AN HISTORICAL PERSPECTIVE OF THE UNIFICATION OF THE AMERICAN MUSIC THERAPY ASSOCIATION: AN ORAL HISTORY

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Abstract

This paper is an historical look at the unification of the National Association of Music Therapy (NAMT) and the American Association for Music Therapists (AAMT) to form the American Music Therapy Association (AMTA). Historical documents and existing literature were examined to set the context for the event, including the histories of both previous associations. Three individuals who played significant roles in the process of unification were interviewed about the process of unification as well as its comparison to present day decisions. Their perspectives and experiences are presented in this paper.

*Keywords*: unification, historical research, music therapy, NAMT, AAMT, AMTA
An Historical Perspective of Unification of The American Music Therapy Association:

An Oral History

Background

The topic of this paper is the history of the profession of music therapy, specifically focused on the merging of two professional organizations, the National Association of Music Therapy (NAMT) and the American Association for Music Therapists (AAMT) to form the American Music Therapy Association (AMTA) in 1998. Currently, research literature is limited in content regarding this topic. Most literature mentions the merge of the organizations in brief, focusing more on the development of each individual organization earlier in history. Little is known by the public about the actual process of unification, including the actions preceding the merge, the debates that ensued, and events that fostered the ability for the two associations to merge.

The NAMT was founded in 1950 by a committee from the Music Teachers National Association (Davis & Gfeller, 2008; Davis & Hadley, 2015; Sena Moore, 2015). The aims for this organization were to improve education, clinical training, and certification standards and procedures for music therapists. Though smaller, short-lived organizations had existed in the past to promote music therapists/music therapy, none had endured. The AAMT, originally called the Urban Federation for Music Therapists, was formed in 1971 and served similar purposes to that of the NAMT. However, the AAMT’s policies and procedures differed from those of the NAMT, allowing the two organizations to co-exist for so long. A vote was held at a joint conference between the two organizations in 1996 regarding unification, and in January of 1998, the two organizations merged to form the AMTA after nearly a decade of unification discussion (American Music Therapy Association, n.d.).
Problem Statement

There is a significantly limited amount of research and literature that exists regarding unification. Through surveying the existing literature, limited information regarding the actual process of the merge was found. Heller (2000), in his speech about the significance of historical research in music therapy, declared that an understanding of the history of the professional organization is essential for the profession to move forward. Knowledge about the process and procedures of developing a plan for unification, the engagement of the membership, and the eventual transition and facilitation of the changes brought forth by unification can help the current Association navigate future pivotal challenges that may arise. Thus, articulating this process may serve as a model for the current organization.

Purpose Statement

The purpose of this paper is to detail and describe the history of the 1998 merger between the National Association for Music Therapy (NAMT) and the American Association for Music Therapists (AAMT) in 1998 through a qualitative oral history. Thus, in addition to historical facts, the researcher interviewed key individuals that were involved in the process of unification. The interviews were aimed at learning more fully the process, and to learn about the personal perspectives of those involved.

Research Questions

The primary research question investigated in this study is:

What were the processes involved in the unification of the two major music therapy professional organizations, the NAMT and AAMT, into the current AMTA?

Secondary questions were:

- What were the experiences of music therapy professionals active in unification?
● How was unification approached from both organizations?
● What are the long-term implications to the field of music therapy as a result of this unification?

**Significance of the Study**

Understanding both the process and the significance of the unification can be beneficial for the field of music therapy as it moves into the future. Currently, the field of music therapy is facing one of its largest decisions since unification: master’s level entry (MLE). Music therapy, currently requires a bachelor’s level to practice (American Music Therapy Association, n.d.). Due to the increasing demands of education and service delivery for music therapists, the AMTA has been examining the possibility of requiring a master’s degree for practice (Wylie et al., 2017). It is possible that a deeper understanding of the history of the professional organization and its growth during controversial change may inform the current challenges facing the organization. Heller (2000) quoted British historian John H. Arnold, “history is to society what memory is to an individual,” (p. 239) and adds himself, “History can help diagnose problems and point the way toward the future. History can inspire people and connect generations” (p. 246). These statements reinforce the need to know and understand the history of the profession for the community of professional music therapists across generations.

**History of the Unification**

There is limited published literature regarding the unification of the professional music therapy organizations. However, documents and literature exist regarding the history of both organizations, the profession of music therapy, as well as the time leading up to unification. The following review of the literature will examine each of these concepts in depth, as it is crucial to understand the history of the profession to add context to the unification. The histories of the
NAMT and the AAMT are found in many textbooks, as well as documented in speeches and early journals of the profession.

The history of music in health practices dates back to ancient times, but the history of the profession of music therapy dates back to the early 20th century. This history is also found in various books, speeches, and journal articles. Newsletters from both associations provide information regarding the time leading up to unification, including the unification agreement itself. Each of these topics is to be explored throughout the review of the literature, with content stemming from both the NAMT and the AAMT.

**Historical Research**

Historical research in music therapy has been defined as the careful and systematic study or investigation of the past practices, materials, institutions and people involved in the therapeutic application of music (Solomon & Heller, 1982). Knowledge is developed through studying evidence of the past. Solomon and Davis (2016) stated that historical research is gaining knowledge about the past by systematically studying evidence of the past. Engaging in historical research can afford a better understanding of the present and a more complete record of the past. In music therapy, such research can aid in solving present problems and organizing future efforts in the profession. According to Solomon and Heller (1982), “The state of historical knowledge in music therapy is gapped and uneven, leaving great need for additional narrative history” (p. 176). In addition to the need to understand the past, Heller (2000) purported that historical research plays a role in planning the future of the profession.

One method of historical research is oral history. Oral history is the collection of memories and personal commentaries through the use of recorded interviews (Ritchie, 2015). When conducting an oral history, both the interviewer and interviewee, often called the narrator,
have the intent to create a permanent record and contribute to the understanding of the past (Oral History Association, 2009). Oral history interviews become historical documents, and are preserved and made accessible to future researchers and the public to aid in the expansion of the understanding and content regarding the topic of the project. It is important to note that the oral history interview is a subjective, co-creative process, and each interview will yield different content. These varying perspectives all contribute to the public memory.

**History of the Profession**

The therapeutic use of music was first documented in the late 18th century (Dileo Maranto, 1993). From there, the written acknowledgement of the therapeutic use of music expanded. By the early 20th century, four women began to advance the therapeutic application of music as a profession. Eva Vescelius founded the National Therapeutic Society of New York in 1903 and then published the first music therapy journal, *Music and Health* in 1913 (Davis & Gfeller, 2008). Following this in 1919, Margaret Anderton taught the first music therapy course at Columbia University. Isa Maud Ilsen founded the National Association for Music in Hospitals in 1916, which was directed at working with veterans. Finally, in 1941, Harriet Ayer Seymour established the National Foundation for Music Therapy, which preceded the first text describing a curriculum for music therapy study in 1944. This led to the first training program for music therapy to be established at Michigan State University also in 1944. From this point, an increasing number of schools developed music therapy academic programs and more training texts were published.

By the mid-20th century, musicians were provided by organizations to Veterans Administration (VA) facilities to work with returning veterans from World War II (WWII) (Davis & Gfeller, 2008). These same organizations began to promote the need for adequate
training of musicians to work with veterans (Davis & Hadley, 2015). Volunteers began working in psychiatric settings in hospitals during WWII, and the need for a defined profession and professional organization became more apparent (Dileo Maranto, 1993). It was this realization that lead to the formation of the first national association for the profession of music therapy.

**Creation of the Organizations**

**The NAMT.** The National Association for Music Therapy (NAMT) was founded on June 2, 1950 in New York (American Music Therapy Association, n.d.; Davis & Gfeller, 2008; Dileo Maranto, 1993; Sena Moore, 2015; Solomon, 1984) by a committee of the Music Teachers National Association. The purpose of the Association was to develop the use of music to accomplish therapeutic aims, and to advance training, education, and research in relation to the field. The NAMT adopted a structure mirroring that of the US government, consisting of a judicial review board, executive board, assembly of delegates, student affairs advisory board, and standing committees regarding training and professional practice (Prickett, 1994). This structure and the charted plans for the Association most likely contributed to the its success, where previous organizations had failed. The Association established a national office with paid staff in Kansas in 1961 which eventually moved to Silver Spring, MD a suburb of Washington, D.C. in 1982. NAMT strived to increase visibility, generate greater opportunity for interaction with related fields, and enhance government relations through this relocation (Bartoldus, 2016).

In the early 1950s, NAMT went through a period of growth and change (Solomon, 1984). The Association’s membership was growing, and therefore the executive committee encouraged the formation of regional chapters in order to promote organizational structure (Boxberger, 1963). In 1953, the Mid-Atlantic and Midwestern regions met for the first time. The following year, the New England, Great Lakes, Southern, and Northern California regions were formed.
Finally, in 1956, the final region, the Southwestern region, was created. There was a growth of membership as a whole resulting from the interest of professionals at a regional or local level. By June 5, 1995, NAMT had 3,229 members (National Association for Music Therapy, 1995).

In alignment with the aim to advance research in the field, the NAMT first published the *Journal of Music Therapy* in 1964 (American Music Therapy Association, n.d.). The research journal was released four times a year, predominantly including research studies and book reviews and continues to be published today. The aim for this publication was to increase awareness, respect, and credibility of music therapy with other healthcare professionals (Sena Moore, 2015). In 1984, NAMT released *Music Therapy Perspectives*, another journal that is still published today. This clinical journal, initially released annually but now published semi-annually, includes columns, features, and content from practicing music therapists. The final publication issued by the Association was a bi-monthly newsletter informing members of conferences, legislation, and events. The Association hosted one national conference each year at various locations, in addition to eight regional conferences.

In 1956, NAMT established the Registered Music Therapist (RMT) designation with the National Association for Schools of Music (NASM) as the accreditor (American Music Therapy Association, n.d.; Davis & Gfeller, 2008; Dileo Maranto, 1993; Register, 2013). In order to obtain this designation, an individual was required to submit an application, transcripts from accredited academic program, and sample documentation after completion of the bachelor’s degree and internship. The educational requirements for NAMT accredited programs at the bachelor’s level included music therapy content, music content, behavioral sciences content, and three settings of clinical coursework totaling 1040 hours (Prickett, 1994).
The AAMT. In 1971, the Urban Federation for Music Therapists (UFMT) was founded at New York University (NYU) (American Music Therapy Association, n.d.; Condron, 2000; Davis & Gfeller, 2008; Dileo Maranto, 1993). At the organization’s conference in 1974, the name was changed to the American Association for Music Therapy (AAMT) after a member vote, to be effective in 1975 (Boxill, 1996). The Association purposely established different from those of NAMT. These goals included the advancement of the profession through standards for competence, certification, research, familiarizing related communities, and creating employment opportunities. Additionally, the Association took on a humanistic philosophical and psychological orientation (Hesser, 1992).

The internal structure of the organization included a member-elected representative board with seven vice presidents that headed committees on publications, professional development, member services, school services, public services, human resource development, and financial resource development. Unlike NAMT, AAMT was not large enough to divide into regions. Also, due to their size, AAMT relied on volunteer members to assist in the administration of the organization. As of June 5, 1995, AAMT had 517 members (National Association for Music Therapy, 1995).

Publications issued by the organization were aligned with the purposes and aims of the Association. In 1980, AAMT established its first journal, *Music Therapy*, first published in 1981. This annual publication focused on qualitative research, clinical articles, and clinically-based research (American Music Therapy Association, n.d.; Boxill, 1996; Dileo Maranto, 1993). The journal was published until unification; its final issue was published in 1996. The *Music Therapy International Report*, also called *The International Newsletter of Music Therapy*, was issued every two years to music therapists internationally. The purpose of this publication was to
meet the goal of building community, in this case through international outreach. The Association’s newsletter, *Tuning In*, was issued quarterly and contained a note from the president, and notices of conferences, events, letters, and editorials to keep the members informed. Each year, AAMT held one national conference at various locations across the US.

In 1972, the AAMT added its own credential, the Certified Music Therapist (CMT) designation (American Music Therapy Association, n.d.; Register, 2013). To obtain the CMT designation, an individual was required to have earned a bachelor’s degree from an approved program and demonstrate the necessary competencies (Dileo Maranto, 1993). In 1989, AAMT established the Advanced Certification in Music Therapy (ACMT) which was the first advanced designation for music therapists and required an advanced degree and at least two years of experience. The requirements for educational programs approved by the AAMT included musical foundations, clinical foundations, music therapy courses, and a 900-hour internship completed concurrently to classes. The standards for these programs were competency-based, and the curriculums were not regulated by the AAMT (Hesser, 1992).

The AAMT prided itself on its identity as an organization. Hesser (1992) lists the intrinsic qualities of the AAMT as music-centered, client-centered, and having a strong sense of community. The unspoken values of the organization included “supportiveness, openness, acceptance of differences, non-competitiveness, and non-judgmentalness”, which are all relevant concepts to the humanistic outlook (p. 24).

**Shared affiliations.** Both the NAMT and the AAMT were initially members of the National Coalition of Creative Arts Therapy Associations (NCCATA). The purposes of NCCATA are to: (a) provide a forum for communication amongst the various associations; (b) coordinate common efforts across associations; (c) support each other; (d) facilitate joint
projects; and (e) inform the public of the creative arts therapies (Dileo Maranto, 1993). The members of NCCATA are comprised of music, art, dance, drama, group, and psychodrama therapies. After the hearing by the Senate Special Committee on Aging in 1991 (Forever Young, 1991), a Senate hearing on music therapy and older adults, Bryan Hunter, then president of NAMT, asked to speak to the membership of NCCATA. Hunter felt that the organization undermined the NAMT’s role in the Senate hearing at a meeting in early 1992 (Aigen & Hunter, 2018). Not receiving the desired feedback, NAMT made the decision to leave NCCATA shortly after the meeting. This decision upset AAMT greatly, and eventually became an obstacle in the unification process.

In addition to the two professional organizations, NAMT and AAMT, there was a need for a separate entity to credential the therapists. In 1983, the Certification Board for Music Therapists (CBMT) was formed and began administering the board-certification program for music therapists (American Music Therapy Association, n.d.; Register, 2013). The CBMT consisted of a board of directors, examination committee, continuing education committee, and a job re-analysis committee (Dileo Maranto, 1993). This independent organization brought rigor to the recognition process and reduced conflict of interest within the certification process. The CBMT provided a national exam that reflected the current clinical climate and continuing education opportunities for therapists to obtain board certification. Members from both associations were able to become board-certified in addition to their credentials from the associations. Obtaining board-certification from the CBMT awarded the credential BC to be added to the association credential, e.g. RMT-BC, CMT-BC, and ACMT-BC.

**Unification of the Two Organizations**
Though unification of NAMT and AAMT did not occur until 1998, the collaboration and seeds of unity started much earlier (American Music Therapy Association, n.d.; Boxill, 1996; Hara, 1995a, 1995b, 1996a, 1996b). Hesser (1996) discussed the early intentions of the journal *Music Therapy* in the late 1970s. When conceiving the journal, Hesser explained that she intended to include professionals from both organizations to stimulate dialogue and communication within the field as a whole. Although at this point the associations were not working together, professionals from both organizations were working together on the journal. In her 1992 keynote address to AAMT, Hesser also suggested that conversation and collaboration inadvertently began between NAMT and AAMT as far back as 1978 at the International Symposium on Education and Training of Music Therapists. This was the first time the two American organizations had come together, and thus paved the way for continued communication and exchange between NAMT and AAMT. In the article he co-authored with Hunter, Aigen (2018) cited this same symposium as the breeding ground for early communication between NAMT and AAMT. In fact, after this symposium, the presidents of each organization began attending each other’s conferences, where they presented on their own organization and served on panels comparing the organizations with one another. This practice facilitated the understanding and acceptance between the two organizations.

**Planning stages and early conversation.** Other significant events occurred throughout the early 1990’s that contributed to the positive conversation about unification (Aigen & Hunter, 2018). Carol and Clive Robbins, innovators of the Creative Music Therapy approach (presently known as Nordoff-Robbins Music Therapy), came to the University of Kansas and embraced members of both AAMT and NAMT. This planted the seeds for unification, showing that both perspectives embodied by the professional organizations could be valued. As of 1995, 87 music
therapists were members of both organizations, further showing the ability for them to co-exist (National Association for Music Therapy, 1995d). In 1992, the NAMT Assembly of Delegates realized that not much was known about AAMT, and they charged a committee to study and compare the two organizations in structure, education, and clinical preparation (Prickett, 1994). Despite these successes and the clear similarities between the organizations, there were still some areas of contention. The issue of credential reciprocity was vocalized from AAMT, who received no official response from NAMT. Individuals with designations from one organization were often unable to hold equivalent standings in the other organization, despite being qualified. This caused difficulty for music therapists with a CMT credential who were applying to jobs only recognizing the RMT credential.

Perhaps the next significant events leading up to unification were the joint conferences between the two organizations. The first conference that included both associations occurred in 1985 and was sponsored by NCCATA (Aigen & Hunter, 2018). Both associations attended the second NCCATA conference in 1990 as well. In 1988, the first joint conference was held between the AAMT and the MAR-NAMT (Dileo Maranto, 1993). Shortly following, in 1990, the AAMT/NAMT task force was appointed, creating more opportunities for collaboration across the two organizations, though not yet ready to merge (American Music Therapy Association, n.d.). The 1991 US Senate Hearing on Aging was a significant moment in which members from both associations were present and their differing views made apparent. At this hearing, the differing opinions of the two associations were evident as debates regarding legislative language ensued, eventually leading to NAMT’s withdrawal from NCCATA. Despite this, the hearing resulted in increased grant money and expanded media coverage for music therapy. There was a North American music therapy conference in 1993, attended by the
NAMT, AAMT, and the Canadian Association of Music Therapists (CAMT) which resulted in stronger cooperation between the organizations. The final joint conference, held in 1996 between NAMT and AAMT, was the setting for the celebration of the vote to unify. Thus, committees were formed to begin the transition process.

As conversations continued about unification, the professionals at the forefront of unification efforts expressed their ideas and concerns for the future of the associations. Ken Aigen, then president of AAMT, corresponded with Ken Bruscia, a prominent educator, author, and member of AAMT, regarding his concerns of the philosophical differences between AAMT and NAMT (Aigen & Hunter, 2018). Bruscia responded that it was incorrect for a professional association to favor a philosophical approach at all. As a result, in March of 1994 Aigen wrote a letter to Hunter suggesting a meeting between the presidents and business advisors of NAMT and AAMT, and also asked NAMT to return to NCCATA. After sending this letter, Aigen wrote to the AAMT membership with potential future paths for the associations unifying. He proposed credentialing be yielded to CBMT; NAMT absorb AAMT as a region; equivalent credentials be maintained; and NAMT join NCCATA once again.

Following the success of the 1993 North American conference, and the push of the associations’ business advisors, Norman Goldberg and Karl Bruhn, more conversation and meetings about unification occurred, setting the ball rolling for the entire unification process (Figure 1). In early 1994, the first official meeting between associations regarding the prospect of unifying took place in Vancouver between Hunter, his wife Leslie (also a music therapist), and Aigen (Hunter, 1994). At this meeting, Aigen learned Hunter had never received his letter, but was met with a positive attitude from Hunter regarding rapprochement. They delineated the
UNIFICATION HISTORY

1993
- Letter to Hunter
- Aigen writes proposal

1994
- Meeting in North American Music Therapy Conference in Toronto

1995
- Aigen writes letter to Hunter
- Meeting in Philadelphia
- Proposal sent
- Town-Hall meetings

1996
- Proposal approved by Assembly of Directors
- Mid-Year Meeting
- Newsletter name chosen
- Task force makes recommendations
- Publications

1997
- Final revision of proposal
- Mid-Year Meeting
- Proposal approved
- Town-Hall meetings

1998
- Mid-Year Meeting
- Letter to Hunter
- Conference in Nashville, TN
- First AMTA conference in Cleveland, OH

1999
- Mid-Year Meeting
- Newsletter name and association logo chosen
- Mid-Year Meeting
- Official date of unification
- Joint task forces and commissions start work

2000
- Joint task forces and commissions share information
- Mid-Year Meeting
- Newsletter name and association logo chosen
- January 1: Official date of unification
- First AMTA conference in Cleveland, OH

2020
- End of RMT, CMT, ACMT registry
- Final facet of unification

Figure 1. Unification timeline

Areas of reciprocity, credentialing, education, and clinical training that needed to be addressed in the process.
In May of that same year, the leadership of the two organizations came together in Philadelphia. Goldberg, Gary Hara (music therapist and president-elect), and Aigen from AAMT, and Bruhn, Barbara Reuer (music therapist and president-elect), and Hunter from NAMT agreed on the goal to create a single organization (Hunter, 1994; Aigen & Hunter, 2018). Despite Aigen’s desire to maintain the AAMT education and training model, Hunter proposed that this area be addressed after unification. His hopes were to create a new organization that would eliminate the divisiveness that existed pre-unification, and instead integrate concepts and values from both associations. The team decided on the areas to be included in the proposal, which included: maintaining the NAMT governing structure; a name change for the new organization; CBMT credentialing; creation of a task for to address education and clinical training standards; and a task force to examine the direction of publications.

**Unification agreement.** At the meeting in Philadelphia, the team put together the first draft of the proposal (Appendix A). Both NAMT’s Executive Board and AAMT’s board supported the proposal and it was sent to both memberships for discussion and feedback (Wright, 1994). Members were provided the opportunity to voice their opinions on the draft in town hall meetings and a presidential symposium at regional and national conferences (Hunter, 1995a; Hunter 1995b). The feedback received was considered and either factored into a final proposal, or rationalized for not elimination. For example, many believed the concept of delaying decisions regarding important facets of the merger, namely education and clinical training, until after the vote was counterproductive. Hunter (1995d) offered the response:

> It is the unanimous opinion of the subcommittee and the Executive Board that the best way to proceed is with the original proposal which embraces the education and clinical training models of both NAMT and AAMT and calls for an Education and Clinical
Training Commission to determine if future changes are warranted. If changes are deemed necessary, the commission would propose them to the Assembly of Delegates as policy changes, which would require Assembly approval, as is the case now. (p. 4)

The final version of the unification agreement was agreed on by the team from the Philadelphia meeting, and published in AAMT’s fall 1995 newsletter and NAMT’s summer 1995 newsletter leading up to the joint conference (Appendix B) (Hara 1995b; Aigen et al., 1995; Aigen & Hunter, 2018). There were three main principles of the agreement: (a) the name change to the American Music Therapy Association (AMTA) signified a new revised organization, rather than one organization being absorbed by the other; (b) credentials would only be granted by the CBMT; and (c) the educational and clinical training models will be accepted from both original associations.

The agreement also included guidelines for implementing these principles: (a) NAMT and AAMT voted on the new name; (b) there would be equivalency between the RMT and CMT and registries would be maintained from both organizations; and (c) all of the academic programs previously approved by either organization would be accepted into the AMTA, and the official standards of the new organization would be determined over the following four years. In addition, any schools in the process of approval would be considered based on the requirements of the previously aligned association until the AMTA’s standards were developed and enacted. Finally, additional guidelines included (a) maintaining the NAMT’s governing structure; (b) the creation of task forces and transitional teams; (c) the stipulation that the AMTA become a full member of the National Coalition of Arts Therapies Association (NCCATA); and (d) to maintain tax exemption, the unification was a legal merger between AAMT and NAMT, and the AAMT will legally disband (Hara, 1995b, p. 7).
The final section of the agreement outlined the reasons for unification and the goals of the new association (Hara 1995b). The intention was that one association could promote quality services, represent members nationally and internationally, and advocate for the field of music therapy with one voice. More specifically, the formation of AMTA aspired to expand the accessibility of music therapy services and make advancements in many areas, including consumer education, public relations, international affairs, government relations, employment relations, job development, and fundraising. It was also a hope that one association would more readily secure third party reimbursement for music therapy services. Additionally, the presence of a single music therapy association was presumed to facilitate alliances with other organizations with common interests, and develop an advanced credential for music therapists from the CBMT.

