



The inner music of analytical music therapy

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The inner music of analytical music therapy

Some of you may be wondering “What is analytical music therapy and why is there a special issue of the Nordic Journal being dedicated to it?” The term *analytical music therapy* (AMT) refers to a specific model of practice and not just to any application of music therapy incorporating psychoanalytic practices or theories. It is a model largely developed by the British music therapist Mary Priestley (1975, 1994, 2012) whose trainees took aspects of the model into academic music therapy training programs in Europe. One person who trained directly with Priestley was Benedikte B. Scheiby,¹ a Danish music therapist who – together with her colleague, Inge Nygaard-Pedersen – incorporated central aspects of AMT into the master’s music therapy program at Aalborg University in the early 1980s. Scheiby moved to the USA in 1990 and soon established a formal AMT training program, working with professional music therapists until her passing in 2018.

Because Priestley did not establish a facility or organization devoted to the practice and dissemination of AMT, its influence was not as widespread as some other models of advanced music therapy practice. However, AMT was acknowledged and honored as one of five international models of music therapy practice at the 1999 World Congress of Music Therapy. This special issue is warranted for a few different reasons. First, in creating a model congruent with some fundamental aspects of psychoanalysis, Mary Priestley demonstrated the potency of the clinically directed use of music in effecting change at the most fundamental levels of one’s personality. She established the viability of music therapy as a primary psychotherapeutic treatment form, not merely as an adjunct to verbal psychotherapy. Second, although aspects of psychoanalysis such as gaining verbalized insight into the source of one’s emotions are important in this approach, music plays a central role in Priestley’s thinking as she considers it as important to human life “as is digestion or breathing or sleeping” (Priestley, 1975, p. 199). As we are fundamentally musical beings, the first two functions of the music therapist for Priestley are essentially musical ones: these are to act akin to a nodal point and a sympathetic string. In these ways and others, Priestley demonstrated that a psychoanalytic perspective could still place music in a central role. And last, although AMT was first developed in adult psychiatry it has proven to be sufficiently malleable to be applicable in other areas including medical settings, work with children, and in a contemporary therapy climate where relational and cultural considerations are more prominent than they were in 1975.

Becoming an AMT clinician involves much more than learning the appropriate techniques and theories; AMT is fundamentally a relational model. AMT training is rooted in the trainee’s deep and personal inquiry into their relationship to music, self, and other. And just as the relationships between self, other and music are at the core,

¹See the text *The Music Therapy Writings of Benedikte B. Scheiby* (2020) for a detailed overview of Scheiby’s development of AMT theory and practice.

each AMT clinician has been shaped by their relationships with their trainers and mentors as well as their relationships with their clients and co-trainees. In this sense, the landscape of modern AMT practice is both firmly rooted in the analytical traditions and trainer lineage and also necessarily unique in the hands of each clinician that comes after.

The majority of AMT practitioners featured in this issue were trained either directly by, or in the lineage of, Benedikte Scheiby. The threads of her personality are woven deeply into the current theory and practice of AMT. Benedikte was incessantly creative, adventurous, courageous, wild, and unapologetically authentic. Her practice and training of AMT was never formulaic. She would accompany her clients, students and trainees into a realm where there was no music too strange, no part of themselves not worth exploring, and no inner world too grotesque, scary, or vulnerable to enter. And she too was changed by those with whom she worked, in ways that breathed new life into AMT and developed the method further. This relational intersubjectivity is fundamental to the growth of AMT as it involves exploring the complexities and ambiguities of what it means to exist, grow, and transform together as humans, beyond what we think we already know and beyond what is entirely comfortable.

In becoming music therapists, we spend years accumulating and building on knowledge, skills, and techniques. AMT invites its practitioners and clients into uncomfortable territory where it becomes necessary to surrender one's skill-filled armor and be unknowing, open, and tuned in below the surface – tuned in beyond what is obvious or what can be made immediately explicit. It is in these realms that we begin to engage in profound self-inquiry, with the understanding that the better we know ourselves, the better we can know others.

Advanced method training programs are the lifeblood of the development of music therapy. As evidenced by the articles in this special issue, AMT trainees, clients, and therapists, continue to take risks, and go beyond what they have known, inviting the music therapy community to dive into new depths. Advanced methods like AMT challenge and (dis)orient trainees to new terrain. So, in reading this special issue, we invite you to let yourself be disoriented and brought into new wondering about music in and as therapy.

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