POSTLUDE

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After the three rounds of presentations on the symposium day, represented here by three article parts, I had the opportunity to make an 'instant summary' of the answers and reflections from all three roundtable presentations to the two overarching questions of the seminar: '*Why music?'* and '*Why and when is a music therapist needed?'.*

My personal 'idiosyncratic summary' contained the following main points:

- There do not seem to be a few simple *common* answers to the questions!
- There are many good and possible answers to the questions within the specific clinical areas – and they are always influenced by who you ask and in what context.

In other words: *The answers are specific to clinical context and culture.*

- We agree that we must work in interdisciplinary teams and that we must train other professional and lay caregivers in using music. We must work also as consultants.
- We agree that we need to be more visible in the public. We need more case videos that really show the 'truth' and clarify the differences between music (alone), music medicine and music therapy.
- We need to stand up for our clients' rights – including outside of the therapy room.

Having read the written versions of the presentations in the form of reflexive introduction papers, lecture papers and other reflection papers, I think these points are still valid. The diversity of the answers, especially to the first question, is not so surprising. Different aspects of what music – and musicking – is, are in focus dependent on the clinical context. The answers can by sorted systematically by using a theoretical model I have presented in the book *'Musik og Menneske'* [Music and the Human Being], based on ideas by Even Ruud (Bonde 2011, 2016; Ruud 1998, 2016a).

The four basic levels of music experience and analysis are: (1) the physiological and biological level of music as a *sound phenomenon,* with corresponding rationales from natural science, such as neuropsychological theory; (2) the level of music as non-referential meaning or syntax, music as a *structural phenomenon,* corresponding to rationales from, for example, musicology or structuralism; (3) the level of music as referential meaning, music as a *semantic phenomenon,* corresponding to rationales from cognitive or analytical psychology, such as cognitive metaphor theory; and finally (4) the level of interpersonal communication, music as a *pragmatic phenomenon,* corresponding to rationales from anthropology or community psychology, such as the theory of communicative musicality.

In the papers included in this special feature, you will find references to all these types of rationales, be it brain research and biomarkers (Odell-Miller), psychosocial theory (Ridder), theories of early infant development (Trondalen), dialogical theory (Stensæth), anthropology, systems and attachment theories (Jacobsen; Schmid), and the social rights of people with disabilities/social theory (McFerran). Again, we see how choice of answer/theory/level is closely connected to the clinical (or non-clinical) context.

The (changing) role of the music therapist is addressed by most of the authors. There seems to be consensus that the traditional work in a protected clinic room can only be part of the contemporary professional profile, given that the profession is reaching out more and more not only to clients or patients with defined diagnoses and needs, but also to the communities they belong to (outside their partial identities as 'patients'). This reflects the transition "from music therapy to music and health" that has taken place over the last ten to 15 years (Ruud 2016b). It has become natural to include relatives and caregivers in the therapeutic activities and processes, and it is no longer perceived as a threat to the profession to share techniques and materials developed by music therapists; on the contrary, it is inevitable that music therapists work in interdisciplinary teams and serve as consultants to families, staff and stakeholders. In this process, many other challenges were identified in the seminar:

- ‘Levels of practice’ need to be defined better – corresponding to contexts, patients’ needs and the music therapist’s role.
- ‘Emotion balance problems’ could be a more appropriate concept than pathologies.
- We need to have good answers to the question of when to use music and not art. Moreover, we should be able to identify situations where music is *not* needed.
- Music therapy is often labelled a ‘non-verbal therapy’? But is this really true, given the proficiency of verbal interventions? Perhaps we should find a more precise term?
- The specific organisation of our healthcare systems presents serious challenges. We need to know more about similarities and differences – in order to support each other in initiatives promoting professional authorisation and clinical recommendations.
- Given that we must develop our role as consultants, we must find precise answers to the questions: *how* shall we train *who, where* and in doing *what*?
- The power of a good case video is evident. Even lay people can easily observe the phenomenon of ’balancing emotion’ in music therapy, which is difficult to describe in words only. Therefore, we urgently need more public videos and other media presentation formats.
- Quality of life (QoL) is becoming an increasingly prominent aspect of effect studies as well as quality assurance, and QoL may be the most promising ‘variable for the future’. But we need to identify the specific contribution of music (therapy) to better QoL.
- Music is a common right, and access to music should be given to patients by caregivers also – not only in dementia. The role of the music therapist as consultant is a given, but we must describe and discriminate between what we and caregivers do in a more precise way.

These questions and dilemmas are addressed in some of the texts, and I think they will be part of the agenda not only for future symposia but for the discussion of the future of our profession. I also think that the next logical question to be addressed is: ‘*Why does music therapy work?’* And why do we still need to ask *‘Why?’*

References

Bonde, L. O. (2011). *Musik og Menneske: Introduktion til musikpsykologi*. København: Samfundslitteratur.

Bonde, L. O. (2016). Analyzing and Interpreting Musical Data in Reflexive Research. In B. Wheeler (Ed.), *Music Therapy Research* (3rd Edition, pp. 245-262). Gilsum NH: Barcelona Publishers.

Ruud, E. (1998). *Music Therapy: Improvisation, Communication and Culture*. Gilsum, NH: Barcelona Publishers.

Ruud, E. (2016a). *Musikkvitenskap*. Oslo: Universitetsforlaget.

Ruud, E. (2016b). *Fra musikkterapi til musik og helse. Artikler 1973-2014*. Vol. 1-2. [From music therapy to music and health. Articles 1973-2014]. Oslo: Senter for musik og helse. NMH Publikationer 2015:4.