Once this final proposal was created, both the NAMT and AAMT boards reviewed the proposal at their mid-year meetings for further discussion. After both boards approved the final proposal, a town-hall meeting was held at the 1995 Houston conference for the attendees to voice their concerns and opinions regarding the proposal, providing further feedback for the unification team. The final step before the membership vote was approval by the NAMT’s Assembly of Delegates (Hunter, 1995c; Hunter et al., 1995b). Finally, the Assembly of Delegates approved of the proposal, and it was then sent to the memberships via their respective newsletters in preparation for the vote to be taken in January of 1996 (Aigen & Hunter, 2018).

Reactions. After the initial proposal was circulated to the members of both organizations, conversation and dialogue began between the leaders and memberships within each organization ensued (Aigen & Hunter, 2018). Board meetings and town hall-style meetings at conferences, which were attended by leaders from both associations, served as the setting for
the majority of the discourse regarding unification. Both memberships expressed their support, concerns, doubts, fears, and questions about the process at these meetings.

From its inception, AAMT aimed to be a contrast to NAMT (Boxill, 1992). The organization had clear characteristics that they perceived set them apart from NAMT. In their discussions regarding potential unification, members of AAMT felt it necessary to outline what these characteristics were, and the desire to ensure that this spirit lived on if the organizations were to unify (Hesser, 1992; Hara, 1996a). As president of AAMT, Hara stressed that it was imperative for members to continue identifying with AAMT’s philosophy through the transition and to maintain this identity after unification. When conversations began, it appeared that intentions and relations between the two organizations were positive. It had been established that there was only a need for two different organizations if there were differences between them, and that these differences had become blurred in the years leading up to unification. In the spring issue of Tuning In, Hara (1996b) explained that any barriers that had been created between the organizations could be eliminated, and the professionals could all work together to face new challenges.

Though they were hopeful and looking forward to the future possibilities of the unified organization, there was reluctance on the part of many AAMT members (Dvorkin, 1996; Hara, 1995b; Hesser, 1992). There was concern that a coming together with the NAMT would cause the AAMT, and ultimately its members, to lose its defining qualities and identity. AAMT president at the time, Janice Dvorkin summed up the emotions of many AAMT members in her column in the Fall 1996 issue of Tuning In. She wrote:

Like any marriage of two entities, there are many feelings accompanying such a change. Fear and anxiety about the new association. Mourning and loss for the way things used
to be, and excitement and enthusiasm for the possibilities of what can be in the future (Dvorkin, 1996. p.1).

The AAMT consideration of unification was a result of Aigen’s 1994 letters to the Association in the quarterly newsletter in his final months as president. Aigen discussed his dissatisfaction with the lack of reciprocity by NAMT to the CMTs and ACMTs of AAMT (Aigen, 1994a). The driving force behind this need to unify, as Aigen outlined, was the need for a single credential, and a single credentialing agency for the profession, operating independently of the Association. The confusion caused by multiple professional designations and associations was one of the greatest roadblocks to advancements in the profession and recognition by the public (Aigen, 1994b). In 1993, Aigen attempted to communicate with NAMT regarding this dissatisfaction and offered several solutions, though he never received a response from NAMT staff. Aigen wrote that he felt disrespected by this lack of response, considering that the organizations had a cordial relationship for 15 years. He stressed the importance of continued communication to enhance access to services, improve training, and establish better working environments. In his final address to the AAMT, Aigen (1994b) outlined his goals for the profession of music therapy. It was in this column that Aigen proposed NAMT absorb AAMT as a region into its pre-existing structure, allowing AAMT to continue their publications, accepting their approved schools, granting reciprocity, and NAMT re-joining NCCATA. He reasoned that many of these goals would not achievable if the associations remained split. Aigen also delineated the costs and benefits to both organizations if a merge were to occur in this manner, concluding that NAMT would have little cost and great benefit, and AAMT would have a steep cost but an even greater benefit. This was supported by Dvorkin (1997) in her final presidential column in *Tuning In*, where she shared:
The leadership of both associations has been enthusiastic about listening to the concerns of their respective membership and actively seeking ways to facilitate these concerns to be addressed...a new and improved version of familiar aspects of AAMT and NAMT will exist, but in a more feasible style (p. 6).

NAMT portrayed a forward-looking attitude toward unification through the pieces included in its newsletter, *NAMT Notes*, in the time leading up to actual unification. Hunter reflected in his final presidential column on the personal goals he had set at the beginning of his presidency (Hunter, 1995e). One of these goals was to work cooperatively with both AAMT and CBMT. He explained “I did not have a clue that the nature of the cooperation would be a proposal to unify NAMT and AAMT,” continuing to say that he was “delighted” it did because it would strengthen the profession (Hunter, 1995e, 4). In looking at the history of the two associations as he faced unification, Hunter put forth to his membership the idea that despite the split between the two associations having been so significant and “painful,” recent years had proven to be closing the “chasm” and the two organizations have worked together to better the profession.

Just as Hunter detailed the positive aspects of unifying and how it would benefit the profession, Reuer shared similar sentiments in her columns to the membership during her presidency. In her column in the final issue of *NAMT Notes* she wrote, “Through the synergy of we (‘them’ and ‘us’) working together in our new organization, we can do so much more than each of us alone” (Reuer, 1997, p. 8). She reinforced the driving mission behind the new single Association, which is to strengthen the profession of music therapy.

**Approval of unification and implementation.** The vote on the proposal was taken in January of 1996 and showed a positive trend. The vote passed by 84% in AAMT and 93% in
NAMT, despite the notion that AAMT was making considerable sacrifice and would be more reluctant (Boxill, 1996; Hesser, 1996; Reuer, 1996a). However, this does not go to say that both organizations did not sacrifice in unification. The passing of the vote led to the joint conference in Nashville in the fall of 1996, which included unification festivities and the signing of the unification document. The formal unification date for the AMTA was January 1, 1998, leaving a two-year period to implement all of the decided changes (Aigen & Hunter, 2018).

After the vote passed, work on implementation began. The groups outlined in the proposal were formed and began their work (Reuer, 1996b). The Transition Team began working, chaired by David Smith and included Aigen, Jill Buchanan, Janice Dvorkin, Farbman, Hara, Hunter, David Ramsey, Reuer, and Linda Wright. The Publications Task Force was chaired by Jayne Standley and included Farbman, Andrea Frisch, Louise Montello, Alan Solomon, Lisa Summer, and Brian Wilson. The Education and Clinical Training Commission was chaired by Barbara Crowe and included Ken Bruscia, Alicia Clair, Laurie Forman, Michele Forinash, Barbara Hesser, Jane Hughes, Eveyln Selesky, Caryl-Beth Thomas, and Linda Wright-Bower. By early 1997, all three commissions had met in person and made headway on their tasks (Smith, 1997a). The Publications Task Force had made their recommendations for moving forward, the Transition Team worked closely with the memberships, and the Education and Clinical Training Commission assessed the two models.

The final mission statement for the new Association set the priorities. They were:

- to establish and maintain standards of professional competence at entry and advanced levels;
- to allow flexible implementation of professional competency standards through certification of individuals who have completed approved university programs;
• to develop continuing education curricula, current to new trends;
• to promote and support members as a professional community;
• to promote recognition of music therapy as a profession and gain acceptance in
treatment;
• to promote and disseminate research through publications;
• to foster community awareness and public education in regard to the goals and
application of music therapy; and
• to develop employment opportunities and expansion of music therapy services
(Hara, 1996a).

The values of the Association are outlined in the mission statement, though they do not
ascribe to a specific approach to music therapy treatment. The governing structure continued
from NAMT with the addition of an AAMT representative on the executive board. The
commission on education and clinical training combined the two models into a single workable
model through attending conferences and providing space for discussion (Smith, 1997b). The
publications task force merged the four existing periodicals into two, *Music Therapy
Perspectives* and *Journal of Music Therapy*. By the summer of 1997, a name had been chosen
for the AMTA’s newsletter, *Music Therapy Matters*, as well as a logo. The bylaws for the new
Association had been drafted and discussed at both associations’ mid-year meetings, and a
Transition Team subcommittee was formed to focus on public relations.

Dr. David Smith, originally a member of NAMT, was the first AMTA president of
AMTA. In his first presidential column to the future association, he shared his thoughts on the
need to come together after having been separated for so long (Smith, 1997c). He suggested that
members get to know each other regardless of their credentials, saying, “Don’t believe
everything you hear” in regard to beliefs about either association, and to share ideas and foster relationships within the new unified body. In 1999, AMTA hosted the World Congress of Music Therapy in Washington, D.C.. This facilitated international connections and continued to propel the American professional organization forward as a unified body.

**Method**

Three individuals, who were key to the process of unification, were interviewed to provide additional perspective. These three individuals were asked about their own experiences throughout the process of unification, to share their opinions and memories, and to relate it to the present. The interviews provided information to produce this narrative outline of the entire process of unification, providing insights from three different angles. The documented history of unification coupled with the narrative outline ultimately informed a model of decision-making that was successful in the implementation of the unification process.

**Participants**

Participants in this study were individuals who played a significant role in the unification of the previous music therapy governing organizations (AAMT and NAMT) to form the AMTA. The participants were active at the period of unification nearly 20 years ago. Individuals were screened for eligibility dependent upon their significance or level of activity in the topic in question. As the researcher, I received the names and email addresses of the individuals who played significant roles during unification from the academic advisor to this project at the time. The participants were contacted by email to invite them to participate (Appendix C). There were three participants with representation of both associations, Ken Aigen, Bryan Hunter, and Andrea Farbman. Additional information about the participants can be found in Table 1, as well as the narrative section of this paper. Due to the low risk and the nature of historical research,
confidentiality is not needed for the participants, and therefore their names have been provided. All three participants consented to the dissemination of their information and interview content (Appendix D).

Table 1

*Participant information*

<table>
<thead>
<tr>
<th>Name</th>
<th>Professional Association</th>
<th>Role(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenneth Aigen</td>
<td>AAMT</td>
<td>President (1992-1994), Transitional Board Member, Unification Proposal Co-Author</td>
</tr>
<tr>
<td>Bryan Hunter</td>
<td>NAMT</td>
<td>President (1994-1995), Transition Team, Unification Proposal Co-Author</td>
</tr>
<tr>
<td>Andrea Farbman</td>
<td>NAMT/AMTA</td>
<td>Executive Director (1988-2018)</td>
</tr>
</tbody>
</table>

**Design**

This study is an oral history project. Oral history research consists of the researcher interviewing individuals about their memories and experiences (Ritchie, 2015). For the purpose of this paper, interviews were focused around the unification of the AAMT and NAMT to form the AMTA, the time leading up to and after the event, and personal responses. The duration of participation consisted of one interview. The interviews each lasted approximately 60 to 90 minutes utilizing Skype video chat software. After the interviews were transcribed, a follow-up email with the transcript of the interview was sent to each participant. The email offered the participants an opportunity to review their transcripts for accuracy, or member-checking to enhance the trustworthiness of the study.

**Procedures**
Interviews were conducted through Skype video chat. The interviews were audio recorded to allow for transcription for data analysis and access to the public after research, a key aspect to oral history (Ritchie, 2015). In addition to the audio recording/transcription of the interviews, I took notes regarding my thoughts/responses during the interview, as well as noting content or instances I deemed significant. Some of this content included: (a) narrative style; (b) voice, which includes non-verbal gestures, intonation, expressions, speech patterns, silence, and bodily movements (Hesse-Biber & Leavy, 2006); and (c) other potential areas of meaning through doubling-back and emphasis. The only source of data about participants came from the interviews themselves. The interviews followed an unstructured format, guided by a few open-ended questions to spark conversation (Rubin & Rubin, 2012). Because there is so little pre-existing information known, the storytelling approach was taken. This allowed me, the researcher, to serve as the listener and the interviewee to serve as the storyteller (Keith, 2016). Storytelling is often associated with oral history due to role of the researcher learning about the content from the view of the participant (Hesse-Biber & Leavy, 2006).

The questions and prompts used to guide the interviews included: (1) beginnings of unification; (2) responses received from associations and individuals; (3) difficulties faced; (4) significant events or decisions; (5) specific strategies employed; (6) things the participants would have done differently; (7) what each participant took away from the learning process; and (8) comparison of unification to the present. As the interviews progressed, probes and follow-up questions emerged in response to the content provided, as is typical in unstructured, open-ended interviews. The oral history interview is a “collaborative generation of knowledge” and a reciprocal process (Hesse-Biber & Leavy, 2006, p. 151).
After the interviews were conducted, they were transcribed (See Appendix E, F, G). The transcriptions were then edited to remove filler words, such as ‘um’ and pauses. Additionally, conversation not pertaining to the focus of the interview was removed from the transcriptions. The transcriptions were then sent back to each interviewee to read through and correct any information that may need to be addressed, or to clarify statements made.

**Data Analysis and Management**

Data was kept on my personal computer, which was password-protected. The content gathered from the interviews formed a narrative of the process of unification. Because the research is historical in nature, the confidentiality risk is low because much of the information gathered can be found in public forms. If interviewees provided any information that appeared to be rumor-based and not connected to historical documents, the information was omitted from the final data. Names of the participants have been identified because of the nature of the historical research, and because the content shared poses minimal to no risk. Each participant agreed to a consent disclaimer prior to the interview. The analysis of this data consisted of cross-referencing interviews to generate a chronological narrative of unification.

**Unification as Told by Aigen, Hunter, and Farberman**

**Interviewees**

The three individuals who were interviewed for this oral history were purposefully selected due to their role in and relationship to unification. Background information about each individual relating to unification was gathered prior to the interview, and was confirmed by the individual at the beginning of the interview.

Dr. Kenneth Aigen was the first individual interviewed for this project. Aigen is a board-certified music therapist, as well as a Nordoff-Robbins Music Therapist. He began his
relationship with the field of music therapy in 1981, when he began as a student at New York University (NYU). Because AAMT formed at NYU in 1971, Aigen was closely tied to the Association throughout his time as a student. He became involved in AAMT when he realized that he was critiquing standards within the profession, rather than taking action that might lead to positive change. He was first a committee member, then chair of the certification committee, and was then asked to be president of the Association. Aigen sat as president-elect and then president of AAMT from 1992-1994. Aigen was at the forefront of the unification effort and process.

Dr. Andrea Farbman was the second individual who participated in this project. Farbman served as the executive director for NAMT from 1988 until unification, and then for the AMTA through 2018. Farbman is not a music therapist, but has a passion for and commitment to the field. She has earned two degrees in recreation therapy, and a doctorate in higher education and political science. Prior to serving the music therapy field, Farbman was a recreation therapy educator; the first head of the governmental relations committee for recreation therapy; taught overseas; was the deputy director for the British Association for the Disabled; and had two US governmental jobs, including serving as the congressional affairs person for the National Council on Disability during the passing of the Americans with Disabilities Act. Farbman served as executive director through unification, and therefore was able to provide information from her viewpoint as she transitioned from one organization to the next, especially regarding the administrative details.

Dr. Bryan Hunter was the third and final individual interviewed for this project. Hunter is a board-certified music therapist, as well as a licensed creative arts therapist in the state of New York. He served as president of NAMT from 1994-1995, which provided the time frame
for the bulk of the preparations for and discussions of unification. Additionally, Hunter served on planning committees for the joint conferences, and was able to see first-hand the ways in which the two organizations could work together. Because he worked alongside Aigen in the unification efforts, Hunter provided knowledge and information about unification from his first-hand involvement and experiences.

**Narrative**

Each participant was asked to share their personal experiences relating to the unification of AAMT and NAMT. The narrative to follow is organized according to topic explored during conversations between researcher and interviewee. Though each conversation touched upon the same general topics, each individual supplied differing ideas and content based on their own lived experiences. A synthesis of the content gathered from the three interviews is presented, focusing on the events leading up to unification, the process itself, reflections, and moving forward as a profession.

**Beginnings.** As previously stated, each of the three interviewees had differing experiences regarding the entire story of unification. Especially regarding the beginnings of unification, each individual presented very different scenarios of when unification truly began. Ken Aigen and Andrea Farbman took more personal views to when the process of unification began, whereas Bryan Hunter took a more concrete approach, stating when the wheels began to turn in the entire operation.

Ken Aigen began his interview detailing his history with the profession of music therapy, as explained previously. Due to his enrollment at New York University, he had been introduced to AAMT only, and did not know much about NAMT until reading its journals. He stated, “It was a very small, sheltered [association]. Everyone I knew was in AAMT and that’s all I knew
UNIFICATION HISTORY

about. And then we gradually learned a little bit more about NAMT.” Aigen discussed how differently music therapy was represented in the NAMT published journals compared to his education, training, and clinical practice. This illustrated the divide between the two associations. Whereas NAMT publications focused more on strict research, AAMT publications showcased a greater variety of research, including book reviews, case studies, and more qualitative research.

The inkling to bringing the two associations together became evident for Aigen when the board-certification process through CBMT was developed for all music therapists, regardless of organizational membership. In addition, other common occurrences between the organizations kindled the idea, such as joint conferences, participation in NCCATA, and collaboration on legislative issues. This appeared to be objectionable to Aigen, as he stated, “This other organization seemed antithetical. It’s beliefs and practices seemed antithetical to the ones I was subscribing to.” He believed that some members of the AAMT were resistant to NAMT because it appeared to be more behavioral and quantitative. Despite his own antipathy toward NAMT, Aigen remained aware throughout his first decade in the field that efforts to merge were beginning to become more apparent and likely.

In 1991, Aigen was asked to assume the role of president of AAMT. He entered into this position unsupportive of rapprochement between AAMT and NAMT. Rather, Aigen had views of coordinating cooperation within the arts therapies as a whole. This had begun with NCCATA, of which Aigen was extremely supportive. When observing other related professions uniting under one organization despite differing views and areas of practice, he felt that the arts therapies should be able to as well. He saw the value of having a larger group to unite the related areas together, “We can speak with a loud voice, we can save on administrative costs. It made sense in
so many ways.” However, shortly after this time, NAMT left NCCATA, therefore eliminating the possibility of uniting all of the arts therapies organizations. In addition to its departure from NCCATA, NAMT did not provide reciprocity of credentialing to AAMT, and cross-participation between the two organizations was extremely limited. This ultimately contributed to limiting job opportunities for members of both organizations.

To address this lack of reciprocity, a joint conference was held in 1993 in Toronto, Canada, between the Canadian Association for Music Therapy (CAMT), AAMT, and NAMT. This allowed for opportunities for the three associations to work together. Around the same time, Aigen met with CBMT leader, Jim Borling, who explained that the designations given by the two associations were not credentials that were respected beyond the field. This led to Aigen’s realization that they were wasting resources, “I started seeing, slowly, [...] that there’s a duplication of effort, AAMT is running an office and NAMT is still. It’s just a waste of resources.” It was this realization that began to pave the way for Aigen’s vision of coming together under one organization for music therapists.

Knowing how important the culture of AAMT was for the members, Aigen first thought that NAMT could conceptually absorb AAMT as a region. This would allow AAMT to retain its culture, education model, publications, and conferences. Aigen disclosed that his attitude toward NAMT shifted completely, and he felt, “if you can’t beat them, join them” and thus eliminate the distinction between associations. Aigen began to view the coming together of the associations as a co-existence under one umbrella, rather than one group giving up its beliefs and values. Aigen credited this understanding to conversations with Dr. Ken Bruscia, professor at Temple University in Philadelphia. He said:
I felt he [Bruscia] was so important in the sense that Temple and Drexel University found a way to get approved by both associations so they were kind of forming a bridge and showing that the two things could coexist, collaborate.

In their conversations, Aigen realized that an association itself shouldn’t have a philosophy, but rather the individual members within should have their own. Aigen took this stance to the possibility of the associations coming together, and moved forward from there.

Andrea Farbman had a differing view of the beginnings of unification, coming from an administrative perspective. According to Farbman, the Senate hearing on music therapy and aging in 1991 was her first realization of the need for a single organization. This Senate hearing was one of the first occurrences in which the two organizations truly worked together. This hearing received a large amount of press for music therapy. However, rather than this media coverage focusing on music therapy many of the questions centered on the reasoning behind two associations for such a small field. It became apparent to Farbman that the presence of two associations was distracting the public from knowing about music therapy as a profession and clinical treatment. She said, “It was back in ’91 when I found that the journalists were more interested in what divided us than what the profession had to offer.” It was difficult to coordinate efforts between the associations to effectively provide information to the media.

Farbman, as executive director, was a paid employee of NAMT. AAMT’s executive was a volunteer and, therefore, coordinating work between the two proved difficult. The volunteers in the AAMT office were practicing music therapists and educators as well, and therefore unable to dedicate as much time as the NAMT employees. Farbman often found herself waiting to communicate more regularly with the leadership of AAMT, but their professional roles took priority.
The circumstances created by the joint efforts for this senate hearing demonstrated the need for a single association to Farbman. She shared that despite the obvious need for a single association, she feared for her job if the two were to merge. Farbman explained that she began to take a backseat to the decision making, knowing full well that a coming together was needed, but her role could not be of focus in the process: “It was clearly then that I could see the consequences of having two and then even though I knew it was going to be a pain for me.” She was aware that there had been previous attempts at unification, as were Aigen and Hunter, but none prior had been successful, and she felt it took having Aigen and Hunter working together to get the process of unification started, as the previous efforts had failed.

Another event that Farbman attributed to the beginnings of unification was the connection between NAMT and the National Association of Music Merchants (NAMM). At this time, Hunter had contacted NAMM for funding for a press release and got in touch with Karl Bruhn, NAMM’s director of market development. Similarly, Hunter had also made contact with the president of MMB Music, Norm Goldberg. These two individuals became business advisors to AAMT and NAMT respectively, more readily beginning conversations about bringing the groups together. Bruhn and Goldberg spoke of the benefits of the two organizations coming together from a business perspective, Farbman remembered conversations with the men where they told her, “It doesn’t make sense for you to have competing brands when you’re producing the same product.” These conversations began to set things in motion for unification.

Picking up where Farbman left off, Hunter believed that the discussion between himself, Aigen, and Goldberg was the start of the unification process. This meeting took place around the time of the joint conference in Toronto 1993, where the two associations seemed to have worked together so successfully. He expressed:
The conference earlier on…joint conferences…are part of the story but they were laying the foundation to the conversation, the discussion. If you really want the starting point of the actual unification discussion that led to its actualization, you really would begin with the discussion...between Norm Goldberg, Ken Aigen, and myself.

Hunter acknowledged the prior events discussed by Aigen and Farbman as foundational events to this meeting, which really started the dialogue.

On a more personal note, Hunter came into his time as president of NAMT thinking about the concept of joining the organizations. He had served on the conference committee for Toronto and seen firsthand how the groups and individuals were able to work together. The conference was such a success that it illustrated the benefits of a unified organization.

To have that conference be an extraordinary success on every level, programmatically, attendance-wise, financially, the engagement of the members, it was just a huge success, which was great to see. So, yes…I was thinking, “Well you know, maybe we can come back to unification.”

This conference sparked his thought process to revisit unification, despite his unhappiness with his conversation about it with Aigen previously. A second meeting was set up in Philadelphia, PA between Aigen, Hunter, Barbara Reuer (NAMT president-elect), Gary Hara (AAMT president-elect), Goldberg, and Bruhn, where they officially began to discuss the details of unification and drafting a proposal to be sent to the membership.

Reactions and responses. Dialogue continued internally in each organization about the potential for unification, and a proposal for unification was drafted. This proposal was simultaneously sent to the members of both associations. All three interviewees reported that
they were surprised by the responses they received from colleagues, mentors, and the memberships of the associations.

