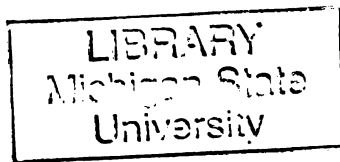




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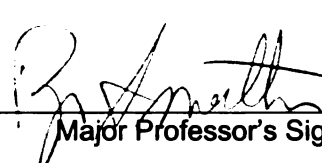
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ROBERT F. UNKEFER – A MUSIC THERAPY MENTOR AND PIONEER

By

Anne Katherine Daleiden

A THESIS

**Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of**

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ABSTRACT

ROBERT F. UNKEFER – A MUSIC THERAPY MENTOR AND PIONEER

By

Anne Katherine Daleiden

Robert F. Unkefer, MM, MT-BC, played an integral part and was a significant figure in the beginnings of music therapy as a profession. He dedicated his life's work to developing and serving the National Association for Music Therapy (NAMT), educating others about music therapy (students, colleagues, and the general public), guiding students in the Michigan State University School of Music in their college careers, and mentoring countless other students and colleagues. He was a humorous and easy-going sort of person, but when there was work to be done, he was first in line. Much of his life's work was behind-the-scenes, but helped lay a solid foundation in music therapy for decades to come. He had a profound love of music and of the underprivileged and handicapped, and especially loved his family and his friends. The relevance of his questions and ideas to current music therapy practice demonstrate that he was a man who had vision, and whose methods and theories would stand the test of time. He taught generations of students that would carry on his work ethic, scientific principles, and compassionate therapeutic techniques to the far reaches of the nation and even the world. This paper is a tribute to him, both as a teacher and as a man, and to the legacy he left behind.

DEDICATION

Waltzing Matilda

*Once a jolly swagman camped by a billabong,
Under the shade of a coolibah tree,
And he sang as he watched and waited 'til his billy boiled
"Who'll come a-Waltzing Matilda with me?"*

*Waltzing Matilda, Waltzing Matilda
Who'll come a-Waltzing Matilda with me
And he sang as he watched and waited 'til his billy boiled
"Who'll come a-Waltzing Matilda with me?"*

*Down came a jumbuck to drink from the billabong,
Up jumped the swagman and grabbed him with glee,
And he sang as he stowed that jumbuck in his tucker bag,
"You'll come a-Waltzing Matilda with me."*

*Waltzing Matilda, Waltzing Matilda
"You'll come a-Waltzing Matilda with me"
And he sang as he stowed that jumbuck in his tucker bag,
"You'll come a-Waltzing Matilda with me."*

*Up rode the squatter, mounted on his thoroughbred,
Down came the troopers, one, two, three,
"Where's that jolly jumbuck you've got in your tucker bag?"
"You'll come a-Waltzing Matilda with me."*

*Waltzing Matilda, Waltzing Matilda,
"You'll come a-Waltzing Matilda with me"
"Where's that jolly jumbuck you've got in your tucker bag?",
"You'll come a-Waltzing Matilda with me."*

*Up jumped the swagman, leapt into the billabong,
"You'll never catch me alive," said he,
And his ghost may be heard as you pass by the billabong,
"Who'll come a-Waltzing Matilda with me?"*

*Waltzing Matilda, Waltzing Matilda
Who'll come a-Waltzing Matilda with me
And his ghost may be heard as you pass by the billabong,
"Who'll come a-Waltzing Matilda with me?"¹*

¹ Original lyrics by Banjo Paterson, 1895. *Waltzing Matilda* was a favorite song of Prof. Unkefer's. His children and colleagues remember him fondly by that song – the song he so loved to sing and play at almost every family and professional function (Virginia Unkefer, 2004, personal communication).

The author would like to give thanks and dedicate this paper to:

--Prof. Roger Smeltekop for his guidance, and in allowing the author to undertake this project. She would like to thank the other members of her thesis committee, Dr. Frederick Tims and Dr. Michael Largey, for their support, guidance, and time. Thanks also to music professors Richard Illman and John Whitwell, whose guidance in music performance greatly enriched this music therapist's musicianship.

--All of those who contributed through interviews, formal and informal. Even though all pieces of information could not be included in this document, let it be noted that all information given was crucial to help the author understand the life and personality of Robert Unkefer, which in turn helped to convey this to the reading audience.

--The author's family in Texas and Michigan, and Frankie, for their support and love.

--Lastly but most definitely not least, this document is dedicated to the memory of Professor Robert F. Unkefer, whose hard work, tireless dedication, effervescent personality, and love of family, friends, and music therapy have inspired those of us in (and out of) the music therapy profession. His story will continue to inspire generations of music therapists yet to come.

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CHAPTER 1: Introduction

Many people in this world do great things, and while their deeds are noticed, they as human beings are often overlooked. Their contributions to society, whether large or small, shape the world into what it is today. It is unfortunate if these pioneers are forgotten, not only because of what they have accomplished, but because they dared to break the limits of conventional thought. Historical research endeavors to preserve the work of enterprising human beings, so that their contemporaries can build upon that foundation.

One such pioneer was Robert Franklin Unkefer, professor in the Michigan State University College of Music (then the Department of Music) for over thirty years.² In the music therapy community, Prof. Unkefer is widely known as a key figure in the inception and development of music therapy as a profession. While music therapy was being used in various forms and locations after World War II, and music therapy curricula already existed at several universities³, it was not officially defined as a profession until 1950 with the formation of the National Association for Music Therapy (NAMT). Prof. Unkefer was listed in NAMT's first Book of Proceedings in 1951, and was an integral part of the organization until his passing in 2002. Robert F. Unkefer tirelessly devoted his life to the promotion, research, and practice of music therapy and it is primarily for this reason that his career should be documented.

² Prof. Unkefer was at MSU from 1956 to his retirement in 1989.

³ In 1952, Michigan State College (East Lansing), Chicago Musical College, University of Kansas (Lawrence), Alverno College of Music (Milwaukee), and College of the Pacific (Stockton, CA) all had curricula and internships leading to a Bachelor's Degree in either Music Education or Music Therapy (Gilliland, 1952).

Music therapy as a profession owes much to him and his esteemed colleagues, which reminds those that follow of the sacrifice and hard work required to create such an organization. History is not only who we were, but who we are today. Understanding the life and career of Robert Unkefer can help today's music therapists strive to continue his promotion, study, and practice of music therapy.

Historical research in music therapy is a pursuit that seems to be somewhat neglected. Given that the profession is in its relative infancy by most standards, the general inclination is to further the knowledge base through researching new methods and techniques, rather than studying the past. Some may define history as the study of the past, but Solomon (1995) asserts that history cannot be studied directly because it is *in* the past. Instead, it is perhaps more suitable to say that history is the study of the *evidence* of the past. To propose a concrete definition, then, historical research in music therapy is “the systematic study of the past practices, materials, institutions, and people involved in therapeutic applications of music” (p. 488).

Having broached the importance of historical research in general, we move to the question: Why Robert Unkefer? Many current students of music therapy most likely have no inkling of the extent and depth of Prof. Unkefer's contributions to the field, and this paper serves to chronicle just that. As a participant in professional affairs, Prof. Unkefer was on numerous committees related to the NAMT and served as its President. In addition to that, his 33 years

at Michigan State University stand as a tribute to his dedication and love of teaching.

This paper will endeavor to convey several aspects of Robert Unkefer. The therapist, who was compassionate and hard-working when it came to his patients and others in need. The musician, whose natural talent drew both amazement and admiration from others. The scientist, whose gravitation towards proven, researched therapy methods created a cornerstone for the profession. The friend and family man, whose love and support of his family and friends were unfailing. The relevance of his questions and ideas to current music therapy practice demonstrate that he was a man who had vision, and whose methods and theories would stand the test of time. He taught generations of students that would carry on his work ethic, scientific principles, and compassionate therapeutic techniques to the far reaches of the nation and even the world.

Solomon states that historical research information can serve to “educate and inform, to inspire and motivate, and to unify and organize” (p. 498). This paper is meant to educate and inform those who know little or nothing about Robert Unkefer, his family, his personality, his career, and his importance to our profession. It can inspire and motivate others to adopt Prof. Unkefer’s unfailing support for a worthwhile cause and use their talents to further the profession of music therapy in their own ways. Lastly, it will help to unify and organize the myriad of information regarding Prof. Unkefer’s career and compile it into an easily accessible document.

This document is a tribute to a man who gave so much time and energy to the music therapy profession, and also as a model to those who aspire to emulate Prof. Unkefer's perseverance and focus. As Dr. Michael Thaut claims, in the preface to the 2nd edition of the book that he and Prof. Unkefer edited together, "Robert Unkefer was a pioneer and leader, a warmhearted friend, and a mentor to many. Rarely has a man touched so many lives personally while touching the history of a whole profession" (Unkefer, 2002, vi).

