Approaches: An Interdisciplinary Journal of Music Therapy
16 (2) 2024
ISSN: 2459-3338
https://doi.org/10.56883/aijmt.2024.45

INTERVIEW

Music therapy through the screen with children with autism: Reflections on the differences between in-person and online improvisation

Ferdinando M. Suvini
Florence Music Therapy Training Course, Italy

Agostino Longo
Florence Music Therapy Training Course, Italy

Marco Giusti
Florence Music Therapy Training Course, Italy

ABSTRACT

Ferdinando Suvini, Agostino Longo and Marco Giusti have been working together many years and are collaborating in the Florence Music Therapy Training Course and in the First Specialization Training Course on Music Therapy and Autism (2022). This interview, in which Marco interviews Ferdinando and Agostino, addresses different subject areas in the field of music therapy during the COVID-19 pandemic in order to discuss the need to modify intervention techniques when transitioning from in-person to online work. Starting from some reflections on the literature about online Improvisational Music Therapy (IMT), both pre-COVID and during the pandemic, we discuss whether IMT could be a feasible method for online work with children and young people with autism. Special attention is given to the treatment guidelines for working with children with autism. In order to better clarify some specific themes, some clinical examples of children and young people with autism are included. The aim of this interview is to illustrate and explore different intervention methods involved in the transition from in-person to online music therapy, with a specific group of patients. The clinical examples show that it is possible to maintain the principles presented in the treatment guidelines for IMT with children with autism, even if online work demands adaptations and modifications to the proposed techniques. The main purpose of the reflections set forth is to explore and understand how IMT changes when moving from face-to-face work to online.

KEYWORDS

COVID-19,
online,
improvisational music therapy (IMT),
autism,
early childhood development

Publication history:
Submitted 8 Sept 2022
Accepted 15 Feb 2022
First published 22 Mar 2023

AUTHOR BIOGRAPHIES

Ferdinando M. Suvini, MA Music, MA Music Therapy, MA Clinical Psychology. Ferdinando has worked with leading organisations (Teatro alla Scala, Toscanini Orchestra) and taught at the Conservatory in Milan, Cagliari, Sassari. He currently works as a music therapist work at the

Health Services in Tuscany, he is the Head of the Florence Training Course, and he is teaching at the Conservatory L' Aquila, Ferrara, University of Pisa and University LUCA, Leuven. He has presented widely at international conferences and published articles in journals and magazines. He has served as the Chair of AIM (2002 - 2016) and EMTC Vice President (2004 - 2016). [ferdisuvini@libero.it] **Agostino Longo** is a music therapist, and teaches music therapy and clinical improvisation techniques at the School of Dynamic Music Therapy in Florence and at the Specialization Training Course in music therapy and autism spectrum disorders (Florence). He works in Siena and in the Tuscan territory (Italy) as part of a multidisciplinary team including psychotherapists and other health professionals. His current research interests include music therapy with autism, psychosis, behavioral and emotional disturbances, intellectual disability, and blindness. Agostino is also a piano and keyboards teacher, and he plays professionally in different musical contexts. [agostinolongo87@gmail.com] **Marco Giusti** works privately as child and adolescent psychotherapist (Tavistock model) and as music therapist, especially with intellectual disability, autism spectrum disorder, ADHD, oppositional defiant disorder, and affective disorders. He teaches developmental psychology at the School of Dynamic Music Therapy in Florence. [giustimarco.psico@gmail.com]

Authors' Note: This interview is based on a conference presentation we did at the 12th European Music Therapy Conference (Suvini et al., 2022). In-text citations were added when editing the text to offer further context to the work.

Marco: In your opinion which are some of the most relevant articles regarding online music therapy to date?

Ferdinando: Although music therapy literature describing online interventions dates back to long before the COVID-19 pandemic, and the same is true of other fields such as psychotherapy, the recent global health crisis has greatly increased online clinical practice, and as a result research and literature has also developed (Carvajal, 2020). In a brief review of the pre-COVID music therapy literature, between 2009 and 2020, I found for example: a case study of song-writing techniques used with an adolescent with Asperger's syndrome (Baker & Krout, 2009), and a proposal for musical activities and relaxation activities for a military veteran with post-traumatic stress disorder (PTSD) (Lightstone Bailey & Voros, 2015).

Agostino: I would like to mention also: a case study of using musical activities at the keyboard with a military veteran with a brain lesion (Spooner et al., 2019); a case study of an intervention focusing on children and the involvement of their families (Fuller & McLeod, 2019); a study using singing with a group of patients with tetraplegia (Tamplin et al., 2020); a presentation of work with military veterans (male and female) with different pathologies, in individual and small group sessions, using singing, music listening and song-writing (Vaudreuil et al., 2020) and an experience of virtual music therapy in neonatology (Negrete, 2020).

Marco: What about the post-COVID-19 literature and the influence on your clinical work?

Ferdinando: More recently, music therapy literature about online practice has greatly expanded, due to the spread of the COVID-19 pandemic. I would like to highlight: a descriptive study carried out in the USA on perceptions of music therapy activities, focusing on themes regarding the quality of service delivery, stress and hope (Gaddy et al., 2020); a study of the potential of music as an emotional and social support (MacDonald, 2021a); a study of the potential that arises from non-structured practices and limited musical knowledge in forms of improvisation (MacDonald, 2021b); a review of the potential of new technologies for music therapists on different continents, both before and during COVID (Agres

et al., 2021); and a study of patients with dementia who were offered different online music therapy activities (Dowson et al. 2021).

