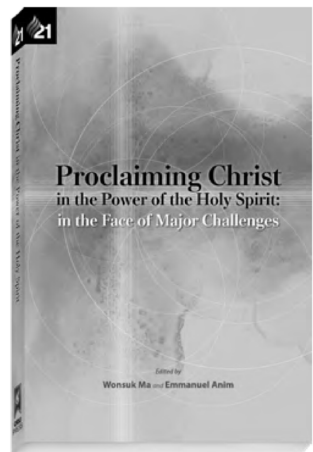
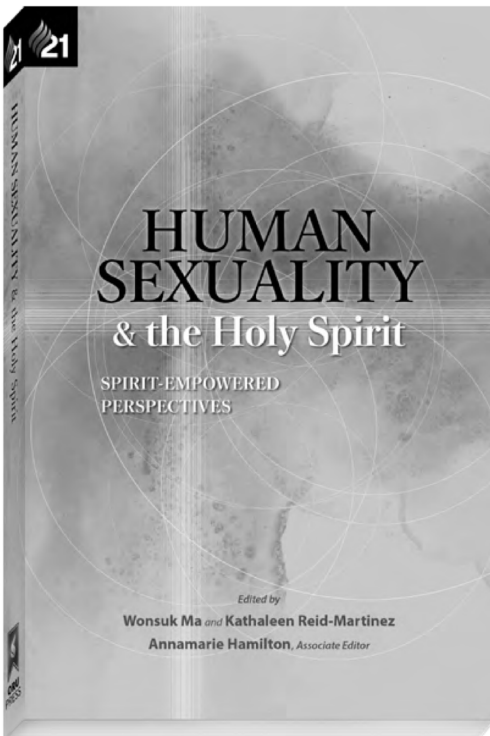




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HEALING THROUGH MUSIC THERAPY

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Abstract

This article explores the field of music therapy as a healthcare profession to benefit various clinical populations and the way in which music therapy is a whole-person approach to healing for people with cognitive, physical, and social needs.

Introduction

Music has always been central to the Christian faith. Throughout history, Christian believers have been comforted and inspired in their faith through the music of ancient hymns, sacred classical, Reformation hymns, gospel music, or modern worship. Music is not just an auditory phenomenon; it is a powerful tool that speaks to the human person and affects us emotionally, physically, and spiritually. Music is composed of many separate yet interconnected components such as pitch, melody, rhythm, tempo, harmony, form, timbre, dynamics, and instruments. These elements, woven together, profoundly affect the mental, physical, and spiritual person. As Peter Althouse and Michael Wilkinson have pointed out, music has a phenomenological effect on people and can stimulate religious experiences, embodied movements, and relational connections with others.¹ Music can raise our spirits as well as express our sadness. It can calm us down or it can energize us. Music truly has a powerful effect on the human person.

The universal recognition of the potential of music to help people has led to the creation of the healthcare profession called music therapy. Music has been a therapeutic tool for centuries; and music therapy is an established healthcare profession that uses music to address physical, emotional, cognitive, spiritual, and social needs of individuals of all ages. As a Board-Certified Music Therapist (MT-BC), Licensed Professional Music Therapist (LPMT), and professor of music therapy, it has been my true joy to find what, within the music, changes one's life physically, emotionally, cognitively, and socially. Determining how to use music to achieve therapeutic goals and facilitating the best musical experience for individuals might be the utmost part of my job as a music therapist. In this article, I will explore the field of music therapy as a healthcare profession to benefit various clinical populations and the way in which music therapy is a whole-person approach to healing for people with cognitive, physical, and social needs.

