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THE HISTORY OF THE MUSIC THERAPY PROGRAM,
WESTERN MICHIGAN UNIVERSITY; ITS ORIGIN
AND DEVELOPMENT TO 1980

by

Cynthia L. Goodson

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Master of Music
School of Music

Western Michigan University
Kalamazoo, Michigan
June 2002

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“Remember that the faith to move mountains always carries a pick.”

-- Anonymous

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Acknowledgments--continued

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This thesis is dedicated to the following individuals:

In honor of Dorothy and William Goodson, my parents; Margaret Boylan, my sister; and Anna and Joe Catudal, my children.

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Thanks, guys. We did it.

Cynthia L. Goodson

THE HISTORY OF THE MUSIC THERAPY PROGRAM,
WESTERN MICHIGAN UNIVERSITY; ITS ORIGIN
AND DEVELOPMENT TO 1980

Cynthia L. Goodson, M.M.

Western Michigan University, 2002

The histories of music therapy programs at colleges and universities in the United States have not been widely researched and documented. The purpose of this study was to examine the history of the music therapy program at Western Michigan University from its origin and development until 1980. Specifically, the author was interested in learning what conditions existed that were favorable to the creation of a music therapy program, the chronological progress of the music therapy program (including the individuals responsible for the program's inception and development), and development and changes in curricula that demonstrated responsiveness to music therapy practice and healthcare delivery. In addition to oral histories of individuals directly involved with the music therapy program at Western Michigan University, sources included the Regional Archives of the Great Lakes Region, American Music Therapy Association (located at the Harper C. Maybee Music and Dance Library at Western Michigan University); and the Regional History Collection and Archives at Western Michigan University. These sources indicate that the Western Michigan University School of Music provided a welcome environment for a music therapy program to begin and grow.

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CHAPTER I

INTRODUCTION

The profession of music therapy evolved from the practice of using music to assist individuals in two areas: (1) hospitalized soldiers of World Wars I and II and (2) persons suffering from mental disorders and/or physical disabilities. Individuals who worked tirelessly to advance the practice of music therapy between 1900 and 1960 include Eva Augusta Vescelius, Margaret Anderton, Isa Maud Ilsen, Harriet Ayer Seymour, Isabel Parkman, Willem Van der Wall, Ira Altschuler, Roy Underwood, E. Thayer Gaston, Edwina Eustis, and Esther Goetz Gilliland (see Appendix A, "Pictures of Music Therapy Pioneers," for pictures of Underwood and Gaston). By the middle of the 20th century, several groups of music therapy professionals and volunteers had been formed in order to better organize the practice of music therapy. Many of these earlier associations were short-lived and later disbanded. Two of the larger and better known groups were started between 1950 and 1975: (1) the National Association for Music Therapy (NAMT), founded in 1950; and (2) the American Association for Music Therapy (AAMT), originally known as the Urban Federation for Music Therapists and founded in 1971 (Gfeller, 1995). In 1998 the NAMT and the AAMT unified to form the American Music Therapy Association (AMTA), which represents music therapists today.

The AMTA presently approves music therapy training programs at colleges

and universities throughout the United States. These programs provide training that allows students to sit for board certification as music therapists. The current competency-based curriculum evolved from a recognized need by music therapy professionals and the AMTA for training that is consistent, of high quality, and acceptable by the medical community (Boxberger, 1963; de l'Etoile, 2000; Jensen & McKinney, 1990; Laughlin, 1975; Petrie, III, 1993; Solomon, 1984).

The AMTA is organized into eight geographic regions (see Appendix B, "Names of Regions Comprising the AMTA"). Michigan is a part of the Great Lakes Region, together with Illinois, Indiana, Minnesota, Ohio, and Wisconsin. There are currently three academic training sites located in Michigan: (1) Western Michigan University (WMU), in Kalamazoo, Michigan; (2) Michigan State University (MSU), in East Lansing, Michigan; and (3) Eastern Michigan University (EMU), in Ypsilanti, Michigan. The Music Therapy undergraduate program at MSU (called Michigan State College at the time) began in 1944 and was the first program of its kind in the United States (de l'Etoile, 2000, p. 57). Under the direction of Carol M. Collins, a music therapy program began in 1958 at WMU (called Western Michigan College at the time) (Western Michigan University, 1958, pp. 180-181; Western Michigan University, 1959, p.192). The January 1979 issue of the Voice of the Lakes announced the beginning of a music therapy bachelor's degree program at Eastern Michigan University "in the fall of 1978" (p. 26).

The number of music therapy programs at the college and university level has grown steadily from twelve in January of 1960 (Solomon, 1984) to sixty-eight as of

June 26, 2001 (AMTA Member Association, 2001, pp. 198-202) (see Appendix C for locations of the original twelve music therapy programs). However, there has not been a comparable increase of interest in the histories of these programs (Heller, 2000). To date, only a few historical studies of music therapy programs exist. Two such studies were found that describe the development of music therapy programs in university settings (Laughlin, 1975; O'Connell, 1990).

The first study, authored by Laughlin (1975), is an unpublished thesis concerning the Music Therapy program at the University of Kansas. Laughlin discusses the development of the Music Therapy program at the University of Kansas from its inception in 1948 (p. 6) to 1971, concentrating upon the "training and degree program for music therapists" (Laughlin, 1975, p.1) and focusing upon the areas of "program and curriculum development, research, and positions held by and contributions of program graduates" (Laughlin, 1975, p.5).

The second study, written by O'Connell (1990), concerns the University of the Pacific (UOP) (at the time of the program's inception, the name of the institution was the "College of the Pacific" [COP]). According to O'Connell, the music program at the COP was initiated in 1947 by Wilhelmina Harbert, professor of music education and therapy guidance at the COP.

In addition to the studies concerning music therapy programs at the University of Kansas and at the University of the Pacific, several individuals have examined the evolution of curricula of undergraduate and graduate music therapy programs (Boxberger, 1963; de l'Etoile, 2000; Solomon, 1984). De l'Etoile (2000) traced the

development of the undergraduate music therapy curriculum from its beginnings as a music therapy course at Columbia University in 1919 to its adoption by NAMT in 1952.

Boxberger (1963) states that educational standards, including a core curriculum for undergraduate music therapy, were presented and approved at the 3rd Annual NAMT Conference in 1952 (see Appendix D for the “Original Core Curriculum in Music Therapy” [de l’Etoile, 2000]). Subsequent NAMT conferences saw standards and procedures for the certification of music therapists established and training programs formally approved (Boxberger, 1963).

In his study of the history of the NAMT after 1960, Solomon (1984) states that in January 1960 there were twelve institutions approved by the National Association of Schools of Music (NASM), recognized by the NAMT as having “ ‘met the educational qualifications and standards adopted by NAMT and NASM’ and ‘offering bachelors degree training in music therapy’”(pp. 81-82). Listed among these schools was MSU (see Appendix C). Solomon does not mention WMU as having a music therapy program until the end of 1968, where he lists it with fourteen other colleges and universities (1984, p.255) (see Appendix E, “NAMT-Accredited Educational Institutions in 1968”). Solomon goes on to trace the evolution of the music therapy curriculum for both bachelor and master degrees in music therapy, citing three important changes that occurred in the area of curriculum in the early 1960’s: (1) the ending of the “grandfather clause” on December 31, 1960; (2) the establishment of the first NAMT-approved graduate curriculum; and (3) the raising of clinical training

standards, including the requirements that internship training sites be supervised by a registered music therapist and be six months in length (1984, pp. 158-159).

Statement of the Problem

To date, no research studies concerning the emergence or the development of the Music Therapy program at WMU have been conducted. The significance of the need for such a study is twofold: (1) the Music Therapy program at WMU was the second such program in the state of Michigan and was listed by Solomon (1984) as one of only fifteen music therapy programs in the United States by the end of 1968 (p. 255, Appendix E); and (2) individuals responsible for its inception were strongly influenced by E. Thayer Gaston, who may be credited for the development of music therapy as a profession.

Because several of the individuals responsible for the creation and growth of the Music Therapy program at WMU were either deceased or in failing health, it was extremely important to contact those individuals still living and record their experiences. An additional consideration relates to the establishment of WMU in 1903 and the celebration of its 100th year as an institution of higher learning in the year 2003. Thus, a study of the history of one of its educational programs was both appropriate and timely.

Purpose of the Study

The purpose of this study was to answer the following questions:

1. What conditions were present at WMU and within the community that led to the creation of a music therapy program there?

2. What was the history of the Music Therapy program at WMU, from its origin to 1980?

CHAPTER II

REVIEW OF RELATED LITERATURE

Definition of Music Therapy

Music therapy may be defined as “a behavioral science concerned with changing unhealthy behaviors and replacing them with more adaptive ones through the use of musical stimuli” (Davis, Gfeller, & Thaut, 1992, p. 14).

Boxberger (1963) states that “the aim of the therapist is to restore the normal state of ease, to eliminate disorder in function, or to restore a lost ability” (p. 8). The music therapist uses music in order to accomplish these goals. According to Ruppenthal (quoted in Miller, 1998), an effective music therapist is a “good musician...he’s a person who relates warmly and instantaneously to people...he (has) good appraisal abilities in his relationships with other(s)” (p. 112). Ruppenthal defines the role of music therapy in the following way:

You...use music, as music...to establish a rapport with the person...and if in the process the person likes music, trusts music as a non-threatening entity and then identifies you with the music...you’ve got a reasonable chance of becoming an important enough person in that patient’s life to be of some use in turning him around, if you know what you’re doing. (quoted in Miller, 1998, p. 112)

Evolution of the Profession of Music Therapy

The profession of music therapy evolved from the practice of using music to

assist individuals in two areas: (1) hospitalized soldiers of World Wars I and II, and (2) persons suffering from mental disorders and/or physical disabilities (Boxberger, 1963; Larsson, 1928). There are many references in medical and non-medical literature to the efficacy of treatment with music in cases of emotional and mental disorders. In some cases, reports of recovery from physical disorders also appear. Historically, music has been linked to medicine from ancient times until the late 18th and 19th centuries (Boxberger, 1963; Moretti, 1978; Taylor, 1981). According to Boxberger (1963):

it was during this time (the late 18th and 19th centuries) that the divergence of the two fields had its beginning. . . . This does not mean that music wasn't used for treatment during this period, but that the use of music as therapy was examined more critically in terms of scientific methods and procedures. (p. 139)

Early Literary References

Music used as a supplement to medicine has also appeared in literary accounts. The most often cited examples include the following: (a) King Saul being calmed by David's playing of the harp; (b) Elisha being cured by a minstrel; and (c) King Philip V of Spain being brought out of a deep depression by Farinelli, a famous Italian baroque soprano castrato. In addition, accounts appearing in magazines and newspaper articles in the United States from 1789 till the 1800's included: (a) testimonies of Greek and Roman philosophers, historians, and physicians; (b) writings of philosophers and physicians such as Martin Luther and Rene Descartes; and (c) testimonies of composers and performers (Heller, 1987, pp. 38, 43-44).

Music and Medicine

In 1789 the popular press introduced “the idea of using music as an adjunct to medicine” (Heller, 1987, p.35) by publishing articles such as “Music Physically Considered,” which appeared in The Columbian Magazine, and “Remarkable Cure of a Fever” in The New York Weekly Magazine (Heller, 1987, p. 35). In the early 1800’s, two dissertations on music in medicine by two medical students at the University of Pennsylvania were published. The first was An Inaugural Essay on the Influence of Music in the Cure of Disease, published in 1804 by Edwin Atlee (Davis, 1987; Heller, 1987). Atlee referred to two concepts that are part of modern music therapy today: (1) the importance of patient-preferred music, and (2) the need for a therapeutic program that was related to the client’s interests and background (Davis, 1987).

The second dissertation was written in 1806 by Samuel J. Mathews and was entitled On the Effects of Music in Curing and Palliating Diseases. Mathews encouraged the use of what is today known as the “iso principle” (Davis, 1987; Heller, 1987). Mathews described the iso principle as: “initially having the notes accommodated to the patient’s mind. With this precaution, we may gradually raise the tune. . . to those of a more lively nature” (Heller, 1987, p. 40). The iso principle was later refined by Esther L. Gatewood in 1921 (Heller, 1987; Taylor, 1981) and fully expanded by Ira Altshuler during the 1940’s. Ruppenthal, the first music therapist employed at Topeka State Hospital, Topeka, Kansas, used Altschuler’s concept of matching “the music to the patient’s mood, and then [making] various adjustments in

the musical ‘temperament’ to gradually change behavior” (Miller, 1998, p. 110).

Mathews foreshadowed future music therapy practices by advocating the use of music preferred by clients, as had Atlee before him. He also encouraged the use of music in clinical treatment in hospitals and institutions (Heller, 1987). In addition, Mathews foresaw the use of music in counteracting minor pain. Gatewood would later expand upon this idea in her work on two competing sensory stimuli (Taylor, 1981).

Both Atlee and Mathews recognized the power of music to affect a person’s emotions and expressed it in their works as the “grief-joy” continuum (Davis, 1987, p.77). This conviction was the common element that had been expressed by earlier writers and that would continue to be expressed to the present day (Larsson, 1928; Maybee, 1943). Articles continued to appear in newspapers, magazines, and medical journals in increasing numbers about the power of music to heal, especially in cases of mental illness (Davis, 1987; Heller, 1987; Larsson, 1928; Taylor, 1981). Examples of these articles (Davis, 1987) include: (a) “Music as Medicine,” appearing in the Cincinnati Clinic in 1874 (p. 79); (b) “Music as Mind Medicine” in the Virginia Medical Monthly in 1878 (originally appearing in The World) (p.80); (c) “Music in Its Relation to the Mind” in the American Journal of Insanity in 1892 (p. 83); (d) “Music in Medicine” in the Cincinnati [sic] Lancet-Clinic in 1892 (p. 84); and (e) “Use of Medical Vibrations Before and During Sleep – Supplemental Employment of Chromoscopic Figures – A Contribution to the Therapeutics of the Emotions” in the Medical Record in 1899 (p. 85; Taylor, 1981, p. 63). According to Davis (1987), the

article entitled “Use of Medical Vibrations,” by Dr. James Corning, is of particular interest because it describes the actual use of music in medicine. In fact, this article is one of the first to report the “scientific investigation of musical effects” (Taylor, 1981, p. 63) used in conjunction with medical practices. As Davis (1987) states, these articles “advocated the use of music to provide. . . an alternate, more holistic approach to treatment” (p. 76).

Music and Mental Illness

In January of 1892, the American Journal of Insanity published “Music in Its Relation to the Mind,” by George Alder Blumer. Blumer believed music should be a part of a treatment program for patients with mental illness. He held music in such high regard that he hired immigrant musicians to perform for his patients at the Utica State Hospital in New York during his tenure as Chief Executive Officer (Davis, 1987). According to Davis, Blumer might very well have been: “the first person to establish an ongoing music program in an American hospital. He should be considered a pioneer in the music therapy movement in the United States” (Davis, 1987, p. 84).

Davis (1978) describes the therapeutic use of music with indigent psychiatric patients at Blackwell’s Island, New York, now known as Roosevelt Island. Blackwell’s Island was known as an “infamous facility for the care of New York City’s indigent, insane citizens” (Davis, 1987, p. 80). A series of experiments was conducted to test:

‘lunatics’ reactions to live vocal and instrumental music provided by soloists from New York City. . . . The musicians provided music for a large group of patients following a series of nine individual sessions. . . [This session] marked the fifth time that patients’ reactions to musical stimuli had been tested (Davis, 1987, pp. 80-81).

Davis continues:

The music experiments conducted on Blackwell’s Island represented an unprecedented attempt to alleviate suffering among a large population of New York City’s destitute mentally ill. The concerts and individual sessions were supported by authorities who were in a position to implement and maintain such programs, an occurrence not previously seen in the United States (Davis, 1987, p. 81).

Larsson (1928) also mentions several examples of music used in a medical environment. He describes the effect that music had on 1400 female patients with mental illness who were hospitalized at Randall Island Asylum in 1878; the success that several doctors reported using music; and that results of experiments by Dogiel on animals and men using music were “practically all borne out by experiments at the University of Kansas and published in the American Journal of Physiology” (Larsson, 1928, p. 253).

Music in Adaptive and Palliative Treatment

The idea of music primarily as treatment for mental illness was not the only one advocated at this time. Heller (1987) states that music was associated with two modes of treatment: (1) palliative and (2) adaptive. Music used in a palliative manner was employed in hospitals and other institutions and was directed toward health-care goals. On the other hand, music used in an adaptive manner was employed in schools and was directed toward educational goals. According to Heller (1987),

music was primarily used in educating individuals with hearing and visual disorders from the late 1700's through the 1800's. Solomon (1980, p. 236) and Heller (1987, p.44) state that music's role in special education has been mostly ignored by historians. This omission may be due to the feeling of bias against the disabled, especially the mentally ill, that was present in the United States (Heller, 1987, p. 44; Taylor, 1981). Nonetheless, music used in the education of the deaf can be traced to the early 19th century (Solomon, 1980).

Adaptive Music Therapy

Music played a part in early attempts to educate and train children with disabilities (Solomon, 1980, p. 241). During the 1800's, most of the emphasis on the use of music with exceptional children dealt with those individuals who were either retarded in their speech development or had impaired hearing. An educator who used music to develop "auditory discrimination skills" was Jean-Marc-Gaspard Itard. He used bells and drums to train the "wild boy of Aveyron" to distinguish between differing sounds (Solomon, 1980, p. 236). Edouard Seguin used similar methods to train "mentally defective" individuals to recognize sounds and relate these differing sounds to hearing and speech patterns (Solomon, 1980, p. 237). There were also a variety of schools that used similar methods to teach rhythms, sounds, and musical recognition.

Examples of the use of adaptive music therapy in the nineteenth century include the following: (a) the Perkins School for the Blind in South Boston in 1832,

which was the first actual establishment of music in an institution; (b) the New York School for the Blind in the 1840's; (c) the American Asylum for the Deaf, also in the 1840's; (d) the creation in 1848 of a curriculum for education of the deaf which included music instruction; and (e) an article by an Ohio physician, Charles Hope Merz, appearing in the Cincinnati [sic] Lancet-Clinic and advocating vocal music in public schools (Heller, 1987). One of the first documented references to the use of music in an adaptive manner was written in 1883 for the Kindergarten and Primary School for Hearing and Deaf Children, Washington, D. C. (Solomon, 1980, p. 239). Other institutions using music in an adaptive manner were the Ohio Institution for the Education of the Deaf and Dumb, the Virginia Institution for the Education of the Deaf and Dumb, the Illinois Institution for the Education of the Deaf and Dumb, the Clarke Institution for the Deaf-Mutes, the Colorado School for the Deaf and Blind, the McCowen Oral School in Chicago, and the Warren Articulation School of New York (Solomon, 1980, pp. 238-239).

Articles advocating the use of music as a diagnostic tool with children and adults with hearing and visual disabilities were written by Maennel, Montessori, Shuttleworth and Potts, Young, Hollander, Groszmann, Bridie, Wallin, and Anderson (Solomon, 1980, p. 240). In 1909 Maennel reported on the use of music with regard to the "examination of children" for admittance to "auxiliary schools" (Solomon, 1980, p. 240). Under the topic heading of "Singing," Maennel specifically discussed "hearing, sense of rhythm, 'music memory,' fondness for music" (quoted in Solomon, 1980, p. 240). In 1912 Holmes described the process of teaching a child to hear as

that of a teacher tapping rhythms, followed by the child trying to reproduce the pattern of taps. Holmes also described this process as a test to determine if a child could recognize the sound of one instrument from another. Montessori used the same type of method as Itard (1805), in which a child learned to distinguish what was heard from the sound of bells and drums.

In 1916, Shuttlesworth and Potts, Hollander, and Young wrote about their methods that were concerned with using music with “mental defectives” to train them in hearing and speech (Solomon, 1980, p. 240). Shuttlesworth and Potts claimed that music had the ability to keep a child’s attention, compared to speech. They also claimed that music exercised a child’s practice of distinguishing among sounds of instruments, as Holmes had in 1912. According to Shuttlesworth and Potts, music was a “stepping stone to speech” (Solomon, 1980, p. 240). In many instances, a child would hum the melody of a song before he or she could say the words.

In 1917, Groszmann encouraged the use of music to help students learn vowels at different pitch and intensity levels. That same year Bridie described an activity in which the teacher was behind a screen and played instruments for the students to identify. These instruments included bells, whistles, horns, rattles, bagpipe, and piano (Solomon, 1980, p. 241). Wallin practiced a method developed by Emile Jaques-Dalcroze called “eurhythmics.” This technique was designed to “develop coordination of mind and body” by using musical training accompanied by body movements (Solomon, 1980, p. 241). In 1928, Anderson wrote about his use of music to help “develop speech in the stuttering and nonspeaking child” (Solomon, 1980, p.