Marco: What are, in your opinion, the main uses of online music therapy?

Agostino: An interesting differentiation has been made between the modalities of online music therapy, which can be subdivided into three categories (Fusi et al., 2022). The first, *emergency* online music therapy, is required in the event of pandemics, earthquakes and other natural disasters. The second is brought about by *necessity,* caused by geographical problems or limited potential for travel. The third category is that of *regular* online music therapy which is intended for specific groups of patients, such as people who are immunocompromised, who may not be able to make use of in-person services.

Marco: Your clinical work is mainly based on Improvisational Music Therapy (IMT). Would you like to describe IMT briefly?

Ferdinando: IMT is a method that uses improvisation as the main modality of intervention when working with patients. Participants are directly involved and participate spontaneously in the interaction, using sound and music in vocal, instrumental, and physical proposals and responses (see also Bruscia, 1987). IMT gives the patient an opportunity of "being together" when other communication modalities fail or are poor (Ansdell, 2014); IMT offers social support, feelings of connectivity, positive psychosocial moments, and opportunities for creative engagement (Aldridge, 1991).

Agostino: Musical improvisation – within a general music context and within the context of IMT – enables a multitude of interactive possibilities, such as imitation, turn-taking, turn-giving, silent listening and playful explorations, and the emphasis is on the process and exploration, rather than the product (MacDonald et al., 2021). IMT allows participants to experience shared moments that are important in transforming the therapeutic relationship, moving the patient towards a deeper level of intersubjectivity in a transitional space within a therapeutic process (De Backer, 2008).

Marco: Could you add something specific about your IMT work with children with autism?

Agostino: When working with children with autism, a central aspect is the expression of emotions and the relational engagement that derive directly from the musical involvement and interactions created between music therapist and patient (Geretsegger et al., 2015). In clinical practice with children who are on the autistic spectrum, the music therapist generally tries to adapt to the interests, behaviours and attitudes of the child in order to encourage a process of development and the expansion of interactive reciprocity. The objective of the work is to stimulate the child to promote awareness and sense of self, increase attention span, foster intentionality, improve communication and social reciprocity (Bruscia, 1998; Kim et al. 2009; Wigram, 2002).

Ferdinando: In this specific clinical music therapy setting, children often perceive the environment as

chaotic, confusing and fragmented. Modes of interaction that provide continuity, stability and regularity can be very useful, as they encourage involvement and social reciprocity (see also Geretsegger et al., 2015). In other words, the therapist attempts to balance a tendency towards stereotypical repetition and excessive variation through the use of musical suggestions that can be defined as "controlled flexibility" or "modulated predictability", by suggesting themes that encourage communication and interaction (Holck, 2004; Wigram, 2004; Wigram & Elefant, 2009).

Marco: Could you shortly describe the specific context in which your clinical work takes place?

Agostino: The experiences discussed here are all drawn from clinical work in private practice in Italy, in which I was part of a multidisciplinary team led by a medical doctor. In private music therapy, the therapist is responsible for managing relationships with clients and their families. Music therapy sessions are offered to a wide variety of patients, often in situations in which verbal communication is seriously compromised (i.e. autism, intellectual disabilities, dementias). Working as part of a team, I am in regular contact with other professional figures. During the lockdown, my additional responsibilities included planning the timing of calls, organising sessions, and explaining how the setting would change when transitioning to online work.

Ferdinando: In short, the music therapist organised the setting in the most appropriate way, making sure it was protected and safe for receiving patients. With regard to the COVID-19 pandemic, the therapist (AL) had to assess whether clients would be able to cope with an online session, and would benefit from it. In some cases, the length of online sessions was rethought. The therapist needed to identify different strategies for interaction that were appropriate to the new situation. With some clients, the therapist decided to maintain regular contact, but without carrying out any music therapy work.

Marco: What would you say are the main differences between in-person and online music therapy work?

Agostino: I believe that the main differences between in-person and online practice can be identified as differences in setting. The setting offers a frame, both internal and external, within which forms of listening are created where the client can understand how they are being heard (Petrella, 1993). Internal aspects relate to the mind of the music therapist, their theoretical approach, their style of working, and everything connected to their internal organisation, whilst the external aspects relate to what is visible and tangible, such as spatio-temporal organisation (Bleger, 1967). In other words, the external aspects on the setting are connected with the internal resonance of the therapist (Winnicott, 1955). According to this, some recent studies have explored changes and adjustments when transitioning from in-person to online music therapy work (Agres et al., 2021; Carvajal, 2020; Kantorovà et al., 2021). Data have been gathered from qualified music therapists which show a variety of alterations and solutions. Adapting to remote work has undoubtedly been a multifaceted challenge (Carvajal, 2020).

Ferdinando: During in-person music therapy sessions, work takes place in an organised and structured

space, equipped with a piano, stringed instruments, percussion instruments, Orff instruments, and instruments from different global traditions. Depending on the situation, the voice and singing are also used. To be able to improvise and interact online with the therapist in a similar way as in-person, the patient should have a sufficiently wide range of instruments available. This is not always possible, and when it is not, it is necessary to adapt such as engaging in solo improvisations (Negrete, 2020), and musical dialogues and reflections on improvisations and songwriting (Berman, 2020). It is vital that the music therapist assesses these aspects carefully, to identify the best solution for the patient.

