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A Historical Review of Music Therapy and the Department of Veterans Affairs

A THESIS

Submitted in partial fulfillment of the requirements

For the degree of Master of Science

In Music Therapy

By

Jenna Spencer

Molloy College

Rockville Centre, NY

2013

A Historical Review of Music Therapy and the Department of Veterans Affairs

Abstract

The purpose of this thesis is to explore the history and development of music therapy within the veteran population, specifically in regards to the Department of Veterans Affairs (VA). This research will be conducted qualitatively utilizing narrative inquiry and historical review. Using numerous sources of literature, the researcher will conduct a thorough historical review in order to fully portray the development of music therapy practice within the veteran population. The researcher will explore various sources of relevant literature in order to discover when and how music therapy was first used to treat the veteran population and how music therapy programs developed at the Department of Veterans Affairs. In addition to the historical review, a narrative inquiry will be conducted by interviewing several music therapists employed at VA facilities across the United States in order to discover how music therapy has grown and developed at their respective sites. Once data is collected from the participants, it will be combined with the data from the literature research in order to create a literary timeline of the progression of music therapy within the VA and the veteran population it serves.

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Introduction

Those who serve and protect our country in the military are courageous individuals willing to risk their lives to defend the United States. These individuals are often exposed to extreme physical and mental stress during their time of service, especially if they have served in or near a war zone. Many times they return home with severe physical injuries and issues related to mental trauma that can affect them the rest of their lives. The Department of Veterans Affairs (VA) has been providing services to veterans for centuries – both physical and mental health services (VA, 2012). But it was only after the conclusion of World War II that music therapy was discovered to be beneficial for this population and therefore included in the VA system (Boxberger, 1963).

Studying the progression of the use of music therapy among veterans is essential to our awareness of what types of treatment have been successful and those that have been less successful. This will allow music therapists in the field, especially those working within the VA system, to provide veterans with the best care possible and to foster continued progress in the treatment of this population. This study is beneficial because the disabled veteran population is increasing, and the range of their disabilities is varied (“Number of U.S. Veterans Rising,” 2009). Exploring music therapy techniques that have been employed at the VA will aid practitioners within the VA system and also aid those serving the general public.

This thesis explores the history of music therapy and its use within the VA system, including the treatment of pathologies that are prevalent in the veteran population. It also examines how music therapy has been used as an effective treatment modality during the past 70 to 80 years to serve the veteran population.

This study explores and analyzes this relevant topic by answering various questions regarding music therapy and the Department of Veterans Affairs:

- When was music therapy first used to treat the veteran population?
- When was music therapy first used at VA hospitals?
- In what ways were these treatments effective and how were they measured?
- What is the difference between today's interventions and the interventions used when music therapy was first introduced at the VA?
- What types of pathologies have been treated through the use of music therapy?

Through historical review and narrative inquiry, this study will discover the answers to these questions and offer a detailed exploration of the topic that will help practitioners as they treat this population.

This study is a historical review using narrative inquiry techniques. Evidence gathered from the past (peer-reviewed journals, articles, books, etc.) informs the historical review regarding the development of music therapy at the VA. The narrative inquiry involved interviews with music therapists who work in VA sites across the country about the history of music therapy at their respective facilities and their predictions for the future of music therapy and the veteran population. The results of this study portray the progression of music therapy at the Department of Veterans Affairs.

Related Literature

The earliest known reference to music therapy was found in 1789 in an article in *Columbia Magazine* titled, "Music Physically Considered" (American Music Therapy Association [AMTA], 2011). The first recorded music therapy intervention in an institutional

setting and the first recorded methodical experiment in music therapy were reported in the 1800s. From that period forward, the use of music therapy grew to help aid in the recovery of those suffering both physically and mentally from time spent in military service. Throughout the 1800s, music was explored in the health professions, but it was not until the 1900s, and in particular World War II, that Americans realized the impact that music can have on one's sense of well-being (AMTA, 2011).

Although not always referred to as *therapy*, performing and using music in hospitals during wartime was not a new concept. Many pieces of literature describing the use of music to aid in the healing of veterans/war soldiers date back to the American Civil War. According to Olson (1981), Civil War hospitals usually had a band of volunteers to perform for the injured in order to distract them from pain. In an article on music during the Civil War, Davis (2003) talked about volunteer regimental bands playing for soldiers, stating that “music proved a salvation for soldiers.... it provided entertainment, stimulation, motivation, and even healing for the men.... and boosting morale is what they could do best. Perhaps in this way the music of the regimental bands helped countless young men survive the war” (p. 17). Throughout the Civil War, World War I, and World War II, music was used for morale purposes, entertainment purposes, and to serve as a distraction from pain and suffering, both mental and physical (Davis, 2003).

In the mid 1800s, Florence Nightingale recognized the effectiveness of using music to aid in healing injured soldiers. According to Nillson (2008), Nightingale noted the effects of different types of music, observing that “wind instrument pieces with continuous sound or air generally had a beneficial effect on patients. She also observed that instruments that do not produce continuous sound had the opposite effect” (p. 780).

Although music therapy did not get its official start as a professional discipline until after World War II, the concept of therapeutic music was being explored during World War I. The first music therapy training offered through a university was organized by Margaret Anderton, a pianist born in England (Davis & Gfeller, 2008). During World War I, Anderton provided therapeutic music services to wounded Canadian soldiers suffering from mental and physical disabilities. Seeing the benefits of her work, she was determined to share her knowledge and train others in music therapy. In 1919, Anderton taught music therapy classes at Columbia University where she advocated two key ways to provide music therapy for wounded soldiers and veterans: “For those soldiers suffering from psychological conditions, the therapist should provide the music. For those afflicted with physical conditions, the patient should be responsible for producing the music, because it would help to strengthen an injured arm or leg” (Davis & Gfeller, p. 28).

A newspaper article dated March 5, 1916 titled, “Wounded Soldiers Cheered By Music,” detailed the efforts of May Moulton, a woman who sent music to injured soldiers overseas (*New York Times*, 1916). Moulton sent phonographs, records, mandolins, and guitars in an effort to lift the spirits of the men fighting overseas. After the first few shipments, Moulton explained the feedback she received by stating:

It was almost pathetic the joy this music gave. I have had letters telling how the poor wounded fellows enjoyed the phonograph concerts that were given in the dreary wards of the hospitals. They wrote to me saying that those who suffered the most would cease moaning and listen while the records played, and no sooner did I realize what this meant to them than I decided I would make every effort to

send them all the music I could obtain. (Wounded Soldiers Cheered By Music, 1916, p. 3)

Isa Maud Ilsen was the Director of Hospital Music in World War I reconstruction hospitals (Davis & Gfeller, 2008). For 20 years, she worked in various hospitals treating veterans and soldiers, and devised several fundamental theories in regards to music therapy. Ilsen believed that a healthy person was one who is in harmony, and she advocated the use of music as a way to alleviate physical pain with surgical patients (Davis & Gfeller). She believed that music therapists should be trained and well-qualified in order to provide music therapy programs in hospitals. Ilsen also felt strongly about the benefits of utilizing classical music. Some of the ways she applied classical music into her treatment included recommending Schubert's "Ave Maria" for insomnia and prescribing Sousa Marches and Brahms waltzes for terminal illness (Boxberger, 1963).

Another influential early music therapy pioneer was a professional harpist named Willem Van de Wall who was also a World War I veteran (Van de Wall, 1925). Van de Wall's work with music therapy occurred between the two World Wars. While Van de Wall was in the service, he was a member of the Marine Band. Seeing the benefits that music could provide during times of hardship, after leaving the service in 1919, Van de Wall began a career using music to treat and prevent mental illness. Beginning in 1920, Van de Wall became a member of the Bureau of Mental Health where he organized music activities. He also developed a therapeutic music program at the Allentown State Hospital for Mental Disorders. In the late 1920s, Van de Wall began to teach music and health at Columbia University, and in 1944 was named Chairman of the Committee for the Use of Music in Hospitals (Van de Wall, 1936). Although Van de Wall did not work directly with war veterans, it was his work and

accomplishments in the 1920s and 1930s that helped to introduce music therapy to veterans' hospitals.