CHAPTER 2: Methodology

Many different sources of information were used to gather research on this particular subject. The largest amount of information was gleaned from individual personal interviews. Since Prof. Unkefer did not have a large body of published works, much of his legacy lies in the people he taught and touched, the committees on which he served, and the various offices and leadership positions he held.

There are several difficulties inherent in compiling data from personal interviews. If possible, all information must be verified through whatever means available to the researcher. In this case, specific information was not archived relating to all aspects of Unkefer's life, so there must be great trust in secondary sources. Much of the information comes from people's memories, which increases the risk of incorrect information. Since there is often no factual source to consult, inferences must be drawn and practical conclusions are made using the available information.

However, the NAMT, the American Association for Music Therapy (AAMT), and their succeeding professional organization, the American Music Therapy Association (AMTA) all kept historical records, and this was exceedingly useful in my research efforts. Professor Roger Smeltekop, Associate Professor of Music Therapy at Michigan State and advisor on this project, was instrumental in providing information about Prof. Unkefer – whom to contact for information, where to look for information, and information from his own memory and experience as a student and then colleague of Prof. Unkefer at Michigan State.

Dr. William Davis, historian for the AMTA, also contributed greatly by providing photos, articles, and other items of historical significance from the AMTA archives.

As stated previously, personal interviews are a large part of the research base of this document. Dr. Donald Michel, professor emeritus at Texas Woman's University, who is a music therapy pioneer himself and lifelong close friend of the Unkefers, provided a wealth of information about Prof. Unkefer's early professional career, family life, and various viewpoints on music therapy. Ms. Carol Collins, also a member of the pioneering group and a close friend of the Unkefers, took time to reminisce about "the old days" and helped verify dates and other facts. Dr. Michael Thaut, Unkefer's former student and colleague, also contributed fond memories and insights into his mentor's teaching style, personality, work ethic, and ability to give sage advice. Virginia and Phyllis Unkefer, two of Prof. Unkefer's children, graciously provided a great deal of personal information and some of his private possessions for me to study. Their candor and warm memories help outline Robert Unkefer's devotion to his family as well as to his profession. The interviews of those mentioned above are also a testament to Robert Unkefer's integrity, spirit, personality, beliefs, and work ethic. This, beyond all accolades and tangible reminders of success, is the epitome of a full and fruitful life.

The Hannah Archives at Michigan State University also provided a plethora of articles, university documents, and pictures relating to music therapy at MSU, Prof. Unkefer himself, and other key people in the development of music

therapy, such as Prof. Roy Underwood. Underwood started the first music therapy curriculum in the country at Michigan State, and helped lay the foundation for Prof. Unkefer's long tenure as professor (Smith, 1983).

Robert Unkefer also spent over half of a decade working at the Menninger Clinic in Topeka, Kansas. This early part of his career was most likely important to the formation of some of his professional beliefs, practices, and philosophies, and was worthy of careful study. Fortuitously, the Menninger Clinic moved to Houston, Texas, in 2003, allowing me nearly full access to many archival documents and historical information.⁴

An ideal source of information would be, of course, to speak to Professor Unkefer himself, but unfortunately, this was not possible as he passed away in 2002. However, I did have the honor of meeting him before he passed, and even though his memory was fading, according to others who had known him, that "spark" was still present.

Since the inception of the thesis proposal itself, the final document has morphed into its own identity and contents, defined by the facts uncovered and research gathered. A proposal can be likened to a scientific hypothesis – an educated guess as to what the finished document might hold, and to what the author hopes to achieve. My original intent was to create a log of Prof. Unkefer's writings, service to the AMTA (then NAMT) and MSU, and contributions to the new and fledgling profession of music therapy. To be sure, these items are still present in the document; however, not to the extent that I had hoped. Prof.

⁴ I was born and raised in Houston, Texas, and I have lived here while writing a great deal of this document.

Unkefer did not have an abundance of writings or concrete indicators of his career. One of the most important things I have learned in researching and compiling data is that most of Prof. Unkefer's legacy is in the intangibles, such as the mere presence and depth of the NAMT itself (which does not necessarily have his name on it), the effect he had on his students (who have today become leaders in the field themselves), and his philosophy and ideas regarding not only music therapy, but world matters and cultural events.

As such, the thesis document is the culmination of all of these aspects of life – family, friends, and career. As important as it is to know a man's accomplishments, it is equally important to know how he got there, what drove him to these accomplishments, and how he carried himself throughout these accomplishments. In the case of Robert Unkefer, all three of these detail a caring and compassionate man, driven by his desire for change in the world, love for family, friends, and life, and a better life for everyone.

CHAPTER 3: Family Life

The Son and Brother

Robert Franklin Unkefer was born on September 9, 1921 in Fairview, Kansas, a town about 55 miles north of Topeka. His parents were Clarence J. Unkefer, an avid golfer and part-owner of a local lumberyard, and Pearl Wienecke Unkefer, a housewife. Pearl was very involved in the church, and loved gardening. Robert (known to friends and family as “Bob”) and his older sister by two years, Phyllis May, were raised there in the small town of Fairview.⁵ Although the Unkefer family was not necessarily immersed in music, Phyllis May loved to sing, and Bob proved to be musically inclined, as well (Phyllis Unkefer, 2004, personal communication)⁶. Like many other families, the Unkefers lived near their extended family – most notably, Bob and Phyllis May’s grandmother and aunt. The two ladies worked at a nearby Country Club where Clarence played golf. At one point during the Depression, their grandmother’s house burned down, and they all helped to rebuild a new house in its place – some of the only building that transpired during those difficult economic times (Phyllis Unkefer, 2004, personal communication).

The Soldier

Music came naturally to young Bob, a trait which served him well given the fact that he disliked practicing (Virginia Unkefer, 2004, personal communication). He attended Fairview High School, receiving very good grades with little

⁵ The population of Fairview, KS in the year 2000 was 271 (2000, U.S. Census Bureau).

⁶ Robert’s sister will be listed as “Phyllis May”, and Robert’s daughter will be listed as “Phyllis”.

studying, and upon graduating he headed to the Army recruiting office in the neighboring town of Hiawatha, Kansas. Although only sixteen years old, he lied about his age and joined the local "Army" band at the time (which later became the 35th Division Band). (Stephen Hawkins, 2006, personal communication). Bob officially enlisted in the U.S. Army on December 23, 1940, along with the rest of his colleagues, a year before the United States' entrance into World War II.⁷ However, Bob's original reason for joining in 1937 was so he could play clarinet and saxophone under the conductor at the time.⁸ Since between 1928 and 1941 the Army had no Army Music School, Bob was not required to attend further school to join ("U.S. Army Bands in History", 2007). While in St. Louis, the band played mainly for its two baseball teams at the time, played at the train station when they sent off troops, and occasionally played for official government functions or military ceremonies. Bob was "having the time of his life. . . going to bars and hanging out", despite all of the tensions overseas (Phyllis Unkefer, 2004, personal communication).⁹

All of this changed drastically in December, 1941, and Bob was eventually sent overseas to fight in the front lines of World War II. Before this, however, he agreed to start officer training school at the request of his father, Clarence. Clarence wanted his son to do more than be in the band, so with the help of a local congressman, Bob began training to be an officer in the U.S. Army. He was

⁷ U.S. Army records, to this day, list Robert F. Unkefer's birth year as 1919, and his "Civil Occupation" as "Actor (Motion Picture Actor) or Director, Motion Picture (Motion Picture Director) or Entertainer" (<http://www.ancestry.com>).

⁸ The bandmaster's name was not included in Army records.

⁹ A few years later, when he was on his honeymoon, Bob brought Martha back to St. Louis and showed her one of his favorite bars there, but she was not as impressed as he (Phyllis Unkefer, 2004, personal communication).

assigned to the gunnery, and later in life, enjoyed talking about the drills he did during that time.¹⁰ The new recruit proved to be an excellent addition to the Army National Guard Field Artillery, mostly because of his penchant for numbers and ability to work figures. He could judge angles and trajectories better than most, and seemed to enjoy it. After a shooting drill, his instructor turned to the officer and said that Unkefer had just shot a perfect score. Bob was proud of this, and mentioned it often (Phyllis Unkefer, 2004, personal communication). His Army assignments during the war saw him in Japan and Hawaii, and after the war, in Korea, to help rebuild.¹¹ Bob, then Lt. Col. Unkefer, was discharged and sent home in 1946, five years after enlisting.¹² Homecoming for Bob represented a new start at life – a chance to finish college, get married, and start a family and career.¹³ In the same year, he married a woman he had known since their freshman year in high school together – Martha Anne Hall.

¹⁰ In one instance, he was told to grease the points on the engine, but he did not know what the engine points were, so he greased the whole top of the engine (Phyllis Unkefer, 2004, personal communication).

