The Role of Verbal Skills in Analytical Music Therapy, the Bonny Method of Guided Imagery and Music, and Nordoff-Robbins Music Therapy

Elizabeth Ingram
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by

Elizabeth Ingram, MT-BC
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Elizabeth Ingram

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Thesis Committee:

Dr. John Carpenter
Faculty Advisor

Elisabeth Schwartz
Committee Member

Dr. Suzanne Sorel
Director of Graduate Music Therapy

May 8, 2020

Date

May 8, 2020

Date

May 8, 2020

Date
Abstract

The purpose of this study was to explore the role of verbal skills as an intervention in music therapy practice in three models of music therapy: (a) analytical music therapy (AMT), (b) the Bonny method of guided imagery and music (BMGIM), and (c) Nordoff-Robbins music therapy (NRMT). Data were collected from three interviews that included each professional’s use of verbal skills in their respective model of music therapy. Data were analyzed using thematic analysis. Five themes emerged: (1) definitions of verbal intervention/verbal skills, (2) population dependent, (3) use of lyrics, (4) music as therapy vs music in therapy, (5) musical-verbal intervention relationship. Although future research in the area of verbal intervention definition and usage is needed, this study provided a foundation to encourage further research on verbal interventions in addition to music interventions to best serve the needs of clients in music therapy.

Keywords: verbal skills, BMGIM, AMT, NRMT, advanced trainings, verbal intervention
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Table of Contents

Notice of Copyright ........................................................................................................... 3
Abstract ........................................................................................................................... 4
Acknowledgements ......................................................................................................... 5

Interest ............................................................................................................................. 10
Epistemology .................................................................................................................. 12
Need for Research ......................................................................................................... 13
Communication .............................................................................................................. 13

Communication in Therapy .......................................................................................... 14

Music Therapy ............................................................................................................... 15

The Bonny Method of Guided Imagery and Music ......................................................... 15
Foundations ................................................................................................................... 16
Self- Discoveries in Training ......................................................................................... 17

Analytical Music Therapy ............................................................................................. 17

Foundations ................................................................................................................... 18
Self- Experience ............................................................................................................. 18

Nordoff-Robbins Music Therapy .................................................................................. 19

Foundations ................................................................................................................... 19
Self-Discoveries in Training ......................................................................................... 20

Literature Review ......................................................................................................... 20
Conclusion

References

Appendix A: IRB Approval Letter

Appendix B: Consent Forms
The Role of Verbal Skills in Analytical Music Therapy, the Bonny Method of Guided Imagery and Music, and Nordoff-Robbins Music Therapy

This study explored the role of verbal skills as an intervention in music therapy practice in three models of music therapy: (a) analytical music therapy (AMT), (b) the Bonny method of guided imagery and music (BMGIM), and (c) Nordoff-Robbins music therapy (NRMT). Data were collected from three interviews that included each professional’s use of verbal skills in their respective model of music therapy. Data were analyzed using thematic analysis.

Interest

My interest in this research study stems from my background as a music therapist and my current studies as an analytical music therapy trainee. I am currently in the self-experience stage experiencing how my therapist (an AMT practitioner) uses verbal skills in our sessions. During my first year of clinical work, and throughout my internship, I worked with individuals with various medical needs and diagnoses. My interest in verbal skills began during my internship where I worked with individuals with multiple medical complexities and continues into my clinical work today. I noticed that despite many of my clients communicating non-verbally, I still spoke with them verbally. For example, greeting them or talking about the music. In my current clinical work, I feel that while music is the agent of change, verbal skills are also important as many clients are verbal and want to talk and engage in communication.

However, talking and words are only one form of communication. Other forms of communication can be categorized under non-verbal communication or non-verbal behavior. Ekman and Friesen (1967) divide non-verbal behavior into informative, communicative, and interactive behavior. Informative refers to acts that have shared meaning that could be
interpreted similarly by a group of observers (Ekman & Friesen, 1967). Communicative non-verbal behavior references a situation where one person seeks to transmit specific information to another (Ekman & Friesen, 1967). Interactive behavior refers to an act in which one person influences the behavior of the other person involved in the interaction (Ekman & Friesen, 1967).

While exploring the literature surrounding verbal skills, I began to consider some of the models of music therapy: BMGIM, AMT, and NRMT. Verbal skills appear to be applied differently in each model (Nordoff & Robbins, 1977; Scheiby, 2015; Ventre & McKinney, 2015) and it is important and this study was designed to help understand and delineate how words are applied and used in each model.

In my reading of the literature on verbal skills in and around music therapy, it appears that there are various forms of communication. Some people communicate better through words while others communicate better through drawing or music. In addition, there are many non-verbal forms of communication like gestures, body language, and sign language. Individuals process and develop communication in distinct ways. They also translate and personify their type of communication. I have found that throughout my life, my strength in communication has changed. Recently, communication for me has been easiest through writing. For much of my life however, communication was easiest through music. Throughout middle and high school I was deeply involved in music. I had several huge transitions in my personal life and was able to take these feelings of anxiety and being overwhelmed and bring them into the music. I felt I could present my thoughts and feelings through music, especially flute playing. Music and words provide a balance in my life and I
seek to understand how verbal skills applies to my work and the music therapy philosophies and models of AMT, GIM, and NR.

My personal relationship to the study stems from my clinical training and first year of professional work. In working with other music therapists and learning from multiple professionals, I have been exposed to different philosophies in which the importance of verbal skills differs. The field of music therapy is rapidly growing, and the breadth of impact music therapists have is also expanding. I want to understand if and to what capacity verbalizations have a place in clinical work; are they being used, in which models, and why are we using them through the specific study of verbal skills in AMT, GIM, and NRMT. I believe that as music therapists, music is our domain, but I also believe verbal skills have a place in our work with people.

**Epistemology**

This study used interpretivist research. I chose this epistemology because “interpretivist research assumes that reality and truth are multiple human constructions rather than objective absolutes” (Wheeler & Bruscia, 2016, p. 2). This study included more than one perspective as multiple individuals were interviewed. In this way, multiple realities will be presented and analyzed as opposed to one objective view. Also, there is bias in terms of similarities and differences in education and training for the three participants. This research lends itself to a constructivist perspective because constructivism “seeks understanding of the meaning that human participants ascribe to their experiences of a particular phenomenon,” (Hiller, 2016, p. 107). Through interviews, I sought to explore the role of verbal skills in AMT, GIM, and NRMT.
This research belongs in the interpretivist realm and within the tenets of constructivism because it was based on multiple human realities and on interpreting their interview responses. According to Abram’s (2010) this study falls between “I work” and “We Work Together” respectively. Since my study was focused on multiple music therapist perspectives, this topic would fit best in the inter-subjective, “we work together.”

Need for Research

The amount of research in the literature on verbal communication/verbal processing is minimal. While the use of verbal discourse within a music therapy session has long been discussed within the field, and is dependent upon several factors such as approach, scope of practice, and client needs, there is a lack of information on what verbal skills are used in music therapy, how they are employed, and if there are benefits. If music therapists are using words and communicating with their clients, there is not a strong foundation in the literature to support why or how. A few studies indicate the use of verbal intervention or verbal skills (i.e. skills and communication; Amir, 1996; Graham, 2004; Silverman, 2007; Wolfe, O’Connell, & Epps, 1998) but the literature is limited. In addition to our music skills, it is important to understand what we are saying to our clients and why.

Communication

Communication provides a means of sharing information and speaking about wants and needs. The Merriam-Webster Dictionary (2019) defines communication as, “a process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.” At a primitive level, communication is needed to communicate basic needs like hunger. From a contemporary perspective, communication can
be used for pleasure like talking to a friend. Various professions such as lawyers, doctors, and therapists require and utilize communication daily.

Verbal communication or talking is one form of conveying information and one of the milestones for children to reach. Schwartz (2008) describes how words can provide children a way to understand their world and thus share their world and understanding with others. Schwartz (2008) explains that talking is a unique way of communicating as it is complex in its usage of vocalizations, motor skills, thoughts, and feelings. However, communication is far more complex than just “talking” or verbal skills. Ekman and Friesen (1967) divide non-verbal behavior into five categories: emblems (gestures), adaptors, illustrators, affect displays, and regulators.