241). Heller (1987) states that “the era concluded with implementation of organized musical activities in institutions for visually-handicapped and hearing-impaired students.” (p. 35).

Though articles about music therapy continued to appear in professional and popular magazines in the 1890’s, there was generally little growth in the field of music therapy as a whole. Musicians, physicians, psychiatrists, and other individuals who promoted music worked on their own rather than with each other (Davis, 1987).

As Heller (1987) describes this period:

a lacuna of nearly a century occurred before serious organization of the field after World War II. Reasons for this extended period of development are difficult to discern and probably may be found in the history of medicine in general and in the traditional attitudes of Americans toward handicapped persons, particularly the mentally ill. In contrast with developments in music education, the music therapy field lacked a political force to complement its historical, philosophical, and experimental efforts. Additionally, music therapy did not attract an expanding group of supporters and practitioners who might have made unique contributions to the enterprise as it grew and developed (p. 44).

Palliative Music Therapy

In the 1900’s, palliative music therapy continued to grow sporadically. With the invention of the phonograph in 1877 and records in 1896, music was more frequently used in hospitals (Taylor, 1981). According to Boxberger (1962):

(m)usic was used in wards as a diversion during the day and as an aid for sleep at night. Its use was also reported in the operating rooms to mitigate the dread of operations; it was considered effective during local analgesia. (p. 139)

Music also proved to be of great help during application of anesthesia to patients (Taylor, 1981). During World Wars I and II, palliative music therapy was primarily

used in psychiatric hospitals (Heller, 1987, p. 41).

Letters and articles about the benefits of using music in a medical environment appeared in journals and magazines. Dr. Corning's article, "The Use of Musical Vibrations Before and During Sleep" is an example of "scientific investigation applied to musical effects" (Taylor, 1981, p. 63). In 1914, the American Medical Association (AMA) officially acknowledged the "possible therapeutic applications of music in general hospital treatment" when it published a letter received from Dr. Evan O'Neil Kane (Taylor, 1981, p. 63). Kane wrote of the "calming" effects that music had on all personnel, including the patient, the staff, and others involved, in his operating room (Larsson, 1928; Taylor, 1981). According to Larsson (1928), Kane described music as a diversion for the patient when played on a phonograph during surgery.

In 1929, Duke University Hospital became the first hospital to be constructed with musical hardware for patients to use. Patients confined to beds had access to:

radio reception through earphones, sponge rubber cushioned reception units, or wall mounted speakers on children's and infants' floors. Similar speakers were installed in ward utility and preparation rooms for music during monotonous tasks, and both tap-ins and speakers were present in all recovery rooms (Pickrell, Metzger, Wilde, Broadbent, and Edwards, 1950, from Taylor, 1981, p. 66).

Taylor (1981) states that the construction of Duke University Hospital with musical facilities available to its staff and patients represented the "first permanent commitment to hospital music" (p. 66).

In 1932, a device called the "silent gramophone" was constructed by a physician, A. F. Erdmann, for calming his patients (Taylor, 1981). Rather than delivering

music to everyone present in the operating room, this device allowed certain individuals, such as the patient, to hear music. Taylor (1981) describes the “silent gramophone” as follows:

Instead of a complete phonograph, it included only a turntable on A. C. current with an electrical pick-up, a separate volume control device, telephone ear-pieces to place on the head or under a pillow, and a separate receiver for the anesthetist. This apparatus effectively delivered selected music at a specific time to a limited number of persons (Erdmann, 1934, from Taylor, 1981, p. 67).

Dr. Erdmann presented his invention in December, 1932, to the New York Society of Anesthesiologists. He was accompanied by other advocates of music in hospitals, including Ada Cox Fisher, pianist and music therapist Harriet Ayer Seymour, and baritone Everett A. Engstrom (Taylor, 1981). (Seymour worked with veterans of World War I by providing music therapy to them [Davis, 1993, p. 41]. She was also involved in other activities advocating the therapeutic use of music [please refer to p. 23 of this document].) About 1950, Ruppenthal began using a “wired music system” in his work as a music therapist at Topeka State Hospital (Miller, 1998, p. 110). Ruppenthal began soliciting donations of used musical and electronic equipment. He believed that through the use of his sound system of radios and a reconstructed carrier transmitter that he could effectively change the behaviors of patients throughout the hospital (Miller, 1998).

Individuals in Music Therapy

Esther L. Gatewood focused on the use of music with “anesthesia and analgesia” (Taylor, 1981, p. 64) in an address published in 1920. Like Mathews in the

1800's (Davis, 1987, p. 78), Gatewood believed in the following concepts: (a) using patient-preferred music; (b) using the iso principle of initially matching music to the patient's mood and gradually changing it; and (c) focusing attention on one of two sensory stimuli present (music versus pain), in order to divert the patient's attention in a positive direction.

Another proponent of the power of music to affect emotions was Ida L. Hyde of the State University of Kansas. Hyde studied the effects of vocal or instrumental music upon the "pulse rate and pressure, systolic and diastolic pressures, relative velocity of blood flow, and electrocardiograms of fifteen subjects" (Taylor, 1981, p. 65). In 1924 she reported her conclusions that physical and physiological changes were influenced by music (Taylor, 1981), a concept echoed by Larsson (1928).

A study published by J. A. McGlinn in 1930 recommended the use of music to reduce negative side effects of gaseous anesthesia, especially in gynecology and obstetrics (Taylor, 1981). In 1935, a dentist, E. S. Best, reported on his use of music to block pain. This use of music was exactly what Mathews (Davis, 1987) and Gatewood (Taylor, 1981) had theorized earlier. In 1938, the New York Times carried a description of work done in pediatric wards and orthopedic wards by Harriet Ayer Seymour and Isabel Parkman (Boxberger, 1962, p. 142; Taylor, 1981, p.68). Seymour was the Chairperson of the Hospital Music Committee of State Charities Aid Association, New York City (Boxberger, 1962, p. 142; Davis, 1993; Taylor, 1981), and Parkman was employed at Bellevue Hospital (Taylor, 1981).

Music therapy continued to be used in a palliative manner in the 1940's. In

1944, an article written by Esther Goetz Gilliland stated that experiments proved “irrefutably” the power of music to affect the body (Taylor, 1981, p. 68). Most of Gilliland’s work was devoted to neuropsychiatric applications. In 1944, Kenneth Pickrell and his associates used music in all areas of surgical procedure and in other hospital departments. Successful use of music in treatment caught the attention of the military, which studied the usefulness of musical applications in veterans’ hospitals. As a result of its studies, the military ruled that music was not to be classified with other “drugs” as therapy; the designation of “music therapist” was “disallowed” until “validated,” and music was to be used for convalescence only (Taylor, 1981, p. 70). Despite this setback, music continued to be advocated as a means of diversion from pain and a way to reduce amounts of anesthesia administered to patients. For example, a large-scale project (200 patients) conducted in 1948 at the University of Chicago Clinics employed “selected” music before and after hospital procedures and reported benefits to patients (Taylor, 1981, p. 70). In 1949, several Chicago surgeons used music during surgery that involved patients on whom routine medication had little effect. Most of these patients requested semi-classical music and were encouraged to choose selections that were not stimulating but would hold their attention (Taylor, 1981).

Willem Van de Wall was another individual who strongly supported the therapeutic uses of music. Between World Wars I and II, Van de Wall worked to develop music therapy programs in mental hospitals and prisons. In addition, he received grants enabling him to publish several important books, including Music in

Institutions in 1936. Other activities in which Van de Wall was involved included teaching music and health at Columbia University from 1925 to 1932 and serving on the Bureau of Mental Health in Pennsylvania as a field representative in charge of music and other therapeutic programs. According to Davis et al. (1992), Van de Wall's job as field representative was developed in order to improve conditions in Pennsylvania psychiatric hospitals. As a result, Van de Wall's first hospital music program in the Commonwealth of Pennsylvania was developed at Allentown State Hospital for Mental Diseases during the late 1920's (Davis et al., 1992, pp. 29-30).

Early Organizations Promoting Music Therapy

In the 1900's, organizations were created in order to promote the use of music in a therapeutic manner. One of the early organizations was the National Therapeutic Society of New York City, created in 1903 by Eva Augusta Vescelius (Boxberger, 1962, pp. 140-141; Taylor, 1981, p. 64). Vescelius founded the organization to study and promote the advancement of music as it relates to "life and health," as well as the "intelligent employment of music in the homes of the sick, in hospitals, and in asylums" (Davis, 1993, p. 35). (Davis [1993] states that Vescelius established an organization in 1903 called the National Society for Musical Therapeutics [p. 35]. It is unclear if this organization was the same as the National Therapeutic Society of New York City, created in 1903.) Vescelius believed that musicians planning to use music therapeutically should first be well-trained as therapists (Davis et al., 1992, p. 27).

In 1918, Margaret Anderton began a new course at Columbia University

called “Musicotherapy” (Taylor, 1981), which could be considered the first music therapy course to be offered at a college or a university in the United States (de l’Etoile, 2000). Anderton was a British musician who had worked with Canadian soldiers of World War I suffering from orthopedic disabilities and paralysis. As Atlee had in the 1800’s (Davis, 1987), Anderton believed that patients suffering from physical infirmities would improve their chances for recovery by producing music themselves (Davis et al., 1992; Larsson, 1928). However, patients with psychological injuries should receive music from properly trained music therapists (Davis et al., 1992). Larsson (1928) states that World War I veterans suffering from shellshock were distracted from their disabilities when they were involved in creating music. Those who stuttered were able to sing, those with brain damage could remember words to songs and subsequently sing, and the rhythm of the music helped the patients to order themselves (Larsson, 1928). Music was also used for recreational and motivational purposes among troops stationed overseas. As Maybee (1943) states:

In World War I the “Y” huts were the scenes of many a stimulating “sing” when the soldiers sang “Katy,” “Pull Your Shades Down, Mary Ann,” “Liza Jane,” “Long, Long Trail,” “Home Fires,” “Let Me Call You Sweetheart,” and many other songs to their liking. This was real participation, and the men got a real “kick” out of really singing themselves. (p. 5)

Maybee continues:

(T)here is nothing so uplifting to the spirit of the individual as joining with fellows in inspiring song. Nothing is so effective in relieving the tenseness of jangled nerves, restoring buoyancy in moments of sinking fatigue, or keeping the light of hope burning in time of dark discouragement. The men need song, and they need to make it themselves. (1943, p. 5)

In 1926, another organization was formed which promoted the palliative use

of music in hospitals. This organization, the National Association for Music in Hospitals, was created by Isa Maud Ilsen to function as a department of music within the hospitals (Davis, 1993; Taylor, 1981). Ilsen was a musician, nurse, and hospital executive and, like Anderton, had worked with Canadian soldiers who were injured in World War I. In 1918 Ilsen became the Director of Hospital Music in World War I reconstruction hospitals for the American Red Cross. In 1919 she lectured at Columbia University in “musicotherapy” (Davis, 1993). Ilsen advocated the belief that music affects the patient’s mood, saying “hospital music must ‘arouse vital functions of the body’ ” (quoted in Taylor, 1981, p. 65). She felt as Anderton did, that training to be a music therapist was essential before actually becoming employed as one (Davis et al., 1992, p. 27).

As time went on, other organizations were created in support of music therapy. In 1938, the Hospital Music Committee, State Charities Aid Association, New York City, was formed, with Harriet Ayer Seymour as its chairperson. Seymour later founded the National Foundation for Music Therapy in 1941. During World War II, an organization called the Hospitalized Veterans Music Service was formed. In 1944, the Committee for the Use of Music in Hospitals, which supervised the progress of music therapy programs in mental hospitals, appointed Willem Van de Wall as its chairperson (Davis, Gfeller, & Thaut, 1992, pp. 29-30). The Committee on Music in Therapy, a part of the Music Teachers National Association, was created in the late 1940’s.

Pioneers of Music Therapy

In the later 1900's, individuals continued to work to advance music therapy. Included among these "pioneers of music therapy" were Ira Altschuler, Roy Underwood, E. Thayer Gaston, Edwina Eustis, Esther Goetz Gilliland, Wayne S. Ruppenthal, Robert F. Unkefer, and Carol M. Collins (see Appendix A for pictures of Underwood, Gaston, Michel, and Ruppenthal). Though the use of music therapy was prevalent from the 1900's until 1940's, it was not used regularly. Despite the efforts of Vescelius, Ilse, Seymour, Van de Wall, and others, music therapy had not yet emerged as a profession (Davis et al., 1992, pp. 29-30).

Emerging Themes

Three major themes surfaced in the evolution of the music therapy profession at this time: (1) clinical practice, (2) a need for organization, and (3) a formalization of the field. The first theme, clinical practice, dealt primarily with the therapeutic use of music in mental institutions and with the war wounded. In the early 1960's music therapists would begin to work with clients in other areas, such as education.

According to Boxberger (1962), there was a need for a professional organization for music therapy after World War II for the following reasons: (a) "to provide stability and direction to the diverse practices that prevailed;" and (b) "to give assistance in the delineation of music therapy as a means of treatment" (p. 133). As Heller (1987) states, the NAMT came into existence "in the late 1940's and early 1950's... on the crest of extensive postwar interest" (p. 44). With the formation of the NAMT

in 1950, an organization was created for presenting and publishing applications of music therapy. As a result, publication of studies increased (Taylor, 1981).

The third theme, formalization of the music therapy field, came in the form of curriculum for training music therapists. In 1952, the NAMT approved a curriculum for this purpose. Solomon (1970) lists WMU as one of fifteen training programs recognized by the NAMT in its 1968 listing of accredited schools (see Appendix E, "NAMT-Accredited Institutions in 1968"). Since that time, the number of music therapy programs at the college and university level has grown to 68, as of 26 June 2001 (AMTA Member Association, 2001, pp. 198-202).

Need for Studies

There has not been a comparable increase of interest in the histories of music therapy training programs. To date, only a few historical studies of music therapy programs exist. According to Solomon and Heller (1982), "(h)istorical research, though quite different in some respects from descriptive and experimental research, is an equally valid way of knowing about music therapy" (p. 162). They continue by stating: "(H)istorical research in music therapy is the careful and systematic study or investigation of the past practices, materials, institutions, and people involved in therapeutic applications of music" (p. 165). They further state:

Historical research is a valid way of knowing what has occurred. Historical research in music therapy assumes a temporal bond which connects persons, events, ideas, and the like. Historical knowledge is awareness of cause and effect, progression through time, and antecedents and consequences. . . . Among the possible consequences of historical research are: (a) a better understanding of the present; (b) a richer basis of information; (c) a more complete

record; (d) a more accurate accounting; and (e) a clearer explanation of complex ideas. (p. 166)

Solomon and Heller (1982) describe the job of the historian as one of creating “a picture of the past in the reader’s mind. Historical research is more than a chronological ordering of events; it must tell the story” (p. 170).

According to Solomon and Heller (1982):

The benefits of historical research in music therapy to practice occur in three principal ways: (a) they can educate or inform; (b) they can inspire or motivate; and (c) they can unify or organize. The educative uses of historical research results seem basic to almost any practical endeavor. It is neither necessary nor desirable to abandon all or even most of what has been learned in and about the past to succeed in the present and plan for the future. The problems involved in music therapy practice have been met under a variety of circumstances in various times and places throughout history. Giving an account of these situations is a basic task of historical research. (p. 171)

Therapists, clients, and students also have a vital interest in the results of historical research in music therapy. Little is known, but much more can be known about how music has been used in therapy. Methods and materials, techniques and literature, skills and concepts have not been defined overnight. They represent the accumulated wisdom of many past labors. Therapists do not need to “reinvent the wheel” at each moment of the therapeutic process. Trends in music therapy have a demonstrated propensity to recur, sometimes with alarming frequency and intensity. Music therapists have been known to jump on the nearest bandwagon and head relentlessly for a previously experienced extreme of a pendulum swing. (p. 172)

Solomon and Heller (1982) conclude that: “Studies that have already been completed provide a coalescing basis for present and future efforts. . . . Historians need to again examine trends and current assumptions” (p. 176). They further conclude:

Biographies, institutional and organizational histories, local and urban histories, developmental histories, and accounts of all aspects of music therapy and its materials are needed. . . . The strengths of the area [historical research in music therapy] are its traditional importance as a way of knowing, its comprehensibility to diverse interests, its constant concern for accuracy and reality, and its potential for contributing to an understanding of the human elements in

music therapy. The greatest strength of historical research in music therapy may very likely be its future. (p. 177)

Certainly, studies of music therapy programs at the college and university level would be of historical importance to the field of music therapy at local and regional levels, as well as at the national level. Two such studies were found that describe the development of music therapy programs in university settings (Laughlin, 1975; O'Connell, 1990).

Laughlin discusses the development of the Music Therapy program at the University of Kansas from its inception to 1971, concentrating upon the "training and degree program for music therapists" (Laughlin, 1975, p.1) and focusing upon the areas of "program and curriculum development, research, and positions held by and contributions of program graduates" (Laughlin, 1975, p. 5). This university was the first in the United States to offer a graduate degree in Music Therapy, Master of Music Education in Functional Music (M. M. E.), in 1949. According to Johnson (1973):

(t)he first student to complete the required courses and enter clinical training was Wayne Ruppenthal. He began his clinical training in August, 1948, and six months later became the first trained music therapist with a graduate degree in functional music, presumably in the world. (p. 83)

In 1950, Robert F. Unkefer also graduated from the University of Kansas. He became Assistant Professor of Music at MSU in 1956 (Michigan State University, 1956, p. 86, p. 104; Michigan State University, 1957a, p. 322, p. 424), Assistant Professor of Music and Psychology in 1957 (Michigan State University, 1957b, p. 78, p. 99, p. 102; Michigan State University, 1958, p. 336), and later the Director of the Music

Therapy Program at MSU (R. F. Unkefer, personal communication, October 7, 2001).

Johnson (1973) states that “the majority of teachers of music therapy have been graduates of the University of Kansas” (p. 113), including Donald E. Michel (Florida State University), Charles Braswell (Loyola University, New Orleans), Robert F. Unkefer (Michigan State University), Charles Eagle (Texas Women’s University, Denton), Richard Graham (University of Georgia), and William W. Sears (University of Kansas) (Johnson, 1973, p. 113). Central to the beginning, growth, and development of the Music Therapy program at the University of Kansas was E. Thayer Gaston, who was primarily responsible for establishing the curriculum of the program (see Appendix A for pictures of Gaston and Michel). In 1957, an undergraduate curriculum based on the NAMT requirements adopted in 1952 was added, which led to a music therapy degree (Laughlin, 1975). Gaston was also responsible for establishing a music laboratory for student therapists, complete with two-way mirrors for observation of clinic sessions, work and storage areas, and music equipment. Students and staff were able to take advantage of the following equipment for their research and training:

- (1) Sound generating equipment, including amplifiers, audio generators and oscillators, an intonation trainer, a metronome, microphones, pre-amplifiers, speakers, tape recorders, tuners, tuning forks, and turntables;
- (2) Sound measuring equipment, including a Conn Dynalevel, a graphic level recorder, ocillographs, ocilloscopes [sic], a recording attenuator, a sound and vibration analyzer, a sound level meter, and a Stroboconn;
- (3) Response measuring equipment, including a deceptograph, a digital counter, and an event recorder; and
- (4) Additional equipment, including brain and ear models, headphones, a microfilm reader, a Monroe calculator, an opaque projector, an overhead projector, a slide projector, video tape equipment, and volt-ohm meters (Laughlin, 1975, p. 19).

According to Laughlin, this was the “first psychology of music laboratory in a United States university music or music education department” (Laughlin, 1975, p. 19).

The University of the Pacific (UOP), whose Music Therapy program was the subject of a study by O’Connell (1990), was initiated by Wilhelmina Harbert in 1937. (The name of the institution at this time was the “College of the Pacific” [COP].) In 1946, the music therapy major was approved at the COP, and, in 1948, a budget providing “professional status to music therapy” was given legislative approval by the California State Board of Mental Hygiene (O’Connell, 1990, p. 90). Citing a 1951 UOP Music Therapy brochure listing classes required for an undergraduate degree in Music Therapy, O’Connell states that graduate courses were available, culminating in a Master of Music degree with a concentration in Music Therapy (O’Connell, 1990). Much like the University of Kansas, student therapists were provided with training facilities that included a music therapy laboratory. In 1948, a grant from the Rosenberg Foundation made improvements to the lab possible.

