I am very glad to be here at your Joint Conference, witnessing the joining of your energies, skills, and creativity. I bring you greetings from your colleagues in art, dance, drama, psychodrama, and poetry therapies. As you know, all seven of the creative arts therapy associations will be gathering for a Joint Conference in November of 1990 in Washington, D.C.¹

The theme of this conference is rhythm, "The Rhythm of Life." But before I talk about that, let me say a word for the melody. After all, most people remember the melody of the song; it's what's up in the treble clef, what the right hand plays. While the rhythm provides a stable ground for the music, the melody dances to and fro, expressing the striving of the music. So let me propose to you that the melody in today's society is the achievement of status, in the sense of improving our position in relation to other professions, that is, our standing or stature.

Imagine this scene:
You arrive at the best restaurant in town and approach the maitre d': "Good evening, I am Dr. Cynthia Briggs.² I have a reservation for two."

¹The National Coalition of Arts Therapy Associations (NCATA) Conference will be held November 1-5, 1990, at the Grand Hyatt Hotel, Washington, D.C. For information, write Peter Jampel, Conference Coordinator, c/o NCATA, 505 Eleventh St., SE, Washington, D.C. 20003.
²At the time of this address, Dr. Cynthia Briggs was President of the American Association for Music Therapy.
"That will be an hour and a half wait, M'am."
"Oh, I don't know if you fully understood... Dr. Cynthia Briggs, MT-BC."
"MT-BC? Oh, yes, of course. Well, actually, I see we do have a table for two. Come right with me."

Or imagine this on the six o'clock news:
Headline: The Governor of the State of Pennsylvania signed a bill today that allows all creative arts therapists to use special automobile license plates with the letters "CAT" so that the public will be able to identify a creative arts therapist in an emergency.

Fantasies? Yes, but such sweet ones, for gaining status is the melody of our American song. The main constituents of status among health care professions are money, power, degrees, awards and titles, and technology. Let me say a word about each.

Fundamentally, in America, the measure of status is money. How much money did you make last year? This, more than anything else, tells you where you stand. How many of you are satisfied with the amount of money you are paid? How many of you feel you deserve to be paid more? But how many of you would freely tell your neighbor how much money you make? If salary is so important to us, why are we so hesitant to make it public? Why so much embarrassment? Shame that our salary is so low, or shame for the other person when they find out how much more money we are making than they? Does money generate that much envy? People protect the privacy of their salary as if it were an intimate part of their body. There is something so inarguable, so immutable about money.

So how much do creative arts therapists make? The answer is between 15 and 70 thousand dollars a year. That leaves quite a range for shame, doesn’t it? We actually don’t know salary amounts very well, since it is hard to get people to report their income. But this question is probably the number one question I am asked by creative arts therapists, employers, and governmental agencies. As a result, the National Coalition of Creative Arts Therapy Associations (NCATA) is developing a national survey that will be sent out simultaneously by all our associations at the end of this year to gather salary information and other job-related data. Our impression is that beginning salaries for creative arts therapists

3 "MT-BC" is the credential for "Music Therapist—Board Certified."

4 NCATA is comprised of seven associations: American Association for Music Therapy (AAMT), American Art Therapy Association (AATA), American Dance Therapy Association (ADTA), American Society for Group Psychotherapy and Psychodrama (ASGPP), National Association for Drama Therapy (NADT), National Association for Music Therapy (NAMT), National Association for Poetry Therapy (NAPT).
range between 20 and 25 thousand dollars, though we are seeing an upward trend due to an increased demand for our services. Many employers are having a hard time finding creative arts therapists. So I predict our salaries will be rising relative to other professions.

Status is also given based on power, largely in terms of numbers and organization. Obviously, we are stronger as a united NCATA with 12 thousand people than we are divided into seven smaller associations. On the other hand, we are currently better organized at the association level than we are at the NCATA level. Those of us working with NCATA are attempting to change that, and we have made progress. NCATA is not only planning the Joint Conference, but has committees, a brochure, a FACT SHEET, a national policy on licensing, a model licensing bill, representation at Joint Commission on Accreditation of Healthcare Organizations (JCAHO), liaison with mental health counselors and other professionals, and is increasingly acting as an efficient, coordinated structure. This will continue to grow. We will need to, since we must have a well-working NCATA in order to act in unison with even larger coalitions of health care professions and state governments to get what we need. Power and influence have been wielded already in a number of cases where creative arts therapists have utilized the organization of NCATA. It helps to have me call up an administrator or legislative aide and say, “Hello, this is Dr. David Read Johnson, Professor of Psychiatry in the Yale University School of Medicine. I am the Chairperson of NCATA, which represents all 12 thousand creative arts therapists in the country. We have become aware of the situation at your hospital and are very interested in the decisions your administration is making. We will be monitoring them closely since they are of such great interest to our 12 thousand members. How can I be of service to you?”

