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Interview with Dr. Colin Andrew Lee, 19 October, 2020

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Colin Andrew Lee, PhD taught at Wilfrid Laurier University, Waterloo from 1998 to 2020. Following piano studies at the Nordwestdeutsche Musikakademie, he earned his Postgraduate Diploma in Music Therapy from the Nordoff–Robbins Music Therapy Centre, London and his PhD from City University, London, culminating in the music-centred theory of Aesthetic Music Therapy (AeMT) that was the subject of Colin’s debut monograph, *The Architecture of Aesthetic Music Therapy* (Barcelona Publishers, 2003). His subsequent books include, among others, *Improvising in Styles: A Workbook for Music Therapists* (with Marc Houde; Barcelona Publishers, 2011), *Paul Nordoff: Composer and Music Therapist* (Barcelona Publishers, 2014), and *Music at the Edge: The Music Therapy Experiences of a Musician with AIDS* (2nd ed., Routledge, 2016). In 1996, Colin helped create the Towersey Foundation, a charity that promotes and creates positions for music therapy in palliative and end-of-life care. Colin was interviewed by SarahRose on October 19, 2020.

Throughout your career, you’ve worn many hats. How has your identity evolved?

Throughout my career I have attempted to balance my intersecting identities as a composer, pianist, therapist, and white cisgendered, gay man. I am unashamedly first and foremost a musician. Before becoming a music therapist, I identified myself as a composer and pianist. Beginning the Nordoff–Robbins training course, I made myself a promise, a promise that I would keep my work alive as a composer and performer alongside my work as a therapist. Finding a balance between art and science, music and words, has been an ongoing journey of enquiry that continues to consume my thinking to this day. I am a passionate musician and a passionate therapist. I am also an openly gay man who has never hidden the reality of my sexual identity and how it has affected my work as a therapist and educator.

Can you speak about the various theoretical influences that have inspired you throughout your career?

My main theoretical influences have come from the aesthetics of music and musicology. I am a Nordoff–Robbins, music-centred, composer–music therapist who believes in the centrality of music to achieve positive therapeutic outcomes. Improvisation has always been at the core of my practice and it was my investigations into the art of clinical improvisation that inspired me to create Aesthetic Music Therapy (AeMT). Linking my experiences as a musician to my experiences as a music therapist was an important part of the theoretical building blocks as I started to formalize AeMT through practice and teaching. AeMT promotes the belief that the qualities and beauty of music used in therapy should be of equal importance to the non-musical rigours of clinical aims and objectives; that the balance between our understanding of the science of music therapy should be equal to our understanding of the artistic creativity of music-making with clients. To date, music therapy has devoted much of its energies to formulating evidence-based research, understanding the therapeutic process through theories of psychotherapy, creating musical experiences in different community settings, and less on detailed investigations of the qualities and outcomes of music itself. AeMT advocates for a re-imagining of this balance to include studies in music aesthetics and musicology as equal to the rigours of non-musical theories and outcomes. My belief in the sacrosanct qualities of music to inform the qualities of therapy have remained steadfast throughout my career.

Musicianship and musical styles have been central to your practice and pedagogy. Who are your most notable musical influences?

I have been influenced by many composers, styles, and genres during my career. Working in palliative care, first at London Lighthouse, a Centre for People Facing the Challenge of AIDS, and later at Sir Michael Sobell House Hospice, Oxford, J. S. Bach became my constant professional and personal guide. I would distill themes from secular chamber works (e.g., Cello Suites, Sonatas and Partitas for Solo Violin, Goldberg Variations) as well as music from larger sacred compositions, such as the Mass in B Minor. These distillations would act as structural–musical themes for active improvisations as well as providing receptive themes for bedside work. Bach’s music also became my private guide as I reflected on work with critically ill clients. Before sessions began every morning, I would take time to play from the keyboard suites and inventions. I would play each phrase slowly, living within the transparency of every musical moment. His music allowed me time to reflect on my work with clients, my own humanness, and helped me find peace before sessions began. I believe the reason Bach’s music can be such a cherished musical–therapeutic guide in palliative care is because it is beyond the grounded reality of life. His music represented in my work an intimate manifestation of the human condition, providing clients with a musical bridge as they moved toward the transcendental dimensions of dying.

Another composer who has influenced my reflections on practice—though more recently—is Jóhann Jóhannsson. The simplicity, clarity, and sadness of his music contains an emotional directness that can feel, at times, overwhelming. As I contemplated his music, it occurred to me that much of the music we use in therapy is often extrovert. From my experience, it is rare to hear introvert music that is simple, slow, and transparent for extended periods. Jóhannsson challenged my assumptions about the qualities and pace of music used in therapy. The world in which we live is fast and fractured. Music that is slow, reflective, and melancholic in nature, I believe, can be a potent therapeutic tool and transport the therapeutic process toward a more intimate spiritual experience.