Communication in Therapy. Verbal skills fall under the umbrella of verbal communication and can be further delineated into the different uses and applications of verbal processing. Nolan (2005) describes verbal processing as “the talking that facilitates the therapeutic process during, and in response to, music making or music listening” (p.18). He further describes the purpose of verbal processing as a way for the therapist and client to return to the musical experience with new insight and a stronger therapeutic relationship. Nolan (2005) continues to state that verbal processing can be used for increasing client awareness, enhancing awareness about the music, enhancing awareness of musical behavior, enhancing awareness of interpersonal processes and emotional or cognitive experiences, enhancement of non-verbal and verbal integration, and enhancing transition to a more defended state.

Psychologists use verbal processing as a method of communication and treatment. Geller (2005) states that he speaks “to console, to clarify, to exemplify, to motivate, to
inspire, to explain, and so forth” (p. 470). In psychotherapy and psychology, the “words” are the primary agent of change. However, the agent of change in music therapy can depend on the model and orientation the therapist decides to use. Bruscia (2014) creates a chart that identifies the possible different agents of music therapy. The categories are music alone, music and relationships, sound and music, music and therapist, and sound, music, and relationship (Bruscia, 2014). These agents are a tool or medium in the process of music therapy (Bruscia 2014). There are many models of music therapy, but the three models chosen for this study are: guided imagery and music, analytical music therapy, and Nordoff-Robbins music therapy. These models differ in philosophy, agent of change, and role of verbal communication and will be explored later in this study.

Music Therapy

American Music Therapy Association (2019) defines music therapy as “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” (https://www.musictherapy.org/). Post graduate degree and credentialing; there are multiple advanced trainings that can be obtained. Three of these models/advanced trainings are BMGIM, AMT, and NRMT. These three models of music therapy have rich and diverse histories and uses musical and verbal skills in varying degrees. These models will be discussed in the following sections.

The Bonny Method of Guided Imagery and Music. BMGIM relies on both verbal skills and musical processing. Helen Bonny developed one method of BMGIM, and it can be defined as “an approach to self-exploration, psychotherapy, and spiritual growth” (Ventre & McKinney, 2015, p. 196). BMGIM stems from “the humanistic and the transpersonal”
(Bonny, 2002, p. 12) referencing the humanistic and transpersonal theories of psychology which are represented by Jung and Rogers in addition to other theorists within these philosophical theories (Ventre & McKinney, 2015). The main theory in BMGIM is that there is a healthy being in each individual and the therapists can aid the clients in discovering what they need within themselves (Ventre & McKinney, 2015). There are four parts to a BMGIM session, and words and verbal discussion play an integral role in each part. Part one is the prelude where the client shares their experiences and concerns verbally from the past week and the therapist verbally reflects and helps find the focus for the session (Ventre & McKinney, 2015). Part two is the induction. In this part, the therapist may verbally provide an image or starting point and verbally helps the client relax and focus. This is where the client’s state of awareness is altered (Ventre & McKinney, 2015). Part three is the music portion of the session. The purpose of the music is to create a story and is the core of the session (Ventre & McKinney 2015). As the session continues, there is a verbal dialogue between client and therapist as the client verbally explains the experience (Ventre & McKinney, 2015). In the last section, the postlude, the client returns to a more typical place of consciousness and the therapist and client verbally process the experience (Ventre & McKinney, 2015).

**Foundations.** Research on the Bonny method of GIM is present in the literature beginning with Helen Bonny, the founder. In one such study, Beck, Hansen, and Gold (2015) studied coping with work-related stress through GIM treatment. Twenty workers on sick leave were placed either immediately in GIM or on a wait list control group. After nine weeks, Beck et al. (2015) found there were significant benefits to GIM such as: faster job return, improved perceived stress, and improved well-being as compared to the control
group. They found that GIM seems to be a promising treatment and further studies are recommended.

**Self- Discoveries in Training.** BMGIM utilizes both verbal skills and music in addition to imagery in session. There are verbalizations in both the verbal sections and in the music/imagery sections. Meriam-Webster Dictionary (2019) defines imagery as, “pictures produced by an imaging system,” “figurative language,” and “mental images.” In a chapter focused on self-experience in clinical supervision of trainees in GIM, Paik-Maier (2013) describes GIM as “a form of music psychotherapy that involves imaging to music in a relaxed state while dialoguing with the therapist” (p.376). The training for GIM requires didactic instruction, clinical practicum, supervision, and self-experience. Paik-Maier (2013) emphasizes the importance of self-experience in GIM training. She ends the chapter by saying, “...when I trusted them, they trusted themselves. When they trusted themselves, they trusted their clients” (p. 392). The self-experience provides insight and practice with both the verbal and musical skills required to practice GIM and the importance of both the verbal and the musical.

**Analytical Music Therapy**

AMT relies on both music and verbal skills as evidenced by its basis in psychoanalytic theory and music therapy (Scheiby, 2015). According to Abrams (2013), analytical music therapy is “a model of music therapy developed by British music therapist Mary Priestley…consists of the analytically-informed, symbolic use of music improvised and discussed by therapist and client” (p. 295). AMT utilizes verbal and musical skills in the natural process and cycle of an AMT session. Scheiby (2015) describes analytical music therapy as “a synthesis of psychoanalytic theory and music therapy, drawing’ upon the
theories of Sigmund Freud, Melanie Klein, Carl Jung…and Alexander Lowen” (p. 207). Analytical music therapy draws upon music and verbal processing “if the client is able to verbalize” (Scheiby, 2015, p. 217).

**Foundations.** Analytical music therapy descriptive and explanatory writing is present in the literature. Scheiby (2015) describes the theoretical foundations and process of becoming an analytical music therapist. The format for AMT is cyclical and can begin with the verbal identification of an issue or theme. Then the process moves to verbally defining the improvisation (the title may be determined before or after), the musical improvisation, verbalization of the improvisation, a new improvisation brought on by the verbalization, and verbalization of the new improvisation (Scheiby, 2015). AMT centers on reciprocal improvisatory duets, verbal discourse, and discussion in analyzing the music and unconscious feelings (Bruscia, 1987). AMT often involves knowledge of and the use of verbal skills and verbal communication between the therapist and the client. for “…both musical and extramusical transference and countertransference phenomena are sources of information and navigation tools for the music therapist” (Scheiby, 2015, p. 218).

**Self-Experience.** Each music therapist undergoes a self-experience in AMT (Scheiby, 2015). In fact, the first year of AMT training is self-experience where the trainee engages in one year of analytical music therapy as the client. Abrams (2013) discusses his self-experience in AMT and what themes emerged for him such as: therapy as relational, musical space and time, dream work, transference, and countertransference. At the same time, Abrams (2013) recalls his experience in AMT as music-centered and relationship-centered. He said “therapy processes guided the improvisational music-making, the music likewise guided the overarching therapy processes” (Abrams, 2013, p. 305). In this way,
Abrams is explaining how the therapy processes and music are one and influence each other in the flow of sessions.

**Nordoff-Robbins Music Therapy**

Nordoff-Robbins music therapy is often associated with the terms creative music therapy and music-centered music therapy and has core theoretical tenets “rooted in the power of direct musical engagement” (Guerrero et al. 2015, p. 183). This model of music therapy focuses on growth in the music with little emphasis on words. In the introduction to *Creative Music Therapy*, Nordoff and Robbins (2007) state that the experience of children in music therapy was seen somewhat in pictures but “how they thought, felt, and were motivated in the flow of musically mediated experience was beyond the capacity of words to communicate” (p.xxi). In their interpretation, words could not express what occurred in the music. Nordoff and Robbins focused on a co-therapist model that created a musical environment in order to embrace and encourage each person’s music child. The music child can be described as “the capacity for musical perception and response inborn within every human being” (Guerrero et al., 2015, p. 185).

**Foundations.** Nordoff-Robbins music therapy, also called creative music therapy, is based in music and is an improvisatory approach in which both the client and therapist are active in the creative process and music making (Bruscia, 1987). Verbal skills are not emphasized in this model and music is viewed as the primary medium in therapy. Ansdell (1995) writes extensively about creative music therapy with adult clients. In his work, he approaches the dilemma of words and verbal skills in music therapy. He acknowledges the difference between theories such as creative music therapy and analytical music therapy (Ansdell 1995). He claims that within a session with words, “the issue then becomes not just
a problem of talking about the music, but of how this is done – the matter of interpretation” (Ansdell, 1995, p. 172). In addition, in creative music therapy, music is the principal therapeutic agent and not just a tool (Bruscia, 1987).

