

## MUSIC-CENTERED MUSIC THERAPY

### MUSICOTERAPIA MÚSICO-CENTRADA

*André Brandalise<sup>10</sup>*

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**Resumo** - Este artigo apresenta um estudo teórico que visa abranger desde as influências históricas da musicoterapia músico-centrada até o momento atual. Apresenta e discute semelhanças e diferenças entre os pioneiros do modelo músico-centrado de musicoterapia. A metodologia deste estudo teórico envolveu a investigação acerca dos padrões e tendências descritas pelos pioneiros da musicoterapia músico-centrada a partir do fichamento e comparação do conteúdo de suas obras.

**Palavras-Chave:** musicoterapia, modelos de musicoterapia, musicoterapia músico-centrada

**Abstract** - This article aims to present and discuss different aspects of music-centered music therapy: from its historical influences until now. It also intends to present and discuss differences and commonalities among the pioneers in this music therapy model. The used methodology of this theoretical study involved an examination of patterns and tendencies described by music-centered music therapy pioneers through detailed analysis and comparison of the content of their publications.

**Keywords:** music therapy, music therapy models, music-centered music therapy

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<sup>10</sup> Bacharel em música (UFRGS, RS), especialista em musicoterapia (Conservatório Brasileiro de Música, RJ), mestre em musicoterapia (New York University, EUA) e PhD em musicoterapia (Temple University, EUA). Nesta última universidade Brandalise foi bolsista por dois anos, como professor-assistente, exercendo as funções de professor e supervisor. Brandalise é diretor-fundador do Centro Gaúcho de Musicoterapia (POA, RS) e um dos sócios-fundadores do Instituto de Criatividade e Desenvolvimento (ICD). É autor dos livros “Musicoterapia Músico-centrada” (2001) e “I Jornada Brasileira sobre Musicoterapia Músico-centrada” (2003).

## **Introduction**

Music-centered music therapy implies the use of music as therapy (BRANDALISE, 2001). According to Bruscia (1998), music being used in therapy means that it is used “not only for its own healing properties but also to enhance the effects of the therapist-client relationship or other treatment modalities” (p. 39). Turry and Marcus (2003) described the Nordoff-Robbins approach as being one example of a model that uses music as therapy, meaning that the musical activity that happens between client and music is the therapy.

## **Historical Context of Music-centered Music therapy**

It is not possible to discuss music-centered music therapy without reflecting on part of the music therapy history. Modern music therapy practice started in the mid-1940s and, at the beginning, theoretical foundations had to be imported from other professions and theories such as medicine and psychology. Music therapists had to adjust what they were observing in their practices into other fields' pre-existing theories. However, as Garred (2001) observed, ready-made theories from neighboring professions do not necessarily fit music therapy. Nonetheless, from these early foundations, some music therapy models emerged.

For example, analytical music therapy (PRIESTLEY, 1994), the Benenzon model (BENZON, 1985) and behavioral music therapy (MADSEN; COTTER; MADSEN, 1968) are music therapy models that were based on theories external to music therapy. Yet, at the same time, in the late 1950s and early 1960s, music therapy pioneers such as Paul Nordoff, Clive Robbins (1971, 1977), and Helen Bonny (1978a, 1978b) were concentrating their efforts in trying to better understand the power of music in the therapeutic processes

they were experiencing with their clients. According to Aigen (2005), in 1965, Paul Nordoff and Clive Robbins first coined the term “the art of music as therapy.” In the 1980s, the term “music-centered” became a descriptor of theory and practice in music therapy at the *The Bonny Foundation: An Institute for Music-Centered Therapies*, founded by Helen Bonny, Barbara Hesser, and Carolyn Kenny.

