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Music Therapy: The Use of Music for Healing

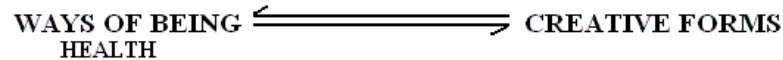
Music Centered Music Therapy Studies

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I would like to open this article with a thought about health, understanding it as a "way of being" and not just a state of what we have. Health is what we are^[1]. We, as music therapists, work with clients who search to reach, from their creative experiences, better comprehension about themselves. They try to improve their "way of being". In this dynamic of the creative experience in music therapy, I notice the human world and the world of the tones facilitating individuals' search for themselves. On one hand, the psyche worlds of the client and of the therapist. On the other hand, the creative self of the scale^[2] (musical scale), a term used by Paul Nordoff.

Figure 1:



Clinical dynamics, demonstrated in the figure above, is bilateral and more importantly, transformational. And here I am, speaking in accordance with the view of the music-centered music therapy^[3] which focuses on creative transformation. In determining this focus I begin to ask: *How does music, in Music Therapy, heal? How can it promote human transformation?*

Some clients choose the song in their Music Therapy processes, as a major therapeutic musical form. Others choose instrumental improvisation, and/or the relationship with the life of the intervals^[4] and the idioms. Dealing with these elements we are attempting to access the innate musicality in human beings. Innate musicality is understood as the ability that all human beings possess which allows the relationship not only with music, but with the world^[5].

A possibility for someone to live, with their musicality, in transformational creative experience in music, comes from the development of one of the most important principles of Nordoff-Robbins approach: to be able to *live in the music*^[6]; This concept: "living in music", proposes the idea of client and therapist being, in the most intense and possible way *in* music, not *through* the music, but *in* the music.

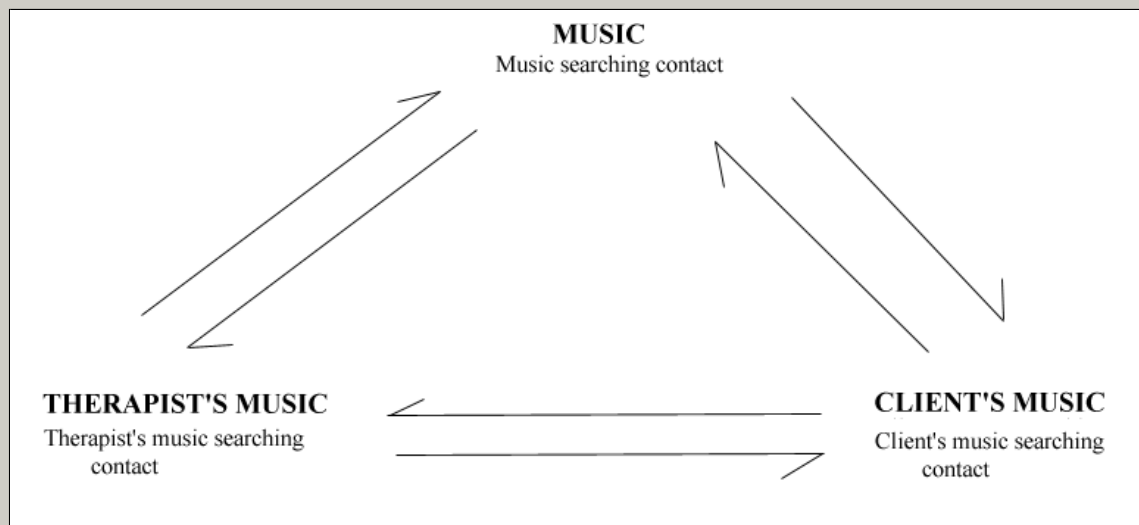
For that to happen, it is fundamental that the therapist believes in the therapeutic powers of music, being well trained in clinical musicianship in order to facilitate the emergence of the sonorous-musical experiences in which the therapeutic relationship will come together. In this musical encounter client and therapist have transformation^[7] as their primary goal.

In the important book of our music therapy literature, *Music in Therapy* (1968), Thayer Gaston says that Music is not mystic but a mystery^[8]. I belong to the third generation of music therapists in the world, and for me, getting to know our history is something fundamental for the existence of new paths, and new discoveries for the advancement of the field. When I read "music as a mystery," I do think it is "saying" something that needs to be interpreted nowadays. It does belong as part of my main questions about music in Music Therapy. What is so "mysterious" about music? If music is an *indefinable phenomena*, we can only have notions about music such as tonality, crescendo, harmonic progressions, rhythms, melodies, etc.

