Adlerian Approach to Anxiety Reduction Using Music as a Therapeutic Tool

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Abstract

This project attempts to gain a better understanding of anxiety and reviews information regarding anxiety. It reviews Adlerian approaches for treating anxiety, and a review of recently published Adlerian research regarding anxiety is presented. This paper proposes that music is a creative tool that can be used as a component in some Adlerian psychotherapeutic and counseling processes for treating anxiety. A literature review of research papers regarding the use of music as a therapeutic tool for symptoms of anxiety is presented. Examples of the possible uses of music to address symptoms of anxiety during the process of Adlerian psychotherapy and counseling are offered.
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Technologies, in the twenty-first century, have brought all of us in the world closer together with easy and rapid communication possibilities on portable, electronic devices. However, tried and true ways of carrying out the tasks of life are challenged and require rapid adaptation or change to meet the new, faster, ways of electronic function and connectedness. Swenson (2004) in Margin, explained that the rate of change in the world is increasing, no longer on a gradual incline, but now is increasing exponentially. “The fear of rapid change is big today. Many people can handle a certain amount of change. The problem is we are increasingly being overloaded with more change than we can handle”, stated Gabe Ignatow, Ph.D., sociologist at the University of North Texas, (Sweat, 2010, p. 5).

Documentation of the verified cases of anxiety in the United States of America, over a twelve-month period, reveals large numbers of persons suffering from anxiety. Recent data from Kessler, Chiu, Demler, and Walters (2005), published by the National Institute of Mental Health (2015), stated that 40 million U.S. citizens met the criteria for a diagnosable anxiety disorder, and Generalized Anxiety Disorder, whose essential feature is excessive anxiety and worry that persists for six months or more, was diagnosed in 6.8 million U.S. citizens. With the increased rate of societal change and large numbers of persons diagnosed with anxiety disorders, it is important to gain understanding and skills to best assist persons who request assistance in dealing with feeling overwhelmed and unable to cope with the tasks of life.

This master’s project attempts to gain a better understanding of anxiety and reviews information regarding anxiety, Adlerian approaches for treating anxiety, and the use of music as a tool in the therapeutic process of treating anxiety. A review of Adlerian research published regarding anxiety is discussed. Music can be a therapeutic tool for reducing anxiety and
establishing rapport as well as in building skills in communication, expression, and social skills, (Gfeller & Thaut, 1999). This paper proposes that music is a creative tool that can be used as a component to some Adlerian psychotherapeutic and counseling processes. A literature review of research papers regarding the use of music as a therapeutic tool is presented. Examples of the possible uses of music to address symptoms of anxiety during the process of Adlerian psychotherapy and counseling are offered.

To be ethically clear of the author’s intentions, it is important to note that although many of the research papers regarding the effect of music to reduce anxiety were authored by music therapists, there is no presumption by this author to promote the idea that music therapy is practiced in any way in this project. The ideas, presented in this paper for uses of music as creative tools, are suggestions for practicing Adlerians, and not to be used out of one’s scope of training. The American Music Therapy Association (2015) defined music therapy as the use of music interventions by a credentialed music therapist to accomplish individualized goals within a therapeutic relationship (p. 1).

**Generalized Anxiety Disorder**

Anxiety and stress are natural parts of the human survival instinct. The basic human instinctual response to fear or threat is either to stay and fight, to run away to safety, or to be frozen with fear and play dead. During the process of living in modern society, persons have developed ways of responding to fear or threat, depending on their individual physical, mental and emotional abilities to cope or not. Worry or anxiety often accompany a person’s perception that a situation or demand exceeds their current physical, mental, or emotional resources (Lazarus, 1966, 1981; Lazarus & Folkman, 1984). An overview of anxiety disorders and more complete information regarding Generalized Anxiety Disorder follow.
In *The Diagnostic and Statistical Manual of Mental Disorders, 5th ed.* (American Psychiatric Association, 2013), the section on Anxiety Disorders began with a general overview and description of all anxiety disorders:

All shared features of excessive fear and anxiety related to behavioral disturbances. *Fear* is the emotional response to real or perceived imminent threat, whereas *anxiety* is anticipation of future threat. These two features overlap but also differ. Fear is more often associated with surges of autonomic arousal necessary for fight or flight, thoughts of immediate danger, and escape behaviors. Anxiety is more often associated with muscle tension and vigilance in preparation for future danger and cautious or avoidant behaviors. The anxiety disorders differ from one another in the types of objects or situations that induce fear, anxiety, or avoidance behavior, and the associated cognitive ideation. Thus, while the anxiety disorders tend to be highly comorbid with each other, they can be differentiated by close examination of the types of situations that are feared or avoided and the content of the associated thoughts or beliefs, and persist for six months or more. (pp. 189-190)

Generalized Anxiety Disorder (GAD) is characterized by excessive anxiety and worry (concern that something bad is going to happen), about several life tasks, that lasts over six months or longer. The person has trouble controlling the worry. The anxiety and worry are associated with three or more of the following symptoms that have been experienced more days than not during the last six months: feeling on edge, keyed up, or restless; being easily fatigued; mind going blank or having difficulty concentrating; irritability; tenseness in muscles; having difficulty sleeping or staying asleep. These symptoms and anxiety or worry are so prevalent that
they impair normal functioning or cause great distress (American Psychiatric Association, 2013 p. 222).

The associated features of Generalized Anxiety Disorder (GAD) may include trembling, twitching, sweating, nausea, feeling out of breath, having to go to the bathroom frequently, and hot flashes. The symptoms may increase or decrease depending on the person’s level of anxiety. Females are twice as likely as men to develop GAD, (Seedat, Scott, & Angermeyer, 2009). Persons of European descent are more likely to develop GAD than persons of non-European descent, (Lewis-Fernandez, Hinton, & Laria, 2010). The disturbance is not caused by drugs or another disorder. Treatment for GAD usually includes psychotherapy, medication, or both (NIMH, 2015). The lifetime morbid risk for GAD is 9.0% (Kessler, Petukhova, & Sampson, 2012; American Psychiatric Association, 2013).

Generalized Anxiety Disorder best fits the characterization of worry, anxiousness, and fear of inability to cope with future situations related to technology and the accelerated rate of changes in society. With the reality of continued rapid rates of change to all aspects of life, it seems obvious to presume that Adlerians will have increasing numbers of clients requesting help in dealing with symptoms of anxiety, and feeling unable to cope successfully with the rapid changes in their lives. It seems appropriate at this point to investigate Adler’s thoughts about anxiety. He devoted a section of a book to defining anxiety and mentioned anxiety in his description of the neurotic character and lack of connection to the world.

**Adler’s Definitions of Neurosis and Anxiety**

Adler (1927, 1998) described anxiety as a nonaggressive character trait in *Understanding Human Nature:*
Anxiety is an extraordinary widespread trait; it accompanies an individual from earliest childhood to old age. It embitters her life to a marked degree, distances her from all human contacts, and destroys her hope of building up a peaceful life or making fruitful contributions to the world. Fear can touch every human activity. We can be afraid of the outer world or afraid of the world within ourselves.

One person avoids society because she is afraid of it. Another may be afraid to be alone. Among anxious people we will also find individuals who think more of themselves than of other human beings. Once someone assumes the point of view that life’s difficulties must be avoided, she is inviting anxiety in, and once in, it will reinforce that point of view. There are people whose first reaction to something new is always anxiety, no matter how insignificant the change. They are so out of touch with life and with their peers that every change of situation is accompanied by fear.

