

Music Therapy – history, definitions and application

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Summary

Music has been used for treatment purposes since the earliest times. Over the centuries there have been many concepts regarding its functional mode, like ancient concepts, the concept of causing vibrations in tissues and recently influencing the physiological functions of organisms. A scientific basis for music therapy only emerged after World War II and the term “music therapy” was introduced in about 1950. Contemporary music therapy is used in many fields of medicine, as well as in special pedagogies and mental health protection. It complements pharmacotherapy as a part of complex treatment, together with other forms of artetherapy, psychotherapy and physiotherapy, which requires the strict cooperation of therapists, physicians and psychologists.

Key words: music therapy

History of music therapy

Music has been used for treatment purposes since the earliest times. It had magical and mystic meaning for primitive human beings and was treated as a necessary part of their everyday work and activities. Music was also used to bewitch gremlins. Curative rituals (mainly with percussion, instruments and voice) were applied mostly in the treatment of chronic and psychosomatic diseases (for example, psychogenic sterility or headaches), as well as psychiatric disorders (including bipolar affective disorder) [1].

A biblical example for applying music in therapy was King Saul, who was treated for depression by harp playing [2]. Ancient Greeks believed that music can influence both soul and body by implementing law and order (Pythagoras), forming personality (Plato) and giving release from accumulated emotions, i.e. katharsis (Aristoteles) [3]. Depressive patients were prescribed listening to dulcimer and noisy sounds, which were to “tear off” their unpleasant thoughts. In the treatment of manic states calm songs with flute accompaniment were used [1].

In the Middle Ages psychiatric disorders were considered as punishment for sins or satanic possession. People with mental illnesses were persecuted in most societies, except in Arabic countries where people believed that psychiatric disturbances were the grace of God and where the first psychiatric wards were founded (among others in Constantinople in 1560, where patients were treated using music) [4].

Later, in the Renaissance Zarlino described the curative properties of musical harmony and specified a number of therapeutic effects of music, including pain relief, restoring hearing, treating madness and the plague [1]. Music was still used in the treatment of depression and mania in these times [5].

In the 17th and 18th centuries the curative influence of music was explained by vibrations. It was thought that music sent vibrations through the skin, exciting muscles and other anatomical structures. These vibrations are transferred by nerve fibres or fluids by way of resonance passages. Changes in liquid circulation and nerve fibre tension occur according to the quality and quantity of acoustic vibrations. In this way pathogenic factors (like circulatory failure or tissue tension) can be removed. At the same time, epidemics connected with a lust for dancing (chorea) were explained by the effect of tarantula spider toxin and treated by violent dance and singing with the accompaniment of noisy instruments [1].

In conjunction with the sensualist trend in psychiatry and the classification of stenic and astenic diseases, introduced by J. Brown in 1780 (resulting from an overdose or underdose of stimuli), stimulation of senses became a therapeutic agent. Stenic states were treated using soothing and calming influences and astenic states using energising factors. Similarly, music with therapeutic properties was classified as “antistenic” or “antiastenic” [6]. Music in medicine in these times was treated as a sensorial stimulus or factor which can influence and regulate human affective states.

At the turn of the 19th and 20th centuries the first studies on the influences of music on the functions of physiological organisms were carried out. Changes in blood pressure, pulse and breath rate under the influence of acoustic stimuli were described [6]. It was noticed that unusual acoustic stimuli (like dischords) lead to tension and increase vegetative activity. However, previously known material is experienced as pleasant and leads to vegetative calming. Further studies revealed that vegetative parameters inform about the intensity of experiencing music, not about its quality. Hence, it is impossible to predict a person’s reaction to music or to select appropriate musical compositions for therapeutic purposes. Due to different modes of perception, the state of current research and the complex nature of experiencing music, it is thought to be one of the most difficult fields to study (like perception of time) [7].

A scientific basis for music therapy only emerged after World War II (although the first programme of music therapy was formulated in USA in 1892 [8]). It was associated with a broader application of psychotherapeutic methods in medical care, especially in psychiatry (which was connected, among other things, with an increase in the amount of war veterans requiring such intervention). Then standards of practical utilization of music therapy were established, as well as procedures for setting therapeutic goals were defined [9]. In the 20th century music therapy developed in two independent directions: the “American school” with an empirical and clinical profile

(mainly with a psychoanalytic and behavioural orientation) and the ten years younger “Swedish school” directed in a theoretical direction [10].

By the forties, music therapy had already been applied in 31 states of the USA. In 1950 in Lawrence, Kansas the National Association for Music Therapy (NAMT) emerged, dealing with the organization of music therapy, staff education, organization of congresses and publishing the “Journal of Music Therapy”. Among others, J. Altschuler, E. Th. Gaston, D. Brin Cocker [6] wrote important dissertations creating a scientific basis for music therapy in the USA. The orientation of the “American school” is limited to the description of effects observed during applications of different style of music and perceives music therapy mainly as a supplementary method to psychotherapy [10].

However, the driving force behind the so called “Swedish school of music therapy” was the psychiatrist A. Pontvik, who founded the Institute of Music Therapy in Stockholm in 1945. According to him, music has an ordering and intellectual influence though the phenomenon of “psychoresonance”, which restores the “personal balance” of an individual [11]. The “Swedish school” treated psychology in a holistic way and in consequence it sees music therapy as playing a central role in treatment [12].