In addition to the studies concerning Music Therapy programs at the University of Kansas and at the UOP, several studies have referred to the evolution of curricula of undergraduate and graduate music therapy programs (Boxberger, 1963; de l’Etoile, 2000; Solomon, 1984). De l’Etoile (2000) traces the development of the undergraduate music therapy curriculum from its beginnings as a Music Therapy course at Columbia University in 1919 to its adoption by the NAMT in 1952. Boxberger states that the NAMT was formed by music therapy professionals in 1950 in an effort to provide “stability and direction to the diverse practices (of music

therapy) that prevailed,” as well as “give assistance in the delineation of music therapy as a means of treatment” (Boxberger, 1962, p. 133). Gilliland, described by Taylor as a “recognized leader in early attempts to organize the music therapy profession” (Taylor, 1981, p. 68) was among those individuals seeking to provide music therapy with a professional identity “based on value and potential of music as a therapeutic modality” (Boxberger, 1962, p. 133). According to Boxberger (1963), educational standards, including a core curriculum for undergraduate music therapy, were presented and approved at the 3rd Annual NAMT Conference in 1952. Subsequent NAMT conferences saw standards and procedures for the certification of music therapists established and training programs formally approved (Boxberger, 1963).

In his study of the history of the NAMT after 1960, Solomon (1984) traces the evolution of the music therapy curriculum for both bachelor and master degrees in music therapy, citing three important changes that occurred in the area of curriculum in the early 1960's: (1) the ending of the “grandfather clause” on December 31, 1960; (2) the establishment of the first NAMT-approved graduate curriculum; and (3) the raising of clinical training standards, including the requirements that internship training sites be supervised by a registered music therapist and be six months in length (1984, pp. 158-159). (The “grandfather clause” is defined by Solomon [1984] as “an open registration period from 1958 through 1960 for people practicing music therapy but lacking college degrees or holding college degrees in areas other than music therapy” [p. 158] which ended on December 31, 1960.)

This study was undertaken not only because of the paucity of historical studies

concerning music therapy programs, but also because of the need for a model to follow when conducting research of this nature. As Solomon and Heller (1982) stated, learning about music therapy from a historical standpoint is just as valid as from a descriptive or experimental one (p. 162). Therefore, it is appropriate and timely to conduct a historical study of the history of the WMU Music Therapy program.

CHAPTER III

METHOD

Two questions were posed to guide this investigation. Information essential to answer those two questions came from a critical examination of the following sources: (a) documents from the regional archives of the Great Lakes Region (housed at the Maybee Music and Dance Library, WMU); (b) documents from the Regional History Collection & Archives, WMU; (c) personal records (including letters, memos, and records of the officers and committee members responsible for the policies and activities affecting the WMU Music Therapy program); and (d) oral histories.

Both written and oral sources of information were subjected to external and internal criticism in order to determine whether or not they were authentic and accurate. External criticism, as defined by Solomon (1995), is the process by which evidence is authenticated or proven to be what it appears to be. In this case, sources were selected that were deemed reputable, accurate, and that corroborated others when possible. Solomon (1995) defines internal criticism as the process of determining the truthfulness of information gained from the evidence. In this situation, sources were determined to be accurate when there were dates and locations available. Many of these sources may be considered "public documents."

Assumptions and biases in this study were: (a) the belief that NAMT-approved music therapy programs during the time span 1950-1980 contained similar course

requirements; (b) the belief that “historical research in music therapy is valuable in both an intrinsic (importance, meaning, value) and an extrinsic (usefulness, applicability, relevance)” manner (Solomon, 1984, p. 9); and (c) the belief that music therapy is an essential and powerful discipline and that research that promotes better understanding of it is of value (Solomon, 1984).

This study was chronologically limited to the time period beginning with the establishment of Western State Normal School to the evolution of the WMU Music Therapy program in 1980.

The procedures of this study were conducted in the following manner:

1. Identify possible sources of information from the four major sources: (1) documents at the regional archives of the Great Lakes Region, (2) documents from the WMU Regional History Collection & Archives, (3) personal records, and (4) oral histories. (Documents pertaining to this study were found in the regional archives of the Great Lakes Region and in the WMU Regional History Collection & Archives, as well as inter-office memos and information from the WMU Music Department. Personal records and oral histories were obtained from individuals interviewed about the Music Therapy program at WMU. Additional sources of information were found at the Kalamazoo Public Library and at the Kalamazoo State Hospital.)

2. Collect information relating to the research questions by reading available documents and interviewing individuals involved in the development of the WMU Music Therapy program. (Available documents were read and individuals involved in the development of the WMU Music Therapy program were interviewed.

Information from these sources appears in “Chapter IV: Results” of this study.)

3. Critically examine collected sources of information for authenticity and relevancy by applying the techniques of external and internal criticism, as previously described. (Sources were critically examined for authenticity and relevancy by applying the techniques of external and internal criticism. Those that satisfied the requirements were used in this study.)

4. Identify landmark accomplishments and important contributions that relate to the Music Therapy program at WMU. (Landmark accomplishments and important contributions relating to the Music Therapy program at WMU are discussed as they relate to the research questions in “Chapter V: Discussion and Recommendations” of this study.)

5. Establish an introductory timeline according to important events relating to the WMU Music Therapy program and integrating relevant information into it. (A timeline for the WMU Music Therapy program and related events from 1903-1980 appears in Appendix F, “Timeline for WMU Music Therapy Program and Related Events, 1903 – 1980.”)

6. Write a history of the WMU Music Therapy program from its origin to 1980. (A history of the WMU Music Therapy program from its origin to 1980 appears in “Chapter IV: Results” of this study.)

CHAPTER IV

RESULTS

The results of this investigation will be discussed in three chronologically-based sections: (1) “Origins and Early Development: 1829 – 1948”, (2) “Growth of School of Music and Music Therapy Program: 1949 – 1974”, and (c) “Transitions: 1970 – 1980.”

Origins and Early Development: 1829 – 1948

Although the merger of the Kalamazoo State Occupational Therapy School and WMU did not take place until 1944, there was a close relationship between the community of Kalamazoo, the Kalamazoo State Hospital, and WMU from the mid-1800’s.

Birth of Kalamazoo

The land on which Kalamazoo is located was deeded to the United States in 1827 by the Potawatomi Indians and the first settlers, led by Titus Bronson, arrived in 1829. The town was named for Bronson, but after he committed the crime of stealing a cherry tree in 1837, the townspeople renamed the town “Kalamazoo.” The name comes from the Indian word “Kikalamazoo,” meaning “rapids at the river crossing” or “boiling water.”

Kalamazoo Asylum for the Insane

The community of Kalamazoo had a very close relationship with the Kalamazoo Asylum for the Insane. The civic leaders lobbied strenuously with the state of Michigan to secure the state's first "Asylum for the Insane." Massie (1997) adds that:

another thing that might have helped Kalamazoo win this prize (the Kalamazoo Asylum for the Insane) was the fact that Epaphroditus Ransom from Kalamazoo was governor, and Charles E. Stuart, later a senator, also from Kalamazoo, was a member of the committee that decided on the location (p. 9).

The land where the hospital first began was given by the town in 1859. The townspeople gave ten acres in the heart of the city, in addition to certain other inducements to capture the hospital, because of the enormous economic boon it would be for the populace (Massie, 1997, p. 9). Because of the growth of the hospital, the first site was too small and was traded for a 160-acre farm outside the city limits, located on what is now Oakland Drive.

Western State Normal School

In 1903, the city fathers campaigned and secured another state facility, whose purpose "as constituted by law" was to "prepare teachers for public school service" (Western State Normal School, 1915, p. 17). At this time, schools of this nature were called "normal" schools (see Appendix F, "Timeline for WMU Music Therapy Program and Related Events, 1903-1948"). Western State Normal School (WSNS) was one of four normal schools established by the Michigan State Legislature in 1903

(Dunbar, 1963, pp. 201-203; Havira, 1995, p. 51). The school began as a two-year teacher training program, including a preparatory department for its students and a model school for practice teaching (Havira, 1995, p. 51). The first classes contained almost 100 students and began in June of 1904 (Western Michigan College, 1955, p. 2).

Occupational Therapy at Kalamazoo State Hospital

From its beginnings in 1859, the population at the Kalamazoo State Hospital grew to over 2000 by the early 1900's. At the same time, the enrollment at WSNS was about 800, and the population of Kalamazoo was near 40,000 (Massie, 1997, p.14). The hospital encouraged a work-therapy environment by letting the patients grow their own food, raise livestock, and engage in various sewing and craft activities. As Marion R. Spear (1961) states:

Between 1859 and 1908, patients were employed at the hospital and at the Colony Farm after the latter was opened. The women patients did needlework, housework and cooking; and both a green house and library were provided for them. At one time the library was receiving regularly over 100 local newspapers. Entertainment included the weekly picture show (a double stereopticon lantern was provided in 1880) and entertainments given by attendants and outside groups; and by 1900 weekly dances, musicals and card parties were being held.

In 1908 basketmaking was taught by Eleanor Judson the Art Director at the "Normal School", [sic] now Western Michigan University. The annual report that year expressed a need for an Industrial Building to employ men not able to work on the farm and to take care of patients during the idle winter months.

In 1910, Florence Marsh, the Musical Director at the "Normal School" conducted a class for women at the hospital. There was also in that year a class in physical culture conducted for men, and a hospital orchestra and band. (pp. 64-65)

In 1918, Spear became the director of Occupational Therapy at the KSH. Under her supervision all activities were not work-related. She added woodworking equipment and a pottery kiln and began introducing plays and pageants. Massie (1997) describes what photographs in scrapbooks in the WMU Archives from that period show:

a crowd of patients in a pageant, dressed in strange appearing medieval costumes and waving wooden swords while gathered out under the trees in front of the State hospital. It is not documented how motorists driving along Oakland Drive reacted to such spectacles (p. 18).

By 1922, Spear and three additional occupational therapists were treating almost 700 patients each day. Because Spear had difficulty finding qualified personnel, she approached the hospital director, Dr. Ostrander, with the idea of starting a training school at KSH. Although he was not receptive to the idea at first, he began to hear that other people thought it would be productive and subsequently gave his approval. According to Massie (1997): “(o)ne of only five then in existence in the nation, Miss Spear’s O. T. School opened in July 1922 with two students” (p. 20).

Collaboration Between KSH and WSNS

According to Massie (1997):

Beginning in 1935 all students were required to complete two years of courses on Western’s campus prior to being accepted in the O. T. School By 1936, the course had been extended to 27 months to meet the minimum requirements for registration with the American Medical Association (AMA). (pp. 23-24)

Western State Teachers College (with a name change from WSNS to WSTC in 1927) awarded graduates of the O. T. School credit for one-third work toward a Bachelors

degree.

In 1944, the inauguration of an extensive Works and Public Administration (WPA) program provided 20 workers who mended 39,774 articles of clothing under O. T. School supervision. In 1938, the music and recreation departments, which had previously functioned independently, became a part of the O. T. department. The choir and orchestra performed for weekly church services and patient dances. Minstrel shows, pageants, and plays by patients were a regular feature (Spear, 1961, p. 66).

The War Years

During the years following the attack on Pearl Harbor and the United States' subsequent entrance into World War II, there was a demand for more occupational therapists. As a result, the Kalamazoo O. T. School grew to meet the need. By 1944, 220 students had been accepted and 189 graduated since its beginnings. Partly as a result of its expansion during wartime, the school was transferred from KSH to Western Michigan College of Education in 1944 (Shilling, 1944, pp. 1-2) (WSTC had undergone another name change in 1941).

Occupational Therapy School at WMC

Miss Spear and Jane Thomas joined the WMC staff and were accorded faculty status (Massie, 1997, p. 27). In the Western Michigan College News Magazine for Fall, 1943 (Western Michigan College, 1943, p. 7), an article appeared announcing a

grant of \$4000 from the W. K. Kellogg Foundation of Battle Creek. The money was to be used for loans and scholarships for students in the Occupational Therapy Program. In 1950 the O. T. Department moved into McCracken Hall and in 1956 into the Department of the School of Applied Arts and Sciences (Massie, 1997, pp. 31-32).

Music at WSNS

Music appears to have been an important part of WMU's early history. During the second summer term of WSNS (1905), Miss Florence Marsh taught teachers' music, kindergarten music, voice culture, and elementary harmony (Western State Normal School, 1905a, pp. 25-26). Marsh was also listed as teaching the following music courses during the fall term at WSNS: "Elements of Vocal Music" and "Teachers' Course in Music" (both required courses); and "Harmony," "History of Music," "Voice Culture," Kindergarten Music," and "Course of Study" (Western State Normal School, 1905b, pp. 48-49). Spear (1961) mentions that in 1910, "Florence Marsh, the Musical Director at the 'Normal School,' conducted classes for women at the Hospital" (p. 64).

An account of the Men's Glee Club activities appears in the Western State Normal Alumni Magazine, dated May 1, 1926. The glee club, directed by Harper C. Maybee and accompanied by an eight-piece jazz orchestra, was already touring successfully and receiving enthusiastic response at this time. According to the magazine:

The Traverse City Record-Eagle had a review of the concert in which it was said that "Traverse City was convinced that Western Normal unquestionably presents the best men's musical entertainment of any Michigan college" and that the concert "testified to the effective schooling of Western Normal".

(Western State Normal School, 1926, p. 1)

WSNS also had a band, which was “one of the oldest institutions on campus,” according to the Western State Teachers College Alumni Magazine of 1940 (Western State Teachers College, 1940b, p. 4).

WSNS was growing as an educational institution. In 1904-5, there were only 12 faculty members, of which one, Florence Marsh, was the music faculty (Western State Normal School, 1905a, pp. 25-26). According to Meretta (2002), Marsh was the seventh faculty member of all departments hired by Dwight Waldo, who was president of WSNS at that time (L. V. Meretta, personal communication, April 1, 2002). In 1909, Marsh was joined on the music faculty by Margaret Eldred, assistant in music (Western State Normal School, 1909, p. 2). In 1925-6, the number of faculty would rise to 184. Among the six music faculty were: Harper C. Maybee, H. Glenn Henderson, Thelma Hootman, Duka Randall, and Dorothea Sage Snyder (Western State Normal School, 1925, pp. 8-11, 122-125). There was a similar increase in the number of WSNS graduates. The number would rise from nine in 1905 to the following in 1925: 53 Bachelor of Arts degrees, 4 Bachelor of Science degrees, 517 Life Certificates, and 49 Limited Certificates. This pattern of growth would be an indication of the rapid increase in students at Western throughout the period of investigation.

Harper C. Maybee came to Western in 1913 as the “newly appointed head of Western’s Music Department” (Western Michigan College of Education, 1946b, p. 8) and served as its chairman for 33 years. According to the 1946 WMC News

Magazine:

Western's faculty and students soon saw that he (Maybee) had tremendous driving energy and a whole-hearted confidence in the mission of music to humanity....Filled with this evangelistic fervor, he immediately began to plan the organization of the mediums to carry out music's mission. Since he knew that people were influenced either by listening or by participating, he planned to serve school and community in two ways, first by offering them an opportunity to hear outstanding artists of international reputation; and second, by giving them a chance to sing good music under able directors (Western Michigan College of Education, 1946b, p. 8).

As WSTC grew, its music department developed and became well-known for the quality of its instructors and students. One of Maybee's accomplishments was to join the students at Western and the residents of Kalamazoo and surrounding areas in joint music activities. According to the WMC News Magazine, 1946,

Such a program required an unusually able leader, devoted and able assistants, and efficient administrative machinery. There never was any question about the ability of Maybee to organize and direct a chorus. He had able assistants in H. Glenn Henderson, Beulah Hootman, and Mildred Hanson Hostetter (Western Michigan College of Education, 1946b, p. 9).

An example was the annual presentation of Handel's "Messiah," which continued to be presented even after Maybee retired from Western. In the alumni magazine for the school, now named Western State Teachers College (WSTC), there appeared the following review of the fifth annual presentation of the oratorio:

More than three thousand were in the audience, and the belief is unanimous that this year's performance was exceptionally fine. . . . A review of this year's rendering of the Messiah written by R. A. Patton of the Kalamazoo Gazette includes comment as follows: There was not a weak chorus. There was not a weak spot in any chorus. Chorus discipline was remarkably fine. How a dozen groups can be brought together for just one mass rehearsal and then give an almost flawless oratorio performance is hard to understand. That is the feat Maybee performed, with the aid of the chorus leaders. The impact of 600 voices in the climaxes of the choruses, and their beautifully modulated shading was professional in its exactitude, but thrilling with an inspirational

spirit the audience felt and responded to without reservation. (Western State Teachers College, 1940a, pp. 12-13)

Although Western began as a training school for teachers, the curriculum changed and broadened. According to Henry Ford, Jr., a Kalamazoo attorney, quoted in The Alumni Magazine, WSTC, 1941:

Western State was founded as a training school for teachers, and that, of course, is still a primary function. A broadening of its curricula, however, has attracted students who are interested in fields other than education, and has made it possible for its alumna to find employment in fields not allied to teaching.... This means that the alumni of Western State are entering all fields of work. (Ford, 1941, p. 3)

Music at WMC

The Music Department continued its growth when Dr. Elwyn Carter was appointed head of the department and Maybee became dean of music in 1945 (Draper, 1945, p. 1; Kalamazoo Gazette, 1945, p. 3). With the addition of two other music faculty, Julius Stulberg and Leonard Meretta, it was not too long afterwards that undergraduate degrees in music were granted. An important part of this expansion of WMC's music program was that "the standards of the National Association of Schools of Music will serve as a guide in the formation of the curriculum" (Draper, 1945, p. 2).

Western continued to grow in numbers of students and faculty, as well as in new courses and diverse curricula. In 1939, WSTC granted its first graduate degrees leading to the master's degree in education. This program was coordinated with and supervised by the University of Michigan (Western Michigan College, 1955, p. 2).

The 1946 WMC News Magazine notes that in 1942 the Music Department had three curricula leading to a degree (Western Michigan College of Education, 1946d, p. 8). According to the WMC of Education Bulletin of 1946, these degrees were: Bachelor of Music and a teaching certificate; and Bachelor of Music without a teaching certificate, one with emphasis in composition and the other with emphasis in applied music (Western Michigan College of Education, 1946d, p. 5). There also existed a Graduate Division for teachers, “(t)o aid teachers who desire to do graduate work” (Western Michigan College of Education, 1946d, p. 8). In addition, three new music faculty joined the staff of the Music Department, bringing the total to eleven (Western Michigan College of Education, 1946c, p. 19). The new faculty members were Sam Adams, voice; Elmer Beloof, instrumental music; and Ethel Green, theory.

Further evidence of Western’s growth came in 1948 with the organization of four new divisions -- Fine Arts; Language and Literature; Physical Education, Health and Recreation; and Rural Life -- to be added to the other divisions at WMC, totaling eight in all. Within the division of Fine Arts were the departments of Art, Music, and Occupational Therapy (Western Michigan College of Education, 1948a, p. 5). In the same year, the Harper C. Maybee Music Library was established (Western Michigan College of Education, 1948b, pp. 5-6), and ground was officially broken on June 14, 1948, for the new music building (Western Michigan College of Education, 1948c, p. 11). It is significant that a review of the book, Music and Medicine, edited by Dorothy May Schullian and Max Schoen, appeared in the Summer Quarter, 1948 WMC News Magazine, for two reasons. The first reason is that the National

Association for Music Therapy (NAMT) had not yet been organized and would not be until 1950. The second reason is that Music and Medicine, according to Solomon and Heller (1982), “is one of the best known historical works describing early uses of music in therapy” (p. 173). According to Ethelyn L. Crofoot, who reviewed Music and Medicine for the WMC News Magazine, music had increased in importance since World War I:

It has been taken from the exclusive realm of hospitals as a curative into larger fields as a preventative. Industry is capitalizing on it more and more and now it is even beginning to seep into our educational institutions.... Within the past five years music in medicine has been granted the rating “science.” A college degree is now granted in that area (Crofoot, 1948, p. 15).

This recognition of music used in concert with medicine might be said to reflect events concerning music on a national level, as musicians working as therapists advocated the use of music in a medical environment. In fact, a new music faculty member who came to Western in 1949 had used her music in a therapeutic manner prior to her appointment at Western as a voice professor. According to the 1949 WMC News Magazine, Marcella Stamm Roltner “did considerable singing for the Red Cross in wards of New York hospitals” during World War II (Western Michigan College, 1949, p. 23).

Summary

As the 1940's ended and the 1950's approached, Western had grown from a small school whose primary focus centered upon preparation of teachers to a large college with several divisions and many departments, including the Music

Department. There was a trend toward an even enrollment in the 1950's, as well as evidence that the enrollment would grow steadily in the 1950's. These may be seen in the projection in Appendix G, "Preliminary Headcount Breakdown of On-Campus Undergraduates Enrollment (September 29, 1952)".

