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DEVELOPMENT AND ESTABLISHMENT OF MUSIC THERAPY: A HISTORICAL VIEW

The article is devoted to one of the ways of preserving human health. The retrospective of the problem of the impact of music as a tool of “vibrational healing” on the spiritual and physiological state of the individual is highlighted, the healing features of musical art as an effective method of preventing neuropsychological overload in children and youth are revealed. It has been proven that music therapy is an important health-preserving technology. The possibilities of using music to improve the health of students in lessons and outside of class have been clarified. In the socio-cultural space of the information society, in the 21st century, the interest of science and practice in solving the problems of crisis situations, which a person falls into in the circumstances of war and other crisis situations, is increasing; preservation of psycho-emotional health, use of those technologies for the prevention of “emotional burnout” syndrome, which create comfortable objective conditions for emotional and psychological self-regulation, ensure emotional stability of the individual and are an important factor in achieving success.

It is summarized that scientists of various fields (doctors, sociologists, psychologists, teachers) all over the world, referring to convincing statistical data, note a tendency towards the deterioration of the health of children and young people. Ukraine is not an exception here, so the urgent task of school education in the state in the conditions of its modernization is the preservation and strengthening of physical and mental health. The article defines that one of the fruitful directions of work in this aspect is considered to be the stimulation and improvement of the body by means of music therapy. The problem of introducing health-preserving technologies into the content of mass pedagogical practice has become the subject of scientific research by a number of researchers. The article fully discloses the historical and theoretical-methodological aspects of the use of music therapy as a means of recovery and prevention of mental health diseases.

Key words: *music therapy, recovery, disease prevention, educational process, historical perspective.*

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РОЗВИТОК ТА СТАНОВЛЕННЯ МУЗИЧНОЇ ТЕРАПІЇ: ІСТОРИЧНИЙ ПОГЛЯД

Статтю присвячено одному із шляхів збереження здоров'я людини. Висвітлено ретроспективу проблеми впливу музики як інструмента «вібраційного цілительства» на духовний і фізіологічний стан особистості, розкрито цілющі особливості музичного мистецтва як ефективного методу профілактики нервово-психологічних перевантажень дітей і молоді. Доведено, що музикотерапія є важливою здоров'язберігавальною технологією. Поточнено можливості використання музики з метою оздоровлення учнів на уроках і в позаурочний час. У соціо-культурному просторі інформаційного суспільства, у XXI столітті посилюється інтерес науки і практики до розв'язання проблем кризових станів, в які потрапляє людина в обставинах війни та інших кризових ситуацій; збереження психоемоційного здоров'я, використання тих технологій профілактики синдрому «емоційного вигорання», які створюють комфортні об'єктивні умови для емоційно-психологічної саморегуляції, забезпечують емоційну стабільність особистості та є важливим чинником у досягненні успіхів.

Узагальнено, що науковці різних галузей (лікарі, соціологи, психологи, педагоги) в усьому світі, покликаючись на переконливі статистичні дані, відзначають тенденцію до погіршення стану здоров'я дітей і молоді. Україна тут не є виключенням, відтак актуальним завданням шкільної освіти в державі в умовах її модернізації є збереження і зміцнення фізичного і психічного здоров'я. У статті визначено, що одним із плідних напрямів роботи у цьому аспекті вважають стимуляцію та оздоровлення організму засобами музикотерапії. Проблема впровадження здоров'язберігаючих технологій у зміст масової педагогічної практики стала предметом науко-

вих розвідок низки дослідників. Стаття повною мірою розкриває історичні і теоретико-методологічні аспекти використання музикотерапії як засобу оздоровлення і профілактики захворювань ментального здоров'я.

Ключові слова: музична терапія, оздоровлення, профілактика захворювань, освітній процес, історичний погляд.