Much of our organizational power will be derived from strong state coalitions, and here we are making rapid progress. Only a few years ago we had five state coalitions. Now we have fourteen. Licensure for creative arts therapists as licensed professional counselors is already a reality in several states. Licensure as creative arts therapists is literally around the corner—I predict within one to five years. Our first breakthrough may very well occur in New York State. The New York State Coalition for Creative Arts Therapies (NYSCCAT) has been working for years in collaboration with other professional groups, and this year has again seen progress toward a generic licensing bill.

One organizational challenge we are facing is establishing the integrity of state boundaries. Licensing and civil service regulations are determined by states, not regions. Unfortunately, creative arts therapists are often organized into regions, or several chapters within one state, or even chapters that cross state lines. The result is that state coalitions of creative arts therapists often must represent individuals, chapters, sub-chapters, and regions, all at the same time. This makes raising money very complex. In those associations with strong regional structures, the
problem arises as to how to give differential amounts of money to different states, without appearing to be unfair. Ultimately, if we are to be effective, we will need to establish strong state-based organizations for each of the creative arts therapy disciplines.

Status is also based on degrees: AA, BA, MA, PhD, MD, and ultimately, the MBA. It is clear that, for licensure for creative arts therapists, the master's degree will be the minimum educational degree. For work in certain institutions, the bachelor's will continue to be sufficient, largely due to the continued commitment of occupational therapists and physical therapists to bachelor's education. However, once licensure is established, pressures will build within institutions to have employees licensed, giving preference to master's level clinicians. Nevertheless, music therapists, burdened by your great fortune to have been integrated within schools of music so many years ago, cannot ignore 80 undergraduate programs and several hundred faculty. The solution will be not to undo or devalue undergraduate education, but to build more master's programs. For, clearly, within the next decade, music therapists will need to have master's degrees for licensure, for job promotion, and for third-party reimbursement.

Status also means awards and titles. To be a registered, chairman, professor of, certified, licensed, clinical, honorary life person does something for any "real" American. For example, I am an Eagle Scout. That means I earned 21 merit badges. Really. Thank you. Twenty-one. More than you have, I'll bet. I can't really remember what they were, but, boy, am I proud. And so we all should be of our awards and titles. Being a certified or registered music therapist is an achievement; being board-certified and licensed would even be greater.

I am reminded of Mr. John Sanguine, who is 97 and a patient in the VA nursing home where I work. He wears his World War I outfit with all of his medals most everyday. He was in the cavalry in 1916 and chased Pancho Villa into Mexico—I think. As you know, men like long heavy things that dangle off their bodies. The more the better. Joe's uniform and medals give him status. He only has one leg, which he says he lost in the war, but didn't. But no one questions him, not with those medals. Can you picture me at 85 with my RDT<sup>5</sup> credential pinned to my chest?

For a developing profession, awards and titles must initially be self-generated. For example, certification or registration is a means by which we give recognition to ourselves. A group of people get together and decide to give themselves initials based on some basic criteria that they all have fulfilled. Licensure is really a version of the same, only we get the State to give its name to our giving recognition to ourselves, since we make up the Board. After awhile, these awards take on an objective

<sup>5</sup>Registered Drama Therapist
status all their own. It's like the Academy Awards, which are just the movie makers giving themselves awards, though everyone else invests these awards with great meaning. I'm pleased to say that our credentials, whether RMT, CMT, ADTR, or RDT, are being increasingly acknowledged and respected by other people. By meaning something to others besides ourselves, these letters achieve a measure of objective reality.

So status emanates from the group but is perceived in the recipient, often the leader. In several African tribes, for example, a king is selected and, for an entire year, he is carried around, given whatever he wishes to eat, has access to all the women in the village, and rules without opposition. At the end of the year, well, the tribe eats him . . . in order to take in his greatness. We do this with our presidents, who are ushered in with great fanfare only to be eaten alive by the media and Congress; and, to some extent, we do it with every leader, who absorbs our esteem and then must relinquish it. I must say that, as the NCATA Chair, I've even felt a few nibbles myself.

