

Ειδικό τεύχος

Η Ρυθμική Dalcroze στη μουσικοθεραπεία και την
ειδική μουσική παιδαγωγική | Προσκεκλημένος συντάκτης: John Habron

Special issue

Dalcroze Eurhythmics in music therapy and
special music education | Guest editor: John Habron

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Special issue | Dalcroze Eurhythmics in music therapy and special music education

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**SPECIAL ISSUE**

Dalcroze Eurhythmics in music therapy and special music education

Editorial

Dalcroze Eurhythmics in music therapy and special music education

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DALCROZE EURHYTHMICS

Music therapists, music educators and community musicians will be familiar with the primacy of enlivening musical consciousness in those with whom they work: clients, patients, learners, participants and fellow musicians. For it is through such consciousness that other types of awareness – of self and other, of time, space and energy, and of one's environment – may be developed and interpersonal connections, and one's relationship with music, established and deepened. Music used in this way becomes an adaptive tool, a bridge, a means to some sort of transformation, whether this is understood therapeutically, educationally or – more inclusively – pedagogically. One such resource is Dalcroze Eurhythmics, which foregrounds the role of movement in musical activity and understanding, and the usefulness of exploring and harnessing music-movement relationships in pedagogy, therapy and the performing arts.

Émile Jaques-Dalcroze (1865-1950), who originated and gave his name to this approach, wrote, "Musical consciousness is the result of physical experience" (Jaques-Dalcroze 1921/1967: 39). He highlighted what, for him, was music's best kept secret, but which was not much acknowledged, understood or used to its full potential in the practices he saw around him at the end of the 19th century: the movement of music and, as a consequence, the role of movement in music cognition. Jaques-Dalcroze and his collaborators, therefore, took a reforming attitude to pedagogy, dance and music making by experimenting with situations in which people could

be music, through enacting their musical consciousness somatically and thereby simultaneously engaging thought, emotion, agency and creativity in a psychophysical means of expression. During the first decades of the 20th century, Jaques-Dalcroze developed his philosophy and practice, with the first Dalcroze schools springing up in Europe in the years immediately prior to World War I.

To witness a Dalcroze session is one thing. One would normally see a group of people in a large space, in their bare feet, moving to music, either the piano improvisation of a teacher or a recording, or occasionally another instrument, such as a drum. The participants would be responding on their own terms or according to an instruction from the teacher/practitioner. They would be communicating non-verbally, as they made contact with others through vision, touch or via a piece of equipment such as a ball, stick, hoop, rope or a length of elastic, all the time synchronising their movements, dosing their energy and using space according to how the music moves. At times there would be singing or other forms of vocalisation, spontaneous or otherwise; at others the participants might be engaging in creative group work to devise movement sequences in response to a piece of repertoire. One might sense a deep connection between the movers and the music, even the desire to join in.

However, to experience a Dalcroze session is quite another thing. As an actor, rather than an observer, one would be called upon to use one's whole self creatively to analyse and solve problems, express thoughts or moods and react to musical challenges. One's sensorimotor system

would be gradually enlivened through preparatory exercises, bringing vision, hearing, touch and the voice into play, as well as the vestibular system, kinaesthesia, one's spatial awareness and one's own felt sense of self, or 'body schema'. Over time, one would become aware of others in the space, finding ways to share it as participants moved around and engaged with each other. One's movement – focusing on one part of the body or the whole – would be, to some degree, entrained by the music. One's individual, or group, response to the music might focus on one parameter – metre, phrasing, harmony – or be more global.

From these descriptions it might be possible to appreciate the types of learning typical in Dalcroze contexts as well as the multi-faceted, holistic nature of participants' experiences, interweaving the personal with the social, the physical with the mental. It might also be evident that such a way of interacting and responding might have more than purely musical benefits. As Jaques-Dalcroze wrote: "Mind and body, intelligence and instinct, must combine to re-educate and rejuvenate the whole nature" (Jaques-Dalcroze 1930: vii). Indeed, his concern for the whole person led practitioners from the beginning to utilise the method in general education as well as in teaching children with special educational needs; an early example was set by Joan Llongueres, a Catalan Dalcroze teacher, who adapted it for blind children (Jaques-Dalcroze 1930). To other similar teachers, Dalcroze Eurhythmics seemed "a way of working half pedagogical and half therapeutic" (Van Deventer 1981: 28), or was "*always* a therapeutic experience" (Tingey 1973: 60).¹ Therefore, it may be surprising that it is only now that a special journal issue devoted to this topic should appear. Notwithstanding this, there are some outstanding individual studies that have recently made the case for the place of Dalcroze Eurhythmics in preventative medicine, particularly for older people at risk of falling, and also form a backdrop to this issue (Kressig et al. 2005; Trombetti et al. 2010).

Dalcroze Eurhythmics is a practice with a long history and widespread geographical reach in the 21st century. Whilst Jaques-Dalcroze used the word 'method' (Jaques-Dalcroze 1906), Dalcroze Eurhythmics is not 'methodical' in the sense of teachers and students having to move in a set sequence of activities codified in books. Yet in the hands of its exponents, certain fundamental principles and a sense of rigour are maintained which might appear method-like. Another

commonly used word is 'approach', which resonates with this journal's name. It is apt in this context as the articles published here describe varied approaches to using the principles of Dalcroze Eurhythmics for different groups with different needs. This adaptability, inherent in the word 'eurhythmia', was understood by Percy Broadbent Ingham, who – along with his wife Ethel Haslam Ingham – founded the London School of Dalcroze Eurhythmics in 1913. Ingham, one of Jaques-Dalcroze's close friends and intermediaries, wrote in his last letter to students: "Try and think of Dalcroze Eurhythmics as being not so much a method as a principle" (Ingham 1930: 3).

However we conceptualise Dalcroze Eurhythmics, it is a fact that the practice has been adapted and reconfigured for various purposes throughout its history, a process that continues today. Jaques-Dalcroze spoke of the five fingers of Eurhythmics: "music, movement, the theatre, arts in education and therapy" (Tingey 1973: 60). This interdisciplinarity results from Eurhythmics' origins in contexts where experiments in holistic pedagogy and the performing arts were deeply interwoven – such as the Geneva Conservatoire and his first, purpose-built school (the Bildungsanstalt Jaques-Dalcroze in Hellerau near Dresden) – and from Jaques-Dalcroze's own interest in psychology and the philosophy of education. In contrast to Carl Orff, who did not imagine his method having a therapeutic application (Voigt 2013), for Jaques-Dalcroze his method "was always more than an education through and into music or a preparation for artistic work. Rather, it had wellbeing at its core" (Habron 2014: 105).

Originally known as 'les pas Jaques' (Jaques' steps), the terms 'Gymnastique Rythmique' (rhythmic gymnastics) and 'la Méthode Jaques-Dalcroze' soon became synonyms and were used in Jaques-Dalcroze's own publications. Early in the method's history, John W. Harvey – concerned that the method should catch on in Britain – coined 'Eurhythmics' as a term better suited to a more holistic practice than that suggested by 'rhythmic gymnastics' (Ingham 1914). Later Professor of Philosophy at the University of Leeds and one of Jaques-Dalcroze's erstwhile English supporters, Harvey stated that the 'Eurhythmics of Jaques-Dalcroze' was "not a mere refinement of dancing, nor an improved method of music education, but a principle that must have effect upon every part of life" (Harvey et al. 1912: 5). This wider vision of Eurhythmics was reflected some years later by Jaques-Dalcroze with regard to the aptitudes required in the practitioner: "A true teacher should

¹ Italics in original.

be both psychologist, a physiologist, and artist” (Jaques-Dalcroze 1930: 59), a description that will resonate with many readers, and which emphasises the multifaceted nature of both pedagogy and therapy as well as the points at which they interweave.

THE RESEARCH

Jaques-Dalcroze’s concern for the development of the whole person permeates his writings, as articulated by Ana Navarro Wagner in this special issue, who argues that whilst his occupation was music, “his *preoccupation* was the human being”. That is, although Jaques-Dalcroze’s experiments in pedagogy began with solving problems such as expressivity, time keeping and how students used their bodies whilst performing, his thought and practice evolved to encompass a much broader understanding of music’s role in human and social development. In this way, and through his own empirical approach to teaching and learning, he anticipated by generations some influential theories in ethnomusicology, music psychology, music therapy and music education such as the theory of musicking (Small 1998) and the concept of ‘communicative musicality’ (Malloch & Trevarthen 2009). Dalcroze Eurhythmics has recently been theorised with regard to these notions (Habron 2014) and Navarro Wagner’s article develops this line of thought in relation to the wellbeing of children and young people in Dalcroze contexts.

A different foreshadowing is explored with regard to Neurologic Music Therapy by Eckart Altenmüller and Daniel Scholz, who outline the ways in which Jaques-Dalcroze’s discoveries about sensorimotor integration prefigure contemporary theories in neuroscience and current practice in neurorehabilitation using music and movement. In many ways, the neurological foundations of Eurhythmics have been hidden in plain sight, as it were, for many years and yet we know that Jaques-Dalcroze carried on extensive correspondence with doctors and psychologists, such as Édouard Claparède, and was influenced by them in his use of medical terminology and his understanding of the body-mind.² It has taken 110 years to pick up where Claparède, in 1906, left off when he wrote to Jaques-Dalcroze:

² The letters between Jaques-Dalcroze and Claparède are in the Bibliotheque de Genève and would repay editing and detailed study to illuminate this historical thread within Dalcroze Studies.

“you have arrived, albeit by routes entirely different from those of physiological psychology, at the same conception of the psychological importance of movement as a support for intellectual and affective phenomena” (Bachmann 1991: 17).

Sanna Kivijärvi, Katja Sutela and Riikka Ahokas provide a conceptual study of the role of embodiment in music and movement-based education for children and young people with physical or intellectual disabilities. In so doing, they use Dalcroze Eurhythmics as an example of practice. This opens out a philosophical area of debate that is new to Dalcroze Studies and ripe for further investigation, in particular notions of value around the ‘disabled body’ and how we understand the nature of embodied cognition for those with disabilities.

The other studies in this volume are all empirical, relying on qualitative and/or quantitative data. Space does not permit detailed introductions and the articles will speak for themselves. What is noteworthy is the continual re-adaptation of Eurhythmics with groups from across the lifespan and in a range of settings: educational, medical and in the community. These research articles give details about the activities designed for the groups in question and provide either robust evidence for the use of Dalcroze Eurhythmics in music therapy and special music education, or the grounds on which to build further studies.

THE VOICES OF EXPERIENCE

Besides research articles, this special issue includes two annotated interviews with senior Rhythmics practitioners: Marie-Laure Bachmann and Eleonore Witoszynskij. Both worked in the field of special music education and were apprenticed to important figures in the history of music therapy: Claire-Lise Dutoit and Mimi Scheiblauber respectively. Bachmann and Witoszynskij also undertook other studies besides their Rhythmics trainings, demonstrating how their practical wisdom has developed alongside a commitment to lifelong learning. Together they embody the different traditions of Eurhythmics / Rhythmics training that emerged from Jaques-Dalcroze and Hellerau, and that were unintentionally spurred on by the ‘Dalcroze diaspora’ occasioned by World War I and the closure of the Bildungsanstalt Jaques-Dalcroze. Broadly speaking, one of these traditions became Dalcroze Eurhythmics (Bachmann) and the other, in German-speaking countries, became Rhythmik

(Witoszynskij).³ Both women share their perspectives on these lineages, including colourful and detailed recollections of their teachers and mentors.

There were times during these interviews when words clearly did not suffice and Bachmann and Witoszynskij took to the floor to move, or sing, or otherwise *show* what they meant. These moments are mentioned in the transcripts and serve as reminders that, no matter how much material is written in the pursuit of knowledge, the know-how of educators and therapists is largely carried within and passed on (or not) via a pedagogical process. Bachmann and Witoszynskij are, like all of us, living archives, housing precious storehouses of memory, both of fact and action, which can be accessed in oral histories like these. Kessler-Kakoulidis's book on Amélie Hoellering (1920-1995), reviewed here by Ludger Kowal-Summek, is another welcome addition to constructing the history of Dalcroze-inspired therapy work. Taken together, all these stories point to a parallel history of music therapy, which is only beginning to be explored, alongside that of more well-known figures such as Altshuler, Alvin, Gaston, Nordoff, Priestley and Robbins.

DALCROZE STUDIES AND OPEN ACCESS

The rapidly expanding field of Dalcroze Studies is transdisciplinary, as evidenced by the wide cross-section of scholars, teachers, artists and other practitioners who present and perform at the International Conference of Dalcroze Studies (www.dalcroze-studies.com), now in its third iteration.⁴ This special issue is part of that growth and, in a similar way, emerges from a wide spectrum of activity around the globe and from all levels of professional expertise: from doctoral students to eminent neuroscientists, from those implementing Dalcroze principles as students to highly experienced practitioners. Such widespread work, undertaken by such a variety of practitioner-researchers, is a sign of health for Dalcroze Studies and for Dalcroze Eurhythmics as a living practice.

³ 'Rhythmik' (translated here as 'Rhythmics') is also known as 'Musik und Bewegungspädagogik' or 'Rhythmisch-musikalische Erziehung'. Readers will come across different usages in this special issue.

⁴ For a report of the 2nd International Conference of Dalcroze Studies, see Conlan (this special issue) and for information about the 3rd International Conference of Dalcroze Studies (Quebec City, 2017), see page 111.

This special issue also highlights the power of collaboration between practitioners and specialists in other domains, with some studies providing insights that could only emerge from interdisciplinary investigation.

Finally, the fact that this is an online, open access journal is worth noting and celebrating. Many Dalcroze, or Rhythmics, practitioners are not affiliated to academic institutions with access to peer-reviewed journal articles via password-protected databases. In this sense, *Approaches* is a gift. We offer this special issue in the same spirit, hoping that it will be useful, enlightening, and a source of inspiration not only for Dalcroze practitioners and scholars but also for music therapists, community musicians and music teachers who are exploring the endless resources of the music-movement nexus in their bid to facilitate positive change in individuals' lives, their local communities and wider society.

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Σημείωμα σύνταξης

Η Ρυθμική Dalcroze στη μουσικοθεραπεία και την ειδική μουσική παιδαγωγική

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Μετάφραση στα ελληνικά: Δήμητρα Παπασταύρου

Η ΡΥΘΜΙΚΗ DALCROZE

Οι μουσικοθεραπευτές, οι μουσικοπαιδαγωγοί και οι μουσικοί της κοινότητας θα είναι εξοικειωμένοι με την πρωτεύουσα σημασία που έχει η αναζωογόνηση της μουσικής συνείδησης για τους ανθρώπους με τους οποίους εργάζονται: τους πελάτες, τους ασθενείς, τους μαθητές, τους απλούς συμμετέχοντες ή τους συναδέλφους μουσικούς. Μέσω μιας τέτοιας συνείδησης μπορούν να αναπτυχθούν κι άλλοι τύποι επίγνωσης –του εαυτού και του άλλου, του χρόνου, του χώρου και της ενέργειας, καθώς και του περιβάλλοντος κάποιου– ενώ παράλληλα μπορούν να εδραιωθούν και να βαθύνουν οι διαπροσωπικές συνδέσεις και οι σχέσεις ενός ατόμου με τη μουσική. Η μουσική που χρησιμοποιείται κατ' αυτόν τον τρόπο γίνεται ένα ευπροσάρμοστο εργαλείο, μια γέφυρα, ένα μέσο για κάποιο είδος μεταμόρφωσης, είτε αυτή γίνεται κατανοητή θεραπευτικά είτε εκπαιδευτικά είτε –πιο σφαιρικά– παιδαγωγικά. Ένα τέτοιο εργαλείο είναι η Ρυθμική Dalcroze, η οποία φέρνει στο προσκήνιο τόσο τον ρόλο της κίνησης στη μουσική δραστηριότητα και κατανόηση, όσο και τη χρησιμότητα της εξερεύνησης και της αξιοποίησης των σχέσεων κίνησης-μουσικής στην παιδαγωγική, τη θεραπεία και τις παραστατικές τέχνες.

Ο Émile Jaques-Dalcroze (1865-1950) που δημιούργησε και έδωσε το όνομά του σε αυτήν την προσέγγιση έγραψε: «Η μουσική συνείδηση είναι το αποτέλεσμα της σωματικής εμπειρίας» (Jaques-Dalcroze 1921/1967: 39). Ο ίδιος έδωσε έμφαση σε κάτι που θεωρούσε καλά κρυμμένο μυστικό της

μουσικής και το οποίο, κρίνοντας από τις εφαρμογές που είδε γύρω του στα τέλη του 19ου αιώνα, δεν γινόταν κατανοητό, δεν αναγνωριζόταν και δεν αξιοποιούνταν πλήρως: την κίνηση της μουσικής και κατά συνέπεια τον ρόλο της κίνησης στη μουσική αντίληψη. Επομένως, ο Jaques-Dalcroze και οι συνεργάτες του κράτησαν μια μεταρρυθμιστική στάση απέναντι στην παιδαγωγική, τον χορό και τη μουσική δημιουργία, μέσα από τον πειραματισμό τους με καταστάσεις στις οποίες οι άνθρωποι μπορούσαν να είναι η μουσική μέσω της σωματικής έκφρασης της μουσικής τους συνείδησης και άρα μέσω της ταυτόχρονης σχέσης σκέψης, συναισθήματος, δράσης και δημιουργικότητας με έναν ψυχοσωματικό τρόπο έκφρασης. Ο Jaques-Dalcroze ανέπτυξε τη φιλοσοφία του και την πρακτική του κατά τις πρώτες δεκαετίες του 20ού αιώνα, με τα πρώτα σχολεία Dalcroze που άρχισαν να αναπτύσσονται στην Ευρώπη λίγο πριν τον πρώτο παγκόσμιο πόλεμο.