¹¹ Bob was stationed in Hawaii for a year, and spoke of waiting for the “liquor ships” to come in, where they could get cigarettes and, of course, liquor. Clarence, back home, saved all of his ration coupons and sent Bob cigarettes, not knowing that he was sitting on cases of them in Hawaii. Needless to say, Bob told his father not to waste valuable coupons on something Bob could get very easily (Phyllis Unkefer, 2004, personal communication).

¹² Although Bob resigned from active duty after World War II, he remained in the Kansas National Guard for over 35 years (Roger Smeltekop, 2004, personal communication).

¹³ During his early career, Bob and Martha also had five children – three born in Kansas (Evelyn, Cliff, and Bruce), and two born in Michigan (Phyllis and Virginia). None of the children formally adopted music as a career; however, they did study music at an early age. Life in the Unkefer family was happy, safe, educational, and lively. Again, much information was gathered on their family life, and unfortunately, much of it cannot be included in this particular document due to topic limitations. It is hoped, however, that documentation of this nature will appear in future literature.

Marriage and Higher Education

Martha was born on November 11, 1921, in Tarkio, Missouri, to Morris Harold Hall and Evelyn Peck Hall. In 1935, the family moved to Fairview, Kansas, so Evelyn could teach at Fairview High School, where Martha met a very young Bob Unkefer. Bob and Martha attended Fairview High School together for all four years, and knew each other during this time. The two fell in love and were married after World War II (in 1946), and started their married lives in Topeka, Kansas.¹⁴ During the early years of their marriage, the couple attended the University of Kansas, where Bob completed his Bachelor's Degree in Music Education in 1948, followed by work on his Master's Degree. Bob studied under E. Thayer Gaston (another pioneer in the profession) during this time, and over the years, the two developed an enigmatic relationship. Gaston was a rigid scientist, at times seemingly unable to see other people's viewpoints, and while he was instrumental in the development of the music therapy profession, he appeared to avoid actually working with patients.¹⁵ Bob always felt relatively comfortable disagreeing with Gaston on occasion, whereas others did not dare contradict him (Roger Smeltekop, 2004, personal communication). After the completion of his Master's degree in 1950, Bob then moved on to begin work on a doctorate. He never completed the doctorate, having finished almost all but the necessary dissertation, and instead decided to take the job at

¹⁴ It was said that Martha and Bob agreed, when they were younger, that if neither of them were married by age 28, they would marry each other (Elizabeth Boles, 2004, personal communication).

¹⁵ On the AMTA Video Interview tape, Unkefer himself described a situation in which Gaston would not enter the insulin coma therapy ward, even after Unkefer beckoned him to join in on the therapy (AMTA Video Interview, 2000).

Michigan State.¹⁶ It was in these years – the late-1940's and early-1950's – that Unkefer's career truly began to blossom.

¹⁶ This was at the urging of Gaston himself, who said that Unkefer should take the opportunity before it was no longer available (Robert Unkefer, 2000, AMTA Video Interview).

CHAPTER 4: Career

Internship, Winter VA Hospital, and Menninger Years

Before taking the job at Michigan State (MSU), Unkefer completed his internship (the third music therapist to do so) at the Winter Veteran's Administration Hospital in Topeka, Kansas, and practiced music therapy there until 1951. He then moved over to the Menninger Foundation, known for its innovative and revolutionary work in psychiatry. Bob was on the Menninger staff as Director of Adjunctive Therapy, which consisted of the various creative arts therapies (including music therapy), recreation therapy, and occupational therapy, among others. The word "adjunctive" came from Bob himself, who later regretted this, as it put music therapy at a seemingly lower status. He feared the implication that music therapy was not a valuable primary therapy, but a therapy created only to accompany the "main" therapies (Donald Michel, 2004, personal communication).

Dr. Karl Menninger, part of the "brothers Menninger" as they were often called, was a great advocate of music and music therapy. When Karl and his brothers were growing up, the Menninger family formed a family orchestra, with Karl on the piano, Edwin on the violin, and Will on the cello, and were up at 5:30 a.m. each day to practice as a group. Karl's mother, Florence, "was our pianist and peacemaker", and the boys' father, Charles, "played the flute, only he didn't often practice" (K. A. Menninger, 1973, p.47). Because of this background, the Menningers had a profound appreciation for music, and both Drs. Karl and Will welcomed music therapy into their clinic as a successful medium with psychiatric

patients.¹⁷ In a book review in the 1949 edition of the Bulletin of the Menninger Foundation, Dr. Karl reviews a book on music and medicine, stating, “Both the essays and the bibliography make it an indispensable addition to the literature of a neglected field of therapy” (p. 218). Dr. Karl’s interest in music and willingness to try new things laid a fine foundation for therapists like Unkefer to work side-by-side with physicians.

At the Menninger clinic, emphasis was put on unity among the various health professions, including occupational therapists, music therapists, physicians, nurses, physical therapists, and recreation therapists. The staff and patients were immersed in the methods of milieu therapy, a type of therapy which emphasized the therapeutic nature of a person’s whole environment. Due to the unifying nature of milieu therapy, and the desire for patients to feel as “normal” as possible within the psychiatric hospital, therapists at the facility tended to perform the same duties, regardless of their specialties. Therapists were even required to do the “grunt work” with the patients; in other words, if a patient had to scrub the floor, so did his or her therapist (Elizabeth Boles, 2004, personal communication). Unkefer, a trained pianist, included such “grunt” activities as sandpapering pianos in preparation for a new finish. The idea was to allow these menial tasks to only occur long enough for the patient’s ego to regain a sense of worth, whereby the patient could begin to heal and to reduce feelings of

¹⁷ Their brother, Edwin, did not follow the same path as his brothers; he was seriously injured in a chemical accident as a college student at Washburn, which caused him to lose his right eye and hand. He eventually majored and had a fruitful career in journalism (Menninger Family Archives, n.d., http://www.kshs.org/research/collections/documents/businessrecords/business_records_findingaids/menninger/menninger_family.htm#edwin).

worthlessness, and ultimately gain control of his or her own rehabilitation (Roger Smeltekop, 2004/2007, personal communication).

Those years at the Menninger Clinic, in the early fifties, were described by one former staffer as “a Camelot or Shangri-La. . . For those of us who were here in those days, it really, really was” (Wallerstein, 2002, p. 326). Famous Hollywood actors and actresses had heard of the revolutionary Menninger Day Treatment Program (the first program of its kind in the country)¹⁸, and many made the trek out to Kansas for their own psychiatric rehabilitation. To help loosen the staff, and quite possibly not take themselves so seriously, the clinic held the annual “Freudian Follies”, a variety show involving clinic staffers. It was a chance for members of that community to take a break from the stressors of the workday, and usually consisted of musical numbers written by psychiatric residents or, in one case, the music therapist from the State Hospital.¹⁹ Bob was an accomplished pianist, and accompanied many of the musical numbers in the Follies (Roger Smeltekop, 2007, personal communication). Bob Unkefer remained at the Menninger Clinic as the Director of Adjunctive Therapy from 1951 to 1954, when he began to work solely on his Ph.D. and was appointed as a music instructor and graduate assistant at the University of Kansas.²⁰ He was back at the university for only two years, when the opportunity arose to join the

¹⁸ Unkefer often spoke of how privileged he felt to have had the chance to work at the first psychiatric day treatment center in the country, and even more importantly, that music therapy was included in the therapeutic milieu (Frederick Tims, 2007, personal communication).

¹⁹ The music therapist at the Topeka State Hospital at that time was Dr. Wayne Ruppenthal, a jazz trumpeter and another pioneer music therapist.

²⁰ It is unclear whether Prof. Unkefer worked on his Ph.D. during his tenure at Menninger's, from 1950 – 1954.

faculty of the first music therapy academic program in the world – Michigan State University.

Tenure at Michigan State University

Professor Unkefer's tenure at the Michigan State College Department of Music (now the Michigan State University College of Music) began in 1956, when he was added to the faculty as Assistant Professor of Music. At the time, Dr. Roy Underwood was director of fine arts and chair of the music department, and although not a music therapist himself, was the only faculty member in music therapy at the time, creating the pioneering program in 1944.²¹ Upon his appointment, Unkefer began the duties of teaching the primary music therapy classes and continuing research that had been started by Prof. Underwood. Professor Unkefer's storied career at Michigan State University (MSU) is full of anecdotes, activities, and functions, and could most likely fill an entire book; however, there were several that were most likely pinnacles of his career. This document will only endeavor to highlight these key aspects of his MSU career.