According to the American Music Therapy Association (AMTA), music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.² It involves the systematic application of musical experiences to bring desirable changes in human behavior. After assessing the strengths and needs of each client, the qualified music therapist provides the indicated treatment including creating, performing, singing, moving to, and/or listening to music. Through musical involvement in the therapeutic context, clients' abilities are strengthened and transferred to other areas of their lives. Music therapy also provides avenues for communication that can be helpful to those who find it difficult to express themselves in words. Research in music therapy supports its effectiveness in many areas such as: overall physical rehabilitation and facilitating movement; improving cognitive functions of attention, memory, and language; increasing people's motivation to become engaged in their treatment; providing emotional

support for clients and their families; and providing an outlet for expression of feelings.³

Music therapy has been recognized as an organized profession since the formation of the National Association for Music Therapy in 1950. Therapists use music as a therapeutic tool, but its optimal benefit in therapy depends on the appropriate use by the therapist; therefore, the music therapist is necessary for music therapy. A music therapist designs and provides the optimal musical experience that meets the need of individuals with disability throughout music therapy treatment. Music therapy is not about prescribing a certain kind of music to individuals with disease or disabilities. The music therapist determines the kinds of music based on each client/patient's needs, preference, and musical background; this particular therapeutic parameter should be determined by a carefully designed music therapy assessment. A large body of research studies has agreed that patient preferred music results in the best therapeutic outcome in music therapy sessions.

Today, music therapists work with many different populations in various settings. Some of the various settings in which music therapists work include: special education programs and schools; nursing homes; medical hospitals; rehabilitation centers; hospice and palliative care programs; psychiatric hospitals; churches; private practices; and/or music therapy agencies. In each of these settings, music is used as a tool to reach nonmusical goals, whether physical, cognitive, emotional, social, or spiritual. Among many possible goals addressed by music therapists are: increasing memory recall, improving motor coordination, increasing attention to task, improving steadiness of gait, developing bonds between mother and newborn child, improving speech and communication; increasing reality-based thinking; decreasing anxiety; decreasing pain; adjusting mood; increasing coping skills; and enhancing learning.

History of Music Therapy

The earliest references to the relationship between music and medicine are found in ancient preliterate cultures, and one of the oldest literary references that mentioned the relationship between music and healing can be found in the 1 Sam 16:23 (930 BCE). “So it came about whenever the evil spirit from God came to Saul, David would take the harp and play it with his hand; and Saul would be refreshed and be well, and the evil spirit would depart from him.” By the sixth century BCE, rational medicine had almost completely replaced magical and religious treatment in Greece. For the first time in history, the study of health and disease was based on empirical evidence. In medieval times, priests or monks in churches took the primary role of healer and they used music as the healing tool for people with physical or mental illness. Music was often used in combination with medicine and art to treat medical conditions and also as a preventive measure against mental and physical disorders during the Middle Ages and Renaissance, which marked the beginning of the scientific approach to medicine. Music in the treatment of disease became popular and music played an increasing role in the treatment of physical ailments and the amelioration of mental disorders during the last few decades of the eighteenth century. Music was mainly used as a remedy for depression, madness, or various emotional/mental problems; physicians recommended the use of music for enhancing emotional/mental health. Many scholars discussed and documented the integration of music, health, medicine, and art. Music has been regarded as a treatment from a holistic medicine approach.⁴

Accounts of music therapy in the U.S. first appeared during the late eighteenth century, as various physicians, musicians, and psychiatrists supported its beneficial use in the treatment of mental and physical disorders. Music therapy was used regularly in hospitals and other institutions for individuals with disorders, but mostly in conjunction with other forms of treatments and therapies. World Wars I and II were the

most important occasions for the development of music therapy. A few medical personnel promoted music therapy programs in the veterans' hospitals to reduce wounded soldiers' anxiety, physical pain, depression, insomnia, postwar trauma, and other ailments. Furthermore, music therapy helped in the rehabilitation of physical (sensori-motor), cognitive, communicative and emotional functions, leisure skills, socialization, and coping skills.⁵

