

Full-Length Article

Music Therapy's Development in Mental Healthcare: A Historical Consideration of Early Ideas and Intersecting Agents

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Abstract

Considering the history and development of music therapy in mental health is important in providing practitioners of the field with an understanding of the context in which the profession has emerged. The shaping of the discipline towards professionalization of music therapy has involved multiple and intersecting agents, ideas and processes over many years. Written from the perspective of a music therapist who is based in Ireland, this paper reviews some of the milestones and significant junctures that framed the practice of music therapy in mental health care. It also notes how some of these ingredients have been amplified or diminished over time. The author observes the numerous references to the 'soul' and 'spirit' along this trajectory and speculated whether such narratives are being lost in descriptions of contemporary music therapy practice in mental health.

Keywords: *History; Mental Health; Music Therapy; Spirit; Soul*

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Introduction

The role of music in healing has been a topic of interest that has endured over many centuries and across many cultures. Exhibits of music and healing have appeared in cave paintings from some 26,000 years ago and historical records would suggest that music was used by shamans in the past 30,000 years [1]. According to Farmer [2], the therapeutic value of music has also been noted by the Arabs as far back as the ninth century and in Central Asia there is a long standing music and dance tradition, still practised today, whereby pentatonic music is played as doctors (shamans) evoke spiritual energy to cure the patient through various body movements [3].

It is within the Pythagorean doctrine that we first hear of music being used for therapeutic purposes [4]. Ancient Greek records indicate that Pythagoras, the famous Greek philosopher and mathematician, made a number of discoveries whereby musical notes were assigned into mathematical equations. This provided a new foundation for

theorizing about the effects of music on the soul and its' impact upon the emotions of the listener. Other examples of therapeutic uses of music are found in early accounts of medical education in Ancient Greece around the year 350BC where music featured as a component in treating patients across hundreds of healing temples called 'Asclepions' [5].

Later historical records of Greek and Roman mythology feature Apollo as the God of sun, medicine and music [6]. Joyous songs or hymns known as 'paeans' were sung to Apollo by his adulating disciples to implore shielding against disease or to offer thanks upon protection being granted [7]. Therefore, musical deity functioned as a means of warding against evil.

These accounts of music and healing throughout the ages indicate that music's connection with well-being has long been recognized. Often referred to by music therapists when providing an historical background to their profession, it is of interest to note that these primarily originate from philosophical and literary traditions. Gouk [8] draws attention to a literary convention that prevailed for quite some time in that almost every book on music theory from the Middle Ages onwards referred to the healing properties of music but in most cases such claims were rarely corroborated. This may have spurred curiosity amongst other traditions about music's healing capacity and perhaps engendered mysticism around a topic that later required scientific explanation and substantiation in order to be regarded by other schools of thought.

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Music in mental health

Finding the earliest reference to music as a treatment to cure or alleviate suffering is not easy. The American Music Therapy Association has indicated that the earliest known reference to music therapy appeared in 1789 in an article titled *Music Physically Considered* [9]. This article provides an early account of the therapeutic use of music in the alleviation of mental distress in medieval times [10]. The case of Flemish painter, Hugo van der Goes is reported. He experienced an episode of mental disturbance during which he is said to have regarded himself as a lost soul and attempted to take his own life. According to Ofhuys, a chronicler within the community, van der Goes was treated with music by Prior Thomas who recalled the biblical story of how Saul experienced relief when David played the harp. van der Goes' treatment took the form of regular doses of melody playing in order to dispel his delusions. The rationale for such treatment was that music could work against demonic powers through stimulation of the senses. Although this attempt at therapy was thought to have been unsuccessful it does mark a period of history when a naturalist discourse on mental illness began to emerge and when music's capacity to stimulate or sedate the accidents or emotions of the soul merited its consideration in the treatment of particular forms of illness. Unlike the case of van der Goes, more successful outcomes of using music for curative purposes were first recorded in Italy during the fifteenth to eighteenth centuries. These are found in relation to the treatment of Tarantism, a disorder that was thought to be caused by the bite of a tarantula spider [11]. Those bitten were reported to present as insane or delirious coupled with an uncontrollable urge to dance. Systematic prescription of music for this condition involved using a quick, lively, uninterrupted tune that featured short repetitive phrases played with an increasing tempo called a 'tarantella' [11]. Such music accompanied the person's dancing until they reached a point of fatigue and assumed a resting condition.