The first was the creation of the MSU Community Dance and Chorus in the 1950's, a request made by parents of adult developmentally delayed individuals. The parents wanted a way for their adult children to participate in music activities, but the only ones available were for "normal" adults or for children. Unkefer responded by creating the Dance and Chorus group, which still meets twice a month and is another avenue for music therapy students to gain

²¹ Roy Underwood was an active member of the NAMT, during the formation of the organization and subsequent early years.

experience in group music therapy. It is one of his longest-running and most successful legacies in the MSU Music Therapy Department. Another major accomplishment was the initiation of the first on-campus music therapy clinic in 1969. It provided students a chance to have “on-the-job training” right in their own music building, and gave supervisors a chance to gain more supervision experience, something that was made difficult by tedious travel from separate clinical sites around the county. While there were still outside clinical training locations, the MSU Music Therapy Clinic helped to localize many of the music therapy clients, and allowed for more individual clientele. Unkefer was also adamant about instituting a graduate program in music therapy, and in 1971, the first master’s degree candidates began to emerge from MSU. Higher education, especially graduate education, was an important thing to Robert Unkefer, and as such, he felt it was important to music therapy at Michigan State.

One event in particular was the source of great pride and feeling of personal accomplishment for Unkefer – a grant from the U.S. Department of Health and Human Services.

M.R. CHEP Grant and Project

The Music Reinforcement of Comprehensive Health Education for Pre-Teens (1984/1985) represented a new concept for Michigan education. Although music is a traditional medium by which teachers have introduced educational concepts to students, the M.R. CHEP grant signified a monumental effort by MSU, Michigan Department of Public Health, and Unkefer himself for securing

the grant. At the time, the \$300,000.00 grant was one of the largest grants ever awarded in the College of Arts and Letters. (Roger Smeltekop, 2004/2007, personal communication). The collaboration produced a wealth of music literature intended to help 4th, 5th, and 6th grade children learn different health concepts.

Unkefer's main duty during the project was as "General Supervisor of Music", which gave him full authority over the music section of the project. The group under Prof. Unkefer included other music therapists, composers, arrangers, lyricists, choreographers, and performing musicians, some from the MSU School of Music and some from outside of the institution. The preface addresses the question, "Why Music?", and explains the importance of music during childhood. The main reason for the use of music in the project is explained quite well in the following excerpt:

The importance of music does not stop at a certain age. Music serves the need for beauty, for feeling and expression, in all cultures for all ages. But music has always served non-musical functions, too. . . Research has shown that music can reinforce the learning process. It may help people attend and to remember. But music does more than just convey cut-and-dried information in song texts. Music involves all the senses, evokes feelings, and helps to experience what has been sung or played" (M.R. CHEP Songbook, p. *i*.).

Health concepts in the book were selected according to the Michigan Essential Performance Objectives for Health Education, and the music portion represented a unique teaching method (p. *ii*). Each piece of music included lyrics, musical notation, chord structure, information on tempo, style, instruments, choreography, and possible alternatives to the listed instructions. All of the

information in the book was written in a way that was easily understood by people who may be unfamiliar with musical terminology, and in addition, a “glossary of musical terms” was included near the end of the book. The songbook also included diverse musical styles, ranging from the blues, to chants, to square dances. Health topics included in the book were categorized and easily referenced in their own index, and in some instances, diagrams were utilized to more efficiently demonstrate dance choreography.

Prof. Unkefer considered this a definite high point in his career; the depth and scope of the grant and subsequent project were nearly unheard of in the field of music therapy, especially before 1985. Unfortunately, after the project was finished, it fell short of expected usage in the schools due to a lack of sufficient funds for marketing (Roger Smeltekop, 2004, personal communication). The M.R. CHEP program fell into relative obscurity and was not utilized as much as it could have been, which was most likely disappointing for Prof. Unkefer after the time and effort devoted to making the project a success.²²

More Than a Career in Music Therapy

Prof. Unkefer was not only a music therapist and a professor – he also held various roles within the School of Music’s administrative framework. When he first came to MSU in 1956, he was hired as an Assistant Professor of Music. In this position, Unkefer taught a few of the basic music therapy courses, and

²² A few songs from the M.R. CHEP program were used for a short while as part of the State of Michigan health curriculum (Roger Smeltekop, 2007, personal communication).

was also enlisted to teach the piano techniques class.²³ In 1957, he wanted to teach a Psychology of Music class, but could not start one until he obtained an appointment in two different departments. At that time, the Psychology Department required that the professor had to be appointed in their department if he or she was to teach a psychology class. Therefore, for a few years (1957 – 1965), Prof. Unkefer held dual appointments in the Psychology *and* Music departments. In 1961, he was appointed the Acting Head of Music between September 25th and December 15th, and in 1963, he assumed the position of “Director of Students – Department of Music.” In 1972, Unkefer was again promoted, this time to a full professorship in the School of Music, and again in 1974 with the title “Associate Chairman of Music” (MSU Hannah Archives, 1974). During all of these changes, Prof. Unkefer taught music therapy classes, advised students (both graduate and undergraduate), performed many of the administrative duties in the school of music, and participated in various other activities, such as the visiting professorship at Wayne State University, from 1973 – 1976, and consulting at several other universities and schools (Roger Smeltekop, 2004, personal communication). He eventually became the advisor for all of the undergraduate students in the School of Music, a position that kept him busier than ever.

Prof. Unkefer’s three-year stint at Wayne State University in Detroit was especially important because he was there to actually implement the new department of music therapy. The students at WSU had successfully lobbied the

²³ When he taught this piano techniques class, he brought his younger children with him to learn piano (Virginia Unkefer, 2004, personal communication).

music department for the chance to study music therapy at their school, so Unkefer began making the weekly drive to Detroit. Teaching took place in one of the student buildings (which was an old two-story brick house), and every Wednesday the group would participate in a potluck dinner, followed by the lesson of the week. This routine continued for three years, in rain, snow, or sunshine, until the first full-time music therapy professor was hired – Ms. Carol Collins – in 1976 (Roberta Adler, 2002, personal communication).

Roberta Adler, a student at WSU and in the inaugural music therapy class, recalled her times with her mentor, and offered these words of praise for Prof.

Unkefer's leadership and knowledge:

. . .when the table was cleared, the notebooks came out, and Professor Unkefer started to speak. His wisdom, experience, depth, clarity, and compassion were almost overwhelming. Never, in thirty years of practice, has a word he taught not proven itself in a clinical setting (2002, personal communication.)

Professor Unkefer was at Michigan State for 33 years (1956 – 1989).

With his many students spread all over the globe, his influence was and is undoubtedly far-reaching. In a little over three decades, he offered his guidance, teachings, and philosophies, and left an indelible mark on each and every student, the school itself, and curricula around the world. It was for these reasons that the NAMT bestowed upon him the Honorary Life Membership in 1983 (Donald Michel, 2004, personal communication).

Retirement

Unkefer's retirement was preceded by a heart attack in 1987. He eventually officially retired in 1989, at the age of 68, but for Bob Unkefer, retirement did not mean a less hectic life. He continued to consult and volunteer at various organizations, including the Adrian Training School in Adrian, Michigan, where he was asked by Susan Gardstrom, a former student, to consult with the music therapy program there. He helmed an "Intergenerational Project", complete with grant money and staff members, and was a part-time employee for a short time. He was an active volunteer at places like Valley Court Senior Center in East Lansing, Michigan, and at his own Community Dance and Chorus, playing keyboard accompaniment for its participants. He participated in non-musical endeavors, as well, such as becoming a "Master Composter", taking computer classes, and serving as secretary for Lansing's "Meals on Wheels" program. He participated in the water aerobics at the Michigan Athletic Club nearly every day of the week. Even in the later years, when he was suffering from memory loss and near the time of his passing, he would sit down at a keyboard and play with music therapy students, often correcting them if they hit wrong notes or played out of tune. His "retirement" was anything but – it was a chance for him to continue learning and experience new activities. Robert Unkefer was always learning, always doing, and most importantly, always living.

CHAPTER 5: The Literature

In writing this work on Prof. Unkefer, there must be differentiation between primary sources and secondary sources, especially since Prof. Unkefer is unfortunately no longer here to speak to us directly. Solomon (1995) defines a primary source as a firsthand witness of an event, and a secondary source is everything else. Since Prof. Unkefer is not an “event”, I searched for anything composed by Prof. Unkefer himself – books, letters, papers, pictures taken, notes, etc. Anything else would be considered a secondary source. Solomon also says that one cannot determine a primary source from a secondary source just by looking at it; one must determine the origin of the source and for what purpose it was used.

Oral history is also a large part of this paper, as most of my information came from personal interviews regarding the life of Robert Unkefer. Solomon claims that “oral history is not a substitute for, but a complement to, written records,” and along this vein of thought, oral histories for this paper provide a well-fitting complement to the tangible evidence.

Master’s Thesis: Insulin Coma Therapy

There are a few works in which we can understand Robert Unkefer in his own words. One of the first to be on public record was quite possibly in 1950, when Unkefer earned his Master’s degree from the University of Kansas. The degree culminated in his thesis, entitled, “The effect of music on insulin coma therapy.” As the title suggests, the study consisted of determining several issues

of protocol involving the use of music with insulin coma therapy, such as a.) whether music given as an “adjunct” to insulin coma therapy would be beneficial, b.) what sort of steps and procedures must be taken to most efficiently and effectively deliver the musical stimulus, and c.) whether the music intervention also helped the staff assigned to “inflict” the pain-inducing procedures to help maintain a lower stress level (Unkefer, 1950).

