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Senior Thesis

Does art therapy show improved results on treating veterans with Post Traumatic Stress than traditional therapy?

## **Introduction**

For military service members, readjusting to being home from a combat zone can be one of the most difficult journeys, and not everyone is able to come home the way they left. Too many veterans return home with Post Traumatic Stress Disorder(PTSD) and find themselves struggling to receive the help they need. This paper identifies the characteristics of PTSD, and will discuss how Music Therapy and application of the arts into veterans lives can assist in the healing process of veterans working through PTSD.

While the development of PTSD research has come far, and there are viable methods of psychotherapeutic recovery, such as prolonged exposure therapy and cognitive processing therapy, art therapy has strong cases for being more efficient, in its methods of not just emotional-uncovering, but communal engagement among patients, and creating a safe environment for recovery.

Some Soldiers have even begun finding programs that offer music therapy to assist in their recovery. U.S. Army Sgt. (retired) Andrew Bell is one of these Soldiers. As a victim of PTSD, Bell had trouble putting sentences together and thinking of the right words to use. One day while listening to a song from “Les Miserable” he was able to find the right words again and claims for “that short small time I felt closer to myself than I had

since my injury.” From there he found a music therapist from the National Intrepid Center of Excellence(NICoE) and began therapy. The therapy has done a lot to help Sgt. Bell through his recovery, and through more research has the potential to become more accessible to other Soldiers.([arts.gov](http://arts.gov))

## **Post Traumatic Stress Disorder**

Post Traumatic Stress Disorder, as accepted by the Diagnostic and Statistical Manual of Mental Disorders, follows the following criteria:

Criteria A is a stressor. A Stressor is where the victim has been directly exposed to a traumatic event, witnessed one, learned that a relative or close friend has been exposed to one, or indirect exposure to aversive details of trauma. In the case of veterans, many of these stressors may be being hit by an Improvised explosive device(IED), or witnessing loss of life.

Criteria B is Intrusion Symptoms, which are unwanted/upsetting memories, nightmares, flashbacks, emotional distress, or physical reactivity. These usually happen in situations that can remind the victim of their stressor event. One of the popular examples of this is when veterans avoid fireworks because they remind them of explosions, or attacks they had been under while in a combat zone.

This can be associated with the next criteria for diagnosis(Criteria C), Avoidance which when the victims attempt to separate themselves from Trauma-related thoughts, feelings, or external reminders. An example of this would be the act of distancing oneself from the fireworks or places where sudden loud noises are common.

Criteria D is Negative alterations in cognitions and mood, is the inability to recall key features of the trauma. For this criteria, at least two of the following symptoms must be present in the victim for a diagnosis. The victim will experience overly negative thoughts and assumptions about oneself or the world, exaggerated blame of self or others for causing the trauma, negative affect, decreased interest in activities, feeling isolated, or difficulty experiencing positive affect. Usually, the negative alterations result is self harm or suicide, shown by the statistic by the Department of Veterans affairs, that the daily suicide rate of Veterans is twenty-two lives per day([VA.gov](http://VA.gov)).

Criteria E is Alterations in arousal and reactivity. These are categorized as Irritability or aggression, risky or destructive behavior, hyper vigilance, heightened startle reaction, difficulty concentrating, difficulty sleeping.

The final three criteria for diagnosis of PTSD is the duration, functional significance, and exclusion. To meet these criteria, symptoms have lasted longer than a month, symptoms create impairment in social or occupational environments, and exclusion meaning that the symptoms are not due to medication, substances, or illnesses. ([brainline.com](http://brainline.com))

From the Department of Veterans Affairs website, below are some definitions commonly used when discussing Post Traumatic Stress(PTS).

A Cumulative Incidence, also called "Risk," is the group of people that develop a disorder, within a set bracket. An example of this which will be reviewed later is how researchers usually test only Vietnam War veterans, or only Gold War Veterans, while studying case by case situations of PTS. With Cumulative Incidence comes the cumulative incidence ratio, "a relative measure of the cumulative incidence of disorder in a group

exposed to a certain factor compared to the cumulative incidence of a disorder in a group that is unexposed to that factor.”([ptsd.va.gov](http://ptsd.va.gov))

Being a newly recognized disease, there is only information on people suffering from PTSD from recent years. When first recognized during World War II, Post Traumatic Stress was called Shell Shock, and was often brushed aside as cowardice by senior leaders of Soldiers. It was first brought to the mainstream culture of America with the 1947 Best Picture Winning, William Wyler directed film, “The Best Years of our Lives.” This was a Film that features real, and wounded, Service Members, and tell’s the story of three of them coming home from World War II, and facing the trouble that comes with it.