Yet another source of status is technology. Give us a machine to work and our jobs are seen as more important. The more complex and space-age the machine, the more status we accrue. To give you an example, many nursing homes are having problems with Alzheimer's patients' wandering. The solution to this problem is to provide direct supervision or monitoring by a person who can be with these confused patients and help them participate in activities, talk, or just sit together. The cost of this can be kept relatively low. Instead, in the nursing home market today, technological solutions abound, including locking an electronic bracelet around the ankle of the confused person and having alarms go off if they pass invisible detectors in doors or walkways. Complex electronic systems with television scanners are being devised. One administrator felt it was inhumane to restrain his patients so he spent many thousands of dollars constructing an outdoor garden for them to walk in. However, since they could fall there too, he thought he might set up television cameras throughout the garden, with the monitors in his office so that he could ensure their safety! That is, he could watch them fall down, as they wandered alone through a garden maze.

Take, for example, the need for people-oriented educational and treatment programs to address the drug abuse problem in our country. Instead of meeting the need at this level, our government has been attracted to the high tech solutions of coast guard radar surveillance, helicopters, border electronic scanners, missiles, and defoliation.

Just as technological equipment has affected occupational therapy, and biofeedback and computerized test scoring have influenced psychology, so too will the development of assessment instruments,

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6RMT = Registered Music Therapist; CMT = Certified Music Therapist; ADTR = Academy of Registered Dance Therapists; RDT = Registered Drama Therapist
packaged techniques, and video, electronic, and computerized interventions affect our field. High tech. High status.

Are we on the path toward greater status, toward more degrees, more awards and titles, more money, more power, and more technology? Yes, we are. Will this improve our profession? Yes, it will. Just like all the other health care professions before us. This is the melody. Now to the bass clef and the underlying rhythm of our profession.

At heart, what do we do as therapists? I believe that often it is not our technological interventions, but the power of being with another suffering person, showing a genuine warmth and presence, that is solacing. Essentially, this is what scientists pejoratively call the "placebo effect," that is, the impact of a helpful presence on a suffering person, separate from the effect of a specific intervention such as medication or surgery. For creative arts therapists, like all psychotherapists, do not really treat the fundamental disease entity itself, such as schizophrenia, learning disability, retardation, traumatic stress disorder, or personality disorder. We treat the human being's sense of courage, esteem, ability to cope, and capacity to find meaning in lives that have been affected by an illness or disability. Rather than viewing this negatively, as only a placebo, let us not be ashamed of being the placebo, for it can explain anywhere from 10% to 90% of the improvement from the treatment.

In the last century doctors were healers in a full sense. They did everything: gave medicines, nursed, listened, sat, played cards with their patients. As medicine became more technologized and organized in the latter half of the nineteenth century, doctors departed from the "being with" part of the task, and the profession of nursing grew out of the resulting need. However, by the turn of the century, nurses were no longer able to just "be with" patients and do things with them. The fields of occupational therapy and social work then developed out of this need for someone to serve the psychosocial needs of the patient. By World War II, occupational therapists had put on their white coats, developed their splints and procedures, and could no longer be with clients. That lead the way for the field of activities therapies to grow in the fifties and sixties. Today, we have differentiated and professionalized into the creative arts therapies and recreational therapy, and now we are becoming too busy to just "be with" our clients. Having gained some status, we look down on parties and sitting and bingo, and even if we value these things, we are too involved in our clinical assessments, intensive therapies, degrees, supervisions, and scholarly endeavors. And so, of course, we are now seeing the development of Activities Professionals and other groups of apparently lower status. Because there is a basic need, like a pulse or a breath, that continues to be felt.

Ironically, the professionals in medicine and nursing are full of complaints that they have abandoned good clinical care, which involves an empathic "being with" the client in time of need. The technologies and the needs for documentation, protection from litigation, and coping with
government bureaucracy have undermined the essential healing practice of these groups, and many of their members are discovering they are not doing the things that motivated them to enter the profession in the first place.

Will it be so for us too? Let me say it bluntly: There is no status in merely “being with” another person. We all think it’s great, but its real value is ignored. Oh yes, the values of “being with” are raised occasionally as symbols of the shadow side of our emerging culture: Miss Congeniality is given an award for the most people-oriented (rather than most successful) woman in the Miss America Pageant; on the evening news, after 29 minutes of news about brutal, business, success-oriented, aggressive money-makers and male murderers, we are given the one-minute human interest story about some person who bothers to help someone else or who overcomes a handicap.