Presently, insulin coma therapy (ICT) is not commonly used in the medical community, if at all, but in the middle of the twentieth century, ICT was often used for mental diseases such as schizophrenia or psychosis associated with opiate withdrawal. In fact, for a while, ICT was considered the only therapeutic intervention effective against the debilitating characteristics of schizophrenia. The therapy itself was discovered not long after the hormone insulin was discovered in 1922, which precipitated a rush by doctors to use the newly-discovered hormone against various then-untreatable diseases. Effects of an overdose of the naturally-produced insulin included confusion, weakness, stupor, and eventually, coma, as evidenced by a loss of consciousness in the patient (Fink, 1999). The patient was brought out of the coma 15 to 90 minutes later, depending on the doctor’s prescription, using a solution of glucose administered either by a nasogastric tube or intravenously (Unkefer, 1950, p. 11).

Before patients were brought into a coma, most were understandably frightened, especially if they had experienced the process multiple times. The procedure was executed without anesthesia, and while not necessarily painful, could be very unpleasant, including alternating chills and profuse sweating, and

restraints were often required to control involuntary muscle movements. Sometimes, the treatment was so dangerous as to cause grand mal seizures or in rare cases, death (Fink, 1999).

The application of music in this situation provided a natural, non-invasive technique for helping a patient endure the anxiety and various unpleasant characteristics that came with ICT, which Unkefer recognized and his colleagues endorsed. Unkefer, who was at the Winter VA Hospital in the capacity as both student and employee, had multiple occasions to observe these proceedings, which is exactly what he did exclusively for several weeks prior to the administration of musical intervention. After he felt properly acquainted with the unit staff, ICT procedures, and some of the patients on the ICT ward, Unkefer began to incorporate music. A pilot study was performed, and after regrouping based on those findings, a plan for the music program on the unit was formulated. This phase of the study lasted for approximately four weeks.

The music part of the study mostly involved either ambient music (background music) or music for active listening, played via record players with speakers mounted in the ceiling of the unit. Sedative music (slow movements from symphonies, waltzes, and nocturnes emphasizing melody and repetitive rhythms) was used for the pre-coma phase, in order to help calm the anxieties of the ICT patient. Mildly stimulative music was used during the coma phase for the benefit of the staff, and fully stimulative music was used during the post-coma phase, in order to help the patients come out of the coma. Stimulative music included "largely popular dance tunes and band marches" of that particular era

(the late-1940's) (Unkefer, 1950, p. 13). Similar techniques were also used on the sub-coma unit, in which patients were brought to the fringes of coma, but not fully into the coma.

Results from this study indicated that patients were less anxious during the pre-coma period, and ambient hospital noises (nurses and physicians performing necessary duties) were reduced, as evidenced by subjective reports by the staff and patients. When the 42 patients were asked if they preferred the music, eight of them said yes, two expressed dislike, two were catatonic and gave no response, and the other 30 “expressed a general acceptance of the music when asked by the members of the staff how they felt about having the music program continued” (p.18).

The music program that was developed as a result of this study was deemed worthy of continued regular use on the ICT unit, and the physician even requested that the record players and appropriate records be left in the treatment room for administration by others. As the coma treatments were given five days a week, it may not have been plausible to keep the music therapist in that one room from 6 a.m. (beginning of treatment) until 11:30 a.m. (the approximate time at which most ICT came to an end for the day), and Unkefer addresses this in his interpretation of results (pp. 34-35). Results from the sub-coma project were similar in nature, producing relaxing effects on the patients and staff and facilitating the ICT process.

Unkefer's study and the description of it in his Master's thesis illustrate several interesting ideas relating to the early years of music therapy as an

established profession. First of all, the actual phrase “music therapy” was not used anywhere in the document; the phrases “music in medicine”, “mood music”, or “hospital music” were used instead. Unkefer even called himself a “music consultant” rather than a “music therapist”. It is possible that the term had not come into being as it exists today, but at this time, he seemed hesitant to apply any one title to the profession. His role in the ICT ward was as an adjunct to the other caregivers – nurses, doctors, etc. However, it also appears that the staff respected Unkefer’s music training (and the training of other music therapy staff), not to mention its unique flexibility and breadth of the music therapist’s knowledge. It is important to remember that Unkefer himself was just learning what being a “music therapist” meant, and how to apply his research to everyday therapy experiences. In these early years, the term “adjunct therapy” was coined, most likely by Unkefer himself, who later said that he wished the term had never “caught on” (Michel, 2004). He despised the word “adjunct” in reference to music therapy, because that word suggested that music therapy was only good in a supplemental fashion, that it needed a “primary” therapy to help it along, and it could not stand on its own merits.

Many years later, in the AMTA Video Interview (2000), Unkefer mentioned that the topic of the paper was obsolete and did not have any relevance in today’s music therapy scope of practice. Insulin coma therapy was not used much after the 1950’s; therefore, the research that Unkefer did involving music and ICT no longer applied, and that caused him disappointment. The fact that ICT was no longer used did not cause the disappointment; it was the fact that his

time, research, and studies eventually amounted to forgotten historical methods of treating mental illness.

The model for this study, however, is indicative of Unkefer's foresight – a foresight that often eluded him. This study, while obsolete in its content, is still relevant to many of today's music therapy procedures, such as using music to lessen the pain of surgery or help reduce the side effects of chemotherapy in cancer patients. Unkefer's reaction to his perceived failure in this research demonstrates his interest in research that looked to the future, research that helped discover new and innovative ways of treating patients. Research is a process of trial and error, though, and underneath the frustration and disappointment, he recognized it as a learning experience and was able to move on.

Music Therapy in the Rehabilitation of the Adult Blind

The pamphlet paper "Music Therapy in the Rehabilitation of the Adult Blind" (1957) was another one of his first and most comprehensive works. What is actually a description of a research study also yields some insight into Prof. Unkefer's thoughts on music therapy in its infancy. The majority of the paper focuses on the study involving blind individuals and the effect that music had on their perceived well-being. Although mostly depicting a form of music education for the adult blind, the music therapy principles discussed reflect some of the same struggles that music therapists endure in today's society. A group of blind participants were led by a trained music therapist, with the intent of leading the

group in insightful discussions and therapeutic interventions. However, “the staff soon began to voice dissatisfaction with the group’s structure and with the inability to define the therapeutic purpose of the group” and the leader began to feel that he or she “often worked as an entertainer”, while the clients failed to “assume any responsibility for the group in growth” (p. 42). The group was ultimately cancelled, although the staff examined why it took so long to do so. Staff members felt that if so much time was invested, then therapeutic value *must* have occurred; otherwise, the time and effort was all for naught. The music therapists filed away these idealistic, but erroneous, assumptions as lessons learned in the implementation of group therapy. They realized that the client’s individual needs should be considered before the need to create a music therapy group. In the future, client placement into groups was examined on a more individual basis. Individual therapy results at the Kansas Rehabilitation Center, in Topeka, were easily attainable due to the high staff/patient ratio, and as a result, more attention was paid to individual treatments. In the end, though, the question remained as to whether the music therapy program was beneficial enough to warrant continued funding and support from the facility. The researchers concluded that the therapy program was deserving of further support and funding, based on the findings of at least a slight benefit for patients – a benefit that could not be achieved by any other therapy within the facility. A more thorough and successful investigation of this could have been achieved if the music therapists had acted as objective observers, a supremely difficult task when building a relationship with clients. The study ultimately indicated that

“music therapy cannot be used successfully unless it is a part of a total program, where a constant interchange of information among all therapists is assured both by the administrator’s decision and by the staff’s seeking attitude” (p. 52).

Many of the assertions in this book focus on the challenges and tribulations of music therapists in the mid- to late- 1950’s, and interestingly, these trials are similar to ones encountered today, over a half-century later. Unkefer cites the Veteran’s Administration (VA) Hospitals as the primary vehicles which drove music therapy into a position of utility, with the added help of “open-minded administrators” (p. 19). Ultimately, he says, the music therapist at times ends up “feeling more like the ‘Good Humor Man’ than a contributing member of the rehabilitation team”, and that this was precisely the purpose of the study – to help music therapy become more than just a volunteer job (p. 25).

Music in Therapy

In what was perhaps the first full textbook for music therapy students, the book “Music in Therapy” (1968), edited by E. Thayer Gaston, helped give a full description to the burgeoning profession. Unkefer wrote Chapter 19, “Adult Behavior Disorders”, something he was quite familiar with by this period of his career. He had worked in adult psychiatric settings for most of his young career, and was well-positioned to identify beneficial music therapy strategies with that particular patient population.