But while the symptoms of Post Traumatic stress were seen and acknowledged, it was not until 1980, when it would be added by Mardi Horowitz, to the Diagnostic and Statistic Manual of Mental Disorders(Morris p. 61)

## **Veterans and PTSD**

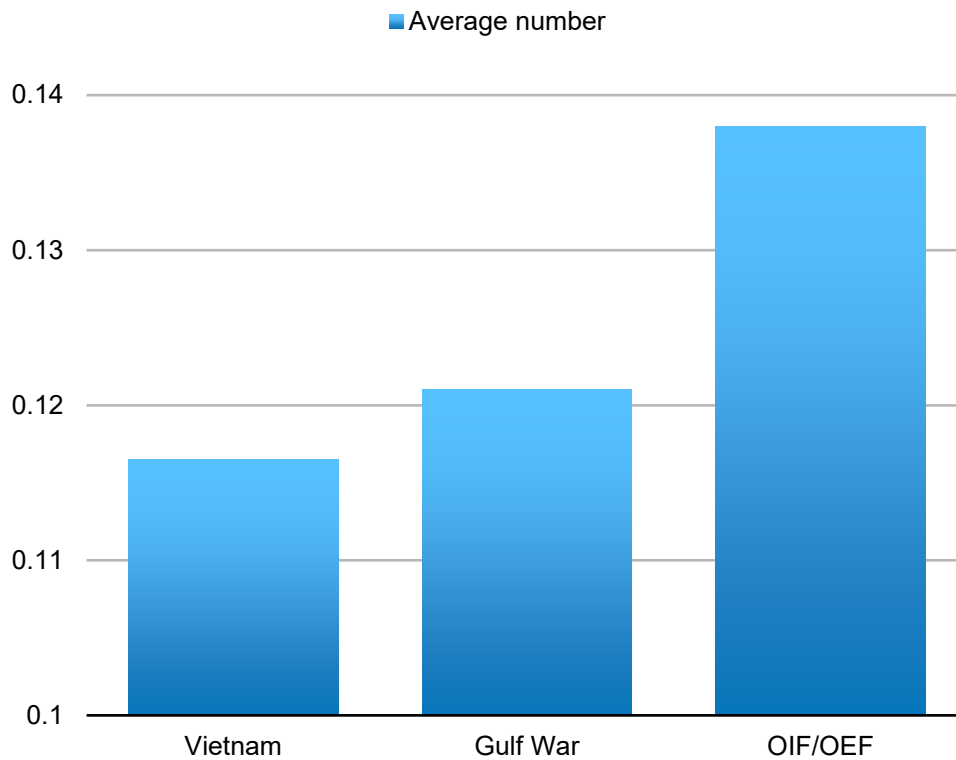
During both World Wars, PTSD was known only as “Shell Shock” and was greatly misunderstood by most everyone. One of the earliest records of Shell Shock, came in September of 1914, during the start of the war. Rumors from the Battle of Marne spoke of Soldiers on the front line were witnessed dead at their posts but many of their fellow Soldiers had to take time to process what had happened. In an article from *The Times History of the War*, one of the witnesses said, “every normal attitude of life was imitated by these dead men. The illusion was so complete that often the living would speak to the dead before they realized the true state of affairs.”

In one event, General George S. Patton encountered a shell shocked Soldier, while visiting a hospital in Sicily. When Patton saw the man and asked what his condition was, the Soldier, Pvt. Charles Kuhl admitted that he “couldn’t take it.” It was at that, Patton slapped the Soldier, calling him a coward and ordering him back to the front lines. Even after this, Patton wrote in his journal, “Companies should deal with such men, and if they shrink their duty should be tried for cowardice and shot.” In a similar event later on, Patton meets a Soldier who suffers from convulsions. Patton again calls him a coward and slaps the Soldier. News of Patton’s action eventually reached President Eisenhower, who wrote in a letter to Patton, “I must seriously question your good judgement and your self-discipline as to raise serious doubts in my mind as to your future usefulness(O’Riley p.47).” It is after this, incidents of Patton’s abuse towards Soldiers with shell shock begins to calm down.

On the website for the Department of Veterans affairs, the statistics for Soldiers that developed PTS is separated into three sections; Vietnam, Golf War, and Operation Iraqi Freedom(OIF)/Operation Enduring Freedom(OEF). In the Vietnam cumulative incidence study, it states that of in-theater veterans, 15.2% of males, and 8.1% of females had been diagnosed. This information was gathered by the National Vietnam Veterans Readjustment Study.

Of the 11,441 Veterans in combat during the Golf War, between 10.1% and 12.1% of veterans were found to have PTS. In 2008, the RAND Corporation, Center for Military Health Policy Research conducted a study that measured the effects of Service members