Growth of School of Music and Music Therapy Program: 1949 – 1974

Growth Under Carter

Dr. Elwyn Carter served WMC as the Chairman of the Music Department from 1945 till 1965 (Western Michigan University, 1998). (See Appendix H, "Pictures of Pioneers in Developing WMU Music Therapy Program," for a picture of Carter.) In an article entitled "Elwyn 'Doc' Carter Remembered", Carter is credited with transforming "a healthy schedule of music 'activities' into a respected and accredited music curriculum" (Adams, 1998, p. 3). Carter:

was the impetus behind the building of Maybee Hall (used from 1949 until 1982), and among the professional curricula he worked to establish was one of the first music therapy degree programs in the U. S. When Dr. Carter stepped down in 1965, the music program at WMU was poised to earn the international reputation it now enjoys. (Adams, 1988, p. 3)

There are many references to his energetic work at Western, but none are as concise and comprehensive as the eulogy delivered by Professor Emerita Ethel Green Adams at Carter's funeral. Some of her remarks are quoted below:

It all began in 1944-1945 when Harper Maybee retired as head of the Music Department of Western Michigan College of Education. He and a staff of the same three full time people had served the music department for twenty some years. Dr. Sangren, Western's president, had long had a dream of developing the music department into a much larger and more comprehensive unit, so in

1944 when he was much impressed by a very tall young man who sang the bass solos at the annual Christmas performance of Handel's "Messiah," he decided to act, and act he did. By the fall of 1945, this young man, Dr. Elwyn Carter, was named as the Head of the Music Department. Julius Stulberg and Leonard Meretta were named heads of string instruments and orchestra, and wind instruments and band, respectively.

Dr. Carter was charged with the responsibility of developing a Bachelor of Music degree program and to plan and supervise the construction of a building to house such a program. WOW, what a super challenge, which I shall call #1. No teacher's college had ever had a Bachelor of Music degree program, much less a building devoted entirely to music.

Challenge #2: The state did not provide funds for the new building, so it was self-liquidating. Challenge #3: A faculty of three people had now grown to six, and only three classrooms were available to the Music department. These were located at the south end of the second floor of the Administration Building (now East Hall). The department head's office was in the same area and housed most of the department's equipment. Julius and Leonard had studio offices on the second floor of the Women's Gymnasium, which was at the other end of the Administration Building. Band and orchestra had two rehearsals a week, and Leonard told me that the band rehearsals were held in two different rooms.

Challenge #4: More staff were necessary to begin the implementation of the new program so four more people joined the faculty in 1946 – four teachers of voice, theory, instrumental music in the campus school, and piano. The staff was now ten and there were still only three classrooms. So, it so happened there was a large room on the second floor of the school's bus garage on Oakland Drive, and for three years this second floor served as a rehearsal room for instruments and vocal groups and for class piano instruction. Two smaller rooms off the large room were used as teaching studios, and I remember Sam Adams and Dan Kyser teaching there. (Adams taught voice and Kyser taught woodwinds.) Imagine the gas fumes from engines below wafting upwards through the not so new floor. Some private homes of faculty were enlisted for assistance in private lessons, and an empty house near campus was also brought into service for private instruction, and that's not all.

Challenge #5: In the next two years, five more people joined the staff which now totaled fifteen. In the meantime, the campus school took over the three classrooms that had been assigned to music, and Dr. Carter's office became part of a hallway that connected the campus with the AD building. The space problem was solved in this manner. Holon Matthews and I had our classes in a hut-mut back of VanderCook Hall. Of course, we still had the second floor

of the garage and two offices in the Women's Gym. The carpenter's shack back of Spindler was lovingly named by some of my students as "Ethel's Shanty" or "Greenie's Grotto," as the case may be. It was a tough time but "all's well that ends well."

By the fall of 1949 we were in the new building which was named Harper C. Maybee Hall. Dr. Sangren's dream of a Bachelor of Music program and a music building was now fulfilled. When Elwyn retired as head of the Music Department in 1965, the full time faculty had grown from four to 36, and 26 music students had increased to 271. The next few years saw the establishment of the College of Fine Arts; the Music Department became the School of Music; Maybee Hall was replaced by Dalton Center; and many new programs were added to the curriculum. But just as a building is only as strong as the foundation that supports it, the School of Music, with an enviable national reputation, did not come into being without a solid background of development. (Adams, 1998, p. 3)

During his tenure, Carter organized the "Varsity Vagabonds," described in Western Michigan University Magazine as "one of Western's best known musical entertainment groups" (Western Michigan University, 1967a, p. 7). The Varsity Vagabonds were selected to make a U.S.O. tour under the auspices of the United Service Organizations, Inc., in several years during the 1950's. The first group of fourteen students was directed by Carter and entertained military bases in the Caribbean area. The 1965 tour visited "the Northwest Military Command in Greenland, Iceland, Labrador and Newfoundland" (Western Michigan University, 1967a, p. 7). Since only 20 groups from American colleges were chosen for the tours each year, it was an honor for the Western Michigan group to be chosen for several years.

In 1967, the Varsity Vagabonds were chosen to tour Europe. In the Western Michigan University Magazine, 1967, Carter described how the students prepared for their tours by studying "the geography, history, and culture of European countries" (Western Michigan University, 1967a, p. 7). He describes an incident which required

some ingenuity to carry out their tour.

We learned to hitchhike to make certain we were on time for our engagements. The Military Air Transport System (MATS) was to provide us transportation, but there were times when it wasn't on schedule. Once the Vagabonds and baggage took over the portion of a plane from which potatoes had been unloaded. That trip took us from Newfoundland to Iceland in a raging blizzard (Western Michigan University, 1967a, p. 7).

The development of the Music Therapy Program at Western Michigan University resulted from a collaboration between Dr. Elwyn Carter, and Carol M. Collins, a graduate of the Music Department at MSU (called Michigan State College at the time) and a music therapist at Kalamazoo State Hospital from 1949 till 1958 (C. M. Collins, personal communication, June 23, 2001).

The Collins Years

The following section is based on an interview with Collins at Dalton Center on June 23, 2001, as well as upon personal files and inter-office memos. Robert F. Unkefer was also interviewed on October 7, 2001, at his home in East Lansing, MI.

Collins at LaGrange and MSC

Collins was from Riverdale, Georgia and had a background in church music. She attended LaGrange College in LaGrange, Georgia. During that time, she heard a speaker discuss career "opportunities for young people in the field of music" at a college choir performance for the Georgia Federated Music Clubs' Conference in Atlanta, Georgia (C. M. Collins, personal communication, June 23, 2001). After corresponding with the Georgia Federated Music Club, she was referred to Dr. Ira

Altschuler in Detroit, Michigan. He directed her to a new program beginning at Michigan State College (MSC) under the direction of Dr. Roy Underwood. At Michigan State, Underwood was formulating what would become the curriculum for the new music therapy program there. This program was to be the first of its kind in the United States and would eventually be directed by Robert F. Unkefer, who was also an Assistant Professor in the Psychology Department at the college (Michigan State University, 1957b, p. 78, p. 99, p. 102; Michigan State University, 1958, p. 336). After completing three years at LaGrange College, Collins transferred in 1947 to MSC – a college whose enrollment had ballooned from a “normal-sized” enrollment of 5000 to a student body of 15,000 because of the returning soldiers from the armed forces who wanted to take advantage of the GI Bill (C. M. Collins, personal communication, June 23, 2001). Collins graduated from MSC in 1949 with a B.A. in Music Therapy. At that time the curriculum was:

made up of foundation courses, such as the behavioral sciences, plus the basic music courses and a stage production class (which turned out at the state hospital [Kalamazoo State Psychiatric Hospital] to be very, very useful). But, the only introduction to music therapy really was a previous graduate (Arnold Lo Patin) who worked at Kalamazoo State Hospital, and came on Wednesdays to campus. And instead of going to student convocation, we met with him and he told us about working at Kalamazoo State Hospital (C. M. Collins, personal communication, June 23, 2001).

(An article in the Kalamazoo Gazette, 1948, p. 23, describes Lo Patin as the “new institutional music director at KSH” at that time.)

Collins described the Music Therapy curriculum at Michigan State further:

We (the students) made field trips to see the types of institutions and the patients in them. We had four months of internship: one month as our introduction in the junior year and the other three months after the senior year. We

lived on the campus at Wayne County General Hospital and were taught by Dr. Altschuler. (Altschuler was clinical supervisor of students at Wayne County General Hospital at that time.) His staff consisted of two very, very fine musicians, a pianist and a violinist. From the beginning Dr. Altschuler always talked about quality of music and in the 1930's he actually had financial support from the Musicians' Union, and he had professional musicians who came on-site and furnished live music on the psychiatric wards (C. M. Collins, personal communication, June 23, 2001).

Collins at KSH

After completing her internship and graduating from Michigan State, Collins accepted a position as a music therapist at Kalamazoo State Hospital in October of 1949, where she was employed from 1949-1951 and from 1953-1958 (see Appendix F, "Timeline for WMU Music Therapy Program and Related Events, 1903 – 1980"). Collins became part of a team including "two music staff members and a big activity therapy department" (C. M. Collins, personal communication, June 23, 2001). She adds that:

the history of the music department at the state hospital had been from the time of Federal Works Projects when the government furnished jobs for unemployed artists and musicians. One of the recreation staff was a WPA vaudevillian, so we had vaudeville shows, we had minstrel shows, we had big production numbers. My co-worker was an instrumentalist, and he had the band program. I mainly had the ward programs, the individual work with patients and the choral music, and the productions. (C. M. Collins, personal communication, June 23, 2001).

In the Voice of the Lakes, there is an entry concerning Collins (1959) and music at KSH:

The Federated Music Clubs of Kalamazoo, South Haven, and Three Rivers have begun a volunteer program at Kalamazoo State Hospital which will include hall programs and individual instruction. The group has completed their hospital orientation and will spend several weeks of orientation in the Music Department.
– Carol Collins, Director (p. 3)

At KSH Collins established a music therapy student training program which was among the first three in the United States to be approved by the NAMT. This clinical training program initially served students from MSU. Introductory visits and programs for WMU students were initiated after Carolyn Krill, the first music therapy student graduated from WMU, became Director of Music Therapy at KSH (Voice of the Lakes, 1961, p. 4; Western Michigan University, 1963, p. 22). The State Hospital later became a practicum site for WMU Music Therapy majors (Appendix I, "Internship at KSH;" C. M. Collins, personal communication, June 23, 2001).

Music Therapy Proposed for WMC

During this time, Dr. Carter was also learning about music therapy. In 1951, the Music Department at Western was approved for membership in the NASM (Western Michigan College of Education, 1952, p. 22). In 1956, a document entitled Music Therapy at Western Michigan College by Charles Farley gave a brief description of music therapy and advanced reasons why a music therapy program should be initiated at Western (see Appendix J, "WMC Inter-office Report"). According to Farley (1956):

(t)he number of colleges and universities that offer such a curriculum is very small indeed and Western feels that it might make a sizeable contribution to the educational progress of our society if such a curriculum could be inaugurated at this institution. (p. 1)

Farley reasoned that because mental hospitals had more patients than they had room, and because the demand for music therapists far exceeded the number available, it was therefore necessary "for the colleges, universities, and training hospitals to

broaden and expand their training programs in music therapy so that this urgent need may be filled (p. 3).” Farley (1956) then listed courses that would need to be added to Western’s curriculum leading to a Bachelor of Music degree in order to have a music therapy major. These courses included: recreational music, delinquent and normal behavior, psychology of music, influence of music on behavior, and general hospital orientation (p. 11). Farley (1956, p. 12) concluded with the statement that all that would be needed would be a competent instructor to teach the core courses. He also included music therapy curriculums of several schools in his report, including that of MSU. (See Appendix I, “WMC Inter-office Report.”) (After an extensive search at the Archives and Regional History Collection, WMU, none of the letters and communications between Underwood, Burnett C. Tuthill [Secretary of the NASM], and Farley could be found in the files.)

Dr. Carter heard about the use of music in hospitals while doing research for an advanced degree concerning the effect of music in industry, such as the General Motors Employees Chorus in Detroit. Dr. Carter investigated more about the use of music in hospitals and learned of the Music Therapy program at KSH. As Collins states, “(H)e found music therapy and thought, ‘Here we are, right next door to the state hospital.’ He found that we actually had a music program there” (C. M. Collins, personal communication, June 23, 2001). Collins’ first encounter with Dr. Carter was a memorable experience. She describes it in the following way:

One day, I remember very vividly being in one of the small music rooms in the activity therapy building, and this ENORMOUS man came walking in. As he entered the room, he immediately tested the acoustics and said, ‘Um, nice, nice room’ (C. M. Collins, personal communication, June 23, 2001).

From this meeting, Carter and Collins reached an agreement whereby she would teach an introductory class in music therapy at Western Michigan University. Due to scheduling blocks, however, the class fell on Friday evenings and had approximately eight students. Collins noted that one of the students on the first night was an older man who had previously worked at the KSH. Because the state began using Civil Service Exams to determine employment about this time, the former employee, a WPA musician, had been terminated when he failed to pass the exam. As a result, he was attending the introductory class to learn how to use music therapy to cure someone – “right there on the spot” (C. M. Collins, personal communication, June 23, 2001).

Music Therapy at WMU

In the fall of 1958, Collins began teaching the first music therapy classes at Western on a part-time basis. The Music Therapy undergraduate curriculum appeared in the Undergraduate Catalog for 1958-1959 (Western Michigan University, 1958, pp. 180-181), although it was not effective until Fall Semester of 1958. At that time the requirement to teach in college was a music therapy degree and professional experience. Although her position didn't require a Master's degree, Collins also began her Master's degree in Special Education at that time. Upon completion of her degree in 1966, Collins became a full-time faculty member at WMU in 1967 (see Appendix K, “Appointment to Full-Time Instructor of Music, 1967 – 1968”). In 1972, she became the Director of Music Therapy program, and in 1975 she was promoted to Assistant

Professor (Appendix L, “Appointment to Director of Music Therapy, 1972;” Appendix M, “Appointment to Assistant Professor of Music, 1973;” C. M. Collins, personal communication, June 23, 2001; Western Michigan University, 1967b, p. 1).

When Collins was hired by WMU as an instructor of music, her duties included activities other than teaching music therapy classes, making contacts and arrangements for music therapy clinical training, and serving as faculty advisor to the music therapy club. For example, she accompanied music students of other music faculty, sat on piano juries, was advisor for students in the Honors College and for those doing independent studies, and conducted several seminars, including those at KSH. Collins also taught 25 piano students and was the Music Director and Organist for Chapel Hill United Methodist Church (see Appendix N, “Personal Data”). On the national level, Collins continued to hold elected offices in the NAMT, such as the position of Second Vice-President in 1972 (C. M. Collins, 2001, personal communication, June 23, 2001) and First Vice-President in 1973 (Appendix O, “NAMT Conference Report, 1973”). As such, she was in a position to compare the progress of WMU’s Music Therapy program with those of other colleges and universities in the United States. For example, Collins stated in her letter to Robert Holmes, Head of the Music Department at that time,

This brief report of the meeting of teachers of music therapy which I attended October 17-18 in Cleveland is pertinent to our discussion of several weeks ago. It will also serve as an evaluation of our curriculum as compared with the ten others in the country. (Appendix P, “Music Therapy Meeting,” p. 1)

Collins continued by giving points of the meeting, including a discussion of “each course listed in the core curriculum approved by the Education Committee of NAMT

... in detail,” and an “(e)valuation of WMU,” (Item #4) as follows:

Organization of courses and course content seems generally consistent with the majority of other schools –

Details that need consideration in light of our trimester schedule:

- (1) Methods and materials in M. T. (Mus -) [sic] – possibility of extending to two semesters,
- (2) Credit for hospital affiliation: No other school gives more than 2 hours credit; we give 6 –,
- (3) Staff: no curriculum will be accredited in the future without evidence of a full-time staff member and full support of the school. Our accreditation may be withdrawn if WMU does not supply this basic need as soon as possible. (Appendix P, “Music Therapy Meeting,” pp. 1-2)

It is appropriate that Collins’ position was made full-time and later upgraded to Director of Music Therapy in 1972.

According to a letter from Chairman Elect Robert R. Fink (1972), Collins’ course loads for Fall and Winter Semesters were reduced so that she could concentrate on music therapy correspondence for the program, pursue new internship affiliations for students at WMU, and study music therapy as a vocation (Appendix L, “Appointment to Director of Music Therapy,” 1972).

Structure of Music Therapy Program at WMU

The model for WMU’s Music Therapy program was that of MSU’s, and Unkefer served as consultant (C. M. Collins, personal communication, June 23, 2001). Because WMU originated as a teacher’s school, it was strong in all areas of education, including music. As a result, the setting-up of the music therapy program was not so difficult because Collins did not have to “reinvent the wheel” (C. M. Collins, personal communication, June 23, 2001). She had the basic outlines and says

she always used logic. The overriding emphasis in developing the program was that music had to be basic in the curriculum. There was sometimes a question from music instructors as to just how much should they expect of the music therapy students, since the students were “just going to work in institutions” (C. M. Collins, personal communication, June 23, 2001). Collins staunchly maintained that the music therapy students should be just as good musicians as the non-therapy music students, especially those in music education. Collins felt they needed to be able to perform well musically if they were to explain how music could be used to help clients (C. M. Collins, personal communication, June 23, 2001). In other words, prospective music therapy students were required to complete the same auditioning process as other students entering the music department.

Because of her earlier work at the Kalamazoo State Hospital, Collins was able to facilitate cooperative agreements with staff members there. These agreements allowed her students to have introductory visits to the hospital campus prior to their practicum placements. When there came a need for internship sites, the hospital offered a variety of age levels, as well as special education experience. Although the state hospital was the primary site of internships for students, projects were also available to them at Lakeside Treatment and Learning Center and with Head-Start (C. M. Collins, 2001, personal communication, June, 2001). In addition to observations of client treatment at the hospital, there were speakers available to the music therapy students, as well as other faculty members in the music education department and music psychology department who had common interests in music therapy research.

A factor which Collins emphasized as important in the development of WMU's Music Therapy program was the cooperation among faculty members with common interests and goals. Something Collins described as "networking" played a strong role in working with the music therapy students. She relates the following experience of her work with Thomas Hardie (professor of voice) as an example:

I accompanied for Tom Hardie's voice lessons. There was a bond between Mr. Hardie and me that stood us in good stead, because I sat on the piano faculty of juries. Then, of course I heard the music therapy students' juries in other performance majors, too. Getting to know what their skills were like and forming relationships with their teacher and getting the teachers' insights back to me. I would say the sum of the whole thing would be networking: Your colleagues, the related professionals in the community, and the university. We could be conversational about music therapy students who studied voice. Since he [Hardie] was chairman of the Voice Department, he could represent what our conversations and concerns were about. Relationships with faculty were very important. (C. M. Collins, personal communication, June 23, 2001)

Collins also pointed out that Donald Bullock, a professor in trumpet at the time she was at WMU, was very helpful in communicating with the students, as well as prospective students (C. M. Collins, personal communication, June 23, 2001). Bullock attended the 25th NAMT Conference with Collins in 1974 (see Appendix Q, "25th Annual Conference, 1974"). Apparently Collins and Bullock were investigating the possibility of starting a graduate music therapy program at WMU. According to Collins:

1. Don Bullock and I met with Education Committee discussing graduate curriculum. Data about new Music Therapy teacher should be sent to Education Committee for their information.
2. Introduced Don Bullock to professors teaching graduate courses and psychology of music. (see Appendix Q, "25th Annual Conference, 1974")

Collins said Bullock always made students feel that Western Michigan University was

interested in them.

Collins pointed to the good departmental support for the faculty members to attend music therapy conferences (Appendix R, “Response to NAMT Conference Report, 1970;” C. M. Collins, personal communication, June 23, 2001). She especially notes the interest that Robert Fink, Chairman of the Music Department from 1972 until 1979, showed in her reports following conference meetings. He was concerned as to how conference topics affected the growth of the Music Therapy program at WMU (see Appendix S, “Response to NAMT Conference Report, 1972”). In response, Collins continued to report on trends in healthcare and music therapy issues (see Appendix O, “NAMT Conference Report, 1973,” p. 2, Item #3).

Summary

The Music Therapy program flourished under Collins’ direction. The first graduate, Carolyn Krill, received her degree in 1961 and subsequently went to work at KSH as a music therapist (Voice of the Lakes, 1961, p. 4; Western Michigan University, 1963, p. 22). Succeeding numbers of graduates slowly but steadily increased, as can be seen in Appendix T, “Number of WMU Music Therapy Majors, 1965-1979” (K. Chapman, personal communication, October 22, 2001). (Information about graduates of WMU’s Music Therapy program is not available until 1965.) Collins continued to be active in music therapy on the national level in order to keep the Music Therapy program at WMU up-to-date. She also sought input from other professionals in the field (see Appendix O, “NAMT Conference Report, 1973”).