In the short preface to his chapter, Unkefer wrote about music therapy itself and etiological terms corresponding with the population in question. He

cautioned practitioners about shying away from observation of a patient's behavior in a rush to be wholly (and perhaps coldly) scientific. Subjective narratives are important to music therapists, "because the music therapist is primarily concerned with behavior" (Unkefer, 1968, p. 230). Even more telling, however, is the last sentence or two: "*Nothing is more scientific than to observe well and report accurately. . . This is the shortest way to expertness and the wisdom to make good decisions*" (p. 230). At this particular time in music therapy's development, it is possible that new students were eager to go out into the clinical world and do "real" scientific research to help further the profession. In doing this, they neglected some of the most important and *real* aspects of music therapy research, and that was observing the patient. Unkefer also points out in his chapter that the main aim of a music therapist is to use music to change a patient's behavior – therefore, one must carefully observe the debilitating behavior in the first place, and note any noticeable changes. He stresses the need for music therapists, and all activity therapists, to turn a critical eye on their own methods to ensure that they are, in fact, helping the patient.

Music Therapy in the Treatment of Adults with Mental Disorders

Robert Unkefer edited several books throughout his career, starting early on – even when he was a student under E. Thayer Gaston. Editing books by multiple authors is most often a monumental task; it requires long hours of checking sources and ensuring that the book flows properly. Perhaps the most prominent is the book, "Music Therapy in the Treatment of Adults with Mental

Disorders: Theoretical Bases and Clinical Interventions” (1990/2002). This book gives a theoretical and scientific perspective of music therapy and mental disorders, using the DSM – III and DSM – III – R (the Diagnostic and Statistical Manual, Third Edition and Third Edition, Revised) as guides.

The idea (and perhaps challenge) for the book came from a statement made by a colleague from another therapy field at the Michigan Music Therapists meeting in 1985. This colleague, an occupational therapist, stated that 3rd party reimbursement for music therapy was unlikely due to the lack of credible, scientific research in the field. This statement represented a call to action in this regard, and the idea for the book was born. Several of the music therapists who were present at the meeting formed a team to begin writing on the new work, most of whom had been mentored by Unkefer at some point in their careers. Unkefer was chosen as their leader (or by a more official title, “Editor”) and meetings were scheduled. Regular gatherings were held at different locations in Michigan in order to discuss formats, topics, and other logistical matters. While the idea was originally to create a monograph on music therapy in adult psychiatry, the final project ended up being enough for an entire book, and in 1990, the book was published.²⁴

Throughout the process, Unkefer was there every single step of the way – editing, advising, adding his own touch but not stifling the individual contributors, negotiating deals with the publishers, and helping the book flow seamlessly from one subject to another. His years of experience, his contacts and connections,

²⁴ The fact that a major publisher, Schirmer Books, found the book worthy of publishing made Unkefer proud (Roger Smeltekop, 2007, personal communication).

and his intuition and forethought played a pivotal role in the book's success (Roger Smeltekop, 2007, personal communication).

Additional Writings

An early research report of Prof. Unkefer's was printed in the 1953 Book of Proceedings, in conjunction with Geneva R. Scheihing. Both Unkefer and Ms. Scheihing were music therapists ("Adjunctive Therapists," in the paper) at The Menninger Foundation at the time. The report was a case study which involved a mentally disturbed patient there, who had discussed an interest in music with his doctor, and so he was sent to music therapy. Ms. Scheihing and Mr. Unkefer studied and recorded the results of this music experience, and the effects it had on the patient.²⁵

In 1990, Unkefer and his colleague, Roger Smeltekop, were asked to write a section of the book, *Using Handchimes* by VanValey and Berry. Their chapter was aptly named "Using Handchimes – Special Populations," and as the name suggests, involved the techniques of using handchimes with adults with disabilities. Unkefer, having been in the profession for 40 years, and Smeltekop, himself a music therapist for over 20 years, added valuable information regarding using handchimes with senior citizens and descriptions of some of the disabilities.

The one book/paper review, found in the September 1992 edition of the Music Library Association's publication, *Notes*, reviews several different papers,

²⁵ Prof. Unkefer also edited or co-edited several early editions of the NAMT Book of Proceedings.

all of which were distributed by MMB Music, Inc.²⁶ Three of the papers contained information and analysis of music therapy and its *status quo* in different conference proceedings, and the fourth book is a study of music therapy and its benefits. These book/paper reviews were written in 1992, three years after his retirement from Michigan State University.

In this document, there is one phrase that stands out from the rest, and serves to reinforce the importance of humility and knowledge of one's limitations. While Unkefer obviously promoted music therapy as a good thing, he also stressed the need for music therapists to admit that they have limitations. In this review, he discusses a passage in which the author makes a broad claim that music is indispensable in any medical procedure or waiting area. Unkefer's reply to this is, "Music therapists and other professionals interested in using music as a treatment tool must be willing to say that it is not a cure-all" (p. 167). People who actively advocate their cause may sometimes forget that it is possible to glorify it to an almost ridiculous level, leaving others to think that the cause is unreal and unattainable. Unkefer knew that in order to be credible, one must admit his or her weaknesses and foibles as well as promote strengths, whether they are within an individual music therapist or inherent in the profession as a whole.

A person's writings are a window into their philosophies, personality, ethics, depth and breadth of knowledge, and even sense of humor. Robert Unkefer's writings may have been relatively few, but were rich enough to allow readers to glean from them all of the above qualities.

²⁶ MMB Music, Inc. was the same distributor/publisher that handled the eventual printing, distribution, and 2nd Edition of Prof. Unkefer's book, *Music Therapy in the Treatment of Adults with Mental Disorders: Theoretical Bases and Clinical Interventions* (1990/2002).

CHAPTER 6: The Committee Member

Along with Prof. Unkefer's writings, teaching, and speeches, he was also very active in various committees, both in the NAMT and otherwise. The first (and perhaps the most significant) committee on record was aptly named "The Music Therapists Committee of Topeka, Kansas", which met for the first time on April 17, 1950, at the Winter VA Hospital Music Clinic.²⁷ "Mr. Michel" (now Dr. Michel) was elected temporary chairman, and four such meetings are detailed and summarized on a typed sheet of paper, filed in the AMTA Archives.²⁸

The First Time

The group convened because of "mutual professional interests," and at the first meeting, the members discussed the need for the development of professional standards and training, communication between colleagues, and national and local organizations to serve as governing bodies for the brand new profession of music therapy. In these early meetings, what is now known as "music therapy" was instead called "functional music". The group members organized a temporary governance which consisted of one representative from each of the three major institutions involved in the organizing – Winifred Hansen from the Menninger Foundation, Don Michel from the Winter VA Hospital, and Wayne Ruppenthal from the Topeka State Hospital.

²⁷ Members present were: Winifred Hansen (Menninger Foundation), Geneva Scheihing (Menninger Foundation), Dorothy Jones (Topeka State Hospital), Caroline Roby (Topeka State Hospital), Wayne Ruppenthal (Topeka State Hospital), Ira McKinnis (Winter VA Hospital), Robert Unkefer (Winter VA Hospital), Donald Michel (Winter VA Hospital), and Fred Thomas (Winter VA Hospital) ("The Music Therapists Committee," 1950).

²⁸ The AMTA Archives are maintained courtesy of Dr. William B. Davis, current AMTA Historian and Professor and Coordinator of Music Therapy at Colorado State University (Ft. Collins).

At the second meeting, the name “Music Therapists Committee” was agreed upon, and advisors were chosen – a man cited only as “Dr. Greenwood,” from the Menninger Foundation, as the medical and psychiatric advisor, and Dr. E. Thayer Gaston as the “functional music and educational advisor”. It was at this meeting that “Mr. Unkefer” received his first official title in a music therapy organization – Publicity Director. This seems a fitting title for him, given his penchant for speaking about music therapy as a means of publicity to anyone and everyone who would listen. Since Unkefer was finishing his graduate degree at the University of Kansas (KU), at the time, he also acted as a liaison between Dr. Gaston and the KU music department. At the third meeting of the Music Therapists Committee, Unkefer reported that the KU Extension Division would host a Clinic on Functional Music, much like one that had already taken place. At this meeting, suggestions were offered for future meetings, including invitations to guest speakers (doctors, researchers/students in the field, etc.), collecting already published research on the subject of “functional music,” and the planning and implementation of the Clinic on Functional Music at KU. In addition to the suggestions, formal goals and aims were listed for the group as a whole. Six goals were listed, including:

- 1.) The formation of a national organization of, for, and by music therapists,
- 2.) To create standards of professional training, practice, and conduct, and solicit recognition from other professional organizations (such as

the American Medical Association [AMA] or the American Psychiatric Association [APA]),

- 3.) To initiate avenues of professional development for the organization's members,
- 4.) To institute regular meeting times to further discuss career aspects, professional problems, literature relevant to the field, and suggestions for future projects,
- 5.) To create awareness and respect of the profession of music therapy in other professions (mostly physicians, since that is the arena in which many of the early music therapists worked),
- 6.) To educate the "general lay public" on the benefits, possibilities, and general facts of music therapy ("The Music Therapists Committee", 1950).