Marco: So, could we say that online music therapy work is a sort of revolutionary approach?

Ferdinando: Yes, I totally agree. To make the online session feasible, the music therapist may have to revolutionise usual techniques of improvisation and organisation of the music therapy setting, taking into consideration technical aspects and potential problems relating to signal transmission, latency, and the general limitations of the sound quality.

Marco: Despite the literature cited, there are still no guidelines for working online. However, there are the guidelines of Geretsegger et al. (2015) that orient the work of music therapy with children with autism. In your opinion, what are the main objectives of her work?

Agostino: Well, Geretsegger et al.'s work was very useful. Her aim was to develop guidelines for the treatment of children with autism spectrum disorders, based on features of IMT common to various countries, from therapists with different theoretical backgrounds. It's very interesting that these guidelines can even be used to reflect on the elements of continuity and transformation that emerge in the transition between IMT in person and online.

Marco: Recalling some of the principles of Geretsegger et al.'s guidelines, can you tell something more about them? For example, regarding Principle 1 (Facilitating musical and emotional attunement), what are your reflections?

Ferdinando: The first principle highlights the fact that what happens in IMT is similar to primary interactions between caregiver and child, in which rhythmic and musical proposals are designed to foster moments of emotional expression and reciprocity. Infant research has shown to what extent the primary mother-child relationship, consisting of proto-conversations, turn-taking, and communications of an affective character, is impregnated with musicality (Stern, 1985). In the same way, a music therapist interacts musically, aiming to improve the patient's awareness, positively influence their capacity for communication and sharing, and improve socio-emotional reciprocity. The therapist takes up and imitates the patient's behaviours and proposals, trying to insert them into an intentional discourse with the objective of stimulating the patient's emotional and affective involvement through moments of synchronisation and musical attunement. We are dealing with real forms of proto-conversation, composed of the musical elements of which the relationship is built, such as duration, rhythm, intensity, and form (Stern, 1985).
Agostino: In the field of psychoanalysis, making connections with developmental psychology and

infant research, Stern (1985) used similar terms (and also musical vocabulary) to describe affect attunement, the process by which a mother and child establish a sense of reciprocal understanding. Affect attunement is based on partial imitation and is deliberately selective and often cross-modal: the object of correspondence is not the exhibited behaviour, but rather some aspect of it which reflects an internal affective state, or those experiential and dynamic qualities that Stern called 'vitality affects', later renamed 'forms of vitality' (Stern, 2010). It is through these forms of vitality that the therapist's musical expression can make audible what has been observed and perceived in the patient in terms of physical movements, musical expression, and emotional states (Schumacher & Calvet, 2007).

Marco: And what happens in online work?

Ferdinando: We noticed that during online work it was often necessary to pay greater attention not only to aspects which are purely musical and expressive, but also to facial expressions and physical movements. Sometimes these were so pronounced that they dominated the communication between the patient and the music therapist, to the detriment of other specifically musical elements such as rhythmic sharing. Indeed, it seems to be quite difficult to achieve shared rhythms when working online: the effects of network latency mean that in an improvisation the patient and the music therapist cannot align themselves with another person's rhythm. In fact, latency makes it impossible for even experienced musicians to synchronise online in real time. This can lead to a feeling of not playing together with the other person and perhaps not feeling understood within the musical relationship. Recognising these technical limitations helps the music therapist to find new forms of interaction.

Marco: Can you please give an example of this?

Agostino: During one improvisation, the patient invented the words of a song while I provided a solid harmonic foundation, that was rhythmically open. In this way, I created a secure base, over which the patient could freely express his own personal melodic content, leaning harmonically on the tonality proposed by me (with the help of a keyboard he had at home). I, attuning myself to the patient, adapted the musical material in accordance with the tonality and phrase structure of the patient's music.

Marco: Here we can see that synchronization is not always the technique of choice in clinical work.

Ferdinando: Some clinical improvisation techniques suggest that it may be possible to abandon the idea of synchronising rhythmically with the patient. As shown in the example, the therapist may focus on other musical parameters such as melody and harmony, with the rhythm remaining fluid. This can allow for a shared musical experience in which the patient may express himself freely, avoiding a fluctuating rhythmicity which could be a source of frustration.

Agostino: Latency is often a serious impediment in the co-production of music online. There has been much debate about how to create music online "in time", with everyone synchronized to the same beat. Sometimes, an improvisation may develop in such a way that latency becomes a characteristic of the interactions (MacDonald, 2021).

Marco: The second principle identified by Geretsegger et al. reads like this: "scaffold the flow of

interaction musically" (Geretsegger et al., 2015). What is your understanding of this principle and why is it something so central in meeting children with autism?

Agostino: The second point in the guidelines regards the importance of sustaining and encouraging reciprocity and collaboration, even when the patient's music suggestions may appear to be fragile, unstructured, and lacking in sense. Regular pulsation becomes an important scaffold in the act of co-creation, since it allows for the construction of a reciprocal dance made up of gestures, pauses, exchanges, and micro-movements. In these primitive forms of dialogue, moments of alternation (turn-taking and turn-giving) acquire a particular importance, especially in the case of autism, where they accompany the patient towards forms of relationships that are more elaborate, and shared (Holck, 2004).