According to Davis and Gfeller (2008), prior to World War II, even though reports of hospital music and therapeutic music activity increased dramatically, it was still not accepted fully as a profession. Physicians and hospital administrators remained skeptical of the use of music to aid in healing. It wasn't until the use of music in therapy with the soldiers and veterans of World War II proved beneficial that music therapy received recognition as a credible profession. In her dissertation, Boxberger (1963) refers to the WWII era as the *period of formation* stating, "these are the activities of the early pioneers working with music in the clinical setting, the recognition by the armed forces of the value of music for morale purposes and as an adjunct to the reconditioning program" (p. 68).

During World War II, music was discovered to be a successful way of increasing morale (Boxberger, 1963). Through volunteer groups and the American Red Cross, large quantities of instruments were donated overseas to hospitals in order to provide entertainment and distraction for the wounded and disabled veterans. With the help of the War Service Committee and the National Federation of Music Clubs, over 2½ million different instruments and pieces of musical equipment were donated to the troops (Boxberger). Because these efforts produced such positive results, the Hospitalized Veterans Music Service, a program for veterans that "included music lessons, auditorium and ward activities, and entertainment by well-known artists" (Boxberger, p. 146) was founded. It was occurrences like these that encouraged people to look more closely at how powerful music could be as a therapeutic tool with the veteran population.

At the conclusion of World War II, 671,801 soldiers were left wounded. Otto Helbig (1966) wrote that the U.S. Surgeon General sensed the importance of music in the lives of soldiers and directed that consideration be given to music as an integral part of the reconditioning program of injured soldiers. However, the Surgeon General also requested that the use of music in hospitals and as an aid to the healing process was not to be labeled *music therapy*, because the word therapy presumed that scientific research was involved.

Around the conclusion of World War II, music was attracting significant attention for promoting health and wellness. Therefore, the military began to further examine the value of music for use in hospitals for wounded and disabled veterans as a medical application (Taylor, 1981). In 1942, a Music Advisory Council, a joint effort of the U.S. Army and the U.S. Navy, was instituted by the Secretaries of War and the Navy. The purpose of this council was to organize educational and recreational music programs within the armed forces. The Council was made up of both civilian and military personnel and met to discuss with the armed forces the development of music programs for recovering hospital-bound soldiers (Sullivan, 2007).

In 1944, William Jones, a music recreational leader at a VA Hospital in Downey, IL, began a radio program for the patients. Jones (1954) described his program by stating:

It was a request program, somewhat like the disc-jockey shows. The patients were able to request a tune by asking the nurse or ward attendant to call the broadcasting unit between 11 a.m. and 1 p.m. I became the announcer of this show, and as I gradually came to know and become known to the patients, I introduced a little light humor.... the show became a favorite program of the patients. (p. 74)

As the program grew in popularity, Jones made frequent visits to the ward in order to socialize with the patients and gain information for his broadcasts. He noticed at nighttime the “patients were quite dull.... they would wander around aimlessly, searching for something to occupy their attention” (Jones, p. 75). Determined to change things, Jones set out to create a radio program for the patients at night using sedative music and some popular ballads. Although at first encountering some hesitancy from the hospital staff, Jones was eventually granted a nighttime radio show on a temporary basis. Jones spoke about this experience:

After a few days, we visited the wards while the program was in progress. The atmosphere in the wards was more cheerful. The patients who used to wander aimlessly were playing cards, chatting, writing letters or just listening. We were soon granted permission to produce the show on a permanent basis. (p. 76)

Events like the one described above led the VA to create a new position, Chief of Music. As World War II ended, the VA began to reorganize hospitals and recognized the need for music as a therapeutic tool. Ray Green was appointed the first Chief of Music and began to create programs and promote successful uses of music in the VA system (Gilliland, 1952). As the music program developed, it became evident there was a significant need for training and education of hospital music providers. At this point in 1944, Roy Underwood initiated a 4-year course of study leading to a bachelor’s degree at Michigan State College. In accordance with this bachelor’s degree program, the first music therapy internship program was also established at Wayne County Hospital at Eloise, MI (Gilliland).

In an article in the *New York Times*, Taubman (1947) posed the question, “Can music be of help to those who are ill?” In the article, Taubman described music therapy and spoke about

the therapeutic work through music that was currently taking place at VA hospitals. He stated, “There are 125 VA hospitals and homes in the United States, and they have about 10,000 patients. Something has already been done with music in most of these institutions and more activity is developing as recommendations are put into effect” (p. 10). Taubman continued by describing how music therapy was aiding the veterans in the healing process and why it was necessary that the program continue to grow. This article is significant because it was one of the first, if not the first, published newspaper article about the music therapy profession.

The VA system began to slowly integrate music into their programs to help veterans cope with their physical and mental disabilities. In 1949, Hugh E. Kilmartin, Chief of Educational Therapy in a Massachusetts VA Hospital reported “using music as a modality to provide opportunity for social interaction” in groups (Kilmartin, 1955, p. 176). He discussed his experience, stating:

The objective was to get the patients to talk and to provide an esprit de corps for group psychotherapy that was to be carried on by the psychiatrist at a later hour. Recordings were used and occasionally, a piano.... Music in educational therapy can be used to stimulate discussions in a group activity program because music can be a common denominator in providing opportunities for social interaction in a permissive setting. (p. 180)

Shortly after Ray Green had begun his work in VA hospitals, the first issue of the *Hospital Music Letter* was published in the *National Music Council Bulletin* (Quinto, 1952). Periodic surveys were initiated in April of 1949 to measure progress of the music programs in hospitals (Quinto). The results of the first survey showed that during the previous 2 years there

had been a decided trend in “the development of music activities which have a definite relationship with the medical treatment for the patient as prescribed by the hospital physicians” (p. 67).

Around the same time, Leonard Quinto, Chief of Music, Recreation Service, Special Service for the Veterans Administration, published an article detailing a well-organized music therapy program for the entire United States VA hospital system. Quinto’s standardized and flexible music therapy programs were developed to meet the medical, emotional, and mental needs of all patients, both short- and long-term (Quinto, 1955). He presented five goals that should always be kept in mind when conducting music therapy at the VA: assisting in the adjustment to hospital life, allowing physicians to observe patient behavior in group settings, improving physical and mental function, contributing to social readjustment, and helping clients to adjust to their mental or physical limitations.

Because of the growing popularity and need for therapeutic music in hospitals, the profession of music therapy was expanding year by year. On June 2, 1950, the National Association for Music Therapy was founded with Ray Green serving as the first president. The first annual conference was held the following December. An article from the *New York Times* stated:

We rate as one of the most interesting and significant musical developments, the new value placed upon music as therapy... this development is still in an embryonic stage, but already it has revealed results of unquestioned value, as for instance, those accruing from the use of music in the improvement or healing of difficult cases which could not be

reached, mentally or physically by any other method of treatment in our hospitals for the wounded or disintegrated veterans of the last World War. (Downes, 1950, p. 107)

At this time, music therapy was getting a significant amount of notice in the VA system. In 1951, the Veterans Administration Hospital in Knoxville, Iowa, established its first music therapy program (Hanson-Abromeit & Davis, 2007), developing musical activities with a variety of choices for their patients. After the development of the program, music was prescribed regularly to aid painful procedures such as electric and insulin shock treatment, lobotomy surgery, hydrotherapy, and administration of anesthesia, and many others (Quinto, 1952).

Around the same time, Francis Heinlein, music director at a VA hospital in Downey, IL, discovered the benefits for disabled veterans of performing community concerts. Speaking in regards to community concerts, Heinlein (1952) stated, “By going out and putting on a concert, all their own, the patients have a feeling of accomplishing something – of achieving a goal which is a reward for their efforts” (p. 174). Heinlein urged other therapists to consider instilling community concerts into their music therapy programs because of the many benefits.

By 1954, 65 staff members were employed to provide music therapy at VA hospitals across the United States. Quinto (1955) spoke about the music therapy programs at VA hospitals, stating:

It is the belief... that the responsible music therapist at the hospital is in the best position to determine what music activity or method is best for his patients. Many physicians have expressed the belief that the important factor in music therapy is not so much the activity in which the patient enters, but rather, the interpersonal relationship engendered between the therapist and patient. (p. 193)

Quinto urged therapists to remember that each patient has different needs and skills and suggested that each hospital program should be composed of a unique set of activities and treatment plans to accommodate them.