The development of an individual’s personality and ability to contribute to our common welfare is markedly inhibited by this trait. Anxiety does not necessarily mean trembling and running away. It can be revealed in the dragging of one’s feet over a problem, approaching a situation hesitantly, or looking for an excuse to avoid it. For the most part, the fearful individual is not aware that her anxious attitude comes to the surface every time a new situation appears. (p. 191)

Adler mentioned the prevalence of anxiety already present in Europe in 1927. He pointed out that the factor of fear accompanied anxiety. He described possible symptoms of anxiety being prevalent throughout all ages including: fear of being alone, avoidance of change or anything new, self-superiority and not connected to society, hesitant, indecisive, and avoidance, but unaware of the dominance of their anxious attitude.
Adler’s writing and speeches discussed the neurotic and how to work with the client. Adler (1931, 2005) described the neurotic character as someone having a social problem regarding relationships with others, or work, or love. He stated:

These three major problems require for their solution, an active social feeling. Any attempt at solving them without a social feeling must naturally fail….They are not to blame, but will fail later because they did not learn early on to connect, to regard themselves as part of the whole. It obviously means a great deal that a child regards himself as belonging, as being part of the whole. It means that he feels himself at home on the earth, and that he has courage. We have found that all neurotics lack courage. This is shown clearly in anxiety neurosis, where the patient always fails. We find the hesitating attitude in all forms of neurosis. (p. 6)

Adler recognized the importance of each person to perceive their self as a significant part of the whole world with a positive, active role in society. He stated the importance of feeling that one belongs in society and has courage to be actively involved. He attributed symptoms of anxiety neurosis as a hesitating attitude, fear of failing, lack of social connection, and giving in to failure due to lack of courage to try.

Contemporary Adlerians’ Views of Anxiety

Modern Adlerians have added several categories to Adler’s three tasks of life (work, social interest, and love). Mosak, and Dreikurs (1967) added two more life tasks: self-care or getting along with one’s self, and spirituality or finding a place in the cosmos. Mosak (1967) also explained Adler’s assumption that everything we think, feel, will or act is to reach a perceived goal. “The significance of the symptom lies in its service to the individual striving for his goal”.

Therefore anxiety is looked upon as a symptom of a deeper issue. The fear factor that Adler mentioned is the deeper issue that needs to be explored with the client.

Manaster and Corsini (1995), in Individual Psychology: Theory and practice, described the maintenance of personality as the ability to adapt. This positive change can occur with thoughts, actions, and perceptions or feelings of improvement. The authors explained that over time each person develops ideas about self, other people, life, the world, private logic. They gave credit to Mosak (1979) for identifying the basic conceptual mistakes that people form as: “overgeneralizations, false or impossible goals of “security”, misperceptions of life and life’s demands, minimization or denial of one’s worth, and faulty values”. (p. 101) Sooner or later, a person’s mistaken beliefs will hamper their ability to cope or succeed causing a personal perception of failure or frustration or stress.

Manaster and Corsini (1995) also presented a definition of anxiety as “a reaction to the discrepancy between a person’s perception of what is and what should be” (p. 108) and they offered these helpful equations:

If $What \text{ is } = What \text{ should be}$…Contentment.

If $What \text{ is } > What \text{ should be}$…Satisfaction.

If $What \text{ is } < What \text{ should be}$…Anxiety. (p.108)

O’Connor and Hooker (1996) discussed anxiety in Psychopathology & Psychotherapy. Their overview of the condition offers a meaningful explanation:

Psychological truth, according to the Adlerian view, is expressed by those inner and outer movements that maximize experiences of self-esteem, social interest, and sense of humor. Anxiety, on the other hand, is the cause and effect of the negative certainty that the future is out of control. Powerful negative forces, it is feared, will overwhelm the spurious solid,
permanent separateness of the psyche.... Of course, the anxiety-ridden person does not express these self-defeating assumptions and purposes with any psychic distance and subsequent humor. (pp. 179-180)

Some unexpected, overwhelming situation where a person is not able to be in control may cause them to be shocked into realizing their mortal/human limitations and instead of demonstrating resilience, they begin believing that they are weak and isolated and, perceived as, out of control. O’Connor and Hooker described a person with Generalized Anxiety Disorder (GAD) as having “persistent, excessive, irrational, ruminating, agonizing, and obsessing thoughts about two or more life situations for more than six months”. (p.183)

The authors discussed the symptoms of GAD as motor tension, autonomic hyperactivity, and hypervigilance; and they gave a definition of GAD as:

Generalized anxiety is a manifestation of the individual’s inability to cope. The primary source of the fear is often not conceptualized, and the individual id consistently in a state of high anxiety. Almost every person and event can be a serious threat to well-being, worth, and belonging, depending on the extent of the lowering and narrowing of self-esteem, social interest, and sense of humor. Even when the fear has generalized to a broad range of people, places, and/or things, the source of the fear or anxiety is not perceived as being related to misery-making ego demands. (p.183)

The previously mentioned Adlerians interpreted and expanded Adler’s concepts to fit the counseling and psychotherapy needs of clients after World War II until approximately the end of the 20th century. They offered clear explanations and developed workable goals for counseling clients. During this time frame, 1952-2000, the DSM-I developed from a statistical compilation

**Current Adlerian Papers Regarding Anxiety**

A literature search for papers published in The Journal of Individual Psychology from 1999 to 2015 that discuss anxiety was performed. Several papers were published during this time frame that presented research findings in both quantitative and qualitative formats. Papers reviewed here dealt with anxiety studies concerning counseling techniques, assessment, testing, treatment strategies for anxiety, and reorienting and change concepts. These papers are divided into three sections: Psychology of Anxiety, Adlerian Counseling, and Coping, Self-Care, and Spirituality. The rapid rate of change in society over the last 20 years and increased numbers of cases of anxiety have brought focus on the need for approaches that encourage adaptation to the uses and control of technology in counseling as well as in the client’s life. The use of technology in examining and explaining symptoms of anxiety in the 21st century and developments in pharmaceuticals that mask the symptoms are common factors in the challenge of counseling and a therapy. A return to holistic approaches and development of coping resources present hopeful reorienting change paradigms. Adler’s insights about the value of social interest and finding the core source of the fear whose symptom is anxiety are still relevant.

**Psychology of Anxiety**

Hjertaas (2004) compared the writings and approaches of Adler to those of existentialist, Ludwig Binswanger. An interesting section of the paper discussed anxiety as a social phenomenon in that every living person experiences some level of anxiety while obtaining and or providing the basic needs of life. Adler and Binswanger both recognized the importance of
involvement with other people as a positive element in life, and that anxiety can obstruct one’s movement toward social usefulness.

Rasmussen and Dover (2006) revisited the theories of evolutionary human development of Theodore Million and Adlerian concepts to the adaptive purpose of emotions in personality. The research of Million explains the orientation and motivation of human beings with three factors: existence imperative, adaptation, and reproduction. Rasmussen and Dover identified three general purposes of emotion: feedback mechanisms, interpersonal communication, and as behavioral mobilizers. They defined feelings as being the internal felt aspects or monitors of a person’s “state of existence, (i.e. the first imperative) and thus motivates forms of accommodation necessary to avoid potential problems and to obtain desired outcomes” (pp. 369-370). This information leads to the point that people judge their quality of life by how they feel, more than by what is actually occurring in their life.