You taught at Wilfrid Laurier University for over two decades. In reflecting on your time there, what stands out for you and what are your hopes for the future of the programs?

I would like to thank Wilfrid Laurier University for allowing me the opportunity to develop and share my work during my 22-year tenure as Professor. I would also like to recognize the support of my colleagues: Rosemary Fischer, Carolyn Arnason, and Heidi Ahonen. When Rosemary first invited me to teach as a part of their search for a new faculty member, I was unsure how I might contribute to the already established Bachelor’s (BMT) program. Learning that the program was also looking to develop a Master’s (MMT) program, I immediately applied for the position. In 1998 on arriving at Laurier, I launched myself into the organization and administration needed to take the Master’s program through the various academic and provincial levels necessary for its validation. Within two years and with the support of Rosemary and Carolyn, the program was up and running. Heidi was later appointed to complete the faculty needed to run both programs.

Being provided with a blank sheet to create a new Master’s program was something I had only dreamed about. From the outset I knew I would include as central the Nordoff–Robbins music-centred pedagogical values that had been so essential in my own training and practice. I began by mapping out four improvisation courses—one each term—that would provide the music-centred foundations for the program. Clinical musicianship and the development of musical resources were core values that I knew from the beginning would consolidate the

program and the curriculum as a whole. Courses on theory, case studies, qualitative research, and talks on music were balanced with placements and preparation for students' final internship.

Both the BMT and MMT programs at Laurier have been theoretically and musically built from classical foundations. With the advent and development of community music running in parallel at the university, the cross-fertilization of courses has begun. The BMT program now accepts students from both the classical and community streams. The community music students have brought a freshness and contemporary creativity that I hope will continue to impact not only the BMT and MMT programs but the profession as a whole. Issues of social justice are becoming increasingly relevant components of music therapy practice and research. Approaches that acknowledge and address epistemic privilege and responsibility, intersectionality, trauma-informed and anti-oppressive approaches are just some of the social issues facing the profession as a whole. Music therapy is in a period of great change. It is my hope that the programs at Laurier will rise to address these challenges in their developing curriculums.

Though you've often shared that you don't consider yourself a researcher, you have developed theories and practices that intersect with research. Where do you see yourself within these landscapes?

Even though I don't consider myself a researcher, I have conducted music-centred studies that have included methodological rigour. I do, however, consider myself a theorist. If I were to identify one area I am passionate about it would be the importance of developing a music-centred indigenous theory. The idea of designing a musicological and music-centred theory of music therapy that is not bound on theories such as psychology, psychotherapy, or medicine, for me is ultimately inspiring. I understand the arguments that non-musical theories are needed to contextualize and provide frameworks that cannot be found in music itself. I still crave, however, for the idea that creativity and the therapeutic process could find their own levels of expertise through the study of music. In reading new music therapy books and journal articles, the main element I observe that is missing is detailed and in-depth discussions and examples of the one quality that defines our practice: music. My beliefs may indeed be idealistic but I believe it is good to dream!

As you reflect back on your career, what would you consider to be significant milestones?

There have been several major milestones in my career. Perhaps the most significant is the day I met Francis, the client described in *Music at the Edge* (Lee, 1996, 2016). Our work together and the publication of the book would change the course of my career, providing me the opportunity to move to North America—first at Berklee College in Boston, and later at Wilfrid Laurier University. Coincidentally this was the same day that I also met Diana, Princess of Wales during her visit to London Lighthouse. Princess Diana had requested to meet two clients (Charles and Tony) and myself. She asked if Charles and Tony might be willing to share their experiences of the music therapy program. I remember how humble Princess Diana was and how respectful she was of our work. She asked insightful questions and requested that we demonstrate our work with a short improvisation. The time flew by in a whirlwind, leaving us emotionally exhausted yet elated and alive. Later, once the normalcy of the day had resumed, I met Francis. He was staying on the residential unit of London Lighthouse and had referred himself for music therapy. Our assessment session later that afternoon would be equally exacting and would be the beginning of one of the most extraordinary and enlightening music therapy relationships of my career.

A more recent milestone came during the COVID-19 lockdown. As I began reading recent articles and books on the beginnings of queer music therapy, intersectionality, multi-culturalism, LGBTQ+, and the creative arts, I wondered if it may be time to devote a whole volume to music therapy and the LGBTQ+ community. I wrote to the commissioning editor of Oxford University Press with the idea of creating and editing the *Oxford Handbook of Queer and Trans Music Therapy*. He responded immediately and, after writing a detailed proposal and going through a rigorous review process, the book was accepted. I now find myself at the helm of a volume of over 42 chapters. I am overwhelmed and in awe of the contributors I have met and the innovative clinical work, theory, musicology, research, and philosophical thinking that will be included in the book.