In 1954, Wallace Kotter, music therapist at the Veterans Hospital in Albany, NY, began testing the use of music on post-electroshock awakening (Kotter, 1955). Among the negative side effects of electroshock therapy was the post-convulsive state of the patient and the lengthy recovery process. Kotter and his team set out to discover if music could help eliminate some of the negative side effects of this treatment and shorten recovery times. After testing the use of different styles of music with various patients during electroshock therapy, they discovered that: “1) music during administration of and recovery from electro-shock treatment does affect speed of awakening; and 2) types of music may be differentially important in this regard” (p. 19). Interestingly, he concluded that bright jazz was the most consistent in helping the patient recover from the procedure in an easy and rapid manner.

As the years went on, the music therapy program continued to grow and flourish throughout the VA system. The first National Veterans Creative Arts Festival was held in 1989 to continue encouragement of recovery through creative arts therapies (U.S. Department of Veterans Affairs, 2012). The purpose of this festival was and still is to recognize veterans for their accomplishments and to educate and demonstrate to communities throughout the country the therapeutic benefits of the music as well as other art therapies. According to the U.S. Department of Veterans Affairs (2012) official website:

VA medical facilities incorporate creative arts into their recreation therapy programs to further the rehabilitation milieu for both inpatients and outpatients. This annual

competition recognizes the progress and recovery made through that therapy, and raises the visibility of the creative achievements of our Nation's Veterans after disease, disability or life crisis. (www.va.gov)

The Creative Arts Festival has continued to grow and promote healthy recovery of veterans every year. In the current year of 2012, 3,725 veterans from approximately 130 VA facilities across the United States participated in this festival (U.S. Department of Veterans Affairs, 2012). It is expected to continue to grow each year.

In 1991, Lois Johnson testified in front of the Senate Special Committee on Aging to describe how music had helped her husband, veteran Tom Johnson, who had Alzheimer's disease (Wertheimer, 1991). Eager to spread the word about music therapy, Johnson was also interviewed on NPR in order to detail her experiences with music therapy and her husband's debilitating disease. Tom Johnson, who resided at a VA hospital in Topeka, KS, was diagnosed 6 years prior with Alzheimer's disease and was taking part in an experimental research program involving music therapy. After several weeks of music therapy sessions, Mr. Johnson engaged in guitar playing, made eye contact with the therapist, and held the therapist's hand – all actions which were thought no longer possible prior to music therapy (Wertheimer, 1991). His wife, Lois Johnson, spoke about witnessing her husband in music therapy:

I was just overwhelmed, and I had tears, because that was the first time I had seen the old Tom for a long, long timebecause he was looking at you and the expression was in the eyes that we had saw before, where I had not seen any expression for years. So, yes, that part was – was the old Tom. (Wertheimer, 1991)

In recent years, there have been continued studies on music therapy and war veterans, sometimes isolating particular pathologies. Post-traumatic stress disorder (PTSD) is a psychological trauma that manifests in symptoms such as flashbacks, nightmares, loneliness, hypervigilance, outbursts of anger, avoidance of people or places, and agitation (U.S. National Library of Medicine, 2012). According to Bensimon, Amir, and Wolf (2008), between 27% and 29% of World War II veterans have post-traumatic stress disorder (PTSD), and an estimated 15.2% of Vietnam veterans have PTSD.

Research has shown that group music therapy is an effective way of treating PTSD in the veteran population (Bensimon et al., 2008). Music can be a successful means of creating cohesive feelings in PTSD groups that then foster discussion and a sense of belonging. In an article published in 2008, Bensimon et al. spoke about the benefits of group music therapy and PTSD:

During group discussion it is impossible to talk simultaneously and feel 'we-ness' since it requires individuality for its intelligibility. This however is achievable in group music playing, since pitch intervals allow harmonious voice blending when sounding together and temporary regularity facilitates motor synchronicity. Moreover, an individual can simultaneously listen to his or her own playing, pay attention to another's music and listen to the entire group product as a whole without the necessity of eye contact while attaining a feeling of the group as a harmonic entity. (pp. 35-36)

Bensimon et al. (2008) conducted a study providing group music therapy to veterans suffering from PTSD and reported that group drumming increased a sense of intimacy and belonging, and in addition, created an outlet for participants to release their anger through the

drumming. Drumming evoked associations that were connected to trauma. Participants also reported an increased sense of control and self-confidence following group drumming. In their published study, Bensimon et al. urged music therapists to continue to study and treat this population through music therapy drumming stating that “the drum was found to be an efficient instrument for coping with difficulties such as feelings of loneliness, harsh traumatic memories, outbursts of anger and loss of control” (p. 45).

Persian Gulf War veteran Clark Nicely started a program *Operation Music Aid* to help ship instruments to military hospitals (Blankenship, 2006) in the 1990s. He partnered with George Hauer, a music store owner, collecting donations of money and instruments to send to wounded and ill soldiers residing at VA hospitals. Hauer stated, “We wanted so much to do something for these young men and women who are sitting there with missing limbs looking down the road for 60 years. Music is always uplifting” (Blankenship, p. 42).

Guitars for Vets, a program that offers free lessons and a free guitar to military veterans who have suffered trauma, was launched in 2007. *Guitars for Vets* is frequently offered through the music therapy program at VA hospitals. Patrick Netteshein co-founded the program along with a Vietnam Veteran (who remains anonymous), stating that the program is offered in the hope veterans will be able to benefit from the calming effect of music and be connected with an individual who will listen if they need to talk (Toner, 2011). The program has grown year by year and by the year 2011 had chapters in over 20 states (Toner).

In an article from 2010, Pieslak spoke about songwriting and composing as a powerful music therapy intervention to use with recovering veterans. Pieslak (2010) told the story of Joseph Revak, a Purple Heart veteran from the Iraq War. Revak composed music for soldier

memorial services while recovering from a wartime attack in which he nearly lost his life. At the time of the article, he was undergoing treatment for PTSD. Revak stated he hoped “that fellow soldiers will find solace in the music and allow themselves to grieve for their fallen friends as a way of healing” (p. 3).

Just recently, the *Huffington Post* published an article announcing the creation of a music therapy program at Walter Reed Army Medical Center (Kaplan, 2013). This article detailed the great benefits of music therapy with various populations of veterans. The article also discussed a need for more music therapists in facilities with veterans. Kaplan stated, “Much more attention is being drawn to what music therapy can accomplish in military circles. We need more music therapists to work with veterans, caregivers, and family members. We need more research, so it is great that this new partnership is very focused on research”

(http://www.huffingtonpost.com/ronna-kaplan-ma/veterans-music-therapy_b_2361076.html).

It is clear throughout the history and literature that music therapy has come a long way in serving the veteran population. The articles and pieces of literature aforementioned portray the hard work that has been accomplished by music therapists and those working for the Veterans Administration in ensuring that music is part of the recovery and healing process for veterans. This present study looks at the history of music therapy through literature, as well as from interviews with music therapists who have first-hand witnessed the growth and development of music therapy in a VA setting. After reading this thesis, readers should have better insight about the inception of the music therapy program at the VA, how music therapy has and can serve the veteran population, and how we can continue to progress in providing veterans with music therapy.

Method

Participants

Participants were all music therapists who work in veterans hospitals across the country. The eligibility criteria for participation in this study were: (a) employed at a VA facility in the US for over 10 years, (b) Board Certified Music Therapist, and (c) minimum of a bachelor's degree. These participants were selected through recommended contacts of the researcher's thesis advisor, Dr. Barbara Wheeler. Initial inquiries were sent via email to the four people recommended by Dr. Wheeler. The four individuals responded to the request in a timely manner and agreed to participate in the study. They are: Barbara Maclean, LCAT, MT-BC; Bobbi Blake, M.ED; Tina Haynes, MT-BC, LCAT; and Gary Johnson, MME, MT-BC.

Methodology

This was a qualitative study using dual methods of narrative inquiry and historical review to explore the history of the VA and music therapy. The researcher utilized historical review to thoroughly research historical accounts of music therapy and veterans through various literary sources. Narrative inquiry was used to expand on the information found from the literature as well as offer in-depth, personal accounts of the development of music therapy and the VA.