Rasmussen and Dover also noted that the task of therapy is helping the client to develop better ways to derive a perception of wellbeing through their own social interest. Interpersonal communication begins at birth to express needs, discomfort, and emotions; and behavioral mobilizers are extreme emotions such as fear that trigger a fight or flight response. When a person experiences an event that causes them to perceive any element of their life in an unpleasant or threatening or negative way, they can become anxious or stressed until they use coping skills to return the perception of wellbeing. It would seem that the authors presented a possible definition of today’s anxiety as being a balancing act of accommodation to a positive feeling, rather than to a possible negative outcome that is perceived as possibly not working out or causing embarrassment or feared failure. This process of balancing can often cause over
compensation, over preparedness, faulty reasoning, or flawed or detrimental methods to
overcome perceived danger or negative outcome, real or imagined.

Grisel, Rasmussen, and Sperry (2006) presented a conceptual integration of physiological
processes as they relate to stress and anxiety and to depression, and concepts thought of as being
psychological. They explained the desire of individuals functioning in modern society to create
or perceive pleasure throughout all parts of their life. When displeasure is experienced or
perceived, the body’s natural responses kick in and place the person in the situation of having to
readjust their thinking or behaviors in order to reduce the stress, anxiety or depression. The
authors presented a diagram of the HPA (Hypothalamic-Pituitary-Adreanal) System showing
how levels of cortisol and adrenaline increase in the body during an unpleasant or threatening
event.

The increased development in pharmaceuticals have reduced the symptoms of stress,
anxiety and depression but do not get to the core causes or issues. Grisel, et al. pointed out that
early negative/frightening childhood experiences, pampered upbringing, and shocking
experiences in current life can all create perceptions of extreme fear and inability to create
acceptable positive conditions for some aspect of current life. The authors offered practical
treatment guidelines that included a complete, holistic assessment. They stressed the importance
of learning about all of the clients medications, current or former, as well as medical or
psychological treatments. The final statement in this paper summarized the observation that the
current prevalence of pharmaceutical interventions may “attenuate negative affectivity, they do
not change one’s private logic. Change in one’s private logic will require the development of an
appreciation for the value of social interest” (p. 412).
The work of Grisel, et al., (2006) included treatment guidelines for clients needing psychoanalysis and pharmaceuticals. They stressed the importance of educating about the biological and psychosocial dimensions of anxiety and depression. They emphasized the importance of clear thinking when reorienting thought processes. Pharmaceuticals can change affect or cloak symptoms but do not address the root of the problem.

Nash and Nash (2010) in Individual Psychology and individual differences in psychophysiology, discussed organ inferiority and how computer systems have the ability to monitor and track physiological responses to various subjects or situations. By studying the client’s results, the clinician can share the information with the client about their particular “psychophysiological status”, and then proceed to address “mistaken beliefs”, and possible “maladaptive compensations” that the client has adopted. The authors discussed possible uses of biofeedback and neurofeedback for treating ADHD, hypertension, and anxiety disorders.

Recent developments in technologies have made it possible to monitor physiological symptoms of stress and anxiety while newly developed pharmaceuticals can reduce outer appearances of anxiety symptoms. These developments increase the theoretical understanding of anxiety and give the Adlerian new options for tracking and comparing measurements of anxiety levels of the client over time. Getting to the core causes of the anxiety symptoms requires counseling and psychotherapy to help the client gain understanding, reorient their thinking, and learn how to managing life situations that may cause stress or anxiety. The following section contains Adler’s writings about counseling style for the neurotic character and possible approaches the use. Reviews of papers regarding recent approaches in Adlerian counseling and psychotherapy for anxiety are presented.
Adlerian Counseling

Adler (1935, 2005) described a counseling style and process that would prevent neurosis in a client. He suggested having discussions with the client to learn about their problem, early childhood, and emotional state of mind. He stated:

In neurosis, therefore, we always face a highly placed goal of personal superiority. When applying the principles of Individual Psychology to such a case, we can demonstrate how this goal of superiority permeates all phases of life and all the individual’s attitudes toward his problems from earliest childhood on. For therapeutic purposes, this information had to be shared with the individual carefully and kindly. Understandably, such a highly placed goal of personal superiority reflects a lack of the proper measure of social feeling and precludes the development of healthy interest in others. The striving for personal superiority and the non-development of social feeling are both mistakes, not two mistakes, but one. Finally the investigator must look at a third element. In cases of neurosis, we deal with comparatively less active individuals who because of the unchanged style of life, even in their childhood, lacked the activity required for the correct solution of their problems. The use of numerical analysis is just as impossible as the quantitative examination of the degree of social feeling or striving for personal power. Only creative, artistic empathy used to determine the continuity of these phenomena can measure the psychological activity of an individual. (pp. 153-154)

Adler stressed the importance of creating a positive, empathetic rapport with the client, listening to their problem, and gaining information from their early life. He indicated that good counseling techniques would make more progress than focusing on quantitative measurement and research.
Although current developments in technology are useful for measuring anxiety levels of clients, the general goals of counseling espoused by Adler are currently still valued and expressed in current terms and counseling styles. Dinkmeyer, Jr. and Sperry (2000) defined four objectives of Adlerian counseling:

- establishing an empathetic relationship between counselor and client, in which the client feels understood and accepted by the counselor; helping clients understand their beliefs and feelings, as well as their motives and goals that determine their lifestyle; helping clients develop insight into mistaken goals and self-defeating behaviors; helping clients consider alternatives to the problem behavior or situation and make a commitment to change. (p. 61)

Hjertaas (2009) discussed Karen Horney’s definition of basic anxiety and how it can be applied on Adlerian counseling. Horney believed that anxiety was linked to negative childhood experiences that caused the person to think that they were not accepted by other people, feared initial connections with others, and was generally insecure in the world. Adler called this phenomenon an “inferiority complex”, i.e. the person does not approach others and the world as it comes in general relaxed terms, but tries to overdo or be perfect and creates even more anxiety. Hjertaas reviewed several views of social anxiety and gave some suggestions for Adlerian psychological treatment: lifestyle assessment, acting “as-if”, and encouraging belonging and autonomy.

Curlette and Kern (2010) reviewed several papers that presented statistical results from assessment tools about measuring belonging in lifestyle. The authors presented evidence–based research that supported the Adlerian concept of the importance of a person’s need to belong. The belonging aspect of social interest or community feeling in a person’s lifestyle was assessed by
the Belonging/Social Interest scale and the Being Cautious scale of the BASIS-A Inventory. The results of the papers’ research led the authors to general statements backed up with statistical results from the tests. They discussed the importance of how meeting the need to belong, as measured by people’s perceptions of belonging or fitting in, as children, is related to reported social support as adults.

Carlson, Watts, and Maniac (2006) discussed the importance of tailoring psychotherapy and counseling specifically for each client. They defined anxiety as a safeguarding mechanism “when people frighten themselves out of doing things. They could simply decide not to do these things, but then they would have to face their complexes and admit them. With anxiety as a mechanism, they claim they are too afraid to try.” (p.61) The authors stated that the Adlerian therapist’s strategic goal was to increase client’s social interest and community feeling. The processes included in attaining the strategic goal were to decrease symptoms, increase functioning, increase the client’s sense of humor, and produce a change in client’s perspective.