In the later part of the eighteenth century there are accounts of playing music in hospitals and asylums across Britain and the USA as choirs, bands and orchestras performed to various different patient groups [12]. One such group of musician's was led by Edward Elgar, the famous British composer, who was appointed Bandmaster of the Worcester County Lunatic Asylum Band in 1879 [12]. Edison's invention of the phonograph in 1877 also helped create interest in music as a form of treatment in hospital settings whereby commercialised disc records were played to patients. Taylor writes that these were for the purposes of diversion during that day and as a sleeping aid at night [13].

As the specialist branch of psychiatry emerged in the nineteenth century, growing emphasis was placed upon the 'medical treatment of the soul' [14]. In this realm, music was featured as a possible mechanism of change by addressing the notion of the 'disorderly body' in order to cure the disease or ailment [15,16]. Music was also introduced as a form of moral therapy in psychiatry. This philosophy was promoted by G.

Alder Blumer, past president of the American Psychiatric Association, and was based on a belief that mental illness was caused by an individual's failure to observe moral laws established by God and nature [17]. Goals of such therapy in this context aimed to teach patients how to control their behaviour and obsessional thinking [18] and treatment was offered through various modalities such as occupational therapy, education, job training and placement [17].

The mid-nineteenth century saw attempts to systematically introduce music within the asylum setting [19]. Kramer's [20] essay on soul music in German psychiatry recounts 'Illenau', a nineteenth century German mental hospital that placed particular significance upon the use of music in treatment. Music pertained to the treatment of *Gemöth*, a German term that has been defined as a geniality or a capacity to unbend and bring oneself into harmony with one's surroundings [21]. Physicians at Illenau regarded *Gemöth* to be a phenomenal entity or organ that unified the body and soul. Mental illness was accepted as an affliction of *Gemöth* and music was used as an aesthetic and environmental component to re-synergise body and soul. This was premised on the idea of musicalizing the unskilled or incapacitated [16].

As systematic uses for music emerged in German psychiatry similar developments also occurred in other parts of Europe where a common purpose was held in using music practices to treat medical conditions. In 1891 Canon Frederick Kill Harford of Westminster Abbey founded the Guild of St Cecilia [12]. This was premised on Harford's own observations that music could act as a sedative or stimulant for those who were unwell thus prompting the Guild, as a band of musician-healers, to play in a number of hospitals across London. Harford was adamant that musicians were to have no contact with the ill and he required that music be played from behind screens, in adjacent rooms and even piped across the newly invented telephone line to patient's bedsides [12]. Some recipients of such music were described as having 'nervous' conditions and responses to the intervention were reported to vary [12]. The Guild's introduction to hospitals marked a distinguished point in history where governance and control were applied to the presentation of music in medical settings.

Music as therapy

The nineteenth century saw sustained interest in the topic of music as form of therapy. Dr Benjamin Rush, a physician and psychiatrist, was a strong supporter of using music to treat illness and two of his students, Altee and Mathews, both wrote upon the therapeutic value of music in their medical dissertations [9]. In 1878 a set of experiments on patient's reactions to professional music making in the asylum was reported in *The World* newspaper which was said to mark the first government sponsored music therapy programme in the United States [16]. Just over two decades later, the prominent neurologist, James Leonard Corning, wrote an article in the *Medical Record: A Weekly Journal of Medicine and Surgery*,

outlining the first systematic experimentation of using music to treat people with mild behavioural-emotional and sleep disorders [22].

As the term 'music therapy' began to emerge in healthcare contexts during the late nineteenth and early twentieth centuries, it was strongly contested for reasons that it was a subsidiary practice that merited only temporary therapeutic outcomes [2]. At that time many theoretical papers that supported the use of music therapy in healthcare did so by referencing positive historical accounts of music and healing to justify use of the intervention. The medical profession's mixed responses towards such explanations may well have derived from the arrival of the experimental method that drove the need for rigorous and systematic 'evidence' to justify the use of interventions in medical contexts. This is reflected in a call by Lattman, a medical reviewer, for caution in embracing the concept of music therapy too quickly so as to avoid being labelled as a charlatan or witch-doctor [2]. This in itself is thought provoking given the early and enduring records of music's relationship with shamanism and it suggests that music therapy may have felt the heavy weight of a dominant model upon its shoulders as it sought to define itself within the systematic and empirical realm of medical practice.