Procedure

This research was conducted using a two-part procedure: in-depth historical research and personal interviews. The goal was to explore the following topics:

- The introduction of music therapy into the veteran population
- The inception of music therapy into the VA system

- The evolution of music therapy treatment within the veteran population
- The various pathologies that music therapy can treat within the veteran population
- What the future holds for the VA and music therapy

The historical research was completed first. The researcher collected information from various literature sources regarding the history of music therapy and its use within the VA. The information collected was then written in literary form to complete a concise historical review. After the historical review was completed, interviews with four VA music therapists took place. The purpose of these interviews was to further discover the history and development of music therapy within the Department of Veterans Affairs.

The four individuals who were chosen for the interview portion of this thesis were contacted by email to schedule a date and time for a telephone interview. After scheduling an interview, the researcher emailed them a Permission to Audio Record form (see Appendix). The participants were asked to read the form, fill it out, and email it back to the researcher prior to the phone interview. The researcher obtained permission to use the participants' real names throughout the thesis.

The interview consisted of pre-determined open-ended questions and took approximately 40 to 60 minutes. The questions requested information about: (a) the music therapy program at his/her respective site, (b) the music therapy interventions used, (c) the pathologies most prevalent in veterans at his/her site, and (d) the development of the music therapy program at his/her site. The telephone interview was recorded in its entirety. After it was completed, the researcher transcribed the entire interview.

The audio recordings will be stored on the researcher's password-protected computer until 6 months after the research is completed. At that point, they will be deleted.

Analysis of Data

After all interviews had been recorded and transcribed, they were analyzed. First, the researcher read the transcripts several times in order to fully absorb the material. As suggested by Hunter (2010), the researcher then summarized each transcript in her own words. The coding process was done manually by highlighting different themes with different color markers.

After the themes were established, the participants were contacted to ensure that the themes matched the participants' experiences. All four participants confirmed that the themes were accurate. If the participants had not agreed, the themes would have been altered until the participants felt their voices were accurately heard.

Once the participants had agreed, the themes were presented in forms of vignettes, quotes, and narrative descriptions. The themes were then discussed and integrated with the literature from the historical review. This was done by referring back to the research questions and answering those questions using data from the historical review and the interviews together.

Establishing Trustworthiness

Trustworthiness of the findings in this study was ensured by using the particular set of procedures listed below:

Member checking was used after the data analysis. The themes created from the interviews were sent to the participants for confirmation to ensure that his or her statements were accurately portrayed in the themes and vignettes. If the participants had felt that they were

inaccurately represented in the data, the themes would have been altered until the participants were satisfied.

Prolonged engagement with the research was recommended by Lincoln and Guba (1985). This means establishing familiarity with the context of the research and the culture. Prior to writing this thesis, the researcher spent a year and a half working with the veteran population at a VA hospital, therefore, establishing familiarity with the culture of veterans and the VA music therapy program.

The researcher also interviewed four participants from diverse parts of the country. The researcher purposefully chose therapists from various regions of the country in order to establish an overview of the various music therapy strategies and programs in use.

Results

Six thematic categories emerged from the analysis of the interviews that were conducted with four music therapists employed at separate VA hospitals across the country. The categories relate to the historical literature and the subject of the history of the Department of Veterans Affairs and music therapy. These categories are listed in Table 1.

Table 1 <i>Thematic Categories</i>	
Category	Subcategories
War Era Veterans	World War II veterans Vietnam veterans Korean War veterans Iraq/Iran/Afghanistan veterans
History and Changes in the VA System	
War Pathologies	Post-traumatic stress disorder (PTSD) Traumatic brain injury (TBI) Other disorders/illnesses
Evolution of Music Therapy Treatment with Veterans	
Current Music Therapy Treatment and Interventions Used with Veterans	Performance-based activities/therapeutic learning Music relaxation Other interventions
Future of Music Therapy Treatment Within the VA	Research More music therapists Neurologic Music Therapy (NMT)

War Era Veterans

Having an awareness and knowledge of the different eras of veterans is important when treating the veteran population. Clinicians working with veterans should be “educated and aware of issues that are specific to veterans,” according to Barbara MacLean, MT-BC, LCAT. Ms. MacLean is a music therapist who has worked within the VA system for 31 years.

World War II veterans

When World War II ended in 1945, the veterans “came back as heroes,” Ms. MacLean explained. Bobbi Blake, M. ED, music therapist who works at a VA in West Haven, CT, stated:

The World War II guys, when they came back, they had all the symptoms but they were welcomed back in a very heroic way. They didn’t have *coming home trauma*. They came home to ticker tape parades. Their PTSD or their needs were kind of covered up; they didn’t talk about it much. But they also suffered from the same issues [that the current veterans suffer from]. And a lot of them would drink and cover it up with drinking....

The World War II veterans typically traveled to war together and came home together as a unit. Ms. MacLean described the *coming home* experience, stating that the veterans “had time to talk to their buddies” on the way home, which may have helped their mental health. They had 30 days on a ship to exchange war stories and process their experiences aloud to one another.

Coming home from war in the 1940s had its benefits, but there were also certain expectations. Ms. MacLean stated that the WWII veterans were expected to immediately return to work and support their families. These veterans had an extremely strong work ethic and worked hard to fit back into society and maintain the appropriate image. Because of this, any lingering issues or mental disturbances from war were suppressed and covered up. Post-traumatic stress disorder (PTSD), which the DSM currently recognizes as a severe, debilitating anxiety disorder, was not yet recognized as a legitimate mental illness and was simply written off as *combat fatigue*.

Although World War II ended nearly 70 years ago, veterans from this era still require care and services. Music therapy can be an important part of this process. Ms. Blake discussed

the fact that music was a very big part of the veterans' lives at the time of the war and currently is still significant to them. "Just yesterday, I was having a 'music and memories group' with a 92 year old WWII veteran with dementia," Ms. Blake stated. "He was very unfocused, but when a Glen Miller song came on, or Bing Crosby song, he was totally attentive. It meant something to him."

Currently, a big percentage of the remaining WWII veterans are in nursing homes and hospice care. Ms. MacLean stated, "Sometimes issues come up at hospice that they stuffed down for the past 60 years, and on their deathbed that stuff comes out." She emphasized that being aware of the issues and the history of each veteran population can help to address their current needs.

Vietnam veterans

Vietnam – they went over as individuals. It was 'just try to survive your 12 or 13 months there and get home by whatever means possible' – and usually that was staying on drugs. A lot of drug addictions from Vietnam veterans. Then, they came home as individuals and they were flown home. So they came from the jungle and a day later, they are getting off the plane in San Francisco to war protesters, getting spat on, called baby killers and they were not welcomed back. Couldn't find jobs. A lot of anger, homelessness..... – B. MacLean

In addition to any mental or physical trauma experienced during combat, Vietnam veterans experienced *coming home trauma*. Ms. Blake explained that when soldiers arrived home, many were advised by the military to take their uniforms off because of the protests occurring. The rejection and humiliation was so severe that it created another set of mental

issues. Therefore, in addition to the physical/mental traumas suffered from combat, the Vietnam veterans also had to deal with the trauma of coming home to immense hostility.

At the time the Vietnam veterans came home, the VA was “not in good shape,” according to Ms. MacLean. “It had been built for WWII and had not improved since,” she continued, describing the facilities as having “dilapidated conditions.” The Vietnam veterans had nowhere to seek help and no one providing services to them, forcing them to suppress their issues.

The Vietnam veterans finally began to seek help in the system when the VA underwent major changes in the 1990s. “By the time they came in, they had 20 years of stuff down!” Ms. MacLean explained. Ms. Blake positively described the Vietnam veterans as very expressive and vocal about their issues and needs once they eventually sought out services at the VA.

Currently, Vietnam veterans are in their 60s and 70s. Ms. Blake explained:

We’ve got the Vietnam veteran population that is now getting older.... I can’t tell you how many Vietnam veterans I have served in hospice because a lot of them are dying young from Agent Orange. I have lost people I have worked with for years. So they are going to need hospice care at some point, and there are always going to be needs on this progression....

Music therapy can be a successful form of treatment for Vietnam veterans since music was a significant part of the culture of the Vietnam War. “They relied on radio play when in Vietnam and soldiers playing live music on their guitars or harmonicas while at base camp,” Ms. Blake stated. “What an amazing amount of music in the 60s related to war. Music was very important to them in getting them through.”