**Self-Discoveries in Training.** Nordoff-Robbins is music-centered: music as therapy. Unlike BMGIM and AMT, self-experience is not a requirement in the NRMT training. Markworth (2013) describes her experience in the Level 1 certification training in Nordoff-Robbins. She mentions and organizes the article based on three classes she took – clinical improvisation, practice and theory of group music therapy, and certification seminar. Markworth (2013) expresses the importance of music throughout the training, referencing music in supervision and her relationship with different aspects of music throughout the training. In her concluding thoughts she said, “Nordoff-Robbins is a training program that demands a deep level of commitment to developing musicianship and clinical skills” (Markworth, 2013, p. 346). Music-centeredness is the foundation of Nordoff-Robbins music therapy and is strongly emphasized.

These three models of music therapy utilize verbal skills and music in different capacities. The purpose of this study was to explore the role of verbal communication as an intervention in music therapy practice in three models of music therapy: (a) analytical music therapy, (b) guided imagery and music, and (c) Nordoff-Robbins music therapy. In addition, this study explored the relationship between verbal skills and the music.

**Literature Review**

**The Role of Talk in Psychotherapy and Psychoanalysis**

Various forms of therapy require verbalizations from the client and/or therapist. Psychotherapy and psychoanalysis, while different, both rely on verbal discourse between the
therapist and the client. Psychotherapy is defined in the Merriam Webster dictionary as “treatment of mental or emotional disorder or of related bodily ills by psychological means.” While psychoanalysis is defined as “a method of analyzing psychic phenomena and treating emotional disorders that involves treatment sessions during which the patient is encouraged to talk freely about personal experiences and especially about early childhood and dreams” (Merriam Webster Dictionary). Often when referencing verbal skills, individuals may think of psychotherapy or traditional talk therapy.

Language is used in talk therapy, but it is not necessarily the agent of change (Hasse, 2012). Hassee (2012) states that in talk therapy, the relationship is the key part of change and the relationship processes are what help drive change in music therapy. In an article by Gumz, Treese, Marx, Strauss, and Wendt (2015), the authors express the importance of language in psychotherapeutic treatment and describe it as one of the tools psychotherapists use with clients. They created four levels of therapeutic techniques related to verbal intervention. They explain the hierarchy starting with techniques of the therapeutic dialogue, verbal and non-verbal techniques, verbal techniques that are directly observable with implied features, and differentiating between directly observable features (Gumz et al., 2015). The goal of their study was to review the observable measures related to therapeutic techniques. The authors emphasize the importance of language and expressed that understanding valuable verbal techniques is paramount to clinical training for psychotherapists.

Psychoanalysis also relies heavily on talking as stated in the definition: “a method of analyzing psychic phenomena and treating emotional disorders that involves treatment sessions during which the patient is encouraged to talk freely about personal experiences
and especially about early childhood and dreams.” (Merriam Webster Dictionary).

However, talking can also present limitations as explored by Kirshner (2014). Kirshner (2014), describes psychoanalysis as “‘the talking cure’ by definition” (p.1047). He continues to say that the understanding of this previous statement is directly related to the comprehension of language and its relationship to conscious and unconscious thought. Language can become problematic since trauma and other past experiences can influence language, thus causing incomplete representations of stories (Kirshner, 2014). He explains analytic technique as using dialogue for therapeutic goals (Kirshner, 2014). The author cautions that talking is not a cure by itself (Kirshner, 2014).

In contrast, music therapists utilize verbal skills within a music therapy session differently depending upon their model, orientation, and approach. Music therapy has the benefit of having music in addition to language and verbalizations within the same session recognizing that language has its limitations. Music and talk can both present as symbolic in music therapy.

**Music Therapy and Symbolism**

Just as talk in therapy can be symbolic, words and music in music therapy can be interpreted as symbols as well. A study by Kroeker (2014) combined the ideal of Jungian psychology with music therapy in order to explore the psyche through musical symbols. In his study, Kroeker (2014) explored the psyche through image and improvisation in different media (i.e. musical improvisation and poetry). In the results, the researcher found images and symbols related to the shadow, the anima, and various other archetypes. Kroeker (2014) also considered music as an archetype and explored the musical elements using Bruscia’s improvisational assessment profiles (IAPs). The IAPs are composed of 6 profiles, which
focus on musical improvisation utilizing the process of improvisation and also the end musical product (Bruscia 1987). The IAPs are an assessment based upon clinical observation, analysis of the music, and psychological interpretation (Bruscia 1987).

In an article by Deschenes (1995), he explicitly says that when related to music therapy, “an investigation in the schemes of music symbolism appears to be very consequential since the patient’s reactions…are unequivocally symbolic” (p. 41). He claims that understanding symbolism is one of the most important ways to better understand the states of patients (Deschenes, 1995). A person’s individual symbolism can relate to their life and in music therapy, clients cannot analyze them necessarily but rather approach them internally (Deschenes, 1995). Words can be interpreted and explored but often music can provide foundation and knowledge related to underlying symbols and feelings. Music is related to the inner world where inner symbolism lies (Deschenes, 1995).

**Songwriting: Music and Words as Symbols**

Symbolism can appear in music therapy in the form of music and in the form of words. A crossover of music and words is seen in songwriting in which metaphor and symbols often appear. Many music therapists utilize songwriting in their session as a method to encourage self-expression. The use of metaphors and symbols appear in both music therapy practice and in music therapy literature. Songwriting can be found in AMT and NRMT sessions.

Songwriting creates symbols and metaphors that combine musical symbolism and word symbolism. Therefore, songwriting creates a realm of self-expression that can convey meaning – with interpretation required or not (Thompson, 2009). Metaphors in songwriting can aid in applying and accessing new layers of depth in client work (Thompson, 2009). An
article by Thompson (2009) provides case examples which illustrate metaphor in relation to songwriting. She explores the use of metaphor for providing insight into the lives of clients and how songwriting can amplify feelings and anxieties or mirror strength and resilience (Thompson, 2009).

Songwriting can be approached differently depending on model and approach. A study by Viega and Baker (2017) is an example of songwriting utilizing both analytic and arts-based analysis. The researchers believe the songs created in therapy have the potential to provide additional insight beyond what is analyzed in session (Viega & Baker, 2017). By combining approaches (analytic and arts-based) the researchers were able to delve into a more complex understanding of the participant’s songwriting and development in therapy. Through analyzing themes, information can be coded and explored while the experimental approaches allow for an overarching narrative (Viega & Baker, 2017). Despite requiring further research, Viega and Baker’s (2017) study shows how music and art centered exploration of songwriting and analytic approaches create a way to understand the holistic, thematic, and interpretive insightful aspects of songwriting.

The Role of Talk in Music Therapy

Beyond songwriting (utilizing lyrics), music therapists utilize verbal skills and verbal intervention in other capacities. Music is the medium of music therapy. However, in advanced trainings and deeper levels of work, verbal intervention can become part of the process. Music and talk can exist congruently within one session while playing different roles or similar roles depending on the client, approach, model, and therapist orientation. Conversation and research about verbal work in music therapy are lacking in the literature. Nolan (2005) discusses his understanding of verbal processing and how it is utilized in music
therapy. Nolan (2005) utilizes case examples to explore the idea of verbal processing, what it is, and how it is employed. He considers verbal processing as a tool to add to the experience.

Lindblad (2016) explored and categorized verbal dialogue and verbal processing. She studied three music therapy sessions and explored what verbal techniques were used. Afterwards, she interviewed the music therapists conducting the sessions. She divided the function of the verbal techniques into three categories: to establish trust between client and therapist, to deepen the experience of the present moment, and to clarify some aspect of the client’s life story. Lindblad (2016) emphasized the exploration of verbal dialogue as there is a gap in the literature surrounding the topic.

Amir (1999) discussed both musical and verbal interventions used by music therapists. She further questions when music therapists use verbal interventions versus musical interventions, how are the decisions made, and the meaning for both the client and therapist. Amir (1999) emphasizes the diversity of interventions and stresses the importance of understanding what and why interventions are being employed in session. Along with the Nolan (2005) article, this study is one of the few that mentions the idea of verbal interventions. Amir’s (1999) research explored what musical and verbal interventions music therapists are using. She concluded that most verbal interventions relate back to the music (Amir, 1999).

