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Vol. XXXVI No. 4

PM0040069300



Printed in Canada

\$3.50

# Melodies Over

## A Brief Introduction To The Benefits Of Music

By Aaron Lightstone MMT, MTA

I have been working as a professional music therapist for about 16 years. Most musicians I know seem to know inherently and intuitively that music can be used to facilitate health, well being, and healing, but aren't sure what music therapy actually is or what a music therapist actually does.

Music therapy is a healthcare profession that uses various ways of experiencing music as a way to achieve therapeutic goals and clinical objectives. In Canada, music therapy has been an accredited profession since the 1970s and is represented by the Canadian Association for Music Therapy (CAMT).

According to the CAMT, music therapy is: "The skillful use of music and musical elements by an accredited music therapist to promote, maintain, and restore mental, physical, emotional, and spiritual health. Music has nonverbal, creative, structural, and emotional qualities. These are used in the therapeutic relationship to facilitate contact, interaction, self-awareness, learning, self-expression, communication, and personal development."

Music therapists can be found working in a wide range of healthcare and educational settings ranging from neonatal intensive care units (NICUs), to schools for children with learning challenges, to end of life care in hospice and geriatric care settings. Music therapists provide care to people with:

- Acquired Brain Injury
- AIDS
- Alzheimer's Disease (and other forms of dementia-type illnesses)
- Autism (and other pervasive development disabilities)
- Cancer
- Developmental Disabilities
- Hearing Impairments
- High-Risk Social Surroundings (particularly with youth)
- Neonatal Care
- Pain Control
- Physical Disabilities
- Severe Mental Illness
- Speech and Language Impairments
- Substance Abuse
- Survivors of Abuse
- Terminal illness
- Visual Impairments

The challenge in writing a general overview of music therapy is that there is no typical music therapy session. As readers might imagine, a session with a four-year-old with autism in a pediatric behavior clinic is very

different from a bedside session with an 84-year-old palliative care patient who is in a hospice.

The common ground in all of this work is that the music therapist develops a therapeutic relationship with the participant and uses a range of music experiences to achieve therapeutic goals as outlined in the participant's treatment plan. There are so many ways that music can be experienced. One can listen to music, relax to music, move or dance to music, improvise music with voice or with instruments, play or sing pre-composed songs, compose, record, or create mental imagery while listening to music. A music therapist will design musical interventions based on the various experiences of music that will target the interests and therapeutic objectives of the participant. The ability to have a meaningful response to music is nearly universal and almost always unimpaired despite illness or disability, so a participant doesn't need any pre-existing musical background or training to benefit from music therapy.

For many music therapists, the core of training and practice is clinical improvisation. Clinical improvisation could be described as the therapist and participant relating to each other through the communication medium of improvised music. The participant chooses from a selection of instruments – percussion, drums, keyboard, voice, or some electronic instruments – that easily make sound without prior knowledge or training. The participant improvises music and expresses him or herself, while the therapist improvises an accompaniment (usually on piano, guitar, and/or voice). The improvised accompaniment supports the participant's expression and provides musical structure to it. This builds contact, communication, and a therapeutic relationship.

I have used clinically improvised music to relate to non-verbal autistic children. These experiences were used to establish contact and communication through the non-verbal medium of music. I have also used this technique with highly articulate survivors of trauma. In that type of situation, the music therapy was used to reduce the symptoms of severe post-traumatic stress disorder (PTSD).

As music therapists, we sometimes conceptualize the work we do as music *as* therapy or music *in* therapy. In the example

mentioned above, the clinical improvisation with the autistic child was music as therapy. I would give the child percussion instruments to make sound. Sometimes it would be an Orff-style xylophone or a snare drum and cymbal. The child would use these instruments to engage in an improvised musical dialogue with me. By engaging in the music with me, the autistic child became more comfortable with eye contact, was able to engage in a social relationship that was musically mediated, and was able to improve his mood by playing enjoyable music. Over the course of many sessions, he was able to interact with me for longer and longer periods of time. So the music experience in and of itself was the therapeutic experience, as the therapeutic goals were achieved through the music experience alone.

