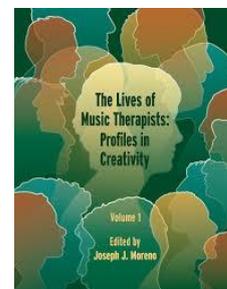


BOOK REVIEW

The lives of music therapists: Profiles in creativity (Volume 1) (Moreno, Ed.)

Reviewed by Jamal Jasani Glynn

St Ann's Psychiatric Hospital, The Republic of Trinidad and Tobago



Title: The lives of music therapists: Profiles in creativity (Volume 1) **Editor:** Joseph J. Moreno
Publication year: 2017 **Publisher:** Barcelona Publishers **Pages:** eBook **ISBN:** 9781945411205

REVIEWER BIOGRAPHY

Jamal Jasani Glynn is a registered Music Therapist with HCPC and BAMT at the North West Regional Health Authority in Trinidad and Tobago. He holds the first music therapy post there in the public sector. His work focuses on psychoanalytic approaches, providing music therapy to inpatients and outpatients at the St Ann's Psychiatric Hospital in Trinidad and Tobago. He is particularly passionate about exploring the benefits of using the steelpan in music therapy within the mental health setting, and providing a Caribbean perspective on existing knowledge of music therapy interventions. He has also conducted research focusing on clients living in Trinidad and Tobago. [jamal2glynn@gmail.com]

Publication history:

Submitted 30 Jun 2019

Accepted 9 Jul 2019

First published 15 Sep 2019

This anthology presents the lives and professional development of 35 eminent music therapists from different parts of the world. Turning the first pages felt like meeting each character face to face, which enthralled and inspired me. Video and audio clips included in the e-book make the publication even more interesting.

Each profile contains a wealth of information and biographical detail, which I found inspiring. For me, as a practising music therapist from Trinidad and Tobago, some of the most interesting parts of the profiles are those that deal with issues of positive relationships at both personal and professional levels, and the concepts of supervision and perseverance. This anthology also renewed my interest in psychoanalytic thinking.

I noticed that the relationship each individual music therapist had with the clinical team was a critical aspect of the profiles. During the process of reading the stories, a desire emerged to share these unique experiences with my clinical team and fellow colleagues in psychiatry.

WHAT IS A MUSIC THERAPIST?

The different profiles display a dynamic image of what makes a music therapist and the specific characteristics of our profession. As an example, we learn in Tony Wigram's profile about his philosophy that every music therapist will develop his own approach. Wigram also highlights that if

we are to expect to be taken seriously, we must document and argue the efficacy of music therapy as an intervention.

In Mary Priestley's view, according to her Analytic Music Therapy model, what is stored in the unconscious can be released and can facilitate change. However, these changes are not always visible. Tony Wigram further suggests that music therapists gain an insight into the client's conscious and unconscious world, thus establishing a rapport and relationship at a deep level, bypassing the complexities created by verbal language. Even Ruud, however, warns us that music therapy should not become a thoroughly 'romantic' venture through which music could heal or transcend every human condition.

Helen Bonny points out that, as a result, music therapy has unique approaches that other therapies cannot match. She further highlights the importance of constant professional supervision for all non-verbal therapies. Mary Priestley shares this view, emphasising the importance of receiving music centred music therapy supervision from someone more experienced than oneself when practicing music therapy.

STRUGGLES IN SETTING UP A MUSIC THERAPY PROGRAMME

Many profiles provide information about the challenges a music therapist can face in setting up a music therapy programme. For instance, Dora Psaltopoulou explains some difficulties she faced with colleagues in Greece. She argues that some practitioners, who have had diverse training backgrounds in music therapy, may have questioned her work towards the establishment of a training programme in the country. This I have come to notice in my own practice here in Trinidad and Tobago, as I am a UK-trained music therapist, in contrast with many other staff members. Zhang Hong Yi describes the difficulties of establishing music therapy in China because in the 1950s and 1960s psychology was defined as a 'bourgeois pseudoscience' and only after 1980s was psychotherapy accepted.

