Music Therapy: an Embodiment of an 'Interdisciplinary Problem'? Historical Issues in the Researching of Musical Therapeutics.

Katja Taits
MSc Intellectual History - The University of Edinburgh

Abstract

This paper delves into the historical development of music therapy in the UK during the 20th century, shedding light on the challenges faced by historians in its study. Music therapy, a profession at the intersection of music, psychotherapy, and healthcare, presents unique difficulties for researchers. Varied therapeutic approaches, divergent definitions, and the absence of standardized evaluation methods complicate assessments of its efficacy. This interdisciplinary nature also engenders disagreements within the history of medicine discipline, exemplifying the struggle to define key terminologies. The study underscores the necessity for a comprehensive history of music therapy, emphasizing the importance of collaborative research and interdisciplinary engagement to bolster its legitimacy within the healthcare landscape.

Keywords: Music Therapy, Interdisciplinary, History of Medicine

Music Therapy: an Embodiment of an 'Interdisciplinary Problem'? Historical Issues in the Researching of Musical Therapeutics.

It is apt to begin with the obvious question: what is 'music therapy'? According to the World Federation of Music Therapy (WFMT), it is 'the professional use of music and its elements as an intervention in medical, educational, and everyday environments' to improve quality of patient's lives.[1] In short, music therapy utilises the positive effect music can have on people, and this effectiveness relies on the relationship formed between the client and the therapist. The music element aims to boost communication between these two individuals and create positive change or response. Thus, music therapy is simple enough to understand. However, its professional history within the UK is, to a large extent, not engaged with by historians of medicine. This can be attributed to music therapy being an interdisciplinary medical profession; those writing about its history need an understanding of music, psychotherapy, and social understanding of the specific healthcare context they are studying it in. For example, the UK music therapy profession within the NHS will vary in definition and favoured techniques in comparison to music therapy in the USA. Thus, social context of music therapy is essential to understand when engaging with narratives of its professional development in medical contexts.

This essay discusses development of music therapy in the UK during the 20th century and explains why it has been difficult for historians to study this area of medicine. The hope here is to encourage historians of medicine to better develop understanding of the exact problems interdisciplinary professions present, and suggest briefly how we might fix these issues in future research

[1] Petra Kern, 'Announcing WFMT'S New Definition of Music Therapy', *World Federation of Music Therapy*, May 1, 2011, https://www.wfmt.info/post/announcing-wfmts-new-definition-of-music-therapy.

endeavours.

Music therapy embodies an interdisciplinary problem which can be placed in the context of wider issues in history of medicine studies. These issues arise particularly in histories of arts therapies which combine cultural, political, and social conditions to provide effective treatments.[2] Although these factors arguably affect histories of all medical practices, studying psychiatry specifically relies on understanding client-therapist relationships. Due to this, professional development is challenging to measure as there is no single formula or set of results that can show definite progress of techniques used within the practice. Favoured techniques within UK medicine to prove effectiveness of treatments are Evidence Based Practice (EBP) and Random Control Trials (RCTs). These techniques do not allow psychotherapies, such as music therapy, to express their successes sufficiently.[3] The five main music therapy approaches currently used in the UK and other European countries include Behavioural Music Therapy, Benenzon Music Therapy, the Bonny Method of Guided Imagery and Music, Analytic Music Therapy and Nordoff-Robbins Music Therapy, demonstrating the diverse range of treatment methods available.[4] Alongside this issue it is also true that the history of medicine discipline itself is not a harmonious field, although a popular area of study. Disagreements over key terminologies are reflected in the constant categorisation of the discipline into subfields. 'Social' is an example of a key point of disagreement among historians of medicine, having begun to trend in debates during the 1970s.[5] Roger Cooter recalled social history of medicine regarding itself as radical due to medicine having previously played to the power of 'the establishment'.[6] Social history claimed to include people, as well as medicine, in its understanding of medicine. However, Cooter asked what the term social meant within medicinal context, and argued social history of medicine was simply a knit study between social power and medical practice.[7] Thus, Cooter argued that history of medicine was constantly developing. Vague terms such as social were not useful as they did not hold tangible meaning.

However, other historians held different views. Jonathan Toms

[2] Alexia Quin and Shannon Perkins Carr, *What Is Music Therapy: How Does It Work and What Evidence Do We Have?*, (London: Music as Therapy International, 2020), 2.

[3] Kenneth Aigen, 'A Critique of Evidence-Based Practice in Music Therapy', *Music Therapy Perspectives* 33 no. 1 (2015), 14.

[4] Rachel Darnley-Smith and Helen Patey, *Music Therapy* (London: Sage Publications, 2003), 24.