Aigen stated that his own views toward unification had shifted as he gained a deeper understanding of the need and circumstances. In fact, he borrowed the political analogy, “Only Nixon could have gone to China,” to illustrate his role in unification. Essentially, he explained that, “Because he had been so strident, people thought, ‘Well if Nixon thinks it’s a good idea then, maybe it’s a good idea, right?’” He felt that if someone like himself, who had previously been so against NAMT and the unification could change his view, then so could the association. Aigen had sensed the support of the music therapy field not just from the Association, but some of the pioneering individuals in the field. He named leading music therapists, including Clive and Carol Robbins, Helen Bonny, Florence Tyson, and Carolyn Kenny as supporters of unification. Aigen suggested that these “older, wiser” individuals had a grander vision for the field of music therapy to be one. Conversely, he shared that Barbara Hesser, a professor from NYU, was “someone who did not have the same attitude, and to this day I think wonders if it was the right thing to do.”

Aigen acknowledged that despite the difference in opinions regarding unification, few from the AAMT expressed reservation. Aigen attributed the positive reception to the proposal’s assurance of equality between NAMT and AAMT in the new organization. In fact, he speculated, “I think there was a little more resistance, believe it or not, from the NAMT side.” The leaders in the unification effort had travelled to many town hall meetings during regional conferences organized to allow for discussion. Aigen felt that some of the older NAMT members viewed AAMT standards as lower than their own, or were not keen to reward the group of individuals who seceded from the organization in the 1970s, suggesting that “they [NAMT]
saw this as, ‘Why should we honor the renegade group with giving them being as equals?’”

However, when the vote was taken on the proposal, approximately 90% of AAMT members and 80% of NAMT members voted to approve the proposal. This strongly positive reception told Aigen that the time was right for unification to occur between the two associations. He believed that he had hit on something and that, “It wasn’t me convincing people; the time was right. I happened to be the person around when the time was right.”

Hunter reported his anticipation regarding the responses he would receive from his association. Because regional conferences had already taken place, the proposal, discussed by the board, was mailed to the NAMT membership with no preparation through town hall-style meetings. Fortunately, both boards approved of the proposal to be discussed amongst membership. Hunter reminisced:

In the days before computers and texting and email, we put those things in the mail and I really did anticipate my phone starting to ring off the hook at some point with people who were not happy or upset or concerned or whatever the case may be, and that never happened, which I found extraordinary.

He interpreted this as a positive response from the membership of NAMT, which reinforced that the time was right to unify.

Despite the absence of direct complaint to Hunter, questions and concerns were raised in other forums. The town hall-style meetings that were held at the NAMT and AAMT conferences provided the space for the membership of both organizations to dialogue with the leaders and voice concerns. Though much discussion occurred at these meetings, the overall atmosphere of them was particularly positive. Hunter noted, “There was support expressed, there were
questions raised, ‘What if this; what if that; we don’t like the name you’re proposing,’ but we gave a space for that dialogue to happen.”

Farbman recounted a somewhat different response from her side of things. As an administrator, Farbman did receive many telephone calls about logistics that would be changing and the concerns of the members. She stated that she remembered the haphazard manner in which things were settled administratively between the organizations. AAMT’s volunteer board was charged with the task of packing their entire office (records, resources, etc.) and sending everything to NAMT’s office to be sorted and integrated. Concurrently, Farbman was fielding the questions and concerns of members of both organizations. She remembered feeling as if she was “walking on eggshells” in speaking with members of the organizations regarding areas of contention. She feared coming on too strong from an NAMT standpoint, without dismissing the issue completely:

If there was a complaint from a former AAMT member, I would get on the phone and say, ‘How can we make this better?’ … I felt like there were these ghosts in there [AAMT] who were saying that the new organization is just the same [as NAMT was] and they’re going to reject us and they’re going to treat us poorly.

Among her staff, Farbman reported the realization of the many things that would need to be done over the coming years, in addition to the merge, and how the merge would impact them as a staff. She listed the joint conference in 1996 and the World Congress in 1999 as two large-scale events that needed to be planned in addition to the unification.

Farbman explained, “There’s no doubt in my mind that the profession could not be anywhere near close to where it is today if we had not unified.” She attributed the success of unification to Hunter and Aigen, as it had ultimately fell upon them to disseminate the proposal
in a positive way. She credited Hunter to pushing through many of the hardships, “I really have to pat Bryan on the back,…there were a lot of hard feelings.” She fully believed that Hunter and Aigen were the keys to presenting the unification as a beneficial action, thus eliciting a positive response from the memberships. Ultimately, this groundwork led to the acceptance of the proposal.

**Significant moments and challenges.** Despite the overwhelmingly positive reception from the two organizations, there were still many difficulties to be overcome throughout the process of unification. The three interviewees each described different obstacles faced both in the proposal and implementation stages.

The first difficulty that Aigen noted was the education and clinical training standards. One of the biggest areas of contention between AAMT and NAMT were the organizations’ differing education and clinical training standards. The unification leaders anticipated it being a hurdle they would need to face. Rather than including new education and clinical training standards in the proposal, the existing programs would remain in place, and a commission would be established to determine an appropriate model that would honor perspectives of all music therapists. Aigen attributed the decision to delay changes until after the vote to Hunter: “He had the great insight that if we do that we’re going to give ourselves an insurmountable problem before we get to the promised land of putting the organization together.” Once the vote was passed, the commission struggled to agree on the model to be adopted by the new Association. The members of the commission each pushed for the values coming from their respective associations, and coming to a comprehensive program was difficult.

Another difficulty that Aigen personally faced was the feeling of being in the minority amongst board members. As will be further explored, Aigen was included on the NAMT board
through the transition into one organization and then on the new unified board. He stated, “It was funny because issue after issue I always felt like I always in the minority position as different things came up.” Despite being unified, there were still clear splits in opinions on large-scale decisions brought up to the board.

Hunter identified different obstacles that he believed he had to overcome throughout the process of unification. The first obstacle, which was touched on earlier, was the timeline for the release of the proposal. Once the proposal had been drafted, Aigen wanted to send it out before his final conference as AAMT president. However, Hunter had already attended his regional conferences and hadn’t met with the board regarding the proposal. Despite this, the men decided to send out the proposal, because they could not release it to AAMT and not NAMT.

In addition to this difficulty, Hunter recollected the “nightmare” that was credentialing, an issue he had hoped to address with unification. Hunter had aspired to bring the number of possible music therapy credentials down from seven to one, the MT-BC designation. However, due to grandfathering when the MT-BC credential was created, the CBMT was unable to establish another grandfathering clause to eliminate those who did not adopt the MT-BC immediately. This disappointed Hunter greatly, as he explained, “We still came back to the place where we could not make that happen at that time. That was a huge blow for me personally, that we could not make that happen right at that moment.” It was decided that those who combined their credentials (RMT-BC, CMT-BC, ACMT-BC) would have to choose one or the other. A registry was created for individuals who chose to not adopt the MT-BC credential. This registry is set to expire in the year 2020, after which the only acceptable credential for a music therapist will be MT-BC. The 20 plus years it will take to solve this problem was a disappointment for Hunter.
The final obstacle that Hunter identified in unification had to do with his relationships amongst colleagues. On a personal level, both Hunter and Aigen were taking large professional and personal risks at trying to initiate such a bold change in the profession. Hunter mentioned that he was met with some long-time colleagues who were not supportive of unification. Having to navigate this was a personal struggle for him: “It was coming from people who I had a high regard for and I just had to, on a personal level, keep going forward, this wasn’t about me it was professional.” He needed to both acknowledge their concerns yet stayed committed to support the right decision for the profession as a whole.

Farbman spoke more of the logistical difficulties that she and her staff faced, as opposed to more personal obstacles. As discussed earlier, there was the process of assimilating all of NAMT and AAMT’s archives and professional belongings together into one organization. In addition to the paperwork and offices, Farbman was required to field ongoing concerns and questions of both memberships. Farbman also identified the education and clinical training standards as an obstacle to be overcome in the process, sharing many of the same views that Aigen had explained regarding the difficulty in this area. The two associations had such different standards, which they deeply valued. Farbman hinted at the work and team building that had to occur in order for success in the education and clinical training commission’s task of developing a model of education and clinical training. She attributed the success of the commission to Barbara Crowe, who chaired the commission and was appointed by Reuer. Farbman expressed, “She’s the only person who could’ve done that because…she’s a very intense, direct, no-nonsense person.” The education and clinical training commission was also a significant aspect of unification.
Throughout and since unification, there have been many significant events that were either set into motion resulting from the merge, or showcased the strength and benefits of the new single Association. The three interviewees each reminisced on some of the moments around the time period in question that they deemed significant and will be presented below chronologically.

Aigen recollected numerous significant moments that truly demonstrated the nature of unification. The first moment, and the earliest of all identified moments, occurred during the town hall meetings that he and Hunter attended after releasing the unification proposal. At this particular meeting in 1994, a well-known colleague stood up and stated that she didn’t see why there was a need for NAMT to lower their standards to fit with AAMT in a single association. Aigen’s response was, “It’s not about lowering standards. It’s about considering different standards.” In other words, the new association would adopt a completely new set of standards, to avoid devaluation of those from the previous organizations. Aigen noted that this was one of the few moments of tension or disagreement he faced, and that was significant because it demonstrated that “all forward looking people in both organizations could see it was the right thing to do at the right time.” Both NAMT and AAMT were headstrong in their value and commitment to their respective standards within their association. The fact that the memberships were able to set aside their differences and integrate their values with minimal difficulty supported the concept that the timing for unification was right.

The first event that Hunter cited as significant was the first joint conference after the proposal for unification was approved in 1996. At this conference in Nashville, TN, the unification declaration was signed as part of a large ceremony and celebration. After this occurred, the two associations realized that despite not technically being a single association
until 1998, they could begin acting as one. This realization led to: (a) Aigen serving on the NAMT board; (b) increased collaboration between the associations; and (c) the task forces on publications, and education and clinical training to begin their work at creating new standards and procedures. This conference set the actual implementation of unification in motion. On a personal level, Hunter remembered being “quietly pleased that we effected AMTA on that day, but that came in without fanfare” on the first of January, 1998.

In 1998, the AMTA held its first official conference, a moment Hunter deemed significant in the Association’s history. The conference took place in Cleveland, OH and consisted of panels that illustrated the various aspects of clinical practice. He reported:

[I remember standing] in the back of some of those panels and was just very quietly proud that the work had brought us to the place where we could have those dialogues and that kind of presentation that would have not been so easily done or readily available prior to unification.

The panel was able to represent the diversity of approaches within music therapy, and included people from the two former associations sharing their experiences together. Following a similar theme to the diversity included in a single conference, Aigen cited the World Congress of Music Therapy hosted by the AMTA in Washington, D.C. in 1999. The success of this conference was significant, as many individuals, including Farberman, were anxious that it was scheduled so soon after unification. Aigen was asked to be the scientific chair for this conference, and was able to capitalize on his connections with colleagues in Europe. The theme of the conference centered on five international models of music therapy. This was significant considering the former NAMT’s more limited philosophical approach. Aigen explained:
The focus of the conference was Nordoff-Robbins, GIM, Analytic Music Therapy, Benenzon Music Therapy, and then behavioral music therapy…folks were being exposed to all these other creative and improvisational models in the presentations that they wouldn’t have had otherwise.

This conference showcased the diversity of approaches that can successfully exist within a single field. The membership of the AMTA was educated on the variety of approaches that exist in the field, thus expanding perspectives and possibilities of clinical practice.

The education and clinical training commission, as per the plan for implementation, continued its work after January 1, 1998. When the commission had finally come to an agreement, Hunter found it was significant in and of itself: “Early on in their group process [the commission determined] that any principle they came up with, they had to have complete consensus of the group to do it.” The commission later gave a report which was led by Ken Bruscia, of the work they had done under Barbara Crowe’s leadership. The interactive nature of this presentation, and the fact that there was agreement amongst the commission for such a significant content area was significant in itself.

After the implementation period, Farbman noted the significance of the work of the newly unified Association in the aftermath of the events of 9/11, and how it illustrated the success of the process. She noted that from an administrative standpoint, this was a time of difficulty, but proved to be a consequential moment for the Association as a whole in a positive light. Farbman shared, “I think it was a litmus test for how unified we were, to be able to deal with that kind of trauma.” AMTA received a grant from the Grammy Foundation to conduct a relief project in New York City. The AMTA realized the need to find a trusted individual in the Association who wouldn’t be loyal to either the former AAMT or NAMT, and thus could
facilitate a relief project that would bring everyone together. The New York City AMTA members, many of whom were former AAMT members, were simultaneously dealing with their own trauma as well as helping others in addition to navigating the new professional climate. Within this project, individuals from the former NAMT and AAMT worked together through this traumatic event and help both their colleagues and communities. It was important from her perspective, for Farbman to ensure that decisions and choices remained neutral and no favoritism occurred.

As stated previously, Aigen reported feeling that he was often in the minority amongst board members as the only past AAMT member. Therefore, Aigen viewed the election of a former AAMT member, Michele Forinash, as the first elected president of the new Association as a substantial sign of progress. Considering the difference in numbers of representation between the two organizations, the election of Forinash illustrated the acceptance and embracing of former AAMT members into the new organization. To Aigen, this was significant: “Michele was the first person voted on by membership from both organizations and it was just really inspiring and reassuring to me that she won over someone who was much better known in the NAMT.”

Finally, Farbman felt the national conferences moving forward after unification each demonstrated the success of unification. She felt they were still “walking on eggshells” ensuring that equal numbers of NAMT and AAMT individuals were showcased. At the 2011 conference, over a decade after unification, Ken Bruscia delivered the keynote William Sears address (Bruscia, 2011). Farbman highlighted this as a turning point in the field as well. In this address, Bruscia spoke of the importance of an integrative approach to music therapy. Though many years had passed, this highlighted the foundational idea for unification. Bruscia had been
strongly aligned with AAMT ideology but emphasized embracing a variety of approaches in clinical work. Bruscia encouraged the music therapy community to recognize all approaches that are based in sound clinical theory and evidence as equal in validity. Farbman shared, “I think people were just falling all over themselves and crying. It was a cathartic experience to have him be the keynote speaker.” That was a significant concept for many of those who were a part of unification to hear, as it was a foundational concept to drive the need for unification.

**Strategic decisions.** In order for unification to be successful, many decisions were made with specific intentions for the best possible outcome. The unification leaders strategized in making these decisions to facilitate the process and ensure that it occurred smoothly. The interviewees each credited different decisions that were crucial to the unification process and helped it along in a positive manner.

The first decision Aigen cited was Hunter’s rejection of his proposal that AAMT be absorbed by NAMT as a region. Hunter responded to this proposal by asserting that if the two were going to merge, it needed to be done wholeheartedly and to the fullest degree. This decision was one of the first in setting the path for true unification. Aigen noted, “[Hunter’s] response was, ‘No, let’s go all the way,’ and so I think that that was a key moment and that was a key insight of his that greased the skids a little.” In addition to this choice, Hunter had suggested to Aigen that they vote on unifying prior to changing the education and clinical training standards. Aigen recounted their prescience that education and clinical training standards would be the biggest obstacle. Thus, they judged it advantageous that the vote not depend on those standards. Delaying the development of a new model for education and clinical training made unification more palatable and less contentious among both music therapy communities, and consequently was perceived to help the vote for unification pass.
Aigen cited two decisions from the implementation process itself as significant. He first discussed the decision to include an AAMT member on the NAMT board after the vote to unify. Because there was a gap in time between the passing of the vote and the enactment of unification, the unification leaders felt it would be most beneficial to start acting as a single association to facilitate the transition, and therefore integrate AAMT into the NAMT structure. Similar to the education and clinical training commission, the decision regarding professional publications of the organizations was delayed until after unification. Aigen believed that the decision regarding the publications was significant, but to him in a negative way. The two NAMT journals continued, with *Music Therapy Perspectives (MTP)* to take on a diverse content, and the *Journal of Music Therapy (JMT)* to remain as a research journal. Aigen felt that the diversity of the journals took much longer than other areas to enact, especially since the AAMT journal was ceased at the point of unification. He felt that *MTP* was not including the various additional methods of information dissemination that the AAMT’s publications had prior to unification, such as more opinion-based pieces. He accredited the *JMT* editors Tony Meadows and Sheri Robb to finally initiating the changes: “It may have taken twenty, fifteen years but I think eventually those publications have improved and, in a way, just catching up with what the AAMT journal was doing back then.”

The final strategic aspect of unification that Aigen described was related to the logistics in the time leading up to unification. He first cited the appointment of business advisors, Bruhn and Goldberg. Because these advisors were not music therapists and had no vested interest in the outcome, they were able to take a more detached view at the need for unification. The business advisors were able to mediate meetings between Hunter and Aigen. Aigen cited the fact that he and Hunter were able to negotiate the aspects of the proposal together as a strong positive
factor in the process. He explained, “It just took that ability of two people who could just talk to each other and who had the same transcendent goal in mind and almost a willingness.” There wasn’t much contention between the two, and they were able to talk through decisions together, which would then facilitate the smoother adoption of new concepts by the associations they each represented.

Hunter recounted other strategic decisions that would facilitate unification, though he did agree with some of those brought up by Aigen. Hunter agreed with the benefit of adding an AAMT member to the NAMT board in the time after the vote. He referred to this position as a transition delegate, with the purpose of ensuring that the AAMT had a voice in this interim time between the vote and actual enactment of unification.

Hunter accredited much of the success of the unification process to the planning that was done beforehand. One of the most important decisions, he posited, was the meeting among himself, Aigen, Hara, Reuer, Goldberg, and Bruhn in Philadelphia, where they were able to talk through potential issues and map a coherent proposal built for success. The timeline for the entire process was drawn up at this point, which Hunter believed was a strong factor in the success of the process. The dialogue of unification began in 1994. The proposal was then considered and discussed by the boards until the fall of 1995, when the assembly endorsed the proposal. This was then sent to the members for a vote in January of 1996. There was a year after the vote before anything was to be set into motion, with the official date of unification being in 1998. Hunter explained that “there was more than a year of time for it to be processed and talked about, and slightly modified here and there along the way.” This allowed for the success of unification, as ample space was given to work through every detail.
Farbman also recounted the significance of creating the transition delegate on the board as crucial to the unification process. She agreed the presence of an AAMT member on the NAMT board as an assurance that the AAMT perspective would not be lost amongst the NAMT board leading up to unification. In addition to adding an AAMT board member into the NAMT board, the staff of NAMT needed to assimilate the records and data from AAMT into their own records, in order to prepare everything for the AMTA. This job fell to Farbman as executive director. While dealing with the physical demands of the merge, Farbman also was responsible for correspondence with the memberships of both organizations prior and the single association after. She recounted taking a “Nordstrom’s-like approach to customer service” so as to ensure that each individual who spoke with her or her team felt understood and validated. The approach Farbman took when interacting with members was “that there was a lot of customer service and hand holding that I had to do so that it came from the top,” in order to set an example for the rest of the AMTA staff. She felt that it was important for each individual to be heard, as they had probably experienced frustration prior to the call. She expressed that if a person was calling, “It’s probably because they’ve been told ten times today that music therapy isn’t important and so, [we were] trying to calm them down, trying to nurture them.” Ensuring that the members felt heard and valued was significant in continuing the smooth transition of things in the unification process.

**Reflecting back.** One might assume that with an event of such magnitude as the merger of two organizations, individuals would reflect back and find many aspects that they would have liked to have gone differently. Interestingly, the interviewees did not cite many regrets. This in itself is significant, illustrating the thought, energy, and planning that went into the preparation of unification, to allow for a smooth, agreeable merge.
Aigen identified only one thing he wished would have gone differently, which was the fate of the publications. He explained, “I really can’t think of any because … the things that I wound up not being so pleased with, I was aware at the time it was a risk, like the publications thing.” When the AAMT journal was eliminated as part of the negotiations, it was with the intention that the two NAMT journals would adopt the qualities that were valued from the AAMT publication, *Music Therapy*. Aigen reported feeling that those qualities he valued so much were not immediately considered after unification. As stated earlier, he accredits the editors, who took over years after unification, with finally bringing in those unique qualities. However, Aigen explains that he didn’t push on this item at the time because of the many other things that were going on for the new single organization. Overall, Aigen expressed feeling pleased with the process and results of unification.

Hunter was quick with his response to this topic of conversation. When asked if he felt anything should have been done differently or come out differently, Hunter responded, “I can’t think of a thing that I would’ve done differently … amazingly enough.” He discussed his amazement with that idea, positive that he could not come up with one regret or outcome he wished could have been different. In fact, Hunter was curious as to what the other interviewees had said in their responses to this question, being that he has such a positive reaction. He summed up his thoughts by saying that he doesn’t think there’s anything he would’ve done differently in the process of getting it done, and he wasn’t sure he “knew what it even would’ve been.”

Farbman had an interesting response to this question, which she felt has had a lasting impression on the field. When asked about what she would’ve liked to have done differently, Farbman began to explain something she’s been thinking of recently that she traces back to
unification. She explained, “I’ve been concerned about the impact of some of the things that were negotiated by the education commission.” Her personal views were that the AAMT individuals on the commission felt that NAMT micromanaged things or were too overbearing in this area, and so some of those aspects of the model were done away with. The primary aspect she identified was faculty authorization. In other words, NAMT had previously approved music therapy faculty hired at the universities who had their program approval. The commission did away with this, and so it is possible for universities to hire music therapy faculty who may actually be unqualified, with no oversight of the AMTA, leading to poorly educated students.

Another aspect of the commission’s outcomes that Farbman verbalized concern about is the clinical internship at the end of the coursework. Currently, music therapy students either engage in a national roster internship position or a university-affiliated internship position. The national roster positions are endorsed by the AMTA and have similar expectations. However, university-affiliate positions are not monitored by AMTA. Therefore, the curriculum for a university-affiliate position might be vastly different than the national roster sites. Farbman’s concern was that although these students are completing music therapy programs that are approved by the AMTA, they may have vastly different experiences. She noted, “I feel like it’s possible for there to be more divergence in the university-affiliated ones [internships] than I would like to see for the profession.” Farbman attributed these concerns to the outcomes of the education and clinical training models, and is something she would have liked to have transpired differently.

Though she didn’t identify it as something that she wished had been done differently, Farbman spoke of what she believed has been a loss of membership in the field since unification. Specifically, she felt that the New York area of the AMTA has lacked in membership. She
speculated that it may be related to the concentration of AAMT members in New York, but she felt that since unification there has been a decrease in New York membership and conference attendance. She shared,

Initially they all folded over from AAMT and when I look at the membership and we have issues that come up in New York in particular [...] it seems like there are a number of people, a lot of people who are not members.

This could be a result of unification, although Farbman also suggested that it has more to do with the thought processes of New Yorkers saying, “It’s kind of that New York mentality, ‘I know everything; I live in New York. Why do I need to belong to the organization?’” This continues forward in a larger sense for the field, as Farbman thought that membership of the AMTA in general is significantly lower than the actual number of professional music therapists in the country. She found this concerning, as it is hard for the field to move forward without the critical mass needed to effect change.

**Individual takeaway.** Continuing with the theme of reflecting back on unification, the next concept addressed by the interviewees was their individual takeaway from the entire process. Each interviewee reflected on an idea that they encountered during unification that they valued and have brought into other decisions and aspects of their lives.

Aigen’s takeaway from the process of unification was to consider the ethical obligations that the field of music therapy has to its clients. He stated, “The transcendent value of bringing the organizations together was partly due to this ethical obligation in that I felt this is in the best interest of clients. We only exist to help clients.” Aigen proclaimed that this ethical obligation should be at the root of every decision made in the field. As was explained throughout this paper, the pre-existing organizations held very different views, and their coming together
allowed for the memberships to be more informed of the various approaches. This access to more knowledge and approaches, therefore, aids in the professionals’ competencies in various areas, and improves the quality of care provided to the clients. The concept that stuck with Aigen was the reminder that a music therapist’s obligation is first and foremost to the client, and that obligation should be at the root of every professional decision that is made.