Transitions: 1970 -- 1980

Changes for the WMU Music Therapy Program

In the early 1970's, plans were being developed for the Dorothy U. Dalton Music Building (see Table 5, "Timeline for Origins and Development of Western Michigan University: Transitions, 1975 – 1980"). The plans for the Music Therapy Laboratory and Clinic were patterned after the ones at MSU and there were consultations with the music therapy faculty there. The ground had not been broken in 1974 when Collins' husband made a career move to Indianapolis. After seventeen years at WMU, Collins resigned as head of the Music Therapy Program in 1975 (see Appendix U, "Letter of Resignation").

Upon her resignation, Collins was described as "...among the first trained music therapists in the country..." (Western Michigan University, 1989, p. 3). She was credited with being a pioneer in music therapy and was honored by the AMTA on November 17, 2000, in St. Louis, Missouri (Kemp, 2000, p. 1). Collins was "...granted honorary lifetime membership in the Association, along with a Lifetime Achievement award... Collins said she was especially pleased to learn that Unkefer, her mentor, will be among those in attendance" (Kemp, 2000, p. 1). Kemp (2000) states that:

Collins has been involved with the American Music Therapy Association since its beginning and is proud of all that the organization and its professionals have achieved.

"We were such a small group. There were twelve of us on the executive committee," she said. "We got to know each other quite well. Now it's large enough that there are lots of committees, but it took us many years to

have a national office. That was a big decision.” (p. 3)

The Wilson Years

Before Collins left WMU, she called Brian Wilson, who was at Ohio University in Athens, Ohio, and asked him to consider the position of Director of WMU's Music Therapy Program. In the fall of 1975 Wilson became head of the Music Therapy Program at WMU. This section of the Discussion is based on information from a personal interview with Wilson on July 22, 2001, in Dalton Center.

Wilson at FSU

Brian Wilson was born in St. Petersburg, Florida and was always involved in music, having studied the clarinet starting in fourth grade. He was interested in a career in music, but did not want to be in the music education field as a band director. After investigating the music career possibilities at Florida State, he was intrigued by the program in “music therapy.” Because he had always been interested in psychology, this rang a bell with him (B. Wilson, 2001, personal communication, July 27, 2001).

Starting in 1963, Wilson attended the local junior college for two years, in the general education and music program. He transferred to Florida State University (FSU) in his junior year, and first encountered courses in Music Therapy. In the Fall of 1966, Donald Michel, the director of the Music Therapy program at FSU, was on

sabbatical leave. Dr. Clifford Madsen was a newly-hired professor of music education at FSU and took over some aspects of the program in Michel's absence.

Wilson and Music Therapy

Wilson had his first observation of music therapy that year when Madsen escorted a group of students to Central State Hospital in Milledgeville, Georgia. He describes his feeling as "being a little overwhelmed by it" (B. Wilson, personal communication, July 27, 2001). He described it as a "gigantic place," with more than 12,000 patients (B. Wilson, personal communication, July 27, 2001).

Cliff Madsen arranged the trip. It was his first year on the faculty. He had never been up there before either, up to Milledgeville. There was something like fourteen of us in three cars. It was quite an eye opener, but Herb Goldsmith... was the director of Music Therapy at the time, a very flamboyant personality. And his goal was to really shock us. He said that. He took us to the Binion Building and at that time they were still racially segregated. This was an all-black building, severely, profoundly retarded people, running around basically with no clothes, fecal matter on the floor. And then we went to Yarborough . . . , which was kind of the crown jewel of the time. So, we had comparisons, and we saw a couple other things. But, I can remember coming back from that trip how we all were talking about, 'Wow, was this what we wanted to do, was this the kind of work we wanted to do?'

And yeah, in a way, it was. I saw such potential and such response, even though it was very crude at the time, the service, the methodology wasn't where it is now. Nevertheless, even though we didn't know what we were seeing, there was some response. (B. Wilson, personal communication, July 27, 2001)

Because there were few places to go for internships, Wilson did his internship in Milledgeville, with two other FSU students. After graduation in 1968, he took a job at a regional mental health center which had just opened up in Bainbridge, Georgia. Another of his classmates went to a regional center in Thomasville, Georgia. Both

began their graduate study at FSU at the same time, but after nine months an opening came up at the Georgia Mental Health Institute (GMHI) and Wilson took it. The facility was in Atlanta, Georgia, and was built as a research facility in an effort to improve the image of mental health care in Georgia (B. Wilson, personal communication, July 27, 2001). This facility was state-of-the-art and was a research-based institution, involved in several NIH-funded studies (B. Wilson, personal communication, July 27, 2001).

At this time the state of Georgia was offering grants to those individuals in social and health care work who would go back to school for advanced degrees. The only stipulation was that the individual agree to return to work in the field to repay the time spent in study. Wilson applied for this support and returned to FSU to complete his Master's degree. After his graduation in 1971, Wilson returned to Atlanta and worked at GMHI through the Summer of 1972.

Because this was a time when many new academic programs in music therapy were being developed, there was a need for people who were qualified to head them. Few people had Master's degrees or Doctorates. Wilson was recommended for a job teaching at Ohio University in Athens, Ohio. He began teaching there in 1972. Wilson had just completed his commitment to repay his time for school support to the state of Georgia.

Wilson at Ohio University

The Ohio University Music Therapy Program was at the undergraduate level

only. Wilson stated that he had never been a “TA” (teaching assistant) or a “GA” (graduate assistant) when he went back to school, so he spent two weeks with Madsen at FSU to learn all he could in preparation for teaching the psychology of music classes. He taught all undergraduate students—freshmen to seniors—and there were 90 students in the program. Because of increasing interest in music therapy nation-wide, there was a steady increase in the number of music therapy majors during the three years that Wilson taught at Ohio University (B. Wilson, personal communication, July 27, 2001).

Wilson at WMU

In the Spring of 1975 he received a call from Collins asking him to visit WMU to view both the Music Therapy program on campus and the town of Kalamazoo. After being interviewed and offered the position, Wilson accepted partly because he was aware of the Psychology Department’s reputation in the techniques of behavior modification. He became the director of the Music Therapy Program in 1975 (B. Wilson, personal communication, July 27, 2001).

Wilson noted that some of his former training in working with severe, chronic cases, either retarded or mentally ill adults, and the mixed population with whom he had worked at the GMHI in Atlanta helped him as he began his work in the WMU Music Therapy Program. He brought a variety of experiences outside the “...traditional daycare work program, along with some of the practices of using music, combined with ‘cutting-edge’ philosophies of that time” (B. Wilson, personal

communication, July 27, 2001).

Philosophy

Wilson pointed out that he is an adherent of the “centrist” point of view in his philosophy but accountability-oriented. He emphasizes that concept throughout the Music Therapy Program:

Accountability has become the mantra of health-care in the last fifteen years and accountability has become the issue. And that is the word I use. I don't say that you've got to do something behaviorally, but at least know what you're doing, why you're doing it, and what the outcome is and have some way to connect those together. Be sure we're doing something that can be documented for its effectiveness” (B. Wilson, personal communication, July 27, 2001).

Wilson describes his working mode when he came to WMU in the following way:

It was busier than it is now, because I had no help. I was it. There was all the clinical supervision I did, all the course teaching except for psychology of music courses. . . . But, from freshmen through senior course work, I taught all major courses without any grad assistants because there was no grad degree. I did all the supervision. The program was pretty good-sized. In fact, we had fifteen or twenty people in the senior class that year. Now we have six or eight to ten. It was a lot to do. I spent my day doing those things, as well as doing the correspondence, advising, policy work on some of these long-range plans. (B. Wilson, personal communication, July 27, 2001)

Goals at WMU

Curriculum

Wilson saw as one of his first goals the whole issue of:

... trying to make things a little bit better or different at least, revise many of the courses. At the time I came here there were only ten credits required in Music Therapy. It was a very traditional academic program which had

recreational music course, the intro course, the psychology of music series, and the senior block courses. So, I set about trying to make some curriculum reform. That was my first objective when I first got here. Basically, we added several things and reduced the number of music courses. That was quite an experience, from my point of view. Change is always difficult, especially when the school you are in is music and the musical skills are the predominant credits. There were four years applied required, four years ensemble required, theory beyond two years, history beyond two years. To make room for music therapy courses we had to take something away and put something else in. (B. Wilson, personal communication, July 27, 2001)

One of the things Wilson did was solicit input from alumni of Western's Music Therapy Program as to where they felt the changes needed to be made. The response was that there was too much music and not enough music therapy course work. As a result, the main thrust of the music therapy program for the first few years was the effort to make curricular change.

Master's Degree at WMU

The second goal was to implement the Master of Music Degree program with a concentration in Music Therapy, which had been in various stages of development for some time. "That got approved in 1976 by the university and by NAMT, and it was implemented in 1977, with the first graduating class in 1979" (B. Wilson, personal communication, July 27, 2001). According to an article in the January (1977a) issue of the Voice of the Lakes:

Western Michigan University's master's degree program in music therapy is well under way. The fall semester was deemed a success by all concerned, and the faculty and students are looking forward to a productive winter semester as well. (p. 30)

Music Therapy Clinic

Wilson felt that the program needed a clinic on-site and began investigating the availability of grant funds and looking for local foundations which would give support. In the search for grants, one of the prospects was the College of Health and Human Services. According to Wilson (personal communication, June 27, 2001):

They were submitting a multi-disciplinary grant that was to start the Center for Disability services.... We were too small to make it feasible to become part of their program. But, the Music Therapy clinic could work through that grant to get support. After about one and one-half years the state legislature approved the funding for a three-year commitment for the College of Health and Human Services. After the three years the university picked up the commitment and put the cost of the clinic operation in the base budget.

The clinic was able to open in East Hall in 1979, with two part-time music therapists, a secretary, and funds for the necessary furniture. According to the Voice of the Lakes (1979):

Western Michigan University is pleased to announce its plans to open an on-campus music therapy clinic in January, 1980. Sue Higgins, Coordinator of the MT Clinic, joins Judy D'Arcangelis, Coordinator of Clinical Experiences, and Brian Wilson, Director of Music Therapy, on Western's staff. Graduate assistants Deb Harvey and John Martinez are also welcomed to WMU this year (Voice of the Lakes, 1979, p. 34).

A similar announcement appeared in the Western Michigan University Magazine (February 1980): "A Music Therapy Clinic, a new WMU facility serving disabled persons free of charge, opened in January on campus. Sessions are held up to twice weekly in the East Hall lower level" (Western Michigan University, 1980, p. 7).

Graduate Assistant Program at WMU

The graduate assistant program was begun in 1977 when the music therapy graduate degree program was implemented. The first announcement of graduate assistants at WMU appeared in the October 1977 Voice of the Lakes issue: "...and Brian Wilson along with graduate assistants Belinda Murray, Barbara Knue and Judy D'Arcangelis are 'holding down the fort' at Western Michigan University" (Voice of the Lakes, 1977b, p. 33).

Wilson recalls that when a new graduate program was begun at Western, a graduate assistant position came with it as "part of the package" (B. Wilson, personal communication, July 27, 2001). As the graduate assistant program expanded, it became part of the base budget. With graduate assistants, Wilson had more time to serve the needs of the students and made the curriculum more reflective of his supervision.

Changes Within Music Therapy Profession

Wilson notes the changes in the time since he came to Western Michigan University and the eighties as a time of growing involvement of the rank-and-file of music therapists on the national and regional levels. Faced with growing numbers of music therapists, the president of the NAMT at that time, Dr. Richard M. Graham, encouraged as many members of NAMT as would to voice their input (Kahler, 1997). According to Kahler (1997), the most significant change in the NAMT at this time was its reorganization. Governing bodies were restructured in accordance with a new

constitution and by-laws. The NAMT's committees were also restructured.

Other changes occurring at this time involved the education of music therapy students, the guidelines for the practice of music therapy, and a new Code of Ethics for Clinical Practice (Kahler, 1997). In addition, the headquarters of the NAMT was relocated from Kansas to Washington, DC.

Summary

Wilson's overview of his years in the Western Michigan University Music Therapy Program is that there has been great advancement in the discipline and in the way Western Michigan University's program reflects all the changes in the field. He feels that:

the curriculum is reflective of the clinical issues . . . and that in the master's degree we have tried to keep it really "fluid" ... We've tried to make the master's degree really reflective of a freedom of choice.... We've tried to be eclectic, but of good quality (B. Wilson, personal communication, July 27, 2001).

CHAPTER V

DISCUSSION AND RECOMMENDATIONS

I chose to study the history of the Music Therapy program at WMU for the following reasons: (a) to discover what conditions were present at WMU and within the community that led to the creation of a music therapy program there; and (b) to discover what was the history of the Music Therapy program at WMU, from its origin to 1980.

Conditions at WMU and Within the Community

In the case of WMU, the strength of several programs offered a welcome site for music therapy to begin. The music program, begun by Marsh in the early 1900's and strengthened by Maybee and Carter in subsequent years, was highly successful due to university assistance and interest and administrative support. Maybee organized and directed musical performances that drew great respect throughout the state, and Carter garnered national recognition for the "Varsity Vagabonds." The growing music faculty consisted of well-trained and dedicated musicians.

In its early years, the occupational therapy program at Kalamazoo State Hospital utilized teachers from WMU for its activities. These teachers included Eleanor Judson, art; Florence Marsh, music; and Lydia Siedschlag, art. When the focus of studies at WMU expanded to include areas other than education, teachers at

WMU were already knowledgeable about the benefits of therapy for clients. It was logical for the O.T. program, headed by Spear, to become a part of WMU. Many of the instructors in the music department understood how valuable music therapy was as a result of their contact with the O.T. program.

The community of Kalamazoo was a great supporter of the arts, and Maybee used this support for his musical productions. For example, he used amateur and high school musicians in combination with his university choruses to present Handel's "Messiah" for many years. Maybee was also able to bring nationally famous singers and orchestras to Kalamazoo to perform.

Having a psychiatric hospital in Kalamazoo also helped members of the community to become knowledgeable about the therapeutic process. As the use of music and other arts to help patients at KSH increased, people in Kalamazoo continued to learn about the success of this type of therapy through local news media. Music therapists such as Lo Patin and Collins interacted with university administrators, increasing an awareness of the possibilities of music therapy at WMU.

History of the WMU Music Therapy Program

Chapter IV chronicles the historical development of the WMU Music Therapy program uncovered during this investigation, thereby answering this research question. A summary of those events has been included in "Timeline for WMU Music Therapy Program and Related Events, 1903 – 1980," found in Appendix F. In general, the early beginnings of WMU from its 1903 founding as WSNS through four

name changes to WMU in 1957 are documented, as well as its relationship with KSH and the Kalamazoo community during that time. Also listed are significant events within the careers of important WMU Music Therapy faculty members during this time. The birth of the music therapy profession is documented by listing starting dates for selected music therapy programs and important events, such as approval of undergraduate and graduate core curricula and accreditation by NASM.

While compiling the timeline, it was evident that several important decisions shaped the formation of the Music Therapy program at WMU and resulted in major landmarks during its history until 1980. The primary landmark event was the decision of Dr. Elwyn Carter to follow the lead of those schools on the cutting edge of the music therapy field and proceed with plans for WMU's own program. He had the knowledge and foresight to investigate the programs already in place by E. Thayer Gaston, Roy L. Underwood, Ira Altschuler, and other pioneers in the field, and he was able to model the WMU program after the recently approved core curriculum for music therapy programs (Appendix D, "Original Core Curriculum in Music Therapy"). Prior to making the decision, the core curriculum was used to determine which elements of the curriculum already available in the present programs at WMU would meld into the requirements of the NAMT, thereby determining the facilities and staff that would need to be added to implement a successful program (see Appendix J, "WMC Inter-office Report").

A second landmark decision in the development of the program was finding the right person to head this new and innovative program. Because of Dr. Carter's

wide-ranging contacts with the practitioners in the music field, he was able to inquire as to who seemed most likely to meet the challenges and requirements necessary to set up such a program. He had already heard of Carol M. Collins' work as a music therapy intern under Dr. Altschuler at the Wayne County General Hospital, as well as her work at the Kalamazoo State Hospital.

The KSH Occupational Therapy School had been in operation since the early 1900's. The O.T. program included many of the prescribed elements of a good music therapy program. Because the KSH O.T. School became a part of WMC in 1944, the Music Therapy staff at KSH was fertile ground for a likely candidate who already was experienced in the field of music therapy. Dr. Carter investigated the type of work Collins was doing as a music therapist at KSH and found her knowledge, energy, and enthusiasm just what he needed for his program at WMC. Collins began her work at WMU in 1958 and set out developing the appropriate curriculum to make the WMU Music Therapy program compatible with the requirements delineated in the core curriculum outlined by NAMT in 1952.

A third landmark decision in the development of the WMU Music Therapy program was Collins' realization that the collaboration with Robert F. Unkefer of Michigan State University would be advantageous to her own program. Unkefer had a close relationship with Roy L. Underwood and E. Thayer Gaston, both pioneers in the music therapy profession, and was imminently qualified to help Collins get the fledgling program at WMU off the ground. Collins' work in developing the Music Therapy program at WMU led to its successful development of a degree-granting

program and its approval by NAMT. None of these accomplishments could have taken place without the firm support of the college administrative officers and staff.

In discussing the landmark decisions that affected the development of the WMU Music Therapy program, mention has already been made of the contributions of Dr. Elwyn Carter, Robert F. Unkefer, and Carol M. Collins. Like Brian Wilson, all of these persons were active in both local and national organizations, working to legitimize the importance of music therapy as a therapeutic tool to improve the mental and physical well-being of clients. Through their activities in these organizations they were able to stay abreast of new and innovative techniques being developed by others in the field, as well as contribute from their own experiences those practices which were either effective or only marginally useful.

It is also necessary to give much credit to the work of Marion R. Spear of the Occupational Therapy Department for her tireless efforts to use all available people, ideas, and monies to promote the value of every aspect of a variety of therapies. Her adherence to high standards of performance and her imaginative use of therapies at hand made her a widely respected pioneer in her field. Spear's cooperation with Dr. Paul V. Sangren in merging the KSH O.T. School with WMU was an outstanding contribution to WMU and to the future Music Therapy program. Years later, the students of the Music Therapy program were provided on-site opportunities to see relevant activities of the O.T. Department in operation. This also provided an environment within which music therapy students could interact with the O.T. Department's faculty and students.

Discovering the origins of a teaching program at a university requires that the researcher uncover documents that chronicle the program in question, as well as factors that might logically lead to the establishment of that program rather than a similar one. The individual conducting the search for information would be well-advised to also explore the character of the institution itself, for there he or she might discover additional reasons that the program in question succeeded, where it might not have at another educational site. Such is the case in this situation. In so doing, I have discovered why the music therapy program took root at WMU in the first place, as well as why the program has grown and prospered throughout the years.

Recommendations

It is recommended that: (a) that a study concerning the Music Therapy Program at WMU from 1980 until the present be conducted by a future music therapy student or group of music therapy students; (b) that better storage methods be implemented in order to preserve documents for future research; and (c) that music therapy students from other colleges and universities be strongly encouraged to conduct historical research concerning the origin and development of their programs. It is also recommended that a study of the history of the Music Department at WMU be conducted as soon as possible, while there are former faculty and staff who are able to contribute to the information-gathering process.

It is not enough that we as students study the music therapy coursework presented to us and gain experience in our practica and internships. We should also be

cognizant of the importance of our chosen field of study, and the best way to realize the importance of music therapy is to study its history on a personal level. Knowing how individuals worked together to create and develop the music therapy programs at our respective schools helps us to appreciate the efforts of those who went before us. One day we may very well be considered innovators by others in the music therapy field.

Appendices

Appendix A

Pictures of Music Therapy Pioneers



Dr. E. Thayer Gaston

(Used with permission, NAMT, 2001)



Dr. Donald E. Michel



Dr. Roy L. Underwood

(Used with permission, NAMT, 2001)



Wayne W. Ruppenthal

Pictures of Unkefer and Altschuler are unavailable

(Used with permission, NAMT, 2001)

Appendix B

Names of Regions Comprising the AMTA

Names of Regions Comprising the AMTA

1. Great Lakes
2. Mid-Atlantic
3. Midwestern
4. New England
5. Southcentral
6. Southeastern
7. Southwestern
8. Western

(From: AMTA Member Sourcebook 2001, p. 5)

Appendix C

Educational Institutions Offering Bachelors Degree Training in Music Therapy in 1960

Educational Institutions Offering Bachelors Degree
Training in Music Therapy in 1960

1. Alverno College, Milwaukee, Wisconsin
2. College of the Pacific, Stockton, California
3. Florida State University, Tallahassee, Florida
4. Indiana University, Bloomington, Indiana
5. Loyola University, New Orleans, Louisiana
6. Michigan State University, East Lansing, Michigan
7. Mississippi State University, Hattiesburg, Mississippi
8. New England Conservatory, Boston, Massachusetts
9. Roosevelt University, Chicago, Illinois
10. Southern Methodist University, Dallas, Texas
11. Texas Women's University, Denton, Texas
12. University of Kansas, Lawrence, Kansas

(From: Solomon, A. L. [1984]. A historical study of the National Association for Music Therapy, 1960-1980. Dissertation Abstracts International, 46 [2957], 10A. [University Microfilms No. AAG85-29157].)

