

REFLECTIONS ON PRACTICE | PEER REVIEWED

## Considering Abrams' "McMusicTherapy McMarketing" article:

### A personal reflection

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### Abstract

In 1990, I entered the profession of music therapy. Thirty years later, Abrams' article on "McMarketing" clarified and made sense of some of what I had been through in trying to build a music therapy practice. His ideas are worth contemplation.

**Keywords:** *Marketing, Ethics, Brian Abrams, Private practice, Commercial, Economics*

### Summary of the Article

Abrams' (2014) article is titled "McMusicTherapy McMarketing: Reflections upon the promotion of music therapy services in an increasingly commercial economic climate." It begins by providing a concise, clear explanation of the theoretical foundation for the article (precisely Max Weber's critical theory of socio-economic systemization). The key component addressed in the article is that of putting product before person and the idea that humankind can only grow at the expense of its humanity. Abrams then elaborated on these ideas by referring to a lecture addressing the "McDonaldization" of society, thereby using the fast food industry to provide an example of the article's foundational theoretical concepts.

Once he introduced the main theoretical concepts, Abrams applied these ideas to music therapy. He explained that he was drawn to the field due to its "values-oriented core as an arts-centred, relationship-based discipline" (Abrams, 2014, paragraph 4). As his career progressed, Abrams observed an increasing emphasis being placed on "product" at the expense of the person. "Corporatization" resulted in significant reductions in human services in the area of music, healthcare, and education. These services were no longer viewed as important resources available for all in society; rather they were seen as products to be sold to a consumer base.

Abrams suggested that many in the music therapy field have embraced this "McDonaldization" approach in offering their services, through emphasizing efficiency, calculability, predictability and control. (Abrams defines all of these terms). He concluded that the positivist evidence-based approach to music therapy has thus become domi-

nant in the profession. Beyond this, Abrams observed that some in the field have taken this even further by embracing typical marketing strategies such as the use of "flashy" names, slogans, logos, sound bites, testimonials, and anecdotes.

Abrams ended the article by talking about his own internal struggle with the public demand for customer service that emphasizes fulfilling the customer's wants, and an emphasis on the fun and enjoyment expected of a musical experience versus engagement in music for other purposes. While survival as a practitioner may be dependent upon one's willingness to accept this approach to providing services, this acceptance negatively impacts the integrity of the field.

## A Personal Reflection on Abrams' Ideas

The "McDonaldization" approach has continued to both dominate North American society's commercial environment and to impact music therapy service provision. That is not to suggest that there is a rampant level of "McDonaldized" music therapy practices and agencies operating in the health care field. Rather, the concepts represented by the "McDonaldization" label have to be considered and addressed by all music therapists, particularly those who are building their own practice. As an example of how a commercial-economic movement can impact music therapy clinicians, I am going to reflect on how this approach to marketing has affected the development of my career within three areas: the ethics of marketing, the ethics of service provision, and the dominance of the positivist perspective.

## The Ethics of Marketing

In 1990, when I started to work as a music therapist (having graduated in the States but setting up a practice in Canada), services were not promoted; they were discretely offered. While the NAMT's (National Association for Music Therapy) *Code of Ethics* did not specifically say you were not allowed to use pictures and testimonials, they did clearly outline what you were allowed to use.

The following materials may be used in announcing services (all of which shall be dignified in appearance and content): announcement cards, brochures, letterhead and business cards. The RMT may include the following on these materials: name, title, degrees, schools, dates, certification, location, hours, telephone number, and an indication of the nature of the services (NAMT, 1989, p. 8).

As a member of NAMT with the RMT (registered music therapist) credential, I needed to follow the Standards of Practice. Yet, in Canada no such requirement existed. This put me at a disadvantage over the years as some other therapists began to adopt the use of marketing practices that had become widely accepted by general society. How does one promote your service while respecting the sanctity of the client and client confidentiality and following your association's rules? My choice was to compromise: to have a business name, logo and website, but to avoid the use of testimonials, client pictures, videos, and sound bites.

Nonetheless, over the years, the use of these type of materials became commonplace. Survival as an independent clinician makes it necessary to promote your services. It is natural to include client-derived materials in marketing approaches such as websites and promotional videos. Such images are powerful, and do much to attract potential clients; it is difficult to refrain from taking advantage of that power.

In 2014, CAMT (Canadian Association of Music Therapists) officially recognized the need to consider the ethics of marketing the profession and formed a small committee to examine the topic (CAMT, 2015). As a result, CAMT developed a set of guidelines for the ethical promotion of music therapy services. Within that document, CAMT recommends that therapists not use real client images and clinical work examples in promoting music therapy services (Bilger, 2017, p. 4). This change exemplifies the need, and the difficulty of, placing your clients' needs at the centre of your work, even while trying to determine how to create a business through which to supply those services.

## The Ethics of Service Provision

At the end of Abrams' article, he discussed his internal conflict, of having to balance and address the public's desire for a fun musical experience with the serious work of music therapy. This represents a conflict between providing a service that the client/customer enjoys versus a service that is reflective of the clinician's understanding of music therapy, its theoretical foundations, and its potential to provide service.