Another typical example of using music as therapy is the work I often do with people with Alzheimer's disease and other similar forms of dementia. Depression is very common in this demographic. Despite having many deficits in their memory and cognitive functions, people with this illness can often recall the lyrics to familiar songs – sometimes after they have lost the ability to form a coherent sentence. When I can get a dementia patient who is depressed to sing some familiar songs with me, I often witness a very quick and dramatic improvement in mood. A number of studies in scientific journals have documented this effect. So again, the music itself is the therapy.

I can recall a patient with whom I worked several years ago in palliative care. In addition to the terminal cancer that brought him into my care, he had a moderately advanced form of dementia. Despite losing so many of his abilities, he was still able to play jazz piano with a reasonable amount of skill.

### FURTHER READING

[www.musictherapy.ca](http://www.musictherapy.ca)  
[www.musictherapy.org](http://www.musictherapy.org)  
[www.musictherapytoronto.com](http://www.musictherapytoronto.com)

### FURTHER HEALING

[www.friendsofmusictherapy.com](http://www.friendsofmusictherapy.com)  
[www.musicheals.ca](http://www.musicheals.ca)  
[www.musictherapytrust.ca](http://www.musictherapytrust.ca)

# Therapy er Maladies



He was occasionally able to get out of bed and jam with me. This made him light up and seemingly come back to life. His family had no idea that he could still do this, and in the final weeks of his life got to experience a few moments of him as a well and vital person again. This was a very powerful experience for them.

Contrast that to the other example above where I was improvising with an adult living with PTSD. The improvisations allowed him to express deeply felt rage, sadness, grief and loss, which was therapeutic in itself, but that was only part of the experience for this individual. The music was also used in therapy because after each extended improvisation, we would debrief and discuss the musical experience. Those verbal conversations that followed the musical conversations very much resembled the conversations that take place in a regular psychotherapy session. During these conversations, the therapy participant arrived at a greater understanding of his condition, of how to self-regulate his emotions and behavior, and how to use music inside and outside of the therapy session to reduce anxiety. Over the treatment period, he also reported a dramatic reduction in suicidal ideation, which he attributed to the therapy. The music provided the reason to have these conversations, so the music alone was not the only therapeutic experience. This further illustrates the difference between using music as therapy versus using music

in therapy, though both are important and equally legitimate models of music therapy practice.

There are so many ways that the controlled use of music in a music therapy session has helped people from all walks of life achieve an incredible variety of therapeutic, wellness, and healthcare outcomes.

As previously mentioned, no previous musical training, ability, knowledge, or skills are required for a participant to benefit from music therapy; however, in order to effectively facilitate music therapy experiences, the music therapist must be a skilled musician who has undertaken specific training in music therapy through a CAMT-approved training program. There are currently four universities in Canada that have undergraduate training programs in music therapy, and two that offer training at the master's level. Prospective students audition for the program like any other music student seeking admission to a university or college music program. Once in the training program, music therapy students take core courses in music, psychology, social work, and music therapy. At the end of the training program (or as part of it), the students do a 1,000-hour internship under the supervision of an accredited and CAMT-approved music therapist. Following the internship, new therapists submit an application to the CAMT for the MTA (music therapist accredited) credential. MTAs are required to complete continuing

education in order to maintain their credentials. As for 2014, many Ontario-based music therapists will also be applying for membership in the new regulatory college, College of Registered Psychotherapists of Ontario, as psychotherapy has recently become a controlled health care act.

Acquiring the experience and credentials to become an MTA is not an easy feat, but for musicians who have the interest or desire to put their talents to use in clinical settings, it can be a very rewarding – though at times challenging – way to make a living as a musician. ■

*Aaron Lightstone is an accredited music therapist and the founder of [www.musictherapytoronto.com](http://www.musictherapytoronto.com). During his 16-year career in music therapy he has worked extensively in the fields of addictions, autism, geriatrics, palliative care, and the training of music therapy students. He is a pioneer in the use of hip-hop in music therapy with youth and in delivering music therapy over video-conference technology via the Ontario Tele-Health Network (OTN). He is also an active musician on the Canadian world music scene. Along with his bandmates in Jaffa Road ([www.jaffaroad.com](http://www.jaffaroad.com)) he has performed at music festivals all over Canada, been nominated for two JUNO Awards, and has won a Canadian Folk Music Award, Toronto Independent Music Award, and the John Lennon Songwriting Contest.*