Korean War veterans

The Korean War and the Korean War veteran were not topics that were broached often throughout the interview process. When mentioned, both Ms. MacLean and Ms. Blake referred to it as “the forgotten war.” Ms. Blake compared the expressiveness of the Korean War veterans to that of the Vietnam veteran, describing the Korean War veteran as “silent – they hardly ever talk about their service.” It is important to be aware of this characteristic of the Korean veteran when providing care or services to this population.

Iraq/Iran/Afghanistan veterans

Because of the documented *coming home trauma* that the Vietnam veterans suffered, much action has and still is being taken to ensure that the current veterans do not experience the same suffering. Ms. Blake explains that this is where the phrase “support the troops” originated from, stating it “came out of how badly the Vietnam veterans were treated.”

The needs for this population are similar to those of the other veterans in regards to issues such as PTSD but are very different in other ways. “The Iraqi veterans are surviving things that the Vietnam guys died from,” Ms. MacLean explained. “The Iraq veterans are surviving, but they are coming back with these head injuries.”

Tina Haynes, MT-BC, LCAT, music therapist who works within the Tennessee Valley Healthcare System, explained:

With our current conflicts, we are seeing a different type of disorder and need because of the different type of weaponry they encounter. That is because of the

explosive devices, the bombs, etc. We are seeing a lot more blasts in injuries – which is producing a different type, more prevalence of traumatic brain injury (TBI). Now blasting has always been out there, it was associated with Civil War and on up...but we have more people surviving those things that ever before....

The VA has been updated with more TBI clinics and polytrauma clinics because of these new traumas with which current veterans are returning. In addition to head traumas, current veterans are also returning with PTSD symptoms reminiscent of the Vietnam veterans. The current veterans have the benefit of more treatment options – one of which is music therapy.

Ms. Haynes positively described the current, returning veteran as completely different from any other returning veteran. She described this group as “the most educated group of veterans we’ve ever had,” stating that “they have completed the highest level of formal education.” Ms. Haynes cited other differences in this population, describing these veterans as a “more motivated” group because it is an entirely voluntary force, as well as possessing a more sophisticated knowledge of technology. Ms. Haynes also described these veterans as having a keen interest in music. She explained:

They’ve grown up with MTV. They have a greater exposure of music, from birth on up than other veteran population ever had. Also – they are different in the fact that they are now able to incorporate music as part of their deployment experience, where other veteran groups had never done that before....they are waking up, in humvees and tanks, and plugging in their IPADS and their portable music players....They are programming music for psychological purposes to get them through the day. For example, they are programming music to get them pumped up for battle/psyched up for warfare. They are

using it at night to help them sleep. They are even using their digital technology to record and write songs right there in the battlefield...

Ms. Haynes attributes this generation of veterans' heightened interest in music to their gravitation towards music therapy treatment. Because they are comfortable using music to help cope during war, they are seeking out music therapy treatment when they return from their deployment. "They are actually coming in the door and asking for those services," Ms. Haynes explained. "They're coming in and specifically asking for music therapy, or music therapy for a particular problem or need."

Although each veteran population may have similar core issues, there are important differences to be aware of. Each music therapist interviewed clearly stated the importance of being informed about each respective veteran population, including the history of their experiences. As clinicians, it is important to be well-informed about the population in order to provide successful treatment.

History and Changes in the VA System

Many of the music therapists interviewed discussed the significance of the changes that have taken place over the years in the entire VA system. When discussing the Vietnam War, Ms. MacLean stated one of the reasons that the veterans did not seek treatment after the war was the VA system was "not in good shape." It was around the 1980s that the VA made changes – shifting from primarily inpatient to primarily outpatient – in order to accommodate more veterans and more needs. Not only were the programs and treatments modified, but the physical atmosphere of the hospitals was transformed, as well. Ms. Blake recalls about her own facility:

This building was built in the 1950s and it was all brick. In a ward system, even the physical presence of it, were these open wards, and we still have some of the remnants of the old but they are really trying hard to make it updated and patient friendly. So there is a whole physical, environmental change, too... which is opening the door to more of these complementary therapies, because they want to be able to offer more than just medication and psychotherapy. They want to be able to offer more for the veterans.

Ms. Blake explained that although the system is “in much better shape than it was in the 1980s and 1990s,” the VA system is still trying to move towards a “patient-centered care model.” This means providing as many treatment options as possible for the veterans, from the WWII veterans to the veterans currently coming home from war. Ms. Blake also explained that the patient-care model is more conducive to music therapy treatment:

The VA has learned an enormous amount in the past 20 years. It seemed like there was trial and error with treatments and medications when I started. Now we know what psychological treatments do seem to help, especially if a veteran gets help right away, in a way to reduce symptoms and eliminate symptoms..... And, the complementary therapies, including music therapy, are being recognized now for helping with resilience.

War Pathologies

The experience of combat and war can result in numerous physical and mental illnesses. It is very important as a clinician to have an awareness of the different pathologies and illnesses that occur from war and combat. There are a variety of different problems that veterans may face, and some issues are more prevalent than others. Each of the music therapists interviewed discussed the importance of educating oneself with regards to the different mental illnesses and

traumas veterans face. All music therapists interviewed also described how music therapy can be considered an integral component of the recovery process for every veteran.

Post traumatic stress disorder (PTSD)

Throughout the interview process, when inquired about the most prominent pathology they see, PTSD was included in every music therapist's answer. "We see more PTSD because we just recently had war conflicts," Ms. Haynes stated. "We've got people in current conflicts that are just returning...that's growing."

PTSD is a disorder that has been documented for centuries (previously labeled combat fatigue, battle fatigue, or shell shock) but was not recognized as a legitimate mental illness until after the Vietnam War. Since then, more research has been done on PTSD, and treatment has immensely improved.

Ms. Blake works in the PTSD unit at the VA hospital in West Haven, CT. She described the core symptoms of this condition as avoidance, hyperarousal, isolation, nightmares, flashbacks and intrusive memories or thoughts of the traumatic experience. "With a lot of these veterans [suffering from PTSD], they tend to isolate," Ms. Blake explained. "For them to even come out and come here and get treatment is just an amazing thing. Or to be in a group where they can get group support and feel they're not alone – that is definitely the first step for them." Ms. Blake explained that after the veterans are able to get their symptoms under control, coming to the VA for maintenance is also important. She stated, "Once they get their symptoms managed and they come to music therapy, it's very therapeutic for them, and they are engaged in something they really enjoy – it is a form of relaxation for them."

Ms. Haynes and Gary Johnson, MME, MT-BC, a music therapist who has worked within the VA system for 28 years, both work with a significant number of veterans who have PTSD. Ms. Haynes stated that she sees a lot of PTSD in both outpatient and inpatient units. She uses relaxation interventions and verbal processing with the veterans to help them cope.

The trauma of combat is not the only factor that can trigger PTSD, Ms. Blake warned. “Can you imagine coming home from war and everything is the same? People are shopping, buying cars. Your whole life has changed and you go downtown and people are going to the movies and everything is the same.” The aftermath of combat and returning home can add to the trauma as well as trigger symptoms of PTSD, which is why it is extremely important for veterans to seek help and recovery as soon as possible. Ms. Blake also stresses that music therapy can be an important part of this process. She stated:

If you go on the National Center for PTSD website, everything now is about mindfulness. There is nothing more mindful than being engaged in music and music therapy; it’s an amazing way to focus. The veterans that come here have found that it is great, not only do they love music, but it really gives them something to focus on and something they love to get engaged in.

Traumatic brain injury (TBI)

As discussed earlier, there has been a dramatic increase in the prevalence of TBIs due to the fact that more veterans are surviving blast-induced injuries. TBIs are generally seen in the younger veterans because of the current war conflicts that are going on. Ms. MacLean discussed her work with veterans with TBI:

I find it very interesting – it’s very challenging. These TBIs are so challenging. We can’t get them in for services, because they can’t remember. They forget, and their judgment is really poor. It’s a real challenge to have both of those things – they look pretty good and seem to talk OK, most of them. So it’s like, you can walk and talk – why can’t you work? ‘Because I can’t remember to set my alarm in the morning.’ ‘I can’t remember to take my meds.’ ‘I have anger issues.’ ‘I can’t remember where work is.’ Things like that.....