Το να παρακολουθήσει κανείς μια συνεδρία Dalcroze είναι ένα πράγμα. Συνήθως κάποιος θα δει μια ομάδα ανθρώπων σε έναν μεγάλο χώρο να κινούνται ξυπόλυτοι με τη μουσική, είτε σύμφωνα με τον αυτοσχεδιασμό ενός δασκάλου στο πιάνο είτε με μια ηχογράφιση είτε περιστασιακά με ένα άλλο όργανο, όπως ένα τύμπανο. Οι συμμετέχοντες θα ανταποκρίνονται στη μουσική με τους δικούς τους όρους ή ακολουθώντας τις οδηγίες του δασκάλου/επαγγελματία. Θα επικοινωνούν μη-λεκτικά καθώς θα έρχονται σε

επαφή με τους άλλους μέσω της όρασης, της αφής ή μέσω ενός αντικειμένου όπως είναι μια μπάλα, ένα ραβδί, ένα στεφάνι, ένα σχοινί ή ένα κομμάτι λάστιχο, συγχρονίζοντας καθ' όλη τη διάρκεια τις κινήσεις τους, ρυθμίζοντας την ενέργειά τους και χρησιμοποιώντας τον χώρο ανάλογα με την κίνηση της μουσικής. Κάποιες στιγμές θα υπάρχει τραγούδι ή άλλες μορφές φωνητικής έκφρασης, αυθόρμητης ή μη. Άλλες στιγμές οι συμμετέχοντες μπορεί να ασχολούνται με κάποια δημιουργική ομαδική εργασία ώστε να σχεδιάσουν μια ακολουθία κινήσεων ανταποκρινόμενοι σε ένα μουσικό κομμάτι. Μπορεί κανείς να αισθανθεί μια βαθιά σύνδεση μεταξύ της μουσικής και των ανθρώπων που κινούνται, ίσως ακόμα και την επιθυμία να συμμετάσχει και ο ίδιος.

Ωστόσο, το να βιώσει κανείς μια συνεδρία Dalcroze είναι άλλο πράγμα. Ως συμμετέχων, και όχι ως παρατηρητής, θα κληθεί να χρησιμοποιήσει ολόκληρο τον εαυτό του δημιουργικά για την ανάλυση και επίλυση προβλημάτων, για την έκφραση σκέψεων ή διαθέσεων και για την αντίδραση σε μουσικές προκλήσεις. Το αισθητικοκινητικό του σύστημα σταδιακά θα αναζωογονηθεί μέσα από τις προπαρασκευαστικές ασκήσεις εντάσσοντας την όραση, την ακοή, την αφή και τη φωνή καθώς και όλο το αιθουσαίο σύστημα, την κιναισθησία, τη χωρική αίσθηση και το προσωπικό βίωμα του εαυτού του ή τη «φόρμα του σώματός» του. Με την πάροδο του χρόνου, θα αντιληφθεί τους άλλους στον χώρο ως συμμετέχοντες που κινούνται και σχετίζονται μεταξύ τους. Η κίνησή του –που εστιάζει σε ένα μέρος του σώματος ή στο σύνολό του– σε κάποιο βαθμό θα παρασύρεται από τη μουσική. Η ατομική ή ομαδική του αντίδραση προς τη μουσική μπορεί είτε να επικεντρωθεί σε μία παράμετρο –στο μέτρο, στη μελωδική φράση, στην αρμονία– είτε να είναι πιο σφαιρική.

Από αυτές τις περιγραφές μπορεί κανείς να εκτιμήσει τα είδη μάθησης που είναι τυπικά στο πλαίσιο της Ρυθμικής Dalcroze, καθώς και την πολύπλευρη, ολιστική φύση των εμπειριών που έχουν οι συμμετέχοντες που συνδέουν το προσωπικό με το κοινωνικό και το σωματικό με το νοητικό. Θα μπορούσε επίσης να είναι προφανές ότι ένας τέτοιος τρόπος αλληλεπίδρασης μπορεί να έχει περισσότερα από αμιγώς μουσικά οφέλη. Όπως έγραψε ο Jaques-Dalcroze: «Μυαλό και σώμα, ευφυΐα και ένστικτο πρέπει να συνδυάζονται για να επανεκπαιδεύουν και να αναζωογονούν το σύνολο της φύσης» (Jaques-Dalcroze 1930: vii). Πράγματι, το ενδιαφέρον του για το άτομο ως όλο οδήγησε τους επαγγελματίες να χρησιμοποιήσουν από νωρίς τη μέθοδο αυτή τόσο στη γενική

εκπαίδευση όσο και στη διδασκαλία των παιδιών με ειδικές εκπαιδευτικές ανάγκες. Ένα από τα πρώτα παραδείγματα είναι αυτό του Joan Longueres, ενός Καταλανού δασκάλου της μεθόδου Dalcroze, ο οποίος την προσαρμοσε για να δουλέψει με τυφλά παιδιά (Jaques-Dalcroze 1930). Σε άλλες ανάλογες περιπτώσεις εκπαιδευτικών, η Ρυθμική Dalcroze φάνηκε να είναι «ένας τρόπος να δουλεύει κανείς εν μέρει παιδαγωγικά και εν μέρει θεραπευτικά» (Van Deventer 1981: 28) ή ήταν «πάντα μια θεραπευτική εμπειρία» (Tingey 1973: 60).¹ Ως εκ τούτου, μπορεί να προκαλεί έκπληξη το γεγονός ότι μόλις τώρα εμφανίζεται ένα ειδικό τεύχος περιοδικού αφιερωμένο στο θέμα αυτό. Παρ' όλα αυτά, υπάρχουν μερικές εξαιρετικές μελέτες που επιχειρηματολογούν για τη θέση της Ρυθμικής Dalcroze στην προληπτική ιατρική, ιδιαίτερα για τους ηλικιωμένους με κίνδυνο πτώσης, και οι οποίες αποτελούν το υπόβαθρο του παρόντος τεύχους (Kressig et al. 2005· Trombetti et al. 2010).

Η Ρυθμική Dalcroze στον 21ο αιώνα είναι μια πρακτική με μακρά ιστορία και ευρεία γεωγραφική εμβέλεια. Ενώ ο Jaques-Dalcroze χρησιμοποίησε τη λέξη «μέθοδος» (Jaques-Dalcroze 1906), η Ρυθμική Dalcroze δεν είναι «μεθοδική» με την έννοια ότι οι εκπαιδευτικοί και οι μαθητές ακολουθούν μια σειρά από συγκεκριμένες δραστηριότητες που έχουν κωδικοποιηθεί σε βιβλία. Παρ' όλα αυτά, στα χέρια των ερμηνευτών της διατηρούνται ορισμένες θεμελιώδεις αρχές καθώς και μια αίσθηση ακρίβειας που δίνουν τον χαρακτήρα μεθόδου. Μια άλλη λέξη που χρησιμοποιείται συχνά είναι η «προσέγγιση», μια λέξη στην οποία αντηχεί και το όνομα του παρόντος περιοδικού. Η επιλογή στο πλαίσιο αυτό είναι εύστοχη, μιας και τα άρθρα που δημοσιεύονται εδώ περιγράφουν ποικίλες προσεγγίσεις για τη χρήση των αρχών της Ρυθμικής Dalcroze σε διαφορετικές ομάδες με διαφορετικές ανάγκες. Αυτή η προσαρμοστικότητα, που ενυπάρχει στη λέξη «ευρυθμία»² έγινε κατανοητή από τον Percy Broadbent Ingham, ο οποίος το 1913 –μαζί με τη σύζυγό του Ethel Haslam Ingham– ίδρυσε τη Σχολή της Ρυθμικής Dalcroze του Λονδίνου (London School of Dalcroze Eurhythmics). Ο Ingham, ένας από τους στενούς φίλους και διαμεσολαβητές του Jaques-Dalcroze, έγραψε στην τελευταία επιστολή προς τους μαθητές του: «Προσπαθήστε να σκεφτείτε τη Ρυθμική Dalcroze όχι τόσο

¹ Με πλάγιους χαρακτήρες στο πρωτότυπο.

² Στο πρωτότυπο «eurhythmia», από το οποίο προκύπτει και ο όρος Eurhythmics που αποδίδεται στα ελληνικά ως «ρυθμική». Σ.τ.μ.

ως μέθοδο όσο ως αρχή» (Ingham 1930: 3).

Όπως κι αν αντιλαμβανόμαστε τη Ρυθμική Dalcroze, είναι γεγονός ότι σε όλη της την ιστορία η πρακτική έχει προσαρμοστεί και έχει αναδιαμορφωθεί εξυπηρετώντας διάφορους σκοπούς, και αυτή η διαδικασία προσαρμογής συνεχίζεται μέχρι σήμερα. Ο Jaques-Dalcroze μίλησε για τα πέντε δάχτυλα της Ρυθμικής: «Μουσική, κίνηση, θέατρο, τέχνες στην εκπαίδευση και θεραπεία» (Tingey 1973: 60). Αυτή η διεπιστημονικότητα απορρέει τόσο από τις ρίζες που έχει η Ρυθμική Dalcroze σε οργανισμούς όπου οι πειραματισμοί στην ολιστική παιδαγωγική και στις παραστατικές τέχνες ήταν βαθιά συνυφασμένοι –οργανισμοί όπως το Ωδείο της Γενεύης και το πρώτο σχολείο που ίδρυσε για τον σκοπό αυτό (το Bildungsanstalt Jaques-Dalcroze στο Hellerau, κοντά στη Δρέσδη)– όσο και από το προσωπικό ενδιαφέρον του Jaques-Dalcroze για την ψυχολογία και τη φιλοσοφία της εκπαίδευσης. Σε αντίθεση με τον Carl Orff, ο οποίος δεν είχε φανταστεί ότι η μέθοδός του μπορεί να έχει θεραπευτική εφαρμογή (Voigt 2013: 97), για τον Jaques-Dalcroze η μέθοδός του «ήταν πάντα κάτι παραπάνω από μια εκπαίδευση μέσω και διά της μουσικής ή μια απλή προετοιμασία για καλλιτεχνική εργασία. Αντιθέτως, ως πυρήνα της είχε την ευεξία» (Habron 2014: 105).

Αρχικά γνωστή ως «les pas Jaques» («τα βήματα του Jaques»), οι όροι «Gymnastique Rythmique» (ρυθμική γυμναστική) και «la Méthode Jaques-Dalcroze» [η μέθοδος Jaques-Dalcroze] έγιναν σύντομα συνώνυμοι και χρησιμοποιήθηκαν στις δημοσιεύσεις του Jaques-Dalcroze. Νωρίτερα στην ιστορία της μεθόδου, ο John W. Harvey –που τον απασχολούσε το να διαδοθεί η μέθοδος στη Βρετανία– επινόησε τη «Ρυθμική» ως όρο που ταιριάζει καλύτερα σε μια πιο ολιστική πρακτική από εκείνη που πρότεινε η «ρυθμική γυμναστική» (Ingham 1914). Μετέπειτα ο καθηγητής φιλοσοφίας του Πανεπιστημίου του Leeds και ένας από τους πρώτους Άγγλους υποστηρικτές του Jaques-Dalcroze, ο Harvey, δήλωσε ότι η «Ρυθμική του Jaques-Dalcroze» δεν ήταν «ούτε μια απλή βελτίωση του χορού, ούτε μία βελτιωμένη μέθοδος της μουσικής παιδαγωγικής, αλλά μια αρχή που πρέπει να επιδρά σε κάθε μέρος της ζωής» (Harvey 1912: 5). Αυτό το ευρύτερο όραμα της Ρυθμικής αντανάκλαται μερικά χρόνια αργότερα στην άποψη του Jaques-Dalcroze για τις ικανότητες που πρέπει να έχει ένας επαγγελματίας: «Ένας αληθινός δάσκαλος θα πρέπει να είναι και ψυχολόγος, και φυσιολόγος και καλλιτέχνης» (Jaques-Dalcroze 1930: 59), μια περιγραφή που θα

έχει απήχηση σε πολλούς αναγνώστες, και η οποία υπογραμμίζει την πολύπλευρη φύση της παιδαγωγικής και της θεραπείας, καθώς και τα σημεία στα οποία αυτές συνυφαίνονται.

Η ΕΡΕΥΝΑ

Η ανησυχία του Jaques-Dalcroze για μια συνολική ανάπτυξη του ατόμου διαποτίζει τα γραπτά του, όπως διατυπώνει η Ana Navarro Wagner στο παρόν ειδικό τεύχος η οποία υποστηρίζει ότι, ενώ το επάγγελμά του ήταν η μουσική, «η ενασχόλησή του ήταν το ανθρώπινο ον». Δηλαδή, παρ' όλο που οι πειραματισμοί του Jaques-Dalcroze στην παιδαγωγική ξεκίνησαν με την επίλυση προβλημάτων όπως είναι η εκφραστικότητα, η τήρηση του ρυθμού και ο τρόπος που οι μαθητές χρησιμοποιούσαν τα σώματά τους κατά τη μουσική εκτέλεση, η σκέψη και η πρακτική του εξελίχθηκαν ώστε να περιλαμβάνουν μια ευρύτερη κατανόηση του ρόλου της μουσικής στην ανθρώπινη και κοινωνική ανάπτυξη. Με τον τρόπο αυτό και μέσα από τη δική του εμπειρική προσέγγιση της διδασκαλίας και της μάθησης, προσδοκούσε από τις επόμενες γενιές κάποιες σημαντικές θεωρίες στην εθνομουσικολογία, τη μουσική ψυχολογία, τη μουσικοθεραπεία και τη μουσική παιδαγωγική, όπως είναι η θεωρία της μουσικοτροπίας [musicking] (Small 1998)³ και η έννοια της επικοινωνιακής μουσικότητας [communicative musicality] (Malloch & Trevarthen 2009). Πρόσφατα, η Ρυθμική Dalcroze κινήθηκε θεωρητικά προς τις έννοιες αυτές (Habron 2014) και το άρθρο της Navarro Wagner αναπτύσσει αυτή τη γραμμή σκέψης σε σχέση με την ευημερία των παιδιών και των νέων στο πλαίσιο της Ρυθμικής Dalcroze.

Μια διαφορετική προοπτική έχει διερευνηθεί σε σχέση με τη Νευρολογική Μουσικοθεραπεία από τον Eckart Altenmüller και τον Daniel Scholz, οι οποίοι περιγράφουν τους τρόπους με τους οποίους οι ανακαλύψεις του Jaques-Dalcroze σχετικά με την αισθητικοκινητική ένταξη προεικονίζουν σύγχρονες θεωρίες στη νευρολογία καθώς και την τρέχουσα πρακτική στην αποκατάσταση νευρολογικών παθήσεων χρησιμοποιώντας τη μουσική και την κίνηση. Με πολλούς τρόπους, οι νευρολογικές βάσεις της Ρυθμικής είχαν κρυφτεί από την κοινή θέα για πολλά χρόνια, αλλά γνωρίζουμε ότι ο

³Για τη μετάφραση της θεωρίας της μουσικοτροπίας στα ελληνικά και της εφαρμογής της στον χώρο της μουσικής και της υγείας, βλέπε Small (2010), και Τσίρης και Παπασταύρου (2011) αντίστοιχα.

Jaques-Dalcroze ήταν σε διαρκή επικοινωνία με γιατρούς και ψυχολόγους, όπως ο Édouard Claparède, και επηρεάστηκε από αυτούς ως προς τη χρήση ιατρικής ορολογίας και την κατανόηση της σχέσης σώματος-νου.⁴ Χρειάστηκαν 110 χρόνια για να ανακτηθεί το ενδιαφέρον από εκεί που το άφησε ο Claparède το 1906 όταν έγραψε στον Jaques-Dalcroze:

«έστω και με διαδρομές εντελώς διαφορετικές από εκείνες της ψυχολογίας που εστιάζει στη φυσιολογία, έχεις φτάσει στην ίδια αντίληψη της ψυχολογικής σημασίας της κίνησης ως υποστήριξης των νοητικών και συναισθηματικών φαινομένων» (Bachmann 1991: 17).

Η Sanna Kivijärvi, η Katja Sutela και η Riikka Ahokas παρέχουν μια εννοιολογική μελέτη του ρόλου της ενσωμάτωσης στη μουσική και την εκπαίδευση που βασίζεται στην κίνηση για παιδιά και νέους με σωματικές ή διανοητικές αναπηρίες. Με τον τρόπο αυτό, χρησιμοποιούν τη Ρυθμική Dalcroze ως παράδειγμα πρακτικής. Αυτό ανοίγει μια περιοχή φιλοσοφικής αναζήτησης που είναι νέα στις Σπουδές Dalcroze και ώριμη για περαιτέρω εξερεύνηση, ιδίως γύρω από αξιακές έννοιες που αφορούν «το ανάπηρο σώμα» και το πώς κατανοούμε τη φύση της ενσωματωμένης νόησης για τους ανθρώπους με αναπηρίες.

Οι υπόλοιπες μελέτες σε αυτό το τεύχος είναι εμπειρικές και στηρίζονται σε ποιοτικά και/ή ποσοτικά δεδομένα. Ο χώρος δεν επιτρέπει λεπτομερείς εισαγωγές και τα άρθρα θα μιλήσουν από μόνα τους. Αξιοσημείωτη είναι η συνεχής αναπροσαρμογή της Ρυθμικής ώστε να περιλαμβάνει ομάδες από κάθε ηλικιακό φάσμα και να εφαρμόζεται σε μια σειρά από διαφορετικά πλαίσια: εκπαιδευτικά, ιατρικά και εντός της κοινότητας. Αυτά τα ερευνητικά άρθρα προσφέρουν λεπτομέρειες σχετικά με τις δραστηριότητες που σχεδιάζονται για τις εν λόγω ηλικιακές ομάδες και είτε παρέχουν αδιάσειστες αποδείξεις για τη χρήση της Ρυθμικής Dalcroze στη μουσικοθεραπεία και την ειδική μουσική παιδαγωγική είτε προετοιμάζουν το έδαφος πάνω στο οποίο μπορούν να βασιστούν περαιτέρω μελέτες.