Marco: What about these processes in online work?

Ferdinando: When music therapist and client are in the same place and in the same room, this can play out positively through an intuitive capacity for reciprocal regulation and contributes to a better quality of dialogue. In contrast, these reciprocal micro-adaptations may not be recognised online, because the subjects may hear things differently and therefore cannot intervene to modify the interaction (Russell, 2015). This sometimes contributes to a processing difficulty known as *overlapping* (Holck, 2004). The limitations imposed by acoustic latency on online platforms can certainly impact the flow of the interaction and of the communicative exchange.

Marco: In what way? Can you give an example of this?

Agostino: In the case of a person with autism, I was able to understand that due to a time lag in communication, he needed to wait a moment before intervening. The slight delay in the online interactions initially created moments of crisis: I did not realise that, because of latency, my words were overlapping with those of the client. My words were being perceived as interruptions to the new sentence that the client had just started to say.

Marco: Putting this principle into practice in online work does not therefore seem easy…

Ferdinando: That's for sure… but if the therapist is sufficiently careful and observant, it may be possible to reshape and adapt their own interventions to re-establish the possibility of fluidly alternating turn-taking. In the online work micro-adaptations (both musical and verbal) are needed and can be fundamental in fostering the flow of the interaction and allowing the patient to feel, or not feel, listened to and therefore understood.

Marco: The third principle underlines the importance of "tapping into the shared history of musical interaction" (Geretsegger et al., 2015).

Agostino: One objective for a music therapist practising IMT is to lead the patient towards reciprocal

interaction, approaching the relationship in ways which are, as much as possible, flexible and cooperative. For this reason, it is important to pick up on the musical elements presented by the patient and try to incorporate them into a shared therapeutic history, as it develops. The therapist must be able to give a form to the musical material, and thus be recognised through patterns or musical motifs that are constantly reproposed to the patient, helping to create a sense of historicity and continuity. This can happen in numerous different ways, which may well be playful or pleasurable, as a means of verifying if the patient is able to participate actively in anticipatory or intentional musical interventions.

Marco: In moving to online work, is it really possible to keep these stories of musical interactions alive?

Ferdinando: We asked ourselves to what extent, and in what form, it is possible to maintain and continue musical histories which have been shared and co-created during face-to-face work, when taking music therapy into an online dimension. In our experience, we have found that certain elements from an in-person session sometimes recur in a modified form. However, new and original elements could also emerge; these may be born out of the distinctive characteristics of the setting, and perhaps would not have appeared in a different environment.

Marco: Can you please provide an example?

Agostino: The therapist and the patient, in person, created a turn-taking game of "Name That Tune". However, only the patient could suggest the tune to be guessed. As soon as the music therapist moved his hands to start playing, he was promptly stopped by the patient. He was only allowed to offer an answer. During the online sessions, the therapist did not have his hands in the frame and played the melody on the piano. The patient did not interrupt the action and the therapist was able to play a tune to be guessed. At that point, a shared turn-taking game came into being, rather than the one-way activity from the in-person sessions.

Marco: In this example it seems that the change of setting has contributed in some way to an 'evolution' of the 'shared history'…

Ferdinando: Online interactions sometimes need to be rethought and reshaped in order to be effective, and it is almost impossible to propose the exact same activities online as in-person. Nevertheless, in the above clinical extract we can see how it was possible to repeat an in-person activity and allow new interactive modalities to emerge. In our opinion, the participants' ways of being within the therapeutic relationship are also influenced by constantly seeing their own images on the screen. However, awareness of this aspect can transform it into an advantage: in the example above it seems that an initial dynamic of visual control may have nurtured innovative moments of play, and potential affect attunement.

Marco: Referring to Principle 4 (building and maintaining a positive therapeutic relationship) and Principle 5 (providing a safe environment), do you think it is possible to build and maintain a musical relationship by presenting an attitude of trust, interest and respect towards the patient?

Ferdinando: These two principles highlight how the quality of the therapeutic relationship, in a stable and secure environment, can be considered one of the decisive factors regarding the effectiveness of the treatment. Reliability and predictability are key to being able to develop a good relationship, or enabling it to develop, keeping the child's levels of anxiety low. Monitoring the changes during the transition from one setting to another is fundamental.

Marco: What can help create a dimension of serenity, sharing and reciprocity and allow the patient to feel protected, welcomed and valued?

Agostino: Ideally, remote therapeutic work should happen in a space which has similar characteristics to the music therapy room. It is also important that the space can guarantee privacy and confidentiality for the duration of the session. Therefore, it is vital to create and maintain a well-defined, stable, and constant spatio-temporal framework. For this reason, clients' families were sometimes required to help create a setting that was quiet, protected, and tidy.

By anticipating and preparing the various phases of the session, especially the beginning and the end, it is usually possible to plan for unforeseen events and sudden changes. This may contribute to a reduction in the patient's anxiety levels, offering support and presenting events in a modular, and therefore more manageable, way. In this specific context, in-person session take place in a tidy and organised space, offering a secure and welcoming base, with the aim of giving the client stability, continuity and a sufficiently good sense of serenity (Bowlby, 1969; Winnicott, 1965).

