cortes, 2012).

**Music therapy with childhood trauma.** Trauma can manifest itself in differing capacities throughout the lifespan. Ranging from traumatic brain injury following an accident, to abusive homes or bereavement, children may require therapeutic intervention to work through these various forms of trauma. Research suggests that using music therapy is an effective way to aid individuals in overcoming the psychological turmoil

that often results from traumatic experiences (Wan & Schlaug, 2010). This is especially significant when other forms of therapeutic intervention fall short due to the inability of the client to respond well to verbal interventions for a variety of reasons.

While Wan and Schlaug (2010) emphasized music's ability to promote the early development of brain activity, they also described the brain's capacity to use music for healing purposes after traumatic injury. Music utilizes visual, auditory, and motor information within neural networks in the frontal, temporal, and parietal regions that work together with networks in the mirror neuron system (Swaminathan & Schellenberg, 2015; Wan & Schlaug, 2010). Due to this crossover, enhanced plasticity and the induction of reorganization in the brain make rehabilitation after traumatic brain injury a possibility through musical intervention (Wan & Schlaug, 2010).

**Music therapy with children with disabilities.** Studies have shown music can also benefit children with disabilities, who may experience stunted development in certain areas. De L'Etoile (2015) noted children with certain disabilities, such as Down syndrome, may have trouble sustaining attention and self-regulating. Music, in the form of infant-directed singing, was shown to increase sustained attention in babies with Down syndrome, ultimately leading to a greater ability to self-regulate (De L'Etoile, 2015).

Yang (2016) conducted a study to evaluate the effects of an in-home music therapy program with children aged 1-3 who had either a disability or delay. When Yang (2016) compared pre-tests and post-tests, it was found that children verbally initiated more frequently after musical intervention. In addition, parent-child interactions in the form of synchrony showed significant improvement. Williams, Berthelsen, Nicholson,

Walker, and Abad (2012) conducted a similar study with a much larger sample size, which suggested music therapy improved disabled children's communication and social skills, responsiveness, and their level of interest and participation in activities. These results applied to children with Down syndrome, autistic spectrum disorder, chromosomal abnormalities, fetal alcohol syndrome, brain injury, and various sensory impairments, such as cerebral palsy (Williams et al., 2012).

### **Parental Perceptions of Music Therapy**

Jimenez and Franco (2018) conducted a key study on parental perceptions of music therapy. Participants included the parents of children with disabilities who have utilized music therapy as a form of therapeutic intervention. They found that, according to parents, music therapy sessions reduced stress placed on both the child and parent. In addition, children were highly motivated to engage in musical intervention, and their motivation was translated to their other environments, such as school and home settings. Parents also asserted that music therapy improved their children's psychomotor, social, psychological, and intellectual skills, each marked by functional improvements seen in daily life (Jimenez & Franco, 2018).

Musical interventions served as a comforting experience for these children with disabilities, who are used to pain and discomfort associated with clinical practice (Jimenez & Franco, 2018). Music therapy utilizes a playful approach that disguises therapeutic goals and techniques with fun. Many parents also recognized through their children's successes in music therapy that their children had great potential to be creative and emotionally autonomous. Parents of children who are typically nonverbal noticed

significant strides in their children's communicative skills long-term. One of the most exciting facets of music intervention for parents in this study was witnessing their children employ skills at home that had been learned in music therapy sessions (Jimenez & Franco, 2018). With this comes a sense of hope that parents of children with disabilities may not always feel in the clinical setting.

Thompson and McFerran (2015) interviewed parents of children with autism spectrum disorder to determine how music therapy affected their children's relational abilities. Parents stated that they felt they could better relate to their children, make them happier, and engage their attention with greater ease. Motivation was a significant theme, in that children were highly motivated and engaged by music therapy, keeping them attentive throughout therapeutic intervention. Parents also noted a marked difference in their own attitudes towards their children. They reported acting with more gentleness, persistence, and patience when interacting with their children. These results demonstrated the potential benefits of utilizing music therapy in a family-centered approach.