Adler (1927, 1998) viewed anxiety as a symptom of the strong feeling of fear. He described fear as being related to all living creatures in response to perceived danger. The young child retreats to parents or siblings for safety until they gain understanding and skills to overcome or avoid the danger. Those persons who never are given the opportunity to overcome on their own volition (due to, neglect, over protection, or pampering) will become fearful of most aspects of life and demand the assistance of others to make choices for them to meet life’s challenges. After a while this reactive fearfulness becomes a habit and the person does not try to solve any issues of life independently. They become fearful and anxious about any problem or challenge that occurs. The fearful person has a high sense of superiority and is stubbornly
demanding that others come to their aid. This person uses fearfulness to avoid the regular demands of life and manipulate others as well.

Adler’s style of counseling was to talk face to face with the client and learn about their problems and symptoms. He would learn about the client’s life and family constellation. Through early recollection, he would learn about the client’s experiences with fear. Current Adlerians still use the early recollection (ER) as a way to learn about a client’s family, life experiences, ways of thinking, beliefs, relationships, major events and fearful experiences. Adler indicated the importance of learning about the client’s strengths that would be helpful during therapy. His basic paradigm for counseling is still followed to this day.

Disque and Bitter (2004) reviewed the works of Ed and Barbara Janoe regarding early recollections techniques to help people understand and cope with difficult feelings. The authors presented the Janoes’ model for integrating body awareness and early recollections, and exploring restorative reorientation processes. The authors suggested that this therapeutic technique could be used with symptoms and experience as well as emotions, and was a similar restorative process for people who had suffered trauma or whose memories characterized by overwhelming fear.

Coping, Self-Care, and Spirituality

With the increase in social changes in recent years, Adlerians have been researching ways to lessen stress and anxiety, to encourage more ways to practice self-care, and to develop a greater appreciation of spiritual values, pursuits, and recognition of a higher being. Each individual is born with special gifts to share with the greater society.

Kern, Gfroerer, Summers, Curlette, and Matheny (1996) studied the effects of stress and personality on mental and physical health of 173 females college students by administering the
BASIS-A Inventory and The Coping Resources Inventory for Stress. This project was the first study to quantitatively compare variables of personality to coping resources. The results are useful for Adlerian counselors with clients having presenting problems related to stress. The results indicated a sense of belonging correlated with coping resources. The relationship of early childhood recollections that indicated a strong sense of belonging also showed a higher level of coping resources on the test scores.

Matheney, Gfroerer, and Harris (2000) discussed work stress, burn-out, and coping skills. The blurring of lines between the workplace and home has created conflicted demands on time usage, while the use of electronic processes and devices has lessened direct contact with other workers and family members. The situation causes all of the main tasks of life to suffer from lack of complete attention at any given time. The authors discuss burnout and the development of definition and construct of burnout. Coping styles and personal skills and resources as well as treatment strategies for burnout were discussed.

McCarthy and Tortorice (2005) examined Adlerian Counseling as a way to develop preventive coping resources for the client. They observed that there were similarities between personality constructs of preventative coping and the Adlerian emphasis on social interest. The authors suggested that Adlerian counseling has the potential to explicitly help clients develop preventative coping resources. Examples of coping resources useful for preventing and combating stress were: self-confidence, self-directedness, and acceptance of self, others and the world were acknowledged from research presented (Matheny, Curlette, Aycock, & Junker, 1993). The authors revised their stress model to include coping resources that could be employed after the initial appraisal of demands phase. These coping resources offer resilience against instinctual
stress responses. The authors reported that the use of proactive approaches, rather than reactive responses, lessened overall stress in their model.

Herrington, Metheny, Curlette, McCarthy, and Penick (2005) is a quantitative study of the effects of coping resources, lifestyles, and life experiences on two forms of emotional distress, anxiety and depression, among university women (n=435). The authors’ basic research question was “Will measures of stress coping resources, lifestyles, and negative life events, both collectively and separately, predict the presence of emotional distress in university female students?” (p. 347) The study include volunteers from three universities in different sections of the United States who completed a battery of tests: Coping Resources Inventory for Stress, CRIS; BASIS-A Inventory; Life Experiences Survey; Beck Depression Inventory; and; State-Trait Anxiety Inventory-A.

The results of the study indicated that the three elements of coping resources, lifestyle, and life experiences were more predictive of anxiety than depression. Coping resources were the most effective buffer between life demands and emotional distress. The authors stressed the importance of paying particular attention to the client’s levels of confidence, social support, social interest, and going along with others or rules. They recommended developing a positive collaborative relationship with university women in finding ways to increase resistance to anxiety and depression. This paper reflected many issues about stress and anxiety, and coping resources. The importance of building coping resources with clients enables them to better handle life’s challenges with positive thoughtful actions rather than reactive emotional, reflex responses.

Myers and Sweeney (2005) updated the Wheel of Wellness and present the “indivisible self” as a holistic model for human well-being. The authors were influenced by Adler’s concept
of wellness being connected to all aspects of each person’s life. This new model should be useful for counseling and reorientation. The elements of the newer model were identified and listed within the circle which represented the whole person, the one highest-order of wellness. Five second-order factors were listed:

- **Essential Self:** composed of spirituality, self-care, gender identity, and cultural identity,
- **Creative Self:** thinking, emotions, control, positive humor, and work
- **Coping Self:** realistic beliefs, stress management, self-worth, and leisure
- **Social Self:** friendship and love
- **Physical Self:** exercise and nutrition, (p.272).

The authors discussed the usefulness of this model for the client to become aware of the elements of wellness for one’s whole self as strength based and choice oriented for positive change. The model speaks to 21st century lifestyle issues and can be helpful in pinpointing areas needing attention in counseling.

Matheny and Curlette (2010) presented insights into the development, differences and uses of the Coping Resources Inventory for Stress (CRIS) and the CRIS-SF (Short Form). Both tests were based on the transactional theory of stress (Lazarus, 1966, 1981; Lazarus & Folkman, 1984) that viewed stressful reactions as the result of an imbalance between perceived demands and perceived resources. This imbalance may lead to inability or unwillingness to cope, indecisiveness or safeguarding neurotic lifestyle. Both tests were designed to measure resources in place before stressful events occur, not the client’s behaviors after stressor have been encountered. The CRIS has 280 true-false items while the CRIS-SF has 70 true-false items. The six primary scales are broken down into 12 subscales: Confidence – situation control and emotional control, Social Support – support from family and support from friends, Tension
Control – physical tension control and mental tension control, Structuring – making plans and carrying out plans, Self-Directedness – asserting one’s rights and trusting oneself, and Physical Health – wellness and energy (p. 396). The authors suggested that these inventories can be useful tools for the counselor to consider during the reorientation stage of the therapeutic process.

Rasmussen (2006) presented Pareto’s 80/20 Principle applied to life, therapy and quality of life. He presented a discussion regarding facing the tasks of life as being 80% mundane and sometimes not so pleasant or perfect as people are led to believe. The meaning of happiness was offered. He said:

While perfection is what we strive for, success is not the standard. Earlier in the issue, my coauthor and I argue that we humans live our lives in search of positive feelings, for a felt plus. Unfortunately, many of the people who seek our treatments have essentially grown up with the notion that positive emotions, perhaps most notably happiness, (a) can be achieved as a regular state of existence, (b) should be the baseline emotion, and/or (c) comprise a state of existence that each is entitled to. None of the above is true. Happiness is not a state that one achieves like a promotion for a childhood well spent or a genetic lottery won, and positive feelings are not the physiological baseline incumbent of the human condition, nor are we necessarily entitled to positive feeling states---regardless of what our parents might have believed. (p.455)

The author focused on the unrealistic concept that most of one’s life should be filled with happiness and ease and suggested that clients need to realize a more realistic understanding of what life is like.
With the reality in mind, that we spend most of our time dealing with unpleasantness, Rasmussen suggested that perhaps Pareto’s Principle of 80% and 20% could be applied to quality of life. Roughly 80% of our time and energies are focused on life functions that range from mundane to horrible, leaving 20% for more pleasant experiences. Rasmussen, stressed that it is important that the client realizes the fact that even after successful treatment the continuum of their life will be spent dealing with mundane, unpleasant situations, things they cannot control like weather, unexpected events, and it is essential to develop some skills to turn negatives into workable positive situations.