Ferdinando: When working online, the physical space is doubled. The music therapist's room and the client's room are connected through technology but are clearly separate. The transition from a shared environment to two separate spaces is a major change, which affects the therapeutic relationship. Each participant lives in their own personal spatial dimension of lights, colours, sounds and scents, which can only be minimally shared with the other. The dimension in which they both experience the therapeutic dialogue and reciprocal listening is radically altered.

Marco: If the spatial dimension is inevitably altered, what about the management of transition from outside to inside the "therapeutic space" for a child with autism?

Ferdinando: One child with autism, when participating in face-to-face sessions, would leave his mother without any trouble, even when she sometimes seemed emotionally unavailable. At the beginning of an online session, the child would continually drag his mother in, because he needed her help to adjust the keyboard on its stand, although she was busy with household chores. Only after many reassurances from the mother that her moving away did not change her feelings for her son, was he able to accept the placement of the keyboard and begin the session, leaving the mother free to go into the next room.

Marco: So, there seems to be a noticeable difference in the ability to directly support the patient during transitions.

Agostino: When working in person, the music therapist is a potentially-active spectator in the transition from outside to inside (and later from inside to outside), and can support the child in the process of separating from a parent. Furthermore, the feeling of sharing the music therapy room with the music therapist can in itself be a form of containment. In contrast, when working remotely, this transition largely remains the responsibility of the parent.

Marco: The importance of including the family in the therapeutic process has become an area of interest for many authors, including those in the field of music therapy (Oldfield & Flower, 2008; Thompson & Jacobsen, 2017). Can a parent therefore foster some aspects of the music therapy meeting?

Agostino: The nature of this form of inclusion depends on the clinical setting, the age of the client and the characteristics of the family itself. When working online in certain cases, it is very often necessary, beneficial, and perhaps we could even say inevitable, to involve the family, for the therapeutic work to be successful. Inclusion of the family in online music therapy offers both limitations and possibilities (Kantorovà et al., 2021); it introduces a presence that can be complex to manage, but also allows the therapist to observe family dynamics that might not otherwise be seen.

Marco: Let's leave out the seventh principle for a moment. Principles 6 and 8 refer to the possibility of aligning with the child's proposals, facilitating the enjoyment. What differences did you find in working online?

Ferdinando: In general, the objective of IMT is to pay attention to the patient's musical or emotional proposals, attempting to give a musical form to the material presented by the patient. Feeling welcomed and reassured stimulates the child to want to participate, interact with or actively respond to the therapist. It is important to underline that following the patient's prompts means being able to give a form to their stimuli and interests; it is vital to find a balance between offering stability and continuity, within a dimension of variation and change. Furthermore, it is important to incorporate moments of joyful affective sharing. These have a strong resonance and influence on motivation and participation. The musical interaction allows for the creation of enjoyable, pleasurable forms of relational involvement. When not working face-to-face, different and unexpected situations may arise. Nevertheless, these allow the therapist to interact with the patient in spite of the limitations imposed by the channel of communication.

Marco: Do you have an example?

Agostino: In the room, the patient had a soft chair. At certain moments, he threw himself backwards on this chair, going out of the therapist's sight; when the therapist played, the child sat up and came

back into the frame. The therapist followed the child's proposal, responding to this alternation of appearance and disappearance. In a short time a game had been structured, creating a relational dynamic that was accepted and subsequently developed.

Marco: This could not have happened in person!

Agostino: In this excerpt, we see how the child experiments with, and can then control, certain aspects of the interaction; starting from the client, a shared framework is formed and becomes a co-created experience that promotes enjoyment and involvement. During online work, it is possible that both the therapist and the patient frequently find their eyes glued to the image of the other. Sometimes this can be a problem, leading to a level of attention that risks becoming forced and controlling. However, as shown above, it is worth noting that some children tend to move away from the screen instead.

Ferdinando: In face-to-face IMT, gaze and eye contact are generally free, not forced or constrained, which leads to an active and varied relational dynamic. Indeed, it is sometimes possible to improvise without looking at other people, which is particularly effective with patients with autism who try to avoid eye contact. Nevertheless, the patient cannot completely hide from the therapist's sight. The clinical example above illustrates how online work may permit forms of interaction and play that would not be possible in person.

Marco: The seventh principle concerns the definition of treatment goals and the assessment of progress. Is it necessary to reshape the goals of treatment?

Ferdinando: It is important to evaluate, on a case-by-case basis, the patient's needs during the music therapy process, and identify clear objectives for each phase of the intervention through the definition of increasingly specific and targeted indicators. These aspects can be defined within a multidisciplinary team, together with the family and with the child's school. In the transition to online work, we found it necessary to ask ourselves which of the original objectives could feasibly be kept (and how), taking into consideration the patient's level of functioning and abilities. In all cases, it was necessary to involve the family when dealing with logistical questions. In some situations, we felt that the presence of a parent was essential in order to allow the therapist to continue working with the client, even if this meant having to radically alter the objectives.

Marco: Could you give an example?

Agostino: A young man with low-functioning autism received support from a parent during his online music therapy sessions, to help him hold conversations with the therapist. It would not have been possible to interact with the client in any other way, owing to his reduced capacity for verbalisation and a hypo-responsiveness which required active physical participation by the therapist during in-person sessions. The mother guided her son during the interaction, acting as a vehicle for the dialogue by repeating certain words, describing, and remarking on things said by the therapist, and supporting the client in giving short answers.

Marco: With a parent actively intervening during the meeting, I imagine that the evaluation process also undergoes changes.