ΟΙ ΦΩΝΕΣ ΤΗΣ ΕΜΠΕΙΡΙΑΣ

Εκτός από τα ερευνητικά άρθρα, αυτό το ειδικό τεύχος περιλαμβάνει συνεντεύξεις με δύο γηραιότερες επαγγελματίες της Ρυθμικής, τη Marie-Laure Bachmann και την Eleonore Witoszynskij. Και οι δύο εργάστηκαν στον τομέα της ειδικής μουσικής παιδαγωγικής και μαθήτευσαν κοντά σε σημαντικές προσωπικότητες στην ιστορία της μουσικοθεραπείας: την Claire-Lise Dutoit και τη Mimi Scheiblaueer αντίστοιχα. Η Bachmann και η Witoszynskij εκτός από την πρακτική τους στη Ρυθμική έκαναν κι άλλες σπουδές επιδεικνύοντας πώς η πρακτική τους σοφία έχει αναπτυχθεί παράλληλα με μια δέσμευση απέναντι στη διά βίου μάθηση. Μαζί ενσαρκώνουν τις διαφορετικές παραδόσεις πρακτικής της Ρυθμικής που αναδύθηκαν από τον Jaques-Dalcroze και τον Hellerau και που παρακινήθηκαν ακούσια από τη «διασπορά Dalcroze» η οποία προκλήθηκε από τον πρώτο παγκόσμιο πόλεμο και το κλείσιμο της Σχολής Jaques-Dalcroze (Bildungsanstalt Jaques-Dalcroze). Σε γενικές γραμμές, μία από αυτές τις παραδόσεις έγινε η Ρυθμική Dalcroze (Bachmann) και η άλλη, στις γερμανόφωνες χώρες, έγινε η Rhythmik (Witoszynskij).⁵ Στις συνεντεύξεις, οι δύο γυναίκες μοιράζονται τις απόψεις τους για αυτές τις καταβολές καθώς και τις πολύχρωμες και λεπτομερείς αναμνήσεις τους από τους εκπαιδευτικούς και τους μέντορές τους.

Κατά τη διάρκεια αυτών των συνεντεύξεων υπήρξαν φορές που οι λέξεις σαφώς δεν επαρκούσαν και η Bachmann και η Witoszynskij χρειάστηκε να κινηθούν ή να τραγουδήσουν ή αλλιώς να δείξουν τι εννοούσαν. Αυτές οι στιγμές αναφέρονται στα κείμενα και χρησιμεύουν ως υπενθύμισης για το ότι όσο γραπτό υλικό κι αν προκύπτει για την επιδίωξη της γνώσης, η τεχνογνωσία των εκπαιδευτικών και των θεραπευτών σε μεγάλο βαθμό μεταφέρεται και κληροδοτείται (ή όχι) μέσω μιας παιδαγωγικής διαδικασίας. Η Bachmann και η Witoszynskij είναι, όπως όλοι μας, ζωντανά αρχεία που στεγάζουν πολύτιμες αποθήκες μνήμης τόσο της δράσης όσο και των γεγονότων στα οποία μπορούμε να έχουμε πρόσβαση μέσα από προφορικές ιστορίες όπως αυτές. Το βιβλίο της Kessler-Kakoulidou για την Amélie Hoellering (1920-1995), του οποίου την κριτική κάνει εδώ ο Ludger Kowal-Summek, είναι

⁴ Η αλληλογραφία μεταξύ Jaques-Dalcroze και Claparède βρίσκεται στη Βιβλιοθήκη της Γενεύης (Bibliothèque de Genève) και θα άξιζε να επιμεληθεί και να μελετηθεί προσεκτικά ώστε να φωτίσει αυτό το ιστορικό νήμα στο πλαίσιο των Σπουδών Dalcroze.

⁵ Η «Rhythmik» (μεταφράστηκε εδώ ως «ρυθμική») είναι επίσης γνωστή ως «Musik und Bewegungspädagogik» ή ως «Rhythmisch-musikalische Erziehung». Οι αναγνώστες θα συναντήσουν διαφορετικές χρήσεις σε αυτό το ειδικό τεύχος.

μια ακόμα ευπρόσδεκτη προσθήκη στην κατασκευή της ιστορίας του θεραπευτικού έργου που είναι εμπνευσμένο από τον Dalcroze. Στο σύνολό τους όλες αυτές οι ιστορίες δείχνουν μια παράλληλη ιστορία της μουσικοθεραπείας, η οποία μόλις τώρα αρχίζει να διερευνάται, μαζί με αυτή των πιο γνωστών προσωπικοτήτων όπως είναι ο Altshuler, η Alvin, ο Gaston, ο Nordoff, η Priestley και ο Robbins.

ΣΠΟΥΔΕΣ DALCROZE ΚΑΙ ΑΝΟΙΚΤΗ ΠΡΟΣΒΑΣΗ

Το ραγδαία αναπτυσσόμενο πεδίο των Σπουδών Dalcroze είναι διεπιστημονικό, όπως αποδεικνύεται από το ευρύ φάσμα μελετητών, καλλιτεχνών και άλλων επαγγελματιών που παρουσιάζουν το έργο τους στο Διεθνές Συνέδριο των Σπουδών Dalcroze (International Conference of Dalcroze Studies, www.dalcroze-studies.com), το οποίο πραγματοποιείται τώρα για τρίτη φορά.⁶ Αυτό το ειδικό τεύχος αποτελεί μέρος αυτής της ανάπτυξης και, κατά παρόμοιο τρόπο, προκύπτει από ένα ευρύ φάσμα δραστηριότητας ανά τον κόσμο και από όλα τα επίπεδα της επαγγελματικής εμπειρίας: από διδακτορικούς φοιτητές μέχρι επιφανείς νευροεπιστήμονες, κι από τους φοιτητές που εφαρμόζουν τις αρχές του Dalcroze μέχρι τους εξαιρετικά έμπειρους επαγγελματίες. Ένα τόσο εκτεταμένο έργο, που εξασκείται μέσα από την πρακτική και την έρευνα τόσων ανθρώπων, είναι μια ένδειξη της υγείας των Σπουδών Dalcroze και της Ρυθμικής Dalcroze ως ζωντανής πρακτικής. Αυτό το ειδικό τεύχος υπογραμμίζει επίσης τη δύναμη της συνεργασίας μεταξύ των επαγγελματιών και των ειδικών από διαφορετικούς τομείς, μέσα από μελέτες που παρέχουν ιδέες που θα μπορούσαν να προκύψουν μόνο από τη διεπιστημονική έρευνα.

Τέλος, αξίζει να σημειωθεί και να τονιστεί το γεγονός ότι το *Approaches* είναι ένα διαδικτυακό περιοδικό ανοικτής πρόσβασης. Πολλοί από αυτούς που ασκούν διάφορες πρακτικές Dalcroze ή τη Ρυθμική [Rhythmics] δεν ανήκουν σε ακαδημαϊκά ιδρύματα με πρόσβαση σε άρθρα επιστημονικών περιοδικών μέσω βάσεων δεδομένων που προαπαιτούν κωδικό πρόσβασης. Με αυτή την έννοια, το *Approaches* είναι ένα δώρο. Στο ίδιο πνεύμα προσφέρουμε και αυτό το ειδικό

⁶ Για μια αναφορά από το 2ο Διεθνές Συνέδριο των Σπουδών Dalcroze βλέπε Conlan (σε αυτό το ειδικό τεύχος) και για πληροφορίες για το 3ο Διεθνές Συνέδριο των Σπουδών Dalcroze (Πόλη του Κεμπέκ, 2017) βλέπε τη σελίδα 111.

τεύχος ελπίζοντας ότι θα είναι χρήσιμο και διαφωτιστικό και ότι θα αποτελέσει πηγή έμπνευσης όχι μόνο για τους επαγγελματίες και τους επιστήμονες των πρακτικών Dalcroze αλλά και για τους μουσικοθεραπευτές, τους μουσικούς της κοινότητας και τους μουσικο-παιδαγωγούς που εξερευνούν τις ατελείωτες πηγές του πλέγματος μουσικής και κίνησης στην προσπάθειά τους να επιφέρουν θετικές αλλαγές στις ζωές των ατόμων, των τοπικών κοινοτήτων τους και της ευρύτερης κοινωνίας.

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Ruth Gianadda (Professor) Institut Jaques-Dalcroze, Geneva, Switzerland

Karin Greenhead (Director of Studies) Dalcroze UK

Reto W. Kressig Professor and Chair of Geriatrics, University Center for Medicine of Aging Basel (UAB), Felix-Platter Hospital, University of Basel, Switzerland

Raymond MacDonald, Professor of Music Psychology and Improvisation, Reid School of Music, University of Edinburgh, Scotland

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**SPECIAL ISSUE**

Dalcroze Eurhythmics in music therapy and special music education

Article

Émile Jaques-Dalcroze as a visionary pioneer of Neurologic Music Therapy

Eckart Altenmüller & Daniel S. Scholz

ABSTRACT

Émile Jaques-Dalcroze (1865-1950) anticipated contemporary neuroscientific concepts in his educational method of learning and experiencing music through movement, namely Dalcroze Eurhythmics. He developed the idea of sensorimotor integration as it relates to musical experience and thus contributed crucially to the emergence of Neurologic Music Therapy. Here, we comment on his ideas on learning and integration in the light of modern neurosciences, with emphasis on new findings concerning the dynamics of brain plasticity and the existence of mirror neurons. Auditory-motor co-representations develop rapidly when learning to play a musical instrument and constitute the basis of rehabilitation of neurological impairments with instrumental playing. The theoretical background of neurorehabilitation has been broadened during recent years by the emerging concept of embodiment. We exemplify this by describing a therapeutic approach utilising the sonification of arm movements in stroke patients to improve motor control of the paretic arm and to support emotional and bodily wellbeing.

KEYWORDS

brain plasticity, Dalcroze Eurhythmics, embodiment, multisensorimotor integration, neurologic music therapy, stroke

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INTRODUCTION

“If nerve specialists would be good enough to study my experiments carefully, they would speedily recognise the therapeutic value of exercises that control muscular contraction and relaxation, in every shade of time, energy and space, for instruction thus given must inevitably stimulate intuition and endow the pupils with bodies perfectly organised, both mentally and physically” (Jaques-Dalcroze 1930: 105).

Émile Jaques-Dalcroze (1865-1950), the eminent Swiss composer, musician and music educator developed a method that became known in anglophone cultures as Dalcroze Eurhythmics, a way of learning and experiencing music through movement. The Dalcroze method was based on experiences Jaques-Dalcroze made during his activities as a pedagogue, whilst teaching harmony and solfège at the Geneva Conservatory from 1892 to 1910. At the core of his methodological approach was his strong belief in the interrelatedness, or unity, of auditory perception, somatosensory and visual experience and movement structuring. In order to facilitate this process of multisensorimotor integration – to use contemporary neuroscientific terminology – Jaques-Dalcroze developed techniques that combined hearing with physical movements transferring auditory perception into a holistic bodily experience. Here, his main goal was to develop the inner ear to facilitate musical thinking, reading and writing music without the help of an instrument.

While continuing to develop his method, Jaques-Dalcroze noticed that the piano students, who could not play music in time, were able to walk in time, could tap the beat using their feet, or move their heads and bodies in synchrony to music. Furthermore he noticed that these students would change their movements when following a crescendo, and would respond physically to the accents of the music. They also relaxed their muscles with the endings of phrases. As they seemed to hear the music and feel its effects, he concluded that the students themselves were the ‘true’ instruments, not the piano. However, students frequently failed due to inhibitions caused by cognitive interference; their exaggerated will to control movements and to synchronise them to music prevented them from utilising the subconscious, naturally inborn auditory-sensorimotor integration patterns. Jaques-Dalcroze

felt that it was important to overcome these inhibitions by teaching students to trust in their instrument, the body, and by increasing mental and emotional awareness. In modern terminology, we could say that the aim of Dalcroze Eurhythmics became one of creating a stable embodiment of the outer world, through multisensorimotor integration and through audiation.

Implicitly Jaques-Dalcroze extended his method to therapeutic approaches; he believed that the way to health was through a balance of mind, body, and senses. He had discovered that many people were able to improve and refine skills by rehearsing a combination of movements, first in real movements and then imagining going through these movements mentally with flowing kinaesthetic imagination. Accordingly, it is possible then to allow the improved flow of kinaesthetic mental representations to carry over into actual movement (Abramson 1980). A further aspect of music therapy in Eurhythmics is the fact that typically Dalcroze lessons involve activities that require mental and bodily kinaesthetic awareness. Thus, the lessons are presented in a somatic approach that allows participants to hear and react physically to the musical stimulus, which produces body awareness and sensations (Greenhead & Habron 2015). These physical sensations are transmitted again back to the brain as emotions and a more developed comprehension of the experience (Damasio 2003).

There are many further theoretical and technical similarities between Dalcroze Eurhythmics and music therapy. Some of these, such as the primacy of rhythm in entraining the body have been pointed out in previous papers, for example Skewes and Daveson (2002). Others, including communication through musical improvisation and attunement in playing for movement, are extensively discussed (for an excellent discussion on this topic, see Habron (2014)). At a time when Neurologic Music Therapy has established itself as a field of research in its own right (Thaut & Hoemberg 2015), it seems to be important not only to honour the role that Dalcroze Eurhythmics can play in neurological rehabilitation, but also to make use of current theories to enhance our understanding of how it does so. In what follows, we provide a theoretical overview of the concepts that Jaques-Dalcroze anticipated with respect to modern Neurologic Music Therapy.

MULTISENSORIMOTOR INTEGRATION: DALCROZE EURHYTHMICS TRANSFERRED TO MODERN NEUROSCIENCE

Playing a musical instrument, such as the piano, requires highly refined motor skills that are acquired over many years of extensive training, and that have to be stored and maintained as a result of further regular practice. Auditory feedback is needed to improve and perfect performance (Zatorre et al. 2007). Performance-based music making therefore relies primarily on a highly developed auditory-motor integration capacity, which can be compared to the phonological aural-oral loop in speech production. In addition, somatosensory feedback constitutes another basis of high-level performance. Here, the kinaesthetic sense, which allows for control and feedback of muscle and tendon tension as well as joint positions that enable continuous monitoring of finger, hand, or lip position in the frames of body and instrument coordinates (for example, the keyboard, the mouthpiece), is especially important. In a more general context, the motor system of music performance can be understood as a sub-specialty of the motor systems for planned and skilled voluntary limb movements and it is never solely a motor system – it is always an integrated auditory-somatosensorimotor system (for a review, see Altenmüller & Furuya 2015).

Practising an instrument, therefore, involves assembling, storing, and constantly improving complex sensorimotor programmes through prolonged and repeated execution of motor patterns under the controlled monitoring of the auditory system. It is therefore not surprising that musical training clearly influences the auditory system as well as the motor system. For example, musically trained individuals have enhanced brainstem representation of musical sound waveforms (Wong et al. 2007) while at the cortical level they can also show stronger responses to such stimuli (Schneider et al. 2002). Not only are auditory and motor systems independently related to musical training, there is also direct evidence that their interactions are enhanced in musicians. For example, auditory and pre-motor cortices are co-activated when pianists play music without auditory feedback or listen to music without playing (Bangert et al. 2006). In a longitudinal study, it was possible to show that the formation of such neuronal multisensory connections between auditory and motor areas needs less than six

weeks of regular piano training (Bangert & Altenmüller 2003). This demonstrates how dynamically brain adaptations accompany musical learning processes. These adaptations usually are referred to as ‘music-induced’ brain plasticity.

Activation of motor representations can occur in trained pianists not only by listening to piano tunes, but also by observing finger movements of pianists. In a study by Haslinger and colleagues (2005), observing muted videos of a moving hand at the piano produced a marked activation in the observers’ motor brain regions. Besides the motor hand area in the primary motor cortex, the secondary auditory cortices in the temporal lobe, the multisensory association cortex in the parietal lobe and the cerebellum are activated. This neuronal network corresponds to a ‘mirror neuron network’. As a consequence for musical practice, it follows that careful demonstration at the instrument may enhance learning. Such a teaching method based on demonstration and imitation is widely used at all levels of musical training in Dalcroze Eurhythmics, and would appear to be particularly effective in cases where teachers and students demonstrate an action or series of actions that are carefully and methodically observed by others.

EMBODIMENT

The term “Embodiment” emphasises the constitutive roles of our body and environment in driving cognitive and emotional processes (Lakoff & Johnson 1999). Embodiment is a way to overcome dualism, which has been one of the most influential philosophical concepts derived from Plato’s philosophy, with its hallmark of separating the body and mind, sometimes referred to as spirit or soul. According to embodiment theory, body, brain and environment do not relate only causally, through a sequential input-output network of computations; rather, they are dynamically enfolded in each other, being mutually implemented by the concrete patterns of actions adopted by the cognitive system (Leman 2007). Jaques-Dalcroze intuitively recognised the relevance of embodiment and its potential beneficial applications for music education and music therapy (Jaques-Dalcroze 1930: 105).

Indeed, in this context it might be worth mentioning that it has recently been observed that participation in music making, music education and music therapy not only affect movement-related skills, which are often associated with the excitability of the neural circuits that facilitate the abovementioned neural plasticity, but also

contributes to stabilising physiological functions and improving socio-affective behaviours and emotion (Vink et al. 2011). For example, long-term practice of Dalcroze Eurhythmics reduces the risk of falls in the elderly and improves gait patterns (Kressig et al. 2005; Trombetti et al. 2010). Along these lines, it has been demonstrated that visual and rhythmic perception are shaped by body movements in both infants and adults, that motor experience facilitates memory for musical excerpts, and that walking is crucial for an infant's cognitive development (see Schiavio & Altenmüller (2015) for a review).

The embodied approach refers to four different fields of brain-body-environment interaction: Embodiment, Embedment, Enactivism and Externalism (sometimes labelled as the 'four Es'), which all aim to capture how bodies, brains, and environment successfully interact in real-time. Transferred to a Dalcrozian methodological approach and to music, these 'four Es' can be exemplified as follows:

- ❑ Musical acting does not depend solely on brain processes, but results from structures widely distributed across the whole body (*musical acting is embodied*).
- ❑ Musical acting arises from interactions with the social and physical environment; it is actively immersed in the world (*musical acting is embedded*).
- ❑ Musical acting can reach beyond the boundaries of skull and skin, integrating resources internal and external to the individual (*musical acting is extended*).
- ❑ Musical acting is sense-making, understood as an emergent, skilful 'knowing-how' that consists in interactions between the individual and its environment. Through this dynamic interplay, the individual enacts (or brings forth) its own domain of meaning (*musical acting is enacted*). (Modified after Schiavio & Altenmüller (2015))

It is beyond the scope of this article to discuss each of the 'four Es' in detail; thus we will concentrate on a particularly interesting dimension of embodiment with respect to Dalcroze Eurhythmics and Neurologic Music Therapy, which is sensorimotor coupling. As mentioned above, sensorimotor coupling refers to the integration of sensory and motor information occurring in the human brain and the embodied forms of mutual determination established by organism and environment. Perceptual processes are identified with a unidirectional stream of data from the world 'out

there' that is retrieved, codified, and represented in the brain, eventually leading to a behavioural output, which is movement. The traditional view is that this process is made possible by an exchange of information proceeding from the sensory cortex to the association cortex and from there to the prefrontal, decision-making cortex and finally to the motor cortex. Modern neuroscience, however, is well aware of the limitations of this standard classic model.