Bitter, Sonstegaard, and Robertson (2002) presented a contemporary, general overview of Adler’s three tasks of life with applications for living and professional counseling. Basic examples of Adlerian counseling styles were given. Encouragement of clients and emphasizing their strengths was mentioned. The community feeling (gemeinschaftsgefühl), capacities for friendship and belonging were stated as important parts of life to develop and share in relationships, work and love.

In the previous papers, ideas for reducing symptoms of anxiety and getting to the core causes of fear were emphasized. The timeless value of Adler’s wisdom regarding counseling styles and descriptive astuteness regarding the anxious client. The development of coping resources in anxious clients is a very important goal for the preventative approach of reorientation. Self-care and holistic wellness have become accepted concepts in contemporary, Adlerian life style reorientation commentary, while discussions about spirituality have been somewhat sparse.

Mosak and Dreikurs (1967) pointed out instances when Adler mentioned a higher being but never named it. Adler used terms such as” the spiritual, the existential, the search for
meaning, the metaphysical or the metapsychological” (p. 108) in his writings. The important point about spirituality is that it centers on the concept of a higher being and one’s being a part of the universe, the world, and society. There is usually emphasis on helping others and having the feeling of belonging, friendship and being able to encourage others toward positive life and works for the greater good of all.

Relating the discussion of spirituality back to anxiety in a rapidly changing world, Sweat (2010) interviewed Susan Silbey, Ph.D., sociologist at Massachusetts Institute of Technology. Sibley noted that mankind has always faced difficult situations and uncertainty. A big difference between previous times and today is that in the past people looked to God to help them through difficult times. She said:

Several hundred years ago there were very few people who didn’t have some religion, which gave them an explanation of the world. But for many people today, that doesn’t exist as an answer anymore….When the religious belief system erodes away, people generally do not cope as well with change and stress. (p.3)

By realizing that we are each created by a higher being and have the potential to use our skills and abilities for the greater good of mankind, we are working toward the progress of mankind. In “Progress of Mankind“, Adler (1937, 2005) described the perspective that when we are born into the world, we receive all the developments and knowledge of our ancestors to use in our lifetime to help in the progress of civilization. New problems arise in each generation and need our attention and creativity to solve. As we grow older we must realize that the current, new challenges and problems will be addressed by the next generations to solve to the best of their abilities. Adler said:
In the holistic relationship between man and cosmos, progress will rule until the decline of the human family....With the limitation of our senses and our understanding of the ultimate things, rational science speaks the last word. At this point, a strong word is spoken by Individual Psychology with its emphasis on the whole and on social interest. (p. 216)

The rapid rate of change in society over the last 20 years and increased numbers of cases of anxiety have brought focus on the need for approaches that encourage adaptation to the uses and control of technology in counseling as well as in the client’s life. The use of technology in examining and explaining symptoms of anxiety has increased in the 21st century. Developments in the use of pharmaceuticals that mask the outer symptoms of anxiety, but do not address the inner core causes, are common factors in the challenge of counseling and therapy. A return to holistic, wellness approaches and development of coping resources present hopeful reorienting change paradigms. The importance of spiritual pursuits and community connection is evident as they offer many opportunities for feelings of belonging, community feeling, family and individual experiences, self-care and helping others. Adler’s insights about the value of social interest and finding the core source of the fear whose symptom is anxiety are still relevant. A creative and flexible tool to use during the process of counseling and psychotherapy clients with GAD is music.

**The Functions of Music in the World**

Music in one form or another has been part of all societies of humankind since recorded history or before. An interesting fact is “most myths and legends regarding music’s origin suggest that some supernatural being gave music to people”, (Radocy & Boyle, 1997, p. 28). The
authors compared four scholarly perspectives regarding the function of music: cultural anthropological, sociological, psychological, and evolutionary.

1. Merriam (1964), a cultural anthropologist, presented the functions of music in all societies: (a) emotional expression, (b) aesthetic enjoyment, (c) entertainment, (d) communication, (e) symbolic representation, (f) physical response, (g) enforcing conformity to social norms, (h) validation of social institutions and religious rituals, (i) contributions to the continuity and stability of culture, and (j) contributions to the integration of society. (p. 10)

2. Kaplan (1990), a sociologist, considered the social aspects of all arts including music. These social functions included: (a) a form of knowledge, (b) collective possession, (c) personal experience, (d) therapy, (e) moral and symbolic force, (f) incidental commodity, (g) symbolic indicator of change, (h) and a link between the past, present, and scenarios of the future. (pp. 13-14)

3. Gaston (1968), a psychologist and professor of music education, contemplated music’s function for the individual rather than society. Gaston named eight functional considerations of music for a person: (a) the need for aesthetic expression and experience, (b) the influence of the cultural matrix on the mode of expression, (c) the integral relationship between music and religion, (d) music as communication, (e) music as structured reality, (f) music’s relationship to the tender emotions, (g) music as a source of gratification, and (h) music’s potency in a group. (p. 15)

4. Another perspective was that music served such an important part of almost every culture and society because of biological development (Sloboda, 1985) and music’s biological adaptive value (Dowling & Harwood, 1986) were connected to evolution,
adaptation, and development of human cultures. Sloboda pointed out that in primitive, non-literate cultures, “music provided a unique framework with which humans could express, by temporal organization of sound and gesture, the structure of their knowledge and social relations. Songs and rhythmically organized poems and sayings formed the major repository of human knowledge”. (p. 267) Sloboda viewed human mental processes as a product of evolution and motivated use of language and music. Dowling and Harwood (1986) suggested that evolution occurred in gene pools of groups over hundreds of thousands of years. Singing and music playing served as a form of social solidarity, a “highly stable set of culturally transmitted shared behaviors”, having biological adaptive value, and still serving societies in present times. (p. 236)

The varied and flexible qualities and uses of music as a therapeutic tool in addressing the symptoms of anxiety are quite apparent. Particularly useful concepts where music could be used in therapy are relaxation or stimulation, communication, expression of feelings, collaboration, social platform for expression and group functioning, frame work for imagery or reminiscence. Research and therapies regarding the effect of music on the symptoms of anxiety have been documented by music therapists for many years. This information can be reassuring and useful to Adlerians when considering the use of music as a therapeutic tool in their practice of counseling and psychotherapy.

**Effect of Music on Symptoms of Anxiety**

There is no shortage of evidence-based research statistically proving the usefulness of music as a therapeutic tool for the symptoms of anxiety in various settings. Quantitative and qualitative research papers addressed the effect of music on anxiety of subjects over the age of
18 in university or medical or psychotherapy settings. The papers were reviewed by peers and published in professional journals. The results of the research were published between 1984 and 2015. The research findings reflect music’s effect on symptoms of anxiety, influence on physiology, affect, and therapist or subject chosen music.

**University Settings**

Research articles from the university settings were generally focused on finding out which type of music was most effective in reducing anxiety levels in small groups of subjects. Types of measurement concerned aspects of music, music selection and music’s effect on anxiety levels, affect, and physiological measurements of subjects during the music therapy sessions. It is important to note the narrow range of ages of subjects studied in the university setting when only students take part in the research.