Hunter took more of a logistics approach to his takeaway. As has been illustrated, Hunter came into unification with many ideas and changes that he wanted to occur. His takeaway from the entire process was, “You have to try to have the wisdom and the discernment to know what are the things that you actually can tackle and potentially change and what are the things that you can’t or you’re not likely to.” He felt that he learned how to do this, and to then put his energy toward those areas where he could start the change that he wanted to see happen. Hunter explained one instance where this became obvious to him was with credentialing. He had come into unification with such a strong desire to eliminate the multitude of credentials and have just one single one, but when met with conflict from CBMT, he then assessed what he could do about this and sent his energy toward that, rather than continuing to push for the impossible.

Hunter also reflected that he realized the importance of taking a risk for the right reason. Throughout the process of unification, Hunter was warned that he was making a mistake and risking his professional life in what he was doing. However, because he believed so strongly in the cause, he continued on and took the risk, believing that it would be worth it in the end. Similar to Aigen’s takeaway, Hunter stressed the importance of taking a risk for the greater good. He explained, “We [Hunter and Aigen] knew that we were putting our neck on the line…we were risking our reputation at the time and we also knew…that it was the right thing to do.”
Farbman’s takeaway was a bit different from Hunter and Aigen’s. She felt that the largest takeaway was to put personal views aside for the greater good of things. She said that for the field of music therapy, “Together we’re stronger than we are apart.” She realized too much energy was being used from both sides of things to fuel the divide between the associations, when really all of that energy could have been used in a positive way to fuel the field forward. Touching on what Aigen had mentioned, she felt that ultimately having two associations was doing a disservice to the field as well as the clients, and the single association now rectified that. Farbman explained that as easy as it is to take concerns and disregard them, it takes working through things and coming out on the better side for anything to move forward:

As much as you always want to like kind of stick it to somebody, but I think when you look at unification, there was a lot of hurt there, there needed to be healing, and there was energy finally for that to happen.

Relevance to current climate. The final concept that the interviewees were asked to speak about was comparing unification and its qualities, process, and impact to the current issues in the music therapy field. Predominantly, the participants spoke of the comparison between unification and master’s level entry (MLE) for the field. The MLE concept is current and highly debated in the music therapy field, and the participants each shared their views on MLE and how it compares to the decision of unification.

Ken Aigen spoke of MLE directly in line with his takeaway from unification. Aigen compared the duty to the client in the decision for unification with the decision on MLE. He explained “that idea of referring back to the welfare of clients even in our bureaucratic profession-wide distinctions” was something that was again at the heart of how he felt the decision needed to examined. He understood that the knowledge base for a music therapist is
continuing to grow and requires a graduate degree in order to be comprehensive enough to produce a well-informed clinician. Aigen referred back to AAMT in his views, explaining that MLE was something AAMT had believed in back in the 1990s but had not acted on at the time of unification. In addition to the expanding knowledge base, Aigen compared the field of music therapy to the related professions of physical therapy and teachers:

Physical therapists now have to get PhDs, they have to get doctoral level to be entry level clinicians. Even in New York State you need a master’s degree to be a classroom teacher. So, you’re telling me that what music therapists have to learn isn’t at least as comprehensive and detailed as a classroom teacher?

Aigen strongly believed that if these higher degrees are required for these fields who work with similar populations to the music therapist, then the music therapist should be required to obtain advanced education as well. All of these beliefs stem back to Aigen’s takeaway of having the prime consideration be the welfare of the client, and therefore supports the move to MLE in order to enforce this.

Bryan Hunter served on the MLE committee for five years and helped in putting together the MLE report. He felt that this MLE decision is more significant than the unification decision was. He explained:

We can stand here now and look back and see that…we need to take the same boldness and determination that we applied to those decisions and debate them and decide them with regard to MLE, which is bigger than all of them in terms of potential impact on the future.

In making this point, Hunter cited the move of the NAMT office to Washington, the creation of the CBMT, and the hiring of a full-time government relations position as other past bold moves
that have propelled the field forward. He felt that all of these risks that were taken in the past should motivate the field to continue to grow and move forward with MLE.

Farbman had a very different opinion on MLE than Aigen and Hunter. She voiced her concerns about MLE and the negative impact it may have on the field. Additionally, she tied many of these concerns back to the outcome of the education and clinical training commission. Farbman explained that she always questions the assumptions before making a decision. Therefore, she understood the assumption that an individual with more education would be better, but yet we don’t see the demand for individuals with higher education in the field. She questioned the idea of supply and demand in the current state of the field, expressing, “I worry that there’s such a supply of music therapists, and it’s so precarious that if we take five years and slow it down, that the market will be filled with unqualified substitutes.” Farbman was concerned that by moving to MLE, more unqualified individuals are going to be taking the positions of music therapists because they will be more readily available.

This being said, Farbman compared her own role in unification to her role in the MLE debate. Because she is an employee of the Association and not a music therapist herself, she realized that at some point she needed to put her personal views aside, as she “doesn’t have a dog in this fight” for MLE. Rather, she took a similar approach to that which she used during unification, in which she set her personal views aside and did what was asked of her in working toward the best outcomes for the profession. Additionally, she harkened to Hunter’s takeaway from unification of ensuring that we take on only what we can handle. She talked of other professions, namely school counselors, and some of the difficulties they face in trying to advance their field. She felt that those difficulties may prove to be more challenging for music therapists
as the critical mass of the professional association is so small. Farbman’s concerns about MLE showed similarity to those from the times of unification:

As I have gone through this process and just like I said with unification, at a certain point I just have to detach and say, “It’s not mine to do. It’s for the leaders and the members to decide,” but if somebody asks my opinion, I certainly have one.

Conclusion

The process of unification serves as a successful model for decision-making within the professional association. Other significant decisions and changes have occurred in the music therapy profession with varying degrees of success, each following varied approaches to decision making. Through an examination of the entire process of unification, one can determine the steps taken in the decision-making process, illustrated in Figure 1 that facilitated its success.
The entire process began with the idea for change. Though none of the participants cited a specific instance in which the idea materialized, they talked of earlier attempts to unify that had not been successful. Regarding this final, successful attempt at unification, these prior attempts might be seen as the inspiration for the final, successful effort. In addition, the idea for change may also have been sparked by the success of the joint efforts between NAMT and AAMT, as
suggested by the participants. These would include the joint-conferences held in Toronto and
Nashville, as well as the Senate Hearing (Forever Young, 1992).

Transitioning into the second step, *preliminary conversation*, the first instance of
correspondence is Aigen’s letter to Hunter suggesting unification. Following this letter, and shortly
after the joint conference, Aigen and Hunter met with Goldberg in Toronto. In this meeting, the
three began to talk of unification and their hopes and desires for the process. Blending into the
development of possible scenarios stage of the process, Aigen and Hunter tackled the
conversation debating on AAMT becoming a region of NAMT, or if the two would merge and
create an entirely new organization. These decisions and suggestions arose both in Aigen’s letter
and at the Toronto meeting.

Though some of the *discussion and problem-solving*, step 3, occurred at this initial
meeting in Toronto, much more occurred at the meeting in Philadelphia. At this meeting, the
individuals present listed what they hoped to achieve for unification, areas they were not willing
to negotiate, and began to navigate these various points. The team began to problem-solve these
areas through different strategies outlined in the paper, such as the commission for education and
clinical training. The successful negotiations that occurred during this stage allowed for the
development of a comprehensive proposal and an implementation plan, realizing the tasks the
next two stages of the model.

The second to last step, and its placement, was perhaps the most crucial stage of the
entire decision-making model. At this point, with approval from both executive boards, the team
disseminated the proposal and plan to the memberships of the organizations. After sending the
proposal, opportunities for feedback and discussion were presented to the memberships. Town
hall-style meetings were held at conferences, and conversation between team members and
organization members occurred. In these spaces, members were able to voice their concerns and support, ask questions, and provide general feedback to the team. Presenting the proposal to the memberships, rather than just the concept of unifying, allowed for a more secure understanding and concrete idea to be debated. The team took feedback from all of these venues of conversation and were able to explain and make appropriate changes to the proposal and implementation plan. For example, one such change to arise from this member feedback was the name of the new organization. When these conversations had ceased, the memberships of the organizations voted, and unification was set into motion.

Looking at the various steps in the unification process, it is clear that the significant players throughout had a plan at every step of the way. Once the decision to move forward with proposing and hopefully enacting unification was made, plans for disseminating information, implementing unification, as well as moving forward beyond were put into place. The success of this thorough planning can be seen through the minimal negative reflections of the three individuals interviewed in this project. Therefore, the benefit of planning the various aspects of a process of this magnitude, can be supported through the success of unification.

Because the process of unification went as smoothly as it did, one can assume that employing a similar decision making process to other significant decisions in the music therapy community may provide similar outcomes. As illustrated early in this paper, being informed and knowledgeable about history allows for movement forward and growth. The colloquial phrase of ‘learning from your past’ can be applied to the music therapy community as we look back on the decisions that have been made and where they have led us.
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*Musicrotherapy, 14*(1), 84–88.


DATE: May 27, 1994

TO: The governing bodies of the American Association for Music Therapy and the National Association for Music Therapy

FROM: Kenneth Aigen, D.A., ACM
       President, AAMT

       Bryan C. Hunter, Ph.D., RMT-BC
       President, NAMT

On May 25, 1994 a meeting was held at the invitation of Norman Goldberg, President, MMB, to further the dialogue between AAMT and NAMT on the issue of bringing the two associations together. The meeting was held at the Korman Suites hotel in Philadelphia, Pennsylvania, which, in the end, may turn out to be prophetic given the number of historic documents the city has produced. The following persons attended:

AAMT—Ken Aigen, President, Gary Hara, President-Elect,
       Norm Goldberg, Advisory Board

NAMT—Bryan Hunter, President, Barbara Reuer, President-Elect,
       Karl Bruhn, Presidential Advisor

At the end of the five hour meeting there was a unanimous consensus that the best way to advance the profession of music therapy was with one unified association. Consequently, the following memorandum of agreement is being presented for your consideration. Please examine it carefully and note that its components all flow from the single overriding goal of achieving a unified association that can speak on behalf of the profession with one voice. We do not purport to have answered every question. We unanimously believe that the proposed agreement contains the pathway to answer the questions. Furthermore, with your input and endorsement the plan can effect the formation of one association which can best advocate for music therapy in our changing health care and education environment. We invite, and look forward to your help in achieving this goal.
MEMORANDUM OF UNIFICATION AGREEMENT

INTRODUCTION

During the past decade there has been much discussion between the leaders and members of the American Association for Music Therapy (AAMT) and the National Association for Music Therapy (NAMT) about the possibility and need for a single music therapy association in this country which can speak with one voice and promote quality music therapy services for consumers. It is the unanimous opinion of the parties whose names appear below that the time now is right to effect such a change and we propose the following plan as a pathway to reach the goal.

PRINCIPLES OF MERGER

1. There will be one music therapy organization with a new mission statement whose name shall be the United States Association for Music Therapy (USAMT).

2. The USAMT will yield credentialing responsibilities to the Certification Board for Music Therapists (CBMT).

3. The CBMT will be incorporated into the USAMT as an administratively independent unit of the association.

4. The USAMT will embrace both of the educational and clinical training models that are currently approved by AAMT and NAMT.

GUIDELINES FOR IMPLEMENTATION

Principle 1. There are two suggested timelines for principle number one. The target date for agreement by AAMT and NAMT on a unification plan is 12/31/95. The target date for the actual implementation is 1/1/98. The first timeline allows approximately one year for discussion, modification, and voting of the respective memberships. The second timeline allows for the completion of office terms by the two current presidents-elect.

Principle 2. Principle number two will allow the music therapy profession to have one entry level credential, the MT-BC, made possible by a second grand fathering period. The RMT, CMT, and ACMT would no longer be used.

Principle 3. A model similar to that of the American Occupational Therapy Association, and in full compliance with the National Organization On Competency Assurance will be used for making the CBMT a unit of the USAMT effective 1/1/98.

Principle 4. There will be a moratorium on changes in educational and clinical training policies for a period of four years starting 1/1/98. During that period an Educational and Clinical Training Commission will be convened to consider any future changes deemed necessary. Prior to 1/1/98 AAMT and NAMT will each appoint five people (total of 10) to the commission which will elect its own chair. Any recommendations will be forwarded to the Assembly of Delegates during the four year period. At the end of the four year period the commission will be discharged.
Appendix A, continued

Memorandum of Unification Agreement, pg. 2

Additional Guidelines for Implementation

A. The NAMT governance structures will remain intact. Prior to 1/1/98 the AAMT will select representatives to sit with voting privileges on each of the following groups for four years: Standing committees (one representative on each), Assembly of Delegates (the number of representatives to be determined by the current formula used for NAMT regions based on AAMT’s membership in 1997), and Executive Board (one representative). At the end of four years the special appointments will cease.

B. There will be a publications task force charged with making recommendations to both associations on how to best integrate the publications of the two organizations. The composition of the task force would be the editors of The Journal of Music Therapy (1), Music Therapy Perspectives (2), Music Therapy (1), The International Report (1), and the AAMT Vice-President for Publications (1). The six-person task force will carry out its charge between 1/96 and 1/97 in order to allow time for implementation of any changes. The task force will elect its own chair and be discharged by 1/1/98.

C. Upon agreement of a unification plan, a transition team would be convened to work during the period of 1/96-1/98. The composition of the transition team would be the two associations’ past presidents, current presidents, presidents-elect, executive directors, the NAMT Speaker of the Assembly, and one additional AAMT representative. The ten-person transition team will be charged with addressing additional questions, referring problems to the respective governing bodies where necessary, and in general preparing for an efficient formation of the new association. The transition team will appoint its own chair and be discharged on 1/1/98.

RATIONALE

Implementation of the above principles and guidelines will facilitate the formation of one music therapy association which can promote quality music therapy services for consumers, represent its members nationally and internationally, advocate for the profession with one voice, and most effectively utilize resources in order to:

1. secure third party reimbursement for music therapy.

2. expand the accessibility of music therapy services to a broader portion of the population who can benefit from it.

3. form strategic alliances with other parties who share common interests.

4. capitalize on opportunities for success in various arenas such as: job development, government relations, employment relations, public relations, fund raising, and international affairs.

5. facilitate the development of an advanced credential for music therapists.
Appendix A, continued

Memorandum of Unification Agreement, pg. 3

Whereas, the persons whose signatures appear below have met in Philadelphia, Pennsylvania on the 25th of May in the year 1994, we do unanimously concur on the principles set forth herein for joining the American Association for Music Therapy and the National Association for Music Therapy:

FOR THE AMERICAN ASSOCIATION FOR MUSIC THERAPY

[Signature]
Kenneth Aigen, D.A., ACMT
President

[Signature]
Gary Hura, M.A., ACMT-BC
President-Elect

[Signature]
Norman Goldberg, President, MMB
Advisory Board

FOR THE NATIONAL ASSOCIATION FOR MUSIC THERAPY

[Signature]
Bryan C. Hunter, Ph.D., RMT-BC
President

[Signature]
Barbara Reuer, Ph.D., RMT-BC
President-Elect

[Signature]
Karl Bruhn
Presidential Advisor
APPENDIX B


MEMORANDUM OF UNIFICATION AGREEMENT
Revised July 1995

INTRODUCTION

During the past decade there has been much discussion between the leaders and
members of the American Association for Music Therapy (AAMT) and the National
Association for Music Therapy (NAMT) about the possibility and need for a single music
therapy association in this country which can speak with one voice and promote quality
music therapy services for consumers. It is the unanimous opinion of the parties whose
names appear below that the time now is right to effect such a change and we propose the
following plan as a pathway to reach the goal.

PRINCIPLES OF MERGER

1. There will be one music therapy organization with a revised mission statement whose
name shall be the American Music Therapy Association (AMTA).

2. The AMTA will yield credentialing responsibilities to the Certification Board for
Music Therapists (CBMT).

3. The AMTA will embrace both of the educational and clinical training models that
are currently approved by AAMT and NAMT.

GUIDELINES FOR IMPLEMENTATION

Principle 1. There are two suggested timelines for principle number one. The target
date for agreement by AAMT and NAMT on a unification plan is late 1995 or early
1996. The target date for the actual unification is 1/1/98. The first timeline allows
approximately one year for discussion, modification, and voting of the respective
memberships. The second timeline allows for the completion of office terms by the two
current president-elects and for efficient transition planning.

Principle 2. Principle number two will allow the music therapy profession to move
toward using one entry level credential, the MT-BC. Although recognizing the CMT and
RMT as equivalent professional titles for music therapy practice, effective 1/1/98, AMTA
will not issue new RMT, CMT, or ACMT certificates. In order to not leave music
therapists credential-less, AMTA will maintain registries of RMTs, CMTs, and ACMTs
only for those persons not board certified until January 1, 2020. The AMTA will seek a
formal organizational relationship with CBMT to facilitate communication on issues of
mutual importance.

Principle 3. Educational and clinical training policies in effect when unification is
approved will be observed for a period of four years starting 1/1/98. During that period
an Educational and Clinical Training Commission will be convened to consider any
future changes deemed necessary. Prior to 1/1/98 AAMT and NAMT will each appoint
five people (total of 10) to the commission which will elect its own chair. Any
recommendations will be forwarded to the Assembly of Delegates during the four year
period. At the end of the four year period the commission will be discharged.
Appendix B, continued

All schools and clinical training sites currently approved by either association at the time of the actual unification on January 1, 1998 will automatically be approved by the new association. Schools that have applications pending before either association will be considered for approval based on the respective requirements of the association before which the application is pending. The Educational and Clinical Training Commission will have as its charge to formulate recommendations on how to best embrace both training models. If the recommendations of this Task Force are rejected, the new association will maintain the dual set of standards for approval of education and clinical training programs in effect at the time of unification, in accordance with Principle (3) of the Unification Agreement, until such a time as the Association chooses to adopt new standards.

Additional Guidelines for Implementation

A. The NAMT governance structures will remain intact. Prior to 1/1/98 the AAMT will select representatives to sit with voting privileges (after 1/1/98) on each of the following groups for four years: Standing committees (one representative on each), Executive Board (one representative), and Assembly of Delegates, the number of representatives to be determined by the current formula used for NAMT regions based on the number of AAMT’s members in 1996. Persons who hold dual membership in AAMT and NAMT will be counted in the association whose music therapy title they hold (i.e. CMT/ACMT--AAMT; RMT--NAMT). Persons who hold CMT or ACMT and RMT will be counted one-half to each association. At the end of four years the special appointments will cease.

B. There will be a publications task force charged with making recommendations to both associations on how to best integrate the publications of the two organizations. The composition of the task force will be the editors of The Journal of Music Therapy (1), Music Therapy Perspectives (2), Music Therapy (1), The International Report (1), and the AAMT Vice-President for Publications (1). The NAMT Executive Director will also serve as an ex-officio member. The seven-person task force will carry out its charge between 1/96 and 1/97 in order to allow time for implementation of any changes. The task force will elect its own chair and be discharged by 1/1/98.

C. Upon agreement of a unification plan, a transition team will be convened to work during the period of 1/96-1/98. The composition of the transition team will be the two associations’ past presidents, current presidents, president-elects, executive directors, the NAMT Speaker of the Assembly, and one additional AAMT representative. The ten-person transition team will be charged with addressing additional questions, referring problems to the respective governing bodies where necessary, and in general preparing for an efficient formation of the new association. The transition team will appoint its own chair and be discharged on 1/1/98.

D. The AMTA will be a full member of the National Coalition of Arts Therapies Associations (NCATA) in the role now held by AAMT.

E. To be consistent with NAMT’s current 501(c)(3) nonprofit tax status, the unification will be treated legally as a corporate merger in which the NAMT corporate structure remains intact per the two legal opinions obtained by Norman Goldberg and Andrea Farberman.
Appendix B, continued

RATIONALE

Implementation of the above principles and guidelines will facilitate the formation of one music therapy association which can promote quality music therapy services for consumers, represent its members nationally and internationally, advocate for the profession with one voice, and most effectively utilize resources in order to:

1. expand the accessibility of music therapy services to a broader portion of the population who can benefit from it.

2. capitalize on opportunities for advancement in various arenas such as: consumer education, public relations, international affairs, government relations, employment relations, job development, and fund raising.

3. secure third party reimbursement for music therapy.

4. form strategic alliances with other parties who share common interests.

5. facilitate the development of an advanced credential for music therapists by CBMT.
Whereas, the persons whose signatures appear below have met in Philadelphia, Pennsylvania on the 25th of May in the year 1994, we do unanimously concur on the principles set forth herein for joining the American Association for Music Therapy and the National Association for Music Therapy:

FOR THE AMERICAN ASSOCIATION FOR MUSIC THERAPY

[Signatures]
Kenneth Aigen, D.A., ACMT
President

Gary Hara, M.A., ACMT-BC
President-Elect

Norman Goldberg, President, MMB
Advisory Board

FOR THE NATIONAL ASSOCIATION FOR MUSIC THERAPY

[Signatures]
Bryan C. Hunter, Ph.D., RMT-BC
President

Barbara Reuer, Ph.D., RMT-BC
President-Elect

Karl Bruhn
Presidential Advisor
Dear ____,

My name is Rachel Hardy and I am a graduate student at SUNY New Paltz studying music therapy. I am working on my thesis project, an oral history of the unification of NAMT and AAMT to form the AMTA. It is my understanding that you played a significant role in this event of the profession’s history and I have received your contact information from Dr. Viega. I am writing to ask if you would be interested in participating in my project, through the form of an interview regarding your experiences. The interview would be open-ended in the form of storytelling from your perspective, not anticipated to exceed an hour with potential follow-up questions through email or phone call. Please let me know if this is something you would be interested in, have any questions, and/or would like to set up a date and time. Thank you for your time.

Sincerely,
Rachel Hardy
Music Therapy Graduate Student
State University of New York New Paltz
hardyr1@hawkmail.newpaltz.edu
(631) 245-9791
APPENDIX D

STATEMENT OF CONSENT

Prior To Recording
Interviewer: Do I have your consent to audio record this interview to allow for transcriptions at a later date?

After Recording Started
Interviewer: I’m hoping to be able to put this interview and the transcripts into some kind of archive I need your consent that I can share this interview with other researchers, students, agencies, etc.
Rachel Hardy: Alright, so this is interview for my thesis. It is March 12, 4:30pm and I am speaking with Dr. Ken Aigen.

Rachel Hardy: Ok, so I guess I kind of just gave you a little bit of an overview. But I’m really looking to gain your experiences and your story, sort of speak, of unification. When I was doing research about different methods of interviewing, the approach of storytelling really stuck out to me because I felt like the experiences and the whole process of unification can look so different from each person. And I really want that material to kind of manifest in the content that I gather. So, I’d love to kind of structure this more as a conversation and the less speaking that I do the better.

Ken Aigen: Sure

Rachel Hardy: But, I have some ideas that I would want to touch on. And so, if I feel that we’re maybe not, or we’re stuck somewhere, I definitely have some topics to focus a little bit more. But, I think starting at the beginning is the best place to go. I know even that, there’s conversation of where did it actually really start.

Ken Aigen: Where is the beginning. So, should I conduct this interview as if I hadn’t send you that article? And I don’t know if you want me to repeat stuff that may be in that manuscript because you want this interview to stand on its own or; but I also don’t want to repeat stuff that you got from there. So, you tell me how to approach it.

Rachel Hardy: I think kind of repeating some of the content that’s in there would be really beneficial because of the interview and if I were to give it to another student. Also, that article was so helpful and really informational and I really appreciate you and Dr. Hunter sharing that with me.

Ken Aigen: Sure

Rachel Hardy: But I think the information even in that article can be useful in the interview. And also, just hearing it form you it may come a little differently off than when you had written it out in an article.

