

Karaoke as Therapy

Tom Benjamin

Karaoke in Therapeutic Settings

Karaoke is having a major influence on the way popular music is developing in the next generation of pop performers. These same technological attributes ought to be of benefit and influence in the therapeutic setting. Recent research has offered support for non-medical therapy activities such as exercise and this paper is intended to show a potential role for karaoke in traditional forms of expressive therapy.

The popular notion of karaoke as an informal therapy outside institutional settings is usually based on notions of therapies as ‘catharsis’ or ‘getting it off your chest’, such as primal therapy. There is also a component of social skills development as a sort of musical version of Toastmasters, which is advertised as a way to “Lose your fears of public speaking”.

Although my focus in this paper is on use of karaoke in formal therapeutic settings, I assume that similar principles apply and that benefits can already be assumed in the less-demanding informal settings.

What do we mean by ‘Karaoke’?

The term ‘karaoke’ translates to ‘empty orchestra’ –ie- you fill the empty void by singing. The term has evolved to a variety of uses, such as home and box karaoke, such that these now only bear a ‘family resemblance’ to each other in philosophical (Wittgenstein's) terms. My article “What is karaoke?” deals with this. This is not a hair-splitting exercise when it comes to explaining to an administrator or funding body why you want a week’s average wage worth of funds to purchase a “karaoke” machine. You have to be clear that you are buying a versatile music production system within the ‘family’ of karaoke applications that will be adopted to your therapeutic needs.

Many clinicians may have used traditional music therapy and even had occasional access to a karaoke machine for parties and are now considering such a purchase for permanent, regular use. I am not in this paper calling for therapists to trade in the marimba for the mirror-ball. Rather, I hope to open their eyes to the possibilities which have only really developed in the last few years, thanks to technological and copyright changes.

Traditionally, music therapists have either used music to tap emotional responses or actively involve the patients in music as an expressive activity. Karaoke has much to offer both of these strands of music therapy. The song books are a key component of the fun of karaoke. Just to look through a list of 5,000 songs is to take a stroll down memory lane, even without singing a note. The lyrics and backing tracks make it possible to indulge the wildest musical fantasy. For example, the *Hallelujah Chorus* appears on many karaoke lists. Even the best professional musicians would not be able to do much with Handel’s tune if limited to the usual music therapy guitars, flutes, percussion, and xylophones. The karaoke soundtrack, however, opens even this

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huge chorale as a possibility. There are no restrictions of key, instruments, or lyrics. The downside possibilities of a poor & embarrassing performance are minimized.

The Difference Between Commercial and Therapeutic Karaoke

A karaoke session in the therapeutic setting has a number of departures from commercial karaoke. Pub and club karaoke has evolved into set patterns. Usually there is a huge (1,000+) song list. Participants submit their names in a queue and await their turn. The karaoke jockey (KJ) calls each one up to the stage in strict queue order, with minimal or throw-away comment or discussion about either the song or the performance. Sometimes there is a contest but it is advertised as a separate event. Only patrons who choose to join the contest are judged.

A good karaoke session in the best pubs and clubs resembles a large party. Even if there is a contest on the night with monetary prizes, the atmosphere is still party-like. Regular patrons still sing on contest nights. The same principles apply to the therapeutic setting. A good party host is invisible. They work behind the scenes to make guests feel comfortable and welcome. They make the party memorable in terms of what the guests did, not what the host did. This is part of the art of being a therapist or teacher: the art of making the guest feel they are the important one.

This is very hard with clients who are severely disabled, as they often have an acute sense that their accomplishments are made possible only by the support of the therapist. Some KJs would do well to observe rehabilitation therapists at work giving their clients a feeling of confidence while developing their skills. Conversely, some therapists might be surprised to see that successful KJs have also mastered this art and may be dealing with a diverse crowd that includes some quite volatile and temperamental people, including some with clinical-level physical and mental disabilities. A big difference is that the KJ is not obliged to help develop talent and, thus, uncritically accepts participants at face value. The therapist, by contrast, has a responsibility to educate, heal, and improve and thus has more latitude to coach and even be critical in the interest of developing social and motor skills.

The Karaoke Session

In a pub or club the crowd ultimately determines the mood of the night. KJs who try to influence this, such as bypassing the queue to allow only dance or rock tunes, usually do this at their peril. The objective of the night is to achieve the goals of the venue: a non-profit club entertains its members, a profit-making pub sells drinks and meals. Other goals are secondary.