Wolfe et al. (1998) performed a content analysis of the verbalizations that music therapists use during session. The researchers analyzed what the music therapist said and categorized these verbalizations. The authors call for future research to understand what content music therapists are verbalizing and how, and the relationship between music and verbalizations.
There is little research that emphasizes the verbalizations of the therapist. However, many studies focus on the verbalizations of the clients. Lotter and Staden (2018) focused on the verbalizations of the patients elicited by active and receptive music making. They studied both the musical and verbal content that is present in the therapeutic relationship. The authors state that “these findings concur with Nolan’s (2002) understanding of the role of verbal processing as eliciting a verbal response relevant to the music experience,” (Lotter & Staden, 2018, p. 8). In this way, the authors viewed the music and the verbal processing as directly related.

There has been a desire for further training in verbal skills in music therapy education (Gooding, 2017). Gooding (2017) proposed a method to integrate verbal skills into a music therapy curriculum. Her method of microskills is taken from counseling literature and focuses on verbal skills based on level of practice and scope. The basic skills range from attending and empathy, to questioning and paraphrasing, to focusing, confrontation, and reframing, and finally to integration (Gooding, 2017). In this highest level, music therapists would use techniques based on their model and their personal style (Gooding, 2017). These skills could be added to music therapy education in order to develop an understanding of verbal skills. Gooding (2017) states, “communication is a fundamental component of music therapy practice, and verbal processing can be an effective tool to facilitate communication with clients, parents, and colleagues” (p. 8).

There is lack of literature focusing on verbal skills in music therapy (Amir, 1999). While music therapy is based in music, communication is a part of music therapy as well and the verbal processing can be an effective tool (Gooding, 2017). There is a need for further exploration and explanation to add to the literature that is present. Amir (1999) states that
musical and verbal interventions are what make up the music therapy process and some sessions have more music while others have more verbal, but both are important within the session. There is a lack of research and consistency on verbal skills in the literature. The purpose of this study is to explore the role of verbal skills in three specific models of music therapy.

**Research Questions**

This study sought to answer the following research questions:

- What is the role of verbal skills in analytical music therapy, Nordoff-Robbins music therapy, and Bonny Method of guided imagery and music?
- How do analytical music therapists view verbal and musical intervention in clinical practice?
- How do guided imagery and music therapists view verbal and musical intervention in clinical practice?
- How do Nordoff-Robbins music therapists view verbal and musical intervention in clinical practice?
- Do music therapists in these models find a balance between verbal skills and music making?

**Methodology**

This study explored the role of verbal skills as an intervention in music therapy practice in three music therapy models: analytical music therapy, Bonny method of guided imagery and music, and Nordoff-Robbins music therapy. This study involved a phenomenological thematic analysis.
Participants

Participants for this study had to be: (a) board certified music therapists, (b) master level clinicians, and (c) certified in one of the three aforementioned approaches. These certifications are Nordoff-Robbins (at least level 2), analytical music therapy, and the Bonny method guided imagery and music. The participants had to have at least 5 years of experience working with their respective model and pseudonyms were used in place of given names. After IRB approval, participants were selected. The researcher explained informed consent. Each interview was approximately 20-30 minutes in length and each participant was interviewed once.

The researcher contacted the American Music Therapy Association national office, purchased a mailing list of music therapists employed and residing in the Mid-Atlantic region, and went through the credentials and sent invitations to the participant’s selected for the study. The first individual who responded from each model was selected. The researcher recruited the participants by contacting, via email, individuals who met the criteria listed above. The researcher explained and reviewed the consent form. The researcher explained that the Molloy College IRB approved this study. Once the consent form was discussed and signed, the researcher began the interview process. After conducting the interviews, the researcher transcribed the data and sent the transcribed interviews to the participants to approve. After the approval, the researcher analyzed the data.

Design

The researcher conducted the interviews on Skype or Zoom. Interviews were recorded using a voice recorder. Interviews took approximately 20-30 minutes and the questions were open-ended. The researcher transferred the interviews from the voice recorder
to an encrypted thumb drive and password protected computer. Interviews were then deleted from the voice recorder. After interviews were transcribed, the researcher sent the transcription to the participants for review. It should have taken the participants approximately 30 minutes to review the transcription. After this, the researcher began thematic analysis. The researcher will keep the data until June 2021 and will delete all content at that time.

Analysis of the Interviews

Interviews were analyzed utilizing a phenomenological thematic analysis. The researcher followed the steps employed by Braun and Clarke’s (2006) six-phase framework. The steps include familiarizing yourself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the scholarly report.

Results

This study explored the use of verbal skills in three models of music therapy: AMT, NRT, and GIM. Three individuals engaged in a 20-30-minute interview. The researcher transcribed each interview, and the transcriptions were reviewed using thematic analysis in which five themes emerged from the data: Definitions and Usage of Verbal Intervention/Verbal Skills, Client Centered, Use of Lyrics, Music in Therapy vs. Music as Therapy, and the Relationship between Verbal and Musical Intervention.

Nordoff-Robbins serves a variety of populations both verbal and non-verbal. BMGIM is typically done with neurotypical individuals. AMT is also typically done with neurotypical individuals but there is research on using the AMT approach with other populations (Kowski, 2002). Overall, the NRMT model is developed to work with individuals of all cognitive
abilities. BMGIM and AMT require some symbolic thinking and capacity of words in the traditional models but can be adapted for other populations.

**Participant Descriptions**

- **Participant A**: Participant A is a Nordoff-Robbins Music Therapist.
- **Participant B**: Participant B is a Guided Imagery and Music Practitioner.
- **Participant C**: Participant C is an Analytical Music Therapist.

**Thematic Results**

**Theme #1: Defining and Usage of Verbal Intervention/Verbal Skills.** Each participant described and defined their use of verbal skills and verbal intervention in relation to their practice and model. Each participant had a different explanation for their particular use, definition, and understanding of verbal skills in the clinical setting. In the literature there are a few sources that seek to define the verbal content of music therapy sessions (i.e. Nolan 2005). In a recent publication, Schwartz (2019) defines verbal intervention as “the action in therapy when words and spoken language are used as the primary agent of change by both therapist and client” (p. 115). By this definition, it is unclear whether or not participants are using verbal intervention. “Verbal skills” is a broader term also used by Schwartz (2019) that encompasses all the ways in which therapists use words in a session. Nolan (2005) defines verbal processing as, “…the talking that facilitates the therapeutic process during, and in response to, music making or music listening,” (p. 18). In this way, the definitions are already blurred. Nolan (2005) is saying some of the same things as Schwartz (2019) but using different verbiage.
Participants were asked about their use of verbal intervention and their definition of a verbal skill or verbal intervention (these words were used interchangeably). Their exact definitions are listed below. Below are the definitions provided by the participants.

**Example 1: Participant A (NRMT).** “…I would define a verbal intervention as any purposeful use of words…to benefit the client by the therapist” (personal communication, February 4, 2020).

**Example 1: Participant B (BMGIM).** “Using language to communicate with a client” (personal communication, February 11, 2020)

**Example 1: Participant C (AMT).** “…I think it’s when you’re employing words as part of a discourse in therapy” (personal communication, February 11, 2020).

Each of the three participants used similar verbiage (verbal, language, words) when describing their understanding of verbal intervention and verbal skills. For the sake of this thesis, these words are interchanged because in most music therapy literature, verbal intervention, verbal skills, and verbal discourse are interchanged. In addition, all three participants use words related to therapy (intervention, client, therapy). It appears that each participant has a similar understanding of the meaning of verbal intervention on a surface level, meaning that they define verbal skills as the words used in therapy. In GIM and AMT, words are part of the model. NRMT, a music-centered model, does not traditionally have spoken words in the model. In this interview, Participant B (BMGIM) and Participant C (AMT) spoke about using verbal intervention in their model. Participant A (NRMT) focused on the music but explained they are not opposed to using words.