Who are some of the music therapists who have influenced your theories and clinical practices throughout your career?

I first met Carol and Clive Robbins during the Nordoff–Robbins training course in 1985. They visited the centre in Kentish Town, London, teaching full-time for a period of six weeks. This was an extraordinary experience that affected me intensely as a musician and fledgling therapist. Some years later, as I finished the final manuscript of *Music at the Edge*, I somewhat nervously wrote to Clive and asked if he would write the foreword for the book. After several weeks, he responded and asked if I would be prepared to fly to the Nordoff–Robbins centre in New York so we could go over the text. Within a few days, I found myself staying with Carol and Clive in their apartment, working morning until night on the book for the following five days. Our work together would solidify my relationship with Carol and Clive professionally and personally. After the book was finished and I had moved to Boston to teach at Berklee College, I would stay with them regularly, accompanying them to the centre, viewing sessions, attending classes, and talking vigorously about music therapy over breakfast, lunch, and dinner. These times had a powerful effect on my passion for the field and inspirations for clinical composition and improvisation. Carol and Clive were great supporters of my work, especially as I began to formulate my ideas for AeMT. They listened to my ideas and questioned my visions for the future of music therapy with great intent and respect. We also ate copious amounts of pasta and ice cream! I miss them both very much.

During one of my visits I asked Clive if he had any compositions by Paul Nordoff before he became a music therapist. Clive smiled and found an old recording of Paul's—Concerto for Violin and Piano (1952). Listening to the concerto, I was transfixed. I had never realized before the stature of Paul's compositions and his potential contribution to American music. For the next ten years, Clive and I formed an alliance to collect and archive Paul's music. This work culminated in *Paul Nordoff: Composer and Music Therapist*, which was published in 2014, some three years after Clive's death. We catalogued his compositions and recordings into large boxes that were carefully labelled and indexed. Later, after the completion of our work and publication of the book, I began to feel the weight of having Paul's music in my home, of which many compositions were written in Paul's own hand. I contacted his son, Anthony Nordoff, and asked if I could bequeath the collection to him. He was grateful and accepted my offer. Later in the summer, Anthony and his partner Christi drove to Waterloo and took the scores and recordings we had collected so they could be reunited with his family where I believe they rightly belong.

Kenneth Bruscia has been an important person in my life for many years. His support and publication of my books on AeMT and improvisation pedagogy have given me a professional voice, allowing me the opportunity to develop my philosophies as a composer–music therapist. Kenneth Aigen, as a fellow Nordoff–Robbins music therapist, has also been a great advocate and supporter of my ideas. His response to the original critiques of *Music at the Edge* provided me with much needed emotional support during this difficult time. And then there is Marc

Houde who co-wrote and collaborated with me on the resource book, *Improvising in Styles: A Workbook for Music Therapists, Educators, and Musicians* (2011). I would finally like to acknowledge and recognize Rosemary Fischer who began the Bachelor's program at Wilfrid Laurier. Our heated conversations about music and therapy inspired me to believe in the music-centred values that were to become so essential as the Master's program began.

What would you tell a beginning music therapist? What's really important?

I find it hard to believe I have been a music therapist for 37 years! I remember my first class on the Nordoff–Robbins training course as if it were yesterday. Sybil Beresford-Peirce, our teacher and director of the centre, shared a video of an individual session with a child with special needs. The child was playing drum and cymbal and the therapist was improvising in response from the piano. Each student had to watch and listen to one minute of the video. Sybil would stop the video and we then had to describe exactly what we saw and heard. We were not allowed to interpret or make evaluations that were not factual in nature. This exercise was much harder than any of us had imagined and I seem to remember we all failed miserably! What I learnt from this was the fundamental concept that therapists need to be able to hear precisely clients' musical creativity and describe their physical presence before making interpretations and judgments with regard to ongoing aims and objectives.

I would urge beginning music therapists to remember that music defines our practice, that the quality of musical response to a client's playing will affect the quality of therapeutic outcome. In order to remain musician therapists, we must be prepared to practise, practise, practise! To include in sessions your principal instruments as core. Orchestral and world instruments, as well as voice, can become powerful therapeutic resources that will help clients find their individual musical freedoms and unique creative force. It is important to acknowledge and embrace new technologies (e.g., looping) as well as newly designed instruments (e.g., handpan) that will amplify and add richness to your musical landscapes. To end, I would like to thank all the students I worked with throughout my teaching at Wilfrid Laurier. I miss our classes, music-making, and inspirations discussing music, health, and life. I encourage all young therapists to develop the richness of your own intersecting identities, to champion for what you believe in, even if this may be different from the norms of current practice. The future of music therapy is yours.

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