Ferdinando: In this situation it seems rather clear how the presence of the mother made it possible for the interaction to take place. When working in person, the therapist is able to implement certain physical "recall" techniques (Alvarez, 1992) such as using the space to attract the client's attention and acting as a facilitator for communication, moving freely around the setting and sometimes proposing prompts and stimuli, e.g. offering beaters to use, holding out a guitar towards the client, moving the piano stool as an opening gesture. This is not possible during online communication, in which the space has been reduced to two separate dimensions that are not shared: this new space does not allow the therapist to go towards the client. However, the family can support certain ways of communicating, even if the strategies are different to those employed by the therapist.

Agostino: This aspect necessitated a constant and continuous dialogue with the family, both before and after the music therapy session. In the case described above, it was necessary to talk to the patient's mother and help her to understand the objectives of the work we were doing and the best ways to obtain therapeutic results. In some situations, involving the parents allows them to better understand the objectives of music therapy work; for example, that learning and knowledge acquisition are not directly pursued but can potentially be achieved through improving communication and the quality of the relationship.

Marco: In your opinion, which are the conclusions that we can draw from your work as a music therapist in this very complex period?

Agostino: The main purpose of our reflections is to explore and understand how IMT changes when moving from face-to-face work to online. We believe that this transition is different for every music therapist, and for every patient; our reflections come from our own clinical practice, and a priori generalisations cannot be made. The possibility of co-creating and maintaining moments of continuity and affective connection lies at the heart of the therapeutic relationship. The clinical examples discussed in this article show that an online interaction using IMT is possible and can have positive and constructive outcomes.

Ferdinando: Meaningful moments of exchange and transformative dialogue with the patient can be achieved online, through considered choices and the appropriate use of specific techniques and solutions. These may involve using the voice, body percussion, less structured rhythmic patterns, and a greater focus on harmonic and melodic aspects (Kantorovà et al., 2021). It is inevitable that this new way of thinking requires the therapist to engage with new forms of communication and relating to others. Therefore, therapist and patient are called on to together reconstruct a setting which is "new" in terms of its spatio-temporal aspects. While creating new difficulties and concerns, these changes also present possible opportunities for development and growth. The online IMT seems a feasible reality. It is something to explore and discover, that should neither be considered as entirely meaningless, nor accepted uncritically as the only possible and inevitable alternative. Online IMT

cannot completely replace in-person work, but it can certainly be used to maintain the relationship when it is not possible to meet face-to-face. In a situation such as the COVID-19 pandemic, the alternative to remote work would be total absence; the figure of the music therapist would completely vanish. This aspect, which is of no little importance, should motivate us to be open to different forms of listening and relating to the other.

REFERENCES

Agres K., Foubert K., & Sridhar S. (2021). Music therapy during COVID-19: Changes to the practice, use of technology, and what to carry forward in the future. *Frontiers in Psychology, 12*: 647790. https://doi.org/10.3389/fpsyg.2021.647790

Aldridge, D. (1991). Physiological change, communication, and the playing of improvised music: Some proposals for research. *The Arts in Psychotherapy, 18*(1), 59–64. https://doi.org/10.1016/0197-4556(91)90008-X

Alvarez, A. (1992). *Live company: Psychoanalytic psychotherapy with autistic, borderline, deprived and abused children.* Tavistock/Routledge.

Ansdell, G. (2014). *How music helps: In music therapy and everyday life*. Ashgate.

Baker, F.A., & Krout, R.E., (2009). Songwriting via Skype. An online music therapy intervention to enhance social skills in an adolescent diagnosed with Asperger's Syndrome. *British Journal of Music Therapy, 23*(2), 3-14. https://doi.org/10.1177/135945750902300202

Berman, A., (2020). Music connects us: The use of music and the role of music therapy during a pandemic crisis situation EMTC. emtc-eu.com

Bleger, J. (1967). Psicoanálisis del enquadre psicoanalítico. Revista de Psicoanálisis, vol. 24, 241-258. Psycho-analysis of the psycho-analytic frame. Int. J. Psycho-Anal., 48: 511-519.

Bleger, J. (1967). Psicoanálisis del enquadre psicoanalítico. Revista de Psicoanálisis, vol. 24, 241-258. Psycho-analysis of the psycho-analytic frame. *International Journal of Psychoanalysis, 48,* 511-519.

Bowlby, J. (1969). *Attachment and loss. (vol. I) Attachment*. Hogarth Press.

Bruscia, K. (1987). *Improvisational models of music therapy*. Charles Thomas Publisher.

Bruscia, K. (Ed.). (1998). *The dynamics of music psychotherapy*. Barcelona Publishers.

Carvajal, M.A. (2020) *Telehealth music therapy: Considerations and changes during the Covid-19 crisis* [Master's thesis, The Florida State University]. https://diginole.lib.fsu.edu/islandora/object/fsu:776825

De Backer, J. (2008). Music and psychosis: A research report detailing the transition from sensorial play to musical form by psychotic patients. *Nordic Journal of Music Therapy, 17*, 89-104. https://doi.org/10.1080/08098130809478202

Dowson, B., Atkinson, R., Barnes, J., Barone, C., Cutts, N., Donnebaum, E., Hung Hsu, M., Lo Coco, I., John, G., Meadows, G., O'Neill, A., Noble, D., Norman, G., Pfende, F., Quinn, P., Warren, A., Watkins, C., & Schneider, J. (2021). Digital approaches to music-making for people with dementia in response to the COVID-19 pandemic: Current practice and recommendations. *Frontiers in Psychology, 12*:625258. https://doi.org/10.3389/fpsyg.2021.625258

Fuller, A., & McLeod, R., (2019). The Connected Music Therapy Teleintervention Approach (CoMTTA) and its application to family-centred programs for young children with hearing loss. *Australian Journal of Music Therapy, 30,* 12-30.