We now know the existence of the abovementioned 'mirror neurons', mainly within the frontal cortex and the polymodal association cortex in the parietal, temporal and occipital areas, which are elicited not only when performing a given action, but also when observing and/or hearing another individual performing the same action (Rizzolatti & Craighero 2004). Thus, we argue that in the brain, perception and action are not separated entities somehow encapsulated in autonomous and independent modules. Rather, they are always mutually integrated through a complex network of sensorimotor connectivity, involving anticipatory mechanisms that enable the system to respond adequately to the demands of the environment. This mechanism has been pointed out by Greenhead and Habron (2015), when they write: "the touch-like nature of sound not only makes contact with the body, inciting physical and emotional movement, but also develops awareness of self, others and environment due to the social nature of musical participation in general and of the rhythmics class in particular" (Greenhead & Habron 2015: 93).

EMBODIMENT IN NEUROLOGIC MUSIC THERAPY

An embodied approach to Neurologic Music Therapy in a Dalcrozian way considers not only multisensory stimulation, but also creative and intersubjective dimensions as fundamental for the treatment of the patient. This will influence the degree of mutual interaction and affective experience according to the motor knowledge of the patient. For example, a musical stimulus is not only a 'timekeeper', but a meaningful event that affords a variety of self-regulative, interactive, and sensorimotor processes depending on the agent-music interaction's degree of complexity.

As an illustrative example, we briefly describe a therapeutic approach based on musical sonification of arm movements in stroke patients (Scholz et al. 2015). In this clinical trial we applied small position

sensors to the paretic arm of stroke patients and connected them wirelessly to a computer interface. A programme was developed which transformed three-dimensional movement data into music: in the vertical dimension into discrete pitches, in the horizontal into sound timbre and in the third (sagittal) dimension into sound volume. In other words, the arm of the patient became a musical instrument. Thus, real-time movement feedback in three dimensions was given, informing the patients about the way they move and about the position of the arm. With the musical sonification therapy, patients repeatedly trained movements with their affected arm in a predefined space. They first explored the three-dimensional sound-space by moving the arm in a playful manner without any specific instructions. Thus, they formed associations of their relative arm-position in space and the corresponding sound at this specific position. Subsequently, exercises demanding incremental degrees of difficulty followed: at the beginning of each training session, patients had to play four upward and downward C major scales followed by playing musical intervals by moving their arm faster, but as precisely as possible. The final goal of the training was to teach patients to play several simple nursery rhymes or other familiar tunes only by moving their affected right arm in the three-dimensional sonification space. The experimenter gave verbal instructions for the training procedure and provided visual cues, without touching the patients, where to move the arm. Musical sonification not only improved motor control, since potentially lost proprioception might be substituted by auditory real-time feedback of the patient's arm movements, but it also contributed to the motivation and wellbeing of the patients due to its playful, creative and overall positive emotional character (Scholz et al. 2015).

The results of a larger clinical sonification study showed that this musical sonification therapy is a promising new way of treating motor impairments after stroke. It improved motor abilities and wellbeing more efficiently than alternative training methods (Scholz et al. 2016). The novel aspect of our approach is that music is not only a by-product of, for example, a grasping motion, but also a manifestation of an embodied world, since arm movements in this context resembled a novel musical instrument. Hence, our sonification training in patients was designed to be something more akin to a music lesson rather than shaping a movement during sound playback. Clearly, this multi-modal learning could help to close the

sensorimotor loop, which may be affected by the stroke.

We consider our sonification therapy as a Dalcrozian integrative embodied approach that may transform motor rehabilitation into a participatory activity where motion, emotion, listening, and neural networks are all involved in a complex interplay. It demonstrates that human musicality is deeply *embodied* (being constantly implemented by sensorimotor feedbacks and real-time bodily activities), *embedded* (as it is always situated in specific sociocultural niche), *enacted* (relying on the history of structural couplings between musical agents and musical environment) and *extended* (as no clear boundaries between internal and external resources exist in driving emotional cognitive processes).

CODA

This article set out to demonstrate how prophetic the approaches of Jaques-Dalcroze with respect to the emerging field of Neurologic Music Therapy were. Jaques-Dalcroze anticipated in theory and practice the neuroscientific findings of multisensorimotor integration by more than half a century. He developed and refined his approach in the 1920s and contributed crucially to ideas of body-awareness, mindfulness, imitation learning and embodiment. These are all constituents of modern Neurologic Music Therapy, established around 1990, when the potential of learning-induced neuroplastic reorganisation of injured brain networks became apparent. Although he did not consider himself a therapist as such, Jaques-Dalcroze laid the theoretical and practical ground for music-based therapeutic applications in neurorehabilitation.

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**SPECIAL ISSUE**

Dalcroze Eurhythmics in music therapy and special music education

Article

Health-musicking through Dalcroze Eurhythmics

Ana Navarro Wagner

ABSTRACT

Émile Jaques-Dalcroze was a Swiss music pedagogue who advocated the use of musical activities to develop different human qualities such as consciousness, personality, temperament, the subconscious, the muscular and nervous system, imagination, thought, behaviour, action, confidence, concentration and freedom of spirit. Many of his statements and intuitions are fully recognised in certain contemporary music therapy approaches, theories and practices. The aims of this article are to: acknowledge the presence of health and wellbeing in Jaques-Dalcroze's understanding of Eurhythmics; discuss the contributions the method has made and does make in therapeutic or wellbeing contexts; and to develop an understanding of current Eurhythmics practice from the perspectives of contemporary music therapy theory. The article begins with a discussion of the 'health-musicking' concept and goes on to use vignettes of the author's practice as a Eurhythmics teacher and music therapist to illuminate the argument. A second section relates the theory of communicative musicality to improvisation practices through a health and wellbeing lens. Finally, the conclusion exposes diverse ideas on how to carry out a Eurhythmics practice through a health and wellbeing perspective.

KEYWORDS

Dalcroze Eurhythmics, music therapy, musicking, health-musicking, sociocultural, health and wellbeing, communicative musicality, improvisation.

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"In my judgement, all our efforts should be directed to training our children to become conscious of their personalities, to develop their temperaments, and to liberate their particular rhythms of individual life from every trammelling influence" (Jaques-Dalcroze 1921: xii)

DALCROZE EURHYTHMICS

Émile Jaques-Dalcroze (1865-1950) was a Swiss pianist, conductor and composer. In 1892 he started teaching harmony and solfège at the

Geneva Conservatory and found that students had a very poor rhythmic accuracy and no aural experience of the music they performed. He realised music theory was taught as an abstraction with no relation to the sounds, feelings and motion they represented. He thought that, in order to develop rhythmic feeling, ear training and emotional consciousness, the whole organism had to be addressed through the muscular and nervous system. He had his students walk and clap different tempi and rhythmic values, move spontaneously,

react to musical signals and improvise rhythmic patterns in group work. He would improvise music according to students' reactions and react according to their improvisations. This way, the music created was always relational. In 1905 he presented his Eurhythmics games or exercises: rhythmic (experience of pulse, rhythm, meter), solfège (ear training), and improvisation (creative development). The basic principle was to teach music through movement experiences so as to improve creative performance. He described it this way:

“The object of the method is, in the first instance, to create by the help of rhythm a rapid and regular current of communication between brain and body...The creation in the organism of a rapid and easy means of communication between thought and its means of expression by movements allows the personality free play, giving it character, strength and life to an extraordinary degree” (Jaques-Dalcroze 1913: 14).

Jaques-Dalcroze's ideas were contemporary to the pedagogical renovation initiated by pedagogues like Johan Heinrich Pestalozzi (1746-1827), who claimed the importance of making theory come after practice, John Dewey (1852-1952), who believed in 'learning by doing' and Maria Montessori (1870-1952), who maintained that the child should develop its natural abilities and initiatives through play. Jaques-Dalcroze died in 1950, but lived to see his method develop in public schools, opera and theatre schools, music conservatories and in therapeutic work with blind, deaf, mentally and physically handicapped people (Caldwell 2012).

When analysing Jaques-Dalcroze's writings, it seems that the last thing he was preoccupied with was music, but the first thing he was *occupied* with was music itself. That is, his *preoccupation* was the human being; his occupation was music. The term preoccupation comes from the Latin *preoccupation*, meaning, “a seizing beforehand”. Jaques-Dalcroze (1921) takes possession beforehand of consciousness, personality, temperament, the subconscious, imagination, thoughts, behaviour, action, confidence, the muscular system, the nervous system, concentration and freedom of spirit, and uses music as a means to address these human qualities. This resembles many contemporary music therapy theories: using music as a means to an end. However, most music therapists focus *on* the music in order to facilitate change. Ansdell affirms that “We can and do certainly use music as a means, but paradoxically

its help often only arrives when it is seen and experienced first and foremost as and end itself” (Ansdell 2015: xvii).

Jaques-Dalcroze started with music and ended with music, but in the middle he addressed the human being. He started investigating *from* the lack of musicality of his students, he rediscovered the importance of an holistic approach to the person (body, mind, emotions and sociability) and he went on to create a way of using music to help people achieve their integral potential. As he states:

“The aim of all exercises in Eurhythmics is to strengthen the power of concentration, to accustom the body to hold itself, as it were, at high pressure in readiness to execute orders from the brain, to connect the conscious with the sub-conscious, and to augment the sub-conscious faculties with the fruits of a special culture designed for that purpose. In addition, these exercises tend to create more numerous habitual motions and new reflexes, to obtain the maximum effect by a minimum of effort, and so to purify the spirit, strengthen the will-power and install order and clarity in the organism” (Jaques-Dalcroze 1921: 62).

In these examples we see that Jaques-Dalcroze presents the goals of his method not in terms of music, but of the development of the human being. In this way, we can understand his aims as a concern for health and wellbeing. The aims of this article are to: acknowledge the presence of health and wellbeing in Jaques-Dalcroze's understanding of Eurhythmics; discuss the contributions the method has made and does make in therapeutic or wellbeing contexts; and to develop our understanding of current Eurhythmics practice from the perspectives of contemporary music therapy theory. The article begins with a discussion of contemporary music therapy concepts and goes on to use vignettes (shown in italics) of my own practice as a Eurhythmics teacher and music therapist, to illuminate the argument. A second section will relate the theory of communicative musicality to improvisation practices through a health and wellbeing lens. Finally, the conclusion will expose diverse ideas on how to carry out a Eurhythmics practice through a health and wellbeing perspective.

MUSICKING FOR HEALTH AND WELLBEING

In 1998, Small argued that “There is no such thing as music. Music is not a thing at all but an activity, something that people do” (Small 1998: 2).

According to him, music can only be understood as action and interaction in social and cultural contexts. Therefore, *to music* is a verb and making or responding to music is *musicking*. Using Small's formulation, we can say that it is not music as a 'thing' that is at the core of Dalcroze Eurhythmics, so much as *musicking*, music as relational action. Through this concept, we understand that what are actually constructed as meaningful in music making are all the relationships that surround and arise with musical actions. The first assumption that Dalcroze Eurhythmics shares with the music therapy field is the consciousness that music making exceeds mere acoustic events. According to Bachmann (1998), Jaques-Dalcroze was able to verify the positive outcomes that Eurhythmics had on behaviour as well as on reflexivity, memory, personal expression and contact with others.

Music's ability to promote healing and wellbeing has been valued in many cultures and throughout history (Gouk 2000; Horden 2000; Saarikallio 2012). Cultural assumptions and practices define what 'music' and 'health' mean in each context, but aspects of music making and healing or wellbeing are almost always linked to each other in some way. A recent sociocultural turn in music therapy literature has permitted the foundation of a relatively new practice with its related conceptual framework: Community Music Therapy. According to Stige and Aarø (2012), defining Community Music Therapy is not easy because of the different contexts of contemporary practice and because of the pressure that conventional clinical music therapy still exercises over the definition. Stige (2002) points out that, in order to understand how music 'works' in context, music therapists need to relate to other disciplines such as anthropology and ethnomusicology. Stige and Aarø also argue that the word "therapy" can be very controversial depending on the context in which it is used, so they defend a more broad perception of it, such as "care" or "service" (Stige & Aarø 2012: 14). They understand Community Music Therapy as 'health-promoting musicking', more focused on promoting health than on curative interventions. Dalcroze Eurhythmics could very well be understood as health-promoting musicking, as we will discuss further on.

MacDonald, Kreutz and Mitchell, in their publication *Music, Health & Wellbeing* (2012), offer another conceptual framework where music education and music therapy overlap with two other fields: everyday uses of music and community music. Theoretically, it is an interdisciplinary blend of different disciplines such as music psychology,

ethnomusicology, music sociology, public health, neuroscience, music therapy and music education. This framework allows a broad understanding of the different layers of relationships (intrapersonal, interpersonal, environmental and cultural) – and their qualities – that arise through musicking participation. These authors state that, for example, attending piano lessons or singing in a choir might have secondary benefits related to health and wellbeing in physical, mental and social aspects. The contrary is also possible whereby a client who attends music therapy might acquire music skills or develop a certain technique of instrumental playing (Habron 2014).

If we blend these two approaches under a broad frame of 'health-musicking' (Stige 2002), a new understanding of what might be happening in a Eurhythmics lesson can be offered. Not only are pupils learning music notation, body consciousness or behaviours that improve their learning skills, they are also creating a set of intrapersonal and interpersonal relationships that allow them to construct an image of themselves which is related to their sociocultural background. A 'health-musicking' frame can help a Eurhythmics teacher offer the experiences pupils need in order to develop wellbeing processes in their contexts. As Jaques-Dalcroze stated:

"Education must no longer confine itself to the enlightenment of pupils in intellectual and physical phenomena. It must conduce to the formation of character, assuring to children the consciousness both of their weaknesses and of their capacities, and rectifying the former as it strengthens the latter, while enabling them to adapt themselves to the exigencies of the new social order" (Jaques-Dalcroze 1921: 189).

In this sense, we could say that Jaques-Dalcroze's occupation was *musicking*: creating and experiencing different layers of relationships that emanate from musical beings through musical actions.

MUSICAL BEINGS

Jaques-Dalcroze declared that "The laws of musical expression originate in the human organism, born of the observation of the natural course of our physiological life" (Jaques-Dalcroze 1921: 56). Music begins in the body as an experience, because being (in) one's body *is* already a musical experience (Bowman & Powell 2007). Ansdell, 94 years later, within the context of how music helps in music therapy and everyday life, affirms the same:

"We experience music only because we have a body – and we experience music as an embodied phenomenon that is closely related to features and processes of our own bodily life. Music has energy, movement in space and time, pulse and tone, force and attraction, tension and release, intention and direction – just like our bodies" (Ansdell 2015: 67).

Musical bodies

Vignette 1: A group of 4-year-olds in a Eurhythmics lesson at a village school in Barcelona. It is carnival and there is great excitement. The teacher asks about their costumes and how their characters move: fly/jump/crawl/walk/gallop/hop? Are these movements fast/slow, heavy/light, stiff/flexible? One of the pupils moves like a lion. He starts flinging his arms, then decides to crawl, then stands up, appearing lost, not knowing what to do. After a few seconds of moving around in silence, the teacher improvises on the piano to accompany the movements she has observed, using a steady beat and a cyclic music pattern. With the music, the pupil's movement becomes more defined and solid, as if the music made him feel secure. Now, the teacher asks the others if they can copy him. The teacher picks out different characters in order to work diverse motor skills through rhythmic values, dynamics, articulations and tempi. All the children experience being accompanied by music and imitating each other's movements.

In this vignette, the four-year-old children are still developing basic motor skills. Using music to support a type of movement can help them develop their sense of balance, laterality, gross and fine motor skills (Bachmann 1998; Jaques-Dalcroze 1921; Llongueres 2002; Nivbrant Wedin 2015). How rhythm and music are helpful for motor development has been researched in the discipline of music therapy.

From a Western, medical perspective, the emphasis is placed on physiological and biological changes that clients experiment when relating to musical stimulus, such as breathing cycles, metabolism, pulse rate, fatigue levels, muscle reflexes or pain perception (Madsen et al. 1966; Standley & Moore 1995; Thaut 2000; Weller & Baker 2011). Neurologic Music Therapy is currently developing many clinical practices in the therapeutic use of music for cognitive, sensory and motor dysfunctions related to neurological diseases. Recent studies demonstrate that certain rhythmic stimuli can help recover function in people who have experienced stroke, traumatic brain

injury, spinal cord injury, multiple sclerosis and Parkinson's disease (Lagasse & Thaut 2012; Thaut et al. 1996, 1997, 2007). A basic technique used in these practices is 'Rhythmic Auditory Stimulation' (RAS), which consists of offering a musical-rhythmic stimuli so that clients can synchronise their movements to the pulse or rhythm. According to Lagasse and Thaut (2012), "the auditory system communicates precise and consistent interval-based temporal information to the brain, which directly influences the organization of motor output in relation to time and space" (Lagasse & Thaut 2012: 156). This way, clients can improve gait parameters (step cadence, velocity, symmetry of stride length) and organise certain movements in temporary structured patterns. In the RAS technique, rhythm is used, therefore, to help mobilise and structure movement. Jaques-Dalcroze stated the same:

"Muscles were made for movement, and rhythm *is* movement. It is impossible to conceive a rhythm without thinking of a body in motion. To move, a body requires a quantum of space and a quantum of time" (Jaques-Dalcroze 1921: 39).

Recent research studies demonstrate that long-term exercise interventions with Dalcroze Eurhythmics can improve gait performance and balance as well as reduce both the rate and risk of falling in at-risk elderly community-dwellers (Bridenbaugh & Kressig 2010; Herrmann et al. 2011; Kressig et al. 2005). Eurhythmics exercises, adapted for elderly people, feature various multi-task exercises performed to the rhythm of improvised piano music and mainly challenge gait, balance, memory, attention and coordination. Trombetti et al. (2010) report the results of a randomised controlled trial conducted in Geneva showing that Dalcroze Eurhythmics practice can improve gait performance under single and dual-task conditions, balance and reduce significantly post-intervention fall risks.