I have now been a practicing music therapist for 30 years. The first 10 years, I stayed true to my understanding of music therapy, which at the time was based in behavioural-developmental music therapy. The result was that I barely survived. I was working 40 plus hours a week, but only some of that time was paid work from being with clients. A lot of my time was spent in unpaid administrative, advocacy, and educational-marketing work. I reached a point where I felt the need to compromise in how I was providing services. I had five employees who were dependent upon me for their livelihood. As well, I had fully embraced the concept of client-centred practice (as defined by the Canadian Association of Occupational Therapy), an approach to therapy which I still value. A difficult aspect to this approach, though, is that it is easy to slide into simply doing what the client enjoys rather than ensuring that the basis of the services is clinical. I had a need to not only survive but to start thriving financially. As a result, my definition of "music therapy" became more flexible: if I was meeting my clients' desires and utilizing some of my skills as a music therapist, it became acceptable work.

I would now only characterize a tiny portion (5%) of my work as "music therapy" the way I initially conceived it. It is not that I do not value what I do now. I think it is important for my clients, in the moment and at times beyond the moment. As well, what I do now still sits comfortably within the realm of the profession's scope of practice and definition. It is not, however, what I was trained to do, it does not make full use of my skills, and it is not what I believed in all those years as I advocated for music therapy.

In reading Abrams' article, it seems that some of the difficulties I encountered sprang from a society that demanded a certain kind of service based upon their interpretation of the term "music therapy." As the commercial-economic environment stressed customer satisfaction and rightness ("the customer is always right") over the concept of mastery of skill, the understanding I had of "music therapy" had little chance to thrive. My understanding did not mirror that of the society around me, a society that had not, at that time, heard of music therapy. This society, however, did know "music" and expected "music therapy" to fulfill a similar role. In the end, their conceptualization modified mine. While this allowed me to continue to work as a music therapist, it did leave me with many questions: what is music therapy; how does it differ from other types of therapy; how does it differ from other professions that use music; and what makes me a music therapist instead of a musician, music educator, or music recreationalist?

## The Dominance of the Positivist Perspective

A final point of consideration focuses on the positivist evidence-based approach which concerned Abrams. This approach has definitely grown in the North American health-care market, and music therapy has been a part of that development. "McDonaldization" marketing and the positivist perspective make a natural fit. Unfortunately, this means that the commercial economy fails to appreciate the humanist approach to music therapy.

Within my practice, I have felt caught between positivism and humanism. I trained in behavioural music therapy, with its strong emphasis on evaluating client response through data collection. Thus, my work was grounded in the positivist perspective. When I began working, part time at a large facility for children with complex needs, my clientele was teenagers with cognitive problems and behavioural issues. Each client was nonverbal with negative behaviours ranging from self-harm, to destructive actions, to aggressions towards others. The behavioural approach worked well in helping

each individual learn to control their behaviours. Once they were able to comply to the sessions' demands, it became clear that for all but one of these clients, their negative behaviours stemmed from a lack of communication skills: none had developed a systematic way to communicate even basic messages like "yes," "no," or "more." The music therapy sessions then began to focus on developing these communication skills, thus morphing into developmental/cognitive music therapy while still making use of behavioural techniques.

At some point, with each client, there reached a point where, at least in sessions, they were compliant and were using simple forms of communication to express themselves. While the team then worked on generalizing these developments to other areas of each client's life, it was important to maintain the music therapy sessions, for two reasons. One, the sessions represented a positive, successful area of their lives, which they needed to remain in contact with while generalizing their developments to other areas of their lives. Second, the music experience had become important to them, and, due to their limitations, they weren't able to access music on their own. The behavioural-development approach to music therapy, however, no longer worked; in the sessions, we weren't looking to develop behaviour or skills. Rather, I needed to help them access the music experience. Serendipitously, just before reaching this point, I had taken a year-long evening course to learn about Nordoff-Robbins Music Therapy, a humanistic based method. This course did not make me a Nordoff-Robbins practitioner. It did, though help me conceive of another way to approach music therapy, which then allowed me to engage these clients in experiences that focused on being musical rather than on learning behavioural skills. I was thus able to help these teenagers succeed because I was able to access three different ways of approaching music therapy.

Over the years, the dominance of the evidence-based approach has continued to grow. This is unfortunate. Both approaches and perspectives are an integral, and important, part of the field of music therapy. They provide a balance of perspective and work, each bringing differing strengths to the field that can only make the profession stronger. When one perspective dominates, an imbalance occurs and value is lost.

## Conclusion

When I began my career, I did not know anything about "McDonaldization" marketing. As I look backwards now, however, I see how the ideas Abrams raises and discusses were realized in my career. These were forces that impacted how my work developed, and how my career path wove itself between clinical practice, academic work, and advocacy tasks. I appreciate the clarity Abrams' words bring to my lived experience; it helps me understand the unknown force I faced in trying to build a career in music therapy. These ideas continue to be current, and are worth consideration not only by music therapists looking to develop a private practice, but by the field at large.

## About the author

Kerry Byers (PhD) is a regulated psychotherapist, a certified music therapist, and a board-certified music therapist. Kerry is from London, Ontario Canada. She has run her private agency/practice in music therapy since 1990. She has served as President of the Music Therapy Association of Ontario and as a committee member of the Spiritual and Ethics Committee of the Thames Valley District Health Council. Throughout most of her career she has been involved in research, and she has been a frequent presenter at local, regional and national conferences, and at two world congresses. In 2016, Kerry published "A history of the music therapy profession: Diverse practices and concepts."

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