The fourth meeting of the group followed in much the same way, setting guidelines and goals for future meetings and planning details on conferences, publicity, education, and research. The beginning of something big was coming and the members of this group seemed to sense this, given their scope of what was to come and persistence in achieving these goals. It was the beginning of the profession.

After these four preliminary meetings, the word had spread and it was time for a national meeting. Small meetings turned into bigger meetings, then gatherings, then conventions. From those early meetings, the National Association for Music Therapy was officially born, which opened many

possibilities for information sharing, collaboration among music therapists, and innovations.

Representation in Interdisciplinary Groups

In the summer of 1957, Prof. Unkefer served as an NAMT delegate at a meeting of what was called the Interdisciplinary Study Group (ISG). The idea for the group was initiated by members of the American Occupational Therapy Association (AOTA) in order to promote “increased unity and integration of activities treatments and programs,” mostly related to the study and practice of psychiatry (Unkefer, 1958, p. 5). Prof. Unkefer detailed the group’s report in the *Bulletin of the National Association for Music Therapy* of January, 1958. The ISG consisted of eight different disciplines, including “Corrective Therapy, Educational Therapy, Hospital Library Service, Hospital Recreation, Manual Arts Therapy, Music Therapy, Occupational Therapy, and Social Group Work”, along with a representative from the American Psychiatric Association to consult with the group (Unkefer, 1958). The committee made suggestions for the formation of a council, consisting of representatives from each of the member organizations, and required that any decision by the council must be first approved by a majority vote amongst themselves, then presented to the member organizations to ratify. Financial support from the organizations was essential to the survival of the council, and was expected from each participating member. It is unclear exactly how Prof. Unkefer was nominated to serve as representative, but he relished the chance to participate, which is evident when he says, “This proposal. . . in my

estimation is one of the most exciting professional advances in which we have an opportunity of immediate participation” (p. 5).

The committee also required its members to be well-versed and experienced in the field of psychiatry, along with their respective specialties. Music therapy in its infancy relied greatly on state mental hospitals and psychiatric wards for employment, so it followed that most of its practitioners specialized in working with psychiatric patients. The proposal involved in creating the council reflected recognition of the recent developments in psychiatric care, and desired that the participating therapists coordinate efforts more efficiently.

Robert Unkefer was passionate about music therapy education from the very beginning of his career, something which might have stemmed from his origins in music education. He was a tireless advocate of music therapy, and made it one of his personal missions to educate the general public on the benefits, facts, and facets of music therapy. It is fitting, therefore, that Unkefer held a place on the NAMT’s Education Committee for many years after its initial formation.

CHAPTER 7: The Speaker

Robert Unkefer spoke in many different venues – women’s clubs, music clubs, committee meetings, presentations, classrooms – on the merits of music therapy. He believed in spreading the word about music therapy in any way possible, and for Prof. Unkefer, this entailed going from door-to-door and to community meetings, along with teaching his students to embrace music therapy education. Conversely, he also spoke at large and prestigious group functions – in particular, at a few National Association of Music Therapy (NAMT) conventions. Unkefer was president of NAMT from 1961 to 1963, and at the NAMT conference in his final year as president, he delivered the Opening Presidential Address. This speech was entitled “New Challenges for Music Therapy” (1963), and addressed the future of music therapy. Rather than recapitulate his presidency, as outgoing presidents were wont to do, Unkefer discussed several different issues that plagued the NAMT at the time, and what the audience, as faithful members of NAMT, could do about it.

The first problem he addressed was the need for volunteer work throughout all levels of the organization. He encouraged members to be members not only in name, but in deeds, as well, and posed the question: “Have I, as an active member, initiated positive action for the benefit of the National Association of Music Therapy?” (Unkefer, 1963, p. 2). Prof. Unkefer stressed the fact that the young organization did not have the resources to be fully self-sufficient, which called on the members to do their part without expecting money, recognition, or power in return. He detailed some of the work of his fellow music

therapists (Drs. Michel, Gaston, and Sears, in particular²⁹) and highlighted the fact that a.) these members initiated the call to help, and b.) carried out their self-imposed duties with vigor and dedication, without being recognized for their efforts. Unkefer also suggested an action in regards to those who wrote letters of complaint to the organization:

When you are tempted to write a letter of complaint to someone in NAMT, go ahead and write it; then ask yourself what you might do to share the work; then, add an extra paragraph on the letter offering your help by stating exactly what you can do (p. 3).

This first question illustrates what seemed to be a main philosophy of Robert Unkefer, and one that he applied to his own life. Help those in need, without thought of the rewards or lack thereof, and do this freely and wholeheartedly, both as a music therapist and human being in general. The lack of this attitude creates a paradox in the world of health professions; on one side, the therapist has made a career of helping those in need, while on the other, the therapist appears unmoved to help the very organization that promotes his/her career and its principles. To receive, one must give, and this is what Prof. Unkefer attempted to emulate in his first question.

The second question he posed in his address stemmed from a report from the Joint Commission for Mental Illness and Health, in the report entitled "Action for Mental Health" (1961). The committee recommended that small, community mental hospitals should be established throughout the country, in order to better serve those patients in the more remote areas away from big cities and large

²⁹ Drs. Donald Michel, E. Thayer Gaston, and William Sears were three colleagues with University of Kansas connections that were also integral to the creation of the NAMT and the promotion of the profession of music therapy. They, like Prof. Unkefer, were innovators.

hospital care. The question was, “Am I prepared and willing to accept the more responsible role in the small hospital in the future?” At the time, no specific plan had been established for the “Activity Therapies” in these new facilities, and Unkefer called for a push from music therapists to “show that the music therapist should be a full time person in this new small hospital if this is what we want” (Unkefer, 1963). To this end, he proposed that music therapists endeavor to gain skills in addition to their skills as a music therapist, in order to diversify their skill set and make themselves more indispensable and flexible as a therapist. He made an interesting and thought-provoking point when he stated:

It is apparent that other activity therapists do not function very effectively in music activities. But, it does not follow that music therapists will fail as miserably in other activities. The fact is that it takes a long time to train and develop a musician to the point where he can use the music activities flexibly and creatively. He is the *only* activity therapist who is given a well-developed activity skill in his training period. He should be able to pick up other activity skills with a minimum amount of help (p. 5).

The verity of this statement is a testament to the complexity of the profession; most musicians begin training in the art of music at a very young age, and when they are old enough to enter college, their musical skills are presumably honed to an elevated degree. Once they decide to become music therapists, they are not only further trained in music, but also trained in the art of therapy – social, emotional, spiritual, physical, and mental – and learn how to meld the two into a fluid therapeutic endeavor. Without diminishing other professionals’ training, it is safe to assume that music therapists commonly endure a longer journey to their career than others in related fields. Unkefer’s point here was to show his fellow music therapists that the small extra educational effort on their part can help

facilitate the likelihood of being hired for a position (and quite possibly the only position of its kind) in the community mental hospitals of the time. This is not to say that a music therapy degree is not enough; music therapists who have gone through the entire curriculum, internship, and board certification exam certainly have a broad range of skills. This is a point that can be applied to today's music therapists, even with the high degree of training and standards of practice. Individuals looking to hire competent staffers look at an applicant's flexibility, variety of skill sets, and ability to adapt to different situations by using his or her acquired knowledge in several different areas.

The third and final question of this speech stated, "Am I proud to be a musician and a music therapist?" Unkefer stressed in this section that music therapists should not only be advocates for the field of music therapy, but for community music, as well. He highlighted the work of the past twenty years, since the inception of the NAMT, in achieving recognition of therapeutic music in hospitals, and reminded music therapists that they are first musicians, and not merely entertainers. Unkefer stated, in his typically humorous form:

The music therapist can no longer hide himself on the back wards of the hospital in a nice secure position where he leads a patient "sing" in "Shine on Harvest Moon" for the 89,000th time. To be effective he must have pride in himself as a musician, he must have the respect of his fellow musicians in the community, and he must respect himself as a music therapist. (p. 5)

Music therapists, it seems, have always been attempting to gain the respect of their peers, and for a good number of cases, *are* respected as fellow professionals. Unkefer urged music therapists to maintain this sense of respectability, professionalism, and pride in their profession, and as a result,

exude confidence in themselves. Prof. Unkefer also presented an issue we are still faced with today:

How long is it since you performed as a musician in a way that gives you reason to be proud of yourself? This ability that you have is unique among activity therapists. Be a recognized musician in your community, and be proud you are able to be a music therapist.
(p. 5)

In the present-day world of music therapy, and most likely back at the time this speech was delivered, the fact that music therapists are musicians was and is easily forgotten. Performing is not something music therapists do on a regular basis; it is not proper in therapy sessions because it usurps the client's control and shifts the focus away from the client. However, it is important to accompany good therapeutic practices and music therapy knowledge with community advocacy of music and music therapy. Unkefer was saying that the general community, who often has no knowledge of music therapy, or of the fact that such a profession even exists, has a great capacity to help promote, create, and grow. An organization of the NAMT's size, especially in the early sixties, did not have the ability to fully publicize music therapy and its benefits. Public performances and support of community music services helped to highlight music therapy's uniqueness among the allied health professions.