Musical behaviours

Vignettes 2 and 3: A Eurhythmics teacher is in a special needs school in England. There are five five-year-old boys with an Autism Spectrum Disorder and their caregivers. The teacher proposes different melodies to develop diverse motor activities: jumping, standing still, walking forward, walking backward, standing up, sitting down. After the music lesson, the caregivers comment that whenever they want to incite a certain reaction, like standing up in order to go

somewhere, they find it very helpful singing those melodies.

A group of seniors in a Eurhythmics lesson in Geneva. Some present dementia problems and are in a bad mood. The teacher asks them to walk around the room following the improvised piano music. Suddenly, the improvised melody becomes a well-known song for the seniors. Most of their faces lighten up and they start singing. The quality of their gait changes immediately.

In these examples we observe how certain musical stimuli help reinforce motor performances and emotional moods. From a behavioural perspective, music therapists address a certain behaviour that needs to be changed. This perspective is related to a short-term, structured and directive way of approaching a certain aspect of the client. Any form of music is used as a stimulus and reinforcement of a specific non-musical behaviour. An example of this approach is Steele's program to modify uncooperative behaviour (Steele 1968; Steele, Vaughan & Dolan 1976) or reinforcing sucking behaviours in premature infants (Standley 2000). Navarro (2010) demonstrated that music, as a physical agent which is transmitted through sound waves, can induce specific modifications in the behaviour of neuronal precursors of rat embryo brains. These modifications actually help cellular survival and benefit neuronal differentiation. Calming effects beneficial to learning have also been demonstrated in laboratory rats (Chikahisa et al. 2006, 2007). Furthermore, some research studies show that music is very effective for mood induction (Panksepp & Trevarthen 2009).

Using improvised or recorded music as an auditory frame or stimulus for certain behaviours, moods or movements is common in any Eurhythmics lesson. Many exercises include developing some kind of physical reaction to a musical stimulus, such as clapping hands, stamping feet, producing vocal sounds, jumping, laying down, hugging a partner, or standing still. Many of the goals of these exercises are behavioural and aim to improve learning skills – e.g. to develop attention, stimulate acute listening, practise certain types of coordination, induce group cooperation, improve memory and promote spatial awareness (Bachmann 1998; Caldwell 2012; Juntunen 2002; Nivbrant Wedin 2015).

Intrapersonal relationships

Vignette 4: La Mina, a Barcelona neighbourhood at risk of social exclusion. A group of 8-year-old gypsy children in their primary school. The music

teacher asks pupils to think about a place where they feel safe and a place where they don't feel safe. Then she asks them to imagine two body-statues that represent those two places. While playing a tonic chord, she asks them to show the 'safe' body-statue; while playing a dominant chord, she asks them to show the 'unsafe' one. She switches from one chord to another (verbalising "safe" and "unsafe") until they internalise the exercise. She then improvises music on the piano in which there are pauses in the dominant or tonic chords. Each pupil moves freely to the music and, during the pauses, they show their own statue. Some change statues every time the music stops, others maintain their initial ones. Some laugh nervously, others are very concentrated. After the activity, pupils sit down in a circle and talk about their experience. The teacher promotes the conversation by asking questions: what did it feel like to be in a safe/unsafe place? What parts of your body felt safe/unsafe? How was your body in the safe/unsafe place? She frames each answer accepting their point of view and making it clear that each one experienced the activity in a different way. Finally, she asks them to draw those safe/unsafe statues or places.

In this vignette we can see how the teacher tries to link a personal experience of life (safe/unsafe feelings) with a musical experience (tonic-relaxed place/dominant-tension place) in order to develop a deeper knowledge of themselves (their feelings, bodies and daily lives) and of the music (tonic and dominant chords). From a humanistic perspective, music therapists embrace a holistic vision of the human being; body, mind and spirit are integrated and the strengths of the person are underlined. An important concept is the 'here and now', where the person is encouraged to experience feelings, thoughts or behaviours in the present time. According to Bunt and Stige "A music therapist could be seen as aiming to encourage creativity and self-expressive behaviour and to maximise growth and potential, often as part of an evolving group process" (Bunt & Stige 2014: 44). The therapist's role is seen as a facilitator that accompanies the process. Musicking, because it is a temporal art, is a very useful practice to bring people together 'here and now'.

In Jaques-Dalcroze's approach to the human being, self-awareness related to daily life experiences is an important issue:

"It must be understood that these exercises do not profess to constitute the whole artistic training of the student, but they must, in due course, inevitably develop his self-knowledge-revealing to him his numerous motor faculties, and

augmenting the sum of his vital sensations. Arts cannot dispense with knowledge of life. Only by familiarising the student with life can we develop in him a love for art and the desire to pursue it" (Jaques-Dalcroze 1921: 71).

For both humanistic music therapy approaches and Dalcroze Eurhythmics, relating personal life experiences (like safe/unsafe feelings) to musicking (like tonic/dominant chords) is a creative way of learning about oneself. Furthermore, relating to other group members can induce personal insights and experiencing various musicking roles allow people to encounter different layers of themselves (Bachmann 1998; Nivbrant Wedin 2015).

Interpersonal relationships

Vignette 5: In Gulu (Uganda), a music programme is developed in a school for deaf children. They have all grown up in a 20-year civil war that has devastated most of the country. Thirty different-aged pupils and teachers attend the music activity. A Western volunteer models a eurhythmics-based exercise. She plays a steady beat on a drum placed in the middle of the circle and pupils move different parts of their bodies to the beat. She then varies the drum-playing: with her fingers (soft, small), with her elbows (hard), with her naked feet (staccato), with her hair (soft, imprecise). Her facial expression accompanies the playing (angry, tired, happy, bored). Pupils vary their movement qualities, they laugh, look at each other, imitate others...some of them even emit spontaneous wails or squeaks. Each pupil has a chance to lead and to follow the activity. The atmosphere is relaxed and enjoyable.

In this vignette we can see how, from a physical feeling (moving different parts of the body to a steady beat), in a social context (a school for deaf children in Uganda), different movement qualities and related emotions flow in a dialogue with no words between participants. Psychobiological approaches to music therapy seek to link physiological, psychological and social issues. Some neuroscientists who are studying the emotional brain aspire to understand the nature of affective experience. According to Panksepp and Trevarthen, music is first "lived and felt as *experience* in the body, "embedded" in intersubjective and cultural dynamics" (Panksepp & Trevarthen 2009: 106). These authors sustain that the musicking of human species evolved because of our need for social communication, learning and the creation of cultural meaning (Blacking 1976; Cross 1999; Mithen 2005; Panksepp & Trevarthen 2009; Wallin, Merker & Brown 2000).

Osborne offers a biopsychological view on how music can help children who have experienced conflict zones. He defends that from the bodily experience of music (the ear, the heart, respiration, bodily movement and basal metabolism) there is a powerful focus for social cohesion and communication, which helps children reinforce their social identity and engages in their process of trust: "As far as I know, only music can bring all these qualities together in this way, simultaneously, in a shared instant" (Osborne 2009: 351). Sutton points out the bodily disconnections people who have experienced traumatic events feel. She declares that music "exists in time, is felt physically and as emotion in the body" (Sutton 2002: 35) and can help to settle extreme experiences. In both cases, the starting point is the body but the aim is emotional and social.

Eurhythmics lessons usually take place in a group because individuals learn from each other and different opportunities for interaction and collaboration arise. In a Eurhythmics lesson many social abilities, such as eye contact, leading and following aptitudes, turn-taking skills or working with different constellations of the group are encouraged (Bachmann 1998; Caldwell 2012; Llongueres 2002; Nivbrant Wedin 2015). Jaques-Dalcroze insists:

"The aim of eurhythmics is to enable pupils, at the end of their course, to say, not "I know", but "I have experienced" and also to create in them the desire to express themselves; for the deep impression of an emotion inspires a longing to communicate it, to the extent of one's powers, to others" (Jaques-Dalcroze 1921: 63).

Through the experience of these social abilities, participants construct their cultural identity and the sense of selfhood, because the 'I' is always created in relation to a 'We' (Ansdell 2015). The sensitivity expected of music therapists in this regard can also be found in Eurhythmics practice, as in the following example.

Musical meanings

Vignette 6: A Eurhythmics teacher is evaluating pulse and rhythmic sense of a 10-year-old student group at a primary school in Barcelona. Most of them come from middle class families and present pre-adolescent characteristics. She asks pupils to walk the pulse of a classical style improvised music and then to clap the rhythm. Most of them have trouble recognising the difference between pulse and rhythm. Their movements are stiff, they look insecure and bored. When she asks one of the students to

perform the exercise on her own while others watch, she perceives even more difficulties in carrying it out. A week later, at a school party, the same student dances to a hip-hop music. She can clearly follow the pulse and rhythm of the song because she moves from one to another comfortably. The next day, the teacher tries the same exercise but with a hip-hop song. Most of the students follow it better. They appear to be more creative and communicative. This music has meaning for them.

From a sociocultural perspective, musicking is not only a physical individual experience, it is basically a *sociocultural* experience that takes place in a concrete context where the meaning of it is created, just as the vignette above describes. The way human beings experience musicking is related to a certain worldview which relates to assumptions, values, and the issue of meaning (Mkhize 2004; Navarro 2013; Ruud 1998; Saarikallio 2012; Stige 2002). Music is not an abstract 'thing' that exists separate from its context (Small 1998). Musicking is always embodied in a moving-sound form somewhere with someone and, therefore, it is always relational and context-bound (Stige et al. 2010). Some contemporary interdisciplinary theories defend that only through our embodied self we can experience and construct knowledge, form a memory and create behaviour and identity patterns (Johnson 2007; Shusterman 2008, 2012). The construction of an identity and the sense of belonging to a group is essential for people's well-being and quality of life (Ansdell 2015; Ruud 1997). There are some cross-cultural studies that state that music serves as a resource for self-reflective and autobiographical work and also helps emotional processing (De Nora 2000; Saarikallio 2012).

Dalcroze Eurhythmics is currently developed in very different settings across the world (Nivbrant Wedin 2015). In each context, teachers must find out the significant musicking experiences students need to develop wellbeing processes. However, one thing which is the same across cultures is that human beings construct meaning *from* bodily experiences (Johnson 2007). Jaques-Dalcroze (1921) observed that students had different musical skills depending on their European country of origin, but a similar disembodied approach to musicking. He wanted to bring back the sense of unity that Western culture had forgotten since the advent of the Cartesian view of the self, which established a mind/body dichotomy ('I think, therefore I am') that still exists throughout Western psychology (Fairfax 2008; Juntunen & Westerlund 2001). Jaques-Dalcroze was very concerned about

this disembodiment and over-intellectuality that most Western music sustained and that other non-Western cultures did not show (Davidson & Emberly 2012; Gouk 2000; Phillips-Silver 2009).

From the participants' bodies, across their behaviours, and by means of meaningful interpersonal and intrapersonal relationships, Dalcroze Eurhythmics gives credit to the musical beings that carry out musical actions.

MUSICAL ACTIONS

Communicative musicality

Vignette 7: In a YouTube video (<https://www.youtube.com/watch?v=JmA2CIUvUY>), two twin babies are standing in the kitchen, face to face, 'talking' to each other. They only pronounce one syllable ("da"), but they use a variety of facial expressions, body movements, silences, dynamics, pitches, rhythms and phrases. Most of the comments on the video try to guess what the children are talking about.

Malloch's and Trevarthen's *communicative musicality* theory (Malloch 1999; Malloch & Trevarthen 2009; Trevarthen 1999) acknowledges that babies communicate with their caregivers through musical sound-gestures using musicking parameters: rhythm, intensity, pitch and silence. This psychobiological approach defends the existence of an innate ability (musicality or protomusicality) that allows infants to share and sustain a relationship coordinated in time, which is constructed with vocal sounds, facial expressions and body movement. The different communicative elements cannot be understood as independent, for they are performed simultaneously. Davidson and Emberly affirm that:

"Infant behaviour involves exaggerated melodic contours (vocalizations in song-like utterances), rhythmic pulses (including bouncing, patting, tapping and other whole body movements), all of which take place in a social turn-taking framework focused on an interaction with the adult caregiver using both sound and movement" (Davidson & Emberly 2012: 137).

The communicative musicality theory could very well serve Jaques-Dalcroze's statement that "there are many more musical children in the world than parents believe" (Jaques-Dalcroze 1921: 47) and that "the important thing [...] is that the child should learn to feel music, to absorb it not merely with his ear, but with his whole being" (Jaques-Dalcroze 1921: 49). The human being is born musical and

bonds with its caregiver musically, so these attunement experiences are crucial to the survival of the human species (Trevvarthen & Malloch 2009). According to Perret (2005), communicative musicality is responsible for creating neuronal connections that will allow the baby to experience emotions through its body. A new-born baby's brain has a great number of potential neuronal connections that need to be activated through experience, which allows these connections to be created, expanded or to deteriorate. The right side of the brain (receptivity, intuition, body sensations, emotions, imagination and regulation of the nervous system) is dominant during the first three years of life. The left side of the brain (expression, analysis, language, logic and semantics) becomes dominant when language flourishes. This leads us to the conclusion that during the first years of life, neuronal connections flourish thanks to communicative musicality which, again, leads us to Jaques-Dalcroze's recognition of musicking's relation to wellbeing (Habron 2014).

Expression and communication

Communication, understood as an exchange of auto-expressions, is a basic need of the human being; through others people construct a sense of identity and recognise themselves. Ansdell states that "As theory, the dialogical principle is simply that human being is innately relational; that a minimum of two is required to successfully maintain identity, meaning and wellbeing" (Ansdell 2015: 159). The first communicative human action, therefore, is through organised sounds and movements in time. The joy and feeling of connection is experienced much before language is developed, so communicative musicality is related to the most instinctive and emotional part of the human being.

Nordoff and Robbins (1977) referred to the *music child* as a part of the person that responds to and engages with music(ing) despite his/her pathological circumstances or limitations. Their creative music therapy approach, which is based on improvisational musicking with the clients, could very well be understood under the light of the communicative musicality theory and Jaques-Dalcroze's approach to musicking. The *music child* is a characteristic everybody has by virtue of being a human being, but "only when some communicative direction or some responsive order, some perceptive openness or some freedom from confining habitual activity develops can it be said that the Music Child is "being awakened"" (Nordoff & Robbins 1977: 1). That is, only through

expression and communication can the music child – the musical being – emanate and reveal itself. Jaques-Dalcroze also considered expression and communication "an integral factor in the conditions of existence and the progress of the individual" (Jaques-Dalcroze 1921: 168).

Ex-pressing (taking out something that presses from the inside), *creating* (giving it a form) and *communicating* (sharing it with others, from the Latin *communis*, meaning "what is held in common" (Ansdell 2015: 219)) is a basic tenet of creative therapies (Fiorini 2007; Machioldi 2008; Murcia & Kreutz 2012; St Thomas & Johnson 2007). Music as a healing medium is essentially linked to its capacity of reflecting emotional and mental processes and to communicating them to people (Saarikallio 2012). Communicative musicality is an innate ability that needs to be cultivated through cultural learning in order to appropriate music as culture (Stige 2003), but developing it is a basic need that any human being requires to grow up healthy (Trevvarthen & Malloch 2009). Jaques-Dalcroze believed that his method "trains the powers of apperception and of expression in the individual and renders easier the externalisation of natural emotions" (Jaques-Dalcroze 1913: 32).

Improvisation: Musicking through time and space

According to Habron (2014), one of the pillars that Eurhythmics and improvisational music therapy share is improvisation as a means of creating musicking experiences. The Latin *improvisare* means "unforeseen" or "unprepared" (Ansdell 2015: 114). The improvisational models of music therapy are based on sharing music making, which is created spontaneously between client(s) and therapist. Attuning to the client's musicking and developing from there is a basic tenet of these models (Bruscia 1999). Therapist and client(s) create unforeseen sounds together, communicating and collaborating in time and space (Pavlicevic & Ansdell 2012). The general principle of a Eurhythmics lesson is the same: 'music' is created for and adapted to the needs of the class. Students react to the teacher's improvisation who, in turn, accommodates the students' reactions (Del Bianco 2014; Habron 2014). Jaques-Dalcroze thought of improvisation as "the capacity of spontaneous creation" (Jaques-Dalcroze 1921: 64), its main goal to achieve a means of self-expression, for "all children feel a craving to create" (Jaques-Dalcroze 1921: 35). He also believed that creativity could only be taught *through* creativity, which is why "he left the door open for a variety of ways of

presenting material. This meant that teachers were free to depart from his original structures. In fact, he encouraged variety and change through individual decision and creative choice by teachers” (Juntunen 2000: 2).

When creating unforeseen sounds together in time and space, people engage with the flexible interactive processes of creation and communication. Frölich affirms that:

“Communication (exploring the reaction of a person who is playing with us) and improvisation (creating new situations with sound and space) are fundamental learning experiences that involve more than simple skill development” (Frölich 2009: 498).