Market forces and unwritten commercial rules do not have to apply to karaoke in the therapeutic setting. The goal can be education, social skills, motor skills, or recreation. Refer to my paper "Hosting a Karaoke Party".

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A typical therapeutic session might be organised as follows:

1. introduction to the karaoke rig - how to hold the mike etc
2. sound test - demonstration of a portion of a song by KJ
3. distribution of song lists (or display via overhead projector)
4. discussion of song list - who, what, where of songs
5. write down selection of individual songs, solos, duets, groups etc
6. determine order of presentation (random, chosen, 1st volunteer ...etc)
7. quick pre-performance discussion of each song (its history, vocal range, genre, whether fast or slow ..)
8. performances
9. optional brief feedback and discussion after individual songs
10. group post-session feedback and discussion of the whole show
11. lessons learned, plans for next time

This is different from the pub because of the emphasis on educational discussion but it is not much different from the procedure for an art session or a sports training session. One of the objects of the session is to stimulate conversation. Criticism of singers should be minimized as the discussion should focus on shared issues such as technique, song choice, and mood overall. The songs themselves should be an interesting conversation topic as pop music has been a big part of people's lives for over a century.

Research

A strong support for expressive therapies such as music and art therapy has come from the findings regarding exercise as therapy. A number of studies have found that exercise can rival anti-depressant medications and cognitive therapies. This has profound implications for the mental health sector. The exact mechanisms of the therapy are still the subject of investigation. For the purposes of this paper, suffice it to suggest that the inauguration of an exercise programme need not be construed as a therapy. Rather, it could be argued that a certain amount of exercise is the norm for our species and that not engaging in it had been both a symptom of and a contributor to the depression. As with much therapy, re-instating an exercise regimen is thus merely returning to a normal state.

A similar argument can be made for karaoke. Sitting in suburban homes watching others sing on a TV is a late 20th century phenomenon. Prior to that, in many cultures it would have been much more natural to participate in the tribal dance or the village hymn-singing, even if only once a week. It might have even been mandatory. Going along to some sort of participative group musical event, of which karaoke is but one type, could be looked on as a return to a more natural state, rather than as anything new. Nor should karaoke be seen as any sort of new 'fad' music therapy. Its direct antecedents go back over a century to the player piano rolls and ukeleles.

It would be a surprise if many of the benefits seen from moderate exercise programmes could not be found in other expressive recreational therapy activities. Musical performance, like public speaking, has a demonstrable stimulating effect: getting up in front of a crowd and being the focus of attention is, for most people, one

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of the most stimulating, if not forbidding, of human activities. Exaggerated fear of such public exposure is a symptom of anxiety-based conditions.

Karaoke complements other therapies

Karaoke allows programme flexibility. It is hard for non-musicians to instantly create a musical mood on a piano or guitar. A karaoke machine can do this at the push of a button. Indeed, the ease with which this is accomplished warns against overdoing it so that people don't take it for granted and become habituated to the stimulation. This is yet another reason for returning focus to the educational aspects of the karaoke session –ie- the review of the song lists, discussion of the songs, who wrote them, when they charted, what people were doing when they 1st heard that song, what key it's in, how to go about singing it etc. The songs could become a basis for an art project or vice-versa. All of this turns the karaoke session into a much more rounded and versatile therapeutic experience. It spaces out the songs and ensures that subsequent sessions do not become boringly repetitive and lose their therapeutic stimulatory impact. This is no different to commercial karaoke. To keep non-singing audiences, the host must provide incentives so that it's not the same people doing the same songs each session.

Karaoke offers the greatest potential since the pianola for egalitarian music therapy. The KJ is not assumed to be a superior musical being in the same way as a professional musical accompanist. Those KJs who fancy themselves as 'club acts' are usually panned by patrons as 'mic hogs'.

A music therapist is a skilled musician. However much a therapist tries to be seen as a servant, the obvious difference in musical abilities between patient and therapist is apparent with the slightest degree of insight. The youth, beauty, and talent of therapists can sometimes highlight how much the patient has lost.

Karaoke changes all that as the virtuosity is canned and available to all through a machine. Just like turning on the radio, everyone is entitled to push the machine's button and reap the benefit of the canned sounds therein. The patient has the control of song selection.

The songlist, rather than restricting creativity, for most persons has the opposite effect – a good list should open memory banks to long-forgotten songs. Recognition is vastly superior to recall. It is a lot easier to sing along than to create from memory. Nor are any particular demographic groups regularly favoured. Older persons have a potential advantage of knowing more song titles but market forces have worked to ensure that recent hits, familiar to young persons, are overly represented in the song lists. There is usually something for everyone.