Mr. Johnson has treated many veterans suffering from TBIs in his facility. He warns that many times people with TBI have comorbidities with other disorders, such as depression, making it even more difficult to manage symptoms. He also emphasized that music therapy can be a very helpful tool for those struggling with this type of trauma. “We are not the answer by any means, but we do contribute to their overall functioning. Something as simple as giving someone a piano lesson without trying to reach a goal of...[being] a wonderful piano player. We are using that medium to help them with their problems such as decreasing stress, keeping their minds focused on other things...”

Other disorders/illnesses

PTSD and TBI may be two of the most prevalent pathologies currently seen in veterans, but there is a plethora of other issues that can also be addressed by music therapy.

End of life care is an area of need that music therapy can address. Mr. Johnson discussed end of life care: “I think the need [currently] is more end of life care, medical issues. It just seems our veterans are sicker in terms of where their needs are...” Ms. Blake spends half of her time on the PTSD unit and the other half of her time on the hospice unit, which she says is a big

need. Ms. Blake described seeing end-of-life patients as a “window of opportunity” for treatment, because it is unclear how long they will survive. “Music therapy addresses spiritual needs (there are many requests for hymns) and can assist with interpersonal or personal closure,” Ms. Blake stated in reference to end of life care.

Ms. Blake also noted another way that music therapy is helpful with end of life care and that is by providing comfort care – both for the veteran and for his/her family. “I assess them every time I see them, see what they need, and where they are,” she explained. “Sometimes they are only there for a day or a couple of weeks. So it is really a day-by-day planning. Sometimes at the end, it is not even necessarily for the patients, it is to help the family with the passing.”

Aside from end-of-life care, Mr. Johnson works with many veterans who suffer from acute psychiatric diagnoses such as schizophrenia disorder, bipolar disorder, schizo-affective disorder, and a combination of several different psychiatric diagnoses. When working with patients such as these, Mr. Johnson reported, “I am going to address one, maybe two of those areas that are listed.” He stated that it is important to focus on just one or two issues (instead of several at one time) to boost the likelihood of success.

Ms. Haynes and Ms. MacLean see a lot of veterans suffering from acute psychiatric diagnoses, as well. Ms. MacLean described some goals of group work with these veterans, saying, “There’s the attention span thing, being able to stay in a group, teamwork, sense of self-worth, accomplishment, self-esteem, those kinds of goals.”

Evolution of Music Therapy Treatment with Veterans

Music therapy was introduced into the VA in the 1940s, and the treatment protocol has since evolved. All of the music therapists interviewed positively described how the treatment of music therapy has moved from music entertainment to a more clinical model.

Ms. MacLean started the music therapy program at the Knoxville, IA, VA in 1981. Prior to 1981, the Knoxville VA had a *music specialist*, who would provide recreational music to the veterans. Ms. MacLean stated that at that time in the 1980s, many veterans hospitals had music specialists. She spoke about the evolution of the music therapy program within the VA, stating:

I think it has become more clinical – initially, there was a lot of the *VA band* and the *VA chorus*. These were big groups of high functioning people, and it was very performance oriented – folks who were around for a long time. Healthcare has changed now. We used to get these high-functioning psych patients who could play the trombone and sing. We don't see those folks anymore. That has had to change, because the patients aren't there, which is a good thing...It became more focused on a diagnosis and the treatment plan, rather than “let's have a band” or “let's put on a show.”

When Mr. Johnson first started as a music therapist at the VA in the 1980s, he recalled that there were fewer qualifications for individuals who wished to provide music therapy to veterans. “At that time, people who had music education degrees or music teachers could be music therapists,” Mr. Johnson said. He discussed the positive transition of the music therapy program within the V.A. system:

When I started.....I had to learn all of these songs and learn how to play them on the guitar...I felt very vulnerable and uneasy doing that, because that was not what I was training to do. But then it evolved into a more clinical based program.....and we started

working with physical therapists using neurological music therapy techniques. Since the beginning when I first started, it evolved into that working in rehab, to now, really kind of looking at where the needs of the veterans are.

The field of music therapy has been so successful within the VA that it is now a well-known form of treatment for veterans. According to many of the therapists interviewed, music therapy within the VA system has now progressed to a point where there is a higher demand for music therapy and not enough music therapists to fill the demand. According to Ms. Blake:

People are aware of music therapy as an alternative or complementary treatment. The problem is, I just don't have the time to be every place...I would love to be able to have a clinic here and just take people on referral, but I just can't do everything. So yes, people are so much more aware of music therapy and how helpful it is, but there is just not enough of me to go around.

Mr. Johnson shared this same viewpoint when he spoke about a need for more music therapists. "I may be wrong to say this," he said. "But I understand that there are probably more jobs than music therapists!" Mr. Johnson believes that music therapy has become much more well-known, and it will become a common term in the future. "The research has been done and the publicity of it. In 20 more years, it is going to be like a doctor or someone who is a physician in a specialty area."

Currently, in VA facilities the music therapy program is typically under the Department of Recreation Therapy, a factor which causes varying opinions. Ms. MacLean explained:

When VA reorganized, Recreation in Albany was put under Physical Medicine & Rehab, which is where it had historically been nationwide. Each VA dealt with this issue

differently; some stayed as a separate service, some went into Rehab, some went under Nursing and some got split up among the "Care Lines" with one Rec (or Music) Therapist going to Nursing Home Care, another going to Psychiatry, another to Rehab, etc. I think that was the worst set up, splitting everyone up, and no one's supervisor knowing what the professions of Recreation Therapy or Music Therapy actually were.

Ms. MacLean explained that when she worked at the Albany VA, the "switch to rehab" was difficult, but in the end, very beneficial for the music therapy program. She was relieved of many of her administrative duties, could practice clinical music therapy part-time, and the music therapy program in the facility was able to expand.

The music therapy program at Mr. Johnson's facility is under the Department of Therapeutic Recreation/Creative Arts Therapy Service, with which Mr. Johnson agrees. "I don't mind this at all since music therapy is one of creative arts therapies used," Mr. Johnson stated.

Ms. Haynes used to report to the Chief of Recreation but now happily reports to the Chief of Physical Medicine and Rehabilitation. "I am a free standalone section under Physical Medicine and Rehab," she says proudly. "I like to say we now have an equal seat at the table; we are not working under another discipline. We are recognized as our own profession, as I felt we should have been all along."

Ms. Blake explained her view on the subject:

Music therapy right now is part of Recreation/Creative Arts Therapies (RCATS). It is ok as all of my colleagues are certified Art or Drama Therapists or Therapeutic Recreators. So, we all work in a clinical capacity, although all of us have other responsibilities. We have all had the fantasy of having a clinic where we would get referrals, but at this time

we are all assigned to various units, and will trade services when we can, if we can. I don't mind being part of RCATS, but my dream would be to have a music therapy clinic where patients would be referred, and also services could be provided in various units. My dream would be to have at least one more music therapist on site. That said, there is a benefit to being assigned to a team (as opposed to a separate clinic) as you can work more closely with the other clinicians and ultimately the veterans. So, if we were to have a music therapy clinic, it would be important to try to attend team meetings where possible rather than be isolated.

Current Music Therapy Treatment and Interventions Used for Veterans

All music therapists interviewed discussed how exciting the music therapy program within the VA has become (and is still becoming) because of the many innovative treatment options that are now available. When asked about the most beneficial and successful interventions and treatment plans, many examples were given.

Performance-based activities/therapeutic learning

There was a choir [that was] started on the adult day healthcare unit. Rachelle [the music therapist who currently works at the VA] expanded it to include anybody who wanted to join – inpatients and outpatient. It is performance-based; they do about 20 performances a year, going out into the community, giving back to the community, having the veterans feel that they are not always being serviced, but they have something to give to others who may be more in need than they are. They go out to nursing homes and things like that. – Barbara MacLean

Several of the music therapists interviewed described the numerous benefits of making and performing music within a group setting. Collaborating and problem solving with peers can provide healthy benefits, especially for veterans who are suffering from disorders that include symptoms of isolation.