Participant A (NRMT) focused on how verbal interventions brought the music to the forefront and reflected on music being the main mode of therapy and how words can be part
of what helps create the space for the music to be the therapy. Participant B (BMGIM) explained the idea of verbal intervention as a way to gather information and reflect, amongst other counseling techniques (reflect, open ended questions, etc.), for the purpose of choosing music and understanding the issue of focus. Participant C (AMT) noted the use of verbal intervention as part of a conversation to check in, begin the session, and solidify what happens in the creative experience. They are used synergistically to strengthen each other. This broad range of understanding aligns with the individual definitions of each of the three models in this study. For example, the NRMT had expressed that verbal intervention brings the music to the forefront, which reflected NRMT in which music is the center of the therapy. The variety of definitions and reference to verbal intervention throughout these interviews is consistent with music therapists using words such as “verbal processing, verbal skills, verbal intervention, etc.” interchangeably and without consistent definition.

**Example 2: Participant A (NRMT):**

As a music centered-music therapist…I want to engage with what is unique to what I can do for a client…but what I can do is engage in a music making process…I may be listening to someone’s talking as music and engage in that experience…you’re not listening to the content, you are listening how you can engage with (personal communication, February 4, 2020).

**Example 2: Participant B (BMGIM):**

…verbal interventions are to help you help people explore their internal worlds and what that means in relationship with the external world…So how do you use verbal interventions to help a client be aware of their own experience and become very clear about it.
[in reference to the role of verbalization when the music is playing] – To help guide the client…to help the client also feel as they enter into an altered state, let go of their external experience…to let them know you are still a link to the external world, that they have not let go so far that…coming back is irretrievable. (personal communication, February 11, 2020)

Example 2: Participant C (AMT).

…that then becomes a way to reflect, maybe to consolidate, crystalize some of the experiences in the improvisation that are not clear, that aren’t quite grounded, that exist in the art medium so they don’t have the same kind of sense of definiteness of clarity that words can provide (personal communication, February 11, 2020).

Participant A (NRMT) refers to the verbal as part of the music and as a way to reach a musical experience, meaning even while talking is occurring, he is thinking about the music and how a person’s speaking can be musical and can lead to meaningful musical experiences. This idea is concurrent with NRMT and the music centered approach in which music is the medium and all the work can take place in the music. Based upon the response of Participant A (NRMT), it appears that they understand and value verbal skills, but music is primary. For Participant A (NRMT), music is primary which is consistent with the model in which they are working.

Participant B (BMGIM) discusses the role of words before the music is playing, the role of words while the music is on, and how verbal intervention can mean two different things in those contexts. For example, the role of words when the music is on is as a guide and a connection to the present while the individual is in an altered state of consciousness. When the music is off, words are used to gather information. Again, this is consistent with
the BMGIM model in which words are used before the music to provide a space to verbally explore issues. The words are used during the music to connect the individual to the conscious and present world.

Participant C (AMT) expresses the verbal portion as a way of grounding the aesthetic experience. In addition, participant C (AMT) describes how words can become problematic and distracting and that’s where there needs to be a balance of music and verbal. The use of words is consistent with AMT in which verbal processing typically occurs before the music in order to develop a possible theme for the music. Participant A (NRMT) focuses on music but supports the use of verbal intervention when necessary. Participants B (BMGIM) and C (AMT) use words often as verbal intervention is part of their models. All three therapists, in deeper exploration of verbal intervention referenced the music in some way. Participants A (NRMT) and C (AMT) referenced the verbal and musical being directly related while Participant B (BMGIM) said that they are not always related.

Theme #2: Client-Centered. It was clear that the delineation between musical and verbal interventions was highly dependent on person, personal process, model, and population. All three therapists stated that their choice of verbal intervention versus musical intervention was dependent upon the individual person and population. The decision to use verbal and musical intervention seemed to be something that was a conscious choice made based upon on multiple factors such as client need and individual client process. Participant A (NRMT) expressed that some clients will choose to talk, but that at the same time, A is thinking about how this verbal content can create a musical experience. The topic of non-verbal clients was not approached during this interview process but there is extensive research on working with non-verbal clients in the Nordoff-Robbins model. In addition, there
is literature in AMT on how to work with non-verbal clients in an analytically informed way, (Kowski, 2002).

Participant B (BMGIM) said that the choice to use verbal intervention versus musical intervention was beyond just the population, but the individual person and where they are in their personal therapy process. For example, how resistant are they to exploring in the music. Participant C (AMT), like participant A (NRMT), said that population affects their decision between verbal and musical intervention. C (AMT) also explained how verbal is a feature directly related to the AMT model but that there are analytically informed ways of working without the verbal intervention piece (Kowski, 2002).

**Example 1: Participant A.**

So, there might be more talking with a self-referred adult client who has been in verbal psychotherapy. But I’m also, as I am engaging with them verbally, I am thinking, what can music do for this person and how the verbal interaction can lead to a powerful music experience (personal communication, February 4, 2020).

**Example 1: Participant B.** “It’s not just the population it’s the client’s individual place and process. Which is never static…it’s not the client or population, it’s the human being sitting in front of you” (personal communication, February 11, 2020).

**Example 1: Participant C.**

Absolutely, yep absolutely…I’m working with adults who use verbal discourse in an everyday sense all the time…I know that there’s analytically informed ways of working even with folks who don’t necessarily talk a lot, don’t use words to communicate but you can still work in an analytical context (personal communication, February 11, 2020).
All three participants identified that the use of verbal intervention, their approach to it, and how they utilize it, can change depending on the population or individual person. All three music therapists appear to be approaching their work from a humanistic lens in which the client is the focus and the client will determine the therapy. In these interviews it seemed that therapy was not prescriptive but rather designed for each client, and this includes the use of music and verbal intervention; it is individualized.

**Theme #3: Use of Lyrics.** Participant A (NRMT) and Participant C (AMT) referenced the use of lyrics in relation to verbal skills in the session. Their views were in contrast with each other. Participant A (NRMT) considered lyrics a part of verbal intervention while Participant C (AMT) thought of them as something separate. Participant C (AMT) considered the lyrics to be part of the aesthetic experience of music while verbal skills were more concrete. Lyrical conversation can occur in the music, but the verbal interactions are part of the concrete experience. Participant B (BMGIM) did not mention the use of lyrics. I assume that this is due to BMGIM often using Classical music (without words). Grocke (2002) outlines the original 16 programs created by Helen Bonny used in BMGIM which includes music programs to be used in session, many of which are made up of instrumental music (some have vocal parts). Participant A explained that lyrics could help bring thoughts and feelings into alignment. They also reference how lyrics can be a connection between words and music. Participant C (AMT) doesn’t consider lyrics to be part of the verbal intervention, but rather part of the aesthetic experience. In addition, Participant C (AMT) references poetry, chant, and hip-hop culture, which can create a bridge between music and words. They also explained that this is a general philosophy for them and not specific to AMT.
There is a point of alignment between the two interviews. While participant A (NRMT) references bringing thoughts and feelings into alignment (through lyrics), participant C (AMT) says that words can help crystalize some of the experiences in the improvisation. In that way, the words can help ground the aesthetic experience. Therefore, it appears that they are both alluding to the words and music creating something cohesive.

**Participant A:**

…when you create a song, the words are getting you to think about something, thinking a thought, and the music, the melody is getting you to feel a feeling and you put that together and you feel a thought. (personal communication, February 4, 2020)  

**Participant C Example 1:**

…I think words in the lyrical context have a role in therapy, a specific role in therapy. But I wouldn’t necessarily consider them what most would consider a verbal intervention…if you take a broad view of what counts as music, you could hear it all as lyrics…it helps to make a differentiation between the conventional sound music with lyrics versus looking in the everyday discourse and then you have stuff in between, You have poetry, you have chant, you know hip hop cultures creates a bridge between those very well, so you know…it’s not necessarily simple to make that differentiation. (personal communication, February 11, 2020)  

**Participant C Example 2:**

…when we’re having a discourse like this or if I’m talking with others…it helps to make a differentiation between the conventional sound music with lyrics versus looking in the everyday discourse, and then you have stuff in between…”poetry, you have chant…hip hop culture creates a bridge between those very well…for me, it’s
more of a general principle, not specific to analytical music therapy. (personal communication, February 11, 2020)

Participant A (NRMT) and Participant C (AMT) independently provided their perspectives on lyrics. In the case of Participant A (NRMT), the lyrics were important and were seen as a verbal intervention as communication occurs in the music and in the intentionality of the lyrics in addition to spoken verbal intervention. In this context, the lyrics were in line with the participants’ definition and understanding of verbal intervention. With Participant C (AMT), lyrics were part of the aesthetic conversation while the verbal intervention was used to ground and solidify the aesthetic, creative experience. This discrepancy in understanding verbal intervention leans into the discrepancy of the literature of how music therapists are defining and viewing the word verbal intervention and what constitutes a verbal intervention. In just two models (NRMT and AMT), verbal interventions took on two meanings – one with lyrics and one without lyrics.