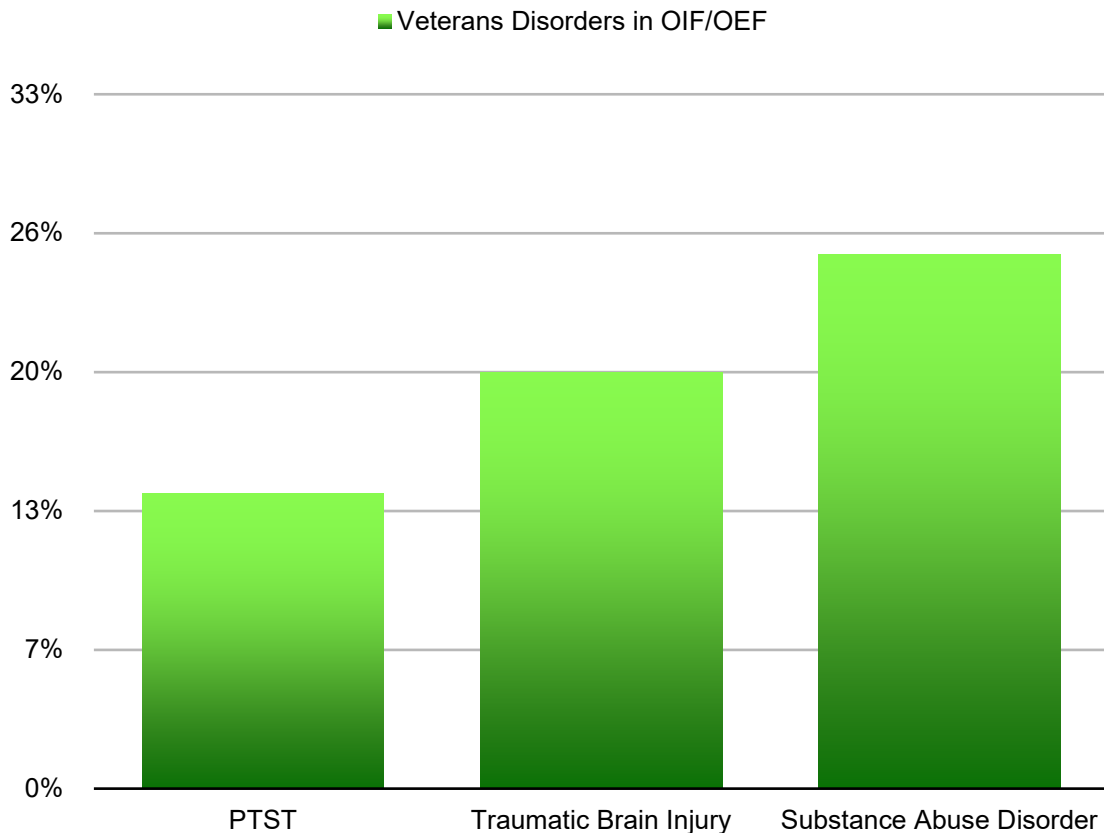
from both OIF and OEF. It was in this study that PTS was found in 13.8% of occupants([ptsd.va.gov](http://ptsd.va.gov)). This information is shown below, with the numbers for Vietnam averaged out between male and female.



According to the National Center for Post Traumatic Stress Disorder, the most highly recommended treatment for veterans is “trauma-focused psychotherapy(TFP).” TFP studies have found that within said field, the three strongest forms of therapy are prolonged exposure, cognitive processing therapy, and eye movement desensitization and reprocessing. Prolonged exposure is a type of Cognitive Behavioral Therapy that helps the patient expose themselves to trauma related situations, memories, or feelings that had been avoided, as a way of decreasing symptoms. Cognitive Processing Therapy(CPT) is a twelve session psychotherapy that teaches the afflicted how to analyze

and reframe thoughts of the trauma. For example if patients blames themselves for their trauma or an accident, CPT can help to see how they were not to blame for the event, and ease the pain. In Eye Movement Desensitization and Reprocessing psychotherapy, the patient focuses on back-and-forth movements and sounds while recalling the traumatic memory, until the patient's experience of the memory changes. For this method though, while shown to be effective, it is widely debated the effectiveness or necessity of the back-and-forth motion([ptsd.va.gov](http://ptsd.va.gov)).

PTSD isn't the only problem facing veterans on their way home from war. Many



service members also deal with traumatic brain injury, depression, or substance abuse to try to cope. According to the National Veterans Foundation, 25% of Veterans from Iraq and Afghanistan showed signs of substance abuse disorder, and 19.5% of the Veterans

were diagnosed with a Traumatic Brain Injury([NVF.org](http://NVF.org)). Traumatic Brain Injuries are caused by bumps, blows, or shocks, that disrupt the normal brain function. Symptoms of Traumatic Brain Injuries include difficulty thinking clearly, feeling slowed down, difficulty concentrating, or difficulty remembering new information([cdc.gov](http://cdc.gov)). A study done by the National Institute on Drug Abuse in 2008, showed that active duty and veterans abused prescription drugs, twice as much as civilian populations. By another study done through the VA in 2009, it was estimated that around 13,000 veterans suffered from Alcohol dependence syndrome.

To add to these growing problems, many veterans had difficulty seeking treatment. According to the U.S. Government Accountability Office, from 2006 to 2010, 2.1 million veterans received treatment from the Department of veterans affairs. That is 420,000 veterans a year. The average number of active service members in that time frame was 1,403,160. That is just under 30% of veterans receiving some form of treatment. Many of the Veterans that need therapy face mental barriers that stop them from getting the treatment they need. Most often, these reasons are:

- Personal embarrassment about service related mental disabilities
- Long wait times to receive treatment
- Shame over the need for mental health treatment
- Fear of being seen as weak
- Stigmas associated with mental health issues
- Lack of understanding or awareness on treatment options
- Logistical problems such as travel



- Concerns over treatment offered by the VA
- False perceptions based on demographics such as age or gender.([nvf.org](http://nvf.org))

## **Art and Music Therapy**

According to the *Developmental-Behavioral Pediatrics*(Fourth Edition), 2009, Art Therapy is defined as the “therapeutic use of art making, within a professional relationship, by people who experience illness, trauma, or challenges in living to express feelings and to increase emotional well-being(Carey, p. 944).”