Hanser (1985) suggested the possibilities for more technical and measurable research regarding the effects of music on anxiety and stress. The author described two coping strategies for anxiety or stress using music. The instrumental model attempts to change a troubling situation by altering the environmental demands or the capacities and capabilities of the client. The second coping model for anxiety and stress using music is the palliative approach that features managing tension and avoiding or minimizing distress using a variety of possible techniques like guided imagery and music, the relaxation response with yawning, measured breathing, progressive muscle relaxation, biofeedback, hypnosis, or imagery. Hanser mentioned that both models for coping with anxiety and stress are usually integrated for interventions for regulating affect, focusing attention, and solving the immediate problem. She challenged music therapists to do more quantitative research on the wide possibilities for technical measurement as well as descriptive studies regarding music and anxiety and stress.
Davis and Thaut, (1989) focused research on the measurement of physiological and psychological subject responses to subject-selected relaxing music. Physiological data collected included: vascular constriction, heart rate, muscle tension, and finger skin temperature. Psychological data were assessed with the Spielberger State Anxiety Inventory and a seven-point Likert type scale for self-rated relaxation. The results of the measurements indicated anxiety decreased and relaxation increased from pre to post testing. A confounding variable of this research measuring anxiety and relaxation was that it occurred in the weeks leading up to final examinations on a college campus. Clinical implications for this study were that the use of a sophisticated neuropsychology laboratory offered a wide range of different types of measurement in a noninvasive way. Repeated testing of a subject would offer a better understanding of their baseline measurements and range of perceptions of stressing and relaxing stimuli. The use of subject selected music revealed the wide range of music that was considered to be relaxing even though it may be measured as physiologically stimulating.

Thaut and Davis (1993) compared the effects of subject-selected versus experimenter-chosen music of college students (n=54) in three areas: affect, anxiety, and relaxation. Statistical analysis indicated that on two anxiety assessment tools (State Trait Inventory, and the Visual Analog Scale of Relaxation), all three subject groups achieved relaxation with or without music. There appeared to be no measurable difference in the effect of subject-selected music and experimental music composed and marketed for relaxation on subjects at a university. The third Assessment tool was the Multiple Affective Adjective Checklist which was also administered before and after the 15 minute listening while reclining session. The results stayed the same for all three groups and there was a lowering of the measured hostility level in all groups. It was found that reclining quietly can achieve the same levels of relaxation as listening to music.
The relationship between types of routinely listened to music and characteristics of the listeners’ moods, was studied through a survey by Stratton and Zalanowski (1997). Three groups were sampled: college students (n=122), college faculty (n=99), and the general public (n=122). Two questionnaires were answered by each participant. The music listening questionnaire asked each participant to estimate the number of hours per week that they listened to different styles of music. The Multi Affect Adjective Checklist-Revised was used to assess how participants usually felt regarding five moods: hostility, positive affect, anxiety, depression, and sensation seeking. The survey results raised an interesting question regarding listener mood and their music listening: What is the reason someone listens to a particular piece of music? Three possible responses are: to change their mood to one more positive, to empathize with a mood that matches their own, or to enhance or amplify their sad or negative feelings.

One interesting paper that appeared in Humor: International Journal of Humor Research presented research that compared the psychological effects of aerobic exercise, music, humor and sitting quietly on the anxiety levels and effect of 20 healthy women in England by Szabo, Ainsworth, and Danks (2005). The subjects were assessed before and after each weekly treatment for anxiety and affect. Assessment tools included the Spielberger State Anxiety Inventory, the Profile of Mood States, and the Total Mood Disturbance Score. A heart rate monitor was used during the aerobic exercise session. A commercially taped version of “Friends” was viewed for the humor session. An album of new-age music without lyrics was used during the music listening session. Each subject was assessed for anxiety levels and affect before and after each session for four weeks. The results indicated a significant decrease in anxiety after all four interventions. Negative affect decreased in all but the sitting quietly (control) session. The ranking of responses for improved affect were humor, followed by music and then aerobic
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exercise. More research involving larger numbers of subjects needs to be done regarding the long term effects of humor, music, relaxation and aerobic exercise on anxiety levels and effect of women.

Medical Settings

Research in the medical settings was concerned with reducing more extreme levels of stress and anxiety that occur due to the nature of surgery and other medical procedures. Measuring how the patients’ perceptions of well-being and relaxation can be affected for a while by various means including music even when the physiological measurements indicate no change in vital signs. Clients can practice relaxation techniques while listening to self-selected music to improve sleep and reduce symptoms of stress. The repeated practice of having vital signs taken and being connected to monitors lowered the perceive stressfulness of those procedures and can give more representational readings of a patient.

Mandel (1996) described how patients can be taught to manage stress and reduce negative health effects. Music can play a part in an educational process, helping patients to learn, regain, and maintain a healthy lifestyle. The author described a program called “The Patient Music Therapy for Stress Management Patient Plan” that was instituted in a cardiac ward of a hospital for patients having difficulty coping with daily stress and/or stress associated with chronic illness. Specific examples from the registration form included various goals. The patient verbally identifies stressors, positive and negative stress, feelings expressed when stressed or when relaxed. Goals for coping techniques included expression of feelings, alteration of demands, positive thinking and self-esteem, nutrition, exercise, relaxation and distraction. Goals for music-assisted relaxation included deep breathing, progressive relaxation, autogenic relaxation, and imagery. Patients were expected to follow through with music listening by
identifying music conductive to relax, receiving music-assisted relaxation tape or CD, attending weekly individual or small group music therapy sessions, and practicing music-assisted relaxation at home. Over a four year period 142 patients were involved in stress management sessions with 64% returning for more than one session.

Mandel, Hanser, and Ryan (2010) Effects of music assisted relaxation and imagery with a CD from music therapist in cardiac rehabilitation were examined. 15 clients had been diagnosed with coronary heart disease were given a CD that contained therapist selected music for relaxation, with recorded verbal directions to assist in relaxation, imagery. There was evidence of client relaxation immediately after listening to the CD. However, there was no proof of relaxation over extended time. Clients followed the directions for relaxation from music, but tired of the therapist choices and wanted to select their own favorite relaxation music. They also found the voiced directions superfluous as they had learned how to relax on their own and did not need the verbal cues.

A study that reviewed research on music and pain and anxiety was recently completed. Yinger and Gooding, (2015) carried out a systematic review of research that studied the effects of music-based interventions, held in medical settings for pain and anxiety. The potential for music to help reduce pain and anxiety was reviewed. Electronic and manual searches of professional, peer reviewed, medical and music therapy journals were carried out for the years 1975 through 2014. Criteria for relevance and quality assessment ratings carried out. Of the 272 possible papers, 50 finally met all criteria and had been published from 1994 to 2013. Results varied across studies with 48% indicating less anxiety for music intervention participants. In order to improve research quality and reduce risk of bias, the authors suggested investigators should carefully consider design factors, including randomization, treatment allocation.
concealment, blinding outcome assessors, intention- to-treat analysis, and more detailed intervention reporting when publishing results.

**Therapeutic Settings**

There are many qualitative papers and articles published in professional journals that describe uses of music in therapeutic settings. Various topics include the value of using of music in therapeutic settings, surveys of literature regarding particular aspects of the use of music in psychological settings, and descriptions of useful therapeutic techniques in music for clients with symptoms of stress and/or anxiety.