Ken Aigen: Yea for sure. Ok. Well, let me see, where should I- I’ll start out where I think the story starts, and then you tell me if it’s too early, you want to go back. So, I guess I have to go back to when I first started getting involved in music therapy, 1981, at NYU. And, I wasn’t aware of associations or any difference in approaches back then. It was just, I was living in New York so it made, and I knew two people who had gone to NYU so, it just made sense. ‘Hey I’m thinking about entering this new field’ I was 25 or so at the time. So, NYU just made a whole lot of sense. I didn’t investigate the field, kind of irresponsible and gradually learned. I started school in September of ’81. Gradually learned a little bit about the two different associations and that the smaller one of which NYU is a part and had basically been formed at NYU. So, we were intimately involved with it. When I first started school was the year the first AAMT journal came out. There was a conference, annual conference was in New York City. So, it was a very small, sheltered. Everyone I knew was in AAMT and that’s all I knew about. And then we gradually learned a little bit more about NAMT. I read the journals, I look at these journals and say ‘boy this looks like another different profession from the one I’m learning about.’ Focused research, clinical work. Whatever was present seemed so different from what I was
Appendix E, continued

learning about. A couple of books written by some NAMT folks also articulated a whole
different vision of what music therapy was. So, I would say my first five years in the field,
through ’85 I was gradually learning ‘well there was this other organization but they didn’t really
seem to reflect a very similar vision of music therapy.’

Rachel Hardy: Mhm

Ken Aigen: And then the MT-BC credential came out in 1985 and that and some other events
started me thinking g-d somebody’s, it looks like somebody somewhere is trying to put these
organizations together because we’re getting a common credential and some other things going
on. And I was kind of suspicious about that, because this other organization seemed antithetical.
It’s beliefs and practices seemed antithetical to the ones I was subscribing to

Rachel Hardy: right

Ken Aigen: I wrote a little bit in the article; I think some people in AAMT had a sort of reflexive
resistance to NAMT because they felt it was more behavioral, quantitative, all these other
philosophical differences, and that just didn’t seem right to them. I was coming from a quite
different background. I studied psychology and philosophy at the University of Wisconsin. And
so, I was grounded in a very traditional scientific-behavioral approach to psychology. And so,
my antipathy toward what I saw as representative of NAMT, was not reflexive of ‘oh I like
creativity more than numbers’ it was like ‘wait a minute I’ve seen the underlying foundations of
this sort of approach and I think there are good conceptual reasons to not give over to a whole
different approach to music therapy.’ So, it’s just to say throughout 5-7-8-9, my first ten years in
the field from ’80 to ’90, I just really sort of had an antipathy towards NAMT, based on
philosophical differences and a feeling that there was some effort afoot at a de facto merger, if
not an actuality. That concerned me because I could see right away that the approach I was
subscribing to was clearly the minority one in the field.

Rachel Hardy: Right

Ken Aigen: So, the other stream personally, I was never a guy very involved in student
government, or running for office or that kind of thing. In high school I was goofing off in the
parking lot while folks were running for office; student council or whatever, we’d make fun of
those folks.

Rachel Hardy: Right

Ken Aigen: But, and something that I’ve learned, I am also somebody who, when I see
something I’m dissatisfied with or want to critique, I’m not quiet. What I learned was, I was
critiquing the NAMT journal, I was critiquing their approach to education and people were like
‘well, you just going to critique or can you do anything better?’ So, I slowly got involved into
AAMT first as a committee member, then as chair of a committee, certification committee. And
then somewhere in the early 90s, they turned to me and said ‘well Ken, we think it’s your turn to
be president’. Back then the association, there wasn’t a vote of membership for president. It was
the board of directors voted. And generally, it may not have even been a contested thing. It was
more like looking around the table, ‘Alright whose turn is it?’. And so, I think actually I was
away, I had gone to live in Denmark for a year and I think it was at the meeting I wasn’t at that
they said ‘it’s your turn to be president’ which they could only do because I wasn’t there. So, I
think, I forget exactly when I became president elect in ’91 or ’92, whatever, I don’t remember
the exact dates. And so, I entered office as someone who was not necessarily supportive of
rapprochement between two organizations, but someone very committed to collaboration and cooperation on another level.

[irrelevant conversation and dropped call]

Ken Aigen: So, mid 80s I was skeptical of any efforts at unifying NAMT and AAMT. Then I became president and I came in with this agenda ‘boy I think we need a lot more cooperation with all the arts therapies, we’re tiny’. Even the largest ones had 5,000 members which in the US is nothing. And luckily, there was this group called NCATA, National Coalition Arts Therapies Associations; AAMT was part of it, NAMT was part of it, all the art, dance, drama, poetry, they were all part of it. And so, I came in with the idea, ‘well I’m going to try to get everybody together in one association’ because I had just read this article by this guy David Read Johnson, a drama therapist, who said ‘this is crazy we’ve got these five or six small associations. Look at the APA they have 100,000 members or couple hundred thousand and look how different they are. They have transpersonal psychologists and behavioral psychologists and they found a way to be in one association’

Rachel Hardy: Exactly

Ken Aigen: So, I thought it made a whole lot of sense to me. I said ‘yea we can speak with a loud voice, we can save on administrative costs’ it made sense in so many ways. So I went, early part of my presidency, I go into the first meeting of this organization and soon after it started, Bryan Hunter, who was representing NAMT, because Andi Farbman, the director, was I think on pregnancy leave, goes through this diatribe, ten points. He was furious but he didn’t act furious, at this point he was very measured. But he more or less felt completely undercut by the art and dance associations at some senate hearings the previous summer and announced that NAMT was now leaving the coalition. So, I had come in with the idea to build everybody into one and now one minus one.

Rachel Hardy: Right

Ken Aigen: So that dream kind of and I also got cool reception when I talked about this article. And David Read Johnson was the former chair of NCATA. So, I thought people would be more receptive to his voice

[frozen video]

OK so, also at this time, early part of my presidency, I felt that NAMT was treating AAMT unfairly. Mainly around the idea of a lack of reciprocity of credentialing

Rachel Hardy: yes

Ken Aigen: I thought this was really a bad thing that NAMT schools wouldn’t allow people from AAMT with a certain with an AAMT credential to teach without getting theirs. We couldn’t be officers in their association, couldn’t be on the editorial board. Whereas AAMT had none of those requirements. I thought this was really unfair towards AAMT members, especially those who wanted to go work in other states. Sometimes state job lines would refer to the RMT rather than just say appropriate music therapy credential. So, I was quite strident and we had a joint conference in ’93 in the fall in Toronto, Canadian, AAMT, and NAMT. And I spoke, quite outspoken about what I thought we needed to do to go forward to have a better relationship. Similarly, at the same time, when you get into a position of leadership you start seeing things a little bit differently, you start getting a little more pragmatic. First thing I learned, and I owe this to Jim Borling, he was president of CBMT or leader or whatever executive director, he said ‘you know Ken, neither the RMT or CMT is an actual credential’ I say ‘what do you mean’ he goes
'we call it a credential’ he goes ‘no it’s a membership designation because you keep it not by doing any continuing ed, you keep it by paying your dues. So in actuality that doesn’t really count’ I said ‘oh so why are we fighting to get this reciprocity when neither of them are really well respected in the outside world.’ So, what I started seeing, slowly, was that there’s a duplication of effort, AAMT is running an office and NAMT is still. It’s just a waste of resources. This whole credentialing thing could be taken care of by just saying ‘hey neither of us is going to offer a credential, we’ll just yield to CBMT.’

Rachel Hardy: Right

Ken Aigen: And I started seeing my goals of collaboration, cooperation, that type of thing, perhaps it could be achieved another type of way and that’s where I came up with this idea of ‘well maybe NAMT could absorb AAMT but as a region.’ Because I know AAMT people love the journal, felt it was very different from the NAMT journals, loved the conference, it was like a real communal, community renewal meeting, and also loved our educational approach, which was very fluid, flexible, and progressive, and also of the fact that a number of AAMT schools allowed people to start to study music therapy at the master’s level, even without having an undergrad degree in music therapy. And I was one of those people. I had a psych and philosophy degree, I would have never, I didn’t want to go back and get another undergrad degree. I wouldn’t have been accepted. So, we had all these things and I thought, ‘well if AAMT just became a virtual region in a way, that would, AAMT would be ok because they could keep their conference, keep their journal and keep their educational approach, and we could just function as a region.’ Not in geographic sense but more in the conceptual sense.

Rachel Hardy: Right

Ken Aigen: So, that’s where I came up with the idea and I just did a 180 in a sense, I mean in one sense it was a 180 because I was moving from a very, I wasn’t it wasn’t that I was anti NAMT, it was that I was anti the way AAMT was being treated and AAMT members were. And then I thought ‘well, if you can’t beat them join them in a way.’ But I can eliminate the discrimination if we were all part of one big happy family. And so, I know there had been some effort at unification or talks about it in the mid 80s but that it was concluded that the time wasn’t right. And so, I kind of felt when I came up with this idea, I don’t think I was building on a previous effort, I feel like it was really a reboot in a way. The other person I want to, I mentioned Jim Borling as being really important

Rachel Hardy: Yes

Ken Aigen: I also want to mention Ken Bruscia in this regard because I felt he was so important in the sense that Temple and Drexel University found a way to get approved by both associations so they were kind of forming a bridge and showing that the two things could coexist, collaborate.

Rachel Hardy: They could coexist

Ken Aigen: I would have these discussions with him and I would say, we’ve got this more humanistic psychotherapeutic approach and I feel like when I look at the NAMT journal and the people and the trainings and when I see the clinical work I’m at times mortified by the by what I see and I feel like it’s a clash of value systems here. He helped me to see it wasn’t a clash of humanistic and positivistic values, because he said an association shouldn’t have any official philosophy, and AAMT didn’t. It wasn’t in any document that we’re humanistic, or transpersonal or creative. He really said listen you have to overcome the idea that it’s a clash of
values or it is a clash, and I said it is a clash of values but I’m identifying the wrong ones. It’s about uniformity versus diversity.

Rachel Hardy: Right

Ken Aigen: If we could look at it that way rather than a clash of specific values, of positivistic and humanistic, we believe in an association having a plurality and diversity of approaches versus uniformity, then we can move the level the discussion into a whole new level of understanding. It really changed my approach when I said ‘yea you’re right this is about creating an association where everybody feels at home, not about figuring out which philosophy is going to be the official one.’

Rachel Hardy: Yea so something more inclusive

Ken Aigen: Yea and I don’t even know if we used that word then. Certainly, that was the sentiment. To me that really articulates that period from 1980 to 92 or 3 for me, that’s my story about it.

Rachel Hardy: Yea, that’s interesting. It makes sense though. So, it sounds as if you went from this concept of really not wanting to be with this other organization to realizing that there’s more of a need to be together.

Ken Aigen: Well yea and the analogy I use is, which I mentioned in the article, and I just don’t know how many people would get it, there’s this phrase in politics ‘only Nixon could have gone to China’ which what it means is Richard Nixon, in the 19050s 60s was known as a staunch anti-communist. He made his career accusing the democrats of being soft on communism and he was this bitter, strong, anti-communist. Throughout the 40s, 50s, 60s, and 70s, the US had no relationships with communist China. No US president had ever gone there, I don’t think we had an embassy, I don’t think we had any official relationship. Then in the mid 1970s, of all people, Richard Nixon was the one that established diplomatic relations with communist China. So, this phrase came about ‘only Nixon could go to China’ because if a democrat had done it, they’d accuse him of being soft on communism, not patriotic. But because he had been so strident, people thought well if Nixon thinks it’s a good idea then, maybe it’s a good idea right, because we can’t accuse him of being soft on communism. So, I think in a way because I had been in one sense so defending of AAMT’s values, that when I started articulating the virtues of unifying, I got a very positive, one of the reasons I got a positive reception within AAMT was the fact I was coming from, some people could look at it sort of as a change of mind.

Frozen video

Reconnected audio, conversation about freezing

Rachel Hardy: So, I guess the next kind of stage we can move into is: I’m curious about kind of the responses that you got from AAMT as well as NAMT; from individuals or the association as a whole, on just the concept of unifying. You expressed your own thoughts, but how did other people respond to that?

Ken Aigen: Yea, that’s a really good question. Let me dial back in time

Rachel Hardy: Yea you have to reach back

Ken Aigen: First of all, I came into the profession at a really interesting time because the people who are real pioneers were still active.

Rachel Hardy: Yes

Ken Aigen: And so, I had relationships with all of them. I was working now with Clive and Carol Robbins at this time, Nordoff-Robbins Center, I had met Helen Bonny and kept up a
friendship with her, I worked at the Creative Arts Rehabilitation Center where Florence Tyson worked, I don’t know if you know her, she’s not as well-known as the others, Carolyn Kenny, another person. I had relationships with all these folks and interestingly enough, they were very supportive of my efforts because they saw, I feel like they had just some grander, I don’t want to say spiritual vision, but just I guess with age and experience comes that sort of wisdom.

Rachel Hardy: Right

Ken Aigen: And Clive was very supportive of it, Edith Boxhill, so some of these older pioneers were very supportive. That was helpful and also reassuring. Some of the people around, Ken Bruscia was very supportive, Paul Nolan, Cindy Briggs, these were people at Drexel, who had the dual accreditation. I think one of the people that had the hardest time with it was my friend Barbara Hesser, who was my teacher when I started at NYU in 1981, and I think was someone who did not have the same attitude and to this day I think wonders if it was the right thing to do. We can have a difference of opinion, but I have to say that I was really, really surprised by the real paucity, there were very, very few people from the AAMT side that expressed reservations about this, which really, really surprised me. I think part of that was because once we crafted this proposal, it was a very progressive one. It wasn’t about NAMT swallowing up AAMT, it was about the two groups coming together as equals, forming a new organization with a new name. I think that that helped people see this could be better. It’s not just us dying, right? I think that that helped a lot. And I think there was a little more resistance, believe it or not, from the NAMT side.

Rachel Hardy: Really?

Ken Aigen: Which I saw mostly, Bryan and I went to a number of these town hall meetings where we went to the regional conferences all over. I went to 5 or 6 of them, it was crazy travelling, and some of them were in the same weekend, going from place to place. I think some of the older aligned NAMT folks felt AAMT standards were lower. Maybe they had been around when AAMT broke away from NAMT, so they saw this as ‘why should we honor the renegade group with giving them being as equals?’ The interesting thing was when the vote happened, a higher percentage of AAMT members voted for it. I have to get the exact numbers for you but it was around 90 and the NAMT was somewhere around 80%.

Rachel Hardy: Not as high

Ken Aigen: But it’s just to say for the most part, the reception was quite positive, which showed me I hit on something. It wasn’t me convincing people, the time was right. I happened to be the person around when the time was right. It really surprised me, especially amongst AAMT, because I know people really loved the organization and they felt it as a real community.

Rachel Hardy: Yes, I gathered that. I was able to find some of the last articles from the final edition of the journal Music Therapy from AAMT. Just reading sentiments in there, I got that idea that it was more of a community feel and everyone, the values, and their identity was so important and strong, at the center of who they were. It was interesting because in reading and not really getting to converse with someone, I thought, ‘oh they were so into their identity and they just gave in?’ but after reading your article especially, and hearing from you it makes much more sense. You were able to maintain that because it was the diversity within one organization.

Ken Aigen: Right, and I think one of the things when you’re ready we can move the conversation into the process and going forward and has that faith been worn out or not. I think that is a concern.
Rachel Hardy: Yea, my next few points I think would all probably roll into each other, but discussing any difficulties in the process, or significant moments that stood out, or strategies that needed to be employed because NAMT and AAMT were coming from different viewpoints.

Ken Aigen: Well it’s funny because your mind just plays tricks with you with things you remember. I had always credited, for the last twenty-five years, Bryan with the idea of being one organization unified liked that. But then I saw in some materials I had actually suggested it months and months earlier in a talk, I could supply you with that document. I didn’t remember actually having that notion, but I still think when I made the initial proposal to Bryan, it was as becoming a region and his response was ‘no, let’s go all the way’ and so I think that was a key moment and that was a key insight of his that greased the skids a little. Now this one was definitely him. It was his idea to say ‘let’s vote to unify first and then deal with the educational issue’ because that was going to be the hardest nut to crack. We’ve got two completely different educational and training approaches, and everyone was thinking, ‘we’re going to have to figure out how to put them together, or which one are we going to use’ and I think he had the great insight that if we do that we’re going to give ourselves an insurmountable problem before we get to the promised land of putting the organization together. So, he said ‘let’s vote to unify and deal with the educational models after and in the interim we’ll just have them both.’ To me, that was really brilliant, really insightful and that was a key moment. In a way people were giving up their name for something, but no one knew yet what we were giving up. Are we giving up our model, are we giving up our journal, our conference, nobody knew so it was a leap of faith to vote to unify. You were asking me about the process and difficulties?

Rachel Hardy: Yea.

Ken Aigen: It was a remarkably smooth process as I remember it. Much smoother than you would’ve imagined. I only remember one incident, but for the article Bryan made me take her name out. It was at the southeast conference, I was doing one of these town halls and Jane Standley from Florida State gets up and says, ‘I don’t see why we should have to lower our standards’ and I got up and was like, ‘it’s not about lowering standards, it’s about considering different standards’ and I think that moment was the only moment of tension or disagreement or difficulty. I just think all forward looking people in both organizations could see it was the right thing to do at the right time. It’d make a better story if there were some fighting and all that, but there wasn’t. I think that was saved for after the unification when these other groups met to figure out how to put the associations together.

Rachel Hardy: Yes, that would definitely make sense. I guess the unification was essentially just the tip of the iceberg. There was so much that came after that.

Ken Aigen: Right. We put off the hard work, which I also thought was smart because then you’re trying to work out difficulties as common members of one organization rather than two groups of people representing different constituencies.

Rachel Hardy: Yes, and that would probably continue to act as roadblocks to move forward.

Ken Aigen: Yea. To move into the post-unification difficulties, because that’s where I think most the difficulties were.

Rachel Hardy: Yea. I think I’ve taken the term unification as the whole process all together, not just that vote to become one but also encapsulating all of the different committees that were formed to help the transition and bringing together publications and everything.
Appendix E, continued

Ken Aigen: Right. It was a mixed bag, and that’s natural. No move is unqualifiedly perfect without problems, advantages, and disadvantages. For example, we voted to unify and we became one organization in ’98, and as part of that, which I thought was nice, they said, ‘well we’ll add an AAMT member, a former AAMT member to the board of directors of the new organization just for someone to be there for the first 4 years of the organization, to represent and make sure those folks’ interests were represented.’ I thought that was nice and I was that person. It was funny because issue after issue I always felt like I always in the minority position as different things came up. I said, ‘well yea, there were real differences underlying the two organizations and I’m seeing them because I’m constantly in the minority here and that’s frustrating.’ That was a negative, on the other hand, the first president that was elected by the unified organization was Michele Forinash. She was an AAMT member. It was so interesting that, I mean the first AMTA president was David Smith but that’s because he was elected by the former NAMT in their election cycle. Michelle was the first person voted on by membership from both organizations and it was just really inspiring and reassuring to me that she won over someone who was much better known in the NAMT. The AMTA hosted a world congress in 1999, which we haven’t done since which is really too bad, but they asked me to be the scientific chair, I don’t think that ever would have happened if we weren’t unified, because they could ask me as a member of AMTA not NAMT reaching out to AAMT and that was important because it brought in all these connections with colleagues in Europe that I had. I formulated a whole theme for the conference around five international models of music therapy so the focus of the conference was Nordoff-Robbins, GIM, Analytic Music Therapy, Benenzon Music Therapy, and then behavioral music therapy. I saw some really good things happen. All these NAMT folks were being exposed to all these other creative and improvisational models in the presentations that they wouldn’t have had otherwise. I was in a minority on the board but then some other good things happen.

Connection frozen- dropped call
I articulated problems, feeling like a lone wolf on the board but then getting the scientific chair, Michelle getting president was good. I think if we look at the merging of the organizations, something that was very successful was the educational model.

Rachel Hardy: Yea

Ken Aigen: And so, we formed this commission and NAMT was moving toward a more competencies-based approach anyway

Rachel Hardy: Right

Ken Aigen: But this solidified it and now it meant that anybody anywhere could make use of the AMTA approach. So, I think the merging of the education training models was really a success in terms of unification. But then the mirror image of that is, what I think happened was unfortunate that the AAMT approach to journals didn’t survive.

Rachel Hardy: Right

Ken Aigen: Basically, the two NAMT journals continued as they were, meaning Music Therapy Perspectives and JMT [Journal of Music Therapy]. We had a few special issues of MTP where we got one or two of them that had CDs in them. So, we got more exposed to music in music therapy. JMT didn’t change at all, and I think that was a real problem. I remember bringing in the Nordic Journal to one of the board meetings and saying ‘look at this journal it’s got everything. It’s got a clinical section, it’s got essays, it’s got response to articles, it’s got
humanistic’ saying here’s a model of what JMT should be and it didn’t really go anywhere. I think in the last five or six years, it took the old editors moving on. So, when Jane Standley finally gave up JMT and Brian Austin finally gave up Music Therapy Perspectives, I give a lot of credit to Tony Meadows and Sheri Robb as the new editors. They’ve implemented a lot of positive changes in those journals. So, it may have taken twenty-fifteen years but I think eventually those publications have improved and, in a way, just catching up with what the AAMT journal was doing back then.

Rachel Hardy: Right

Ken Aigen: The other big thing, AAMT was much more supportive of master’s level entry, even twenty-five years ago. Again, I just see that finally becoming a priority. So, that’s my thoughts about the process of unification. Some wins, some losses, a balanced, very positive but there’s some things that could’ve been better and I just think it’s hard to know how positive it’s been. My whole point to AAMT was if you have something valuable, a way of thinking about music therapy that benefits clients, a certain way of thinking, interventions wouldn’t you want as large an audience for this, not for egotistical reasons but because to benefit more clients

Rachel Hardy: To share it

Ken Aigen: You almost have an ethical, and I did feel somewhat of an ethical obligation in pursuing unification. It wasn’t just pragmatic, it was like if we have something valuable, if more people read about it, more people see the presentation, more clients will benefit from this and then I do feel there was an ethical aspect to unification. I haven’t really talked about it or anything, it’s overlooked. Some people wanted to keep our tiny little club, and our little comfortable family and I was like ‘hey, you know that’s for your family or your whatever social group, professional association is much more serious ethical and moral obligations.’ That even if we’re going to be losing something, really, we have this obligation to carry through.

Rachel Hardy: Absolutely. It sounds like there weren’t too many difficulties, but still coming from two different camps, was there any type of mediation that needed to happen between these two organizations?

Ken Aigen: A little bit at first in making the initial meetings happen. It was very helpful that we each had a business advisor that was not a professional music therapist. Karl Bruhn from Yamaha we had and NAMT had Norm Goldberg, publisher from MMB music. Norm was really the one who pushed. He was the one saying, ‘Ken, I know you, I know Bryan, what would it take to get you guys together?’ For the initial meeting, a lot of the impulse came from Norm and I think that it wasn’t mediation so much as people who didn’t have a dog in that fight in terms of being committed to a clinical philosophy, because they weren’t therapists. So, I think that that really helped. I think where the interesting conflict was, in a way, someone should do a study of the education and training commission. There were five members for each commission from each organization, and they met for long weekends on a number of occasions over two or three years and the rumors coming out of that were the knock-down drag-out battles with people running, leaving the room and walking out of the meeting. In a way, I think that would be a more interesting thesis study interview, because there was much more conflict involved.

Rachel Hardy: Yes, it sounds like it

Ken Aigen: The publications commission, I don’t know what happened. We just lost. As it turned out they agreed just to continue those other publications. But, it sounds like I’m being more egotistical, but I just think it was Bryan and I getting together in a room saying ‘Hey let’s
Appendix E, continued

do this’ and he was like ‘yeea let’s do this’ and ‘what do you need from your end to make it happen for your folks?’ ‘What do you need from your end?’ Well, I said ‘listen, we have to have the NCATA part. The new organization has to be part of that coalition and that’s non-negotiable.’ And he said ‘alright, I think people are going to be against it but you need that we’ll do it.’ It just took that ability of two people who could just talk to each other and who had the same transcendent goal in mind and almost a willingness, well let’s just do whatever it takes to get there because that’s certainly a transcending goal. It’s more important than any of the minor issues and so with the publications I didn’t go push for that because we were getting the educational model we wanted, and…

I think a lot of it was Bryan and I had the right temperament at the right time. And so, I was saying it’s not an egotistical thing, but I think we were the two right people as president at the same time. Being forward looking, and being pragmatic rather than overly dogmatic

Rachel Hardy: Yes.