Therefore, in the 1980s, even as questions developed about the uniqueness of music therapy and its adaptation in the scientific world, questions also emerged about the role of music in therapy. What was unique in the experience with music that would make it, therapeutically speaking, relevant? In the words of Bonny (1982),

our profession has just gone through a long and tedious process of trying to be accepted by being “scientific.” I can speak from experience having studied my craft in the 1960s, and then worked for seven years in a research center. I came out of those years of experience with the conviction that making music therapy fit into the scientific model is like trying to stuff a size 10 foot into a size 6 shoe! It just won't fit; and if we do get the foot into the shoe, it is far from comfortable. (p. 2)

### **The 1982 Symposium and Indigenous Music Therapy Research**

In 1982, Barbara Hesser, from New York University (NYU), along with the Musicians Emergency Fund, hosted the conference entitled “Music in the Life of Man.” This event became a turning point in the profession's history. Thirty-one influential music therapists from fourteen different countries were involved including Ruth Bright (Australia), Lia Rejane Barcellos (Brazil), Edith Lecourt (France), Rachel Verney (England), Chava Sekeles (Israel), Even Ruud (Norway), Carolyn Kenny (Canada), Helen Bonny, Clive Robbins, Kenneth Bruscia, Charles Eagle, Clifford Madsen, Barbara Wheeler, and Carol Robbins

(USA). The main goal of the event was to develop principles on what is inherent in the experience of music that makes it unique in therapy.

Kenny (personal communication, September 27<sup>th</sup>, 2015) stated:

Thirty-one music therapists and scholars in related disciplines gathered for five intensive days and nights of dialogue on the campus of NYU. Though this gathering represented the seeds of what we know as Music Therapy Theory in contemporary times, very little has been written about this historical event. Conversations were intense, full of appreciation for the power of music and our shared passion for the work, and debate. A new book titled *The 1982 Symposium on "Music in the Life of Man:" The Beginnings of Music Therapy Theory* (Barcelona Publishers, 2015 forthcoming). How did this gathering influence future thoughts about theory for music therapy? What were the enduring collegial friendships forged during those five days? This book documents the legacy of the 1982 Symposium regarding these questions.

According to Forinash (personal communication, September 29<sup>th</sup>, 2015), there were four main themes that came from the 1982 conference. They were: Music and wellness, the concept of time, qualitative research and the experience of self in music. The final theme is the one related to indigenous theories for music therapy.

Barbara Hesser (1996) stated that

it is the experience of music in our lives and the lives of people with whom we work that is the essence and heart of music therapy. By keeping this experience as the center of our professional activities (e.g., clinical practice, theory and research) we will naturally recognize the important principles as they emerge. (p. 16)

Hesser's (1996) vision was pointing to the future, encouraging the creation of native theories that could, according to her, emerge from the music therapy's clinical practice. Furthermore, Hesser believed that

in order to strengthen our discipline, we need now to move beyond the development of new techniques and begin to articulate whole clinical models. We have few of these models available at this time. A model would contain a strong theoretical framework and a rationale for the techniques used as well as a body research that demonstrates the effectiveness of the work. (p. 18)

Hesser (1996) quoted Bonny, who stated that

the carefully researched and discrete paradigms underlying medical science daily practiced and accepted by our society are not truth per se but one of a number of explanations. Like the adventurer who searches the world for treasure and finds it in his own backyard, we may find the diamonds we seek in own house. (p. 19)

All of these quotations reflect the importance of the aforementioned 1982 Symposium. Among the event's reporters was one of NYU's master's students, Kenneth Aigen, who in 1991 wrote his doctoral dissertation called "The Roots of Music Therapy: Towards an Indigenous Research Paradigm." In his dissertation, Aigen (1991) expressed his belief that there was a necessity for music therapy to develop its own theoretical body, what he called "the necessity of an indigenous paradigm" (p. 95).

He referred to the work of the historian Thomas Kuhn in observing that

our activity as music therapy researchers includes the creation of hypotheses guided by our important research problems. In effect, Kuhn says that by definition, a paradigm which transforms a field into one that exhibits scientific progress is an indigenous one. (AIGEN, 1991, p. 99)

### **Nordoff-Robbins Music Therapy**

The Nordoff-Robbins Center for Music Therapy at NYU is a highly regarded music therapy center that uses music improvisation to work with

people with ASD. Nordoff-Robbins music therapy originated in 1959 by the pianist Paul Nordoff and the special education teacher Clive Robbins. The model of Nordoff-Robbins was originally named 'Creative Music Therapy,' and became known as the exemplary model of music-centered music therapy.

According to Nordoff and Robbins (1971), music is a world in which everyone lives. The music therapist is actually a "musician" therapist who could activate his/her musicality in order to create creative melodies, harmonies and rhythms. One of the most influential authors to Nordoff was the music philosopher Victor Zuckerkandl (1973).