Some of the earliest references to music being used for medical reasons date back to the early 1800’s, in publications by Edwin Atlee and Samuel Matthews([musictherapy.org](http://musictherapy.org)). It wasn’t until much later that James Leonard Corning published in *The Medical Record: A Weekly Journal of Medicine and Surgery*, the first study that experimented with music therapy. In 1899, Corning found subjects who had been diagnosed with behavioral and emotional disorders, and attempted to manipulate their emotions using aural stimuli. His idea was that when a person is in a state close to unconsciousness, but not entirely there, he could use musical vibrations to influence their emotional state. What Corning found was the the vibrations did affect the nervous system, and that music was a vital component of the patients mental health. He also found that the patients with depression began showing less symptoms after the treatment, and were more likely to be active(Davis).

In the art world, Margret Naumburg is known as one of the primary revolutionaries in the art therapy movement. Naumburg saw this therapy as a way to help people bring

out repressed thoughts and emotions. Her idea was that when a patient expressed symbolically their state of mind, and combined that with physical and verbal aspects of experience, the healing process would begin. The term “Art Therapy” was first coined by a British artist named Adrian Hill, who discovered the benefits of creating art while recovering from tuberculosis in 1942([goodtherapy.org](http://goodtherapy.org))

From an article by Charles E. Levy, Art Therapy has been used in an assortment of mental health conditions such as depression and anxiety, in an attempt to improve quality of life. Many organizations have made this their primary focus of mental health aid, such as the Americans for the Arts and National Endowments for the Arts. Programs such as these have also take the responsibility to not only assist those who have been effected by PTS, but also prepare families off military members throughout all phases of a Service Member’s career, such as pre-deployment, deployment, and reintegration(Levy).

At Montclair State University, Music Therapy is one of the degree courses that has become more popular in recent years. Professor Amy Clarkson spoke about the developments being made in the field through the program, and discussed how students at Montclair learn about Music Therapy.

“Musically, students receive training in guitar, piano, voice, and development in the use of whatever their primary instrument is. So they get into the program by auditioning on their primary instrument which could be anything, and we like to support students in the use of whatever their primary instrument is, in a therapeutic setting along with the instruments they’ll use on a regular basis.” Professor Clarkson said.

A lot of what Professor Clarkson has found though, is very dependent of each individual patient, and blanket-type techniques do not always work. “we’re teaching students in the various approaches to therapy, but there’s a humanistic underpinning to it that leads us to understand who the client is and follow their leads. So, if the client is most comfortable listening to music, then that’s where we’re gonna start right? And if the client has a background in being active in music making then we’re going to support that live engagement, and we’re gonna want to know what their preferences are in music and also, I think this is particularly true for people that have been through trauma, we want to understand, is there music that is triggering for them, or music for them that they don’t want to listen to.” Clarkson Said.

According to Harvard University, Music Therapy has also been found to aid in a few other medical areas. Since listening to music can be a tool to reduce anxiety, it has been associated with chemotherapy and radiation treatments for cancer, to help the patient remain calm, and can also quell nausea and vomiting when receiving treatment. It also helps in aiding pain relief. On Harvards website, they claim, “Music therapy has been tested in a variety of patients, ranging from those with intense short-term pain to those with chronic pain from arthritis. Over all, music therapy decreases pain perception, reduces the amount of pain medication needed, helps relieve depression in pain patients, and gives them a sense of better control over their pain.” Because music is often associated with memory, they have also found that music therapy can help improve the quality of life for people living with dementia. ([health.harvard.edu](http://health.harvard.edu))

## **Veterans and Art Therapy**

From the introduction of "The Evil Hours," the author points out the fact that in ancient Greece, when Soldiers came back from war, they would often turn to the arts for solace. This, being in either acting and/or writing plays, or looking to literature for answers, such as with *The Iliad* or *The Odyssey* (Morris p. 3). This exact idea has even been recreated today by Roberta L. Stewart from the Society for Classical Studies. Stewart organized a group of combat Veterans to conduct a reading of Homer's *Odyssey* and *Iliad* to demonstrate that literature can help the veterans better understand what they have gone through, and adjust to their new conditions.

This idea has even been used like artists such as Shakespeare. In his play, *Henry IV*, a story about a prince's coming of age during the English civil war, includes a monologue from one character's wife as he is about to leave for war. She says;

"O my good lord, why are you thus alone?  
For what offense have I this fortnight been  
A banished woman from my Harry's bed?  
Tell me, sweet lord, what is 't that takes from thee  
Thy stomach, pleasure, and thy golden sleep?  
Why dost thou bend thine eyes upon the earth,  
And start so often when thou sit'st alone?  
Why hast thou lost the fresh blood in thy cheeks  
And given my treasures and my rights of thee  
To thick-eyed musing and curst melancholy?  
In thy faint slumbers I by thee have watched,  
And heard thee murmur tales of iron wars,  
Speak terms of manage to thy bounding steed,  
Cry "Courage! To the field!" And thou hast talk'd  
Of sallies and retires, of trenches, tents,  
Of palisadoes, frontiers, parapets,  
Of basilisks, of cannon, culverin,  
Of prisoners' ransom and of soldiers slain,  
And all the currents of a heady fight.  
Thy spirit within thee hath been so at war  
And thus hath so bestirred thee in thy sleep,  
That beads of sweat have stood upon thy brow