Ken Aigen: Do that other study next! Interview that education committee, I think that would be fascinating

Rachel Hardy: Haha yes. I’m sure it would be. This whole topic is so fascinating. The fact that there was so little information. I really had to dig to get some stuff. Reaching out to other schools to get old issues of AAMT’s Tuning In, the last couple of issues of that. Just really trying to find anything. You look into some of these textbooks.

Ken Aigen: AMTA has videos somewhere, because I know they brought in a number of people

Rachel Hardy: Yea? Even in textbooks you read, it says ‘oh there was this organization and this organization and in 1998 this was formed and that’s it’ and I was like, ‘well what happened? That’s like a big deal!’

Ken Aigen: Yea right! And it’s funny because for my own doctoral dissertation, there were two historical studios of the NAMT, I don’t know if you’ve come across Boxberger and Solomon’s

Rachel Hardy: Yes

Ken Aigen: For my own doctoral dissertation, I wound up accessing both of them, I got to read from the NAMT perspective about the creation of AAMT. And that’s really interesting. I don’t know if you’ve seen his dissertation, it’s worth it. Even if you just access the chapter or two on the creation of AAMT it’d be interesting.

Rachel Hardy: So, I guess my next question would be, is there anything you would change or have done differently? I know you said that it was such a smooth process, but is there anything that maybe you would have approached in a different way?

Ken Aigen: Hmm. I haven’t looked backwards very much. I don’t know. I really can’t think of any because, like I said, the things that I wound up not being so pleased with, I was aware at the time it was a risk, like the publications thing

Rachel Hardy: Right

Ken Aigen: I didn’t push for the preservation of our journal because I thought, ‘well it’s going to be a lot for one organization to publish three journals right.’ I don’t, honestly know. Sorry.

Rachel Hardy: Oh no, that’s great reflectively, looking back that it went so smoothly

Ken Aigen: Yea, I just think we had the right impulses at the right time.
Appendix E, continued

Rachel Hardy: Yea. My final questions, they go hand in hand almost, but I’m curious of your takeaway from the whole process, but more specifically almost comparing it to other decisions or moments that have happened in the history of our profession. I know you had mentioned the master’s level entry, that’s like our next big decision that we’re facing as a field.

Ken Aigen: Right. Yea, what did I write about that at the end of the article. Banter while scrolling to find content in article

The question is what do we take away from that in terms of the future and the current issues that we’re dealing with. Like I said, the transcendent value of bringing the organizations together was partly due to this ethical obligation in that I felt this is in the best interest of clients. We only exist to help clients. On some level, in every decision that has to be the single most important consideration. So, master’s level entry I’ve heard some people say ‘oh this’ll be bad for the undergrad programs’ and I’m like ‘well maybe so maybe not but what’s best for the profession?’

Rachel Hardy: Exactly.

Ken Aigen: Bring the best level of the care. As our knowledge base moves to the fact where you really need to have a graduate degree to know everything you need to know to work as a professional music therapist. So, I think that idea of referring back to the welfare of clients even in our bureaucratic profession-wide distinctions. I think that’s really important, so that’s what I would take away from my experience. Keeping that value in mind enabled us to do the right thing and overcome the obstacles and so, I think it’s the same thing here, no different. I think objectively there were some aspects about AAMT that we were more progressive, forward-looking, had a better sense of the future with the idea of master’s level training and all. So, I think the other thing you take from it is, there have been people that have been training music therapists beginning at the master’s level for, Barbara Hesser’s been head of NYU for 44 years. Now actually I’m the head, I’m head now I took over January. She did it 44 years.

Rachel Hardy: Oh congratulations!

Ken Aigen: I’m so used to say representing the program. I’ve been saying it for thirty years. There were people in AAMT who’d done that and there’d been a lot of experience and so, I think the association would do well to do a little better job of tapping those folks’ experience. But keep in mind what’s best for clients and then that should just be our prime directive as they say in star trek. Our prime consideration.

Rachel Hardy: I think that makes a lot of sense. We often separate, when we get into that mind of the politics and the association,

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I feel that’s a really significant thing that we tend to forget about, is that our goal is to serve the clients and sometimes we forget about that when we focus on more political aspects of things. We think more about, it becomes more selfish when you’re like ‘oh but it’s going to take too long to get through school’ but in the end, ethically, your highest responsibility is to your clients that you’re treating.

Ken Aigen: Right, and look at our related professions. Physical therapists now have to get PhDs, they have to get doctoral level to be entry level clinicians. Even, even in New York State you need a master’s degree to be a classroom teacher. So, you’re telling me that what music therapists have to learn isn’t at least as comprehensive and detailed as a classroom teacher. So, to me there’s no real good reason. But you’re right, you hear ‘it’ll take too long’ ‘it’ll be too
Appendix E, continued

expensive’ ‘it won’t be good for some of the undergrad programs’ you know sorry. Those programs are vehicles not ends in and of themselves.
Rachel Hardy: That makes a lot of sense. Remaining content not relevant
Appendix F

BRYAN HUNTER INTERVIEW TRANSCRIPT

Rachel Hardy: So, I’ve started recording and I’m just going to give it a quick introduction. Today is Thursday, March 22nd, it is almost 10 o’clock in the morning and I am speaking with Dr. Bryan Hunter. One more quick consent, I’m hoping to be able to put this interview and the transcripts into some kind of archive, whether it’s the regional archives, my school archives, I’m not 100% positive just yet, but I also need your consent for that, that I can share this interview with others.

Bryan Hunter: Sure, yes.

Rachel Hardy: I’ll give you a quick overview of what I’m trying to get out of this project so you have a better idea than what I’ve given you over email. Basically, I’m really interested in getting to know about the process of unification, specifically your story because it was such a personal thing, and the camps were so different and it all came together. There’s really not a whole lot of information out there, with the exception of this article that you and Ken are in the process of writing, which was super helpful and I’m really appreciative that you guys were willing to share that with me because I learned a lot from it.

Bryan Hunter: Good, good.

Rachel Hardy: But, other than that article, you look into the literature that we have so far on music therapy and the historical stuff and there’s really not a ton of content. I think one of the introductory books that I had read says, ‘there were two associations and then in 1998 they merged and formed the American Music Therapy Association’ and that’s about it.

Bryan Hunter: Right. That’s about what’s been written so far.

Rachel Hardy: And so, I personally think it’s really important to know the history of what you’re working with, to know how to move forward especially. I believe I read in one of the chapters of the Music Therapy Research text edited by Dr. Wheeler, that knowing the history of your profession is like knowing the history of your clients. How do you move forward without really knowing about it? So, I definitely identified with that concept.

Bryan Hunter: Right.

Rachel Hardy: So, the way that I’ve found this to work out is if we go almost chronologically. Starting off with the beginning. I’ve found personally, everyone who I’ve spoken to, and the literature that I’ve been able to find, kind of note different beginnings of unification even. One person says Germany in the ‘70s at a conference, one person says the joint conference in ’93 so, even that seems to be a point of disagreement, so I’m curious as to where your beginnings are for unification, and then moving forward from there. I’ve also really taken to the concept of storytelling as a method of interviewing.

Bryan Hunter: Right.

Rachel Hardy: So, the less that I end up actually speaking, the better, because I really want to hear your story, and I think how it progresses for you is the most appropriate. I have some topics I would want to touch on. If I feel that we’re not touching on them, I’ll definitely pipe up and say something, but I’d like for you to let it flow naturally.

Bryan Hunter: Sure. You want me to answer that question about the starting point?

Rachel Hardy: Yea, sure.
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**Bryan Hunter:** Ok. The references you made there to there being different points and people’s opinions, the conference earlier on or what I wrote in the article about those joint conferences, that comes from my writing in the article, those pieces are part of the story but they were laying the foundation to the conversation, the discussion. If you really want the starting point of the actual unification discussion that led to its actualization, you really would begin with the discussion that’s documented in the article, between Norm Goldberg, Ken Aigen, and myself.

**Rachel Hardy:** Yes

**Bryan Hunter:** That’s where you would set the starting point of the dialogue that actually ended in the result. That was right around, or just after the Toronto conference.

**Rachel Hardy:** Right

**Bryan Hunter:** That’s where I would put the starting point of the actual discussion that led to the proposal that led to the actual event.

**Rachel Hardy:** Uh huh

**Bryan Hunter:** There’s a lot of important stuff that happened prior to that that was foundational.

**Rachel Hardy:** Absolutely

**Bryan Hunter:** But, that was the moment in history where the contemporary dialogue began.

**Rachel Hardy:** Mhm, interesting. So personally, would you say that’s where it started for you?

**Bryan Hunter:** That’s where it started for me, and again, there are lots of foundational, I mean Ken describes his process in the article and I describe some of mine. But, if you want to look at the event that began the movement that was successful, that was that point in history where those foundational things, the conferences, the fact that we had a couple of schools that were jointly approved, the fact that there had been a task force earlier on that had met, that was struck after the world congress. As referenced in the article, all those things were foundational pieces. But, the dialogue that started after the Toronto conference is where it began in earnest in a way that resulted in the outcome.

**Rachel Hardy:** That makes sense. Coming into your presidency of NAMT, was this something you had thought about?

**Bryan Hunter:** Yea it was something I thought about. Again, as I referenced in the article, because I had worked on the Toronto conference committee, the joint committee of NAMT, AAMT, and CAMT for a number of years. We worked on that conference for a number of years to plan it. I had worked on that committee with my colleagues from both associations, which was highly productive, rewarding, and unifying as it were, in terms of a collective profession. Then, to have that conference be an extraordinary success on every level, programmatically, attendance-wise, financially, the engagement of the members, it was just a huge success, which was great to see. So, yes initially investing in the conferences and thinking about becoming president in January, I was thinking, ‘well you know, maybe we can come back to unification.’ Until we got to the last session and Ken, as acknowledged in the article, made some strident remarks about still, the issues of reciprocity and that sort of thing and at that point, the air was out of the balloon for me. I really thought, ‘well I guess it’s not time yet’ and I pretty much dismissed it until Norm Goldberg contacted me.

**Rachel Hardy:** Interesting. So, once you brought unification to NAMT, once you had sent out that proposal to your membership what kind of responses did you get? I was able to get my hands on a lot of old newsletters from AAMT and a lot of content from them and the ends of
Appendix F, continued

their *Music Therapy* journal, but the old *NAMT Notes* were a lot harder for me to find and I wasn’t really able to get as much. So, I don’t know as much about NAMT’s responses as I do about AAMT’s responses.

**Bryan Hunter:** Mhm. Well it was interesting because there was a timeline and a bit of a dilemma. We met in May in Philadelphia, as documented in the article, towards the end of May. The AAMT national conference was going to be in June, it was Ken’s last conference as AAMT president and he very much wanted to be able to talk about the proposal while he was still president, with that being the last conference. So, we had a dilemma. There was no way to not release it to everyone, if you’re going to release it you have to release it to everyone.

**Rachel Hardy:** Right

**Bryan Hunter:** The irony there is that I had already been to the four NAMT regional conferences, at that point there were 8 NAMT regions and the president typically did four each spring. I had already made those visits and they were done, and the other irony was that I had not yet had a face-to-face meeting with the board that I was the president of because the mid-year meeting would’ve been scheduled probably in June. It was a little, I dare say probably brash on my part, to have published that proposal, as a proposal for discussion, it was not being proposed as a measure, not being proposed as a fait accompli, but it was being done before the NAMT board had met. You have to remember again, these are also the days before texting, computers, and email, and any of that kind of thing existed. That timeline, which worked out okay because both boards, both the AAMT board and it’s conference and the NAMT board very much embraced the proposal as far as putting it out for discussion purposes and supported it for discussion purposes. If either one of them had not, it would’ve died.

**Rachel Hardy:** Right

**Bryan Hunter:** Had either board said, ‘no we’re just not going to support this and go forward with this discussion’ it would’ve stopped right there. The timing was a little ironic because of the AAMT conference that Ken wanted to talk about this as president, so we had to make everything work so that it would all be out in the public at once.

**Rachel Hardy:** Right. Would you say that overall you got a pretty warm reception, cold reception, or was it a very mixed bag?

**Bryan Hunter:** Well, on the whole it was pretty warm, there were questions or concerns, all of which were legitimate, but I will say, and I do have a very strong recollection and I think I wrote about this in the article, again in the days before computers and texting and email, we put those things in the mail and I really did anticipate my phone starting to ring off the hook at some point with people who were not happy or upset or concerned or whatever the case may be, and that never happened, which I found extraordinary. Now, that’s not to say there weren’t questions, concerns, dialogue, all of that happened, but one of the things I think we did right was that we gave it a lot of space to happen. We had the town hall meeting at the NAMT conference both that fall and the following fall in Houston, the two conferences in which I was president. We had open town hall meeting forums and then we had the town hall meeting formats in all 8 regions in the spring of ’95, the following spring after it was sent out. We went to all of those conferences and did all of those town hall meetings, not just me but either Ken Aigen or Gary Hara from AAMT and then Jim Borling from CBMT. We went to all of those 8 meetings, sometimes two or three in a weekend.

**Rachel Hardy:** Wow
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**Bryan Hunter:** One weekend I was on 5 airplanes in one day to meet with the members and talk about it and I think that really made a huge difference. There was support expressed, there were questions raised, ‘what if this, what if that, we don’t like the name you’re proposing’ but we gave a space for that dialogue to happen and I think at the end of the day it was an entire year, really closer to a year and a half, it was a little more than a year from the time the proposal was sent out before the vote was taken in November. Well, the vote was actually not taken until January of ’96 so, there was more than a year of time for it to be processed and talked about, and slightly modified here and there along the way.

**Rachel Hardy:** Mhm. You feel that space really helped in the long run?

**Bryan Hunter:** Yes, I think so. I think we gave it enough space to be appropriately looked at and digested and debated.

**Rachel Hardy:** Alright. My next question to really touch on would be what were some of the difficulties that you encountered through the whole process? I was looking at unification as literally just that vote and getting that vote passed. I had originally anticipated that having taken quite some convincing but then reading in your article, I know you hadn’t had numbers yet, and I’m not sure if you do, but the vote passed pretty overwhelmingly positive, the percentages were really high.

**Bryan Hunter:** We actually have those numbers to put into the article. It was 90-some percent in AAMT and 80-some percent in NAMT.

**Rachel Hardy:** Yea so

**Bryan Hunter:** It was overwhelmingly voted. You asked me about, what were the difficulties.

**Rachel Hardy:** Yea

**Bryan Hunter:** I can’t say for everyone, but I definitely know how I think I want to answer that question. I think there were two major ones. One was that one of the intentions in unification was to clear up the credentialing mess that we had worked ourselves into. You know what I mean when I say that?

**Rachel Hardy:** Yes, there were too many!

**Bryan Hunter:** We had seven different ways to designate a music therapist at that point in time. Between the association credentials or the designations and the CBMT we had seven, which is insane. So, one of the major goals in doing unification was to clear that up. By NAMT and AAMT getting out of the credentialing business, leaving the CBMT and the MT-BC as the sole credential.

**Rachel Hardy:** Right

**Bryan Hunter:** I had hoped that we would be able to, in a very clean sweep way, and that by the time we had effected unification, if we were going to effect unification, that we would literally, immediately be able to go to the single MT-BC and be done with it.

**Rachel Hardy:** Hmm

**Bryan Hunter:** Unfortunately, there had been enough time gone by from when the people were first grandfathered into the MT-BC, which was back around ’85 when it started, and now we’re already up to almost 10 years later. There had been almost a decade gone by and any number of people had decided to let their initial grandfathering of the MT-BC lapse and retain using RMT or CMT or ACMT. Because that time period had gone by and people had let it lapse, our effort in working with CBMT to try to go back and make a clean sweep all over again, in terms of substituting the MT-BC, couldn’t be done the way it was initially, because under the regulations
that CBMT has to operate with in terms of their crediting body, you can only do grandfathering one time.

Rachel Hardy: Right

Bryan Hunter: It had been done. We examined any number of ways with CBMT and their crediting body to try to figure out how we could make the clean sweep and literally to do away entirely with RMT, CMT, ACMT and have just the MT-BC with unification. And no matter which way we came up with, we examined two or three different possibilities, CBMT examined it with their crediting folks, we still came back to the place where we could not make that happen at that time. That was a huge blow for me personally, that we could not make that happen right at that moment. We ended up having to do the next best thing, which was to first of all do some association policy, which we could control and had ownership over, at that point in time it was acceptable for both the associations’ standpoint and CBMT’s standpoint to combine the letters, RMT-BC and that sort of thing, and we, by joint agreement of the three groups, said no more. You could no longer do that. You needed to choose which credential you were going to use. Once you chose, then the others go away. Out of that we created the national registry, which still, for people who chose to not use MT-BC, if you wanted to use RMT, CMT or ACMT, to remain on the registry, which we still have. I still remember the conference call where we decided that registry ends in 2020, it goes away.

Rachel Hardy: Uh huh

Bryan Hunter: So actually, in 2020, when the national registry goes away, that is the actualization of the last element of unification. So, it’s still pending until 2020 and then it goes away. So that was a huge piece that initially I was enormously disappointed in. But, we did the next best thing, and we did the stuff that we could do, and still made it work. So that was one, the issue of the credentialing quagmire and not being able to entirely solve it. But, we did get the associations out of the credentialing business, and CBMT, and the sole credential, and we effected those things as well. And then we had the plan for what to do with the registry.

Rachel Hardy: Right

Bryan Hunter: So that’s one interesting piece, that last element is done 2020.

Rachel Hardy: Yea, that’s crazy.

Bryan Hunter: Yea isn’t that interesting? So that was one. The second one that was a little difficult for me is that there were a small number of people, in some cases pretty well-known people, long-time colleagues of mine, who were not supportive of unification. They were respectful about how they did their opinion and expressing their opinion, but there were a couple who said to me, ‘well if you take this forward you’re going to completely give up the association’s right to do academic standards, and clinical training standards’ and sort of like you’re going to take the profession down, because their giving up all rights to control, which was not the case, it wasn’t true.

Rachel Hardy: Right

Bryan Hunter: It was coming from people who I had a high regard for and I just had to, on a personal level, keep going forward, this wasn’t about me it was professional. Ken and I had a very strong commitment that this was the right thing, and that our numbers were essentially saying to us, this is what we want to do. We certainly heard that in the town hall meetings overall. So that was the second thing, there were some, they weren’t personal attacks, but they were, ‘you realize you’re going to take the profession down as it were by doing this’ and of
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course we knew that wasn’t the case but it was still hard to take from some of your colleagues that you have a lot of respect for.

**Rachel Hardy:** Right. Sticking with the difficulties, or hurdles that maybe needed to be overcome, I personally was originally understanding unification as basically leading up to that vote. But, as you pointed out, the whole process started in like ’94-’95 and we didn’t unify until ’98, so there were how many years, four or five years of actual implementation?

**Bryan Hunter:** Well, that was by design. So, you had the dialogue starting in ’94, you had then the year plus for the proposal to be digested, debated, town hall meetings, some revision was made to it. By the time we got to November of ’95, the assembly endorsed it and endorsed sending it on in the form of bylaws changes to the members to vote on. The members were actually voting on the bylaws changes to make unification happen, that’s what was sent to the members. The assembly endorsed that by a large vote. Not unanimous, it was not unanimous in the assembly, but it was overwhelmingly positive, not unanimous but overwhelmingly in favor. So, it was sent to the members in ’96 for a vote in January. The proposal then called for a whole other year of time to go by, again this was by design, and with discussion with both associations, for essentially AAMT to close down its office operation in an orderly fashion that made sense from personnel standpoint and a finances standpoint, that sort of thing, to have another year to get all that business done and that sort of thing. That year went by and then the actual unification date is January 1, 1998. It was 4 years but you have to understand what was going on in each of those years. Now, the other thing that began to happen, and this was a change that was made to the proposal in November right during the assembly discussion before it was voted on, we actually decided that if we voted to unify, there was no reason we had to wait until the actual date of the unification for the education and clinical training commission to begin its work. The original proposal said it would happen after unification, but we realized that once we voted to unify, we could start acting like we were unified, even though it wasn’t actually in effect legally as it were. The process then began of getting that set up not long after the vote was taken. I don’t remember the exact timeline, but that began to unfold even before 1998. Somethings did begin to happen and that was of course a very important one, the educational and clinical training commission.

**Rachel Hardy:** Yes. It was my understanding that was probably one of the most significant commissions. I remember reading through that proposal, there were quite a few commissions but from what I’ve gathered from reading and speaking to the others, that education and clinical training commission was really where a lot of the, I don’t want to say conflict, but there was probably the most heated discussion that went on.

**Bryan Hunter:** Well, it’s where there were the most differences between the two associations. We knew that at the onset and there were some people who clamored strongly, ‘well you have to do that work before you can decide to unify.’ I think from reading the article, we made a conscious decision to not do that because first of all, we knew that would be too easy to sabotage unification with. If you didn’t want to see unification happen, then you worked to block some aspect of the education clinical training dialogue and then you could stop the whole thing. The second thing was, we had two models that had some differences that were both approved by NASM. They were both producing music therapists, they were both producing music therapists who were getting MT-BC credentials, so there was no metric to say that one is necessarily better than the other or to get rid of one in favor of the other. We said, ‘if we decide to unify, then
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we’ll have a high-level group, we’ll do a moratorium on changes for a period of time while we convene a high panel group to look at the issue.’ That’s where that came from. Yes, it probably was the most important group that was struck, there was one on publications also that was struck and that was important. But the education and clinical training commission was a very important group. They worked very hard and had a lot of debate and you can probably almost do a thesis on the work of that group if you interviewed all of the constituents of that group, all of the participants of that group, you could write a thesis on the work of that group.

Rachel Hardy: Ken said the same thing. That’s what I gathered.

Bryan Hunter: Did he say the same thing?

Rachel Hardy: Yea he actually said it would probably be more interesting than what I’m writing about.

Bryan Hunter: I don’t know that it would be more, but it would be interesting, very interesting.

Rachel Hardy: It’s different.

Bryan Hunter: There’s some folks that tell some interesting stories about this discussion because they made a decision, and I’m not sure exactly why because I was not on it, early on in their group process that any principle they came up with they had to have complete consensus of the group to do it.

Rachel Hardy: Wow

Bryan Hunter: That’s a tall order

Rachel Hardy: Yes

Bryan Hunter: That’s a very tall order, especially when you’re dealing with things that have been different for a long time. But also, there were a couple of schools that had both accreditations so, how different can they be? That would be interesting research and interviews with those folks as well. We made, I think a very important strategic decision, to not make education a contention. If we had, it might not have been successful.

Rachel Hardy: Yes, I agree. Now we can move into, I’m curious as to different moments or events that you deem as significant or impactful that occurred not just through the lead up and the vote for unification, but also the implementation afterwards.

Bryan Hunter: Well certainly in the fall of ’96 after the vote was recorded in January, we had a joint conference with AAMT in Nashville. As I said, once we voted to unify, we could start acting like we were, even though it wasn’t official effect. That conference was a part of that. We signed the unification declaration, I don’t know if you’ve seen that or not.

Rachel Hardy: No

Bryan Hunter: Ok, that’s something you would want to see. There’s a document that we signed in the opening session declaring unification, ‘we intend to unify’ or whatever. That was in Nashville and had lots of fanfare and music. Ken was a part of that, Diane Snow Austin was part of that, had great music as a part of that celebratory event. So, that was a big deal, that was the first time we were together, to be able to say ‘yes we’re going to do this’ and that was big. What was the rest of your question again? Ask me that again.