Appendix D

Original Core Curriculum in Music Therapy
(de l'Etoile, 2000)

APPENDIX A ORIGINAL CORE CURRICULUM IN MUSIC THERAPY⁵⁵

Education Committee

NATIONAL ASSOCIATION FOR MUSIC THERAPY MINIMUM MUSIC THERAPY REQUIREMENTS

UNDERGRADUATE TRAINING LEADING TO B.A. OR B.M. IN MUSIC THERAPY OR BACHELOR OF MUSIC THERAPY

GENERAL EDUCATION 30 S.H.

Sufficient flexibility is permitted under General Education to allow for the specific requirements of various institutions. English, Speech, Biology, Physiology and the Humanities would normally be included in this group.

PHYSICAL EDUCATION 4 S.H.

To include as many dancing activities as possible—folk, square, tap and creative dancing.

MUSIC 60 S.H.

Basic Theory (2 years) to include Rhythmic and Melodic Dictation, Sight Singing, Keyboard Harmony and Harmony.

History of Music. 1 year.

Piano. Great stress to be placed on sight-playing, accompanying, transposition, improvising accompaniments to given melodies, playing by ear, and a wide knowledge of piano literature.

Voice. Preferably class voice, which should include vocal methods.

Organ.

Class Instruments. At least 1 semester each of Brass, Woodwind and Strings. Percussion instruments recommended. Instrumental Ensemble on minor instruments highly desirable.

Conducting.

Arranging. Basic work in arranging and adapting small groups of instruments and vocal combinations.

Recreational Music. Included are non-symphonic instruments, rhythm band, musical games and community singing.

⁵⁵ Anderson Gaston, and Underwood. "Education Committee Report," xv.

Education Committee

SOCIAL STUDIES 8 S.H.

Principles of Sociology (Introduction to Sociology).

Delinquent and Normal Behavior.

Mental Hygiene.

The Family.

PSYCHOLOGY 16 S.H.

General Psychology (Introduction to Psychology).

Child or Adolescent Psychology.

Abnormal Psychology.

Clinical and Experimental Psychology recommended.

Psychology of Music (4 S.H.).

Influence of Music on Behavior (3–5 S.H.).

GENERAL HOSPITAL ORIENTATION 2 S.H.

GENERAL ELECTIVES 8 S.H. 128 S.H.

CLINICAL TRAINING

A minimum of six months residence internship in an approved neuro-psychiatric hospital with an established music program. Students planning to work with mentally retarded or handicapped children should spend an additional two months in an appropriate institution. The internship is in addition to the 128 hours of on-campus training.

CORE COURSE REQUIREMENTS

Psychology of Music. 4 S.H.

The Influence of Music on Behavior 3–5 S.H.

Hospital Orientation 2 S.H.

It is assumed that these courses will include the role of *Music in Therapy*, and will be taught by people with experience in that field.

These core courses are the actual professional courses of the Music Therapy curriculum. In order to meet the desired high standards of content, the first two courses should follow other required courses in Psychology. It is essential, therefore, that these be taught only by highly competent people from the field of Psychology.

JOHN M. ANDERSON, M.D.

E. THAYER GASTON, PH.D.

ROY UNDERWOOD, CHAIRMAN.

Appendix E

NAMT-Accredited Educational Institutions in 1968

NAMT-Accredited Educational Institutions in 1968

1. Alverno College, Milwaukee, Wisconsin
2. East Carolina University, Greenville, North Carolina
3. Florida State University, Tallahassee, Florida
4. Indiana University, Bloomington, Indiana
5. Lincoln University, Jefferson City, Missouri
6. Loyola University, New Orleans, Louisiana
7. Michigan State University, East Lansing, Michigan
8. Ohio University, Athens, Ohio
9. Texas Woman's [sic] University, Denton, Texas
10. University of Georgia, Athens, Georgia
11. University of Kansas, Lawrence, Kansas
12. University of the Pacific, Stockton, California
13. University of Wisconsin, Milwaukee, Wisconsin
14. Western Michigan University, Kalamazoo, Michigan
15. Willamette University, Salem, Oregon

(From: Solomon, A. L. [1984]. A historical study of the National Association for Music Therapy, 1960-1980. Dissertation Abstracts International, 46 [2957], 10A. [University Microfilms No. AAG85-29157].)

Appendix F

Timeline for WMU Music Therapy Program
and Related Events, 1903--1980

Timeline for WMU Music Therapy Program and Related Events,
1903 -- 1980

- 1903 – Western State Normal School -- a two-year teacher training program, including preparatory department, a model school for practice teaching (Havira, 1995, p. 51); established by Michigan State Legislature.
- 1904 – First classes contained almost 100 students and began in June, 1904.
- 1904-5 – Twelve faculty members; nine graduates (1905).
- 1908 – Basketmaking taught by Eleanor Judson, Art Director at Western State Normal School.
- 1910 – Specialists came to Kalamazoo State Hospital to work with patients. Florence Marsh, Director of Music at Western State Normal School, conducted classes for women at Kalamazoo State Hospital.
- 1913 – Harper C. Maybee became Chair of Music Department.
- 1915 – Placed on approved list of the North Central Association of Colleges and Secondary Schools (Western State Teachers College, 1931, p. 1).
- 1916 – Approved by the National Council for Accreditation of Teacher Education for the “preparation of elementary and secondary teachers and school service personnel” (Western Michigan University, 1962, p. 13).
- 1917 – Western State Normal School authorized to grant Bachelor of Arts degrees.
- 1918 – Marion R. Spear became Director of Kalamazoo State Hospital Occupational Therapy Department.
- 1922 – Western State Normal School Alumni Magazine noted Men Glee Club. Kalamazoo State Hospital Occupational Therapy School begun.
- 1925 – Western State Normal School graduates: 55 Bachelor of Arts degrees; 4 Bachelor of Science degrees; 517 Life Certificates; and 49 Limited Certificates.
Faculty numbered 184; had band and touring Glee Club.
- 1927 – Lydia Siedschlag, Western State Teachers College Art Department, taught first extension course at Kalamazoo Occupational Therapy School.

Timeline for WMU Music Therapy Program and Related Events,
1903 – 1980 (cont.)

1927 -- Name changed from Western State Normal School to Western State Teachers College.

1929 – Western State Teachers College became four-year teachers college.

1937 – Music Therapy program established by Wilhelmina Harbert at the College of the Pacific.

1939 – Western State Teachers College granted first Masters degree in Education; coordinated with and supervised by University of Michigan.

1940 – Western State Teachers College sponsored fifth annual performance of Handel's "Messiah," under direction of Harper C. Maybee.

1941 – Western State Teachers College curricula broadened to include courses other than education.

Western State Teachers College renamed Western Michigan College of Education; approved by Association of American Universities.

Kalamazoo State Hospital Occupational Therapy School transferred to Western Michigan College of Education.

1943 --\$4000 grant from W. K. Kellogg Foundation to establish loans and scholarships for students in Kalamazoo State Hospital Occupational Therapy School.

1945 – Harper C. Maybee became Dean of Music School.

Dr. Elwyn Carter appointed Head of the Music Department; addition of two new music faculty.

Pianist added to music faculty.

“(T)he standards of the National Association of Schools of Music will serve as a guide in the formation of the curriculum” (Western Michigan College News Magazine, 1945, p. 2).

Western Michigan College of Education music program approved by National Association of Schools of Music.

Undergraduate degrees granted in music.

\$5000 grant from Upjohn Foundation for scholarships for the Kalamazoo State Hospital Occupational Therapy School.

1946 – Major in music degree approved at College of the Pacific.

Psychology Laboratory begun by E. Thayer Gaston, University of Kansas.

Harper C. Maybee retires.

Timeline for WMU Music Therapy Program and Related Events,
1903 -- 1980 (cont.)

- 1947 – Cooperative program established between Western Michigan College of Education Department of Music and Kalamazoo State Hospital.
- 1948 – Music Therapy Clinic established at College of the Pacific.
Harper C. Maybee Library established at Western Michigan College of Education.
Maybee Music Building begun at Western Michigan College of Education.
Arnold Lo Patin at Kalamazoo State Hospital as “new institutional music director.”
First graduate degree in Music Therapy approved at University of Kansas.
- 1949 -- Sigma Alpha Iota begun.
Marcella Stamm Roltner, music major, used her musical ability in therapeutic manner for Red Cross during World War II.
First graduate degree in Music Therapy (called Master of Education in Functional Music) granted to Wayne Ruppenthal, University of Kansas.
Carol M. Collins graduated from Michigan State College with degree in Music Therapy.
Carol M. Collins employed at Kalamazoo State Hospital as music therapist.
- 1950 – National Association for Music Therapy founded; Ray Greene, president.
Western Michigan College of Education music program accredited by National Association of Schools of Music.
- 1952 – E. Thayer Gaston elected president of National Association for Music Therapy.
National Association for Music Therapy approved core curriculum for undergraduate music therapy program.
- 1955 – Western Michigan College of Education became Western Michigan College.
- 1957 – Western Michigan College became Western Michigan University.
Registration of music therapists begun by National Association for Music Therapy.
National Association of Schools of Music became accrediting body for music therapy programs.
- 1958 – First undergraduate music therapy degree program at Michigan State University under direction of Roy Underwood.
Carol M. Collins began teaching music therapy classes at Western Michigan University on a part-time basis.

Timeline for WMU Music Therapy Program and Related Events,
1903 -- 1980 (cont.)

- 1959 – Robert F. Unkefer became director of music therapy program at Michigan State University.
There were 184 registered music therapists.
- 1960 – Michigan State University offered undergraduate degree in music therapy.
Carol M. Collins became National Association for Music Therapy Archivist;
official repository for National Association for Music Therapy Archives
established at Michigan State University.
“Grandfather clause” eliminated by National Association for Music Therapy.
National Association for Music Therapy-approved graduate curriculum
established.
- 1961 – First music therapy degree at Western Michigan University granted to Carolyn Krill.
Carolyn Krill employed as music therapist at Kalamazoo State Hospital.
- 1963 – Passage of Community Mental Health Center Act (PL 88 -164).
- 1966 – Carol M. Collins received Masters degree in Special Education from Western Michigan University.
- 1970 – Carol M. Collins began plans for music therapy laboratory and clinic at Western Michigan University.
- 1972 – Brian Wilson received Master’s degree; began teaching at Ohio University in Athens, OH.
Music Department joined Departments of Art, Theatre, and Dance to form Western Michigan University College of Fine Arts.
- 1974 – Passage of Public Act 258 further established the Community Mental Health System.
- 1975 -- Carol M. Collins resigned from position at Western Michigan University.
Carol M. Collins developed music therapy program at Indiana University at Fort Wayne, IN.
Brian Wilson became director of Music Therapy program at Western Michigan University.
Passage of Education for All Handicapped Children Act (PL 94-142).

Timeline for WMU Music Therapy Program and Related Events,
1903 -- 1980 (cont.)

1976 – Graduate Music Therapy degree program implemented at Western Michigan University.

1976 -- Occupational Therapy Department became part of College of Health and Human Services, Western Michigan University.

1979 – First Master's degree in Music Therapy granted at Western Michigan University.

Music Therapy Clinic opened in East Hall.

1980 – Music Department became Western Michigan University School of Music.

Appendix G

Preliminary Headcount Breakdown of On-Campus Undergraduates Enrollment (September 29, 1952)

Preliminary Headcount Breakdown of On-Campus
Undergraduates Enrollment
(September 29, 1952)

Semester I, 1952-1953

	MEN		WOMEN		TOTAL	
	1951	1952	1951	1952	1951	1952
Freshmen	551	642	483	537	1034	1179
Sophomores	441	454	351	334	792	778
Juniors	418	432	254	275	672	707
Seniors	416	370	267	259	683	529
<u>Specials</u>	<u>116</u>	<u>177</u>	<u>211</u>	<u>190</u>	<u>327</u>	<u>367</u>
	1942	2075	1566	1595	3508	3670
			Graduates		194	350
			TOTAL		3702	4020

(Source: Western Michigan College, 1952, p. 21.)

Appendix H

**Pictures of Pioneers in Developing
WMU Music Therapy Program**



Harper C. Maybee



Marion R. Spear

Dr. Elwyn Carter is the head of the Department of Music. This year Dr. Carter directed the Varsity Agaband - the choral group which was selected to tour the Caribbean area.



Elwyn Carter



Carol M. Collins



Charles Farley

ensembles.

Row One: Leonard, Mirenda, Patricia, Paulson, Margaret, P.
Row Two: Samuel Adams, Russell W. Brown, John J. Schuster
Row Three: Philip H. May, Elwyn Carter, Jack D. Ross, and Charles
Farley.

Row Four: Add. Brink, Fred. Gordon, Roy. L. Homan, May 14
Paulson, and Brock. Hixson, and Add. J. Schuster.



Appendix I
Internship at KSH
(Collins)

Robert Holmes

October 28, 1969

Carol Collins, Instructor of Music Therapy

National Association for Music Therapy Twentieth Annual Conference
Lawrence, Kansas
October 14 - 18, 1969

1. The Education Committee reported eighteen schools now on the list of accredited institutions. (An epidemic seems to have occurred in Wisconsin where they suddenly have 5 schools offering music therapy!)
2. Kalamazoo State Hospital submitted a proposal for Clinical Training. We expect this to be approved and plan for Sue Higgins, a married student, to begin her internship there this summer.
3. This was the largest conference in twenty years with approximately 250 in attendance. Kansas University served as host and furnished most of the program.
4. Our three recent graduates are now employed at Payne-Whitney Clinic in New York City; Topeka State Hospital, Kansas; and Hastings State Hospital, Minnesota.

CC:jw

Appendix J

WMC Inter-Office Report (Farley, January, 1956)

MUSIC THERAPY

AT

WESTERN MICHIGAN COLLEGE

by

Charles Farley

January. 1956

MUSIC THERAPY AT WESTERN MICHIGAN COLLEGE

At the present time, Western Michigan College is looking over the situation in the field of Music Therapy to determine whether or not it would be advisable to establish a curriculum in Music Therapy at this institution. The number of colleges and universities that offer such a curriculum is very small indeed and Western feels that it might make a sizable contribution to the educational progress of our society if such a curriculum could be inaugurated at this institution.

As far as I have been able to determine, the following schools offer courses in music therapy. Most of them lead to the BM degree with a major in Music Therapy. (See Appendix for more specific details.)

Alverno College
Milwaukee, Wisconsin

Michigan State University
East Lansing, Michigan

College of the Pacific
Stockton, California

New England Conservatory of Music
Boston, Massachusetts

Florida State University
Tallahassee, Florida

Roosevelt University
Chicago, Illinois

Fontbonne College
St. Louis, Missouri

University of Kansas
Lawrence, Kansas

(The Cleveland Institute of Music at Cleveland is planning a Music Therapy program for the near future, but it is not established at the present time.)

. . .

Music Therapy--2

The use of music in treating illness is by no means a new thing. There are many references of the soothing powers of music even in the ancient Greek and Egyptian civilisations. Many ancient philosophers held that music had great healing and soothing powers. Among them were Confucius who had a great love for music and ascribed highly to its social virtues. He felt that the use of music and rituals were very important to a pleasant life. Plato in the fourth Book of the Republic states that music and gymnastics are both very important for a sound mind and body, and should both be used throughout life. Aristotle felt that music had medicinal effects and his basic idea is ascribed to by many psychiatrists of today.¹

¹Outhell, Wright, Fischelli, Paparte, and Capurso; Music and Your Emotions, Liveright Publishing Co., (New York) 1952, pp. 25-6

Other ancients who felt the therapeutic value of music were Cassiodorus who felt that music had the power to remove grief and said: "it doth extenuate fears, furies, appeaseth cruelty, abateth heaviness, and to such as are watchful it causeth quiet rest; it takes away spleen and hatred--it cures all irksomeness and heaviness of soul."² Pythagoras has left us an excellent and very clear explanation

²Ibid.

of the application of music therapy in his time; so clear, in fact that many of those ancient principles are applicable and useful in modern therapy.³

Music Therapy--}

Ibid.

From these examples, it can be seen that music as a therapy is very, very ancient. However, music therapy as an organized profession is far from ancient. Scarcely more than ten years ago, music therapy as a profession was nearly non-existent.⁴

⁴"Music Therapy—What and Why", a pamphlet prepared by the National Association for Music Therapy, p. 1

Today, of course, music therapy has much greater implications and more far reaching effects than the so-called therapy of the ancients, or for that matter, even the therapy that was used or attempted thirty or forty years ago. Because the mental hospitals of our country are full and over-flowing, the demand for music therapists, as well as all other kinds of therapists is great. Far greater than the number of music therapists available. This makes it necessary for the colleges, universities, and training hospitals to broaden and expand their training programs in music therapy so that this urgent need may be filled.

To date, there has not been a large amount of research done on the problems involved in the training of music therapists. However, there has been valid research done in some areas by qualified persons.

Music Therapy--4

The Veterans Administration installations very strongly encourage the use of music in rehabilitation situations.

Research has been sponsored by such private organizations as the Hospitalized Veterans Service of the Musicians Emergency Fund, and the Music Research Foundation, both of New York City; and Musical Guidance of Boston. Music therapy research on the doctorate and masters level is offered at the University of Kansas. Dr. Ira Altshuler in Michigan has made extensive reports, as well as Willem van de Wall on music in Pennsylvania institutions. Others who have made notable contributions in the field of research are Dr. Samuel W. Hamilton, former president of the American Psychiatric Association; Dr. Abe Perlsky, psychologist; and Dr. Howard Hanson, Director of the Eastman School of Music, Rochester. These gentlemen, and others have written on a variety of topics during the last few years and through their efforts, a fairly large accumulation of books and articles are now available.⁵

⁵Ibid., pp. 1-2

There are many facets and many different uses for music as a therapy in the healing of both the mentally and physically ill. The therapist must have at his command a knowledge of many kinds of music, (i.e. music that has a happy feeling to it, sad music, fast music, slow music, melancholy music, etc. etc.) and he must be able to determine exactly what kind of music to use to fit any given situation.

Music Therapy--5

For example, the music to use in a tuberculosis ward should be cheerful, fairly soft, perhaps outdoor music. These bed patients always seem to enjoy gay and familiar classics, but care should be taken not to bore them with too much. Frequent changes in tempo and rhythm as well as dynamics and mood are necessary to keep their interest.⁶

⁶Browne, Hermine Kisele, "The Use of Music as a Therapy"; Music Therapy, ed. Edward Podolsky, MD; Philosophical Library (New York), 1954, p. 222

As can be readily seen, there are many important details to consider just in selecting types of music for the TB patient. It is obvious that this set of conditions in selecting music would by no means satisfy the schizophrenic, the psychotic individual, or any other of the numerous mental and physical diseases in which music is employed as a therapy. The music therapist would naturally not be expected to be proficient in all diseases, but certainly would be expected to be able to administer therapy to a large number and variety of patients.

In the educational program for a music therapist, a great deal of the necessary learning is handled through hospital orientation and actual work in the hospitals. It is here that the student is expected to really get the feel of music therapy in practice and begin to be able to recognize his role as a future music therapist. Following is a list of experiences which should be accomplished during the internship at the hospital. The list is compiled by Wilhelmian K. Harbert.

Music Therapy--6

Professor of Music Education, Director of Musical Therapy Clinic,
College of the Pacific, Stockton, California.

1. It (the hospital orientation) should provide adequate time to become a part of the hospital family or personnel.
2. It should give the student opportunities to take an active part in hospital functions.
3. It should help the student to learn about all types of patients for whom music may be indicated or contraindicated.
4. It should foster desirable two-way relationships with hospital psychiatric aides, personnel, supervisors, nurses, doctors, social workers, other therapists, etc.
5. It should provide a laboratory to practice techniques acquired in the classroom.
6. It should offer classes, lectures, seminars, and an in-service type of educational program, as well as observations of other therapies in action.
7. It should stimulate the student to record all observations, to keep accurate running records, and to cooperate in all research projects as far as possible.
8. It should afford the music trainee a chance to evaluate himself in terms of his potential strengths and weaknesses.
9. It should teach the student how to work under the direction of a trained music therapist, and how to develop leadership in all music activities.
10. It should create in the student a desire to find new and better ways to direct a truly therapeutic music program, which shall not function in isolation, but shall serve the total rehabilitation program of the hospital.⁷

⁷Harbert, Wilhelmina K.. "The Elements of an Effective Hospital Music Internship"; Music Therapy 1953, ed. Mariama Bing; The National Association for Music Therapy (Lawrence, Kansas), 1954, p. 195

Music Therapy--7

With this brief outline of the history of the music therapist, we shall now view the present curriculum of Western Michigan College in an attempt to determine what courses would have to be added to set up a curriculum leading to the Bachelor of Music degree with a major in Music Therapy.