The first mention of using music in treatment is in J. C. Pasek’s “Memoirs” [12]. King Stanisław August’s cure using chamber concerts has also been described [13]. While the first Polish publication on music therapy in psychiatry was probably A. Janikowski’s book “Pathology and therapy of mental diseases” edited in Warsaw in 1864, where concerts and dances with personnel were recommended to patients [14]. M. Murkova, in her translation of C. Schwabe’s paper, mentioned in the 1865 Lwów edition of “Music in its ethical and medical aspect” - a book by J. Stupnicki [10]. In the second part of the 20th century attempts of using music in treatment were made by, among others: J. Aleksandrowicz [15], A. Demianowski [16], H. Gaertner [17] and A. Janicki [18]. In 1972, the Institute of Music Therapy [19] was founded in the State High School of Music (now the Academy of Music) in Wrocław, which carried out research concerned with the influence of music on human beings. Now there are two Music Academies in Poland – in Wrocław and Łódź - where music therapists can be educated. The Association of Polish Music Therapists exists since 1995 [8].

Definitions of music therapy

As mentioned before, music therapy on a scientific basis emerged after World War II. The term “music therapy” was introduced about 1950 [20], but it had very different meanings. Therapy using music had varying aims and functions, which resulted from the use of many fields, for example psychiatry, psychology, pedagogics or rehabilitation. In Poland T. Natanson gave the initial definition of music therapy as “a procedure of using the multilateral influence of music on psychosomatic human conditions in many ways” [12]. Later he widened his definition and regarded “music therapy as one of the many elements of planned operations directed at rehumanization of contemporary life by multilateral use of different forms of music for protecting and restoring human health and effecting a positive influence on the environment, in which a human being

lives and is active, as well as on interpersonal relations in it” [21]. According to the later definition of E. Galińska “music therapy (...) is the systematic and methodical application of music in holistic medical procedures, including diagnosis, the treatment process and evolution of personality, based on an interdisciplinary foundation: musical, psychological and medical [22]. However, M. Janiszewski defined music therapy as “a field taking advantage of music in a directed, multifunctional, holistic and systematic way to complement procedural, pharmacological treatment, rehabilitation, psychotherapy and special pedagogies” [23].

Different definitions are presently in use by international organizations connected with music therapy. The most important of these organisations is the World Federation of Music Therapy, Incorporated (WFMT), the only international organization dedicated to the world wide development and promotion of music therapy. It was established at the 5th World Congress of Music Therapy in Genoa, Italy in 1985. According to its position: “music therapy is the use of music and/or musical elements (sound, rhythm, melody and harmony) by a qualified music therapist, with a client or group, in a process designed to facilitate and promote communication, relationships, learning, mobilisation, expression, organisation and other relevant therapeutic objectives, in order to meet physical, emotional, mental, social and cognitive needs. Music therapy aims to develop potentials and/or restore functions of an individual, so that he or she can achieve better intra and/or interpersonal integration and, consequently, a better quality of life, through prevention, rehabilitation or treatment” (WFMT, 1996) [24].

On the other hand, the latest American Music Therapy Association definition is as follows: “Music Therapy is an established healthcare profession that uses music to address physical, emotional, cognitive, and social needs of individuals of all ages. Music therapy improves the quality of life for persons who are well and meets the needs of children and adults with disabilities or illnesses. Music therapy interventions can be designed to promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication and promote physical rehabilitation” (AMTA, 2005) [25].

Application of music therapy

The wide scope of the application of music therapy results from the definitions presented above. Contemporary music therapy, as a form of psycho- and physiotherapy, is used in medicine, as well as in special pedagogies and mental health protection. Most often it is a supplementary method in holistic methods of treatment.

In psychiatry it can be used, among other things, in the treatment of depression, anxiety and psychotic disorders, dementias [26], in addictions [27, 28], as well as in the protection of mental health. Music therapy is used to support rehabilitation, mainly that of children with mental, physical [29] and visual disabilities [30], as well as autistic children [31].

Music therapy is also applied in many other fields of medicine, like cardiology, geriatrics, obstetrics, paediatrics [32], dentistry, surgery, intensive care [33] and palliative medicine [34, 35, 36]. There are studies on applying music therapy to reduce

pre- and post-operation stress, in insomnia and different kinds of pain. Music therapy can complement hospital treatment, as well as ambulatory or sanatorium treatment. There are also reports of applying these kinds of therapy in prisons and approved schools [37].

Conclusion

The curative properties of music have been known since the earliest times, but applying music as therapy, only became a method with a scientific basis after World War II. Its wide scope of practice has proved that music therapy can be applied with success in many fields of medicine, rehabilitation and pedagogies, especially in situations where other medical methods fail (for example, in cases of advanced dementias or palliative care). However, the effectiveness of this form of therapy has not been scientifically verified well enough yet and this requires further studies.

Above all, it has to be remembered that, as a form of holistic treatment, music therapy, together with other forms of arttherapy, complements pharmacotherapy, psychotherapy and physiotherapy, which requires the strict cooperation of therapists, physicians and psychologists.

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