Abad and Williams (2007) asserted that several parental factors, including low levels of warmth, low socioeconomic status, and high irritability towards their children, acted as risk factors for later psychopathologies in children. After experimenting with a parent-child music program for children ages 0-3, they found there were significant improvements not only in children's social, cognitive, and behavioral skills, but also in parental warmth, comforting abilities, and overall parenting skills. Therefore, risk of future psychopathologies in participating children was significantly decreased. Abad and

Williams (2007) noted a case study detailing a depressed mother who had been in an abusive relationship, never able to bond with her two children. By the end of their ten week program, this mother displayed physical acts of affection towards her children for the first time, and reported both less depressive symptoms and a greater ability to control the behavior of her children through effective parenting techniques (Abad & Williams, 2007).

### **Objective**

While the current literature provides much insight on the many benefits music therapy promotes in the early development of children, there are gaps in the research. More recent research in the form of a phenomenology, allowing for board certified music therapists to explain their understanding of music therapy and public perceptions of music therapy, is lacking. In addition, studies providing a comparison of public perception of music therapy with the perceptions of trained music therapists are scarce. Research in this area should aid in addressing some of the common misconceptions regarding this particular mode of expressive therapy.

The goal of the present study is the integration of various individuals' experiences within the field of music therapy to shed light on some of the aforementioned gaps in the current literature. This was accomplished by answering the research questions of how music therapists understand the field of music therapy, and how they live out those understandings in their practice.

### **Method**

A phenomenological study was conducted to shed light on the uses for music therapy in the context of early childhood development through interviews with trained professionals within the field of music therapy.

#### **Participants**

Participants included four board certified music therapists in both the Washington DC metropolitan area, and the New York City metropolitan area. All participants were recruited based on criteria sampling. They were required to be board certified, and have experience working with children within the field of music therapy. Participants were contacted via email to request participation in semi-structured interviews. One interview was completed via telephone, and the remaining three interviews were conducted face-to-face. For the purposes of this study, each music therapist was given a title of either MT1, MT2, MT3, or MT4, numbered in the order in which the interviews were conducted. These labels serve to maintain anonymity for the confidentiality of the participants and their places of work.

#### **Materials**

A semi-structured interview guide was utilized during the interviews. The participants' responses were recorded using a voice recorder on a computer for transcription purposes.

#### **Procedure**

Upon setting up interviews, participant responses were recorded and transcribed by the author for phenomenological coding and analysis. The interviews were read

repeatedly so that the researcher could become fully immersed in the data. Broad themes were drawn from the data, and irrelevant components of the interviews, such as tangents that drifted from the original questions, were put aside. The resulting themes were then compared to current research within the field of music therapy to address noted gaps in the literature, and formulate suggestions for further research. To ensure trustworthiness, results were sent to each participant for review and approval.

### **Results**

MT1 prides herself in taking an educational and developmental approach to music therapy. With experience in both private and community settings, her work includes both individual and group sessions with individuals of all ages. She has experience in the public school sector working with children who have IEPs, and is also well versed in the utilization of music therapy in the NICU setting.

MT2 has already built two music therapy programs after eight years of working in the field. One of these programs was at an inpatient psychiatric facility, and the other was at a children's hospital. She has the most experience working with acute care pediatric populations, specifically children and young adults with cancer and blood disorders. Additionally, MT2 completed an internship at a hospital in New York City involving research for music therapy in the NICU environment.

MT3 began her career working with the geriatric population, before going back to school to obtain her MMT degree. Later, she spent six years working as part of a team of expressive therapists at a special education institution for children and adolescents with disabilities and other impairments. After twelve years in the field, MT3 now works for a



behavioral health hospital in the DC metropolitan area serving children and adults with a wide range of diagnoses.

MT4 has been in the field for almost a decade, taking a neurologic approach to music therapy. She began her career by developing a neurologic music therapy program at a well-known hospital on the west coast, before relocating to the New York City metropolitan area. In the hospital setting, much of her experience lies with hematology oncology patients and individuals in rehabilitation after traumatic brain injuries. She has designed a neuroscience based music therapy program in a music studio setting, where she currently conducts her practice.