Music Therapy as a Health Care Profession

In order for music therapy to be considered a health care profession or a human science, the therapeutic outcomes of music therapy must be agreed to by major streams of other health-related professions. To fulfill this ultimate goal, the music therapy profession has adopted the general scientific research method, including theory development, theory examination, and clinical application. Theory formation and clinical application using the scientific research method are the processes that almost every health-related or human science profession has adopted, since the processes are the most likely to produce reliable knowledge regarding therapeutic outcomes or treatment effects. The scientific method involves testing ideas or answering questions through logical thinking, systematic data collection, and scientific analysis. The subjective and anecdotal reports of magical changes in patients due to the power of music are very different from the scientific method, and therefore they are not supported by the general scientific community. These kinds of informal reports cannot justify the use of music in clinical practice nor validate the music therapy profession. It has been strongly suggested to change the way therapeutic outcomes are reported and to step away from the comfort zone of just sharing magical moments with others who want to believe in the power of music.

Music has its own rationale, its own function, and its own meaning. Music has always been a culturally-based art form or an aesthetic stimulus, and thus has not been commonly considered a scientific medium. As a

result, applying the scientific method to music therapy research or justifying the use of music in clinical practice becomes a very challenging task. However, if there are some common factors in music and in scientifically-examined phenomena, it is possible to apply the scientific research method in music therapy. Furthermore, finding similarities between music and other stimuli that have been scientifically examined might be the initial step for the music therapy research process to become legitimized and recognized by other health professions as scientifically sound.

Healing through Music

Music therapy uses music as a tool to help people of various ages regain or develop important life skills, such as communication, physical movement, pain management, attention and memory, emotional growth, or social skills. One of the clinical populations that benefits most from music therapy is children with developmental disorders (e.g., autism spectrum disorders, Down syndrome, learning disabilities, intellectual disabilities, ADHD, and other developmental disorders). Music therapy with children with developmental disorders utilizes various musical activities such as singing, playing instruments, movement with music, composing and improvising music, and musical games for the entire development of the children. In particular, these musical activities are used to enhance the children's speech and language development, social and interpersonal skills, and cognitive skills (i.e., attention, perception, memory, and executive functioning).

One of the advanced music therapy techniques, called Developmental Speech-Language Training through Music (DSLTM), demonstrates how to connect music to various speech-language acquisition principles that can actually help low-functioning children with autism and other speech/language impairments, those who have the most difficulties following verbal commands, reading body languages, and have deficits in social understanding. Utilizing the Gestalt perceptual principle, children with autism have the same impulse trigger as people without autism to "fill in the blank" of a pattern.⁶ The mechanism of DSLTM can be observed

when a music therapist sings to a child with autism, “You are my . . .,” and the child fills in “sunshine” naturally. Because we cannot suppress the urge to fill out the incomplete form or pattern, even before the child actually perceives this as “you are my sunshine,” he/she also wants to complete the incomplete part. While most children learn language analytically (adding words segment by segment) and through guess-talk (i.e., intra-verbal behavior that is an imitation and memorization of the words), children with autism acquire language largely by guess-talk. Research has shown that children with autism do a lot of echolalia, which means if someone asks, “Would you like to have a glass of milk?” they would just repeat, “Would you like to have a glass of milk?” instead of analyzing the question to give a response. Eighty-to-85 percent of children with autism who do some kind of speech do these echolalia responses; the echolalia can be developed for the functional communicative language.⁷ Because music is based on the guess-talk principle (i.e., Gestalt principles of musical pattern perception), music therapists have been able to devise a series of songs and other musical patterns that can help train children with autism and speech/language disorders to begin acquiring language.⁸

Children are not the only ones who can benefit from the healing powers of music. This type of therapy is effective with individuals with mental illness/emotional and behavioral disorders (e.g., schizophrenia, depression, bipolar disorder, anxiety disorders, personality disorders, and substance-related disorders), patients with neurologic disorders (e.g., strokes, Parkinson’s disease, traumatic brain injuries, and dementia), and patients in medical settings. Music therapists work with a variety of patient groups in a variety of medical settings, including surgical procedures, chemotherapy, labor/delivery, neonatal units, pediatric units, intensive care units, chronic pain care units, physical rehabilitation, and hospice programs.⁹