The following basic minimum requirements for the Bachelor of Music degree with a Music Therapy Major were adopted by the National Association for Music Therapy on November 1, 1952 and by the National Association of Schools of Music on November 29, 1952.

Although the NASM has set up minimum requirements for a music therapy curriculum, they do not offer accreditation to schools in the area of music therapy at the present time because NASM feels that ideas in this field have not been sufficiently tried to warrant accrediting in the area.⁸

⁸A personal letter to me from Burnett C. Tuthill, Secretary of the NASM, November 10, 1955. (On file.)

Also, the American Psychiatric Association and the American Medical Association do not approve the NASM music therapy requirements at the present time. APA is meeting with the education committee of the NAMT in the near future to offer some "unofficial advice", but they do not officially approve educational programs in any of the

Music Therapy--5

various therapies. Because therapy is not in the immediate jurisdiction of the AMA it is doubtful that they will ever approve the program, but it probably doesn't matter much whether they do or not as long as it is approved by NMT.⁹

⁹A personal letter from Dr. Roy Underwood, Michigan State University, December 5, 1955. (On file.)

Curriculum leading to the Bachelor of Music degree with a Music Therapy major:

A. Theory and History of Music

Composite course in theory--16 sem. hours
Survey of music literature and history

A minimum of 12 sem. hours from the following courses:

Form and Analysis (minimum 4 sem. hrs.)
Counterpoint
Composition in the smaller forms up to and including the three part song forms
Orchestration
Conducting (required)
History of Music
Arranging (required)
Recreational Music (required)

B. Applied Music

To include facility at the piano (sight playing, improvisation and playing by ear are important); class work in voice and all instrumental families. Some knowledge of organ is desirable.

(A total of 60 sem. hrs. in (A) and (B) above.)

Music Therapy--5

C. General Academic courses

To include English, Speech, Biology, physiology and the Humanities, 30 sem. hrs.

D. Social Studies

To include Principles of Sociology, Delinquent and Normal Behavior, Mental Hygiene and the Family, 6 sem. hrs.

E. Psychology

To include General Psychology, Child or Adolescent Psychology, Abnormal Psychology, Psychology of Music (4 sem. hrs.), Influence of Music on Behavior (3-5 sem. hrs.), and Clinical and Experimental Psychology, a total of 16 sem. hrs.

F. General Hospital Orientation

2 sem. hrs.

G. General Electives

5 sem. hrs.

In addition to the 128 semester hours listed above, a minimum of six months clinical training through residence internship in an approved neuropsychiatric hospital with an established music program is required. Students planning to work with mentally defective or handicapped children should spend an additional two months in an appropriate institution.¹⁰

¹⁰By-Laws and Regulations, National Association of Schools of Music, 1953", lithoprinted by Quening-Holloy, Inc.; (Ann Arbor, Michigan), 1953. pp. 16-17

Music Therapy--11

E. Psychology

1. General Psychology 200--3 sem. hrs.
 2. Psychology of Adolescence 213--3 sem. hrs.
 3. Abnormal Psychology 305--3 sem. hrs.
 4. Psychology of Music 403--2 sem. hrs. (4 sem. hrs. is the minimum lab. requirement; 2 sem. hrs. have to be added)
 5. (Influence of Music on Behavior--3-5 sem. hrs.--not offered)
 6. Elementary Experimental Psychology 301--3 sem. hrs. or Clinical Psychology 309ABC--2-4 sem. hrs.
- Minimum total--16 sem. hrs.

F. General Hospital Orientation

2 sem. hrs. (not offered)

G. General Electives

8 sem. hrs.¹¹

¹¹Catalog and Announcements 1954-55, Western Michigan College; pub. Western Michigan College, (Kalamazoo) 1954

A summary of the above list shows that the following courses would have to be added to the present curriculum in order to fulfill the basic minimum requirements as set up by the NASN and the NAMT.

Recreational Music--2 or 3 sem. hrs.*

Delinquent and Normal Behavior--2 sem. hrs. (Social Studies Department)

Psychology of Music--an expansion of the present 2 sem. hr. course to a 4 sem. hr. course

Influence of Music on Behavior--3-5 sem. hrs.

General Hospital Orientation--2 sem. hrs.**

(*Recreational Therapy 222 from the OT Department might be used as a temporary substitute as it contains some of the material relative to Recreational Music.

**Hospital Case Studies 352 from the OT Department might be used as a temporary substitute.)

Music Therapy--12

Psychology of Music. The Influence of Music on Behavior, and Hospital Orientation are the basic core courses according to a recommendation by the NAMI. In a letter from Dr. Roy Underwood, Chairman of the Committee of Education for the NAMI, he states that "Probably the greatest difficulty you would experience would be in the securing of a competent person to teach the core courses. We have searched for years to find a person trained in the psychology of music and only this year have we been able to locate a man..."¹²

¹²A personal letter from Dr. Underwood, November 17, 1955. (On file.)

Therefore, a reasonable conclusion might be to add the three core courses to the curriculum if a competent instructor could be found. With this accomplished, the only other courses necessary to meet NAMI minimum requirements would be Delinquent and Normal Behavior, which could probably be added to the Psychology Department without too much trouble.

APPENDIX

**(Curriculums of representative schools
offering courses in Music Therapy)**

MUSIC THERAPY CURRICULUMS

Michigan State University**Freshman Year**

Basic 111, 112, 113, Communication Skills, 9 credits
 Basic 231, 232, 233, Social Sciences, 12 credits
 Music 102, Piano (Fall, Winter, Spring) 6 credits
 Music 104, Class Voice (Fall, Winter, Spring) 3 credits
 Music 120a,b,c, Basic Music, 12 credits
 Music 140 a,b,c, Class Violin, 3 credits
 Physical Education (Fall, Winter, Spring) 3 credits
 Military Science (or Band; Fall, Winter, Spring)-Men, 3 credits
 Music Activity (Choral; Fall, Winter, Spring), 0 credits
 Recitals, 0 credits

Sophomore Year

Basic 121, 122, 123, Natural Sciences, 12 credits
 Music 102, Piano (F,W,S) 6 credits
 Music 140a,b,c, Class Cornet, 3 credits
 Music 204a,b,c, Music History, 6 credits
 Music 220a,b,c, Basic Music, 12 credits
 Physical Education (F,W,S) 3 credits
 Psychology 201, General Psychology (Fall) 4 credits
 Sociology 231, Introduction to Sociology (Winter) 3 credits
 Sociology 251, Introduction to Social Psychology (Spring) 3 credits
 Military Science (or Band; F,W,S)-Men, 3 credits
 Music Activity (Choral; F,W,S) 0 credits
 Recitals, 0 credits
 (Men students may be advised to postpone Music 140a,b,c to the Junior year because of Military Science requirements)

Junior Year

Basic 241, 242, 243, Humanities, 12
 Music 140a,b,c, Class Clarinet, 3
 Music 302, Piano (F,W,S) 6
 Music 309a,c,b, Ensemble and Conducting, 9
 Music 340, Percussion, 1
 Physical Education, Square Dancing, 1
 Psychology 333, Child Psychology (Fall) 3
 Psychology 300, Principles of Behavior (Winter), 5
 Psychology 355, Abnormal Psychology (Spring) 3
 Social Work 324a, Social Problems and Disorganization (Fall) 4
 Speech 242, Introduction to the Theater (Spring) 3
 Music Activity (Choral or Instrumental, F,W,S) 0
 Recitals, 0

Senior Year

Music 302, Piano (F, V, S) 6
 Music 310a, Music and Worship (Fall) 3
 Music 310c, The Anthem and Special Service Music (Spring) 3
 Music 124, Fine Organ (F, V, S) 6
 Music 342a, b, c, Piano Methods and Literature, 3
 Music 406a, b, c, Literature of Music, 6
 Music 437a, Band Arranging (Winter) 2
 Music 449, Music Theory in the High School (Fall) 3
 Music 450, Recreational Music (Spring), 2
 Physical Education, Square Dance Calling (Fall or Spring) 1
 Psychology 450, Introduction to Clinical Psychology (Fall) 3
 Psychology 311, Experimental Psychology: Introductory Course (Winter) 5
 Social Work 438, Mental and Emotional Hygiene (Spring) 4
 Speech 346, Stage Make-up and Costuming (Winter) 5
 Hospital Internship (6 months)

An effort should be made to include among Freshman and Sophomore Physical Education courses such subjects as Contemporary Dance, Folk and Country Dancing, Square Dancing, and Square Dance Calling.

It is recommended that a different type of choral activity be selected each year in order that the student may obtain a wide variety of experience.

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University of Kansas

Requirements listed by the University of Kansas are nearly exact duplicates of the NAD requirements that were listed on pages 8 and 9 in this paper.

.....

Roosevelt University

First Year

Piano 201, 202, 4 sh
 Voice Class, 4 sh
 Theory and its applic. I-IV, 10 sh
 Chorus, 2 sh
 Dance, 2 sh
 Biology 101, Psych. 101, 6 sh
 English 101, 102, 6 sh

Second Year

Piano 203, 203, 4 sh
 Voice Class, 4 sh
 Theory V-VIII, 10 sh
 Chorus, 2 sh
 Education 202, 203, 6 sh
 Psychology 201, 215, 6 sh

Roosevelt University (cont.)**Third Year**

Piano 301, 302, 4 sh
 History of Music I-II, 6 sh
 Commercial Arranging 303, 2 sh
 Percussion Instruments, 2 sh
 Brass Instruments, 2 sh
 Woodwind Instruments, 2 sh
 String Instruments, 2 sh
 Elem. Conducting, 2 sh
 Music in the Grades, 3 sh
 Music in the High School, 3 sh
 Mus. Activities in Kind-Primary, 3 sh
 Intro. to Music Therapy, 2 sh
 Methods & Mat'ls of Mus. Therapy I, 2 sh

Fourth Year

Piano 303, 304, 4 sh
 Organ 101, 102, 4 sh
 Methods & Mat'ls of Music
 Therapy II, 2 sh
 Psychology 280-Psych. of Mus. 3 sh
 Psychology 252, 3 sh
 Sociology 101, 3 sh
 History 105, 3 sh
 Speech 101, 3 sh
 English 201, 3 sh
 Education 304 and/or
 Internship,* 6 sh

*Six months internship in an approved neuro-psychiatric hospital and/or a children's hospital with an established music treatment program. This training will be provided as soon as the student is considered capable. It may be obtained during the summer months.

* * * * *

Alverno College (Milwaukee, Wis.)

The following music courses are required of all candidates for the Bachelor of Music Degree

Music Theory (Tn 3, 4, 53, 101, 109, 110) 18 sh
 Music Literature (Ml 23, 24, 167, 168) 8 sh
 Music Education (Me 15) 4 sh
 Coordinating Seminar in major field C-2 sh

Additional requirements for Music Therapy Majors

Music Theory (Tn 155, 159) 4 sh
 Music Education (Me 163, 164) 4 sh
 Music Therapy (My 25, 102, 131, 132, 151, 152) 12 sh
 Major Performance area (Piano) 16 sh
 Minor Performance area (Organ) 4 sh
 Minor Performance area (Voice) 2 sh

Pontbonne College (St. Louis, Mo.)**Music Therapy Major**

Piano, 16 (credit hours)
 Theory, 9
 Harmonic and Contrapuntal Analysis, 3
 History of Music, 6
 Music Literature, 2
 Orchestration, 3
 Instrumental Methods, 6
 Conducting, 2
 Ensemble Playing, 4
 Chorus, 4
 Internship

In addition to the basic academic subjects required of all Bachelor of Music candidates, the music therapist must complete General Biology, Genetics, Introduction to Psychology, Social Psychology, Abnormal Psychology, Mental Hygiene, Introductory Sociology, Introduction to Social Work, Influence of Music on Behavior, Principles and Methods of Music Therapy, and Materials of Music Therapy.

Music therapy students participate in music programs at hospitals for psychiatric patients and they spend at least six months in clinical training at one of these hospitals.

.

College of the Pacific (Stockton, Calif.)

The course of study meets the requirements of the NASM. In the freshman and sophomore year it includes:

Harmony and Ear Training I, 6 (units)
 Harmony and Ear Training II, 6
 General History of Music, 6
 Form and Analysis, 6
 Chorus, 2
 Solo Class, 2
 Biology and Physiology, 9
 General Psychology, 3
 Physical Basis of Sound (acoustics), 3

In the junior and senior years, the required studies include two units each of orchestration, conducting, special music history, social objectives in music and elementary and secondary music methods. Four units each are required in music guidance and therapy, music therapy practicum, and hospital orientation. Seventeen required units in psychology must include general, adolescent, abnormal, and clinical psychology; mental hygiene and psychology for the exceptional child.

College of the Pacific (cont.)

Students must also take electives sufficient to complete the major and participate in the group vocal and instrumental activities of the Conservatory, and three units of private voice study, two units of piano, and one unit of organ must be secured.

Graduate Study:

Requirements for the degree Master of Music for majors in Music Therapy:

Musicology seminar, 4 (units)
Orchestration II, 2
Applied Music, 2
Hospital Orientation, 1-4
Seminar in Music Education, 2
Sociology, 4
Clinical Psychology, 4
Thesis, 4
Electives, 1-3

Class instruction in woodwinds, brass, percussion, and stringed instruments are also suggested for masters degree candidates.

* * * * *

New England Conservatory of Music (Boston, Mass.)

Freshman Year

Piano. One-half hour per week of private instruction in technique and repertoire, 4 (credits)
Voice (Supplementary). One-half hour per week of private instruction, 2
Music Theory 1. First Year Solfege, 4
Music Theory 2. First Year Harmony, 6
Music Education 1a. String Class, 2
Music Education 1b. Percussion Class, 2
Humanities 2. Studies in the Development of Western Thought, 6
Humanities 4. European History. First sem., 3
Humanities 5. American History. Second sem., 3
Psychology 1. Personal and Social Adjustment, 3
Psychology 2. Perception and the Biosocial Personality, 3
Choral Practice. Choral Technique and Interpretation, 2

Sophomore Year

Piano, 4
Voice (Supplementary), 2
Music Theory 3b. Second Year Solfege and Basic Conducting, 4
Music Theory 4. Second Year Harmony, 6
Music Education 1c. Woodwind Class, 2
Music Education 1d. Brass Class, 2
Music Literature 2. Music History, 4
General Science. Introduction to Scientific Spirit and Methods.
First sem., 3
Psychology 3. General Psychology. First sem., 3
Psychology 5. Psychology of Musical Behavior. Second sem., 3
Choral Practice, 2

Appendix K

**Appointment to Full-Time Instructor of Music, 1967–1968
(Collins)**

WESTERN MICHIGAN UNIVERSITY

KALAMAZOO, MICHIGAN 49001

May 2, 1967

Mrs. Carol Collins
7818 Oakland Drive
Kalamazoo, Michigan

Dear Carol:

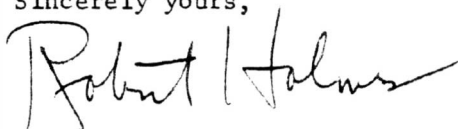
I am pleased to offer you full-time status in the Music Department beginning the academic year 1967-68. Your appointment will carry the rank of Instructor and a salary of \$6800 for the academic year (the Fall and Winter semesters).

It is my keen desire to work with you in developing a strong Music Therapy program and the major part of your teaching assignment will be in that area. There is a strong likelihood that you also will be asked to continue to work with Margaret Beloof in the keyboard area.

To aid you in developing your primary field, it is my intention to establish an advisory committee for Music Therapy which will be chaired by Elmer Beloof. I shall ask you to serve as a member - ex-officio - of that committee. Shortly after the beginning of the Fall Semester, Elmer will contact you and the other committee members. I look forward to your closer departmental affiliation.

Please be kind enough to respond to this letter in writing.

Sincerely yours,



Robert Holmes, Head
Department of Music

cc: Dean Cornelius Loew

RH:mlk

May 4, 1967

Dr. Robert Holmes, Head
Department of Music
Western Michigan University
Kalamazoo, Michigan

Dear Dr. Holmes:

I am happy to accept your offer of a full-time Instructor's position for the academic year 1967-1968 at a salary of \$6800 for the academic year (fall and winter semesters).

It will be encouraging to have an advisory committee with which to work. One of the projects that seems most appropriate is a brochure on Music Therapy at Western that will help distribute requested information as well as be initial contact with counselors and young people not yet familiar with music as a therapy.

Your interest in developing a strong Music Therapy program is greatly appreciated not only by me and our present students but by our professional organization, the National Association for Music Therapy, Inc., which works diligently for quality education of potential therapists.

Thank you for your efforts in my behalf and in behalf of the Music Therapy curriculum. I will look forward to working with you and the advisory committee.

Sincerely yours,

Carol I. Collins

pj

WESTERN MICHIGAN UNIVERSITY
KALAMAZOO
49001

OFFICE OF THE PRESIDENT

July 19, 1967

Miss Carol Collins
7818 Oakland Drive
Kalamazoo, Michigan

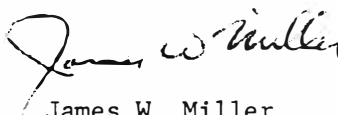
Dear Miss Collins:

Western Michigan University is happy to recommend you to its Board of Trustees for a position as Instructor in the Department of Music, effective August 21, 1967 at a salary of \$6,800. for the regular academic year of two semesters. The details of your position will be arranged through Dr. Robert Holmes, Head of the Department of Music.

You will find enclosed a Statement on Academic Freedom and Tenure which has been effective as University policy on appointments since 1961. We hope you will read it with care. It is meant to protect the rights both of the faculty member and the University in the important areas covered.

We hope that you will find this offer an attractive one and that we may have your affirmative reply in writing in the near future.

Sincerely yours,



James W. Miller
President

JWM:el
enclosure

cc: Vice President Seibert
Dean Loew
Dr. Holmes

7518 Oakland Drive
Kalamazoo, Michigan
July 25, 1967

Dr. James W. Miller
President
Western Michigan University
Kalamazoo, Michigan 49001

Dear Dr. Miller:

I am happy to accept your offer of a position as Instructor in the Department of Music, effective August 21, 1967 at a salary of \$6,800 for the regular academic year of two semesters. I understand that the details of my position will be arranged through Dr. Holmes.

Thank you for the Statement on Academic Freedom and Tenure, which I have carefully studied.

Sincerely yours,

Carol I. Collins
(Mrs. Wm. D. Collins)

Appendix L

Appointment to Director of Music Therapy, 1972
(Collins)

WESTERN MICHIGAN UNIVERSITY

DEPARTMENT OF MUSIC

KALAMAZOO, MICHIGAN
49001

May 25, 1972

Mrs. Carol Collins
551 Ransburg Drive North
Apartment H
Carmel, Indiana 46032

Dear Carol:

This is to confirm our discussion of May 12, 1972, when the following points were agreed upon:

1. I will propose to the Advisory Council in the fall that you carry the title of Director of Music Therapy.
2. Your Fall and Winter teaching loads will be reduced by 2 hours so that you will have time to function as the above title would indicate (including handling correspondence concerning Music Therapy.)
3. You will investigate possible new internship affiliations for students in our program.
4. You will study the present conditions and future prospects of Music Therapy as a vocation and make recommendations concerning our role in the field. (Should we increase or decrease the number of students we prepare in this major -- or leave it the same? Will the need for trained people in this area grow, shrink or remain the same? Are there other areas of special education in which our Therapy students should be involved?, etc.)
5. In February or March of 1973, you and I will meet and discuss items 3 and 4 above.

Best wishes for a most successful year.

Cordially,



Robert R. Fink
Chairman Elect

RRF:ls
cc. Mr. Will Hahnenberg
Mr. Don Bullock

Appendix M

Appointment to Assistant Professor of Music, 1973
(Collins)

WESTERN MICHIGAN UNIVERSITY

Department of Music

March 11, 1973

TO: Music Faculty
FROM: Bob Fink *RF*
SUBJECT: Nominations for Promotion in Rank

After an extensive review of data and careful deliberation, I have decided to nominate three people for promotion in rank. Due to many factors there may not be as many promotions throughout the University this year as in the past. Consequently, it is quite possible that not all three will be given promotions. Nevertheless, I want the music faculty to know of my recommendation.