Introduction. Regarding the use of music in healing, historian Penelope Gouke notes that tracing the origins of the discipline of music therapy to ancient Greece and the European Renaissance is symptomatic of a historical moment when the profession of music therapy began to gain strength, but such “ethnocentric and elitist assumptions are no longer tenable” (Gouk). She made this comment in reference to Schullian and Schoen’s 1948 work *Music and Medicine*, describing them as “which also place great importance on the Western model of nursing” (Schullian and Schoen). Similarly, Horden notes how some music therapy researchers have called for this European past to validate the present, accepting it as “axiomatic, a past that can be interpreted in the same light as the present” (Horden). This idea, which originates from antiquity, was part of a cosmology and society in general, which differs from the beliefs and conditions that characterize the majority of people living today, so it cannot be implemented in our time.

From Gouke’s and Horden’s collections, it is clear that there is much less sense of historical continuity than is often assumed, and that music therapists can do much to explore the use of music beyond Western medical and healing traditions.

Presenting main material. Carolyn Kenny and Joseph Moreno have promoted awareness within music therapy of the traditions and values of myth and ritual (Kenny). In the development of modern cultures different from our own, we cannot make comparisons in any way, as Horden suggests, because the conditions, traditions, and worldviews are so vastly different.

These observations suggest that an adequate study of historical and cultural references requires a critical examination of the assumptions that define our own practice and scientific ideas. The first researchers of modern music therapy followed such paths only to a limited extent. They often turned to science in search of what they considered a new and objective beginning in the history of music therapy. Physiological and emotional effects of music began to be recorded. Davis and Gfeller cite an early reference to a paper on music therapy that appeared in the United States press in 1789, when an anonymous article, “Music from a Physical Point of View” was published in the *Columbia Journal* (Davis, Gfeller and Thaut). The author described the effect of music use on various “emotional states”, noting that “a person’s

mental state can affect physical health”. This article recommends specialized training.

Moving forward, interest in the effects of music on health continued in Parisian medical life in the mid-nineteenth century, as evidenced by Dr. Hector Chaumet’s treatise “The Effects of Music on Health and Life”, which discussed the prophylactic use of music (Alvin). Nevertheless, the lack of sustained and rigorous experimentation can be observed in many of the early uses of music in medicine. This was still evident in the middle of the 20th century and led to the opinion of the physician Sidney Licht, which is still relevant today: “Musicians should be careful and cautious in understanding that their sincere efforts can only lead to the discrediting of music as therapeutic. As a result, the development of this phenomenon and its acceptance, taking into account all the advantages it is endowed with, may be unnecessarily delayed, due to the antagonism caused by the extravagant and careless actions of the musicians themselves” (Licht). The report of physiologically based studies measuring the effects of music on specific groups of patients played a major role in the emergence of modern music therapy in the United States. Such research led to the possibility of a medical model that provided a starting point for the emerging discipline and profession.

Many music therapists have also turned to behavioral therapy and direct observation and documentation of patients’ external behavior. This so-called “first force” in psychology contributed greatly to the growing acceptance of music therapy from the 1950s to the 1970s, especially in the United States. Psychoanalysis and the work of Freud and Jung and his successors (“the second force”) provided another important reference point. In the second half of the last century, a “third force” approach based on humanistic and existential philosophy began to develop between the two pillars of behavioral therapy and psychoanalysis. Many music therapists would agree that their work encompasses humanistic goals such as “helping people realize their potential” (Feder and Feder). Lars Ole Bonde notes that the work of psychologist Abraham Maslow connects the humanistic approach with the transpersonal approach, which is often considered the “fourth force” of Eastern and Western philosophy and psychology (Bonde: 176 – 187). Kenneth Bruscia has argued that cultural orientation can be considered the

“fifth force” in music therapy, that is it challenges our decontextualized generalizations about the nature of music, therapy and music therapy. (Bruscia, 2002) The overwhelming majority of music therapists also argued that we need to develop more musical perspectives.