Therapeutic learning, or learning an instrument, can also be very beneficial for recovery. Mr. Johnson said that many of the veterans who are referred to him for music therapy aspire to learn guitar. “From there,” he explained, “I evaluate, more or less, how learning that instrument or being involved in a music program such as playing the guitar, learning the piano – how that adapts to those problem areas.” Some general goals that may be addressed through therapeutic music learning are social skills, attention/focus, and decision making.

The Creative Arts Festival, mentioned earlier in the historical review, was among one of the healthy group activities that was discussed during the interviews. Both Ms. MacLean and Mr. Johnson spoke very favorably about the Creative Arts Festival, citing wonderful benefits for their veteran clients. Ms. MacLean discussed one experience when her community day program bell choir participated and won several medals:

We were always preparing for the videotaping, and my bell choirs won national medals a lot – that really gave them a sense of self-worth. One of them said to me, “It takes courage just to get in front of the video camera. You got to be brave just to do that.” So that was a big deal for some of them....it gives them a purpose for improving, getting better, paying attention, etc.

Mr. Johnson has been involved in the Creative Arts Festival for many years. He explained, “The National Creative Arts Festival, to me, shows true results in terms of how it

helps the veterans to keep on going. It's just a powerful medium." Similar to Ms. MacLean, Mr. Johnson described the great benefits that he witnessed in his veteran patients who had received the opportunity to participate in the festival. He stated:

We have veterans that have every known disability you can think of. It is just awe-inspiring to see these men and women having to go through grueling rehearsals, memorizing, having to overcome these disabilities and seeing the final show – to me that is really music therapy, or art therapy, or dance therapy. It's very incredible to witness.

Music relaxation

When asking the interviewed music therapists about treatment plans implemented for their veteran patients, Ms. MacLean and Ms. Haynes both named *music relaxation* as a valuable intervention. Ms. MacLean spoke about the music and relaxation program at her facility:

I do a lot of music relaxation – just self-control. Being able to self-regulate and calm yourself down when things are getting rough....Back when I was in Knoxville, I went to a program that they gave on music therapy assisted labor and delivery....that really started me thinking about relaxation....to not just pull a tape or CD off the shelf and say "here's some relaxing music." But to give them a choice as to what music they are listening do. I actually do a music preference finder to find out what music is most relaxing to them...

Ms. MacLean used her music and relaxation program with several different veteran populations. Some examples of populations she named were psych, medical, ICU, pain clinic, and dialysis. "It's them feeling out of control, like they can't control the outside world..." Ms. MacLean explained. "But if they can learn to do some deep breathing and calm themselves

down, stop and think before they punch someone in the face – this has all been a big piece of that.”

Ms. Haynes runs a relaxation stress management group every morning on the acute psych unit. She uses visual monitors to find out how effective the treatment is. She explained:

There are overt physical signs of relaxation, and we monitor those that we can measure. We do some pre- and post-tests, just questionnaires – ‘How do you feel before the group? How do you feel after the group?’ It’s a combination of veteran self-reported writings, our visual or content from their speech, and their musical behavior.

Other interventions

Ms. Blake does a lot of work with hospice patients and spoke about a technique she calls *a legacy project*. She stated:

When somebody just comes in, if there is a window, we offer to do a legacy project with them which might involve music or writing a song. I had one veteran – he was a young veteran and a songwriter. Young means 55. He played guitar and sang and he knew he was dying and had started to write a song for his daughter. He wanted to record it and get it to her before he died. I worked with him a couple of sessions, worked on the song, recorded the song. After that he couldn’t get out of bed anymore, and he died a month later. He was able to give that to his daughter.

Future of Music Therapy Within the VA

Every music therapist interviewed portrayed great excitement regarding the progression music therapy has made within the VA over the past several decades. In order to continue to

progress in successfully serving the veteran population, there were many suggestions that were made for the future. A few of these were:

Research

According to Ms. MacLean and Ms. Blake, research is a vital factor for future success. “Research is important,” Ms. MacLean stated. “I think in some ways, science is catching up with music therapy.” Ms. MacLean stated that research is a necessity in the field of music therapy and the veteran population. Statistics from research can provide important data to other practitioners that show that music is more than just “a frill or nicety.”

Ms. Blake encourages the idea of music therapy and trauma research within the VA. “We could be setting up some type of research – even if it’s simple like a qualifying *quality of life* [study],” Ms. Blake suggested. “There’s very little research out there – little to none as far as trauma work, trauma work with veterans.” In regards to music therapy work with trauma, Ms. Blake continued to speak about the necessity of research to continue the progression that has already been made. “[Music therapy] certainly has evolved from working with people who are developmentally disabled to now studying the brain and pain management,” she added. “It’s exciting!”

More music therapists

“I would love to see every VA hospital in the country have at least one music therapist,” said Mr. Johnson. Many of the other music therapists agreed. When asked how music therapy within the veteran population can improve in the future, employing more music therapists within the VA was a common answer. “I don’t know if that will ever happen, but I would love to see that,” Mr. Johnson added. “Based on budget and those who are administrators, those who made

those decisions – but it would be pretty neat to see that. I think that would probably be the most important improvement in servicing our veterans.”

Ms. Blake expressed similar thoughts regarding additional music therapists within the VA system. “It would be great to have a music therapist...just assigned to mental health, or just assigned to the dementia unit, the hospice unit, etc.,” Ms. Blake explained. “Honest to God, there are just so many places here - the stroke clinic, the pain clinic, the unit that has dementia and long-term care, the PTSD clinic. There’s just so many places we could really use people and we don’t have that.”

Neurologic Music Therapy (NMT)

Nearly every music therapist mentioned *Neurologic Music Therapy (NMT)* when speaking about how music therapy can continue to improve the treatment of veterans in the future. “I think that we need to have more uniformity in the type of special skills and training,” Ms. Haynes said. “I think everyone needs to have the NMT training, so that we are all speaking from a unified cohesive basis.”

Ms. MacLean also spoke about the importance of NMT. “I think that NMT is the way of the future for music therapy and the VA,” she stated emphatically. Along with Ms. Haynes, Ms. MacLean believes that having additional neurologic training is a necessity when working with veterans because of the great prevalence of TBIs. “Certainly now, people have to be more in tune with the polytrauma and traumatic brain injuries that we are now seeing, which is different than the older guys,” Ms. MacLean added.

Answering the Research Questions

The goal of this study was to gain a clear understanding of the development of the music therapy program within the VA. The research questions leading this study sought to produce a clear portrayal of the growth of the music therapy profession within the Department of Veterans Affairs.

- When was music therapy first used to treat the veteran population?

The American Civil War was the earliest documented instance of music used for a therapeutic purpose with veterans (Olson, 1981). During the war, volunteer bands came to the hospitals to play for injured soldiers in order to distract them from the pain. Davis (2003) reported that throughout the Civil War, World War I and World War II, music was used for purposes of morale, entertainment and as a distraction from the mental and physical pain/suffering. After World War II, the therapeutic component of music for veterans gained popularity and the music therapy program was added into the Department of Veterans Affairs.

- When was music therapy first used at VA hospitals?

This first documented occurrence of music therapy utilized at the VA was in 1944. William Jones, a music recreational leader at a VA in Downey, IL, began a radio program for his patients on an inpatient psychiatric ward (Jones, 1954). Jones included sedative music and popular ballads in order to have a calming effect on his patients. The success of this program at this VA, as well as other music programs led to the creation of the first Chief of Music at the VA. Ray Green was appointed Chief of Music in 1944 and began to make a big push for the inclusion of music therapy programs in the VA (Gilliland, 1952). Later in 1950, the National Association for Music Therapy was founded with Ray Green serving as the first president.

Tina Haynes reported that the VA she works at in Mumfouge, Tennessee, has had a music therapist on staff since the 1940s, most likely making her facility one of the first VAs to have music therapy. “As far as I know, we’ve had a music therapist on staff continuously except for a two year period right when I came on board,” Ms. Haynes reported. “As far as I know, there has been no other break in the service.”

- In what ways were these treatments effective and how were they measured?

When Jones (1954) first established his radio show, he made frequent visits to the wards to gauge his patients’ reactions. Jones noted the atmosphere in the wards appeared more “cheerful,” and the “patients who used to wander aimlessly were playing cards, chatting, writing letters or just listening” (p. 76). Jones measured the effectiveness of his radio programs by simple, effective observation.