Rachel Hardy: I’m curious as to moments and events that you deem significant throughout the whole process

Bryan Hunter: OK

Rachel Hardy: leading up to, during, after.
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**Bryan Hunter:** That was certainly a big one when we were together for the first time and we could declare publicly and sign this declaration, we actually signed it in the opening session and held it up and so forth. It was a big deal. The work went forward of getting the education and clinical training commission established, so that happened. I don’t remember any other specific events. Then it just became a lot of the routine, the work that needed to happen to operationalize the decision. Andi probably had, perhaps more insights into the behind-the-scenes stuff. The executive director all of a sudden had to do this directive that the board had handed to her. I don’t have a lot of other memories. I do sort of remember January 1st 1998, New Year’s Day and a new association. Of course, it was New Year’s Day and nobody’s around so just being quietly pleased that we effected AMTA on that day, but that came in without fanfare. I think there are a couple of points in the years after that were very satisfying. Getting the educational and clinical training commission report, and how they did that was really interesting. Ken Bruscia chaired that commission, did a great job in doing some very live, interactive things with how the commission did some of the discussion and had people moving around in a big Likert scale, things in response to various questions. It was quite memorable. I also remember a couple of the points, and I wrote about one of these in the article. I was particularly pleased in the conference in Cleveland and her panels that she put together on various aspects of clinical practice, I named them in the article, but what was so pleasing about it was they represented the diversity of music therapy practice in whatever area we’re talking about, and there were people from both formerly NAMT and AAMT on those panels talking about the music therapy work in the respective area. I stood in the back of some of those panels and was just very quietly proud that the work had brought us to the place where we could have those dialogues and that kind of presentation that would have not been so easily done or readily available prior to unification.

**Rachel Hardy:** Right, absolutely

**Bryan Hunter:** I remember that specifically.

**Rachel Hardy:** We’ve touched on this, but were there any specific strategies that you had employed throughout the process. You guys had mapped out that whole five-year implementation and what not.

**Bryan Hunter:** Yea, I mean the strategies were to make a plan for dealing with the major, first of all, we outlined what were the major things when we met in Philadelphia from the beginning

**Rachel Hardy:** Right

**Bryan Hunter:** We knew the education and clinical training was one, credentialing was one, publications was one. We knew and pretty much agreed on what those were and then we talked about, in the unification process, how would we deal with those and the proposal developed accordingly in terms of dealing with what we identified as the big issues that would have to be dealt with. This proposal either had a solution or it had how we were going to get to the solution over time, the credentialing was done by CBMT, and the education and clinical training by commission post-unification and those kinds of things. That was the strategy from the outside as to how to get that done and we said we weren’t going to rush this, so the timing and space issue was important. Again, we had a year plus, plenty of time to be dialogued and talked about. That was a part of the strategy and then a year for the implementation and then we had the strategy of using the NAMT structure of governance but we added a transition delegate to the board from AAMT for a four-year period, Ken served that.

**Rachel Hardy:** Yes
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Bryan Hunter: So those were all strategies woven into the proposal to help ensure its success if it was voted to go forward.

Rachel Hardy: Yes. We can move into a more reflective state of mind and thought process. Looking back on how unification unfolded and how everything happened, is there anything you would change or have done differently?

Bryan Hunter: No. Honestly no.

Rachel Hardy: Yea?

Bryan Hunter: No I can’t think of a thing that I would’ve done differently.

Rachel Hardy: That’s awesome.

Bryan Hunter: Amazingly enough. I’m just thinking about that, making sure I’m positive. I can’t think of one. I’m curious as to what Ken said to that question. What did he say to you?

Rachel Hardy: He had just mentioned some things that had resulted from each commission, education and the journals. He stated he didn’t serve on those, so it was out of his control in a way.

Bryan Hunter: Right. He reflects on some things in the article as well. In terms of the process of getting it done, is there anything that I would’ve done differently? I don’t think so. I don’t know what it would’ve been.

Rachel Hardy: That’s really great that you can look back and give yourself a pat on the back and be like, ‘we did a good job.’

Bryan Hunter: Yea. What is stunning to me is that we’re now celebrating 20 years of AMTA. That makes me feel very old.

Rachel Hardy: I hadn’t even realized that when I started doing this project and realizing the timing. I really started working on it over the summer, last year, not realizing until the last couple of months of so, being like, ‘oh I timed this really well.’

Bryan Hunter: Yea, you timed it really well and our article, as you know, is in review now, it’s not off the press yet.

Rachel Hardy: Yes. We’ve moved more into a present state of mind. I’m curious if you’d compare this whole unification process and this big decision to anything else in our field. I know we’re facing this big decision now, moving toward a masters-level entry or not. In my own personal opinion, I feel like that’s the next biggest decision that we’re facing since unification.

Bryan Hunter: Without a doubt, it is. The enormity and the impact of the decision is actually bigger than unification.

Rachel Hardy: Yea?

Bryan Hunter: Without question.

Rachel Hardy: Do you think there’s anything that you guys had done during the unification process that you can nudge forward toward the people really involved in this next decision? Be like, ‘hey try this.’

Bryan Hunter: Well, actually yes. As a matter of fact, if you want to see my writing about that. Did you get the newsletter from AMTA?

Locating article

Bryan Hunter: There’s one that just came from Amber, comes from the association and it references, she’s going to highlight different board members? See if you can find that. For that issue, to back up, in November subsequent to MLE submitting its report, and you know I’m a member of the MLE subcommittee, I don’t know if you knew that or not.
Rachel Hardy: I did not
Bryan Hunter: I worked on that committee a total of 5 years, part of the committee writing the report. Which is why I can also say in some definitive nature that yes this is the next biggest, most important question that we face. Back to the article I’m trying to send you to. In my report to the board, I chose to, as historian, that’s my position on the board, is historian parliamentarian. As historian, I decided for my report that I would review what I thought were four strategic decisions that had been made in association history that were extraordinarily consequential to our current status. Amber asked me, as president, if I would take my PowerPoint that I did for the board and write it as a narrative, and she included it in that newsletter in which she talks about my role.

[conversation about finding newsletter]
Bryan Hunter: Let me think about it for a minute.
Rachel Hardy: OK
Bryan Hunter: Hang on for just one second, ok?
Rachel Hardy: Yea. No problem
[BH trying to find article on own computer]
[found newsletter, getting to appropriate spot]
Bryan Hunter: Ok, if you look at that, you’ll see I reviewed four decisions, right? One of them was the move of our national office by NAMT to Washington, the next one was the hiring of a full-time government relations position, who was Andi Farbman at that time, the next one, and this is where my, I’m trying to find the
Rachel Hardy: I think the next one was creating the CBMT.
Bryan Hunter: Thank you. Creating CBMT and the fourth one was unification.
Rachel Hardy: Yes, I’ll have to read into this.
Bryan Hunter: If you read that, I give some context for each, and I purposefully did that and I did the comparison to then come forward and say to the board, ‘These decisions were major decisions with long-term impact for the future of the association. We can stand here now and look back and see that, and we need to take the same boldness and determination that we applied to those decisions and debate them and decide them with regard to MLE’ which is bigger than all of them
Rachel Hardy: Yes
Bryan Hunter: in terms of potential impact on the future, and that’s how I conclude the article. The answer to the question you’re asking me, I essentially wrote it in that
Rachel Hardy: Yea, I’ll definitely look at that.
Bryan Hunter: to try to set the stage for the board and the assembly discussion of MLE.
Rachel Hardy: Yea, definitely. A little wrap-up, my last question for you is what your takeaway is from the whole process. If you could take something away from how everything went, what would it be?
Bryan Hunter: Well it was an extraordinary thing to be a part of.
Rachel Hardy: I’m sure
Bryan Hunter: I’m pleased that I could be in the right time and the right moment to work with Ken and to help lead the two associations in the decision. I joked with Ken not too long after ’98 January 1st, that spring, I think I was in New York City for something and I went to have lunch with him. Remember this was ’98 so it was already twenty years ago, I said to him, ‘you know if
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you and I were smart, we’d just get out of music therapy right now, because nothing we will ever
do in the future will match unification’ and we just laughed about that. It was an extraordinary
thing to be a part of and I’m happy to have been a part of it. The other thing I learned in the
process that was sort of seared into it is when you’re working in these kinds of contexts and these
kinds of decisions and complex matters. Unification was complex.

Rachel Hardy: Absolutely

Bryan Hunter: MLE is even more complex, ok? You have to try to have the wisdom and the
discernment to know what are the things that you actually can tackle and potentially change and
what are the things that you can’t or you’re not likely to. You learn to make a decision of where
those things lie and where you put your energy to effect the change that you want to see happen.
I learned that lesson well in that process, especially around the issue of the credentialing piece,
that we ended up having to do a fallback plan but a plan that has worked and just wasn’t what we
wanted at the time. That would be a big takeaway for me personally is

Rachel Hardy: Definitely

Bryan Hunter: you’re not always going to get everything you want or think you need.

Rachel Hardy: Right

Bryan Hunter: What can you get that makes a difference? I think that’s what I took away from
it and the other thing is, I guess personally, it reaffirmed for me the importance of taking a risk
for the right reason. All decisions have risks. I talk about that in that article that you’re going to
look at with those four decisions, I talk about some of that a little bit. All of them have risks in
one form or another and so it becomes a matter of trying to decide how much risk is worth it and
how much is not

Rachel Hardy: Right

Bryan Hunter: What is the right reason for making the risk? That was certainly a part and
being willing to go out on a limb. I don’t know if Ken said this to you, but I know he and I both
understand, he and I on a very personal level put our professional necks on the line.

Rachel Hardy: Yes, absolutely.

Bryan Hunter: When we put that proposal out and we knew it at the time. We knew that we
were putting our neck on the line and I don’t want to sound over, melodramatic or whatever but
we really did know that we were risking our reputation at the time.

Rachel Hardy: Yes

Bryan Hunter: But we also knew that based on having worked well within both associations
and with our members, we also really knew that it was the right thing to do.

Rachel Hardy: Yea

Bryan Hunter: Therefore, it was worth the risk so we went forward.

Rachel Hardy: Yea, definitely. I think that’s about it. I don’t have any other questions for you.

Bryan Hunter: OK

Rachel Hardy: I really appreciate you taking the time to speak with me today.

Bryan Hunter: It was my pleasure

Exchanging goodbyes and concluding interview
Appendix G

ANDREA FARBMAN INTERVIEW TRANSCRIPT

Rachel Hardy: Alright this is the second interview for my thesis. Today is Monday March 19th, it’s 1:30 pm and I am speaking with Dr. Andi Farbman. So, another quick consent. I’m hoping to be able to provide these interviews and transcripts with other students who do research in the future, just because of the nature of oral history and that’s part of that what that research method includes. And so, before I can do that I need your consent that I can share this interview with other researchers or colleagues.

Andrea Farbman: That would be fine and also, the MAR archives and potentially the AMTA archives might be interested in having that as well.

Rachel Hardy: Yea absolutely. That would be really cool to share. I will have to get in contact with those people as well. Alright, so we can get started. Hopefully everything will work out technologically for us. If at any point the video does freeze, we can communicate over that chat like we did before we started. Hopefully it doesn’t freeze, but unpredictable.

Andrea Farbman: Right

Rachel Hardy: So, are you ready to begin?

Andrea Farbman: I am happy to

Background given

Rachel Hardy: So, I think starting from the beginning is our best bet.

Andrea Farbman: Ok, well do you, how much do you know about my own background and where I fit into this puzzle?

Rachel Hardy: I tried to do some research. Pretty much what I was able to see is that you were the Executive Director of NAMT previously and then transitioned into the AMTA role as unification occurred and have been in there since, and this is your final year right, are you retiring at the end of the year?

Andrea Farbman: Right. This is my 30th year

Rachel Hardy: Yea wow. Congratulations.

Andrea Farbman: I’m curious, how many interviews do you have down at this point?

Rachel Hardy: You are my second one. I spoke with Dr. Ken Aigen last week and I’m speaking with Dr. Bryan Hunter later this week. And that’s really where I’ve left it at so far. I want to see where I get from these three and then deciding if I want to move forward with some other people.

Andrea Farbman: Ok because I think those are the two key people.

Rachel Hardy: Absolutely

Andrea Farbman: Of course, they’re both music therapists and they were both president of their respective organizations at the time. I don’t know if you know, even though I’ve been the Executive Director of the American Music Therapy Association all these years, I’m not a music therapist.

Rachel Hardy: I had kind of come to that conclusion when I saw your credentials at the end of your email and they were just EdD and there was no MT-BC or anything in there.

Andrea Farbman: Right, right so you thought it wasn’t taken away from me

Laughter

So, I have two degrees in recreation therapy and then I have my doctorate in higher education and political science.
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Rachel Hardy: Oh wow
Andrea Farbman: I was a recreation therapy educator and I was the first head of the government relations committee for recreation therapy and I taught overseas. I did the first course in disabilities studies in England for leisure studies students and was the deputy director for the British Sports Association for the Disabled. I came back to this country because my mother was quite ill, I thought she was going to die in a very short period of time and she wound up living, thank goodness, for a couple of years and so I felt like I had to be back in this country.

Rachel Hardy: Mhm
Andrea Farbman: And to that end, I got two government jobs. The last one of which was the one before the music therapy job. So, I was the congressional affairs person for the National Council on Disability when they were looking at developing and passing the Americans with Disabilities Act.

Rachel Hardy: Wow
Andrea Farbman: It was a very exciting time. It was very crazy and we were also working for a republican appointee, and that was a little bit uncomfortable because we were trying to make sure that the issue was non-partisan. And so, all of that is to say that I worked there for a couple of years when ADA was introduced but not passed, and then my mother died and I was just exhausted and I had four job offers, one of which was the music therapy association to be the director of government affairs.

Rachel Hardy: Mhm
Andrea Farbman: There were only three staff and I knew that I could just do this that job with my eyes closed and honestly, I was looking for respite care. I thought ‘oh I’ll just be in this job for a year, a year and a half.’ I never thought… and you know here I am. So, after a period of time, a couple of years, I just became totally infatuated with music therapy and it also felt really good to not be a music therapist but to understand the issues, because I think that the relationship between the process for recreation therapy and music therapy, although still to this day there’s very little, you know we’re all kind of in our own silos

Rachel Hardy: Yes
Andrea Farbman: It was very, I felt like I didn’t owe anybody anything. I wasn’t affiliated with NYU or Florida State or some other place. And so, I had my own views and I felt like I viewed them from a different perspective. One thing that happened early on was that there was accidentally, this huge Senate hearing on music therapy and aging

Rachel Hardy: Right
Andrea Farbman: in 1991. That became kind of the nexus for a lot of press coverage and excitement. It was during that time, so I came in 1988, that was in ’91. It was during that time that we had all this incredible press coverage and we had a satellite broadcast, which was a big deal because that was really the only kind of, before the internet all of that, and yet the newspaper reporters, the journalists, the magazine people who contacted me were saying ‘why are there two music therapy associations?’ ‘why?’ They wanted to investigate that instead of what music therapy is. It just really took me aback because I felt like, ‘well you know why are there two?’ and because I wasn’t part of that, I could just kind of listen to it and I just felt like I was very collaborative with the other… The executive directors of the AAMT were a series of people, and of course they were all part-time and they had volunteers and sometimes they didn’t
know where their records were and it was very disorganized because they didn’t have staff really.

Rachel Hardy: Right

Andrea Farbman: They had executive directors, all the executive directors were doing it in their spare time and I just felt like it was really a waste of energy. They had a critical mass of 3 or 400 people and we had our critical mass and it didn’t seem like we were going anywhere. So, it was really back in ’91 when I found that the journalists were more interested in what divided us than what the profession had to offer, that I felt like this is really important. There were a number of attempts prior to Bryan and Ken. Suzanne Hanser and Barbara Crowe and other presidents tried to have meetings and get… But, it just wasn’t the right time. What I thought for myself personally as the executive director, this was like the worst thing that could happen to me, personally, for my job.

Rachel Hardy: Right

Andrea Farbman: Because I felt like, either I might lose my job, because an executive director isn’t at will. So, they could let me go for no cause. Now, my contract was such that there would’ve been consequences for that, but that’s a possibility if AAMT came in and said ‘wait a minute we don’t want a non-music therapist’ or ‘we don’t want her, we want somebody new, let’s just clear the desk’ that could have happened. So, I thought, ‘well that’s not going to be good.’ As far as I know, they never said that. I think they respected me and what we had accomplished as a national office. But, the other reason that I thought it was terrible for me is that it felt like all we could do was trip up. We used to have a joke in the office about when people would answer the phone and if they said the wrong thing, they had to give 25 cents, because there was just so many layers of bad feelings from what had happened in the past.

Rachel Hardy: Yea

Andrea Farbman: Again, I was not part of that. But, I was still the messenger, if you will. I just felt like administratively they could barely just box up their boxes, they weren’t well organized, and they sent them to us and then we had to deal with them. Like, what do we need to save, what do we not need to save. As much as we had agreed what was going to happen to the registry and their certification program, which was not a certification program even though it’s called certified music therapist

Rachel Hardy: Yea

Andrea Farbman: I knew it was going to be a nightmare, because if we were just explaining what was happening, people still had an attitude like ‘oh that’s just NAMT and they’re just, NAMT is just this big gorilla, this 500-pound gorilla and they just want to crush us.’ And so, for a period of 5 or 6 years, I felt like we were walking on eggshells. In the midst of it, because it was so contentious and the discussions in the board meetings and in the assembly and the business meetings were so misinformed and they were just contentious, I just felt like, ‘I don’t really have a dog in this race. I think as many times as I’ve had to say this, I think what I feel personally is not relevant. I think this is the best thing for the profession and I think this is the best thing to propel the profession forward.’ In that way also, no journalist was going to call and say ‘oh what’s the real story behind these two organizations’ and think that that was more interesting than music therapy itself.

Rachel Hardy: Right
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Andrea Farbman: As the discussions became more increased with the boards and the joint boards and once it was decided and the assembly decided on it, and it was voted on by the membership, I just disengaged myself from it because I felt like this is what should happen, this is a good thing, it’s going to be hell for me. We had a joint conference with AAMT in ’96, and then it happened in ’98, and then we had the world congress in ’99, we were already committed to that. And then many a times I was like ‘what were we thinking?!’ Hitting myself on the head because the world congress, our joke was we’ll have to minimize the international incidents. Hopefully we’re not going to piss off too many countries or too many people around the world. And so, we had this very heady set of things from ’97, ’98, ’99, and then of course we were scared to death in 2000 that the world was going to end with all the computers. We had all these back-up systems and all of this stuff in place and then everything was knock-on-wood, still saying, everything was fine. So, there’s no doubt in my mind that the profession could not be anywhere near close to where it is today if we had not unified. And I really have to pat Bryan on the back, because he really, I mean Ken, I think once he [joined], they had fewer people to convince.

Rachel Hardy: Yes

Andrea Farbman: He had less of a hierarchy because it didn’t have an assembly and all these things. He had a lot less, but nevertheless there were a lot of hard feelings. More hard feelings I think in AAMT because it was all centered in New York and NYU and all this stuff that they come from. Bryan Hunter had the foresight, the vision, the leadership, and the body parts, shall we say, to accomplish it. There are just certain times when you have to rise above and he really did that. I don’t know if you’ve gotten a draft, their drafted article that they’re doing for MTP.

Rachel Hardy: Yes, I was able to read that, which was super informative and really, I’m so grateful they were willing to share that with me before having published it. But it was so interesting to read.

Andrea Farbman: I think one of the reasons that there isn’t that much out there is because, and I know historians say this, that g-d forbid that they want to wait until the people die and then they can expose it. I think this it’s more important to be exposed now then to wait, so I applaud you, I mean it’s 20 years, we’re all just kind of ‘wow how did that happen.’ I think this is a good thing for you to do. It’s a great study. That’s sort of getting us to the point of the decision-making process. Should we stop there and then if you have any questions, and then I can go on into the implementation?

Rachel Hardy: If I’m understanding correctly, you are feeling that the beginnings of what ended up being this final attempt at unification really started after that senate hearing with the press and with them coming in and saying, ‘well hey why are there two of you?’ I’m trying to get the root of where it started because there’s so many different perspectives on that. I was able to read old issues of AAMT’s journal that they had ended publishing before unification, where there were speeches published and I think it was Barbara Hesser who had said that she felt that unification started back in the ’70s at the conference that was in Germany. Then like when I spoke to Ken, he felt that it started more so between him and Bryan. Everyone has different ideas.

Andrea Farbman: Well actually I was just talking about my own perspective, for me.

Rachel Hardy: Right, so that’s what you would identify.

Andrea Farbman: Yea. I was saying that I was only around since ’88 and the hearing was in ’91 and I thought it was an inconvenience to have two organizations and we seemed to be
tripping over each other on certain things. Frankly, because they have alphabetical priority, sometimes they got the call first from the press and they barely ever answered them because they didn’t have staff.

Rachel Hardy: Interesting

Andrea Farbman: So, I just thought ‘ok well we can deal with that’ but it wasn’t until these questions came out from the press, subsequent to the senate hearing, that I thought ‘there are serious consequences for not having unification.’ It’s not just an annoyance and you can press Bryan on that as to where he thought that it really started. It would be interesting to ask him if he thinks that there were more conversations that went on within NAMT over a period of time than in AAMT, that could be a difference too. As I said, for me it was clearly then that I could see the consequences of having two and then even though I knew it was going to be a pain for me.

Rachel Hardy: It was necessary

Andrea Farbman: Just to be narcissistic about it. Then, I thought, ‘okay we have to do whatever it takes to make this happen.’

Rachel Hardy: I think that’s really interesting. Even just from the two different perspectives so far. Getting more into the different beginnings of everything. It’s so interesting and then you look, and I was speaking to one of my professors who is originally from Spain and there’s many, many music therapy associations in Spain and even she said, ‘it’s crazy, one is so much better.’ So it’s just interesting to see. It does make sense. When I first saw that, I was confused myself as to why are there two? I’m sure many people come into the introductory books to music therapy that tell you the history of the profession and they go through everything from the end of the world wars and how the field itself started, and then they talk about the formation of the two, but there’s really not even a ton of information on the beginnings of AAMT and why that happened, and then they get up to unification and they’re like ‘oh and then they decided to come together’ and there’s no content there. I think it’s so important.

Andrea Farbman: Well, when you think about being in a profession that is as unrecognized as ours, and then you face the fact that well… For the Senate hearing they wanted a definition that would fit into the Older Americans Act and we had to try to broker that between us and that doesn’t make sense either. I mean, to think that we would have a level that high, in terms of getting into legislation and then maybe have two definitions, it just doesn’t make sense.

Rachel Hardy: Yea

Andrea Farbman: In fact, another piece of the Senate hearing was our strength, because there was a Senate staffer by the name of Jonathan Edelstein. Jonathan was not the director of the Senate committee but he was fairly high up in the committee and he was a Dead-head and was really interested in meeting Mickey Hart, which was really one of his motivations to have this hearing, more so than he thought the typical ‘oh music is therapy and this would be a cool thing.’ He was so gung-ho about percussion and drumming that there was actually a definition, not on the Senate side but on the House side, that said something like ‘music therapy is rhythmic-based interventions for health and can involve drumming therapy.’ I just went nuts at the time, I was like ‘you cannot, we can’t even get music therapy established you can’t make up one more thing, there’s no such thing as drumming therapy.’ Mickey Hart whereas he’s an infinitely talented percussionist, he’s not a therapist.