Since the first publications in 1994, coverage of a number of critical issues in music therapy has contributed to the evolution of music therapy and placed the discipline and emerging profession not only within prevailing psychological and therapeutic approaches, but also within larger cultural, social, and musical developments and models. This is in line with Gouk’s suggestion for a deeper consideration of cultural contexts and interdisciplinary approaches and Horden’s suggestion for music therapists to examine wider social contexts to better understand practice (Gouk), (Horden).

The question of what music therapy is seems to fascinate people, but it is notoriously difficult to find a definition that fits everyone. We can begin by describing how music therapy enables each of us to develop a relationship with a trained music therapist and use that relationship to solve a problem or meet a patient need. Music is not an end in itself, but is used as a means to an end. As American music therapy researcher Don Michel points out: “any definition of music therapy is not self-evident; it’s not that music therapists help people with music in the same way that speech and language therapists help with language development”. However, some strongly argue that music therapists actually help people through music; only if music is also not an end in itself, can it be emotionally and aesthetically significant for a person and be successfully used for other purposes. Various musical and ecological perspectives on this have been developed, for example, by Kenneth Aigen in the United States and Gary Ansdell in the United Kingdom (Aigen, 2005), (Aigen, 2014).

How we describe, music therapy depends on our intent and purpose in the situation. Music therapy students and musicians may be interested in learning more about how music is adapted to the needs of different people. Here, discussion may focus on compositional and improvisational techniques and a range of music, including the use of songwriting techniques and receptive listening. The large number of public sector managers debating whether to create a music therapist position often needs convincing evidence of the effectiveness of music therapy. Is there any research evidence relevant to this context? Here the discussion may focus on some of the therapeutic results or effects of the work, including any limitations or contraindications.

Music offers people a universal space to make contact. In music therapy, we observe how people use music and what can affect the flow of interactive communication. Pamela Steele reminds music therapists that their primary responsibility is listening: “Perhaps one of the most important things we offer our patients in the space and time of the therapeutic environment is our willingness and ability to listen” (Steele). She develops the notion of presence and participation discussed earlier by Kenny: “Participation involves mutual exchange, vigilance, resourcefulness, care, persistence, patience and leadership. It expresses attitude as a way of life” (Kenny).

More formal definitions of music therapy have changed over the years as the new profession has adapted to different needs, contexts, and cultural changes regarding the nature of health. From the early development of the profession, the standard definition in the United Kingdom has been that of Alvin since 1975: “Music therapy is the controlled use of music in the treatment, rehabilitation, education and training of children and adults suffering from physical, mental or emotional disorders” (Alvin). The word “controlled” implies that the music is used in a clear and purposeful way, but the definition generally makes the therapist-centered approach seem like therapy is “made” by humans. Terminology goes in and out of fashion, linked to philosophical, ethical and moral perspectives.

Among contemporary music therapists, there has been some discomfort with the use of certain terms in defining Alvin. The term “therapeutic goals” occupies a central place in the definition published in 1980 by the Music Therapy Association in the United States and forms its own concept, in which music therapy is defined as “the use of music to achieve therapeutic goals: restoring, maintaining, and improving mental and physical health” (Bruscia 1998a). Many definitions from the United States during this period refer to influencing behavior change, for example: “The therapist uses music in a therapeutic setting to influence changes in the patient’s feelings and behavior” (Fleshman and Fryrear). Rather than referring to therapist-centered interventions and “man-made” therapy, many authors emphasize that music therapy occurs in the creative context of an evolving relationship. Currently, the main focus is on other aspects that derive from the original Greek meaning of therapy, namely the human qualities of care, care and service. We see that different emphases continue to dominate discussions at both the national and international levels. The two elements of “music” and “therapy”, each with its own knowledge base

before we even begin to explore the complexities, boundaries and overlaps of bringing the two worlds together. It is also difficult to understand how and where various accents are placed.