The shift in values is having its impact: No longer is it sufficient for many women to commit themselves to be with their infant children; more than financial need is motivating mothers to seek higher status activities, more degrees, more money, more power. And this is opening up the need for another profession: day-care people who will “be with” children. We also need people to be with the elderly, we need people to be with our family members who are suffering. This is the ground of the creative arts therapies profession: to be with, to witness, to empathize, to acknowledge.

I can think of many patients. Like Ted, a Vietnam Veteran who knocked on my door this January 31st, which is the anniversary of the Tet Offensive. He was sweating profusely, his large muscles flexing, his jaw tightened, and his eyes all aglaze. Without saying a word, he came into my office at the VA and sat down and said, “It’s Tet and I have to show this to you.” He opened up a large scrapbook that had pictures and letters he had kept from Nam. He talked about each one as I listened. He told me that the night before he had gotten drunk, taken his four rifles and guns, driven out into the woods in his truck, and shot at street lights and trees—not psychotic, not in flashback, just to release the tension. All I said was, “Yes,” a couple of times. When he left, he said, “Thank you.”

Several years ago I had Doc Needham in my men’s group. He was demented and suffered from advanced Parkinson’s disease. He was mute on the ward. His family had abandoned him, and his only brother sent him a shirt in the mail once every year. He had been a respected pediatrician in New Haven. Twice a week for five years, I wheeled him to my drama therapy group for men, where he moved his body, made sounds, sang songs, and after a couple of years, actually responded verbally to questions. We became quite attached. He did not participate in any other organized group in the nursing home. Often we spent time being together in silence or listening to music or humming. This was not an intervention. This was not a technique. This was not even an assessment. This was just the two of us being together for a few minutes each
week, for the last five years of his life. Isn’t it incredible to think that this doctor, a Yale graduate, who had had a family and career, would spend his last five years in a relationship with me? He left no legacy. I may be the only one who remembers him. Will there be a young drama therapist or music therapist who will be there for me?

Or there is Henry, a 76-year-old patient with Alzheimer’s and depression, who is quite agitated and feels he has died and needs to be taken to the undertaker. He actually calls several undertakers many times a day. He also calls the director of the hospital, he bothers the staff and patients constantly, and he tries to enter my office unannounced. This was so bothersome that I had to lock myself in my own office to protect myself from his intrusions . . . until one day when I decided to let Henry come in and sit. I invited him to sit with me and informed him I needed to do my work. So I would make my phone calls, write my writings, consult with staff, all with him there, quiet as a lamb. I remember playing on the carpet as a child on Sunday mornings while my parents read the newspaper and listened to the radio. I rarely talked to them, but found solace in their presence. So does Henry in mine.

Imagine the Henrys or Teds or Doc Needhams whom you have worked with. Perhaps you can close your eyes and see them. And perhaps you might write a mental letter to one of them, like this:

Dear Ted,

I see it in your eyes. The panic. The terror. I am glad that you came to see me. Even though I can’t do anything about Nam. I wasn’t there. Even if I was there, I couldn’t do anything to erase what happened to you there. All I can do is to listen, and feel, and be with you. I worry about you. Someday I may learn you have killed yourself. I know you think about that constantly. I know it may happen. I know you can do it. Yet, it’s strange: I don’t feel helpless, since I look forward to seeing you. I feel the gladness you show when we meet. Being together is a success.

Love, David.

“Being there” has no status.

Yet being in tune with our patients is our fundamental act. The thrills and complexities of the melody—our specialized techniques—build upon this foundation of rhythm and harmony. What will be important to you when you find yourself alone at home, your children living far away? When you lie ill in the hospital bed, or in the wheelchair in the nursing home? When you rise from your bed the day after your divorce or miscarriage? Then what will the status of the degree, the money, the power, the titles, and the technology mean, compared to the look, the touch, the glimmer, the laugh, and the shared tear of the one who is with
you? Really with you.
Do you hear it? The rhythm of your heart . . . the rhythm in your relationship . . . the rhythm of your life.

Sing me a farewell song,
A canticle of life,
For I am leaving land,
And taking space to wife.

Into the rising wind
I'll shout the ecstasy.
Echoes will answer back,
I am where I wished to be.7

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7Poem by Wynne Rettiger Lewis. Reprinted by permission.