Fusi, C., Antichi, L., Suvini, F. & Sweet, R. (2022). Musicoterapia in Italia e Covid-19: Un'Indagine esplorativa. *Rivista Musica et Terapia, 45*, 2-14.

Gaddy, S., Gallardo, R., McCluskey, S., Moore, L., Peuser, A., Rotert, R., Stypulhoski, C., & Lagasse, A.B. (2020). *COVID-19 and music therapists' employment, service delivery, perceived stress, and hope: A descriptive study*. *Music Therapy Perspectives, 38*(2), 157-166. https://doi.org/10.1093/mtp/miaa018

Geretsegger, M., Holck, U., Carpente, J. A., Elefant, C., Kim, J., & Gold, C. (2015). Common characteristics of improvisational approaches in music therapy for children with autism spectrum disorder: Developing treatment guidelines. *Journal of Music Therapy, 52*(2), 258-281. https://doi.org/10.1093/jmt/thv005

Holck, U. (2004). Turn-taking in music therapy with children with communication disorders. *British Journal of Music Therapy, 18*(2), 45-54. https://doi.org/10.1177/135945750401800203

Kantorová, L., Kantor, J., Horˇejsí, B., Gilboa, A., Svobodová, Z., Lipský, M., Marečková, J., & Klugar, M. (2021). Adaptation of music therapists' practice to the outset of the COVID-19 pandemic—Going virtual: A scoping review. *International Journal of Environmental Re-search and Public Health, 18, 5138.* https://doi.org/10.3390/ijerph 18105138

Kim, J., Wigram, T., & Gold, C. (2009). Emotional, motivational and interpersonal responsiveness of children with autism in improvisational music therapy. *The National Autistic Society, 13*(4), 389–409. doi: 10.1177/1362361309105660

Lightstone, A.J., Bailey, K.S., & Voros, P. (2015). Collaborative music therapy via remote video technology to reduce a veteran's symptoms of severe, chronic PTSD. *Arts and Health, 7*(2), 123–136. https://doi.org/10.1080/17533015.2015.1019895

MacDonald, R., Burke, R., De Nora, T., Sappho Donohue, M., & Birrell, R. (2021a). Our virtual tribe: Sustaining and enhancing community via online music improvisation. *Frontiers in Psychology. 11*:623640. doi: 10.3389/fpsyg.2020.623640.

MacDonald, R., Hodges, D., Creech, A., & S. Hallan (Eds.). (2021b). The social functions of music: Communication, wellbeing, art, ritual, identity and social networks (C-WARIS). In A. Creech, D. A. Hodges & S. Hallam (Eds.), *Routledge international handbook of music psychology in education and the community* (pp. 5–20). Routledge/Taylor & Francis Group.

MacDonald, R., McPherson, G.E., & Miksza, P.E. (Eds.). (2021c). *Improvisation*. In G. McPherson (Ed.), The Oxford *handbook of music performance* (vol. 1). Oxford University Press.

Morin, E. (2020). *Cambiamo strada.* Edizioni Raffaello Cortina.