This speech, given a half-century ago, could easily apply to the current American Music Therapy Association, its members, and the world of music therapy. Although great strides have been made, the profession must still work to maintain these standards. The content of the speech and its relevance to today's music therapist is a testament to Prof. Unkefer's vision and wisdom.

CHAPTER 8: Conclusion

To those that knew Robert Unkefer personally, and those that did not but knew *of* him and his legacy, must know that he was and still is an integral part of the continuing development of the music therapy profession. In most of his speeches, reports, papers, and professional activities, Unkefer represented the past, present, and future of the profession, oftentimes displaying something approaching clairvoyance in matters of research and protocol. He greatly valued the importance of scientific evidence and knew that it was this type of research that would advance the profession in the eyes of other health professionals. Conversely, he did not allow this pursuit of research sully his relationship with his patients and students. Some, while searching for cold, hard facts, may begin to distance themselves from personal contacts and forget to associate with the human aspect of the research. Unkefer realized that music therapy was equal parts humanity and science, with one being useless without the other. Without patients, no therapy would be needed, and without the research, no therapy would be sufficiently successful. The ultimate idea was that patients deserved treatments based on responsible research, and through communication between music therapists.

Through all of this discovery, learning, teaching, and thinking, he remained a humble man. When asked once for a copy of his resume, he replied, "I don't have one. What would I do with it?" (Smeltekop, 2007, personal communication). His name and reputation were enough for anyone that knew of him, and if someone did not know of him, his work spoke for itself. Yet, despite his being so

well-known and respected, he was able to keep a sensible perspective on his profession and on life. The point of this paper was not to idolize Professor Robert Unkefer, or put him on a pedestal. Unkefer himself would scoff at such a document. The purpose was to highlight a life and a career worthy of imitation, and worthy of remembering.

There is more to be written, and more to be discussed about the life and career of this man, and this author hopes that future researchers will endeavor to continue this documentation. More information is most likely lurking in some archives somewhere, and it would be prudent to conduct further research in various areas of Unkefer's life and career. We learn from the past, and what we learn from the past helps us to better the future. There is no doubt that Unkefer did not accomplish anything alone – he had help and guidance from intelligent and innovative colleagues, a loving and supportive family, and loyal friends. When he retired, these colleagues and he formed a group they called the "Tennessee Nitpickers" – named for a gathering in Tennessee to speak on matters of music therapy, past and present (Don Michel, 2004, personal communication). Retirement did not push these "Old Timers", as they also called themselves, into oblivion and blissful ignorance. Unkefer and his group's quest for the cause of music therapy was a lifelong commitment. His upbringing, education, and experiences as a young man helped shape him into the man who helped shape a profession, and for that, music therapists, friends of music therapy, and the plethora of patients served through music therapy owe Robert Unkefer a certain debt of gratitude. This author is grateful for having had the

chance to personally meet this man, if only for a little while, and it has been an honor to learn and write about him.

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## FIGURES

|                   |          |   |    |   |    |    |    |    |    |    |    |           |               |
|-------------------|----------|---|----|---|----|----|----|----|----|----|----|-----------|---------------|
| Unkefer, Clarence | Head     | P | 18 | P | 70 | 70 | 38 | 70 | 35 | 70 | 70 | Tennessee | United States |
| Unkefer, Pearl    | Wife     |   |    | v | 70 | 70 | 35 | 70 | 35 | 70 | 70 | Indiana   | Indiana       |
| Unkefer, Phyllis  | Daughter |   |    | v | 70 | 70 | 10 | 70 | 10 | 70 | 70 | Tennessee | Tennessee     |
| Unkefer, Robert   | Son      |   |    | v | 70 | 70 | 8  | 70 | 8  | 70 | 70 | Tennessee | Tennessee     |

Fig. 1: The Clarence Unkefer family, as listed in the Fifteenth Census of the United States: 1930 (retrieved from <http://www.ancestry.com>, September 30, 2006)

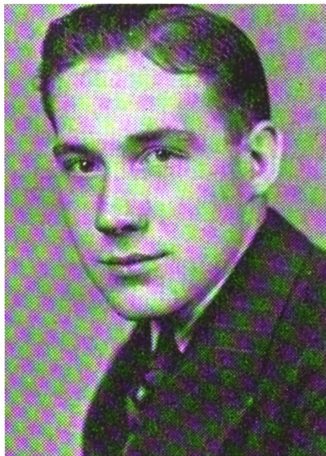


Fig. 2: A young Bob Unkefer in the Washburn University (Kansas) yearbook, circa 1940. (Courtesy of Washburn University Archives)

# Alpha Delta

Stand up and cheer with Alpha Delta! That was the plea of the Alpha Deltas at every varsity game this year. They led their cheering section in full swing, boosting the team with all their might. Ed Amshaugh, Louis Clark, and Frank McGrath represented the Alpha Deltas in varsity football, while Amshaugh, Jim Mackey, and Dennis Payne held positions in first string basketball. Norman Nelson was awarded a numeral in freshmen basketball. Wayne Swenson was a member of the varsity tennis team and Homer Gooing played on the college golf team. Alpha Delta provided stiff competition for the opposing fraternities in the Studebaker trophy race.

There was a hot time at the chapter house when the boys put on their red shirts and white ties for their annual Firemen's ball. The pledges proved themselves to be entertainers from away back when they put on their stunt of the evening.

In line with the spring activities the Alpha Delta upheld its reputation for singing by the many serenades on sorority row. The annual formal dinner dance was held at the country club, March 8th. Many Alpha Deltas came to the Washburn campus April 25 to attend the chapter's twenty-eighth anniversary celebration.

At the beginning of the school year, five boys, Don Green, Glen Nelson, Paul Nye, Victor Loebsock, and Victor Lofgreen enrolled in the flying course provided by the Civil Aeronautics

authority. Now these boys form the Alpha Delta squadron of the "Flying Ichabods."

Three-fourths of the Washburn men's quartet were Alpha Deltas: Francis Ball, Fred Worrall, and Bob Sanders. Jack Wertz was initiated into Delta Theta Phi, law fraternity.

Alpha Delta, a local fraternity, was organized on Washburn campus twenty-eight years ago.



Ed Amshaugh  
Bill Asay  
Francis Ball  
Louis Clark  
George Cobbe  
John Crowder  
Darwin Dennyam  
Dave Eckert  
Boyce Ficken  
Homer Gooing  
Don Green  
Frank Henley  
Dick Holcombe  
Bob Johnson  
Larry Kennedy

## ACTIVES

Victor Lofgreen  
Jim Mackey  
Norman Nelson  
Dennis Payne  
Bill Renbarger  
Bob Sanders  
Bill Smith  
Thayne Swenson  
Bob Trout  
Dale Talmadge  
Bob Unkefer  
Bob Weirman  
Fred Worrall  
Jack Wertz  
Jack Wendell

Glen Nelson  
Victor Loebsock  
Paul Nye

## PLEDGES

Frank McGrath  
Lawrence Graham  
John Christner



Fig. 3: Page from the same Washburn University yearbook, circa 1940.

Bob Unkefer is listed as a member in the fraternity "Alpha Delta."

(Courtesy of the Washburn University Archives).



35th Division. (First Review since World War.)

*Fig. 4: Photo of the 35<sup>th</sup> Infantry Division Band, circa 1940 – 1945 (WWII period). The 35<sup>th</sup> Infantry Division Band was a “massed band” that contained the regiments from Kansas, Missouri, and Nebraska. Unkefer himself was in the group during this time period, and may be in the photo, but that cannot be definitively verified (Photo courtesy of CW2 Stephen J Patterson, Commander, 35th Infantry Division Band, 2007).*





*Fig. 5: Bob Unkefer, Director of Adjunctive Therapy at The Menninger Clinic, standing outside the Craft House. (circa 1952) Photo courtesy of Elizabeth Boles.*



*Fig. 6: "They loved us in Ozakie and Ossawatomie (Kansas). Guest Artists, 1949 – Don Michel & Bob Unkefer." Written on back of the photo, by Don Michel. At the time, Mr. Michel was the Director of Music Therapy at the Winter VA, and Mr. Unkefer was the Music Therapy Intern at the Winter VA Hospital. The two friends often joked about their "fame" in those small Kansas towns, after they were featured in that recital. (Photo courtesy of Don Michel).*

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