Theme #4: Music as Therapy vs. Music in Therapy. Bruscia (1987) delineates the difference between music as therapy and music in therapy. When music is used as therapy, the music is the primary medium for change (Bruscia, 1987). Music as therapy uses music as primary and the relationship between client and music is primary with the therapist as a guide for the client music relationship (Bruscia, 1987). When music is used in therapy, music is not the primary agent of change, but is used to facilitate change in an interpersonal relationship (Bruscia, 1987). The agent of change is the medium which is fueling the therapeutic process. In music in therapy, music is the “guide, facilitator, or bridge leading the client into therapeutic contact with a person, a modality, or the client him/herself” (Bruscia, 1987, p. 9). Participant A (NRMT) affirmed that in his practice, the therapy is the music. However, he
emphasized that he is not opposed to using words during the session if that is what the client needs and to help support the musical experience. As seen from this interview, NRMT is typically music as therapy but they are open to using verbal interventions when appropriate. Participant B (BMGIM) identifies that in their practice, BMGIM could be music as therapy or music in therapy depending on the client because the role of the music may change throughout the process. For some, the music can embody the issue and become the focus of the session while for others, music can be supportive when there is resistance or defenses. Participant C (AMT) acknowledges that there is not a concrete answer as to whether or not AMT utilizes music as or music in therapy. His next thought elaborated on this idea when he expressed that he feels AMT could be music as therapy. It seems that participants did not base their interpretation of music in or music as therapy on whether or not words were employed during the therapeutic process. Rather, the humanistic understanding of their clients and their personal philosophy of music therapy drove their definition of music in or as therapy.

The difference between the models became blurred as all three participants focused less on the importance of music as therapy versus music in therapy. There was not a formal answer from each participant but rather the acknowledgement that sometimes it is not clear or straightforward. For example, it seems that there is less importance on the terminology of music in versus music as therapy but rather, what does the client need. There is alignment to the three models, but it didn’t seem to be paramount. Participant A (NRMT) focused on the use of music, which is concurrent with NRMT, but acknowledged the use of words as being important at times. Participant B (BMGIM) acknowledged that music can become the issue,
almost as if the music was a form of resistance. Participant C (AMT) mentions that AMT is not viewed typically as music as therapy but explains how it could be.

**Example 1: Participant A.** [When asked about embracing music as therapy] “I’m not anti-speaking when it can help…But I do think it is possible to have just as powerful a psychological experience through music making” (personal communication, February 4, 2020).

**Example 1: Participant B.**

I think it depends on the client…and it depends on where the client is and what they are ready for. If you are working on an issue that you can still quite defended on, or resistant to encountering in a really full way, the music can support, it can be music in therapy…but once a person is ready, the music can become the issue. The music can…your experience of the music becomes the therapeutic process. (personal communication, February 11, 2020)

**Example 1: Participant C.**

I know that some have…made that differentiation, typically analytical music therapy is seen as music in therapy, but I don’t know if I fully agree with that myself. In my experience, I have often felt that the music is the heart of the work and…In something like analytical music therapy or even guided imagery and music, there are portions of the experience that involve what some call “non-musical”…But for me, I’m always, as I mentioned before, I’m hearing my participants, I’m hearing the people with whom I work, in a musical context and I’m treating it musically. I’m thinking artistically and aesthetically right from the beginning…it’s a bit of a misnomer to call it non-musical. (personal communication, February 11, 2020)
All three participants alluded to the ambiguity of music in versus music as therapy. While there are definitions, the conversation on what is music and what is not music is unclear, and rather it is more about the role of music in each model and for each individual practitioner. For Participant C (AMT), the words and “non-musical” parts of the session are still music. Participant B (BMGIM) acknowledges the fluid nature of music in versus music as therapy because in their practice, the role of the music can change. Participant A speaks to the power of music but acknowledges the importance of verbal skills. It seems that when thinking about music in versus music as therapy, the use of words is just one small part of determining whether a session is music as therapy or music in therapy. That definition is too narrow as evidenced by the changing roles for these three participants. The conversation of music as therapy versus music in therapy is far larger than just if there is “non-musical” material such as verbal intervention present.

**Theme #5: Relationship Between Musical and Verbal Interventions.** One of the most poignant themes that emerged was the relationship between the verbal and musical interventions. It appears that the music and the verbal parts of sessions and the interactions between the two can be interpreted in several ways and the definition of the music-verbal relationship is fluid and dependent on numerous factors. Participant A (NRMT) focused on the importance of music, how the words connect back to the music, and how the conversation can be seen as music. Participant B (BMGIM) speaks about the verbal and musical interventions in several capacities. Due to the nature of GIM, there is verbal before and during the music. The role changes dependent upon the phase in the session. During the Prelude, the words are used to gather information. During the musical portions of the session, words act as a guide. During the third step, music, the words delivered by the therapist acts as
a guide, so the client remains connected to the external world. When the music is off, the verbal content is reflective of that of a counselor: reflecting, gathering information, and asking open-ended questions. Participant C (AMT) refers to the musical and verbal intervention as working synergistically. In AMT, verbal content is part of the model, but the working of the two together is what drives the interaction and the balance between the verbal and the music.

**Example 1 Participant A.**

…if I’m practicing Nordoff-Robbins therapy and it is of course, when you are working with somebody you are trying to decide what will be the most effective way of working with them, so it’s a real continuum. I am thinking, music first, and everything else second, which could mean talking, it could mean processing…I do think that it is possible to have just as psychologically meaningful and powerful experience without talking but I certainly think that verbal skill can be vital in helping the music be the most important thing…Verbal skills especially in a lot of the work in Nordoff Robbins is to be able to create in the moment, improvised songs…how do you create words that really amplify and add to the experience. (personal communication, February 4, 2020)

**Example 1: Participant B.**

My music intervention is my music choice and how I select music before or during the opening conversation and the relaxation inductions, whether I decide to change music in the middle of the music imagery experience, and when I decide to turn the music off…my verbal, all of it comes from me and all of it is made use of by the client. The beautiful thing about both of them is they are open for projection…with
the music, client’s tend to understand as coming from the composer, not coming from me…With my verbal interventions, yea they can take or leave what they want, but they know it’s coming from me and my bias and my countertransference or hopefully what they feel it coming from is my desire to be of support to their work. (personal communication, February 11, 2020)

*Example 1: Participant C.*

They should be working synergistically…I think it’s something that you use your clinical or aesthetic judgment to make that determination. You can feel when something is becoming overly verbally analytical and straying away from the participants process and their exploration of self. And that’s when it’s really time to step back from that and get back into the creative musicing component. And there are times when the participant might be lost not knowing, not feeling a sense of what’s going on at all…and things may be very creative but there needs to be a sense of…I need to hang on to something and words sometimes provide that sense…something concrete…So you use a constant sense of that balance and that synergy is often a good barometer. (personal communication, February 11, 2020)

This interaction and understanding of the relationship of music and verbal intervention provides insight into the role of verbal intervention and how that potentially “non-musical” part of the work is still interacting in the music. All three participants acknowledge a relationship between the musical and the verbal. Both Participants A (NRMT) and C (AMT) present the words as a way to help solidify the music and make it more concrete. A refers to this as making the music the most important, while C alludes to the words helping contextualize the music. The idea of balance provided by Participant C (AMT)
is reflected in Participant B’s (BMGIM) statement in which they explain that even though everything comes from them, the music can appear to be less personal than the verbal interaction. Overall, it appears that all three participants are striving to create a powerful and balanced experience for their clients in which they can guide and help their clients achieve their goals.

In defining verbal intervention, Schwartz (2019) uses verbal skills as an umbrella term with four distinct levels within it: verbal framing, verbal exchanges, verbal interactions, and verbal interventions. Verbal framing is when words are used by the therapist to give directions or to guide the client (Schwartz, 2019). Verbal exchange is when the therapist and client engage in a two-way conversation with things that have more or less set responses such as “are you ready to begin?” (Schwartz, 2019). Verbal interaction is a way for therapist and client to equally engage in personal conversation and connection (Schwartz, 2019). Verbal intervention is when both client and therapist use words as the primary therapeutic medium (Schwartz, 2019). This literature is one of the first to try to define the verbal part of the work as music therapists. Nolan (2005) also seeks to create a definition, but he uses the term verbal processing. Nolan (2005) defines verbal processing as, “…the talking that facilitates the therapeutic process during, and in response to, music making or music listening,” (p. 18).