Like bubbles in a late-disturbèd stream;  
And in thy face strange motions have appeared,  
Such as we see when men restrain their breath  
On some great sudden hest. O, what portents are these?  
Some heavy business hath my lord in hand,  
And I must know it, else he loves me not.”  
—Henry IV, Part 1 (2.3.39-67) ([shakespeareandbeyond.folger.edu](http://shakespeareandbeyond.folger.edu))

The character speaking the monologue is expressing her fears of her husband leaving for war, as she’s seen the damage it has already done to him. For example she talks of how they don’t share a bed anymore(line 3) and how he’ll often sit alone(line 7). This first example would fall under Criteria C in the DSM-MD, which is avoidance, and sitting alone falls under Criteria D, as examples of isolation after a traumatic experience. In lines 11 to 19, she talks about how he has started talking in his sleep, recounting moments of battle. This would fall under Criteria B, which is the flashbacks of war that would bring the stressor back into the Soldier’s mind, and E, difficulty sleeping. Even though Post Traumatic Stress wasn’t recognized as a mental problem at the time, this monologue from 400 years ago hits nearly every criteria for modern day PTSD.

One Solider expressed his experience with other Soldiers with whom he works, about how they have felt with PTS, and for sake of their privacy, will stay anonymous. The outcome of the interview showed to me that while Service Members would actively seek help, they were not aware of all the options that could be provided to them. This Soldier, who will be referred to as “B” said that in his time as a Soldier, he had only ever known or heard of the Army providing recovery through the VA, but it was as a civilian that he had heard of other options.

“I did hear one speaking of media, back on the National Memorial Day Concert, I think it was two or three years ago. One university, I can’t remember it off the top of my

head, they were developing a study in which they took veterans who had severe TBI(Traumatic Brain Injury), and they were putting them through some sort of musical therapy to help them regain some form of rhythm or speech or something that they had lost completely. It had some pretty outstanding results, a lot of these veterans they had running tests were seeing drastic improvements in their motor functions and speech functions.” Said the Soldier.

In the article mentioned, titled, “Music-Based Cognitive Remediation Therapy for Patients with Traumatic Brain Injury(TBI)” by Shantala Hedge, the idea is put forward that from a neuroscientific perspective, experiencing and engaging in music is one of the best cognitive exercises. With this theory, Neurologic Music Therapy(NMT) has been developed as a way of improving sensorimotor, language, and cognitive parts of the brain through music. Through work with TBI and the practice of NMT, therapists have recorded results of improved brain function and better emotional control in cases such as depression and anxiety(Hegde).

In a study done in the UK, discussed in Janice Lobban’s article, “The invisible wound: Veterans’ Art Therapy, the initial results of recovery through art therapy are examined. The veterans in the study conducted art therapy through illustration in an attempt to find new ways of expressing themselves. According to Lobban, “the veterans are able to translate their emotions and body sensations into words and in so doing to make sense of experiences as well as to find meaning. They are able to articulate their observations to others and to feel less detached.” The style in which this therapy works is spontaneous illustrations made by the veterans, as symbols of internal states for them on which to be able to reflect. This helps to be honest and vulnerable with their emotions, rather than

hiding them. While this study didn't account for the long-term effects, it was seen that the veterans were better able to connect on an emotional level, overcome avoidance, take control of difficult feelings, all combining to create a positive understanding and improve communication not just for themselves, but also when interacting with others(Lobban).

In 2010, a small study conducted by the Department of Veterans Affairs and Health Services Research & Development, tested an assortment of different forms of therapy on Veterans with PTSD including psychotherapy, medication management, and music therapy. The study consisted of 40 Afghanistan and Iraq veterans with significant symptoms. Over a period of six weeks, veterans with given hour-long guitar lessons from "Guitars for Vets," focusing on how to play guitar and understanding sheet music. The results of the study showed significant relief in symptoms for patients, along with reducing depression and creating overall better health. Because of the success of this study, a handful of VA sites have put this therapy into practice, such as the Hampton Virginia VA Medical Center([hsrd.research.va.gov](https://hsrd.research.va.gov))

The idea of using Art Therapy to help veterans has been the foundation of many programs. Actor and Marine Adam Driver founded the organization, Arts in the Armed Forces(AITAF) in 2006 with a mission to "brings high-quality arts programming to active duty service members, veterans, military support staff and their families around the world free of charge," according to their website. Adam Driver in his TED talk describes how he faced trouble transitioning from the military life to a civilian life, and going to college for acting. He says at one point, "I was really discovering characters and play writes and plays that had nothing to do with the military, but were somehow describing my military experience to me in a way that before to me was indescribable, and I felt myself becoming

less aggressive as I was able to put words to feelings for the first time and realizing what a valuable tool that was.” This is a common feeling among service members, one of trouble with re-adjustment to the civilian life. He also speaks of the feelings he had learning acting, as similar to the feelings he had being a marine when it came to working as a group, leadership roles, and intimacy between co-workers, which gave him the idea to find a way to merge the two. Driver says, “I can think of no better community to arm with a new means of self expression than those protecting our country. Currently, AITAF travels around the country and the world, to perform on military bases, and incorporate service members in their productions. One Veteran said about them, “Being able to see [a play by AITAF] was a very enriching experience for me([aitaf.org](http://aitaf.org)).”