Individual Karaoke

An individual participation form of karaoke has evolved in Japan, in the form of the karaoke box. Rather than being regarded as a mere practice session for the 'real' public karaoke, the box has become a form in its own right. Small groups can order food and drink and indulge in karaoke over lunch hour or after work, but individuals

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can also pay to go there and take on their favourite persona and sing without an audience to distract them.

This form of individual karaoke might well be done by a music therapist. A set of headphones could be used so that the karaoke participant does not need a special sound-proof room, as only the unamplified voice would be heard by others. There are even available game versions which assess and grade the singing performance. This, however, would serve a different purpose but might be of value as a motor-skills therapy. The cost of these is certainly competitive with other psycho-motor retraining hardware and software.

Group Karaoke: social skills training

The most common manifestations of karaoke are as a group activity. Social skills are among the main benefits. Indeed, these are sorely tested at commercial karaoke venues as fights are not unknown and one of the most irritating sounds to the human ear is undoubtedly that of another human screeching loudly off-key, butchering a familiar tune. Even accomplished and famous singers need constant reminders (boo's and hisses) that what they want to perform is not always what their audience wants to hear. Singers want to promote their forthcoming album, audiences want the current hits and 'oldies'. The beauty of this lesson is, yet again, its egalitarian nature - if this principle applies to Sir Cliff Richard and Britney Spears, then it should be no loss of face to be reminded of it before the local karaoke audience.

Without making any special claims for a specific therapeutic value of karaoke, among the social skills that karaoke demands are

- empathy - getting in tune with audience mood and interests
- courtesy - sensitivity to others' rights to sing & listen
- sharing - not hogging the mike (applies especially to the KJ)
- timing - catching the mood of the moment
- performance - making oneself attractive and interesting

Creativity

Purists who feel that karaoke somehow degrades the musical or creative experience need to exercise their own empathy skills. Not everyone can sing. Even fewer persons can play musical instruments. Even in cultures when musical ability is encouraged for all, such as tribal or church singing, there is a high skill requirement of the drummer, choir, and organist. The therapist needs to exercise their own creative skills to go beyond the limitations of the karaoke rig and fit it in as yet another tool in the music therapist's box.

There is nothing inherently limiting about karaoke. It is, literally, an "empty orchestra". The emptiness can be filled creatively. If a therapist wanted to run a session using musical instruments instead of voice, the karaoke mike and amp could be used for vocalists or the backing tracks could be used selectively to provide a rhythm background for instrumental improvisation in place of vocals. The smaller karaoke rigs take up no more room than a guitar case and a tiny 30 watt amp is

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usually loud enough to keep pace with a group of vocalists or acoustic instruments. 30 watts was good enough for the Beatles.

The karaoke rig should be treated as any other musical instrument. It is merely more versatile and capable of a greater range of sounds than most instruments. What really sets it apart is that it gives the impression that anyone can play it. In practice, the better KJs do vary on their sound-mixing and technical abilities to get the best sounds from their enthusiasts. However, this is seldom what makes or breaks their businesses. Indeed, commercial venues can perish from attracting too many great singers and not enough listeners and drinkers. KJs are judged at least as harshly on their social skills - the very things a karaoke session can impart in a therapeutic setting. KJs who hog the mic, don't consider the tastes and moods of their audiences, and treat their unpaid singers disrespectfully find themselves out of a gig.

Justifying Karaoke

It can be argued that benefits from karaoke in therapy are likely to be placebo. I would be among the first to support and predict this. This, however, does not invalidate its use. Placebo-driven therapies are common and powerful. The ethics of placebo mainly have to address the issues of informed consent, cost-effectiveness, and potential for them to replace more effective methods. Informed consent should not be an issue as no claims for karaoke are ever presented as a therapy in its own right. The low cost of modern karaoke makes the cost problem negligible. All placebos have a cost.

The 'alternative treatments' consideration is based on assumptions that the participants have scarce time resources that must be carefully booked. In mental health and even hospital care, usually the opposite is the problem. While therapists' time has to be paid for and booked, patients are often bored to the point that the institutionalization becomes a secondary problem. Simple, cheap activities that can involve and stimulate participants are treasured.

Thus, no special case needs to be made for karaoke as a therapy medium. Sing-alongs have a century of tradition in therapeutic settings. Their popularity and ubiquity make them, by definition, a 'normalized' activity like dining and partying. The cost of karaoke machines is now below that of many alternatives such as musical instruments. Indeed, for any sort of group the cost of a full karaoke rig starts to compete favourably with even the cheapest social outing activity. For the same money that one pays for transport and tickets (ignoring salaries) for a group to go to the movies, the shops, or the zoo, a decent, fully-licensed karaoke rig could be purchased, kept, used, and re-used.