After speaking with these four music therapists about their understanding and practice of music therapy, three major themes that surfaced were as follows: music therapy is professional counseling, music therapy is goal-based and individualized, and music therapy is often misunderstood.

### **Music Therapy is Professional Counseling**

One of the major themes discussed in the interviews with music therapists was the emphasis on the importance of defining music therapy correctly. Music therapists are well-trained professionals, who are competent in more than mere musical performance. All four participants explained that the training required for certification in music therapy includes a minimum completion of a bachelor's degree program, 1,200 hours of direct contact work, sitting for a national board certified exam, and continuing education credits. Those 1,200 hours are divided into a 300 hour clinical practicum and a 900 hour internship. While these standards differ from the specific standards required for a clinical

mental health counseling licensure, the requirements of the completion of a specified program, supervised clinical hours, sitting for an exam, and continued education liken music therapists to LPCs and other mental health professionals.

MT2 stated that her graduate program for music therapy is essentially a combined masters of both music therapy and counseling, and considers her “skill set to lie in counseling.” MT4 recalled an experience wherein a client was not interested in creating music that day, and simply wanted to talk to her. In this case, she “put on her normal therapist hat, and helped the client process what he was feeling.” She was able to treat this particular session the same way an LPC might do in verbal therapy, due to her training in verbal therapeutic theories and techniques. MT4 recounted her training in “human development, anatomy and physiology, neuroanatomy, and psychological theories” which allows her “to know what to expect with certain diagnoses.” MT1 added that “music therapy is a very specific field. We have definitions, and training, and we are just trying our best to respectfully protect it.”

All four music therapists asserted that their field is quite similar in practice to other forms of more traditionally used professional counseling. MT1 validated that “the process is similar to other therapies” in that therapists “get the intake, and plan an assessment to garner a full understanding of the client’s functioning. We write a report, and see what ideas we have for goals moving forward.” This is the same process that would be utilized in verbal therapy sessions. After assessment, a treatment plan is formed and carried out.

Just like any other form of professional counseling, music therapy includes a host of various techniques and perspectives. Both MT1 and MT4 spoke extensively on neurological based music therapy, and the applications of this perspective. MT4 explained that “there is not much difference in practice, but there is a difference in the way that we frame and explain things that are rooted in neuroscience research, such as how music is processed differently than most tasks in your brain.” MT1 discussed how from a neuroscience based approach to music therapy, there are many techniques that can be effectively implemented. When utilizing song, melody, and rhythm, more parts of the brain are activated than just the speech center. She gave the example of a nonverbal client who needs to work on communication skills. In this case, melodies can be put to phrases that are desired in everyday life as a means to “build detours around the injured parts of the brain, and find other ways to complete the task.” MT1 then explained that eventually the music gets pulled out, “making it more of a functional skill.” MT4 noted this to be true as well in her experience with trauma in the hospital setting.

In addition to a neuroscience based technique, MT2 shed light on the value of family based methods in certain conditions. With her experience in a hospital setting, she discussed the importance of building rapport with not only the client, but also with the family of the client, and stated that “every encounter is one in which you can build rapport.” Sometimes, including the family in technique simply means building rapport with them. Once a music therapist establishes trust with parents, they may feel comfortable enough to leave the hospital room for a hot shower or a meal during their child’s session.

In other cases, parental or sibling involvement goes much deeper than this by “involving family members in co-creation of music as part of the psychotherapeutic support provided in music therapy” (MT2). MT4 recounted examples from her experience in the hospital setting of significant sibling involvement. She asserted that the siblings of patients often “see their brother or sister being waited on hand and foot, and must work through both their jealousy, and the guilt that they have about feeling that way.” Engaging in music therapy can serve as an effective way to make sense of the cognitive dissonance that they are facing.