In addition, there are various international standards for music therapy training. This also affects our definitions. Some courses only teach postgraduate professional musicians of a certain maturity who have some experience of working with different patient groups; other courses are held directly in schools for first-degree programs. The internationally evolving nature of the profession makes it even more important to identify common areas and support the natural evolution of any international standards and codes of practice, as already mentioned in relation to developments in Europe. Different countries will develop different definitions of music therapy according to their own musical and cultural histories and particular models of care. The concept of therapy can be seen as an overly individual concept, and the situation becomes even more complicated once we understand that music is used as part of traditional healing rituals (Moreno : 271). Music therapists are responding to these challenges in a number of ways, partly by refining the boundaries of their practice and partly by expanding and redefining it.

Music therapists have been concerned with the complexities of definition throughout the history of the profession, and the need for a thorough review led Bruscia to write an entire book on the subject in 1989. A little less than ten years later, he published a second edition, and much development and application of practices in the following years provided him with a rich range of material for making changes and additions to his original text. In 1989, he proposed this working definition: “Music therapy is a systematic process of intervention in which the therapist helps the patient achieve health and well-being by using musical experiences and the relationships that develop through them as dynamic forces of change” (Bruscia 1989). Although the second edition of *Defining Music Therapy* is thoroughly revised, Bruscia changed only one word in his later definition, replacing the verb “promote” with the verb “achieve” (Bruscia 1998a). This substitution conveys a change in views inspired by Antonovsky’s salutogenic orientation. Aaron Antonovsky was an Israeli medical sociologist who argued that health care professions were too focused on pathology and needed to focus more on how people manage stress and stay healthy (salutogenesis) (Antonovsky).

In 1998, Bruscia considers health as a contextualized process, not just a human condition, and he describes it as “the process of maximizing the

potential for individual and ecological unity” (Bruscia 1998a). In the first edition of this book, Bunt proposed his own working definition, using the term “well-being” which emphasizes the empirical dimension of health. Two changes were made: the words “patient/participant” and “spiritual” were added. The first word was added to clarify the range of medical and social contexts of music therapy practice, the second word was added after the book presentation when an audience member commented that the original definition lacked this important aspect: “Music therapy is the use of sounds and music in a relationship between patient/participant and therapist, to support and promote physical, mental, social, emotional and spiritual well-being” (Bunt 2001), (Bunt 2002).

Most definitions of music therapy attempt to reflect a description of professional practice. A definition of music therapy that embraces a broader societal perspective has been developed by Ruud, who suggests that music therapy aims to “increase people’s capacity for action”. This opinion is based on a sociological understanding of health problems. Health, if it is understood as “opportunities for action”, is called into question not only because of individual problems, but also because of structural barriers in society. Music therapists sometimes work with people whose difficulties may be “related to the material and economic structure of society, or whose problems are shaped more by their own relationships and thoughts, and relationships with others, than just by their individual or objective biological constitution” (Ruud). New definitions will continue to emerge as music therapy interacts with changes in society. Redefining music therapy is not only the activity of scientists sitting at their desks, but also the entire profession, which works in practically different areas. The growth of music therapy from pioneering practice to university education, professional practice and research has gradually led to the development of a new discipline. Therefore, we need definitions and research about the identity of the concept. Stige previously offered this definition: “Music therapy as a discipline is the process of studying the relationship between music and health” (Stige).

Conclusions. The actual problem is that the relationship between music and health can be understood and studied in different theoretical frameworks. When it comes to the development of music therapy as its own, potentially separate discipline, the situation is far from simple. As in the beginning of any new profession, a search is made among related and established disciplines for common points of reference. The range of disciplines underlying music therapy includes

social anthropology, musicology, ethnomusicology, history, psychology, neurology, sociology, and medicine. Music therapists also refer to philosophy and mythology and are aware of the influence of other art forms from the humanities, such as poetry

and the visual arts. This list is not exhaustive. Music therapy is obviously a new discipline that has connections with the sciences, arts, and humanities, so the study of these relationships is an urgent scientific problem.

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