This research seeks to provide insight into how verbal skills apply in three models of music therapy. It also seeks to understand how music therapists are defining and using verbal skills in their current practice. In this way, both Schwartz (2019) and Nolan (2005) are presenting different verbiage with similar definitions.
Discussion

This study explored the use of verbal intervention and verbal skills in three models of music therapy: analytical music therapy, Nordoff-Robbins music therapy, and the Bonny method of guided imagery and music. The purpose of this study was to explore verbal skills in the three models and how practitioners define verbal intervention in the aforementioned models of music therapy and delineate how these models define and use verbal intervention in relation to the music in session. The data were analyzed using thematic analysis and from the data five themes emerged. These themes were: Definitions and Use of Verbal Skills, Client Centered, Use of Lyrics, Music in Therapy vs. Music as Therapy, and the Relationship between Verbal and Musical Intervention.

There is a lack of literature in which verbal intervention is explored. Amir (1999) references the use of verbal skills in relation to musical techniques in therapy but few studies include the use of verbal skills (Amir, 1996; Graham, 2004; Silverman, 2007, Wolfe et al., 1998. In this study, particularly in Theme 1 (Definitions and Use of Verbal Intervention/Verbal Skills), while all participants acknowledged the use of verbal skills, there was disagreement on a clear definition of verbal intervention. All three participants used words such as verbal intervention, verbal discourse, conversation, and words interchangeably when asked to define verbal skills and verbal intervention. That is reflective of the literature in which words such as verbal processing, verbal intervention, and verbal skills are used interchangeably. One goal moving forward would be to continue to define what each of these words mean in order to create a cohesive understanding of the word in the context of music therapy.
Theme 5 (Relationship between verbal and musical) was important as each participant had a unique perspective on the relationship between the verbal and musical content in session. Each participant provided examples that seemed to reflect the model in which they practice. Participant A (NRMT) spoke about how he thinks about music first and everything else second but how the verbal can be vital in helping make the music the most important part. Participant B (BMGIM) explains how the music can be seen as coming from the composer even though she chooses the music. She further explains that the verbal part comes directly from her, but both are open for projection. Participant C (AMT) explains that the music and words should be working synergistically. While all three participants provided different answers, the overall theme seemed to be that the music and the verbal interventions are important and in some way work towards the goals of the clients.

Theme 3 (Lyrics) emerged from only Participants A (NRMT) and C (AMT). Participant A (NRMT) believed that lyrics were part of the verbal intervention while Participant C (AMT) expressed that they were not part of the verbal intervention but rather part of the aesthetic experience. It relates back to the Nordoff-Robbins model in that the whole session can be music and the lyrics could represent the verbal part within the aesthetic experience. Lyrics (in songwriting) as metaphor and insight is reflected in the literature (Thompson, 2009; Viega & Baker, 2017) and supports the idea that lyrics can be part of verbal intervention. In the AMT model, words are part of the model. The verbal often comes before the music and in this way the music is directly related to the verbal content (Scheiby, 2015). Figure 1 (Scheiby, 2015) below demonstrates the phases of AMT in which the music and verbal content are related.
It seemed that Participant A (NRMT) viewed the verbal as helping bring the music to the forefront. Interestingly, Participant C (AMT) presented the idea that the verbal can help ground the music while at the same time; the music can help when words are halting the process. While they used different words, it seems that both Participant A (NRMT) and Participant C (AMT) were alluding to the fact that sometimes the music takes away boundaries that words can create.

Amir (1999) stresses the importance of understanding why we are using certain interventions. Theme #2 (Client centered) highlights this thought by showing therapists are careful when choosing interventions based on the person and population. The choices made in therapy (by these three participants) between verbal and musical intervention is multifaceted. All three participants referenced their clients when describing their choices between musical and verbal intervention in session. It seemed that a client centered approach
was more important than if the respective models were seen as music in or music as therapy (Theme 4).

Wolfe et al. (1998) sought to “observe, categorize, and quantify the kinds of verbalizations that the music therapist employs during these sessions” (p. 13) in his study. Participant A (NRMT) expressed how the verbal intervention is related back to the music and how even the conversation can be seen as music. Participant B (BMGIM) expressed that the music and the verbal were not always related, and the role of the verbal intervention depended upon whether the music was on. Participant C (AMT) discussed how the verbal could help ground the aesthetic experience and make it more concrete. This gave a small insight into the discrepancies within the field in defining verbal intervention.

Nolan (2005) was one of the first to explore and explicitly name the idea of verbal interventions. Schwartz (2019) has further defined and categorized these verbal skills into four categories. The participants of this study seemed to express and define their verbal skills in session as somewhere between verbal interactions and verbal interventions in their work, as defined by Schwartz (2019). Verbal intervention, as defined by Schwartz (2019), requires higher levels of training and education, which all three of the participants had. In reviewing the themes, the definition of verbal intervention in this study seemed to include aspects of verbal interaction and verbal intervention.

Implications for Clinical Practice

This study is one of the first to begin to define and qualify the perceptions of verbal interventions of advanced trainings in music therapy. This does not answer the greater question of verbal intervention in sessions in which the therapist does not have an advanced training or education. This study continues to exemplify the lack of succinct definitions of
verbal skills in music therapy and in advanced trainings. Words are still used interchangeably (i.e. verbal intervention, discourse, words, verbal skills, verbal part, and verbalizations) without definition or distinction. This study explored verbal intervention in AMT, GIM, and NRMT and provides a brief insight into the verbal intervention and their relationship to the musical intervention in these models. This study adds to the limited literature surrounding verbal skills in music therapy and hopefully will create a stepping-stone for further exploration and research.

Collectively the participants brought information that was valuable to the field. Verbal skills are being used and implemented in our practice regardless of model and approach. Participant A (NRMT) highlighted the importance of verbal skills even when the music is center. Participants B (BMGIM) and C (AMT) referenced the importance of verbal skills as well as musical skills. Music therapists work with a wide breadth of individuals and need to be proficient in both music and verbal skills and interventions. In the American Music Therapy Association Advanced Competencies, verbal skills are one of the specific competencies: “4.10 Utilize advanced verbal and nonverbal interpersonal skills within a music therapy context,” (AMTA, 2015). Another positive outcome was the recognition that the work is reflective of a client’s needs. All three therapists are basing their clinical work on what their client needs in that moment. The participants, all from different models, recognized and referenced that the client guides their choices.

**Implications for Education and Training**

Gooding (2017) proposed a desire for further training in verbal skills in music therapy education. The study by Gooding (2017), in addition to the outcomes of this study, provide a foundation to further explore and explain verbal intervention in an educational and clinical
context. Schwartz (2019) and Gooding (2017) along with the results of this study provide a foundation for further research for verbal skills in clinical use and in the pedagogical milieu.

Music therapists are highly trained in musical intervention but because they may be working with people who speak, there should be strong training in the verbal as well. There is education at the graduate level, but in Gooding’s (2017) approach, there is a way to have appropriate verbal education for undergraduate students as well, which are referenced in Figure 2 below.

**Figure 2.**

**Microskills**

Note. Gooding (2017) proposed a model in which verbal skills can be taught in the educational setting.
Currently, there are both undergraduate and graduate music therapy programs in the United States. There is a need to have familiarity with verbal skills at both the undergraduate and the graduate level because in many states, there isn’t specific requirement for a master’s degree to work as a music therapist. Therefore, undergraduate students should have the training and ability to communicate and use verbal skills in order to protect clients and best meet their needs.

**Limitations**

This study had several limitations. First, it was a very small sample size so it cannot be representative of an entire field. A second limitation is that this study focused on three specific models of music therapy which require advanced schooling and training, as opposed to music therapy as a whole field. A third limitation is that the three models selected are similar in their improvisatory approach and overall psychological paradigms and tenets. Nonetheless, this study provided valuable information about how clinicians are using verbal skills in their practices such as: 1) for reflection, 2) to ground aesthetic experience, 3) to ask open ended questions, 4) to communicate, and 5) to gather information. It also illustrates that the work is client focused and choices are beyond model and approach. Each participant had experiences and examples that reflected the model in which they are trained, but the overall theme was that their work is client centered and client focused despite model and approach.

