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## Book Review

# **Resource-Oriented Music Therapy in Mental Health Care**

Randi Rolvsjord

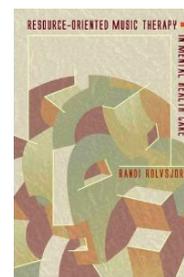
Reviewed by Simon Procter

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*Resource-Oriented Music Therapy in Mental Health Care*

Randi Rolvsjord

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282 pp, ISBN: 978-1-891278-55-6



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This book is a significant one for music therapy. Under the banner of “resource-oriented music therapy”, it brings together aspects of theory, practice and empirical research in a concerted challenge to the ‘therapist knows best’ attitude which has been so much a feature of music therapy’s claims to state-sanctioned professionalisation, its attempts to ally itself with the social cachet of psychotherapy, and its manualising responses to the demand for Evidence-Based Practice. Since it goes against standard wisdom in this way, Rolvsjord’s book will not be universally welcomed: this is, however, precisely why her voice is such an important one. Furthermore, despite the second half of the title, much in this book is applicable far beyond mental health services – Rolvsjord is fundamentally concerned with what constitutes health and well-

being, with human dignity and human rights, and with the human relationship to music.

Rolvsjord is deservedly renowned in music therapy for allowing the voices of her clients to speak clearly through her writing, for her commitment to empowerment philosophy and for providing one of the few coherent approaches to integrating feminist theory within music therapy thinking. Her publications to date reflect all of these aspects most effectively: what this book does for the first time is pull these perspectives together with a unified narrative and within a single cover, centred on two detailed case studies. One of the real strengths of Rolvsjord’s work is its rootedness in the quietly but assuredly radical Norwegian tradition of music therapy originally articulated by Even Ruud and developed by, amongst others,

Trygve Aasgaard, Brynjulf Stige and Rolvsjord herself.

The book is divided into three parts, each of which in itself constitutes a reason for this book being on the reading list of any music therapy training programme.

Part One – “*Frames and Descriptions*” presents a literature review of the various contexts which impact upon the provision of music therapy within mental health services. What sets this apart from other books on music therapy and mental health is that it specifically outlines a critical stance: Rolvsjord identifies the “medical model” which lies at the heart not only of psychiatry itself but also of psychotherapy and by implication of all approaches to music therapy based on some form or other of psychotherapy. She emphasises the unavoidably problematic nature of working within such a milieu and urges music therapists to develop their consciousness of this. She specifically addresses the politics of mental health care and various notions of what constitutes therapy. She directs the reader’s attention to the concepts of empowerment and positive psychology (all too often ignored in psychotherapeutic circles) and the role of music itself. From this she draws together a provisional theoretical formulation of resource-oriented music therapy.

Part Two – “*Case Studies*” presents the stories of two women’s engagement with the author in individual music therapy within mental health services. What stood out for me here was the tone of the story-telling. Whereas music therapists often seem to be squeezing the story into what they consider to be a professionally appropriate theoretical container (i.e. one which reinforces their sense of professional identity), here I had a real impression of the clients not only shaping their therapy but forming the telling of the case studies. It is not only the content of these case studies, therefore, that is resource-oriented, but also the form. Rolvsjord comes across as a courageous therapist, prepared to be led by her clients, unafraid to encounter difficulties with them, and in particular able to seek out and celebrate with them their strengths, resources and potentials, as musicians and as women, rather than setting the agenda by framing it in terms of the needs, deficits and the pathologies with which they had previously been labelled. In turn, therefore, this part of the book reveals Rolvsjord’s own resources as key to her working in this way.

The case studies both feature a central role for songwriting and singing: perhaps it is just a coincidence that these two clients (also similar in being young women) wished to work this way? Or perhaps it has something to do with the therapist and her own set of resources, skills and potentials?

This is in no way a criticism: it is evident that the clients were able to make very effective use of their therapist’s resources. And it neatly makes the point that, contrary to what proponents of Evidence-Based Practice may wish to believe, no two music therapists will ever come with identical skill sets or experiences. Consequently no two music therapists are alike (unlike pills – arguably) and so each client is faced with the task of working with each therapist, just as much as the other way around. Indeed, the work of “individual” therapy is surely the work of two people together working out how to make use of their pooled resources.

Part Three – “*Working Resource-Oriented*” permits a rubbing-off between Parts One and Two, and as such points to the ethnographic influence on Rolvsjord’s thinking and research practices. Rolvsjord reflects with a real sense of integrity on the work she has experienced with her two clients and allows this to guide her towards a recontextualisation of the theoretical points drawn out earlier from the literature. Here, her influences from the field of music sociology are particularly clear: she focuses in successive chapters on the client’s craft and then on the therapist’s craft. I found myself cheering aloud at this point: the whole notion of craft is one much explored within non-therapy literatures and yet therapy tends to ignore it, as though allowing space for this might compromise either the magical ‘science’ of the Randomised Control Trial (how do you standardise and replicate craft?) or the priestly cult of Jung or Klein or whomever the nominated source of theoretical authority may be. In particular, models of music therapy derived from psychotherapy, because of the medical model at their heart, inevitably consign the ‘patient’ to the ‘ill’ role – in need of the expert’s wise intervention. How then can the client be described as exercising craft? Yet in my experience, and in the experience which Rolvsjord describes in Part Two, this is exactly what people do in music therapy and it is in the exercising of this craft (for which read resource-fulness), that change and strengthening occurs. Wellness is as much a social and aesthetic craft as making music. This is a challenging way of talking, because it may be felt to denigrate the power and expertise of the therapist. As Rolvsjord suggests, however, these two concepts need not be equated: the therapist does need expertise to work in this way, but the cultivation of medical-style power, although seductive, is likely to inhibit the process.

