Outline for Music Therapy in the USA Paper presented by Marian Sung at the 2nd World Congress of Music Therapy, Buenos Aires, 1976

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Presented at the II World Congress for Music Therapy, Buenos Aires, Argentina July 13 - 18, 1976

I. Definition:

According to the NAMT pamphlet.

- II. The historical and philosophical back grounds:
 - A. Primitive time through ancient Greek and the Renaissance era.
 - B. Music and medicine are a part of social phenomena of civilization.
 - C. 18th and 19th century still disclosed an affinity of music and medicine, not until the middle of the 20th century did the use of music as therapy become examined more critically in terms of scientific methods and procedure.
 - D. With the advent of the phonograph there was a greater use of music in hospital. Diversion in day and aid for sleep at night. Operation rooms to mitigate the dread of operations and was considered effective during local analgesia.
 - E. The organization:
 - 1. Eva Vescelius 1903 "National Therapeutic Society of N.Y. city" she wrote a booklet "Music in Health".
 - 2. 1919 Columbia University announced a course in "Music therapy" to be taught by Margaret Anderton. She stressed an approach based on patient's needs.
 - . Music could be administered to neuropsychiatry patients and also could be used in conjunction with physical disorders.
 - 3. Isa Maud Ilsen organized "The National Association of Music in Hospital".
 - 4. 1941, Harriet Ayer Seymore founded "The National Foundation for Music Therapy".
 - 5. William Van de Wall developed a hospital music program at Allentown 'State Hospital, Pa.
 - 6. During world war II, The first music research foundation Inc. was founded by Frances Paperte. A test on the curative effects of music on psychiatric patients was conducted at Walter Reed Hospital. The results of this project along with some other studies were reported in "Music and your Emotion" 1952
 - 7. The organizational meeting which marked the beginning of the National Association for Music Therapy was held at the invitation of May Green in N.Y. On June 2, 1950. 21 members present, Ray Green was elected president. The classification was also provided. There were many important people who contributed their work prior to the NAMT organization. At that time there were 5 universities which offered music therapy degrees and 117 Hospitals which employed full-time musicians.
 - 8. In the past 26 years there have been many changes in theories, methodology, curriculum requirements and guide lines for clinical training in M.T. The main concept change is that in the past people saw music therapy as a supportive therapy, but today they see it as an important therapy of its own. Today there are 46 NAMT accredited Universities and over 700 hospitals employ music therapists, 2,000 members (including student membership).

- III. Curriculum requirements: A music therapist must not only know a lot about the behavior sciences in general, but also about the interactions of music and man. Most important of all, he must learn how to apply his special knowledge and skills to the problems of seeking to change behavior. (I will be discussing the curriculum requirements in the round table discussion session. Therefore, it will not be necessary for me to go into further detail).
- IV. Registration: The NAMT also established criteria for registration of music therapist NAMT bylaws article IV stated: Active members who have completed a four-year degree courses in music therapy or its equivalent, from a university or college fully approved by the Association, and who have verification of a successfully completed six-month internship in a setting approved by the Association shall qualify for certification by the Association and become eligible for registration as a Registered Music Therapist.
- V. The opportunities for Services: At this time the traditional clinical setting for which in the USA who provide service are as follows: State mental Hospitals, veterans hospitals, nursing homes, training centers for retarded adults and children, Juvenile delinquent institutions, Special schools, for blind, deaf, emotionally disturbed children, and for learning disabilities, and special classes within public school systems, etc. Besides the traditional clinical settings, there are new and different very challenging areas which need our service too. Such as research, diagnostic and preventive therapy etc. there are more and more music therapist opening their own private practice.
- VI. Methods: I always emphasize the importance of 1. Diagnosis, and writing goals And objectives. 2 Plan a program according to the client's level and needs.3. Activities, which will achieve the goals and objectives. 4. Evaluation and Change activities accordingly.
 - Examples: 1. Working with children who are Emotionally disturbed.
 - 2. How music can be used as an aid in diagnosis, especially for those non-verbal clients whether they are severely emotional disturbed, retarded or non-English speaking.
 - 3. Other examples are the use of musical stimuli in teaching language discrimination with children who has speech problem, and the use of music in conjunction with psychotherapy etc.

However, it is necessary for a music therapist to be able to use various types of musical instruments and different methods in working with different clients. Music therapy is an interdisciplinary behavioral science. I think it is challenging and rewarding.

In conclusion, I would like to recite the music therpist's creed by Dr. Donald Michel which represents our beliefs in music therapy::

"I believe in music therapy because I believe in music as an effective, communicative, therapeutic tool, and as an important and necessary part of every man's life.

I believe in music therapy because I believe in therapy--that is, I believe that sick people can and should be helped.

I believe in music therapy because I believe that the "essensce of life" in what contributions I can make to it, and that my chosen profession provides me with a unique and wonderful means for making such contributions."