MT2 stated that working with infants and toddlers lends itself more to a family based approach. Specifically, in the NICU setting, “one of the goals is to be culturally sensitive, and also to foster attachment and relationship building with the mom.” MT3 currently conducts music therapy sessions wherein family members are encouraged to play an active role in the interventions. One way she fostered bonding between parents and children was by guiding them in a musical game night, wherein the parent-child dyads had to work together to win. In this scenario, song choice was an important aspect to her technique. She explained that she used music from the 1980s to facilitate bonding between parents who grew up during that time and their children.

### **Music Therapy is Goal-Based and Individualized**

When asked about what marks the most effective type of intervention within the realm of music therapy, the participants emphasized how goal-based and individualized the practice is. Since “the scope is so broad of what music therapy can address” (MT4), it can be difficult to narrow down a single most effective intervention. MT3 also spoke

on the wide variety of uses for music therapy in that her current setting works with patients who are dealing with “anxiety, depression, eating disorders, non-suicidal self injury (NSSI), homicidal intent, personality disorders, mood disorders, and more.” No matter the diagnosis or setting, music therapy is “highly individualized” and therapists are “always working on therapeutic goals” (MT1).

All four music therapists gave extensive lists of clinical outcomes they might look for within a given session, but context seemed to significantly influence these goals. MT4 explained that sometimes the goals are “very black and white. They are functional, such as increasing speech or motor skills.” Yet, with other clients, the goals may be “more intangible, such as social skills or emotional expression.” MT3 expressed that she “stays within the areas of cognitive, emotional, social, and relational skills.” For MT1, self-regulation was a “big area in music therapy for teaching clients to cope, use words to communicate how they are feeling, and seek out what they need to take care of themselves.”

The two participants currently working in a hospital setting described some goals that fit the particular context of inpatient music therapy. MT2 is part of a psychosocial team, where the ultimate goal is “supporting a child’s optimal development throughout hospitalization, which is a major interruption in life.” In the context of long-term illness, or sudden trauma that impacts normal functioning, a major goal is “identity formation and identity disruption, in terms of ‘who am I, now that I have this illness?’” For MT3, who often sees patients for reasons such as NSSI, behavioral disorders and eating disorders, some of the major goals would be “building confidence, increasing self-

esteem, improving self-expression, increasing frustration tolerance, and increasing attention to task.”

Even within the school setting, the end goal is still a therapeutic goal, rather than a pragmatic goal, such as merely learning how to play an instrument. MT1 explained that music therapists in this particular setting are “not here to teach instruments or teach music. We’re using all of those things, but ultimately, we are building motor skills and cognitive skills.” MT4 further validated this claim, stating that “it could be years of coming to sessions before certain parents realize that the goal is not to learn how to play guitar.”

When it comes to the individualized nature of music therapy, all four participants had much to say. MT2 noted that each session is “just so context specific,” while MT4 stated that “they are always different, no two are the same.” The therapeutic use of “adapted lessons” (MT1) within music therapy serve to meet the clients where they are, and address their specific needs. One intervention strategy that aids in the process of individualization was the use of live music, as opposed to pre-recorded music. While both hold an important role in intervention, live music can be “tailored perfectly to a person” (MT4) by adjusting certain facets of the music itself. MT2 corroborated this claim, and asserted that “with live music, you have control over the musical elements, and can manipulate them to the needs that you are trying to address.” This concept includes adjusting tempo, volume, and lyrics in a way that will make the intervention the most effective for an individual.

**Music Therapy is Misunderstood**

An important theme found across all interviews was that of public perceptions of music therapy. Three of the four music therapist participants interviewed spoke extensively on the reasons they believe their practice is so widely misunderstood in the general public. Both MT3 and MT4 credited the testimony of Gabby Giffords, the Arizona senator who received music therapy as part of her rehabilitation after being shot, as main reason why music therapy has been talked about more readily. However, while Gabby Giffords' incredible recovery made many headlines, music therapy "is still not a household term, and is wildly misunderstood in a lot of contexts" (MT4).