**Recommendations for Future Research**

Future research should include further exploration of verbal skills in more advanced trainings with a larger sample size. Further research could include studies that include a general population of music therapists that work within a range of approach and methods. Future studies should include music therapists without advanced trainings in order to provide
a more comprehensive understanding of verbal skills in music therapy beyond master’s level clinicians with advanced trainings.

Further studies should include establishing a more common definition regarding verbal skills. Schwartz (2019) has begun this process with her recent publication, but there needs to continue to be more research and literature which can generalize the definition and usage of verbal skills across music therapy milieu. The three participants, while using different verbiage, had similar end results in that they focused on the client and that influenced their use and possibly their definition of verbal skills.

**Conclusion**

This study explored the use of verbal intervention and verbal skills in three models of music therapy: analytical music therapy, Nordoff-Robbins music therapy, and the Bonny method of guided imagery and music. The purpose of this study was to explore and define verbal intervention in the aforementioned models of music therapy. The results began to delineate how these models use verbal intervention in relation to the music in session. The themes which emerged were: (1) definitions of verbal intervention/verbal skills, (2) population dependent, (3) use of lyrics, (4) music as therapy vs music in therapy, (5) Musical-Verbal Intervention Relationship. Although future research in the area of verbal intervention definition and usage is needed, this study provided a foundation to encourage further research on verbal interventions in addition to music interventions to best serve the needs of clients in music therapy.
References


Appendix A: IRB Approval Letter

The Role of Verbal Skills in Analytic Music Therapy, Nordoff-Robbins Music Therapy, and Guided Imagery and Music.

Approved: January 6, 2020

Approval No: 05091407-0106

Dear Dr. Carpent and Ms. Ingram:

The Institutional Review Board (IRB) of Molloy College has reviewed the above-mentioned research proposal and determined that this proposal is exempt.

It is considered an EXEMPT category 45 CFR 46.104(2)(1+2) per the requirements of Department of Health and Human Services (DHHS) regulations for the protection of human subjects.

As per 45 CFR 46.115(b) and 21 CFR 56.115(b) require that all IRB records be retained for at least 3 years, and records relating to research which is conducted be retained for at least 3 years after completion of the research.

Please note that as Principal Investigator (PI), it is your responsibility to be CITI Certified in both the Responsible Conduct of Research and Human Subjects Research and to submit the evidence in order to conduct your research. Remember, all consents and recruitment flyers for any research protocol need to have Molloy IRB dated stamps of approval. To obtain the official stamp, please contact Ms. Gina Nedelka (gnedelka@molloy.edu) to arrange a time to meet with her in her office in Kellenberg-Room 009. You will bring one clean consent (of
each consent and/or assent) and any recruitment flyers to the meeting with Ms. Nedelka for IRB dated stamp of approval. You then make copies of stamped materials and use those copies for recruiting and consenting.

You may proceed with your research. Please submit a report to the committee at the conclusion of your project.

This acknowledgement expires within three years-unless there is a change to the protocol.

However, the IRB requires an annual ongoing report of your exempt protocol (the application for ongoing/continuing review) is available on the IRB web page.

If there is a proposed change to the protocol, it is the responsibility of the Principal Investigator to inform the Molloy College IRB of any requested changes before implementation.

A change in the research may change the project from EXEMPT status and requires prior communication with the IRB.

Sincerely,

Patricia A. Eckardt, PhD, RN, FAAN

Chair, Molloy College Institutional Review Board

Professor, Barbara H. Hagan School of Nursing

peckardt@molloy.edu
Appendix B: Consent Forms

Music Therapy, Humanities
1000 Hempstead Ave
Rockville Centre, NY 11570
914-960-7254

Title of Study: The Role of Verbal Skills in Analytic Music Therapy, Guided Imagery and Music, and Nordoff-Robbins Music Therapy

This study is being conducted by:
Elizabeth Ingram, MT-BC
ingram@fors.molloy.edu
914-960-7254
John Carpenter, MT-BC, LCAT, PhD.
jecarpent@molloy.edu

Key Information about this study:
This consent form is designed to inform you about the study you are being asked to participate in. Here you will find a brief summary about the study; however you can find more detailed information later on in the form.

This research study will explore the role of verbal communication as an intervention in music therapy practice in three models of music therapy: (a) analytic music therapy (AMT), (b) guided imagery and music (GIM), and (c) Nordoff-Robbins music therapy (NRMT). Subjects will include music therapists who have been working in their respective model for a minimum of 5 years and have a minimum of a master's degree in music therapy. The interview will include open-ended questions related to verbal skills in each respective model of music therapy. Interviews will be approximately 20-30 minutes. After the interviews, the researcher will transcribe the audio and send the transcription back to the interviewees for approval. The review process should take interviewees approximately 30 minutes. The researcher may contact participants for member checking. Participants will have unlimited access to the data if they choose to request it at any point.
Who will have access to my information?
The researcher and co-researcher will have access to the information.

How will my [information/biospecimens] be used?
Pseudonyms will be used to protect the anonymity of the participants. Interview questions and answers will be analyzed for themes related to the use of verbal skills/intervention in analytic music therapy, guided imagery and music, and Nordoff-Robbins music therapy. Information collected as part of this research, even if identifiers are removed, will not be used or distributed for future research studies.

To ensure that this research activity is being conducted properly, Molloy College’s Institutional Review Board (IRB), whose members are responsible for the protection of human subjects’ rights for all Molloy-approved research protocols, have the right to review study records, but confidentiality will be maintained as allowed by law.

Can my participation in the study end early?
You may choose to withdraw from the study at any time.

Will I receive any compensation for participating in the study?
There is no compensation for participating in this study.

What if I have questions?
Before you decide whether you’d like to participate in this study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact Elizabeth Ingram at 914-960-7254 or eingram@lions.molloy.edu or John Carpenter at jcarpente@molloy.edu

What are my rights as a research participant?
You have rights as a research participant. All research with human participants is reviewed by a committee called the Institutional Review Board (IRB) which works to protect your rights and welfare.

If you have questions about your rights, an unresolved question, a concern or complaint about this research you may contact the IRB contact the Molloy IRB office at irb@molloy.edu or call 516 323 3000.
of the study. The researcher does not foresee any risks associated with participation. There is no compensation and participants may choose to withdraw at anytime.

Why am I being asked to take part in this study?
You are being asked to participate because you are identified as a music therapist who have been working in their respective model (analytic music therapy, guided imagery and music, or Nordoff-Robbins music therapy) for a minimum of 5 years and have a minimum of a master’s degree in music therapy.

What will I be asked to do?
The interview will include open-ended questions related to verbal skills in each respective model of music therapy. Interviews will be approximately 20-30 minutes. After the interviews, the researcher will transcribe the audio and send the transcription back to the interviewees for approval. The review process should take interviewees approximately 30 minutes. The researcher may contact participants for member checking. Participants will have unlimited access to the data if they choose to request it at any point of the study. The researcher does not foresee any risks associated with participation. There is no compensation and participants may choose to withdraw at anytime.

Where is the study going to take place, and how long will it take?
The study will take place via Zoom. The interview will take approximately 20-30 minutes. Reviewing the transcription will take approximately 30 minutes.

What are the risks and discomforts?
The researcher does not foresee any risks. The participants may choose to withdraw at any time.

What are the expected benefits of this research?
Benefits of this research are related to expanding the literature of music therapy research.

Do I have to take part in this study?
Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty or loss of benefits to which you are already entitled.

What are the alternatives to being in this study?
Instead of being in this research, you may choose not to participate.
Documentation of Informed Consent:

You are freely making a decision whether to be in this research study. Signing this form means that:
1. you have read and understood this consent form
2. you have had your questions answered, and
3. after sufficient time to make your choice, you have decided to be in the study.

You will be given a copy of this consent form to keep.

Your signature ____________________________________________________________________________ Date __________

Your printed name ____________________________________________________________________________ Date __________

The interviews are being recorded. By signing, you are consenting to this process.

Signature of researcher explaining study ____________________________________________________________________________ Date __________

Printed name of researcher explaining study ____________________________________________________________________________