Hanser, (1984) suggested an evaluation model to measure change and progress of a client’s progress in behavioral modification or building a skill. Set a goal and then set up a hierarchy of objectives that lead to attaining the goal. Measurement of progress is done at each session and documented. Examples of uses are for expressing feelings, discussing feelings, with others in a group setting, without reactive, emotional outbursts. The reorientation framework in this study is similar to Adlerian counseling using the change process.

Thaut (1989) discussed the importance of music therapy to provide affective change experiences to clients in the clinical context of behaviors in behavioral learning and change. The relationship between cognition and effect allowed the client to analyze emotion and meaning in music. As a positive mood inducer, or tool for experiences of emotions, music can serve as a core psychosocial rehabilitation technique and compliment for successful therapeutic change and behavioral growth for a many special populations.

Chase (2003) reviewed current literature regarding multicultural music used in therapy. The usefulness of world music to help establish rapport in multicultural settings was discussed. Research implications, practical applications and cultural considerations for music were
provided. The author regretted not finding more published examples of the use of world music in the therapeutic setting. The author was referring only to ethnic cultures, however there are other considerations of cultures that reflect particular parts of today’s society that would appreciate musical consideration as well. Recordings and videos are available on the internet and offer freedom to build rapport, listening and discussing together.

The research papers, measuring the effects of using music as a therapeutic tool, presented several settings and scenarios that are helpful in visualizing possible uses in Adlerian counseling and psychotherapy. Physiological responses can be measured using newer technologies to assist in gaining more reliable data regarding anxiety. There are many similarities in therapy approaches and techniques that can be beneficial in counseling. Several of these will be presented in the next section.

**Adlerian Interventions with Music as a Therapeutic Tool**

Each Adlerian has their own particular style and dynamic as they tailor counseling that fits and helps each client. By reviewing their whole process of counseling, the Adlerian therapist may find possible situations and interventions when music could be used as a tool to assist in the progress of the therapeutic process. When words are not working, music can create a way to connect and communicate. Several possible counseling strategies with music would be: (a) creating a welcoming environment by playing relaxing music when the client is filling out intake and assessments forms before meeting the counselor, (b) building rapport and collaboration, (c) communication skills around the area of emotions and feeling, (d) during reorientation and homework assignments, (e) building relaxation and stress reduction skills, and (f) as an encouragement tool. These ideas are in no way attempting the practice of music therapy; they
represent using easily accessible, recorded music as a creative tool in the Adlerian process of psychotherapy and counseling.

Recorded music can be used during a discussion time to help with explorations of feelings and emotions, if the person could not discuss or describe feelings, or memories easily. Standley (2002), in *Music Techniques for Therapy, Counseling, and Special Education*, has lists of recorded songs that pertain to specific counseling topics or songs that were popular in particular decades. Examples of the topics of songs are active change, crisis intervention, decision making, problem-solving/moving on, and reminiscence (by decade). Internet sites for sources for song lyrics are also supplied in the book. On the internet, songs can be quickly located and played over YouTube.com. Song topic lists can be found on Google.com by searching for songs about _______ (topic of your choice). Lyrics for particular songs can be located on the internet by searching: song title_______ and lyrics.

Several examples of how an Adlerian counselor can use recorded music and/or lyrics as therapeutic tools are presented below. These examples do not represent music therapy, but are ways for the Adlerian to connect in a different way with a particular client. Various instances or techniques that occur during Adlerian psychotherapy and counseling are presented, followed by an example of possible use of music as a therapeutic tool to reduce anxiety.

**Intake and Rapport Building**

1. During the intake process when a client is filling out forms in the office: Play recorded music that is relaxing, and instrumental. It will help to reduce the anxiety level of the client at the first meeting. Be sure that the client feels welcomed and comfortable during the first moments of contact.
2. On the assessment form, include a few questions about the client’s musical experiences: Have they ever taken music lessons? Did they ever perform in a choir or band or orchestra? What styles of music do they prefer? Do they ever go to live performances? Do they have favorite performers?

3. At the beginning of each session to build rapport and reduce anxiety: practice a brief relaxation technique like breathing with recorded music that is instrumental, new age/spa, or nature sounds. This can help both of you work together to have clear minds to focus on the work in the session.

4. One idea for establishing an empathetic, understanding relationship with the client: select a song that discusses a particular life problem; listen to it together with the lyrics printed ahead of time; analyze the lyrics together; collaboratively come up with ideas of general meaning; discuss specific thoughts and feelings that come to mind; and write them down. This may encourage the client to open up and share more readily.

5. During early review of client information discuss issues of culture, ethnicity, and/or language. What was it like growing up in a family like yours? What was the music like when you were ten years old? What specific song did you like best back then? Why? Play that song on YouTube.com. What did those words in the song mean? How did you feel just now when you heard that song? Did you feel that way back then too? What are you thinking right now?

Assessment and Collaboration

1. Homework idea for building rapport and giving client choices: Have the client select a song that describes their present state of mind, or feelings that they experience
currently connected to their particular problem. Listen to the song at the next session and discuss together the meaning of the lyrics and the feelings that it expresses.

2. When discussing the client’s early recollections, playing music selections from the decade or era when they were young, it can help the client to remember thoughts and feelings and events that they experienced. Ask the client to select a song that they like to listen to and remember from their youth and play it or a song that reminded them of when they were very young. This reminiscing can help the client recall memories that were blocked or forgotten. Search YouTube.com and play the song immediately while you continue recollections.

3. Discuss symptoms (anxiety is a symptom) that have started with the present problem/situation. Are there other times when you felt this same way? When was the first time you felt this same way? Can you remember what was happening then? Use music from the client’s past in the background to help discuss recollections of past events that caused the symptoms.

4. Discuss client’s relationships with family and close friends. On a large piece of paper, draw a relational family constellation showing connections and types of relationships. Connective lines indicate relationships (broken/distant, connected/close, and jagged/confrontational) of all persons. Ask the client to select some music to be playing while the two of you work on the project.

5. An Imagery technique: Music works here for creating a new structure or new way of thinking. Have the client think of sitting in the driver’s seat of a car, looking at the radio. There are several push buttons with words on them. They read: unhappy, happy, sad, calm, excited, anxious, mellow, feelin’ good. Realize that you can choose
to live the emotion of your choice. You have the freedom to choose which button you push each day. You can think about the mood you are aiming for and make choices in behavior and music. Possible songs for lyric analysis: “Don’t Worry Be Happy” (McFarrin, 1988).

**Techniques for Anxiety Reduction**

1. Mosak suggested that it is important to help the client calm down so they can focus of the counseling session. (Mosak & Maniacci, Tactics in counseling and psychotherapy, 1998). Musical ideas for calming down: practice deep breathing techniques using relaxing music or nature sounds; discuss rhythmic entrainment and relaxation or stimulation possibilities. Entrainment is what happens when your body naturally matches the rhythm of the music when you listen. This knowledge about rhythm can help you relax or get stimulated.

2. Mosak also recommended these tactic for reducing anxiety:

   **Naming the demon:** After talking with the client, who cannot define what is causing their anxiety, about their issue. The therapist “names the demon” (the problem) that the client is experiencing: like grief, panic, fear of something. Mosak said that by naming the demon, the demon loses its power. Homework: lyric analysis for a song about their demon: “Somethings Got a Hold on Me” (Kirkland & Woods, 1962).