According to Zuckerkandl (1973), "music is not a phenomenon of the inner world, nor it is something projected from the inner world to the outer world; it is a phenomenon of the outer world. It is not felt, it is not imagined, it is not willed. It is perceived". (p. 144)

A distinguishing feature of Nordoff and Robbins (1971) music therapy is their co-therapist model of treatment. The primary music therapist is the pianist whose main goal is to engage the child musically in a developmentally effective way while the role of the co-therapist is to support the pianist's work and to supplement it resourcefully in whatever way the situation calls for. However, according to Turry and Marcus's 2005 study on the teamwork suggested in Nordoff-Robbins' frame, the pioneers did not define in detail the various aspects of the team members' roles in relation to each other.

However, not all music-centered music therapy models use the same principles. Music-centered practitioners apply music using different methods and techniques. Nordoff-Robbins music therapy primarily uses improvisation (ROBBINS & ROBBINS, 1998). This is defined as music being created in the here-and-now according to the way music therapists perceive clients' needs in the moment. Therefore, while the Nordoff-Robbins model of music therapy pioneered the music-centered approach, contemporary music-centered music therapy significantly varies and will be further reviewed in more detail.

## **Music-centered Perspectives**

Zuckermandl (1956) has influenced several music-centered music therapists (AIGEN, 2005; ANSDELL, 1995; BONNY, 1978a; BRANDALISE, 2001, 2015; NORDOFF & ROBBINS, 1977). This is significant because Zuckermandl (1973) provided one of the most important philosophical backgrounds for music-centered theorists: music can be seen as an entity that has inner qualities. In the therapeutic dynamic of music therapy, some music-centered theorists have illustrated this idea, as a triangle illustrating a music-centered therapeutic dynamic where therapist, client, and music have the same importance (BRANDALISE, 2001; GARRED, 2001).

## **Music Therapy Theory**

One of the central efforts of all music-centered theorists is to identify in the uniqueness of music what is unique in music therapy (AIGEN, 2005; ANSDELL, 1995; BONNY, 1978a; BRANDALISE, 2001; NORDOFF & ROBBINS, 1971, 1977; LEE, 1996; GARRED, 2001; ROBBINS & ROBBINS, 1996; TURRY & MARCUS, 2003; VERNEY & ANSDELL, 2010). They all indicate that music has a fundamental and central role in the music therapy dynamic.

Aigen (2005) believes that, to be a music-centered music therapist means to place ideas about music at the core of music therapy theory. A music-centered music therapist understands that musical goals are clinical goals. Bonny (1978b) identified music as movement, symbol, and a language of emotion and meaning. For Ansdell (1995), music has a central role to the treatment and the therapeutic work occurs in and with music.

MUSICOTERAPIA

## Music as a Self-contained Experience

The creative experience itself can facilitate therapeutic change without the necessity for a translation of the experience to any other media. This is another important essential aspect of music-centered music therapy: to practice what Bruscia (1998) called 'transformative music psychotherapy.' Lee (1996), music-centered clinician, says:

My experiences confirm that verbal explorations in music therapy are secondary to musical explorations. In my work, improvisation is not considered as a channel towards words, but as the source of its own unique experiences and processes. (p. 24)

Music as a medium implies an experience where the reason for it is contained within the doing of it. Thus, music is not a means to an extrinsic goal. The reason to make music in music therapy is to experience what music uniquely provides, not to achieve some nonmusical goal. This concept has been widely discussed by several authors. It is a central aspect in Aigen's (2005) book, influenced by the aesthetic philosophy of John Dewey, which engages the use of music as a medium or as a means in therapy. According to Aigen (2005), "human activities can be separated into those that are media and those that are means" (p. 57). Turry and Marcus (2003) also demonstrated that change occurs in and through musical processes, which then transfer into the life of the client outside the therapy room. Brandalise (as cited by AIGEN, 2005) states that

Music treats with its dynamic qualities, with structures and forms, with its grooves (the clinical essence of the idiom), with its 'existence.' Music is the primary therapist; the music therapist is the one who facilitates the involvement of the client with and in music and creative experience.



