

Conference report

The 10th European Music Therapy Conference

'A symphony of dialogues' Hiroko Miyake

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University of Music and Performing Arts Vienna, Austria

10th EUROPEAN MUSIC THERAPY CONFERENCE VIENNA 2016



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The 10th European Music Therapy Conference was held from the 5th to 9th of July 2016 at the University of Music and Performing Arts in Vienna, Austria. The overall theme of the conference was 'A Symphony of Dialogues'. As a non-European participant and coming from Japan, I found this theme to be an extremely interesting one. This is because experiencing the cultural differences and commonalities conveyed in the meaning of the word 'diversity' in music therapy was similar to the experience of 'having a dialogue'. In this report, I present an overview of the conference and some reflections particularly with regard to the dialogue session on music therapy and economy, and my oral presentation.

OPENING CEREMONY

This conference attracted participants from more than 80 countries around the world. In the opening ceremony, the moderator mentioned each of the names of the countries that were participating; the national flag and a welcome message in that country's language were then displayed in a slide presentation. The audience applauded and cheered for each one. The moment when the UK was mentioned was among the most impressive as it was immediately after the UK's referendum to exit the European Union. When the moderator said, "Welcome to Europe!" a great cheer went up from the audience and the venue was wrapped in applause. In that moment, several questions came to my mind, such as what does 'Europe' mean in this current society, and who is included and who is excluded? What does it mean to 'dialogue' in a diverse society?

After that, there was a lecture by Christian Gold. His lecture was entitled 'Triangular Objects in Music Therapy Practice, Theory and Research' (Photograph 1). It was a humorous talk on triangulation in music therapy using the analogy of



Photograph 1: Christian Gold's opening lecture

a triangle as a musical instrument. He observed how the vast majority of the oral presentations given at this European conference were describing qualitative, theoretical and clinical research. There were also several presentations based on case studies that used quantitative research although less than 1 per cent of the total used randomised controlled trials (RCTs). In such a situation, what role does the RCT play in music therapy research? He answered this question by using a parody which was based on an Austrian folk song. This song talks of the single chance in a long symphony to play the necessary sound, being the sorrow and pride of the triangle player of the orchestra. While listening to this lecture, I was thinking of the roles of qualitative and quantitative research in music therapy. Beyond the division of roles, what kind of dialogue is necessary to take advantage of these two worldviews?

DIALOGUE SESSIONS

In addition to the traditional oral presentations, poster presentations and workshops, a number of new genres were employed in the conference. These included documentary films about music therapy and related fields, as well as poster presentations using animation.

DIALOGUE SESSIONS

Among the different presentation genres, an important feature was the following four Dialogue Sessions that were held instead of traditional keynote speeches:

- 1) Music therapy and neuroscience;
- 2) Improvising and composing;
- 3) Music therapy and economy;
- Dialogues on European music therapy professional development: Various practices, one goal.

In terms of the format of these sessions, two presenters would initially come to the stage: a music therapist and an expert in another field. Each of them presented their views on the given subject, and then they held an open discussion where audience members could also participate. I think this was an excellent structure as each theme was captured in a multi-faceted manner.

All four dialogue sessions of the 10th European Music Therapy Conference are available on demand through this link: http://www.mdw.ac.at/mdwMediathek/EMTC-2016/

From among these sessions, I would like to focus on 'Dialogue session III: Music therapy and economy' presented by Christian Köck and Brynjulf Stige. I think this is an important topic that relates to the entire music therapy profession, that is, the practice and research of music therapy and its benefits for the current society.

Köck's lecture, 'Changing health care in a time of austerity' (Köck 2016), was presented from the standpoint of health economics. According to him, since the beginning of the economic crisis in 2008 it has become more difficult - with regard to the public finances of developed countries - to maintain a system where all people have equal access to health care. As such, music therapy is facing a challenging situation. Köck emphasised that in order for the music therapy field to receive a share of public funds, it will be necessary to engage with both policy and politics. This means that it is important not only to analyse the results and economic effects of music therapy but to engage in public education. Köck argued that music therapists have a chance to change the dynamics of health care discussions by establishing alternative ways of solidarity in music therapy.