Rolvsjord concludes with a multi-dimensional reflection on the therapeutic relationship, incorporating aspects of respect, democratic participation, *mutual* empowerment, and the value of self-disclosure on the part of the therapist. These are all powerful notions, finely argued, which,

because of their transgression of the ‘rules’ of psychotherapy, will irritate many. As a colleague of mine recently spluttered when I raised the idea of empowerment within music therapy, “How about empowering these people to realise that they are properly ill and what they need is proper therapy with a proper therapist?”

Ultimately, of course, Rolvsjord’s manifesto is a properly political one: music therapy, like every other facet of interactional human endeavour, is a political act. Music therapists, therefore, have a choice: to work in ways which collaborate with and support the status quo (which is unquestionably amongst the root causes of much of the suffering we claim to be seeking to alleviate within mental health services), or, as Even Ruud (1998: 5) puts it, “to work toward alleviating structural forces blocking possibilities of action”— i.e. to take it upon ourselves to challenge the status quo. For me, this recalls the century-old dilemma within European socialism: can a fair society be produced simply by socialists taking over the structures of government which not only reflect capitalist thinking but actually mirror its values and exist to perpetuate them, or is it necessary to abandon those structures entirely, building quite different structures in their place? Likewise, can feminist insights and empowerment theory really be brought to bear within such a key structure of the establishment as the medical model (including its psychotherapeutic manifestation), which is founded upon the hegemonic and reinforces power differentials? In music therapy terms I would describe Rolvsjord as a socialist (my description, not hers, and meant very much as a compliment) – highly aware of the injustices inflicted by the status quo, and highly skilled in articulating them. At many stages along the way I found myself cheering her points and applauding her insights. She is a natural spokesperson for those of us within music therapy who are uncomfortable with unquestioning collusion with psychiatry and psychotherapy and who believe that the apparently predominant professional aspiration in many quarters to portray music therapy as a form of medical treatment is naive, simplistic, ignorant and outdated, uninformed as it is by critical theory, feminist perspectives, the experiences of psychiatric survivors or even a basic grasp of people’s “everyday” relationships with music.

And yet... although Rolvsjord is very clear that “viewing therapy as empowerment results in a conceptualization of music therapy very different from that derived from medical or psychoanalytical discourse” (p. 43) and that “a resource-oriented approach to music therapy might imply more than adding some positive or friendly element to existing models” (p. 11), I nevertheless sense in her writing

an intriguing reluctance to finally let go of psychotherapy. She draws a distinction between “psychotherapeutic” music therapy practice and “non-psychotherapeutic” work, positioning her work firmly within the former. She seems uncomfortable with Community Music Therapy, particularly with its apparent positioning of itself as an alternative to “clinical” music therapy, yet in many ways the thinking and drawing on related disciplines that Rolvsjord achieves so outstandingly in this book seem very close to those which also characterise Community Music Therapy. I am left with a sense that Rolvsjord seems concerned to protect the individual format of therapy (which of course is the norm in psychotherapy and assures the therapist role a certain quality of professional privilege). This felt to me like a concern not to lose the legitimacy of the psychotherapeutic form, and might perhaps be argued to conflict to some extent with Rolvsjord’s assertion that a resource-oriented approach is not simply there to lend the medical model a more acceptable face.

This ultimate resort to the safety of the clinical norm is also suggested by the introduction to the case studies, where I was surprised to be introduced to the clients (before I had read their stories) by ‘factual’ information about them, including their ‘histories’ (with their ICD diagnoses) and their courses of music therapy described much as would be found in any other textbook. Just for a moment it seemed that all this resource-orientedness still needed the “clinical” to feel respect-able. Were its own resources not enough?

Like a committed trade unionist on the fringes of a rally being addressed by an eloquent socialist politician, I very much like what I hear, but I want it to go just that little bit further. Like a socialist politician mindful of the consequences of incurring the wrath of the establishment, Rolvsjord appears anxious that losing psychotherapy’s approbation might somehow devalue music therapy. Yet Rolvsjord herself, in the introduction to her book, describes the semi-detached relationship with things medical that music therapy enjoys (even within psychiatric hospitals) in Norway, and the ways in this relationship aids music therapy in offering its possibilities to people within medical settings. Her description seems to me to reflect well the realities of practice in many other places too (for example within the UK’s National Health Service), even though professional discourse may strive strenuously to suggest otherwise. So Rolvsjord’s ultimate return to the medical fold is perhaps a missed opportunity to offer affirmation to music therapists who find themselves in these semi-detached relationships and worry that their practice should somehow resemble the professional discourse more closely.

That said, Rolvsjord is a canny politician, and an eloquent spokesperson for this field of music therapy. Her erring on the side of conservatism should aid her in engaging with those whom she seeks to influence: in this she deserves tremendous success since her message is a timely one. The awarenesses she seeks to highlight should be at the centre of every student's training: her book is already on my students' reading list. The extent to which music therapists hearken to her call will have considerable influence on what – if anything – music therapy has to offer to people in years to come.

### References

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