In Eurhythmics lessons, both pupils and teachers are encouraged to improvise in movement, vocally and with instruments. Tables 1, 2 and 3 give some examples of improvisations that can be developed in a Eurhythmics lesson through a health-musicking

	Initial instructions: Musicking	The health-musicking frame
<i>Sound Massage</i>	Half of the group sits on the floor (preferably with their eyes closed) and the other half chooses small percussion instruments. Pupils with instruments move around space playing for the ones sitting. The instruction is to 'give' and 'receive' a sound massage. It is important to experience both roles and to leave some space afterwards to comment on the activity.	<p>The experience of giving and receiving.</p> <p>Awareness of intrapersonal relationships: type of sounds one likes/dislikes (timbres, intensity, pitch), how the sounds make one feel/react.</p> <p>Awareness of interpersonal relationships: how pupils give the massage to others and how they receive it (anxious, insecure, pleasantly).</p> <p>Awareness of the relationships with the environment: how it is to hear/play other sounds while one receives/gives the massage.</p>
<i>Chopsticks Improvisation</i>	In a circle, all the students hold a pair of chopsticks. The teacher plays a steady pulse with any instrument that can be well heard. The first student improvises a rhythm over that pulse and signals the next student to improvise another rhythm. Everybody adds their rhythm when receiving the signal from the student next to them. At the end, the whole group is playing. The improvisation ends in the opposite direction: one by one, each student stops their rhythm until the only one remaining is the teacher playing the pulse.	<p>Cultivate relationships between the group and the individual: identity and sense of belonging.</p> <p>How it is to 'blend in' and form part of a group, of something bigger than oneself. How it is to 'stand out' and express oneself as a unique individual.</p> <p>Observation of any difficulty 'blending in' or 'standing out'.</p> <p>Experience the sense of a shared pulse, which unifies the different members of a group and enhances their sense of belonging.</p>
<i>Passing the drumstick</i>	Seated in a circle, the children learn a song to pass a drumstick following the pulse. When the song ends, the person that has the drumstick improvises on the xylophone. The teacher accompanies the song and the improvisations with the piano or another harmonic instrument. When the improviser finishes, the song starts again.	<p>Individual improvisation with adult support.</p> <p>Developing intrapersonal relationships through improvisation: how one feels and acts when improvising and being heard.</p> <p>Observation of the quality of body and face expressions (anxious, happy, confident, insecure) while improvising.</p> <p>Develop interpersonal relationships with the adult that accompanies (trust, confidence, security) and the rest of the pupils that listen (respect).</p> <p>Develop relationships between the group and the individual. When the individual improvisation is over the whole group sings together, which allows the members to experience a sense of belonging.</p>

Table 1: Examples of instrumental improvisation in Dalcroze Eurhythmics and possible interpretations within a health-musicking frame

frame. 'The musicking' explains the activity while 'the health-musicking frame' offers a lens through which to consider the activity in terms of wellbeing. The most important issue of improvising in an educational context is acknowledging that nobody knows what will happen after the initial instructions (Frölich 2009). The instructions are just an excuse to music together through our innate communicative musicality abilities. Whatever happens afterwards are the "magic moments" (Pavlicevic 2012: 197), which are so difficult to express in words. Our goal as music teachers and music therapists is to offer frames that allow those 'magic moments' to come through.

Creativity in therapy and education

Jaques-Dalcroze (1921) talks about the "joy of an elevated character" that the child experiences when creating and participating in a collective music experience (Jaques-Dalcroze 1921: 98). This joy, he states, is of 'elevated character' because it comes from the inside of the child, it is not "based on external circumstances" (1921: 99). Jaques-Dalcroze understood this joy as an outcome of the child's creative potentialities, his sense of emancipation (personhood: the ongoing process of becoming a person) and responsibility (ability to respond to a circumstance).

	Initial instructions: Musicking	The health-musicking frame
<i>Leading and following</i>	In pairs, one leads a free dance and the other follows. When the teacher performs a signal, the roles change. This activity can also be done in trios. Different styles of recorded music can be played so that different types of movements can arise. When the activity ends, the pupils comment on the movements they liked best. Finally, pupils 'give' to their partner a movement that they liked as a gift.	<p>Experience of a non-verbal communication through movement.</p> <p>Experience leading and following roles: what it feels like to lead, what it feels like to follow.</p> <p>Experience different types of movements which allow a person to be and feel different from the usual.</p> <p>Develop a non-verbal communication between pupils. Observe the quality of this communication (easy, difficult, flexible, stiff).</p>
<i>Blind following, careful leading</i>	In pairs, one pupil closes his/her eyes and the other one leads. The music should be 'caring'. The one who sees takes care of the blind one and guides him/her through space with movements. Roles are exchanged and the activity is commented on.	<p>The experience of taking care of another person and being taken care of.</p> <p>How it feels to take care of a person. How it feels to be taken care of.</p> <p>Experience oneself through other senses less developed than sight.</p> <p>Observation of the pupil's quality of movements when they are leading and when they are blind.</p> <p>Experience of trusting abilities.</p>
<i>Warming up, cooling down</i>	The whole group is in a circle. The teacher plays recorded music and performs movements which everybody imitates. When the leader is finished, she/he signals another person in the circle to do the leading. This continues until the music ends.	<p>Development of interpersonal relationships: the individual and the group.</p> <p>Experience leading and following roles.</p> <p>Observation of the pupil's quality of movement and communication (anxious, insecure, confident, enjoying, playful).</p> <p>Observation of the length of time students perform movements: if they do so for a long time or if they signal the next leader quickly.</p> <p>Observation of who they choose to continue the leading.</p>

Table 2: Examples of movement improvisation in Dalcroze Eurhythmics and possible interpretations within a health-musicking frame

	Initial instructions: Musicking	The health-musicking frame
<i>Voice orchestra</i>	Pupils are asked to explore vocal sounds related to a theme (seasons; night/day; happy/sad; city/countryside). One student shows his sound-gesture and the rest of the class echoes. The following student does the same and everybody echoes. This keeps going on until everyone has shown his/her sound-gesture. The teacher chooses four of the sound-gestures and organises four groups, each performing one. The teacher conducts the voice orchestra creating rhythmic patterns. After modelling the conducting, other leaders can conduct.	<p>Experience the most instinctive and baby-like communication.</p> <p>Experience the musicality of the sounds organised in rhythmic patterns.</p> <p>Observation of any emotional difficulty with the baby-like sounds.</p> <p>Imitate different vocal sounds, which allow a person to be and feel different from the usual.</p> <p>Experience leading and following roles.</p>
<i>Name improvisation</i>	Pupils are asked to say their name rhythmically and with a gesture. They are encouraged to experiment with dynamics, expression, emotion, pitch, etc. When everyone has had a turn, the improvisation starts. The teacher plays a steady beat with a percussion instrument and everybody walks the pulse in their place. A student performs his/her name, the next one adds his/her name at the same time, then the next one, etc. When everybody is saying their names, pupils can walk around, listening to the improvisation. The teacher can decide how to end the improvisation: all at once, by lowering the volume, by having them 'disappear' one by one etc.	<p>Explore and construct the musicality of our name (our identity) in a group (where we belong).</p> <p>Experience what type of emotions arise when we sing our names.</p> <p>Experience of belonging to a group (common pulse) through individual names (different rhythms, melodies).</p> <p>Observation of any emotional difficulties while performing their names.</p>
<i>Moving voices</i>	In pairs, one moves freely and the other accompanies the movement with voice sounds. Then the students change roles. After the activity students are allowed to comment in pairs on their feelings during the musicking. They can share their comments with the whole group if they wish.	<p>Experiencing a non-verbal communicative relationship through voice and movement.</p> <p>How it feels to accompany with the voice. How it feels to 'hear' one's movements.</p> <p>Observation of the quality of pupil's interaction (fluent, easy, flexible) .</p>

Table 3: Examples of vocal improvisation in Dalcroze Eurhythmics and possible interpretations within a health-musicking frame

Improvisation is related, therefore, to *creativity* and *spontaneity* and it is directly linked to the instinctive pleasure of communicative musicality. According to Nivbrant Wedin, "Creativity is about breaking free from accustomed patterns and thinking along new lines, seeing the world from a different angle or varying one's mode of action" (Nivbrant Wedin 2015: 228). This definition could very well describe what therapy is about: learning to re-frame yourself and others in order to allow other relationship

patterns to arise (Navarro 2015). New frames create new views, other possibilities of understanding, being and relating. These new possibilities allow healing to emerge, because a person is no longer *stuck* in a rigid pattern. The flexible re-framing ability involved in any creative process enables a person to give form to experiences from the inside to the outside (Fiorini 2007). Promoting spontaneity and creativity is an important feature in some contemporary

pedagogical approaches that link therapy with pedagogy (Garaigordobil 2003; Naranjo 2004; Wild 2003).

Creativity, therefore, is one of the meeting points of therapy and education and it is understood as a basic need to achieve wellbeing (Kenny 2006).

HOW MUSICKING HELPS

How musicking helps the human being is fundamental to music therapy and to Dalcroze Eurhythmics. According to Ansdell, “music’s powers are essentially mirrors of our individual and social powers, and as such are dependent on our ongoing ability to realize and to cultivate them” (Ansdell 2015: 298). What musicking offers is never a one way and unequivocal path; it is always in relationship to what we need, to how our needs match what the musicking offers and to how accessible musicking opportunities are (Ansdell 2015; DeNora 2000). Sometimes these opportunities are limited because of unequal access to musical resources, be they material (instruments, recorded music) or sociocultural (possibilities of participating in a music group or attending a musical performance). Stige and Aarø state that “Your opportunities are linked to the values and attitudes of the community that you want to be part of and the match between these and your musicianship” (Stige & Aarø 2012: 123). They define musicianship as the skills and attitudes that a person develops in a sociocultural context in relation to a specific music culture. One of the reasons Jaques-Dalcroze wanted to offer music education in primary schools was to help develop musicianship so that the proportion of music amateurs outbalanced the virtuosos. Offering musical experiences to primary school children – including those with special needs – was his way of demanding a right to a musical education so the coming generation would be “trained to a greater flexibility of spirit, a firmer will-power, an intellect less dry and exclusive, more refined instincts, a richer life, and a more complete and profound comprehension of the beautiful” (Jaques-Dalcroze 1921: 92).

The notion that ‘music’ is always ‘good’ is an assumption that some contemporary music therapists are reviewing through sociocultural perspectives (Ansdell 2015; Pavlicevic 2003; Pavlicevic & Ansdell 2004; Ruud 1998; Stige 2002; Stige & Aarø 2012). Reflective thinking about musicking experiences in context (For *whom* is it good? *How* is it good? *When* is it good? *Where* is it good? *What* does musicking offer here and now?

Who are we here and now?) is the starting point to understand how musicking helps. The focus is on narrative, on the way we construct the meaning of an experience, and who benefits from these narratives. Through this perspective, the assumption is that the sociocultural aspect of the human being, and not the biological individual one, is more significant in communicative development. These reflective approaches can surely be of help to the Eurhythmics teacher – in both therapeutic and music education contexts – who is already highly trained in creating musical experiences according to the needs of the class. Any musical development takes place in a context where participants create the meaning of their experience. If the teacher acknowledges this and partakes in a reflective practice, the health-musicking aims of a Eurhythmics lesson can be more fully achieved. If these health-musicking aims are acknowledged and considered, then pupils will be able to experience wellbeing processes along with their developing musical skills.

CONCLUSION: HEALTH-MUSICKING AND DALCROZE EURHYTHMICS

In his writings, Jaques-Dalcroze refers to many issues that contemporary music therapy researchers deal with, such as autonomy, creativity, temperament, feelings, imagination, consciousness, expression, communication, body-mind connections, individuality and group. According to Berger, “the Eurhythmics approach to music education...parallels many of the goals of the music-based clinician on behalf of rehabilitation and health” (Berger 2016: 103). Therefore, we can consider Jaques-Dalcroze’s approach as being part of the development of health and wellbeing through music in different areas of practice: special educational needs (García 2004; Habron-James 2013; Hibben 1984; Llongueres 1984; Llongueres 2002), seniors (Kressig et al. 2005; Trombetti et al. 2010), HIV/AIDS (Frego 2009); autism spectrum disorders (Berger 2016) or somatic practices (Greenhead & Habron 2015).

According to Nivbrant Wedin, “Jaques Dalcroze argued that one should develop by absorbing ideas from other art forms and from the latest research, adapting one’s method to the situation, the students, the time and society” (Nivbrant Wedin 2015: 23). How, then, can a health-musicking perspective help Eurhythmics practice? Some general points can be drawn out:

- *Musicking: a 'big' concept of music.* The broad health-musicking frame can help Eurhythmics teachers think of their lessons as a chance to music together. This can help focus on the relationships that arise through musicking and how they relate to wellbeing.
- *Wellbeing: the goal of any Eurhythmics lesson.* What wellbeing means in each context is something the teacher will have to discover. Some groups will need containment and a directive approach, others liberation and less guiding. If the quality of pupils' actions and reactions is observed, what suits each group in terms of wellbeing will be discovered.
- *Focus on the process and not the product.* Framing the activities by focusing on the *how* and not the *what* means focusing on social-cultural and emotional beings. During the musicking, observation of the qualities of individual expressions, of the interaction between people and of the cultural learning will help understand what the group needs in terms of wellbeing.
- *Offer a safe and non-judgemental environment.* Every sound-gesture that students create is welcomed, nothing is 'wrong' or 'right' in terms of self-expression and creativity. This way, the message offered is: 'Whoever you are now is fine'. Providing open-framed activities where pupils have an opportunity of expressing and relating to their sociocultural selves can help them experience wellbeing processes.
- *Work flexibility/creativity through flexibility/creativity.* It is important that the teacher works on his/her own flexible/creative approaches to musical relationships. This flexibility/creativity will allow the teacher to adapt to the needs of the class and offer meaningful musicking experiences. Allowing different contemporary ideas to be incorporated into the practice is as important as the constant re-framing of what the practice is and how it is carried out.

Ansdell notes: "When music flourishes, people flourish too. People love music, and they love musicking together. It is not difficult to understand why. This is how music helps" (Ansdell 2015: 305). The music therapy field is expanding its theoretical and conceptual base in order to explain how musicking helps the human being in different contexts. By applying these theories to Dalcroze Eurhythmics, we can see how practitioners can benefit and gain a deeper understanding of the intuitive insights which prompted Jaques-Dalcroze

to claim: "The day is approaching, I am convinced, when the music cure will attain recognition" (Jaques-Dalcroze 1921: 59).

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**SPECIAL ISSUE**

Dalcroze Eurhythmics in music therapy and special music education

Article

Dalcroze Eurhythmics in therapy for children with Attention Deficit Hyperactivity Disorder (ADHD) symptoms

Ewa Bogdanowicz

ABSTRACT

This article discusses the application of Dalcroze Eurhythmics in work with children with Attention Deficit Hyperactivity Disorder (ADHD) symptoms. It comprises selected results of a doctoral study on the use of Eurhythmics with six-year-old children with ADHD symptoms, concerning mainly motor activity control and cognitive processes, for instance attention deficit. Quantitative methods were used to collect and analyse the data. The results show that participation in Dalcroze Eurhythmics increased the children's ability to control motor activity or concentrate attention and lessened the tendency to distraction. The implication of this study is that music and its elements have values which are not only musical but, above all, educational and that they influence motoric, cognitive and social development of children both with and without disabilities.

KEYWORDS

Dalcroze Eurhythmics, ADHD symptoms, education and therapy of children

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E-mail: ewkabk@interia.pl**INTRODUCTION**

Émile Jaques-Dalcroze's (1865-1950) Eurhythmics is an integrated system of education through art, focusing on music in particular. The Dalcroze method comprises a very wide range of teaching and learning activities aimed at developing musical understanding – the sensitisation to musical structure, character and the elements of musical works – through bodily movement, incited and supported by music itself, most often improvised by the teacher (Bachmann 2002). A major advantage of the method is its integrity and integrality.

In this case, integrity refers to the inner cohesion of the method itself. Dalcroze Eurhythmics should be understood both in the context of the arts related to it (mainly dance and theatre) and in the context of methodological principles and applied tasks (multilayered and multi-aim), engaging both the mind and the body, activating all the senses and allowing for the simultaneous experience of music and enhancement of all developmental spheres (Bogdanowicz & Durlow 2010). The integrity of Eurhythmics can be also observed in the context of its relationship to psychology, for example to Jean Piaget's concept of cognitive development

(Bachmann 2002). This mostly concerns the cohesion of accommodation and assimilation processes owing to which human beings are able to adapt through the acquisition of new perceptual, motoric or notional contents and through associating them with what they already know or have already experienced (Bachmann 2002; Birch & Malim 1998; Wadsworth 1998).

On the other hand, integrality refers to the holistic approach to child development, including education and character formation, which is a feature of the method. Due to the integrated use of music, movement and personal experience, Eurhythmics may have a strong and positive influence on the child's behaviour. Therefore, to investigate such claims, this study aims to quantitatively confirm the effectiveness of the Dalcroze method both in education and therapy, and specify the exact range of its possible impact. Unfortunately, despite the clear promise of Eurhythmics and its variety of applications, there is, to my knowledge, no research which confirms its effectiveness in the case of children at various ages or in therapeutic activities. Habron (2014) mentions the studies on the use of the Dalcroze method for adults with HIV/AIDS (Frego 1995). In addition, there are well-known studies on the use of Eurhythmics for seniors, conducted at the Institut Jaques-Dalcroze in Geneva, Switzerland (Gschwind et al. 2010; Kressig et al. 2005; Trombetti et al. 2011).

Based on the results of a doctoral dissertation concerning the effects of Dalcroze Eurhythmics activities on six-year-old children manifesting symptoms of psychomotor hyperactivity, this article summarises Bogdanowicz (2015), *Rytmika Emilia Jaques-Dalcroze'a w edukacji i terapii dzieci z symptomami nadpobudliwości psychoruchowej [Emile Jaques-Dalcroze's Eurhythmics in the Education and Therapy of Children with Some Symptoms of Psychomotor Hyperactivity]*, translating the findings into English for the first time.

PSYCHOMOTOR HYPERACTIVITY

Over recent years, our knowledge concerning ADHD (Attention Deficit Hyperactivity Disorder), one of the most frequent behaviour disorders, has developed a great deal.¹ What is known today is

that the problems of children with symptoms of psychomotor hyperactivity (called 'learning difficulties' in the past) do not result from educational misconduct, but frequently originate from substantial disorders of a neurobiological, genetic and/or environmental nature. What has undoubtedly been disconfirmed today is treating this disorder as a result of educational misconduct at home or outside it. It is now accepted that diagnosing ADHD requires time and a broad and multifaceted view of the child's behaviour. According to Barkley (2009), many children have the congenital form of this disorder. Barkley emphasises that ADHD is a real developmental disorder consisting of many factors, for example the onset of symptoms in the child's early development, occurrence in many different situations and its influence on the child's abilities to handle the challenges typical of particular developmental stages.

Psychomotor hyperactivity has been included in two international medical classifications:

- ❑ Attention Deficit Hyperactivity Disorder (ADHD) – according to the DSM-IV TR classification of the American Psychiatric Association, which functioned until May 2013, and the current DSM-5 classification (APA 2013; Wciórka 2008).
- ❑ Hyperkinetic Disorder – according to the International Classification of Diseases and Related Health Problems ICD-10 (Pużyński & Wciórka 2000).