   **Taking over:** The client is truly lost and needs help setting up a new life map to follow. The therapists encourages the client that they can work together through the issues, (Mosak & Maniacci, Tactics in counseling and psychotherapy, 1998, pp. 90-92) Homework: lyric analysis: “Lean on Me” (Withers, 1972).
3. Homework idea: Assign the client the task of creating a song list, or collection of songs on their I-pod or computer, that they find relaxing. Ask them to play their favorite song and discuss how they relax. Other topics could be used in place of relaxation: anxiety, stress, coping, resilience, perseverance, change, happiness, love, positivity, energy, a feeling.

Reorientation and Encouragement

1. Produce a change in clients’ perspective. Change Tactics: Mosak said in the end, psychotherapy is about change (2000). Insight is a meaningful experience that leads to perceptual change and change in the line of movement. (Mosak & Maniaci, 1998, p. 20). Music Homework: Pick something different to listen to this week and report about three songs you listened to and your thoughts about them.

2. Encourage the client to return to singing or playing an instrument in a community or spiritual group. Performing in a musical group can create social interest, community feeling (gemeinschftsgefühl), and also belonging and purpose and be a positive setting for forming friendships. Performing in concerts or in social or spiritual settings is a way of sharing talents with others in the greater society. Encourage the client to become more involved in social connections related to music: volunteer in a performing group in your community, be a support person for a musical group like learning how to run the sound system, go to a concert with someone, help someone connected to music, student or performer, usher at a concert, serve on a committee that promotes music in spiritual settings, other ideas of their own.

3. Encourage movement in thinking, by awareness of minus to positive: Homework: Choose one and report back about what happened: help someone, volunteer, go
dancing, listen to some different music: world music, new age music, techno, or rap, for example. Find a sample of music that energizes you and play it at the next session.

4. Encourage the client to do something different related to music and write a brief report about what happened. This may lead to change in beliefs.

5. Music can be a therapeutic tool through the stages of change that occur during therapy.

**Precontemplation.** The current state of affairs in the client’s life. Music listening assignment of a list of their favorite songs. That might get the client thinking about their current state, and perhaps they might have other ways of living coping, dealing or not dealing with their life.

**Contemplation.** Conscious awareness of the exact situation and thinking about change. Listen to songs about change. Create a list of songs about change from the internet. Lyric analysis of the song: “Landslide” (Nicks, 1975).

**Preparation.** Starting to plan about the change. Define it and make plans for what is needed for the change to become reality. Make a list of what it will take to make one small change. Name the goal and list the objectives (small steps) needed to reach the goal. **MUSIC: Analysis of song lyrics for one song:** “Don’t Stop Thinkin’ About Tomorrow” (McVie, 1977)

**Action.** Start actively making the change occur. Homework: Create an energizing song list from the internet.

**Maintenance.** Keeping the change in place and not relapsing into former situation. Music: client’s choice to share
Termination. Knowing what it takes to continue on in life in a different, new way without extra support or assistance. Consciously giving up the old way and cutting out connections that enabled the old way to continue (Hubble, Duncan, & Miller, 1999). Music: client’s choice to share

There are various ways of using music that fit the client’s life style and “indivisible self” concepts (Myers & Sweeney, 2005). The physical self is concerned with exercise, and listening to music while exercising can help maintain pace and extend time of exercise through entrainment to stimulating music. The aspects of the essential self that are concerned with spirituality and cultural identity would represent musical involvement through performance in community or spiritual settings.

The use of recorded music and lyrics as therapeutic tools is an inexpensive and in the moment way to enhance Adlerian counseling and psychotherapy. Music can ease rapport building and collaborative styles of problem solving and reorientation strategies.

Conclusion

According to National Institute of Mental Health (2015) researchers say that 40 million adults in the U.S. exhibit symptoms of anxiety. A review of anxiety in the DSM-V (American Psychiatric Association, 2014) revealed that the symptoms of Generalized Anxiety Disorder best fit the type of anxiety associated with rapid changes in society. With the continuation of rapid rates of change in all aspects of life, Adlerians will have increasing numbers of clients requesting help dealing with symptoms of anxiety and feeling unable to cope successfully with the rapid changes in their lives.

Adler (1927, 1998) in Understanding Human Nature, described anxiety’s characteristics and the underlying presence of fear. He pointed out that a person’s lack of connection to the
world at large would result in lack of having social feeling or belonging. Adler predicted that a lack of connection to society would eventually lead to problems for a person with their life tasks, of maintaining relationships with people, or work or love (Adler, Neurotic character, 1931, 2005). Contemporary Adlerians have added two more task of life: self-care and spirituality as being implied by Adler before his death (Mosak & Dreikurs, 1967). Modern Adlerians interpreted, expanded and adapted Alder’s concepts to meet the needs of clients from the end of World War II until the end of the 20th century. During that time the DSM developed from a statistical manual of mental illness to a compilation of types of mental disorders that listed symptoms, diagnosis and treatment (American Psychiatric Association, 2015).

A literature search of current Adlerian papers regarding anxiety showed research that focused on psychology of anxiety, counseling techniques and strategies, and coping, self-care, and spirituality. Technologies that can monitor and measure levels of anxiety have become available for assessment and diagnostic purposes. Pharmaceuticals have been developed that mask the outward symptoms of anxiety but do not cure the inner core causes of anxiety. The inner core causes of anxiety symptoms usually center on fear. The importance of building a supportive, collaborative relationship with the client was emphasized in treatment strategies for anxiety. Increasing the client’s coping resources were important to the process of reorientation to prevent anxiety. Coping resources are qualities that the client possesses or can develop to make them more able to deal with challenges of life in a thoughtful, positive way rather than reacting instinctively to a perceived crisis.

A return to holistic, wellness approaches and development of coping resources present hopeful reorienting change paradigms. The importance of spiritual pursuits and community connection is evident as they offer many opportunities for feelings of belonging, community
feeling, family and individual experiences, self-care and helping others. Adler’s insights about the value of social interest and finding the core source of the fear whose symptom is anxiety are still relevant.

A creative and flexible tool to use during the process of counseling clients with GAD is music. The uses of music as a therapeutic tool in addressing the symptoms of anxiety have been documented for many years. A literature search on the effects of music on anxiety revealed research findings from three settings: university, medical and therapeutic. The findings reflect music’s effect on symptoms of anxiety, influence on physiology, affect, and therapist’s or subject’s choice.

Several similar therapeutic strategies and techniques for reducing symptoms of anxiety appeared in Adlerian and music research papers reviewed. The most useful, similar techniques for decreasing anxiety were: relaxation or stimulation, building communication skills, building rapport and trust, expression of feelings, collaboration, building social skills, the use of imagery for reframing thoughts, and early recollections or reminiscence. The use of goals and objectives for reorientation of change and the use of encouragement and building on client skills were also similar. These similar therapeutic strategies and techniques were considered when creating the examples section of this paper. Recorded music and lyrics are easily and quickly accessed on the internet and can used as therapeutic tools for the reduction of anxiety symptoms in Adlerian counseling and psychotherapy.

The next steps in this project would be to offer workshops or mini-courses in how to apply the combination of Adlerian counseling and psychotherapy and recorded music and lyrics into practice. There could be practice sessions where attendees practice finding music and lyrics on the internet and playing examples on YouTube.com. Finding and using the music on the
internet needs to be done with facility so as not to distract from the counseling session.

Feedback could be gained from Adlerians as they tried using music and lyrics in their practices. Processes and interventions could be individually tailored to the client to attain positive results. Although this project is focused on the individual client, it could be adapted for families or groups.
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