Those are simple notions, not the phenomena per se. It becomes clear to me that we can JUST BE *with* and *in* music.

The music, produced by the therapeutic relationship, becomes an entity in the Music Therapy room. The relationship between the therapist's music and the client's will bring another entity. The three agents (therapist-music-client) look for contact and form the "TRIANGLE OF CARPENTE & BRANDALISE"^[9].

Figure 2:



This figure illustrates one of the main characteristics of the music-centered music therapy Model I present in my book *Music-centered Music Therapy* (Brazil, 2001): the re-placement of the agents (therapist-music-client) involved in the Music Therapy Dynamics. The entity of music is no longer placed "between" therapist and client but is one of the vortexes of the Triangle (each agent is of equal importance). Client and therapist are not living the Creative Experience through music but *in* and *with* it (music).

I point out the fact that music "wishes" contact. Here we have a phenomena called anthropomorfization^[10] which means, "I attribute to music a human quality". The music which "asks" to be completed, in a similar way as the other agents involved, will also bring a "need" for communication (the figure shows the two-side arrows from agent to agent in the clinical dynamics). Therefore, the dynamics of music-centered music therapy present the necessity of relationship (communication) between the three agents, forming the "Triangle".

Victor Zuckerkandl states that tones have "dynamic qualities"^[11]. When a tone relates to another in a system it begins to "demand" (ask). The tones have "needs" that ask to be accomplished.

In addition, the thoughts of Paul Nordoff have been helping me to better understand, what I call: "existence of the music". In Exploration 2 in *Healing Heritage*, Nordoff^[12] states that the tones have inherent ascending and descending directions. In other words, the tones "want" directions from the person who is dealing with them.

Paul Nordoff and Clive Robbins, in their original work (in 1959) did not come directly from any psychological theory model. In my studies of Nordoff-Robbins philosophy-theory-practice, I discovered that they came together from MUSIC and MUSIC PHILOSOPHY perspectives. I consider that to be a tremendous legacy for me. It was an early announcement for the future generations of Music Therapists that it was possible to find different ways for both the theory and the clinical practice in music therapy. I understand that music therapists need to find the answers of the music therapy phenomena primarily in *music* and in the *clinical use of it*. This makes music therapy a unique profession.

In my book *Music-centered Music Therapy* (2001), I am proposing that:

- MUSIC TREATS: with its dynamic qualities, with its structures and forms, with its grooves^[13] (the clinical essence of the idiom), with its "existence";
- MUSIC IS THE PRIMARY THERAPIST^[14]: the music therapist is the one who facilitates the involvement of the client with and in music and Creative Experience. Music is the primary therapist.

I have chosen Music Therapy to be my profession. I am certain that my relationship with this marvelous field was not a mere coincidence. Music Therapy is unique. For me it was impossible to see the future of music therapy through the "eyes" of other professions. Music

Therapy, finds in the music and in the clinical use of it (music) its own eyes. I consider it important for each music therapist to contribute with their own unique vision of music therapy to enhance and ensure the growth of our field.

Notes

1) Bruscia, 2000, p. 89.

2) *Creative self* of the scale is a term used by Paul Nordoff and it was published in *Healing Heritage*, 1998, p. 3.

3) Music centered Music Therapy is a term originally created by the Music Therapist Barbara Hesser and Carolyn Kenny. Nowadays it has been thought by some Music Therapists around the world. The author of this article published in Brazil, in 2001 (Apontamentos Publisher, São Paulo), a book called "Music centered Music Therapy" where he intended to develop the concept as a new Model for Music Therapy.

4) Life of Intervals is a term used by Paul Nordoff in "Talks on Music", lectures given in 1974. The version became the book *Healing Heritage. Life of the Intervals* in the title of Exploration 4 (p. 32).

5) Queiroz, 2002, p. 38.

6) Aigen, 1996, p. 12.

7) Ibid., p. 18.

8) 1968, p. 30.

9) John Carpenente (USA) and André Brandalise (Brazil), during the Xth Brazilian Symposium of Music Therapy, Porto Alegre (Brazil), October 2000.

10) Dennet, 1997, p. 32.

11) 1973, p. 136.

12) Nordoff quoted by Robbins & Robbins, 1998, p. 31.

13) *Groove* is a term discussed by Kenneth Aigen in his book "Playin' in the band" (2002).

14) Principle used by some GIM music therapists.

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