Rachel Hardy: Right

Andrea Farbman: We really had to fight. Luckily, we could gather forces just to fight that.
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Rachel Hardy: Yes, there’s strength in numbers.
Andrea Farbman: Right. But also, Bryan will tell you that right around after the Senate hearing, he made contact with NAMM. NAMM is the music products industry, it used to stand for the national association of music products industry and now it’s international but they still use the same acronym. He went to them to get money for this satellite broadcast, this press release because, again pre-internet. By doing that, he met their director of marketing, who was a music person who had been with Yamaha and been in the industry his whole life, and his name was Karl Bruhn. Ken might have mentioned him, and then there was another, the president in St. Louis, Norm Goldberg of MMB music. And so, Carl and Norm just felt like, Norm especially because he had been close to both organizations and he had been really close to Barbara Hesser and other people with NAMT, he was like ‘why don’t’ I think he viewed it like the Palestinians and the Israelis, like ‘why can’t you guys just get along’

Rachel Hardy: Yea
Andrea Farbman: Then Karl came along, and after the Senate hearing, we actually asked him to be a presidential advisor to NAMT and AMTA and he sat on our board, I think for about 8 years and he was just matter of fact, like this is a good business thing. Like, this is a good business acquisition to him. It doesn’t make sense for you to have competing brands when you’re producing the same product. So, I think that really sent it over the edge. I also wonder from a feminist/sexist stand point, whether I think the other people who had been involved, who had talked about it were women, and these were the first two men to talk about it. I wonder if it, unfortunately, had any more power because they were men. I don’t think I want to go any farther on that.

Rachel Hardy: That’s a very good point. I hadn’t even thought of that, but that’s definitely a valid thing to look into and pose questions about for sure. You look at the field…
Andrea Farbman: Right even, of all that time period leading up, I think it was maybe the only time when there were two men.
Rachel Hardy: Interesting, because you look at the profession and it’s predominantly women. The ratio is very…
Andrea Farbman: 85% women
Rachel Hardy: Yea. So, it’s interesting that even as such a strongly female profession, it still…
Andrea Farbman: Right, and then there were these two men advisors. And so, you could go into a whole theory about was it the women just were not ready to make nice and forgive each other? I don’t know. So then, I think the most difficult implementation piece was, of course, what was negotiated and determined with the commissions. The education and clinical training commission was chaired by Barbara Crowe, who was past president at that point. I think many people would tell you she’s the only person who could’ve done that because, I don’t know if you’ve ever met her or seen her books, she has a number of books out, but she’s a very intense, direct, no-nonsense person. So, she can just call it as she sees it, and a lot of people just kind of hedge or their accusatory or something. But she wasn’t any of those things. I think the fact that they just, you’ve heard peace negotiators just say ‘look we’re just going to lock you in that room and you can’t come out until you have this decided’ and so in hearing about the commission and their summer retreats, I think I don’t remember if they had two or three, and they just stayed in people’s homes and bed and breakfasts and they cooked together and just got to know that they
were people, that they weren’t the bad guy and they weren’t like, we can’t we don’t accept AAMT. There were a lot of hurt feelings.

Rachel Hardy: Mhm

Andrea Farbman: I think that that went a long way and not in a polite way. My understanding again, I think it’s still confidential, but my understanding is that they had knock-down drag-out fights.

Rachel Hardy: Yea, that seems to be. Ken had said ‘I think that would be a more interesting project than what you’re doing, if you just studied that commission and what went down.’ It sounds like that was where the most, I don’t want to say animosity, but the hardest part of negotiating. Both organizations were really strong and based in their clinical training models and having to negotiate and navigate that seemed to be a big, not roadblock because that occurred after the fact, but a big event.

Andrea Farbman: Yes. And you know, Barbara Crowe is retired but she’s still around. She and her husband live outside of Phoenix, and if you wanted to contact her, and say that you doing a study and you had talked to me or all of us, I’m sure she would be willing to talk to you. I can’t speak for her, but I would imagine she would be willing to talk to you. She probably feels that everybody else had it easy and she had it hard. The other person in that vein, who’s still on my staff is Jane Creagan, and she’s the director of professional programs. She’s a music therapist and she’s been on the staff, I’ve been there 30 years so she’s been there 29 years. She is the on-the-ground person. So, she was part of the commission and she’s been part of the masters-level entry and she’s been a part of all these things. She had to take the phone calls from CMTs saying ‘what do you mean I don’t have this or that’ or ‘what do you mean we can’t do this with the internship?’ So, she had to deal with a lot of the repercussions, the fighting ground.

Rachel Hardy: Alright. So, we’re kind of naturally going through my list of items, which is how I had mapped it out ideally. I want to follow progresses naturally. You had mentioned that was a difficulty with the education commission. But was there anything that you noted that was particularly difficult within implementation and unification, especially on an administrative side?

Andrea Farbman: pause I’m thinking.

Rachel Hardy: You have to think. Ken had mentioned, he said ‘I don’t really think about it that often.’ And so, it takes a minute.

Andrea Farbman: Well one thing that I would say was very tender, was after 9/11. Again, we were pretty new as a unified organization. 9/11 struck in New York City obviously and AMTA got a total of $350,000 from the Grammys to do a New York City relief project. And so, we were putting a lot of money into New York City and we had to go in and we had to find somebody who was trusted, who wouldn’t take sides, and we had to hold hands because a lot of our people themselves were traumatized. We were trying to help them heal at the same time we were trying to figure it out. And so, I have to credit Andrea Frisch-Hara and her husband, Gary Hara, was the president right before unification, I can’t remember, I don’t remember the dates.

Rachel Hardy: He was, yea just about leading up to I believe.

Andrea Farbman: Right. He and Barbara Reuer were president at the same time so it must have been after. Andrea was our on-the-ground coordinator of the relief effort in New York City and so we actually hired, as contractors. What we did was we set up like our own little private practice within New York City and so Andrea, she first of all figured out what we could do, she designed the program, she hired people, she supervised them, she dealt out the money, and then
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we had other people, Joanne Loewy and a guy in Jersey I can’t remember his name, he was an AAMT person and he did a video and did some work in New Jersey. I just felt like we were really walking on eggshells then too because people were hurting, they were traumatized, and they were looking to us to the parent, and they were also looking to make sure we didn’t do any favoritism or anything. And so, it was not something anybody ever imagined would happen or that we would be working on together. And whenever you have that much money you’ve got a load of problems. We had some issues, we had some difficulties dealing with certain contractors and the good news was that Andrea was identified as a former AAMT person and so they just took her to task without the overlay of ‘oh you’re just being, you know showing favoritism.’

Rachel Hardy: Right.

Andrea Farbman: So, I think in the end it’s like dealing with children who want to split off parents. Because we were unified ourselves, within our staff, in the long run, we did not have problems. But I think it was a litmus test for how unified we were, to be able to deal with that kind of trauma.

Rachel Hardy: Interesting. It makes sense. I hadn’t realized how close together the two events really were. I’ve read literature about, like Joanne Loewy, I’ve read a lot of her stuff from what she did during 9/11 and I mean it requires a lot of support. People coming together in times of trauma can be really cathartic in the end, but really stressful and draining in the time when it happens. And so, it’s almost like an unplanned like team building situation.

Andrea Farbman: Right. We also had to edit people’s work, that was very precarious because it was like who is the expert, and who is going to be determining what the protocol are and there were a lot of things that were fraught that we had to go back and say ‘no, no this writing is just garbage by any stretch of the imagination and we have to rewrite it or we have to start over again or we can’t use this definition or we can’t do this population.’ It was challenging.

Rachel Hardy: Wow. Would you consider that a significant moment from unification? All of this work around 9/11?

Andrea Farbman: Definitely.

Rachel Hardy: So, building off of that, would you identify other significant moments from the process? From, and I say process because I know for me personally, I had originally been looking at it, unification, as the vote to unify and then starting to implement it. But that implementation process is really the meat and potatoes of what happened. The time leading up to and that implementation, it’s not just the vote. And so, from that time span, would you pull other significant moments that really impacted the way things happened?

Andrea Farbman: Well I would flip it around and say ‘what are the moments that were indicative of unification working or not working?’

Rachel Hardy: Yea, absolutely.

Andrea Farbman: I think another big test for us was the series of national conferences from unification on.

Rachel Hardy: Mhm

Andrea Farbman: Because they were a small organization, and I think they had a proposal process but they knew everybody and it was like certain people were going to do that whereas we had a process that was much more formalized. They kept waiting to point the finger and say ‘you all are rejecting us’ because that’s what happened in terms of the split, where the perception was that NAMT rejected them. And so, they were looking for that as a trigger, and so those were
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some difficult times where luckily, we had some AAMT vice presidents like Michelle Forinash. I think she would be a good person to talk to because she was kind of in the throes of it. She and Ken were on the board as like the AAMT people. I don’t know if she was but Ken was definitely.

Rachel Hardy: Yea.

Andrea Farbman: I think looking at those conferences and looking at people’s reactions to ‘well wait a minute I was good enough for AAMT and I got selected every year and now all of a sudden I’m not good enough’ and the policies about who would get reimbursed and who wouldn’t. I think there were a lot of testy years in there, about the conferences and who was going to be accepted or not. Another turning point was having Ken Bruscia as a Sears speaker, and I don’t remember what year it was. I’m sure we published his remarks or something.

Rachel Hardy: I think I watched a podcast last semester, not positive which year it was, but it was integral thinking in the field, right?

Andrea Farbman: Yes. He did a beautiful talk.

Rachel Hardy: Yes it was, it was the basis for one of my courses last semester.

Andrea Farbman: Yes. He is certainly quintessentially identified as an AAMT person. But Ken Bruscia was not a divisive person. He was a more accepting person. And having him, I think for Ken, and for the music therapy profession, to be held in that esteem, I think people were just falling all over themselves and crying, it was a cathartic experience to have him be the keynote speaker.

Rachel Hardy: Uh huh. Yea that makes sense because it was pretty close to unification, I’d have to look and see the date.

Andrea Farbman: Yea I would say it was maybe 10 years after unification but I’m not sure.

Rachel Hardy: That makes a lot of sense. So, I guess now we can move more into strategies that were implemented. I know you had spoken about the education commission and going on these summer retreats, locking people in rooms to figure it out. Was there anything else that was implemented to make things happen, make them work?

Andrea Farbman: I think initially there was a whole structure in place, you would have to ask Bryan, he would remember better. Where there was an extra, maybe an extra AAMT person on each committee even. I know there was on the board and I don’t know if there were on the committees, I think there were. And so, those people were entrusted with the AAMT protection if you will. I know from a staff standpoint, we view ourselves as having a kind of Nordstrom customer service-like attitude. When people called the national office, they need help even if they’re belligerent. It’s probably because they’ve been told ten times today that music therapy isn’t important and so, trying to calm them down, trying to nurture them. I think we tried to do that even more through unification so that people would get used to the fact that you call the office and you get an answer and you get to talk to somebody. And so, I had a lot of experiences where people were saying things like ‘wow this, we’ve never had this before,’ ‘wow this is terrific’ and I think we were worried in the short term that the dues were going to seem like a lot because they were more and people were going to be questioning that and I still feel to a degree that even after all these years, we don’t have as many members in the New York area as we should. Initially they all folded over from AAMT and when I look at the membership and we have issues that come up in New York in particular and we look at the LCAT and the separate music therapy licensure efforts, and it seems like there are a number of people, a lot of people
who are not members. I think also that’s just, you might say that’s true of any profession, it’s kind of that New York mentality, ‘I know everything I live in New York why do I need to belong to the organization?’

Rachel Hardy: Yea.

Andrea Farbman: It’s hard to separate that from AMTA and to that end I keep watching the expressive therapies conference that the art therapy guy does and is usually in New York. Do you know what I’m talking about?

Rachel Hardy: I think so, yea.

Andrea Farbman: They do a separate, he’s an art therapist, Barry Cohen I think is his name. They do their own conference and it’s almost always in New York and now they might be doing one in California. It’s not a regional, it draws from wherever, but it’s mostly New York people and it doesn’t make sense to me. But it is combined, it’s not just music therapy.

Rachel Hardy: Right. Interesting. So, I guess that kind of started when you were talking about when people called the national office around unification, you got into your role during the unification. I’m curious about more of that. I’ve gotten a lot of the big overarching picture of what went down in all the committees and everything, but from your end, what changed in your job in that point in time? From where you were executive director of the NAMT to helping to bring these two organizations together, and what was your role in all of that?

Andrea Farbman: Well I think there was first and foremost this big task of just assimilating all of the stuff. They closed down the office and one day they just shipped all the boxes to us and we had to deal with them. I don’t remember how many boxes there were, but some of them were damaged, not well organized, they were the best that people could do by throwing on jeans and a t-shirt and spending one weekend and going to UPS. It wasn’t the easiest thing for us, so we had to process that. We had to keep it separate for historical purposes and make sure we didn’t lose it. So, we had that and that’s a tangible thing we had to do. But I think that there was a lot of customer service and hand holding that I had to do so that it came from the top.

Rachel Hardy: Right.

Andrea Farbman: So that if there was a complaint from a former AAMT member, I would get on the phone and say, ‘how can we make this better?’ Because, as I said, I felt like there were these ghosts in there who were saying that the new organization is just the same and they’re going to reject us and they’re going to treat us poorly. A lot of what I do as executive director is behind the scenes. We suggest people to be interviewed by NBC or PBS, or we recommend people for committees outside of the organization. I had to make sure that we were even handed about that. So, I had to get to know a lot of the AAMT members. Now, many of them, a lot of the top, were joint members anyway. There was always a core of people who belonged to both organizations. I don’t know if you knew that.

Rachel Hardy: I think I knew that existed, I didn’t know that it was a frequented, not frequented but there were more than two or three people that did that.

Andrea Farbman: No I’m sure I could think of a dozen, and it may have been a couple dozen. But they were people who felt like, a Barbara Wheeler, Dr. Wheeler, or Suzanne Hanser. I felt like there were people who felt like ‘well I can benefit from all of this, it’s all music therapy, and I’m an educator and I should know all of this.’ And so, I didn’t have to get to know those people, because they were already known to us. But I feel like there were other people, I think Joanne Loewy is a good example, who were skeptical/paranoid, nervous about how they were
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gothing to be treated, they just didn’t know. I felt like for the person, once they got to know us, once they experienced us, even before the actual vote, once we were planning the joint conference together, I think they were all just hugely relieved. Like, ‘wow these people, are just like anything, they don’t have horns on their head and they’re just normal. They just care, and they’re not stupid and just because the executive director’s not a music therapist doesn’t mean she doesn’t know about what music therapy is.’ I don’t think we had any issues that really festered, if we did I don’t know about them.

Rachel Hardy: Alright. So, starting to wrap things up, talking more reflectively now, is there anything that you think should’ve been done differently? You would’ve done differently in the process of things?

Andrea Farbman: Well that’s an interesting question because lately, now 20-years post, I’ve been concerned about the impact of some of the things that were negotiated by the education commission. I think that’s just in hindsight. I think AAMT people felt like NAMT micromanaged or was overbearing. So, something like faculty authorization just went away, there was no more faculty authorization so it was left to the individual university. Well, we have so many universities now, new ones, and how are they expected to know, it’s the chicken and the egg. They hire a music therapist, they think they’re hiring somebody but what if that person doesn’t have all the experience and the credential, then they don’t find out until later, and then that person has already had an impact on developing the program.

Rachel Hardy: Right.

Andrea Farbman: I wish that we were still doing faculty authorization as a kind of quality control. And again, people can differ with me, and say that’s micromanaging. The other area that I really worry about, and again I’m speaking for me.

Rachel Hardy: Yes absolutely.

Andrea Farbman: Please tell the listeners on this tape this is my opinion. When you look at the internships and you look at the whole picture, which we’re doing more and more of clinical training, and you look at the roster ones that are all through AMTA and then you look at the university-affiliated ones, I feel like it’s possible for there to be more divergence in the university-affiliated ones than I would like to see for the profession. So that is to say, again, it can be viewed as micromanaging, I’d like to view it as quality control. And I think that some of the university-affiliated sites are fabulous and some of the faculty are very involved. But from what I’ve heard from some interns, and what I’ve seen, is that some of them are just kind of floating out there and I think that as much as you can evaluate and assess what’s happening from a curriculum, the teachable moment is when you’re in the clinical internship, and so I think it’s so vital in a profession that’s changing so much, that ok you can’t necessarily have all the Cochrane reviews and know all the clinical work in your curriculum but hopefully in the internship, in terms of applying it and protocol and research and looking at the implications for practice, that’s just so important for students. And so, I worry, or I’d like to be convinced that the university-affiliated sites have enough quality control in them. Now, I think it’s a good debate to have because I think you can either be ‘well look we know what we’re doing if we’re educators,’ I think that the way that they came about with NAMT’s somewhat rigidity about needing to go away for an internship and people who wanted to stay for whatever reason, for family needs or they couldn’t afford to do it. But, and actually as Jane Creagan says, we NAMT, always had a model that allowed for people to create, it was like an experimental, I think it was
called the experimental model. And so, they could do these different things. But, people didn’t necessarily do them. So, I think that a lot of these things that are coming to mind now are because of the Masters-level entry discussion.

**Rachel Hardy:** And that’s actually my next question, is how unification is impacting that, similarities that we’re seeing in the polarity. That’s where my mind is at, this is like our next big decision pretty much since unification, this master’s level entry. I know I can be biased because I’m in a master’s program, but that’s where I was headed next, so I’m really glad you brought that up.

**Andrea Farbman:** Right. Well it’s, I think, again for me, being an outsider, if I can still be an outsider, I think one thing that I always do in research is I question the assumptions, and I do in policy even more because you can be assuming. I think it’s just a very logical thing that if you train somebody at the graduate level, they’re going to be better off than somebody trained at the undergraduate level. But then when you look at the facts, there’s no employment problem at the bachelor’s, and the problem is we do such a damn good job at the bachelor’s level. It’s not to say that there couldn’t be a lot of advantages at the master’s, but then when you look at all the other factors, for me personally, my personal views, I am compelled by the issue of supply and demand. I worry that there’s such a supply of music therapists and it’s so precarious that if we take five years and slow it down, that the market will be filled with unqualified substitutes. And so, at the same time you’re trying to increase the qualifications, it’s a conundrum. As I have gone through this process and just like I said with unification, at a certain point I just have to detach and say, ‘it’s not mine to do, it’s for the leaders and the members to decide’ but if somebody asks my opinion, I certainly have one, I’ve never been in lack of that. And so, as I have thought through a lot of the issues, and you’ve probably read the whole MLE report it’s online now, I’ve just found myself questioning certain assumptions. And when people talk about the actual music therapy practice, and maybe not having enough musicianship skills, or this and that, then I go back to the internship and I go back to the number of students who are being trained, which we don’t even know. We’re so hands off we don’t actually know

**Rachel Hardy:** Wow.

**Andrea Farbman:** How many university-affiliated sites there are, how many people they’re training, because they’re not in our network. So, when the MLE subcommittee wanted to do the survey, they got permission to get the names of those sites, but we’re not allowed, AMTA, is not really allowed to keep that list. So that to me, is just this kind of line in the sand that I do think generated from the education commission and the fear and the strong belief that NAMT was too big brother, too micromanaging, and now I worry that all these years later, that we don’t have the all the quality controls that I think would be good.

**Rachel Hardy:** It interesting and it makes sense. I mean, I see even as someone in a university-affiliated internship, and seeing my peers who are at different university-affiliated, that’s the way that New Paltz’s program works. I see the diversity in each of our placements and what’s required of us and how much supervision we get and it’s interesting that we’re all coming out of this with our degrees but we all have different training because it’s more lax. So, I can see your concerns, absolutely.

**Andrea Farbman:** Right. The problem is we don’t have a lot of margin in any way you turn. When I think about there are now about 8,000 MT-BCs, just under 8,000 and there are 200,000 PTs and speech-language pathologists and about 150,000 OTs and then there are like 4 million
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nurses. So whenever, and we just say OT, PT, Speech and we just throw ourselves in there. But, when you only have 8,000 people and then we, AMTA, only have fewer than half of that as members, you cut back on the critical mass. And there is no critical mass. One of my closest colleagues is the executive director of the school psychologists and they certainly have their issues. They sued the American Psychological Association, or I guess the American Psychological Association sued them around using the term psychologist because they’re not all doctorates and they can have a six-year master’s degree and then there’s school counselors. So, then they had this continuum of trying to decide who they are and who’s on top, and who can do the best. But, school psychologists have like 25,000 members and all I know is that they have money to do whatever they want to do. I always say to her ‘you’re not doing anything more than what we’re doing. But you can afford to do so many things and have lower rates for your conference, and your dues than we can because our customers, if you will, are fewer and they still have to buy the same amount of product.’ When you look at OT, PT, and speech, their government relations staff, just government relations is larger than all of our professional staff.

Rachel Hardy: Wow.
Andrea Farbman: So, we try to do licensure and all the things that our great staff do, you can’t expect Judy Simpson to be in every state to do everything, and that’s not even all of her job. She has more to do in her job than that. That’s comforting that we at least unified and had more resources to work on, but I worry that again, now 20 years later, have we lost some of those people, not because they don’t see value for their money, but I think it just, we’ve done so many membership drives and so many surveys and I think the bottom line is people understand, for better or worse, they have to pay for their credential on an annual basis because then they don’t get to practice. Even though it’s not required everywhere, this occupational regulation initiative that we do with CBMT is hurting AMTA’s membership dues revenue because and it’s adding to CBMT. People now in the state of Georgia are having to pay like $350 for a license, and then they have to renew that, and then they have to do continuing ed, and luckily now they can share them but it’s a lot of money. And so, what I think is a reasonable amount, $250 for dues, which hasn’t changed like in five years, but people think it’s like public radio, we’re going to be there doing the work anyway, so do you really have to pay for it. They make that decision not to, and so we just keep trying to reinvent ourselves, ‘you’re shareholders,’ and ‘you’re buying the future of the profession’ and I like to make the case that CBMT requires that you do this 100 hours of continuing ed, but it can be in anything. So, you could be doing your 100 hours in something that doesn’t really keep you current, that’s interesting but doesn’t keep you current. So, I like to say that the only way you can really be a current music therapist is to be a member, and to read the journals, and to read our newsletters and all of that, because that’s where it’s happening. Anyway, that’s my speech and I worry that the core people that we got from AAMT perhaps became a little disenfranchised because they weren’t that connected to begin with. And again, not that we didn’t serve them well, not that we pissed them off in some way, but they just didn’t have as much affinity for the organization.

Rachel Hardy: Right.
Andrea Farbman: I mean, that’s another study for someone else to do.
Rachel Hardy: Absolutely. So, I guess to kind of wrap it all up, what’s your take away from the whole thing? If you could take away one concept or idea from unification, what do you think you take away from this whole process?
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Andrea Farbman: Well, I often say this to students and young professionals, that I think of myself as a very optimistic person and I believe in the good of people. However, I don’t underestimate how much hurt, and it’s even judgmental to say pettiness, I’m not saying in this case, but just how much that can take on a life of it’ own and it’s very easy to say you should always take the high road, and I’m always saying that with my staff. As much as you always want to stick it to somebody, but I think when you look at unification, there was a lot of hurt there, there needed to be healing, and there was energy finally for that to happen. Previous to that, there was more energy to just keep it separate and keep it going and to sweep it under the carpet. Really, that did not serve anybody well and most importantly, I don’t think it served the clients well. And so, I think it’s just simpler that together we’re stronger than we are apart. It’s a shame that it took that long to figure that out, but it’s much stronger and for me and for our press people to never again have to face the question of ‘why are there two music therapy organizations?’ I think one of the articles that came out of unification was a really nice piece in Reader’s Digest, which I don’t even know if there’s a published Reader’s Digest anymore, it’s online. But, it was a very go-to publication, and I think it may have even been the writer of that who wanted to just go on this whole riff about, that’s the real story here instead of the real story is the power of music therapy. So, I think that it was very cathartic and very, very powerful to have this coming together. I don’t know if you’ve seen pictures of the unification quilt?

Rachel Hardy: No.

Andrea Farbman: Reminds me we should get it out of storage for the anniversary. You know there was this beautiful quilt, I think it had three panels even. Members from around the country did squares and then it all got put together to be the symbol of unification.

Rachel Hardy: Wow. I didn’t know that existed. That’s awesome.

Conversation about Fall 2018 national conference, personal future, continued research, goodbyes