In 1998, the American Music Therapy Association was formed. Their mission is to “advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world.” On their website they provide research and advocate exclusively to military leadership, military support personnel, federal government officials, representatives of arts and other related organizations, music therapy professionals, and non-profit policy makers([musictherapy.org](http://musictherapy.org)).

## **Accessibility**

When a person joins the U.S. Military and first goes to Basic Combat Training, they are automatically signed up for Tricare. Tricare is a Department of Defense organization that provides insurance for Service members and their family, even after retirement. While



Tricare provides “Mental Health Therapeutic Services,” such as counseling and electroconvulsive treatment, they do not cover anything that would be considered experimental, or music therapy.

While TriCare doesn’t support insurance for music therapy, Service members still have access to other programs that can assist them, such as the Association of the United States Army. The AUSA is an advocacy group for Soldiers, Veterans, and families. They assist with banking, mortgages, scholarships, and help provide insurance. The AUSA, while its own entity, partners with Tricare and Medicare to get its members what they need, but they also work to link those members with other highly rated health care professionals. Other branches have similar opportunities, such as the Navy’s Association of the United States Navy.

According to the American Music Therapy Association, the number of registered therapists is very low. Only 2,184 professional therapists are active, which makes up 61.8% of the association. While this has been a growing field over the last few decades, college programs still see a relatively low attendance. “[At Montclair]there’s about sixty-three right now in placements, so then there are an additional number of students right now that are in their first year that wouldn’t have a placement yet so eighty is a safe number, maybe even a little bit more than that.” Clarkson said. “...It’s smaller than other majors, and yet it’s larger than when I was a student back in the early 90’s late 80’s, the program was much smaller at that time. So I think that the field is growing, it has a ways to go for sure, and I think its availability and accessibility, and reimbursability are all on-going challenges that, you know we’re not where we need to be.” Even in the Lyons VA

in New Jersey, there are only two music therapists on staff. Though a small field, there are colleges across the country that have Music Therapy Degree Programs(Appendix 2).

As stated earlier, one of the fear veterans have when receiving treatment are the concerns over treatment offered by the VA. In the latest Presidential Budget Request for Fiscal Year 2020, the VA is requesting a total of \$220.2 billion, a 9.6% increase from fiscal year 2019. In the plan, \$97 billion is being allocated to discretionary funding, which includes resources for health care. There is also the fear of not having needs met in a timely manor, but the VA has been working to improve this too. According to a JAMA study in 2014, the average wait time for a VA appointment is 22.5 days, while the wait time for a private sector physician was 18.7 days. In 2017, the average wait time was 17.7 days, while the private sector had actually increased to 29.8 days([va.gov](http://va.gov)). Although these numbers are improving for the VA there is still the stereotypes they face on their poor quality, which should be re-evaluate by society as a way to encourage veterans to utilize the treatments they offer.

## **Conclusion and Reccomendation**

Music Therapy has shown to help many Service members through their time of pain. Sgt. Bell is currently attending the University of Arizona, working towards a degree in family studies and human development. He said this about his experiences:

“My passion for music from before my injury helped me find my words more readily over time. Through music therapy I was able to express my feelings of frustration, love, and thankfulness for the life that was my new normal.”([arts.gov](http://arts.gov))

The first step that needs to be taken before any recovery begins, is Veterans must be encouraged to seek treatment. Many veterans still have those mental barriers that stop them from seeking the treatment they need, either because of fear, unawareness, or social stigmas on mental health issues.

Music Therapy has the potential to help veterans find a new way to express themselves and the sacrifices they made, and is being supported by numerous groups. The problem that is being seen is a lack of knowledge from veterans on their options, and a lack of opportunities provided by the government. It is important to share these programs, and if possible donate to them, in order to provide a chance for these service members. As seen with the Hampton VA Medical Center, the practice of music therapy has already been taken up by some VA departments around the country, but still is not covered by Tricare outside of the VA. It is important that more veterans, medical personnel, and support organizations advocate for music therapy to be covered by insurance holders like Tricare and AUSA, as roughly 22 percent of veterans with mental health disorders seek treatment in the private sector.

For Veterans that are continuing to struggle with Post Traumatic Stress and Traumatic Brain Injuries, there are programs across the country that are willing to help. These include;

- Arts in the Armed Forces (<https://aitaf.org>)
- Guitars for Vets(<https://guitars4vets.org>)
- American Music Therapy Association([musictherapy.com](http://musictherapy.com))
- National Veterans Association([nvf.org](http://nvf.org))
- U.S. Department of Veterans Affairs ([va.gov](http://va.gov))

- National Suicide Prevention Lifeline ([suicidepreventionlifeline.org](http://suicidepreventionlifeline.org) or 1-800-273-8255)

## Appendix

### 1. Interview with Professor Army Clarkson

**Valenza:** This paper is focusing on veterans. For a little background, I'm in the military, and my whole family's in the military, so this is something that is very important to me. Also as an artist, a photographer, the arts are something I really care about. So the first thing I'd like to ask is, how is Montclair pioneering the study of music therapy?