[5] Roger Cooter, '"Framing" the End of the Social History of Medicine', in *Locating Medical Histories, the Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore: John Hopkins University Press, 2004), 442.

[6] Ibid., 442–443.

[7] Ibid., 447.

responded to Cooter explaining that dismissal of the 'social' studies of the discipline would be a travesty. He accused Cooter of lumping together early examples of research in the field and claiming this had oppressed minority groups.[8] Toms stated that although he agreed there was a problem of oppressing the oppressed in the overall history of medicine, these past mistakes were a bad reason to dismiss the use of the term 'social', as it was still a useful term when considering specific practices of medicine, such as those heavily involving social interaction. Toms emphasised that focus merely on state power served to deny or replace other understandings of power, therefore being just as oppressive Cooter had argued social histories to be.[9] Thus, social history of medicine invited varying opinions among historians. With these ideas in mind, we can appreciate why specific topics within the history of medicine, such as music therapy, are difficult to approach.

A complete history of the music therapy profession within the UK does not currently exist; we can affirm how important this research would be by observing the following case studies. These interviews with two leading music therapists in the UK were completed between 2000-2001 and were part of a series called 'Historical Perspectives' in the British Journal of Music Therapy. They explore what the state of the profession was like at the beginning of its establishment within the NHS and its development since then. The interviews chosen for this study are Mary Simmon's interview of Auriel Warwick and Helen Loth's interview of Tony Wigram. These interviews particularly discussed the importance of research and collating evidence within music therapy. Reasons for choosing these sources stem from the general idea that to understand the complexity of music therapy in the UK, it would be valuable to gain perspectives from those who helped develop the practice within the NHS.

Auriel Warwick, at time of interview in 2001, was a full-time music therapist working in education, having worked in several special schools.[10] Warwick established that the music therapy profession was officially recognised in the UK by the NHS in 1972, but that this did not guarantee jobs. She explained 'it wasn't easy, and we really did have to knock down doors', asking

[8] Johnathan Toms, 'Second Opinions: Response So What? A Reply to Roger Cooter's 'After Death/After-"Life": The Social History of Medicine in Post-Postmodernity', *Social History of Medicine* 22 no. 3 (2009), 610.

[9] Ibid., 613.

[10] Mary Simmons, 'Auriel Warwick', *British Journal of Music Therapy* 15 no. 2 (2001): 44.

if people wanted a music therapist.[11] She also explained the defining of the profession had always been a problem as there was nothing to stop an authority or school employing somebody who claimed they could do music therapy but who had not completed a recognised form of training.[12] This takes us back to our earlier questions of how we can truly define music therapy if there are practicing therapists who are not officially qualified. By strictly defining UK music therapists as those having completed the UK training courses, historians can begin to create a clearer definition of music therapy.

Warwick talked of splits within the British music therapy profession; the two most popular music therapy methods clashed against each other. Juliette Alvin was the original pioneer of the music therapy profession in the UK, setting up the first teaching programme at the Guildhall School of Music and Drama in 1968.[13] She also formed the Society for Music Therapy and Remedial Music in 1958, renamed the British Society for Music Therapy in 1967.[14] Clive Robbins and Paul Nordoff launched their method in a book entitled 'Music Therapy for Handicapped Children and Music Therapy in Special Education' in 1971, pioneering the Nordoff-Robbins clinical music therapy. Juliette Alvin felt the Nordoff-Robbins method was flawed.[15] Warwick commented that, when she attended the first WFMT conference in 1982, she realised most subsections of the profession were remarkably similar and stated 'harking on about differences is just plain silly. We have to …learn to accept the differences' as she thought 'differences in philosophy… keeps things lively'.[16] These splits in the profession again call into question what counts as music therapy. Warwick also explained that evidence-based practice was important for development of music therapy. OFSTED inspections were beginning to force music therapists in schools to explain why their approach benefitted the children they were treating. Warwick believed this would specify what the profession had to offer.[17] General reports would allow much more expression of the therapist on behalf of explaining method and approach, which in turn would allow more reflective ideas on what was happening within the sessions. These reports would undoubtedly provide useful source material for future historians who wish to use them to understand development of music ther-

[11]Ibid., 45.

[12] Ibid., 48.

[13] Darnley-Smith and Patey, *Music Therapy*, 17.

[14] Ibid., 16.

[15] Simmons, 'Auriel Warwick', 49.

[16] Ibid.

[17] Ibid., 50.

apy within specific settings such as schools.