The biggest misconception facing music therapy seems to be the idea that music is seen as a fine art, and "music therapy is strictly to make people happy" (MT1). Many individuals do not realize the evidence behind the effectiveness of music therapy supports the field as an "allied health profession, rather than it being strictly performative" (MT2). Both MT1 and MT4 likened their work to that of speech and occupational therapists, as far as the goals they are addressing. Yet, MT2 explained that the field of music therapy is "challenging for people to wrap their heads around if they have never been exposed to it before." One reason for this, as validated by MT1, MT2, and MT3, is that performers without training in the mental health field often go into hospital settings, and play music for patients as a distraction or entertainment. While this can be valuable, "it is not what a music therapist does" (MT2). MT4 added that she "is not using music as a reward. The music is the tool."

Another common misconception addressed by MT3 was that “music therapy is something that you have to be a skilled musician to benefit from.” According to MT3 and MT4, “music can reach anyone.” MT4 detailed her concerns regarding this “lack of awareness” about the field of music therapy. She explained how this has led to difficulty in getting music therapy accepted by insurance panels, which creates a barrier to access for those who cannot afford to pay out of pocket for her services. This is particularly disheartening for her in the “cases of desperation.” She asserted that “sometimes, it is the only thing that will help someone.”

### **Discussion**

The current literature demonstrated the effectiveness of music therapy from a scientific perspective, addressing the themes of music therapy as professional counseling, and music therapy as goal-based and individualized. However, the idea that music therapy is frequently misunderstood was often left unaddressed in research. Many of the key components of current research were validated by the experiences of music therapists. For instance, using live music for the purpose of manipulating musical elements was discussed as an effective technique (Swaminathan & Schellenberg, 2015). In addition, the idea that music therapy can serve as an effective mode of intervention for a very wide range of populations was seen in both the review of current literature and the interviews with trained professionals in the field.

While the results of the current study did not conflict with any of the findings in current literature, it did shed light on a gap in recent research regarding music therapy. Many studies assessing the perceptions of parents whose children have received music



therapy can be found (Abad & Williams, 2007; Jimenez & Franco, 2018; Thompson & McFerran, 2015), but through interviewing board certified music therapists, it was found that the lack of awareness in the general public has scarcely been researched. The concept that music therapy itself is a well-researched, evidence based form of therapeutic intervention can be inferred through reading current literature, but unless the general public is exposed to it, they often misunderstand its true definition and most effective usage. Misconceptions in the general public about the practice of music therapy may aid in sustaining a barrier to access that some board certified professionals feel ought to be addressed.

### **Summary**

The present study served to review the current literature regarding music therapy with children, and then compare those findings with results from a phenomenological study of professionals in the field. Four board certified music therapists were interviewed to answer the questions of how they understand the field of music therapy with children, and how they live out those understandings in practice. It was found that according to the participants, music therapy is professional counseling, music therapy is both goal-based and individualized, and music therapy is often misunderstood amongst the general public.

### **Limitations and Recommendations**

The current study was limited in that there was a sample size of four board certified music therapists. It would be beneficial for future studies to include a larger number of participants. Additionally, all four music therapists were located in or around major East Coast cities, three of the four participants were the same ethnicity, and all four

were female. Perhaps a greater diversity in location, ethnicity, and gender would yield different perspectives due to the typical variance found in cultural and gender norms.

One recommendation for future research is to conduct a survey of the general public's perceptions of music therapy, and compare those results with music therapists' understandings of the practice. Another recommendation is to conduct more longitudinal, outcome-based studies on the effectiveness of music therapy long-term. Perhaps research of this kind could shed light on the ability of music therapy to make a lasting impact on the lives of those who do not respond well to typical modes of intervention. Similar studies for other modes of expressive therapies may also be useful in raising awareness for their effectiveness.

It should also be mentioned that music therapy has been shown to produce effective results in populations other than children, although children were the focus of this study. Due to the broad scope of music therapy's capabilities, not all populations could be addressed. Further research in this area could include adult and geriatric populations as well as children.

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