**Clarkson:** Are you thinking specifically about work with veterans or in general?

**Valenza:** Just general music therapy.

**Clarkson:** It was one of the early training programs that was developed in the early 70's, so its been a source of training and research for a somewhat extended period of time. The profession itself started in the early 1950's, so it was kind of early on in its development, and over the time the program's been in existence, various professors that have been at Montclair have done research and publications in a variety of different areas, and supported the development of music therapy programs in different parts of the state. I don't know if you want specifics.

**Valenza:** Well, my next question is, I'm wondering what kinds of methods are being taught? I've seen in my research and also what's being put into practice through the VA, there's a lot of stuff with guitars, such as learning how to play and read music, so it seems very focused on that. But I was wondering what other methods are there?

**Clarkson:** Musically, students receive training in guitar, piano, voice, and development in the use of whatever their primary instrument is. So they get into the program by auditioning on their primary instrument which could be anything, and we like to support students in the use of whatever their primary instrument is, in a therapeutic setting along with the instruments they'll use on a regular basis. The reason I think you've seen a lot with guitar is it's portable, and it allows the therapist to sing and interact without a lot of interference. A piano is a lot more stationary at times, but students do have six semesters of piano, so that's kind of a big emphasis as well. And the voice is the most flexible and portable of all the instruments, so the students ability to use their voice flexibly. So it's not only training in the instrument itself, but then also 'how do I use this to support the growth and healing of other people?' And throughout the program there's also work done on using percussion instruments. That doesn't take so much the form of traditional percussion lessons, but were using percussion instruments in an improvisational way in a lot of the classes and thinking about how to engage people in that use. Another musical area is around music listening and how to use receptive music therapy with clients. So it's not just, 'lets put on a song and listen to it,' it's, lets listen deeply to this song and consider what is being communicated through this song, what it means to the client, and so we're training and thinking about how to listen, and then how to ask questions and support reflection. And it's also how to use relaxation and imagery and other dimensions when listening to music. So I would say that guitar is a piece of it, but it's certainly not the centerpiece of the training students have.

**Valenza:** With that though then, playing music, learning music and understanding rhythm, that's very important, would you say that the receptiveness and listening, or the actual playing, and being involved in the music is more effective?

**Clarkson:** Oh gosh that's not a clear cut kind of an answer.

**Valenza:** Okay so more of a patient-to-patient thing then?

**Clarkson:** Yes, I mean one of our favorite answers to things in the Music Therapy department is, "It depends." I think, you know one of the things Montclair does, is we're housed in a humanistic perspective largely. It's the approach that, we're teaching students in the various approaches to therapy but there's a humanistic underpinning to it that leads us to understand who the client is and follow their leads. So if the client is most comfortable listening to music, then that's where we're gonna start right? And if the client has a background in being active in music making then we're going to support that live engagement, and we're gonna want to know what their preferences are in music and also, I think this is particularly true for people that have been through trauma, we want to understand, is there music that is triggering for them, or music for them that they don't want to listen to. We would always honor that because music is so connected to memory it can act as a trigger for people and we want to be sensitive to that.

**Valenza:** Ok thank you for that. Have you seen the stuff that the student have put out? I mean once they've graduated and moved on from the program, do you know of any examples you can talk about?

**Clarkson:** So let me make sure I know what you're asking. You want to know how what they've learned while they're in the curriculum actually applies in real life or doesn't?

**Valenza:** Well I mean, kind of, I guess I should have worded that better. Once they've learned this and earned their degree and gone out to be these therapists, do you know of any ways these students have applied it through careers outside of school? Anything big that's happened from Montclair?

**Clarkson:** Ok let me think a little bit. Definitely I know that, there's not a huge number of students that go through our program that end up becoming practicing music therapists. Through the course of the program they are involved in clinical work from their sophomore year or first year graduate school. There are first year graduates, and following their first year will do a six-month internship and then from there they graduate, so there's a one thousand and forty hour clinical requirement. So it's kind of heavy, you're not just taking the classes in isolation, you're working with music therapists in the field. And so one of the ways we keep in touch and know what our former students are doing is, a number of these former students act as supervisors. They're out there practicing as music therapists, and they're supervising the students we currently have in the program. So we do have, well, I know of two graduates of the program that are working in veterans administrations hospitals. One is in the Lyons VA in New Jersey, and one at the VA Harbor Health Care in Manhattan. And we have graduates working in medical settings, I don't know if you want to know all the places, but there's a lot of medical hospitals and schools. Hospice care has been an area that has been increasingly hiring music therapists recently, so we have a number of graduates in hospice care. Some end up working in New York City, so we have a number of students working in places there. Are you also interested in research that's come out from former students?

**Valenza:** So hopefully by the time this paper is completed it can be used as an argument to bring music therapy more into the realm of veterans. From what I've learned and what I've seen this is amazing and I wish it was much more common by the use of VAs, but it's also a matter of coverage. Military insurance, what they will and won't cover, so I really want to learn as much as I can about music therapy, and how that can be applied to veterans and make a case for them.