It might be argued that karaoke is an expensive use of resources relative to its occasional use, particularly if it is mainly a placebo. That logic might have applied in the era of laser disks, but market forces and technology have seen prices plummet such that an entire karaoke rig with disks and a little mirror ball thrown in would cost the same as a single decent guitar. With donated equipment such as old hi-fi's for amps, the price can be brought down further. Indeed, updated song lists are one of the more demanding karaoke tasks and this need cost nothing as institutional facilities are

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generally well-equipped with computers, spreadsheets, and printers. Karaoke does away with the need for song sheets so in many ways a karaoke session is cheaper and easier to host than the older sing-along sessions which required a (copyright-violating) songsheet for each participant.

The quality of karaoke backing tracks ought to be actually quite startling to anyone accustomed to the difficulty of producing music with instruments. Even the simplest karaoke rig allows you to sound like a recorded megastar. But this is typical of technological achievements - we take for granted computers in the hands of kindergarteners and jet flights.

There is nothing that says that karaoke need replace other forms of music therapy. The cost of a rig is now such that it can as easily collect dust while some other activity takes its place as any other instrument. It is no longer a major investment. Unlike other instruments, its costs are incremental. The disks are by far the greatest expense. Individual karaoke disks cost about the same as a replacement set of guitar strings or a print run of a traditional song sheet. Thus there need be no issue of karaoke being a risky investment in an untried technology fix.

Contraindications

Any expressive therapy has some potential to make some participants worse. Art is a private humiliation unless paraded before one's peers. Music in a group is, however, a public performance. Although it is not uncommon to find persons who express themselves better in song than in public speaking, many people just cannot sing. (I mean this in philosopher Berkeley's sense that 'singing' is partly in the ear of the beholder).

Some of the main groups at risk from poorly-managed therapies are depressed patients and violent patients. Psychotic patients react somewhat unpredictably as their interpretation of events is one of their main problems. The main issues specific to karaoke are the public performance aspects. They are not that different to what is seen in pubs and clubs -ie- non-singers who are dragged up to sing may find the experience humiliating. If they hear their voice on the loud-speaker it may shatter their self-perception as they find they actually sound even worse than they thought. Others may become aggressive over the control aspects and accuse others of hogging the mike, stealing the best songs, etc. All of this can be seen in a pub or club, let alone a therapeutic community.

Karaoke in a therapeutic setting has to be especially sensitive as much of its clientele has been selected on the basis of having extreme reactions to others. Humiliating or ego-pandering activities have to be carefully balanced in terms of therapeutic goals, lest the karaoke become merely a microcosm of the patients' outside experience. The chronically depressed may give the impression of being oblivious to their surroundings. For instance, they have often been paraded before dozens of psychiatrists and mental health staff as part of hospital case reviews, without seeming to be stressed from the exposure. Other patient groups can show the opposite reaction. Paranoid patients always feel they are the focus of attention, even if no-one is actually looking.

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Fortunately, one of the most humbling aspects of karaoke is how little musical virtuosity contributes to success. Audiences are largely supportive. They hardly ever boo a bad individual performance. - many genuinely are tone deaf and can't tell that someone is off-key or behind the note. What they will boo and hiss are repeat offenders, hogs, and bores. This in itself is a social skills lesson and one that needs to be learned by many otherwise talented and accomplished singers out in the commercial world, let alone those in therapeutic settings.

Copyright issues

It would be advisable to obtain some advice before running a music therapy programme. If CD-Gs are used which are licensed for public performance then this is no problem. But most DVDs are explicitly licensed for personal use in the home. It might be arguable in law that if a hospital ward is actually someone's home and they owned the karaoke disk then it is a home and not a public performance, even if their neighbours join in. However, if non-resident therapists are paid a wage and a prosperous institution owns the disks, these arguments might look very weak to a starving musician trying to live on copyright cheques. The safest solution is to buy commercial, rather than domestic, disks which are fully licensed for public performance.

Equipment

Refer to my paper "Hosting a Karaoke Party".

I'll leave the final encouraging words to Dennis Potter:

"I wanna live in a world where the songs come true. .. There must be someplace where the song is for real! ... Don't switch off the music! The world would go even crazier than it already is if we stopped the music altogether". (Pennies from Heaven)