Stige's lecture was entitled 'Creating posts for music therapists within the changing realities of contemporary health care systems, how are these related to theory, research, and ethics?' (Stige 2016). He talked from the standpoint of a music therapist with a strong interest in social inclusion. According to him, the literature on the development of music therapy as a new profession focuses to a large degree on how individual therapists manage to negotiate their ways to fit into a specific institution, such as hospitals, schools, facilities for the elderly or people with disabilities and so on. There seems to be a narrative of steady and linear progress of the music therapy profession that if only our practice and research continue to be better, music therapy will eventually become more socially recognised. However, now that the health care system is changing, the question of 'why music therapy?' has to be related with social justice. The reason is that funding sources are always limited and priorities are not only technical but also political issues. In this sense, is the empowerment of service users compatible with market-oriented health care services? In other words, if music therapy has to be part of current market-oriented health care services, is it really possible to empower the service users who are socially disadvantaged?

To answer this question, Stige introduced a project called 'POLYFON knowledge cluster for music therapy' (GAMUT 2015) that is currently being developed in Norway. In this project, different stakeholders such as researchers, service providers, practitioners, and service users come together to explore the role of music therapy in hospitals and community services. Stige used an analogy of a bicycle, saying that if you cycle handsfree, you have to be particularly sensitive to the conditions of the road. Likewise, to create posts for music therapy we have to collaborate according to the circumstances surrounding us.

Hearing this dialogue session, I thought of the social and political issues that the music therapy profession is facing in Europe, such as the economic crisis and immigration problems. In Japan, however, the profession is surrounded by different social and political issues. For example, music therapy has no national certification and has been socially unrecognised. So, there is a strong tendency to demonstrate the scientific evidence of music therapy in order to have public recognition of music therapy. Both in Europe and Japan however, I believe, as Stige argued, it is necessary for us to create different contexts and concepts of music therapy through collaboration and dialogue, and not to wait for governmental bodies to 'recognise' us. I think that rather than talking in broad social terms, the starting point for change lies in our everyday practice as music therapists.



Photograph 2: Delegates at the end of the conference¹

¹ This photograph is taken from the conference's online gallery: <u>https://www.mdw.ac.at/mth/?PageId=3207</u>

MY PRESENTATION

My oral presentation was entitled 'Building space for diversity: Creative music-making project in urban Japanese context' (Miyake 2016). Its purpose was to share a part of my ongoing research on community music therapy in Japan with music therapists from different cultures, and to acquire insights on similarities and dissimilarities. I introduced the case study of 'Shiba community house music-playing laboratory' (in Japanese, Shiba-no-Ye Otoasobi Jikkenshithu). This is a community space in the Tokyo urban area where I organise creative music making workshops for fostering ties within local communities. Anyone can freely participate regardless of age, nationality or whether or not the person has disabilities. Standing on an equal footing with participants as 'members of the laboratory' and having fun by 'discovering' and 'experimenting' with sounds are arguably more important than 'teaching' music.

In this case study, my research question focused on how we could facilitate music activities to meet the diversity of group members. In other words, to consider how the diversity of people participating might enrich the content of the music. To this end, I have been modifying the framework of participation in accordance with the situation and participants at the time. Such modification of the framework seems to be more helpful than making an overarching framework to include all people. An opportunity is thus created to modify a framework which makes use of participants' diverse ways of being, instead of deploying a previously prepared framework.

After the presentation, I received an intriguing question from the audience with regard to the meaning of the terms 'diversity' and 'diverse people within different cultures'. Paraphrasing the comment:

"For Europeans, diversity refers to diversity of cultural backgrounds, origins and ethnicity, among others; however, in this presentation, diversity refers to differences in age, values, life experience, music experience and social standing. In both cases, is what comes to mind not different when hearing the word 'diversity'?"

Indeed, if we grasp the first meaning of the word 'diversity', that is, difference in cultural backgrounds, origins and ethnicity, we would see that this is the different situation between Europe and Japan. On the one hand, in Europe the challenges that emerge from people living together with different cultural backgrounds and ethnicities have been visible. On the other hand, in Japan people are believed to have the unity of ethnicity and cultural backgrounds compared with Europe. In fact, there is a large number of foreigners living and working in Japan but their presence has perhaps been less visible.

However, if we grasp the second meaning of the word 'diversity', that is, differences in age, values, experience, and social standing, we would see that this is a common issue in the two different cultures of Europe and Japan. The common issue is whether it is possible to create opportunities to interact with each other while the existing differences remain. Community music therapy can be particularly useful for this area of work.

REFLECTIONS

Overall, the conference gave me the opportunity to have dialogues and start reflexively thinking about the cultural differences and commonalities in music therapy in Europe and in Japan. The context of issues and problems that each music therapy community works with are different but what we have in common is the importance of initiating every possible form of music therapy through collaboration and dialogue in the increasingly diversified social situations. Throughout this conference, the theme – 'symphony of dialogues' – demonstrated the importance of dialogue while respecting the values of different cultures.

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