Tony Wigram shared similar views to Warwick. Wigram, a highly influential figure within the British music therapy profession, was instrumental to many of the key political developments which made the profession the well organised occupation it is in the UK today. He was, at time of interview in 2000, professor and head of PhD studies in Music Therapy at Aalborg University, Denmark. Additionally, he was head music therapist at Harper House Children's service, as well as research advisor to Horizon NHS trust.[18] He started his interview by explaining that he established APMT (The Association of Professional Music Therapists) with Helen Odell-Miller, aiming to define a career structure and demand paid work for music therapists. Its recognition within the NHS meant music therapy came to be seen as its own practice, rather than just 'icing on the cake'.[19] When applying for this recognition within the NHS, Wigram went to the desk of every royal college, the general medical council, the British medical association, the royal college of nursing and the British psychological society.[20] One or two of these were pleased the profession regarded itself 'as complementary to current medical practice and not as an alternative'.[21] Thus, it is useful to think about narratives concerning music therapy history in Britain in the context of pre- and post-professionalisation. The social and political context of both provides a clearer overall understanding of its place in the UK medical scene. Wigram finished his interview by stressing the importance of research to keep supporting the practice. He argued that if researchers did not 'produce enough evidence' funding would stop, and respect for the profession would drop. Thus, Wigram believed evidence was key to keeping music therapy afloat in the NHS.

Having established social historiographical methodology as a useful approach to history of music therapy, and the reasons leading UK music therapists to believe all further research to be important, we can now consider why now might be the time to tackle this further research, and why it has been difficult to do so up until now. Muriel Reigersberg's arguments encapsulate what we have already established. Recent increase in music being linked with health and wellbeing research is due to acknowl-

[18] Helen Loth, 'Tony Wigram', *British Journal of Music Therapy* 14 no. 1 (2000), 5.

[19] Ibid., 6.

[20] Ibid., 10.

[21] Ibid.

edgement by professionals that music therapy cannot not be fully understood by either biomedical or social science scholars alone.[22] Franz Roehmann agreed with this idea, explaining that the last decade for musicians and music educators held two key developments: the growing recognition of importance of interdisciplinary inquiry and the increased interaction between musicians and researchers within biomedical science backgrounds.[23] However, economic downturns threaten this kind of collaborative research activity due to funding sources always firstly decreasing in areas seen as lacking 'cold hard facts'.[24] The demand from health services such as the NHS is always factual evidence. However, more research is needed in order to establish the evidence necessary to attract more funding.[25] Due to favoured medical research in the UK being increasingly tied to EBP, professions unable to use this rigid framework struggle to find consistent funding and so a vicious cycle is created: there is not enough funding to support research into practices like music therapy, and yet more research supporting the practice is needed in order to secure any increase in funding.[26] The rise of collaborative research has proved positive, resulting in the production of more research supporting music therapy practice. We can argue that a concise and clear history of the profession, written within a history of medicine context, would provide additional support to increasing these research efforts. By providing a solid foundation on which those interested in UK music therapy can observe its development, historians could create a source of supportive evidence that exists outside of an EBP framework. Alicia Gibbons and Alice Ann-Darrow warned that music therapy research has never been well synthesized due to it being both a public service profession and an interdisciplinary academic area.[27] They believe this has left it without a clear identity recognisable to either history of music or medicine. Martin Lawes added that 20th century history of medicine saw intersubjectivity becoming important for music therapy as a well as verbal therapies due to the postmodernism shift 'where context is important', meaning that writing a history of the profession from both a musical and medical perspective is essential, and so more difficult.[28] These views further affirm the importance of social context when considering history of music therapy, as well as of collaborative research.

[22] Muriel Swiighuisen Reigersberg, 'Collaborative Music, Health, and Wellbeing Research Globally: Some Perspectives on Challenges Faced and How to Engage with Them', *Journal of Folklore Research* 54 no. 1–2 (August 2017): 134.

[23] Franz Roehmann, 'Making the Connection: Music and Medicine', *Music Educators Journal* 77 no. 5 (January 1991): 21–22.

[24] Reigersberg, 'Collaborative Music, Health, and Wellbeing Research Globally', 134.

[25] Ibid., 135.

[26] Ibid., 134.

[27] Alice Ann-Darrow and Alicia Gibbons, 'Music Therapy Past, Present and Future', *American Music Teacher* 35 no. 1 (October 1985): 18.

[28] Martin Lawes, 'Trends of differentiation and integration in UK music therapy and the spectrum of music-centeredness', *British Journal of Music Therapy* 35 no. 1 (2021): 68.