Early pioneers of music therapy in mental health

Historical accounts of the twentieth century feature several pioneers of music therapy such as Harriet Ayer Seymour, Willem van De Wall and E. Thayer Gaston. A leading figure in the field of psychiatry was Dr. Ira Altshuler, a Ukraine born psychiatrist who extensively used music as a therapeutic agent in treating patients [6] and is regarded by many as a pioneer music therapist [9]. He was renowned for his innovative work at Detroit's Eloise Hospital where he worked as Director of Group Therapy for over 25 years [17]. Altshuler believed that there was a primitive biological link between humans and music and that when properly used, music could deeply affect one's emotions [17]. He promoted use of the Iso Principle, by which the current emotional state of the individual was matched with analogous music so that a transition to a more desirable mood could take place through the modification of different musical components such as rhythm, dynamics, melody and tempo [17]. Like Blumer who promoted a moralistic form of therapy, Altshuler employed a similar approach to his work by often incorporating songs with a moral or inspirational message into sessions [17]. The early years of his directorship of Eloise's therapy programme saw the recruitment of hospital musicians who were provided with a set of guidelines to instruct them as to how to work in the institutional setting in question. Although these were written over 70 years ago, it is striking that many of these points are still closely aligned to guiding principles of current day group practice:

1. Choose a quiet area on the ward and let the clients naturally form a group; be especially welcoming of new members.
2. The therapist is the leader, but do not hesitate to use the more talented and outgoing patients as part of the therapeutic experience.
3. Make an effort to encourage the participation of ward staff and attending physicians.
4. If there are visitors present ask them to join the group.
5. Select a variety of therapeutic music experiences including singing, rhythm band activities, listening to music and dancing.
6. Encourage all patients to participate in the music experiences; use their first names.
7. Maintain a good attitude toward the client.
8. Avoid disruptions if at all possible. Minimize telephone calls, patients being removed from the group by ward staff and the "clanging of dishes."
9. Clients should be encouraged to dress nicely.
10. The use of a trio and/or piano is fine. Use no brass as this can be upsetting to the patient.
11. The therapist should act naturally [17, p 253-4].

Professionalization of the discipline

The 1940's witnessed the professionalization of music therapy with the first official university training programmes being established in the field. This defining point of the profession was set in an era when many hospital wards were bustling with veterans of World War II and when music gained recognition as a worthy component in the rehabilitation of such individuals. Music therapy's professionalization came as no surprise in these stressful post-World War years when the boundaries of medical, musical and even military expertise collided and subsequent issues around professional interests arose [23]. Music may have opened a door to novel ways of restoring harmony to a society that had been traumatised by the destruction of war [2]. Thus the need for musicians who were trained to work in hospitals grew and a distinctive avenue of pursuit became apparent for the profession of music therapy. According to Tyler [12] psychotherapy practice in post World War II was heavily influenced by contributions made by S.H. Foulkes and W.R. Bion who were in admiration of Freud's writings on psychoanalysis. As momentum for such psychotherapy practice gathered it gained the attention of many musicians who worked in psychiatric hospitals. Tyler [12] notes that in Britain, some such individuals began to apply theories and principles of psychotherapy in relation to the application of music, and subsequently adopted the title of 'music therapist'. Such circumstances can be ascribed to Juliette Alvin, the cellist and viola da gamba player who became renowned as a pioneer of music therapy and founded the Society for Music Therapy and Remedial Music which was later renamed as the British Society for Music Therapy [24].

In 1945, Esther Goetz Gilliland, former President of the National Association for Music Therapy, was the first music therapist to graduate from Michigan State University under the supervision of the aforementioned Dr. Ira Altshuler [17]. Gilliland carefully documented her craft, distinguishing between music therapy and recreational therapy, whilst emphasising the importance of proper training in carrying out such work. She defined music therapy as “the carefully prescribed dosage of music, either by listening or participation, given under a psychiatrist’s supervision and closely watched and controlled” [2]. This definition indicates efforts to align the profession of music therapy within the conventions of a medical model yet at the same time Gilliland highlighted the need for further understanding of all parties concerning the application of music therapy, “psychiatrists must learn more about the healing power of music and musicians must learn more about psychiatry before much can be accomplished to bridge the gap” [2]. Gilliland appeared to be of the opinion that the antiquity of music in healing merited serious attention by providers of psychiatric treatment yet this seems to be coupled with her appreciation for demonstrating scientific rigour to aid music therapy’s acceptance within the medical profession.

Music therapy’s effort to operate within and align towards a medical model was also indicated by other trainings in the 1940’s and 1950’s. The Hospital of Lyons and the Westminster College of Music in New Jersey established a regular weekly series of lectures focused on ‘the Principles and Practices of Music Therapy in the Neuropsychiatric Hospital’ [25]. One area of this training was delivered by a staff psychiatrist and lecture topics included “classifications of psychiatric conditions, the interaction of various factors creating such disturbances, and the development of personality with particular attention to the psychodynamics of abnormal behaviour” [25, p 54]. In many cases music therapy training programmes were approved by the hospital’s medical director such as in the case of the programme at Agnew’s State Hospital, California, where trainees studied the subject areas of psychopathology, psychiatry, psychotherapy, and therapies such as lobotomy, electric and insulin shock therapy [25]. The conditions under which these early trainings emerged, their directorship, and the components that they comprised of help us establish the foundations upon which present day music therapy practice in mental health is built upon. Efforts to establish the discipline within a medical model have undoubtedly served the profession well up to a point in some instances, but the systematic and mechanistic regime that this has demanded also bears its own challenges as highlighted by Edwards:

The desire to make the complexity of music outcomes directed, specific and predictable can fail in the testing. The desire to stand aside from medical hegemony and claim a different space for music experience, as part of a health seeking psychological and social fabric woven around the patient’s everyday experience of their health with reference to illness and

disorder falters; partly because the order and structure of the hospital system precludes interactions that are not systematised, predictable and quiet, and partly because of the emphasis on interventions which act directly to ameliorate the disorder, rather than addressing secondary symptoms such as anxiety, fatigue, and depersonalisation where one might argue ... that music, and music therapy, has a role to play [2].

Edwards successfully manages to capture some of the challenges that music therapy has faced in aligning itself to a medical model, one that has heavily influenced current day practice in mental health. Acknowledgement of this influence has prompted the author to consider music therapy’s development in this field in terms of central historical concepts that have been diminished or abridged over time. The author has identified spirituality and soulfulness as dimensions of practice that are less frequently referenced in contemporary literature and these will be discussed in the following section.

Considering narratives

In tracking historical records of music therapy’s development in mental health references to the soul or spirit are striking. These are found across numerous historical records; shamans used music to evoke spiritual energy [3], the Pythagorean era saw music utilised to arouse the soul [4], paens were sung to Apollo to implore shielding against disease [6] and, in the earliest known reference to music therapy in 1789, music was played to van der Goes in order to ease his soul [9]. Nineteenth century psychiatry also presents the role of music in treating *Gemüth*, an organ that was believed to unify body and soul [17]. However, the author asks if such thematic narratives are less common in music therapy literature in mental health, particularly since professionalization of the discipline? As a music therapist who has both trained and practiced in Ireland, I wonder if the entities of soul and spirit are being lost from the consciousness of current mental health practice? This is thought -provoking given the promotion of spiritual connection as a feature of the recovery approach in mental health, an area of practice where meaningful collaboration between multiple stakeholders is fundamental. It may be timely to reflect upon the sometimes interchangeable terms of ‘soul’ and ‘spirit’, given the increasing recognition of the recovery approach in mental health as witnessed by the author, and the emerging discussion that has surrounded this model in the music therapy literature [26-29].

Observing the presence or absence of references to spirituality in music therapy discourse is appropriate to a wider discussion that is occurring around the delivery of spiritual care in contemporary healthcare practice as highlighted in a recent study from a Singaporean nursing perspective [30]. Indeed, spirituality as a “universal human characteristic, stripped of any particularities of content, class, culture, and, religion” [31, p 179] resonates with an eastern approach to healthcare that promotes problem solving

through focussing on strength and synergy rather than confronting weakness or cutting out symptoms as pertaining to the medical model [32]. Such a strengths based focus also reverberates with the recovery model in mental healthcare.

If we do agree to posit the idea that references to the soul or spirit in music therapy mental health literature are scarce then we need to consider plausible explanations for this. It is possible that concepts of the soul or spirit are being manifested in other terminologies that pertain to different theoretical schools of thought. Conceptualisations of the soul or spirit may be akin to, but not limited to notions of 'self' [33], 'consciousness' [34] or indeed 'being' [35]. It is also plausible that notions of the soul or spirit have conflicted with efforts to position the profession of music therapy within other paradigms that promote contrasting epistemologies. This may be relevant to alignment with the medical model that is regarded to have a dominant discourse [36]. However, it is important to consider why direct references to narratives pertaining to spirituality and soulfulness appear to be uncommon in contemporary literature given that they heavily feature in music therapy's mental health rhetoric. The author acknowledges that an extensive literature review is needed to support or dismiss this notion but this is beyond the scope of the current paper. In the meantime, perhaps we should remind ourselves of music therapy's capacity to occupy a middle ground such as that described by Priestley who said that her work in mental health was situated somewhere between "the starched white coat of the highly trained medical man of today and the ragged fur wrappings of the shamans and drumming healers of other times" [37, p 264].

Conclusion

Reflection upon music therapy's past is important, particularly as we consider how areas of professional practice may continue to grow in the future. This not only gives us opportunity to be reminded of customs and concepts that have stood the test of time but also of those that may have been abridged along the way. Perhaps it is timely to ask if revival of such concepts is needed or whether these are best left to history.

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