Negrete, B. (2020). Family matters. Meeting the challenges of the COVID-19 pandemic: Virtual Developmental music therapy class for infants in the neonatal intensive care unit. *Pediatric Nursing, 46,* 198–206.
Oldfield, A., & Flower, C. (Eds.). (2008). *Music therapy with chidren and their families*. Jessica Kingsley Publishers.
Petrella, F. (1993). *L'ascolto e l'ostacolo.* Jaca Book.
Russell, G. I. (2015). *Screen Relations. The limits of computer-mediated Psychoanalysis and Psychotherapy.* Karnac Books.
Schumacher, K., & Calvet, C. (2007). Music therapy with children based on developmental psychology, using the example of "synchronization" as a relevant moment. In U. Stiff & R. Tüpker (Eds.), *Kindermusiktherapie - richtungen und methoden* (A. Intveen, G Litwin Trans.) (pp. 27-61). Vandenhoek & Ruprecht.
Spooner, H., Lee J.B., Langston, D.G., Sonke, J., Myersb, K.J., & Levy, C.E., (2019). Using distance technology to deliver the creative arts therapies to veterans: Case studies in art, dance/movement and music therapy. *The Arts in Psychotherapy, 62,* 12-18. https://doi.org/10.1016/j.aip.2018.11.012
Stern, D. (1985). *The interpersonal world of the infant.* Basic Books.
Stern, D. (2010). *Forms of vitality: Exploring dynamic experience in psychology, the arts, psychotherapy, and development.* Oxford University Press.
Suvini, F. (2000). *Lo strumentario in musicoterapia.* In *Musicoterapie in dialogo PCC La Cittadella Editore*, Assisi (PG).
Suvini, F., Longo, A., & Giusti, M. (2022). Music therapy through the screen: Reflections on the limitations and possibilities of online work. In M. Dowling, C. Hussey, E. Maclean & G. Tsiris (Eds.), *Abstracts of the 12th European Music Therapy Conference* (p. 236). British Journal of Music Therapy. https://journals.sagepub.com/page/bjmb/abstractsofthe12theuropeanmusictherapyconference
Tamplin, J., Loveridge, B., Clarke, K., Li, Y., & J Berlowitz, D. (2020). Development and feasibility testing of an online virtual reality platform for delivering therapeutic group singing interventions for people living with spinal cord injury. *Journal of telemedicine and telecare*, *26*(6), 365-375. DOI: 10.1177/1357633X19828463
Thompson, G., & Jacobsen, S. L. (Eds.). (2017). *Music therapy with families: Therapeutic approaches and theoretical perspectives*. Jessica Kingsley Publishers.
Vaudreuil, R., Langston, G.D., Magee, W.L., Betts, D., Kass, S., & Levy, C., (2020). Implementing music therapy through telehealth: considerations for military populations. Disability and rehabilitation: *Assistive Technology. 17*(2), 201-210. doi: 10.1080/17483107.2020.1775312.
Wigram, T. (2004). *Improvisation*. Jessica Kingsley Publishers.
Wigram, T. & Elephant, C. (2009). *Therapeutic dialogues in music: Nurturing musicality in children with autistic spectrum disorder and Rett Syndrome.* In C. Trevarthen & S. Malloch (Eds.). *Communicative musicality* (pp. 423-445) Oxford University Press.
Winnicott, D.W. (1955). Metapsychological and clinical aspects of regression within the psycho-analytical set-up. *International Journal of Psychoanalysis, 36,* 16-26. In D.W. Winnicott, *Through paediatrics to psycho-analysis*. Tavistock Publications.
Winnicott, D. W. (1965). *The maturational process and the facilitating environment. Studies in the theory of emotional development.* The Hogarth Press and the Institute of Psycho-analysis.

Ελληνική περίληψη | Greek abstract

Μουσικοθεραπεία μέσω της οθόνης με παιδιά με αυτισμό: Αναστοχασμοί σχετικά με τις διαφορές μεταξύ του δια ζώσης και του διαδικτυακού αυτοσχεδιασμού

Ferdinando M. Suvini | Agostino Longo | Marco Giusti

ΠΕΡΙΛΗΨΗ

Ο Ferdinando Suvini, ο Agostino Longo και ο Marco Giusti έχουν δουλέψει μαζί πολλά χρόνια και συνεργάζονται στο εκπαιδευτικό πρόγραμμα Florence Music Therapy και στο Πρώτο Πρόγραμμα Εξειδίκευσης στη Μουσικοθεραπεία και τον Αυτισμό (2022). Η συνέντευξη αυτή, στην οποία ο Marco απευθύνει ερωτήσεις για τον Ferdinando και τον Agostino, πραγματεύεται διαφορετικές θεματικές περιοχές στον τομέα της μουσικοθεραπείας κατά τη διάρκεια της πανδημίας COVID-19 προκειμένου να συζητηθεί η ανάγκη για τροποποίηση των τεχνικών παρέμβασης κατά τη μετάβαση από τη δια ζώσης στη διαδικτυακή εργασία. Ξεκινώντας από μερικές σκέψεις σχετικά με τη βιβλιογραφία για τη διαδικτυακή αυτοσχεδιαστική μουσικοθεραπεία, τόσο πριν από τον COVID-19 όσο και κατά τη διάρκεια της πανδημίας, συζητούμε για το εάν η αυτοσχεδιαστική μουσικοθεραπεία θα μπορούσε να είναι μια εφικτή μέθοδος για διαδικτυακή εργασία με παιδιά και νέους με αυτισμό. Ιδιαίτερη προσοχή δίνεται στις κατευθυντήριες γραμμές για την εργασία με παιδιά με αυτισμό. Προκειμένου να διευκρινιστούν καλύτερα κάποια συγκεκριμένα θέματα, περιλαμβάνονται μερικά κλινικά παραδείγματα παιδιών και νέων με αυτισμό. Σκοπός αυτής της συνέντευξης είναι να απεικονίσει και να εξερευνήσει διαφορετικές μεθόδους παρέμβασης που εμπλέκονται στη μετάβαση από τη

δια ζώσης στη διαδικτυακή μουσικοθεραπεία, με μια συγκεκριμένη ομάδα ασθενών. Τα κλινικά παραδείγματα δείχνουν ότι η διατήρηση των αρχών που παρουσιάζονται στις κατευθυντήριες γραμμές θεραπείας για την αυτοσχεδιαστική μουσικοθεραπεία με παιδιά με αυτισμό είναι εφικτή ακόμα κι αν η διαδικτυακή εργασία απαιτεί προσαρμογές και τροποποιήσεις στις προτεινόμενες τεχνικές. Ο κύριος σκοπός των αναστοχασμών που παρουσιάζονται είναι η διερεύνηση και η κατανόηση του πώς η αυτοσχεδιαστική μουσικοθεραπεία αλλάζει όταν μεταβαίνει από τη δια ζώσης στη διαδικτυακή εργασία.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

COVID-19, διαδίκτυο, αυτοσχεδιαστική μουσικοθεραπεία, αυτισμός, ανάπτυξη της νηπιακής ηλικίας