**Clarkson:** Yeah well I would say that primarily the music therapists I know that are working with veterans, within inpatient (an inpatient is anyone who is admitted for overnight hospital care, or any extended period of time for recovery. [sgu.edu](http://sgu.edu)) care, that it's being delivered. I don't know as much, and that doesn't mean it's not happening, I'm not familiar with a military veteran on an outpatient basis who wants to get connected with therapy, for music therapy to be the avenue of choice there. It would be the inpatient setting I think, there would certainly be a need for more, than what's there now. They're actually about to hire a second music therapist at one of the facilities where we sent students because there's only one therapist in a very large hospital.

**Valenza:** Has the school been doing anything itself with veterans groups, like any studies in relation to music therapy or has this been more the students that went to work with the VAs.

**Clarkson:** I'm not sure of a specific study that's come out through Montclair on work with veterans, to date. That doesn't mean it won't happen in the future. One of the therapists that works at the VA Harbor Healthcare in New York is an adjunct faculty at Montclair. She has just been at that site for a short amount of time, but my guess is that the leap in research will be coming from her at some point.



**Valenza:** Awesome, and I just have one last question, if you have any firsthand experience. Have you been to these VAs, have you seen the stuff that is going on there with these veterans and music therapy?

**Clarkson:** I have visited the Lyons VA in New Jersey to observe students who are working there and to meet with the music therapist that's on staff. I haven't been to the one in New York yet because again, that's a new arrangement for us.

**Valenza:** And what kind of stuff have you seen? Are there any personal experiences you had with the veterans?

**Clarkson:** My role in going there was to be an observer, so my interactions were somewhat limited, but I certainly saw the veterans responding really well to the session that I observed. The veterans were older and I think they had a range of needs, physical and some of them had memory issues, but they were able to converse and interact in the music. The student and the therapist did primarily use live music in that session that I observed.

**Valenza:** Ok, well thank you so much for your time.

**Clarkson:** Sure, is there anything else that you need? Do you want to be connected with the music therapists that are working in the VAs?

**Valenza:** Yes, I was going to ask for that if they're ok with me reaching out to them, and you sharing their information, that would be incredibly helpful.

**Clarkson:** Well I can certainly contact them first and let them know who you are and try to put them in touch with you. One of them actually isn't taking students this year because he's, and I forgot to mention this before because I don't know the nature of the research, but he went down to Washington to be involved in some research so hopefully

I can connect him to you but I don't know what he's up to, but it sound potentially exciting and he's a veteran as well. So he felt really called to do that kind of work, and we have some students now in the program who are veterans also. I think they are coming into the program, into the work, to work with that group of people so that's exciting.

**Valenza:** Actually I did mean to ask, how large is the program, at least as far as degree paths go?

**Clarkson:** You mean how many students are in the program right now?

**Valenza:** Yes.

**Clarkson:** Ok lets see, I do the student clinical placements, and there's about sixty-three right now in placements, so then there are an additional number of students right now that are in their first year that wouldn't have a placement yet so eighty is a safe number, maybe even a little bit more than that.

**Valenza:** Now has this been growing through the years? It just seems compare to other degree programs, eighty is a little small.

**Clarkson:** Yes, it's smaller than other majors, and yet it's larger than when I was a student back in the early 90's late 80's, the program was much smaller at that time. So I think that the field is growing, it has a ways to go for sure, and I think its availability and accessibility, and reimbursability are all ongoing challenges that, you know we're not where we need to be. And I think the profession as a whole as smaller sized, does contribute to some of the challenges. Any time we're going to take government action, or be out there trying to make things better on a larger scale, there's less of us to do it than say a professional social worker, or psychologist where there's a lot more people so you are correct in that is one of the challenges. If you want to know how many music therapists

there are overall in the united states, you've probably been on the website for the Music therapy association?

**Valenza:** Yes.

**Clarkson:** So that information is there, I don't have the number off the top of my head, but again, considering the entire population of the United States, it's not the same as if you were looking at how many nurses are there, or how many teachers are there.

**Valenza:** Well I'm glad to hear it's growing.

**Clarkson:** Well like I said earlier, some of the areas we see large increase over the time that I have been practicing in the medical field, and in hospice care for sure, and interestingly, it was in the veterans administration where it got its start, so I agree with you that more needs to be done to expand. If that's one of our core roots, that should be one of the focuses.

**Valenza:** Well thank you so much, I really appreciate your time. You have a nice day.

**Clarkson:** Thank you, you too. Goodbye.

## 2. Colleges that offer Music Therapy

- University of Georgia
- Arizona State University
- Appalachian State University, NC
- Immaculata University, PA
- Western Michigan University, MI
- Florida State University

- University of Minneapolis, MN
- Utah State University,
- Eastern Michigan University, MI
- Cleveland State University, OH
- University of Miami, FL
- Nazareth College, NY
- Converse College, SC
- University of Kansas
- Molloy College, NY
- Marylhurst University, OR
- Purdue, IN
- Wartburg, IO
- Seattle, WA

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