In 1949, Hugh E. Kilmartin (1955), Chief of Educational Therapy at a Massachusetts VA, utilized music as a modality to encourage social interaction in his therapy groups. Kilmartin also measured the effectiveness of the music by observation. Kilmartin observed that “music in educational therapy can be used to stimulate discussions in a group activity program because music can be a common denominator in providing opportunities for social interaction” (p. 180).

- What is the different between today’s interventions and the interventions used when music therapy was first introduced at the VA?

Music therapy has become more clinical, more grounded in research and more focused on the “diagnosis and treatment plan,” Barbara MacLean reported. When music therapy programs were introduced at the VA, music was used in effective, but fewer ways – pain distraction, to induce calmer moods, and boost morale. Currently, with research and more years of experience,

there is a higher awareness of different ways to utilize the power of music through therapy with veterans.

Although the music therapy field has expanded its range of interventions, there are still some treatments that were used years ago and remain just as effective today. In 1952, Francis Heinlein, music director at a VA hospital in Illinois reported the many benefits that her patients gained from performing in community concerts (Heinlein, 1952). Barbara Maclean also reported the many benefits her patients received from performing in the past few years. Over the years she has worked for the VA, she has had several performance-oriented therapy groups, including a bell choir that performed in the Creative Arts Festival.

- What types of pathologies have been treated through the use of music therapy?

Music therapy is beneficial for a variety of pathologies from which veterans suffer. Dementia and Alzheimer's disease are two examples of diseases that music therapy can treat. In 1991, Tom Johnson, a veteran with Alzheimer's disease took part in an experimental research program involving music therapy and made remarkable progress (Wertheimer, 1991). Clair and Bernstein (1990) conducted a study with veteran patients diagnosed with late stage dementia and found significant results using music therapy. Results revealed that the participants were able to imitate rhythm patterns and actively respond to the group leader. These individuals were also able to increase the duration of their playing, and adapt to each other's rhythms patterns.

Music therapy can be very effective in treating PTSD. Bensimon et al. (2008) reported that group music playing in patients diagnosed with PTSD can create a sense of intimacy and a belonging, as well as an increased sense of control and self-confidence. Gary Johnson, Barbara Maclean, Bobbi Blake, and Tina Haynes also all reported treating patients with PTSD.

Depression is another condition that music therapy can address. Both Mr. Johnson and Ms. Blake talked about treating patients who suffer from depression through music therapy. Ms. Blake discussed the fact that depression as co-morbidity for PTSD is very prevalent.

Discussion

This study was created to investigate several different points: the commencement of therapeutic music use with the veteran population, the inception of the music therapy program within the VA, and the evolution of the music therapy program within the VA. All information answering the initial research questions emerged by conducting in-depth historical research and interviewing four music therapists employed at VA facilities.

Historical research can be complex because the further back in time one researches, the less documentation is available. Through the use of the various databases and books, the researcher was able to pinpoint 1789 as the first documented use of music therapy. The researcher also discovered the use of music to aid in healing of soldiers and veterans was used in the American Civil War (Olson, 1981). Although music may have been used with soldiers/veterans earlier, this was the first written documentation. Therefore one can conclude that the first documented use of music in the healing of soldiers/veterans was the American Civil War.

Historical research indicated that the inception of the music therapy program at the VA occurred after WWII. There were several old newspaper clippings discovered from the 1940s that spoke about the successful uses of music to assist in healing of WWII soldiers. These newspaper clippings related to articles found in the *Music Therapy: Books of Proceedings* (1951 and 1952), which spoke about a music program added to the VA in the mid 1940s. The music

therapy program was included in the VA system after successful therapeutic uses of music during the war. Tina Haynes, one of the interviewees, works at a VA facility that has reportedly had a music therapist on staff (with the exception of two years) since the 1940s, when the music therapy program first began. This information coincides with data found in the literature.

The researcher sought through this thesis to discover how the music therapy program at the VA has evolved throughout the years. Every music therapist who was interviewed spoke about a common theme: Music therapy at the VA has become more *clinical* throughout the years. According to the four interviewees, more *clinical* music therapy is defined as: individualized and tailored to the veteran's specific needs, research based, referral based, and music therapists working as part of a treatment team. This finding from the interviews was confirmed by data from the historical review. Articles found from the 1940s and 1950s spoke (most of the time) about music therapy used generally to aid in relaxation and a diversion. Articles from the 1980s were more research-based, and spoke about specific music therapy interventions used for individualized pathologies. The four music therapists who were interviewed unanimously agreed that this progression the music therapy program made over the years was a positive change.

Limitations

This research method included interviews with four VA music therapists. Interviews with a larger number of music therapists might have portrayed a broader view of the evolution of music therapy. Interviews with music therapists in different areas of the country may also have resulted in additional information regarding the history and development of the VA music therapy program.

Any historical review can be limited by access to resources. The researcher had access to many databases and libraries in the surrounding area, but, with additional resources, travelling to other areas to access different libraries and databases may have resulted in additional data.

During the interviews, many important and relevant topics emerged. In the future, the researcher may be able to obtain more information by exploring different questions. Before these interviews, the researcher devised a list of specific questions to ask the participants. In the future, devising a list of topics to explore rather than specific questions may be more beneficial and less restrictive.

Implications for Practice and Future Development

This thesis details the successful uses of music therapy with the veteran population. The researcher hopes that this thesis will enlighten readers to the topic of music therapy and veterans. The VA and the healthcare of veterans are constantly improving, and it is important that they continue to do so. The hope is that this thesis will provide useful information on illnesses and music therapy treatment of veterans that will continue to lead to improved healthcare in the future.

Suggestions for Future Research

This is a very important topic. The history of music therapy as a topic has been previously explored, but there is little to no research on the history of music therapy within the veteran population. Researching this topic as well as the evolution of music therapy within the VA helps to clarify what needs to be done for the future in order to successfully treat veterans through music therapy.

Further research that involves interviewing more music therapists from VAs in other parts of the country would be very beneficial. Further research may also want to consider interviewing veterans who have been involved in the music therapy program. Interviewing veterans from different eras who have been involved in music therapy would help create a clearer picture of the evolution of the program within the VA.

Researchers who would like to study this area may want to consider travelling to other VAs in the country and requesting access to their archives. VA Archives may have information regarding the history of the music therapy program at the facility that the therapist interviewed would not have.

Concluding Remarks

This study was an exploration of the music therapy program within the veteran population and the Department of Veterans Affairs. After conducting in-depth historical research and thorough interviews with various VA music therapists, it was revealed that therapeutic uses of music with veterans/soldiers trace back to the American Civil War. Inception of the music therapy program within the VA occurred right after WWII, and there has been a very positive evolution of the VA music therapy program from then to the current day. The hope of the researcher is that the information gleaned from this study will pave the way for continued progression in the field of music therapy and veterans.

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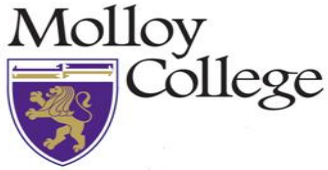
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Appendix: Consent for Audio Recording of Interviews



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Permission to Audio Record

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Project Title: A Historical Review of Music Therapy and the Department of Veterans Affairs

(VA)

Date _____

I give _____ permission to audio record a phone interview with me. This audio recording will be used only for research purposes. I have already given consent for my participation in this research project. At no time will my name be used.

When will I be audio recorded?

I agree to be audio recorded during the phone interview session (approximately 25-30 minutes). This event will occur when the researcher schedules with me a day and time at my convenience.

How long will the tapes be used?

I give my permission for the audio recordings to be used from the beginning of this study until December 2012. Four months after the study is completed (April, 2013) the recordings will be destroyed.

Who will be reviewing the recordings?

Only the researcher will be reviewing the recordings.

What if I change my mind?

I understand that I can withdraw from this study at any time. Upon my request, the audio records will be destroyed.

Other

I understand that I will not be paid for being audio recorded or for the use of data.

For Further Information:

If I want more information about the audio recordings, or if I have questions or concerns at any time, I can contact the investigators at the numbers listed in this consent letter.

I understand that filling out the section below and emailing this form back to the researcher indicates my voluntary consent to be audio recorded.

Name_____

Address_____

Telephone number_____