The characteristic symptoms of psychomotor hyperactivity are problems with the functioning of attention, hyperactivity and impulsiveness (Borkowska 2008a, 2008b; Cooper & Ideus 2001; Hallowell & Ratey 2004; Kołakowski et al. 2007; Pfiffner 2004; Poland 2001). Researchers seem to agree that the main problem for the majority of children with this disorder is disturbed inhibition of their behaviour (Barkley 2009; Borkowska 2007, 2008a, 2008b, 2011; Kołakowski et al. 2007). According to Barkley (2009), this is a developmental disorder of self-control and self-regulation, associated not only with attentional focus problems and hyperactivity, but also with the inability to manage oneself within the requirements resulting from social norms.

¹ ADHD is one of the most frequent behaviour disorders, although the presented data on its occurrence in the case of children seem to be largely divergent – between 3-7, 9,15 % (Barkley 2009; Kołakowski et al. 2007; Lipowska & Buliński 2008).

Without doubt, the problem of hyperactivity concerns children as young as the pre-school stage, but detecting certain signs of ADHD is possible even in the case of two to three-year-olds.² However, diagnosing ADHD at pre-school age is difficult due to it being a period of ongoing developmental changes and to the natural motoric and emotional activity at this age (Barkley 2009; Kołakowski et al. 2007).

In Poland, ADHD diagnosis is usually made no earlier than the age of seven (in compliance with ICD-10), in some particular situations at the age of six. With growing frequency, specialists refer to the DSM IV TR classification, currently DSM-5. Yet they seem to be cautious in examining pre-school children with regard to ADHD and tend to recommend observation of these children and their behaviour. Moreover, the expression 'a hyperactive child' is more often used in reference to the child at pre-school age than the ADHD diagnosis might suggest (Kołakowski et al. 2007; Wolańczyk et al. 1999). However, what cannot be ignored are the signals from kindergarten teachers and parents who draw attention to intensified motoric activity or attentional problems of some children. The latter become particularly visible in the period when the number of complex tasks increases, requiring the right functioning of attention and staying in one place for a longer period. Among other things, children with this disorder or in the at-risk group have problems with focusing on one activity (they start a new one without finishing the previous), obeying rules and instructions or with remembering (Kołakowski et al. 2007). They are also susceptible to attentional distraction.

Despite the lack of complete diagnosis, it is recommended to undertake corrective exercises with such children as soon as possible. Specialists (Barkley 2009; Kołakowski et al. 2007) agree that it is necessary to apply multifaceted, multidirectional support and facilitation of these children's development, taking into account their needs, potentialities and deficits in particular developmental spheres. What they also stress is

² Some American studies state that children who already at the age of two to three years have problems with hyperactivity, at least in 50% of cases, are at the risk of ADHD diagnosis in later life or are in the at-risk group (Barkley 2009). Some observations have been also conducted with children aged four-and-a-half to six to detect the occurrence of intensive symptoms of ADHD and aggressiveness. Those children who qualified to the next stage of the research were evaluated by psychologists who noticed that 65% of the children met the criteria of an ADHD diagnosis (Barkley 2009: 125).

that in the therapy of hyperactive children all methods which engage motoric capabilities should be applied because they allow children to fulfil the need of movement in a controlled and – what requires highlighting – socially approved way (Kajka & Szymona 2014: 45). Thus, corrective exercises should comprise such fields as sight, hearing, development of speech and reasoning, gross and fine motor skills, and spatial orientation (Franczyk & Krajewska 2006). It is precisely these areas of work that are the focus of Dalcroze Eurhythmics classes for children, because in this setting children move in space, using all their limbs (in locomotor or non-locomotor movements), listen for musical cues and respond appropriately, watch each other or the teacher, mirror or devise gestures, sing and vocalise, and pick up and control materials (such as hoops, balls and scarves) to make creative responses to music. This suggests that the Dalcroze method might be ideally suited to meet the needs of children with ADHD symptoms.

POSSIBILITIES OF APPLYING DALCROZE EURHYTHMICS IN THE CASE OF CHILDREN WITH PSYCHOMOTOR HYPERACTIVITY

According to Borkowska (2008b), children with an ADHD diagnosis present diversified deficits of behaviour control. What is typical of their behaviour, apart from hyperactivity, lack of attention and impulsiveness, is the co-occurrence of many problems in mental functioning. Even though the author's studies were carried out among school learners, these issues are also worthy of attention in the case of children with symptoms of psychomotor hyperactivity at pre-school age. It seems quite likely that some of these problems can be corrected or addressed during Dalcroze Eurhythmics classes, which the results of the undertaken experiment can confirm. The relationship between the mental problems of ADHD children introduced by Borkowska (2008b) and the therapeutic potentialities of Dalcroze Eurhythmics are presented in Table 1.³

³ All tables and figures originate from Bogdanowicz (2015).

Mental problems of children with ADHD	Aims of the Dalcroze-based intervention
deficits in motoric inhibition reaction to the STOP signal earlier induced by a stimulus, lower concentration on a task	developing the abilities to concentrate attention on instructions and details – the use of exercises developing fast and controllable psychomotor reactions (inhibition and incitation exercises) which are adjusted to the child's abilities (the length of the task, differentiation)
lower readiness to motoric reaction	shaping of motoric reactions to musical signals and elements – the use of inhibition and incitation exercises and exercises sensitising the children to rhythm, tempo, dynamics and articulation
deficits in attention stability	improving the attention functions – the use of diverse tasks engaging personal experience and adjusted to the child's abilities with the aim of stabilising attention
lower ability concerning the inhibition of automatic reactions and difficulties in initiating some intentional reactions	organising children's activities aimed at constructive actions – the use of exercises developing correct psychomotor reactions, visual and movement coordination and the skill of organising movement in space
deficits in attentional divisibility and operational memory	improving attention and memory (motoric and spatial) – the use of concentration exercises, developing movement coordination and the ability of simultaneous listening and reacting
susceptibility to distraction	lowering the susceptibility to distraction – the use of personal and creative experience
deficits in planning and control of motoric performance	developing the abilities to control motoric activities and predict behavioural consequences – the use of exercises developing correct psychomotor reactions and supporting performance in a group

Table 1: Selected problems in mental functioning of children with ADHD which can be corrected or addressed due to participation in Eurhythmics classes based on Jaques-Dalcroze's method

All activities in Eurhythmics-based classes enhance the organisation, improvement and control of psychomotor functions, including behaviour. Without doubt, the integral use of movement (which stems from the child's natural needs) *and music* (which, in Jaques-Dalcroze's method, organises the movement) offers an opportunity for enhancing attentional functions and leads to shaping self-control, such as the skills of holding on, listening and realising planned actions. What seems most significant is that this results in the simultaneous acquisition of the skills of collaboration and co-creation in a team (Brunner-Danuser 1984).

Self-control, naturally acquired in Eurhythmics classes, is currently one of the most difficult tasks for children of pre-school age. The problem does not concern only children with psychomotor hyperactivity symptoms or with an ADHD diagnosis. Today, more frequently than ever, children are exposed to an unlimited number of various (not always positive) stimuli. Therefore, there is the need for quietness, for shaping concentration skills and for reducing experiences related to technological advancement, gadgets and an overload of toys. What can be enhanced instead

are the art-related impressions – sensing and experiencing art in all its forms. In the case of Eurhythmics, applying exercises in which movement is strictly associated with music and which require concentration skills or make use of the child's free activeness (Klöppel & Vliex 1995) enables them to fulfil the need for movement, providing better control of the child's own activity.

However, a question may be raised whether classes involving several simultaneous stimuli (music, the teacher's voice, the signal to which one should react) overburden children's nervous systems and, as a result, have a negative influence on them.⁴ Although hyperactive children like movement-based classes very much, some tasks may intensify their hyperactivity, emotional stimulation or their lack of attentional control. In order to learn more about potential positive and negative influences, some experimental studies

⁴ Studies showed that children with ADHD do not have problems with filtering information – they distinguish important contents from unimportant ones. The difference consists in the fact that they are unable to keep focused on a task for a longer period (Barkley 2009: 61).

were undertaken involving classes based on the Dalcroze method.

The aim of this quantitative study was to specify the effectiveness of the course based on Dalcroze Eurhythmics in enhancing the development of the motoric and cognitive sphere of six-year-old children from the 'ADHD risk group' and in improving their social functioning. This evaluation was made on the basis of an analysis of observable changes in the children's behaviour.

RESEARCH METHODOLOGY

The main research problem was specifying the dependence between the application of the course design based on Dalcroze Eurhythmics and the changes in the motoric, cognitive and emotional-social development of six-year-old children manifesting the symptoms of psychomotor hyperactivity. The detailed research problems were organised according to particular developmental spheres. It was anticipated that the children's participation in the Eurhythmics classes would considerably contribute to some positive changes in the following areas:

- development of the motoric sphere (problem I, hypothesis I) – the detailed problems concerned e.g. the control of motoric activity, the improved ability to control the body and increased precision of body movements;
- shaping the cognitive sphere (problem II, hypothesis II) – the detailed problems concerned e.g. the focus of attention, the improvement of the conscious and fast psychomotor reaction to given signals, the control of behaviour with regard to completing the activity undertaken;
- emotional-social development (problem III, hypothesis III) – the detailed problems concerned e.g. the children's functioning in a group, the ability to collaborate in a team, the conscious control of their own behaviour and improved emotional self-control.

In order to test these hypotheses, the method of pedagogical experiment was used with the application of the technique of simultaneous groups: experimental and control. The generally applied course of pre-school education (comprising also music and movement classes or music sensitisation classes) in kindergartens in the town of Cieszyn was enriched with a new factor –

additional classes based on Dalcroze Eurhythmics. The comparison of both groups was the basis for evaluating the effectiveness of the new course. At the initial examination, the groups were equivalent as regards age, sex proportions, (urban) environment and the results of the simplified version of Conners Scale (only children with manifested symptoms of psychomotor hyperactivity were qualified to both groups). The variables and their indicators are presented in Table 2:

Variables		Indicators (the required behaviour features)
Independent	Dependent	
The author's course based on Dalcroze Eurhythmics	changes in the development of motoric sphere	- controlling motoric activity - refraining from purposeless running
	changes in the development of cognitive sphere	- ability to focus the attention on details - focusing the attention on commands and instructions - lesser susceptibility to distraction - not making mistakes resulting from carelessness - conscious and fast psychomotor reaction - completing the undertaken activity
	changes in the development of emotional-social sphere	- collaboration with the group - obeying the rules while playing - ability to predict the consequences of one's own behaviour - lesser emotional lability

Table 2: Independent variable, dependent variables and indicators

The following research tools were used in the studies:

- Conners Scale for Parents and Teachers (Wolańczyk et al. 1999) in the simplified version (Klöppel & Vliex 1995), used as a screening tool to select children with symptoms of psychomotor hyperactivity in order to establish the examined groups. The examined group (N = 61) was selected out of 210 six-year-olds;

□ Scale of Psychomotor Hyperactivity Symptoms (Hebel & Bogdanowicz 2004), as well as the author's own tools prepared for the needs of the research and aimed entirely at the observation of the experimental group.⁵

The classes were conducted in integrated groups once a week for eight months, with each class lasting 30-40 minutes. The main topic of the course was *The Adventures of Winnie the Pooh and his Friends*, around which the music and movement activities were designed. The sessions were conducted by qualified Dalcroze Eurhythmics teachers, working alone: the author (five groups) and another teacher (two groups). Six-year-old children were observed, 31 in the experimental group and 30 in the control group.⁶

The course designed for the needs of the experiment and based on the main assumptions of the Dalcroze method takes into account the major aspects of the pre-school age child's psychomotor development as well as the behaviour qualities which are typical of children with symptoms of psychomotor hyperactivity and which can be corrected during classes conducted according to this method. Among other things the following should be mentioned: fulfilling the need for movement, shaping the lateralisation of motoric functions, facilitation of motoric coordination, stimulation of sight and hearing functions (development of perception), memory enhancement and facilitation of attention-related functions (mainly focus, support, divisibility and selectiveness), improvement of social functioning in the field of collaboration and communication, and the facilitation of the child's emotional development (handling difficult situations, the ability to take decisions, emotional control, and enhancing self-esteem).

"It should be remembered that there is no method which would reduce the level of mobility of a hyperactive child, his/her energy can be only managed or directed" (Kołakowski et al. 2007: 137). Klöppel and Vliex (1995) emphasise that in the case of these children applying simple, clear rules and a well-specified lesson structure is of crucial importance; this provides an opportunity for behaving in compliance with requirements that are

⁵ The relevance and reliability of Hebel and Bogdanowicz's Scale has been statistically verified in taxonomic Ward's cluster analysis with the use of Euclidean distances as distance measure between the positions (Hornowska 2001).

⁶ Children's participation in the experiment took place after obtaining written, informed consent of their parents.

adequate to the situation. Therefore, the suggested course assumed the most effective management of the excessive activeness of children with symptoms of psychomotor hyperactivity was to direct them towards constructive activities so that they could better control and modify their (especially socially unacceptable) behaviour.⁷

Measurement was carried out in both groups in the initial and final stages of the experiment with the application of the same scale (Hebel & Bogdanowicz 2004). Data analysis was based on the quantitative data, which were statistically processed with the use of SPSS Windows Version 14 (licence: University of Gdańsk). The applied statistical analysis was ANOVA Repeated Measures (Ferguson & Takane 2001) with the intergroup factor of the examined groups and the intragroup factor of the measurement at the pretest and retest stage.

RESULTS

This section presents variation analysis results of two observed qualities of behaviour selected from the whole experiment. These indicate how most of the examined qualities of children's behaviour were analysed. What will be focused on is summarising the analysis of the effects of the remaining behaviour qualities (with the use of Hebel & Bogdanowicz's Scale) on the basis of Fisher's z-correlation test and the overall effect of the conducted experiment based on Student t-test.⁸

Motor activity control assessed by Hebel and Bogdanowicz's Scale of Psychomotor Hyperactivity Symptoms

The judgement whether the child with the symptoms of psychomotor hyperactivity belongs to the ADHD risk group is difficult and should be done with regard to specific developmental qualities of the child at pre-school age, including emotional excitability and mobility. The natural need for movement and intensive motoric activity at pre-school age, which are adequate to the situation, are considered so-called normal behaviour. The intervention was aimed at appropriately directing the children's excessive motoric activeness towards socially accepted activities.

With the use of Hebel and Bogdanowicz's five-

⁷ A detailed description of the course implemented in the experimental studies can be found in Bogdanowicz (2015).

⁸ For a broader discussion of all the results, see Bogdanowicz (2015).

grade scale (2004), the intensity degree of the occurrence of children's increased motor activity (always, nearly always, often, sometimes, never) was observed, taking into account intervention or an adult's help. The obtained results of the Scale concerning motor activity control were subjected to variation analysis. They are presented in Tables 3 and 4.

	Significance test	
	$F(1;59)$	P
Group	3.785	0.056 ^A
Measurement	167.796	< 0.001***
Measurement*group	20.740	< 0.001***

Key: $F(1;59)$ – Fisher-Snedecor F distribution

p – probability of type I error calculated for F distribution

^A $p < 0.10$ (the tendency level); *** $p < 0.001$

Table 3: Motor activity control according to Hebel and Bogdanowicz's Scale – variation analysis results

	Significance test	
	$F(1;59)$	P
Pretest	0.737	0.394
Retest	13.607	< 0.001***

Key: $F(1;59)$ – Fisher-Snedecor F distribution

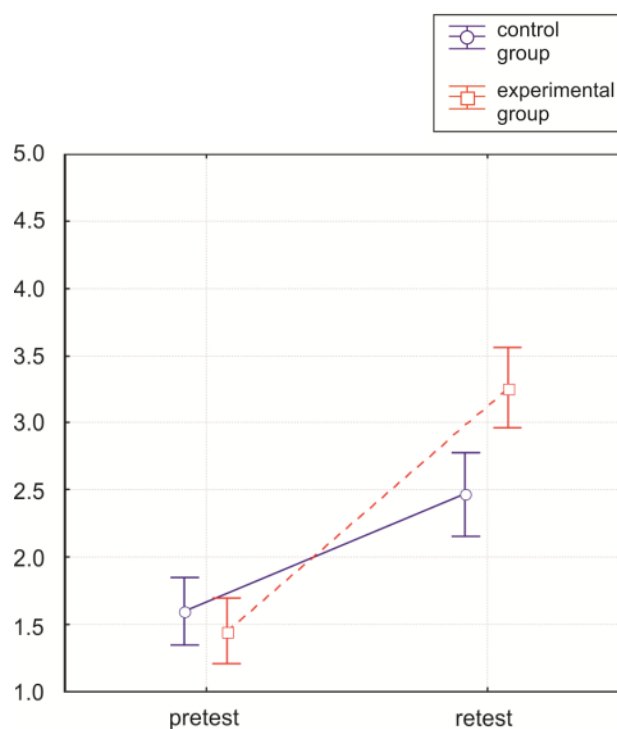
p – probability of type I error calculated for F distribution

*** $p < 0.001$.

Table 4: Motor activity control according to Hebel and Bogdanowicz's Scale – the results of post-hoc comparisons in ANOVA model

With regard to the level of motor activity control, both groups (experimental and control) were equal at the pretest ($F[1;59] = 0.737$; $p = 0.394$). Statistically significant differences appeared at the final examination ($F[1;59] = 13.607$; $p < 0.001$). It should be emphasised that at the retest (control examination) both groups achieved positive effects (the results significantly higher than before the experiment), which means that after eight months – along with the growing age – children presented higher maturity in their psychomotor development. In spite of not introducing the Eurhythmics course, the change in the control group might have resulted from all the educational and correctional undertakings applied at home and in kindergarten as well as from biological maturing of the central nervous system. However, what is important in the context of the conducted experiment is the significant difference (at the retest) between the groups in favour of the experimental one. Thus, the positive changes turned out to be much bigger in the group in which the experimental course involving Eurhythmics had been implemented (significant difference, $p < 0.001$). The results

comprised in the tables are illustrated in Figure 1. No significant difference between the groups can be noticed at the pretest and a substantially better result can be seen of the children's motor activity control in the experimental group at the retest. These changes may be associated with the participation of the experimental group in the additional Eurhythmics classes.