Various other solutions have been suggested regarding the interdisciplinary problem music therapy embodies. Alexia Quinn and Shannon Perkins Carr reaffirm that further medical research is a key part in developing respect for the profession and gaining clearer statutory recognition, essential to its survival as a healthcare discipline.[29] Kenneth Aigen takes a slightly different approach, arguing EBP is a flawed system for proving effectiveness of medicine, especially in professions such as music therapy.[30] He claimed the way forward for interdisciplinary research within medicine was to counter this hegemony and find flaws within the method, pointing them out.[31] The reason there is lacking EBP in UK music therapy is due to 'legitimate' research only being funded after the profession became officially recognised by the NHS in 1972. Clearly, music therapy requires many different types of further research to grow as a profession. Historians of medicine engaging more in its history is one potential element of what hopefully will become a wider effort to better understand and engage with interdisciplinary medical practices.

This essay has explored how music therapy embodies an interdisciplinary problem within the history of medicine, why leading UK music therapists believe research will encourage further professional development of music therapy, why it has been difficult to conduct historical research of the profession so far, and how further engagement from historians of medicine could benefit the profession. We can argue, to a large extent, that music therapy is missing a place within the history of medicine due to the collaborative nature of research needed to tackle such a history. However, by using social history methods and by encouraging in collaborative interdisciplinary research, we can conclude that an historian with basic understanding of music and medicine would be able to construct a history of the profession using their own socio-political understandings. This would benefit the UK music therapy profession by creating a foundational narrative of its development which would, arguably, further engage technical and historical research within the practice. Additionally, it would encourage historians of medicine to develop better understanding of interdisciplinary medical professions.

[29] Quin and Carr, *What Is Music Therapy*, 1.

[30] Kenneth Aigen, 'A Critique of Evidence-Based Practice in Music Therapy', *Music Therapy Perspectives* 33 no. 1 (2015): 13.

[31] Ibid., 23.

We need more engagement with histories of arts therapies, such as music therapy, in order to increase their accessibility to researchers. Further research, historical or not, has been widely acknowledged as the best way to attract funding from UK healthcare systems. Although arts therapies do not suit EBP frameworks and are harder to understand than traditional medicines, these psychotherapies should not be disregarded as illegitimate medical practices because of these reasons. The way UK healthcare systems, such as the NHS, are set up does not encourage engagement with these practices. This is why encouraging further research, whether this be historiographical or medical, in order to better legitimise these therapies, is crucial.

Bibliography

Aigen, Kenneth. 'A Critique of Evidence-Based Practice in Music Therapy', *Music Therapy Perspectives* 33 no. 1 (2015): 12–24.

Ann-Darrow, Alice and Alicia Gibbons. 'Music Therapy Past, Present and Future', *American Music Teacher* 35 no. 1 (1985): 18–19.

Cooter, Roger. 'After Death/After-"Life": The Social History of Medicine in Post-Postmodernity', *Social History of Medicine* 20 no. 3 (2007): 441–464.

——. '"Framing" the End of the Social History of Medicine', In *Locating Medical Histories, the Stories and Their Meanings*. Edited by Frank Huisman and John Harley Warner, Baltimore: John Hopkins University Press, 2004: 309–320.

Darnley-Smith, Rachel and Helen Patey. 'Helen-Odell Miller', *British Journal of Music Therapy* 15 no. 1 (2001): 8–13.

——. *Music Therapy*, London: Sage Publications, 2003.

Kern, Petra. 'Announcing WFMT'S New Definition of Music Therapy', *World Federation of Music Therapy*. May 1, 2011. https://wfmt.info/2011/05/01/announcing-wfmts-new-definition-of-music-therapy/.

Lawes, Martin. 'Trends of differentiation and integration in UK music therapy and the spectrum of music-centeredness', *British Journal of Music Therapy* 35 no. 1 (2021): 4–15.

Loth, Helen. 'Tony Wigram', *British Journal of Music Therapy* 14 no. 1 (2000): 5–12.

Quin, Alexia and Shannon Perkins Carr. *What is Music Therapy: How Does It Work and What Evidence Do We Have?*, London: Music as Therapy International, 2020.

Reigersberg, Muriel Swiighuisen. 'Collaborative Music, Health, and Wellbeing Research Globally: Some Perspectives on Challenges Faced and How to Engage with Them', *Journal of Folklore Research* 54 no. 1-2 (2017): 133–159.

Roehmann, Franz. 'Making the Connection: Music and Medicine', *Music Educators Journal* 77 no.5 (1991): 21–25.

Simmons, Mary. 'Auriel Warwick', *British Journal of Music Therapy* 15 no. 2 (2001): 44–50.

Toms, Johnathan. 'Second Opinions: Response So What? A Reply to Roger Cooter's 'After Death/After-"Life": The Social History of Medicine in Post-Postmodernity', *Social History of Medicine* 22 no. 3 (2009): 609–615.