Music therapy in gerontology, called “geriatric music therapy,” mainly serves elderly populations with the following therapeutic goals: (1) maintaining physical, cognitive, emotional, and social abilities; (2)

preventing their mental and physical deterioration; and (3) enhancing the overall quality of life. Music therapy has been actively used in neurologic rehabilitation settings to treat patients with strokes, Parkinson's disease, traumatic brain injury, and Alzheimer's disease with the advanced rehabilitation treatment techniques called neurologic music therapy (NMT), which is based on the study of music's influence on brain function. NMT is based on how music perception and music production engage the brain in ways that can be meaningfully translated and generalized to non-musical therapeutic learning and training. Rhythmic auditory stimulation, one of the sensori-motor NMT techniques established on the mechanism of rhythmic entrainment (i.e., synchronized movement parameters with the simultaneously perceived rhythm), is used in gait training for patients with strokes, Parkinson's disease, and traumatic brain injury.

Music Therapy Education

Many people who want to enter the field of music therapy have a common orientation: they love music and they love to help others. This is a very good reason to start studying music therapy; however, music therapy is a serious health care profession. Music therapists work with individuals of all ages who require treatment due to deficits in physical, cognitive, or social/emotional functioning. Therefore, music therapy can be a rewarding career for the student who has not only a strong musical background but is also interested in pursuing scientific knowledge for treating people in various clinical conditions.

Music therapists are both accomplished musicians and competent therapists. A career in music therapy requires a high degree of musical performance and musical flexibility, as therapists effectively utilize music that is familiar to and preferred by their clients. Skills in piano, guitar, voice, music improvisation, song writing, conducting, and music theory are but a few of those possessed by the music therapist. The music therapist must be a compassionate person dedicated to improving the lives of others in specific and individualized ways. Music therapists are caring, nurturing professionals

interested in using music as a tool to meet non-musical, health-related needs. Therapists must be emotionally stable and must demonstrate mature, professional behavior both within and outside the classroom/therapy room environment.

Many students who pursue music therapy have interests both in music-related fields and in psychology, neurology and medicine, or special education. Students must complete a Bachelor of Music—Music Therapy degree or a post-baccalaureate equivalency program at a university that has met all competency requirements set by AMTA. Music therapists must also take the Certification Board for Music Therapists (CBMT) national board exam to become certified and to practice music therapy. Therefore, a university student must realize the seriousness of his/her commitment to the development of the competencies required of a professional music therapist. The music therapy program is a competency-based program, meaning that students must be able to demonstrate competency in various skills areas in order to obtain the degree. Competencies require knowledge in a variety of areas such as psychology, special education, neurology/biology/anatomy, and music therapy principles as well as the ability to apply this knowledge in clinical settings. Successful application of knowledge requires additional abilities including music skills, scientific/analytical skills, interpersonal skills, professional work skills and behaviors, and good mental, spiritual, and physical health.

Christian Music Therapy

The fundamental responsibility of being a Christian music therapist is to provide the best possible music therapy treatment services for every client/patient for whom God deeply cares and loves. They must utilize the basic process of a well-rounded background in music (music theory, music literature, and performance), music perception and production, understanding of human musical and non-musical behavior, the basics of scientific decision making, humanities, and social sciences, as well as courses

and practical experiences in music therapy. In this, we hope that through music, individuals can find healing.

But is there a Spirit-empowered way of doing music therapy? Oral Roberts founded Oral Roberts University (ORU) with the premise that God's healing could be applied to every person's world. He particularly had a vision for blending the streams of divine healing and healthcare. This certainly can be said of music therapy. When music therapy is infused with the power of the Spirit, the natural effects of music can be enhanced to improve the lives and health of hurting people. But even for those who are not in this tradition or of no faith at all, we believe that music has inherent, God-given healing effects that bring powerful changes in people's lives. Christian music therapists are tapping into the scientific mechanisms of music therapy that utilize this special gift from God, music, and to serve their patients and clients, for whom Jesus Christ died and was resurrected, with an increased understanding of why this particular musical experience treats a specific disorder or problem.