Moreover, conflicts between approaches posed challenges too. Cheryl Dileo's portrait describes her struggle with the idea of teaching at the American Association for Music Therapy (AAMT) and being vice president of the National Association for Music Therapy (NAMT), since the two associations were not working together very effectively at the time. Amelia Oldfield remembers her own difficulties in the UK: not knowing who to side with, and feeling that personality differences and histories of disputes rather than clear theoretical differences between music therapy approaches were the core of the problem.

Nancy McMaster reminds us to recognise that the very diversity of our passion, vision, authenticity, originality, creativity and flexibility can make value-based contributions to our professional field. Hence, it becomes clear that only rigorous work and collaborative efforts both on a political and clinical level ensured that in each country music therapy was established. Here in Trinidad and Tobago, we currently witness the same discussions about policy changes and establishing more music therapy posts.

HOW CHILDHOOD SHAPES A MUSIC THERAPIST'S PROFESSIONAL LIFE

While reading the studies I noticed the link to a secure base (Bowlby, 2012) described in many profiles, which enabled the individuals to move towards becoming a music therapist. Often, parental figures were musical in many ways. Do music therapists who had this type of initial support and interaction from a very young age have a somewhat smoother transition into the discipline of music therapy?

Notably, Jacqueline Verdeaux Pailles has always considered music as being part of her life, even as a child. Chava Sekeles mentions that she was able to improvise long before she could read or write music, and Nancy McMaster explains that she found delight in the music making which linked the family together in a nonverbal way. It was an unspoken, taken-for-granted treasure. With a funny twist, Joseph J Moreno recalls that he had no idea what he was doing, but that he was not trying to reproduce any music he had heard; rather, he was expressing his feelings in a kind of instinctive improvisation. Many of these music therapists experienced these phenomena in childhood development, which provided a sense of safety within a musical life. Additionally, Amelia Oldfield talks about gaining the ability to think independently, and how this brought with it great confidence and the feeling that any trauma or difficulty in life could be thought out and dealt with.

Nevertheless, this does not mean that developments were without conflict. Edith Hillman Boxill remembers the disharmony between her father's musical selection of classical music and opera and her passion for popular music choices and her free-flowing spirit. This was a source of difficulty for her.

Edith LeCourt goes as far as to suggest that the music therapists who are excellent are those who have gone through some type of transformative life experience and epiphany or awakening in music. LeCourt states that when she meets music therapists who are not available for this deeper experience, she does not really consider them music therapists.

WOUNDED HEALERS IN MUSIC THERAPY

Finally, I was deeply touched by the classification of music therapists as the wounded healers, as Carl Jung would articulate in his writings (Jung, 2003). After a gunshot wound, Clive Robbins spent over one year in the hospital and in rehabilitation. Music helped him persevere through this difficult time. For Claus Bang, music became a refuge as he suffered during childhood with distressing asthma and allergies. Mary Priestley calls this "persisting through adversity" (p.45). She struggled with mental illness following a broken marriage, after which she had to leave her twin boys in Denmark. Hans Helmut Decker Voigt developed polio at the age of four, and later tuberculosis, which resulted in him having to spend most of his childhood years in bed. All these biographies reveal a deeply rooted attachment to music and the therapeutic relationship, and illustrate how on parallel levels one can achieve personal awareness and can flourish by doing rewarding work.

CONCLUSION

Evidently, every person's personal story is interlocked with broader socio-cultural and professional development. This review seems to portray the stories of these individuals as success stories. Each reader will interpret the stories in their own unique way, drawing upon what resonates with them. Tony Wigram writes: "I have one of the most fulfilling and satisfying professional developments that anybody might want to ask for" (p.91).

Overall, each profile demonstrates the importance of the therapeutic relationship, which can be achieved in any society, regardless of the cultural background and historical influences. Indeed, despite the diverse experiences, one collective conclusion becomes striking: how rewarding the therapeutic work of a music therapist is. Or, in the words of Inge Nygaard Pedersen "I could never think of a better occupation than being a music therapist" (p.75).

REFERENCES

- Bowlby, J. (2012). *A secure base: Clinical applications of attachment theory*. Abingdon, Oxon: Routledge.
Jung, C. (2003). *Psychology of the unconscious*. New York, NY: Dover.