The nominations are listed in priority order below:

Carol Collins to Assistant Professor of Music
Don Bullock to Professor of Music
Bob Whaley to Associate Professor of Music

I feel that these three faculty members are particularly deserving of promotion this year. I have attached a copy of the information which was sent to the Dean of the College of Fine Arts in support of the nominations.

The nominees are to be congratulated for their high level of professional activity and accomplishment.

RFV:ls
encs.

**Information in Support of a Promotion in Rank
for Carol Collins**

Education:

Michigan State University, Bachelor of Arts (Music Therapy)	1949
Western Michigan University, Master of Arts (Special Education for the Mentally Handicapped)	1966
Certified as a Registered Music Therapist by the National Association for Music Therapy	<u>1958</u> ?
Attended Seminar concerned with the Pace method for group piano instruction	June 1972

Professional Experience:

Kalamazoo State Hospital, Music Therapist, 1949-51
 Kalamazoo State Hospital, Recreation Therapist, 1954-55
 Kalamazoo State Hospital, Director of Music Therapy, 1956-59
 Western Michigan University, Part-time Instructor of Music Therapy, Music Education and Piano, 1958-66
 Western Michigan University, Full-time Instructor of Music Therapy, Music Education and Piano, 1967-
 Western Michigan University, Director of Music Therapy, 1972-

Professional Activity:

Member, Public Relations Committee, National Association for Music Therapy
 Chairman, Certification and Registration Committee, N.A.M.T.
 Member, Executive Committee, N.A.M.T.
 Second Vice President and Membership Chairman, N.A.M.T. (1972-)
 Has presented seminars and workshops, served as a resource person at various conferences and conventions and visited clinical training sites around the country.
 Contributed case studies to Gaston and Schneider's Music in Therapy, Macmillan Co., 1968.

Departmental and University Service:

Advisor to Music Therapy Club.
 Makes hospital contacts to place students for clinical training.
 Visits students during six-month hospital internships.

Colleague Support:

Mrs. Collins was nominated for promotion by more of her colleagues than anyone else in her rank. Departmental Colleague Evaluation Forms submitted by music faculty members indicated very strong support for her promotion this year.

Appendix N
Personal Data
(Collins)

WESTERN MICHIGAN UNIVERSITY

DEPARTMENT OF MUSIC

Personal Data

Name: Collins, Carol L. (Mrs. William D.) Age: 44
 Current Rank: Instructor Date Attained: Fall 1967
 Married: Yes Number of Children: Two (Ages 19 & 20)

EDUCATION:

Degrees or Diplomas

Institution	LaGrange College, LaGrange, Ga.	Dates: 1945, 6, 7, 8
	Michigan State College, East Lansing	A.B. - Dec. 1949
	Western Michigan Univ.	M.A. Aug. 1966

PREVIOUS EXPERIENCE:

Teaching: (Include Institutions, courses taught, promotions, honors, etc.)

My previous experience was at Kalamazoo State Hospital where I worked under Civil Service Classifications of Music Instructor, then Recreational Instructor, and Music Director. The total work experience there was eight years.

I also had experience as church organist and director of both adult and children's choirs. In addition, I had private piano students.

Performing:

Church organist

Accompanist for a number of recitals by graduate students and faculty members.

WESTERN MICHIGAN UNIVERSITY

DEPARTMENT OF MUSIC

Summary of Faculty Activities 1971-72

- I. EDUCATIONAL ATTAINMENT - CURRENT YEAR. Include all study with private teachers, workshops, seminars, clinics, and summer music centers that carry no college credit but where work is comparable to graduate study. Describe non-credit activities in detail, including amount of time involved, persons involved, and a summation in your own words of what was accomplished.

My main educational experience this year was teaching Psychology of Music Ed. in summer school, which was not only the first time with this particular course content, but the first time teaching professional musicians and learning from them in a class setting. This furnished many new insights and increased confidence in myself.

- II. TEACHING ABILITY AND EFFECTIVENESS. Please describe any unusual activities, methods or innovations that you are using in your teaching.

I am gradually increasing contacts with the public schools and neighboring institutions where my students can participate and learn to work with children and adults in rehabilitation. This has been the most effective way I have found to teach M.T.

We are getting increasing numbers of referrals and requests that furnish valuable experience for students, such as a request from the Speech Pathology Department for students to take part in a therapy session for a group of aphasic patients, and several requests from a teacher-counselor from the Kalamazoo Valley Intermediate District for students to tutor blind students in area schools.

In the classroom I feel that my primary effectiveness is my attitude toward students and enthusiasm. I think my respect for the individual and willingness to be as helpful as possible and sensitive to feelings and problems may compensate somewhat for my problem of being somewhat disorganized. (I prefer to think of myself as "flexible", but students could interpret things differently, I' well aware.)

VII. PROFESSIONAL ACTIVITY AND RECOGNITION.

A. Applied faculty may wish to give particular consideration to the following:

1. Campus and off-campus performance, either solo or ensemble.
2. Piano accompaniments.
3. Initiation of special performances by students and/or faculty.
4. Preparation of students for distinguished performance in competition; Bach Festival or Kalamazoo Symphony auditions, etc.
5. Clinic and adjudication.
6. Research and publication in the area of music performance.
7. Conducting University ensembles in both off and on campus performance.
8. Conducting special concerts and clinics.
9. Distinguished membership in professional societies. It is assumed that faculty will support their respective professional societies.
10. Other

B. Theory-Composition, History-Literature faculty may wish to give particular consideration to the following:

1. Publications of books and articles and compositions.
2. Performances, recordings, broadcasts of compositions.
3. Commissions.
4. Lectures.
5. Adjudication, clinician.
6. Research (self improvement, experimental classroom improvement)
7. Recognition for assistance to outstanding students.
8. Membership, offices held in professional organizations.
9. Other.

C. Music Education faculty may consider the criteria listed above. The Music Education Faculty believes that an emphasis should be made toward knowledge and research in current trends in education, and that faculty involved with music education ought to maintain a specialty in some field. The Music Education Area also feels that faculty should return to the primary or secondary classroom at intervals to maintain a close rapport with actual classroom teaching.

Fall term: furnished a music class three times a week for a class of retarded children at Kennedy School and helped plan and perform their Christmas program. Some of the M.T. majors sometimes participated or observed.

Advisor for an Honors College Senior paper and a Waldo-Sangren Award. In addition to teaching hours I make all the contacts and arrangements for the M.T. students' clinical training.

One Independent Study supervised.

Two seminars: 1. Feb. 11 at Kalamazoo State Hospital for allied professions.
2. Feb. 13 for Faculty and graduate students in Speech Path. (Seminar with Depauw U. students was twice post-poned because of weather. Now is planned for Fall term.)

Elected Second Vice-President National Association for Music Therapy, which means continued participation in the Executive Committee.)

Member Faculty Women's Club

Page 3 - Summary of Faculty Activities of 1971-72

- IV. UNIVERSITY SERVICE.** Please list university activities that are not directly related to your teaching responsibilities; committees, Faculty Senate, University workshops, etc. Please estimate the time involved per week.

Faculty adviser for Music Therapy Club. Involves only about two hours a month.

Page 4 - Summary of Faculty Activities 1971-72

- V. COMMUNITY SERVICE. Please list all activities that involve the community. Please be sure to give the number of private students you currently teach, community performances, conducting choral work, membership in civic organizations, speaking engagements, work with fund drives, church groups, etc. In the case of professionally related activities, please estimate the amount of time involved per week. Include everything that relates to your professional status, and to the universitycommunity relationship.

Music Director and organist for Chapel Hill United Methodist Church.
Twenty-five private piano students.

Program for Tuesday Musicales in Jan. "Music Therapy As a Career",
included two students.

Program for Quota Club Feb. 7 presenting our blind Music Therapy major.
(This invitation resulted from the Tuesday Musicales program.

Member AMERICAN ASSOCIATION OF UNIVERSITY WOMEN

IV. MISCELLANEOUS

Appendix O

NAMT Conference Report, 1973
(Collins)

Dr. Robert Fink

November 6, 1973

Carol Collins

1973 National Association for Music Therapy Conference
University of Georgia, Athens

Executive Committee Meetings October 10 - 11
Conference Sessions November 1 - 2

Summary:

1. I was elected First Vice-President (Program Chairman for 74 Conference in Philadelphia). Charles Braswell, Director of Music Therapy, Loyola in New Orleans, President 1973 - 1975.
2. Nine new schools are now offering Music Therapy Majors.

Braswell

Four schools have added "Introduction to Music Therapy"

Twelve have indicated plans to start new curricula in the near future.

Twenty-nine others have requested information from the Education Committee in anticipation of organizing new curricula.

Educator's "private" discussion was pre-empted by dozens of representatives from schools interested in starting Music Therapy who filled the room. We had to survey a couple of courses as taught in various established programs for these visitors instead of solving some inter-disciplinary problems.

The questions you asked last year about effect of increasing programs on our curriculum and on the job market still prevails. I see increasing numbers of students enrolling so that programs will be plenty full but we have no statistics about the job market since mental health, in general, is in a profound state of flux.

(You may be interested in knowing that J. Hause inquired about a curriculum at Eastern, but learned that Wayne State already had their program under way, so I don't believe they plan to pursue the possibility.)

EMW

James Hause

Dr. Robert Fink

November 6, 1973

Carol Collins

1973 National Association for Music Therapy Conference (continued)

3. The trend in reorganizing state rehabilitation services seems to be toward hiring "generalists" or "rehabilitation therapists" into which the specializations fit (Occupational Therapy, Music Therapy, Recreational Therapy). Implication for us: See how we might plug into the proposed Allied Health School. ← WMU

4. Report from our students and alumni: I entertained eight for breakfast one morning:

Willetta Collins - employed in Atlanta
 Marilyn Cool - employed at Kalamazoo State Hospital
 Kay White - employed in South Bend
 John Langan - just completed clinical in California
 Carol Hassberger - currently training in Athens, Ga.
 Monies Karle - student sent with Music Therapy Club funds
 Mary Pierson - student sent with Music Therapy Club funds
 Michelle LaPoint - student sent with Music Therapy Club funds

5. Visit with Frank Edmonson - seems satisfied and challenged by his job. (He was actually dressed in tie and jacket!) His colleague, Charles Eagle, Prof. of Music Therapy, reports that Frank is doing "great".
6. Students report that WMU comes out on top in a comparison of Music building facilities with the University of Georgia.
7. General observation - Members increasing (over 1400, including student members). Conference attendance increasing (approximately 600), and quality of program steadily improving (especially research section).

Appendix P

Music Therapy Meeting, 1966
(Collins)

October 26, 1968

Dr. Holmes:

This brief report of the meeting of teachers of music therapy which I attended October 17-18 in Cleveland is pertinent to our discussion of several weeks ago. It will also serve as an evaluation of our curriculum as compared with the ten others in the country.

- (1) Dr. E. Thayer Gaston procured a National Mental Health grant which facilitated this meeting of teachers of the eleven approved Music Therapy programs in the United States.

- (2) Schools represented and the representatives were as follows:

Alverno College, Milwaukee - Sister M. Josepha
Florida State University, Tallahassee - Dr. Donald Michel
Kansas University, Lawrence - Dr. E. Thayer Gaston

Vance Cotter
Warren George

Indiana University, Bloomington - Dr. Wm. Sears
Lincoln University, Jefferson City, Mo. - Dr. Richard Graham
Loyola University, New Orleans - Chas. Braswell
Michigan State University, East Lansing - Robt. Unkefer

George Dearksen

Texas Women's University, Denton - Virginia Wilson
University of Ohio, Athens - Dr. Ruth Boxenberger
University of the Pacific, Stockton - Betty Howery
Western Michigan University, Kalamazoo - Carol Collins

- (3) Agenda: Each course listed in the core curriculum approved by the Education Committee of NAMT was discussed in detail, comparing content and procedures. In addition an effort was made to identify

(1) the most important attitudes and concepts desired in music therapists and

(2) the techniques most important to music therapists; and, if possible, state how each of these were instilled or taught.

- (4) Evaluation of NMU:

Organization of courses and course content seems generally consistent with the majority of other schools -

Details that need consideration in light of our trimester schedule:

- (1) Methods and materials in M. T. (Mus -) - possibility of extending to two semesters

Report of Music Therapy Meeting
(Page Two)

- (2) Credit for hospital affiliation: No other school gives more than 2 hours credit; we give 6 -
- (3) Staff: no curriculum will be accredited in the future without evidence of a full-time staff member and full support of the school. Our accreditation may be withdrawn if WMU does not supply this basic need as soon as possible.

Carol I. Collins

CIC/ned

Appendix Q
25th Annual Conference, 1974
(Collins)

Dr. Robert Fink

November 5, 1974

Carol Collins

25th Annual Conference - National Association for Music Therapy
Philadelphia, October 22 - 26

- A. Executive Committee Meetings October 22-23 and October 26.
 - 1. Goals for 1975 have to do with reorganizing from a committee structure to an Executive Director in Central Office.
 - * 2. WMU procedure for locating clinical training was suggested by Executive Committee to all schools.
 - 3. Education Committee is besieged by schools wanting to start Music Therapy curricula. Approval is going to be highly selective from now on. Teachers are very scarce.
 - 29 schools now on list of approved.
- B. Conference program October 24, 25, and 26.
 - 1. Sixteen WMU students and graduates attended.
 - 2. Carol Collins, first Vice-president, nominal program chairman (local chairman actually does the work), was toast person for the banquet Friday evening.
 - 3. About 620 people attended the conference (NAMT membership now numbers about 1,800)
- C. WMU business
 - 1. Don Bullock and I met with Education Committee discussing graduate curriculum.
Data about new Music Therapy teacher should be sent to Education Committee for their information.
 - 2. Introduced Don Bullock to professors teaching graduate courses and psychology of music.
 - 3. WMU job openings can be printed in Newsletter out of Central Office.

Appendix R

Response to NAMT Conference Report, 1970 (Holmes)

WESTERN MICHIGAN UNIVERSITY

DEPARTMENT OF MUSIC

KALAMAZOO, MICHIGAN
49001

October 23, 1970

TO: Carol Collins
FROM: Robert Holmes *R.H.*
SUBJECT: NAMT Conference Report

Thank you very much for your complete and detailed report of your 21st annual conference. I am really gratified about the reports of our students, and certainly you, too, should feel very proud. Also thanks for the list of possible applicants for references for people in the field. I am very hopeful that something will move in this direction for us this coming year.

Again thanks for your thoughtfulness.

RH:kb

Appendix S

Response to NAMT Conference Report, 1972
(Fink)

WESTERN MICHIGAN UNIVERSITY**Department of Music**

To: Carol Collins

Date: December 4, 1972

Subject:

From: Bob Fink

Thank you for your report on the N.A.M.T. Conference.

One of your statements concerned me, however. Will the rapid increase in the number of schools offering Music Therapy have any affect on our program (arrangements for internships, placement of graduates, etc.)?

Have you arrived at any conclusions yet in your study of the present and future vocational need for music therapists? Are you having any difficulty making arrangements for future internships?

Perhaps we should meet to discuss all of this sometime soon.

RRF:ls



Appendix T

Number of WMU Music Therapy Majors, 1965--1979

Number of WMU Music Therapy Majors, 1965-1979

Year	Number
1965	1
1966	Not Available
1967	1
1968	1
1969	2
1970	2
1971	3
1972	3
1973	10
1974	4
1975	9
1976	6
1977	15
1978	9
1979	5*

*The number of graduates listed for the year 1979 may include undergraduate and graduate students.

Appendix U
Letter of Resignation, 1974
(Collins)

WESTERN MICHIGAN UNIVERSITY

DEPARTMENT OF MUSIC

KALAMAZOO, MICHIGAN
49001

October 23, 1974

Ms. Carol Collins
Department of Music
Western Michigan University

Dear Carol:

I was very sorry to receive your letter of resignation effective at the end of the current academic year. Under your leadership our Music Therapy Program has developed to the point where it is nationally recognized. Your efforts over the past 16 years are certainly appreciated.

You have my best wishes, and I am sure those of the rest of the music faculty, for success in your new position.

Sincerely,



Robert R. Fink
Chairman

RRF/psh

cc. Dr. Stephen Mitchell, Vice President for Academic Affairs
Dr. Robert Holmes, Dean, College of Fine Arts
Mr. Willard Hahnenberg, Chairman, Music Education Area

WESTERN MICHIGAN UNIVERSITY

Department of Music

TO: Music Faculty
FROM: Bob Fink **AA4**
DATE: October 23, 1974
SUBJECT: Resignation of Carol Collins

I regret to inform you that Carol Collins has submitted her resignation effective April 26, 1975. Carol has been associated with the Department of Music for 16 years during which time she has led the development of our Music Therapy Program to the point that it has received national recognition.

Carol has accepted a position at Indiana University - Fort Wayne where she will be in charge of developing a Music Therapy Program.

RRF/psh

Appendix V

Professional Activity, January – December 1973
(Collins)

PROFESSIONAL ACTIVITY
Jan.-Dec. 1973

CAROL COLLINS

Summer 1973 - Contacted possible new clinical training sites in Indiana:
LaRue Carter Hospital, Indianapolis
Midtown Mental Health Center, Indianapolis
Logansport State Hospital, Logansport

Lecture on "Music in Therapy" for Music Education students at
Depauw University, Greencastle, Indiana

Consultation with Goshen College about procedure for establishing
M. T. curriculum

August 1973 - Carl Orff Workshop - two weeks Ball State University

NAMT Annual Conference: Elected First-Vice-President (Program Chmn.)

Appendix W
NAMT Conference Report, 1970
(Collins)

Dr. Robert Holmes

October 20~~October~~ 21, 1970

Carol Collins

NAMT Conference Report

21st Annual Conference
National Association for Music Therapy
Royal Sonestra Hotel
New Orleans, Louisiana
October 13-17, 1970

Executive Committee Meetings (October 13-14)

Meeting results most pertinent to academic curricula concerned liberalization of NAMT guidelines for curricula to allow more creativity and up-dating by individual colleges. Colleges will also be given the privilege of establishing student training in special schools and community facilities instead of psychiatric hospitals exclusively.

As chairman of Certification-Registration, my report showed 62 new Registered Music Therapists for the conference year 1969-1970 (45 in 1968-1969).

There are now 18 approved schools.

Conference

A program is attached - varied and interesting.

WML students

Mary Jo Alson attended with the staff from Georgia Mental Institute (affiliate of Emory University, Atlanta) where she is in clinical training. She reports that she feels well prepared and competent to meet the requirements and that she is very happy in the training situation. Her supervisor confirms her competency and had a glowing report from these first four months of her training. In addition to her hospital duties, she is organist for two small Episcopal churches near Atlanta.

Sue Higgins is one of three interns at Kalamazoo State. One is a student of Dr. Gaston's who also has a Music Education degree; the other a former music teacher from Oshkosh, Wisconsin. The music supervisor reports that Sue is by far the most competent of the three.

Dr. Robert Holmes

Carol Collins

NAAT Conference Report

Page 2

1971 Conference

It is planned for San Francisco, November 11-13, 1971.

1972 - University of Georgia, Athens

(1973 - M.S.U., East Lansing, possibly)

We should invite them when we have a new building and the new professor! (See list attached)

The following would be possible applicants or good references for professors who could:

1. Teach Psychology of Music and graduate Music Therapy
2. Music Education
3. Direct music research
4. Head Music Therapy program

Wm. Sears, Ph.D.
Chmn, Dept. of M.T.
U. of Kansas
Lawrence, Kansas 66044

Richard M. Graham, Ph.D.
School of Music
University of Georgia
Athens, Ga. 30601

Robert Unkefer
School of Music
M.S.U.
East Lansing, Mich. 48823

Charles Eagle, Ph.D.
Director of Music Therapy
University of Miami
Coral Gables, Fla. 33146

Dale Bartlett, Ph.D.
Professor, School of Music
M.S.U.
East Lansing, Mich. 48823

Wanda Latham, Ph.D.
School of Music
Montclair State College
Upper Montclair, N.J. 07043

Donald E. Michel, Ph.D.
School of Music
Florida State University
Tallahassee, Fla. 32306

George Deurksen, Ph.D.
Chmn., Music Education
University of Kansas
Lawrence, Kansas 66044

CIC/mh

Appendix X
Human Subjects Institutional Review Board
Letter of Approval

WESTERN MICHIGAN UNIVERSITY

Date: May 2, 2001

To: David Smith, Principal Investigator
Cynthia Goodson, Student Investigator for thesis

From: Michael S. Pritchard, Interim Chair



Re: HSIRB Project Number: 01-04-05

This letter will serve as confirmation that your research project entitled "The History of the Music Therapy Program at Western Michigan University: Its Origin and Development to 1980)" has been **approved** under the **expedited** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may **only** conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: May 2, 2002

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