The many functions of music in our human body and mind appear to be parallel with the roles of the Holy Spirit. In the same way that John 16:13–14 tells us that the Holy Spirit was sent to “guide us into all truth,” music helps us to express the true and genuine self. Also, just as the Holy Spirit is our “Comforter,” music can help people establish a very safe and comforting perceptual environment for the listeners as the temporal auditory stimuli. Finally, as the Spirit empowers us and gives us strength, music can energize individuals to perform many important tasks with improved functioning levels and to do things that they could not previously do. Through the therapeutic power of music, individuals reach their therapeutic goals, such as physical/motor goals with increased energy/endurance level, cognitive goals with increased attention and memory capacity, and social/emotional goals with increased self-esteem/self-expression and interpersonal skills.

ORU Music Therapy Program and Clinic

The ORU Christian music therapy program was established in 2015. This academic program views music therapy as an established healthcare profession that uses music to address physical, emotional, cognitive, spiritual, and social needs of individuals of all ages, and advocates that music therapy improves the quality of life for persons who are healthy as well as children and adults with disabilities or illnesses. The program also operates a professional music therapy clinic housed on the first floor of ORU's CityPlex Tower, the very building that Oral Roberts built to be the City of Faith Medical Center in order to merge Jesus' healing power and other related disciplines. The music therapy program at ORU is effective because it is rooted in excellence in the practice of music therapy. This philosophical inquiry of good music therapy practice aligns with ORU's foundational vision for Whole Person Education, which emphasizes the entire domains of a person, establishing therapeutic goals in all aspects of the person, including physical, cognitive, language (communication), social, emotional, and spiritual domains. This emphasis is rooted in Oral Roberts' philosophy of bringing healing "into every person's world" through a solid theoretical orientation and the clinical practice standards of music therapy.

In the ORU Music Therapy Clinic, music is used as a therapeutic tool to reach nonmusical goals, whether physical, cognitive, speech/language, emotional, social, or spiritual for various clients. Some of the clients include: children with autism spectrum disorders, Down syndrome, cerebral palsy, ADHD, intellectual disabilities, learning disabilities, emotional and behavioral disorders, and other developmental disorders; individuals with strokes, Parkinson's disease, Alzheimer's disease (dementia), and traumatic brain injury; and individuals with anxiety disorders, depression, and emotional and behavioral disorders. The techniques used in each treatment session are based on research and extended collegiate studies. Therefore, students receive the advanced clinical training from music therapy faculty and clinicians, and develop their therapeutic skills and clinical competence

through professional music therapy. In the ORU Music Therapy Clinic, music and musical experiences have been used to change people and their lives, and we cannot hide those “good” changes. Oral Roberts’ heart-felt vision for his students to go where the Spirit leads to be a vessel of Jesus’ healing power is being lived out through the music therapy program and clinic at ORU.



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Notes

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² American Music Therapy Association, “Definition and Quotes about Music Therapy,” 2019, n.p., <https://www.musictherapy.org/about/quotes/> (1 June 2019).

³ AMTA, “Definition and Quotes,” n.p.

⁴ W. B. Davis, K. E. Gfeller, and M. H. Thaut, *An Introduction to Music Therapy: Theory and Practice*, 3rd ed. (Silver Spring, MD: American Music Therapy Association, 2008).

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⁷ Lim, “Effects of ‘Developmental Speech and Language Training through Music,’” 2–16.

⁸ Lim, “Effects of ‘Developmental Speech and Language Training through Music,’” 2–16; id., *Developmental Speech Language Training through Music for Children with Autism Spectrum*.

⁹ AMTA, “Music Therapy and Medicine,” 2006, 2, https://www.musictherapy.org/assets/1/7/MT_Medicine_2006.pdf (1 June 2019).

An Invitation to Contribute!

The next thematic issue of *Spiritus* will be
“Spirit-Empowered Leadership”
(Fall 2020)

Guest-edited by Dr. John Paul Thompson

If you are interested in contributing, please write
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