Moreover, Verney and Ansdell (2010) identified that the key to transformation is the fact that what the therapist hears is music. Although the client can be screaming or expressing rage, music-centered music therapists interpret these sounds as music, which is intrinsically beautiful.

Epp (2001) also investigated the role of self-expression in music-centered music therapy, and found that a theory of self-expression for a music-centered practice cannot detach expressive content from the lived performance of music.

### **Discussions on Therapeutic Music Production**

Music and its production in therapy is another essential characteristic of music-centered theorists. In the music therapy literature, some authors have included audio recordings of the music therapy discussed in their books (AIGEN, 1998, 2002; ANSDELL, 1995; BRANDALISE, 2001, 2015; LEE, 1996; NORDOFF & ROBBINS, 1977). These authors have maintained that the importance of listening to the music produced by clients and therapists. In short, for these music-centered music therapists, music is the central therapeutic content through which stories of clients are developed in therapy. It is not possible for a reader, interested in music-centered music therapy, to detach music from his/her reading. Furthermore, these authors use music analysis and transcribed session scores as important tools to perceive clients' needs, monitor clients in their processes, and recognize possible development and growth through the musical creative experience.

MUSICOTERAPIA

## **Commonalities and Differences Between Music-Centered Music Therapy and Music Psychotherapy**

Although it seems central to contemporary music-centered practitioners and theorists that musical experience is valued as an end objective in and of itself, how does an insight gained in music differ from a psychotherapeutic insight? It should be possible for a psychotherapeutic insight to happen in and with the music (BRANDALISE, 2015).

All music-centered models, despite their differences, present characteristics that could be included in a psychotherapeutic perspective. However, some music-centered music therapists argue that music-centered practice and psychotherapy are two different approaches (ANSDELL, 1995). Ansdell has stated that in music psychotherapy, the use of music is a facilitator of words.

The search for an understanding about meaning appears to be common among some music-centered theorists and practitioners. Ansdell (1995) wrote about meaning being gained without the necessity of translation into words; instead, meaning has to do with something making sense in itself, connecting two minds and two bodies in the same experience. Aigen (2005), influenced by Dewey's (1934) aesthetic theory as well as Lakoff and Johnson's (1980) Schema theory, identifies that music can be preserved as it is experienced without necessity for verbal translation. Moreover, meaning can be achieved through the so-called image schemata, which are foundations for metaphoric thinking, organizing mental representations.

There are also differences in the ways theorists think about the therapeutic relationship. For example, according to Aigen (2005), it is not contradictory for a music-centered practitioner to use the therapeutic relationship as an important vehicle in therapy; however, he does not consider it required. Garred (2001) and Brandalise (2001) proposed the metaphor of a

triangle, explaining his understanding of the therapeutic dynamic: the client-therapist and music make a triad. However, music is defined as therapy as well as a 'mediating space,' which stimulates the client to enter into dialogue.

Further defining 'music as means', Garred (2001) observed that

in music therapy music is clearly not an object to be valued and considered solely for its own inherent qualities. Music in this instance clearly serves some purpose. One suggestion, close at hand, might be that music here instead of being an autonomous art object is to be applied as a means towards a predefined end. The therapist applies music as a means for the betterment of the client. (p. 3)

But Garred (2001) also noted that

for the client in music therapy the primary motivation for doing music is the music activity itself, and if it was not, one could hardly expect any improvement of functions following from this activity. Using music *solely* as a means for improving non-musical functions will tend to overlook this crucial intentional aspect of doing music. (p. 4)

Music-centered music therapy is theorized and practiced in a variety of ways by music therapists in different parts of the world. The search for an indigenous theory for music therapy can be considered one of the central common characteristics of contemporary music-centered music therapists: the need to find answers for the practice through music therapy's own tools. This has become one of the main challenges for all music-centered authors and practitioners (AIGEN, 2005; ANSDELL, 1995; BONNY, 1978a; BRANDALISE, 2001; GARRED, 2001; LEE, 1996; NORDOFF & ROBBINS, 1971, 1977; TURRY & MARCUS, 2003; VERNEY & ANSDELL, 2010). Theorizing music therapy dynamics without having to import other fields' concepts and theories could create what was proposed by the 1982 NYU Music Therapy Symposium and by Aigen in 1991: indigenous theories based on music therapy practices and for music therapy.

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MUSICOTERAPIA