Key: The vertical bars indicate 0.95 confidence intervals
1.0 - 5.0 – the average level of the observed behaviour

Figure 1: Motor activity control – the results of Hebel and Bogdanowicz's Scale

Enhancement of the ability to focus attention assessed according to Hebel and Bogdanowicz's Scale of the Symptoms of Psychomotor Hyperactivity (2004)

Qualities of behaviour which were subjected to evaluation included the ability to focus attention on details during kindergarten activities of various types (e.g. manual work, listening, watching, manipulative and constructive games). This involved observing whether and to what extent the child needs encouragement or external help in fulfilling the task. These results resemble the results of the analysis concerning motor activity control. No significant difference was indicated between the groups at the beginning of the experiment ($F(1;59) = 0.404$; $p = 0.527$) and a statistically significant difference between the groups was confirmed after the completed experiment ($F(1;59) = 9.815$; $p = 0.003$) (Table 6).

Also noteworthy was the main effect of the measurement ($F(1;59) = 112.663; p < 0.001$). Both groups achieved significantly higher results after the experiment than before – as well as the effect of the examined group ($F(1;59) = 4.834; p = 0.032$) and the measurement–group interaction ($F(1;59) = 9.436; p = 0,003$) (Table 5).

	Significance test	
	$F(1;59)$	P
Group	4.834	0.032*
Measurement	112.663	< 0.001***
Measurement*group	9.436	0.003**

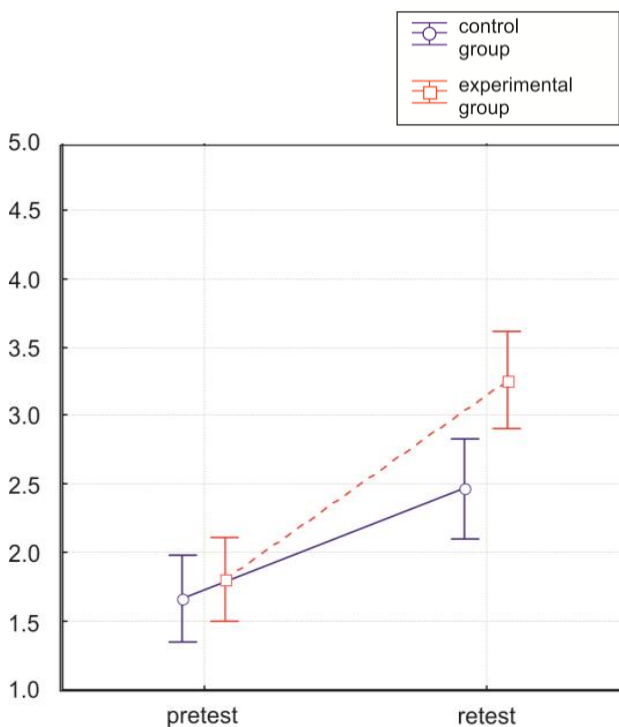
Key: $F(1;59)$ – Fisher-Snedecor F distribution
 p – probability of type I error calculated for F distribution
 * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Table 5: Ability to focus attention on details according to Hebel and Bogdanowicz’s Scale – variation analysis results

	Significance test	
	$F(1;59)$	P
Pretest	0.404	0.527
Retest	9.815	0.003**

Key: $F(1;59)$ – Fisher-Snedecor F distribution
 p – probability of type I error calculated for F distribution
 ** $p < 0,01$

Table 6: Ability to focus attention on details according to Hebel and Bogdanowicz’s Scale – the results of post-hoc comparisons in ANOVA model



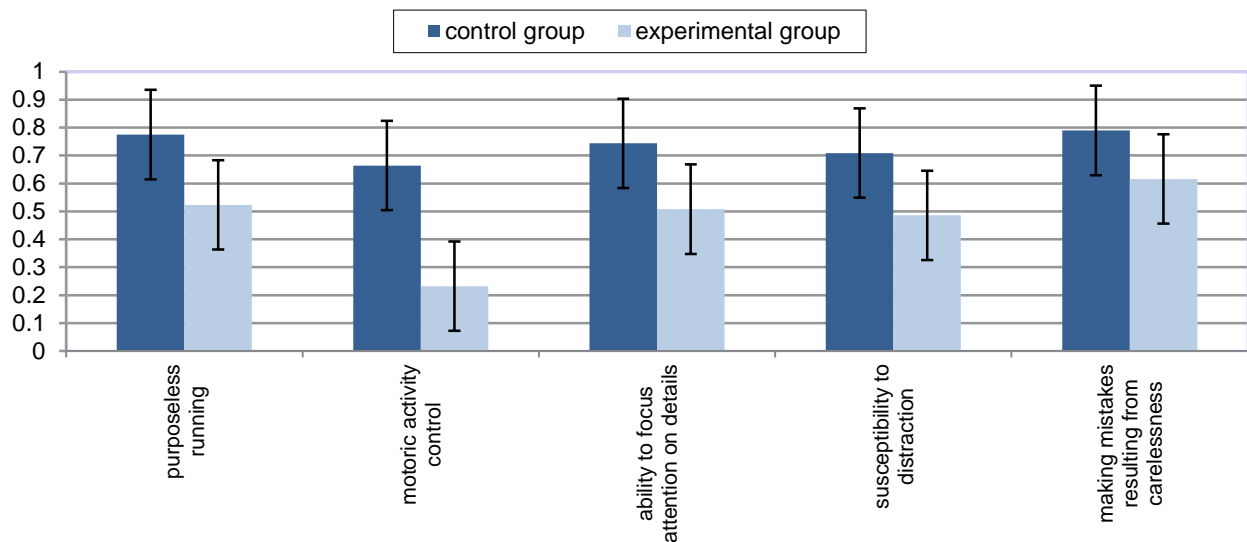
Key: The vertical bars indicate 0.95 confidence intervals
 1.0 - 5.0 – the average level of the observed behaviour

Figure 2: Ability to focus attention on details – the results of Hebel and Bogdanowicz’s Scale

What can be seen in Figure 2 is that the change which occurred in the experimental group is significantly higher than the change in the control group. The children from the experimental group who had previously showed inability to focus attention on details improved their performance. These changes can be associated with the participation of children from the experimental group in the additional Eurhythmics classes.

Comparing average pretest-retest correlations in both examined groups with the use of Fisher’s z coefficient

Figure 3 comprises a presentation of the behaviours of which average correlations were analysed, showing statistically significant differences between the groups. Fisher’s Z-test was used to compare the power of two correlations in independent samples (whether the dependency between the child’s behaviour after the course and before the course is different in the control group from the behaviour in the experimental one) and it showed that only in a few evaluated behaviours the correlation between the pretest and the retest was significantly weaker in the experimental group than the control one. This means that in these cases the implemented course brought about the initially assumed positive effect in the experimental group (after the experiment the unwanted behaviour was weaker). This involves the following qualities: “purposeless running” and “motor activity control” as well as those in which the differences in correlations between the groups are visible at the level of tendency: “ability to focus attention on details”, “making mistakes resulting from carelessness” and “susceptibility to distraction”. This is likely the result of taking part in additional Eurhythmics classes during which the children had the possibility of organising their activeness and of fulfilling their strong need for movement.



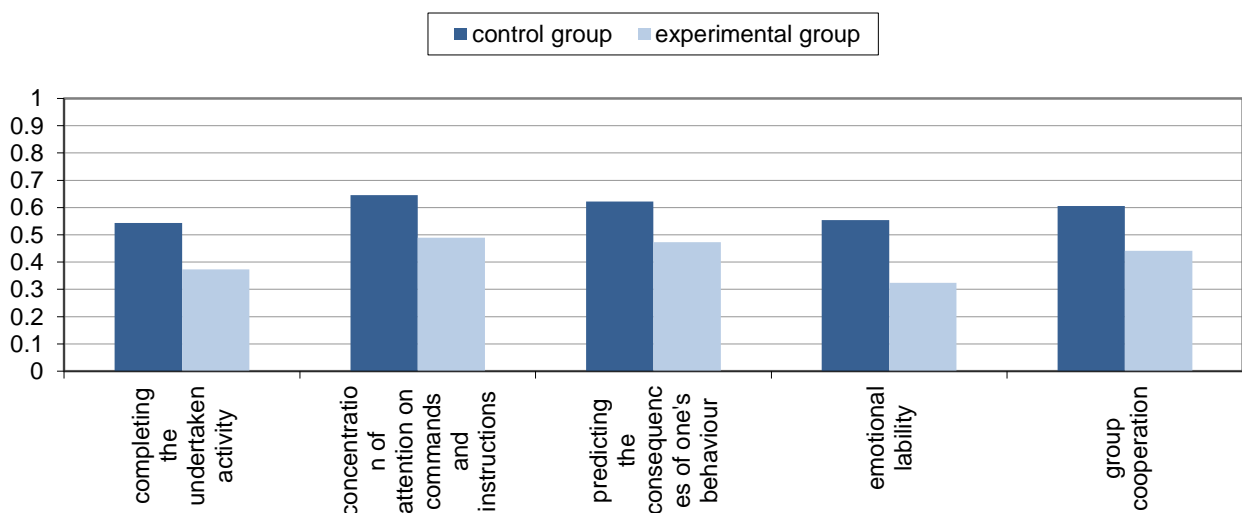
Key: Vertical bars depict 95% confidence intervals for the correlation coefficients. The diagram includes the data only for the scales of significantly different correlations in the compared groups.

Figure 3: Pretest-retest correlation in each group (according to Fisher's Z-test)

Due attention should also be drawn to distinct (though statistically insignificant) differences in correlations between the groups with regard to the other qualities of behaviour which were assessed. These concern some important aspects of the functioning of a child with psychomotor hyperactivity symptoms, such as: completing the undertaken activity, concentration of attention on commands and instructions, predicting the consequences of one's behaviour (especially

important in group activities), group cooperation and emotional lability (Figure 4). The conducted variation analysis concerning the behaviour qualities mentioned in Figure 4 showed a significantly higher final result of the experimental group. However, the differences in average correlations based on Fisher's coefficient are trends which did not reach statistical significance.

Table 7 presents the results illustrated in Figure 3 and 4.



Key: The diagram includes results only for the scales of different but statistically insignificant correlations in the compared groups

Figure 4: Pretest-retest correlation in each group (according to Fisher's Z-test)

Behaviour subjected to measurement	Group		Significance test	
	control (N = 30)	experimental (N = 31)	Z	p
	r	r		
Purposeless running	0,775***	0,523**	1,661	0,048*
Motoric activity control	0,634***	0,232	1,897	0,029*
Ability to focus attention on details	0,744***	0,508**	1,481	0,069 ^a
Making mistakes resulting from carelessness	0,790***	0,616***	1,308	0,095 ^a
Susceptibility to distraction	0,709***	0,486**	1,314	0,094 ^a
Completing the undertaken activity	0,543**	0,373*	0,803	0,211
Concentration of attention on commands and instructions	0,645***	0,489**	0,860	0,195
Predicting the consequences of one's behaviour	0,622***	0,473**	0,795	0,213
Emotional lability	0,554**	0,324 ^a	1,068	0,143
Group cooperation	0,606***	0,441*	0,849	0,198

Key: N – sample size; r – Pearson's linear correlation coefficient; Z – Z test statistics of standard normal distribution; p – probability of type 1 error estimated for F test statistics;

^a p < 0.10 (level of statistical tendency). * p < 0.05; ** p < 0.01; *** p < 0.001.

Table 7: Pretest-retest correlations in both examined groups (according to Z-Fisher test)

The conducted analysis supports a significant improvement in the behaviour of six-year-old children manifesting symptoms of psychomotor hyperactivity in the motoric and cognitive spheres.

DISCUSSION

The statistical analysis of the research results, carried out as a part of my doctoral dissertation, allows us to conclude that there is a relation between the participation of six-year-old children with symptoms of psychomotor hyperactivity in Dalcroze Eurhythmics classes and the improvement of some selected disturbed functions and unwanted behaviour of these children. Yet, conducting such an experiment is not easy, as in Poland there are no studies in this field which could indicate the direction and range of research activity. Although the authors who explore Dalcroze Eurhythmics suggest using it in many cases and provide important methodological guidelines to help in correcting the disturbed functions or behaviour, these instructions are founded on their – undeniably valuable – personal experience rather than scientific research. This situation necessitates treating the results of the conducted experiment as a starting point for further observation of the

efficiency of Dalcroze Eurhythmics and its applications in education and therapy.

Such an analysis of behavioural problems and their correlation with the desired behaviour resulting from the participation in classes is not sufficiently precise and the formulated conclusions constitute only a suggestion for interpreting the obtained results. Fisher's Z-coefficient (Francuz & Mackiewicz 2005) is a conservative method recommended for comparing the power of correlation in large samples (N > 100). Still, this method has elicited some important, and the most evident, effects of the experiment and focused on those aspects of the impact of Dalcroze Eurhythmics which are associated both with the possibility of correcting unwanted behavioural qualities typical of psychomotor hyperactivity and with educational or therapeutic support.

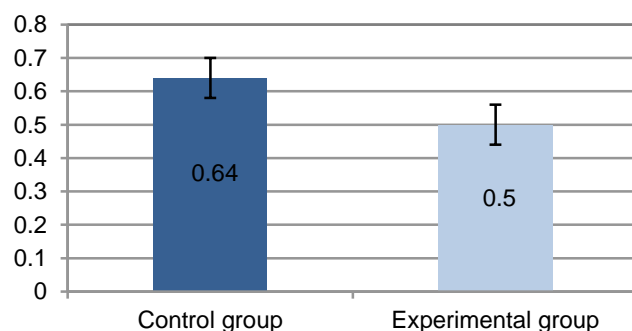
In order to illustrate the general effect of the conducted experiment, all behaviours were analysed simultaneously, which provided an overall image of the results. This aim was achieved by comparing the average correlations between the pretest and retest in the control and experimental groups by the application of Student's t-test (Ferguson & Takane 2001). This comparison showed that the average correlation in the control

group ($r = 0.64$) is significantly stronger than in the experimental group ($r = 0.50$) ($t(19) = 4.82^{**}$). The result of this analysis is presented in Table 8 and Figure 5.

Group	Average correlation	Standard deviation	Significance test	
			t	P
Control	0.64	0.15	4.824	< 0.001***
Experimental	0.50	0.16		

Key: t – test statistics of Student's t -distribution;
 p – probability of type I error calculated for t test statistics
 *** $p < 0.001$.

Table 8: Comparison of the results of average pretest-retest correlation in the groups (Student's t -test)



Key: Vertical bars depict 95% confidence intervals for average correlations.

Figure 5: Average pretest-retest correlation in the groups (Student's t -test)

Such an arrangement of results entitles us to suppose that the general assumption concerning the positive influence of classes based on Dalcroze Eurhythmics on the behaviour of children with symptoms of psychomotor hyperactivity is correct. After the experiment, the behaviour of children in the experimental group was significantly changed for the better, although the relation is moderate.

CONCLUSIONS

After the experiment, many questions have been raised which still remain unanswered. The use of the same tasks in a different place, with different children and by a different teacher (with a different approach to piano improvisation) may bring different results – both positive and negative.

What seems the greatest value of the Dalcroze method is the cohesion of its various aspects and the application of various exercises, which engage multisensory personal experience, and which take into account the harmonious development of the

body and mind in all developmental spheres. In the experiments and tests in neuropsychological examination conducted by Borkowska (2008b) and dedicated to the processes of attention and reaction inhibition of school-age children with ADHD, “no data was obtained concerning single selected functions because each task required a complex structure of mental activity” (Borkowska 2008b: 298). This is similar to what takes place in Eurhythmics classes. Each exercise and task requires the integral involvement of different functions and is a personal, multisensory experience.

It is hard to unequivocally indicate the benefits resulting from the application of Eurhythmics because – in the area of pedagogical influences – it is difficult to obtain certainty that the achieved positive effects are triggered entirely by participation in classes conducted according to one method. In this situation, some attention ought to also be paid to the variety of other educational activities in which children engage at kindergarten and at home.

This study has indicated that taking part in Dalcroze Eurhythmics classes contributes to better functioning of children with symptoms of psychomotor hyperactivity. This occurs owing mainly to the tasks (fulfilled by children) which are of due significance for appropriate psychomotor development (the skills of organising one's own activity and facilitating particular perceptive-motoric and executive functions) as well as for the development of social competencies and emotional self-control. Still, this contribution takes place to the same extent as other educational influences observed in kindergarten.

The originator of Eurhythmics stated that “the child's intensive experiencing should be released and the intensive excitement of the spirit should be transformed into organised activities” (Jaques-Dalcroze 1945/81: 129, trans. Ewa Bogdanowicz). It is impossible to eliminate the reasons for inappropriate behaviour in children with symptoms of psychomotor hyperactivity but, owing to appropriate interventions, these children can become accepted and self-aware participants in games and classes in a social group (Klöppel & Vliex 1995).

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Article

Dalcroze Eurhythmics-based music and movement training in transitional care brain injury patients: A feasibility study

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ABSTRACT

Cognitive and motor impairments from brain injury are associated with sedentariness, falls and depression. We determined whether group-based multitask training based on Dalcroze Eurhythmics (DE) is a feasible tool to engage motor, cognitive, cardiovascular and affective function in individuals with a brain injury. Transitional care patients with traumatic brain injury or stroke were recruited from a rehabilitation hospital. The DE intervention took place for 50 minutes a day, twice a week, for 6 weeks, and included activities based on musical cues that required the use of memory, attention, coordination and balance. Typical DE activities were modified for this population. Affect, postural control, cognitive function and cardiovascular fitness were assessed before and after. Seven males aged from 23 to 71 completed the pre-test. Three used mobility aids. Six participated in the intervention, and three completed the post-test. Dropouts were due to transportation difficulty, concerns regarding medical insurance unrelated to the study, the lack of support from the staff and family, and the discomfort of being paired with another male for activities. In the three who completed the post-test, no measurable changes in function were found. A programme of longer duration may be needed to improve clinical outcomes. DE was a feasible intervention for a group of mixed physical function brain injury patients. This was facilitated with assistants to provide social variety. Adherence was high (67%). Participants responded well to the use of props and recorded music of their choosing.

KEYWORDS

brain injury, cardiovascular, eurhythmics, cognitive function, clinical, feasibility, music therapy, transitional care

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INTRODUCTION

Brain injury (BI) is associated with pain, motor and cognitive deficits, and the ensuing economic burden and loss of independence lead to a poor quality of life (Marshall et al. 2007; Thompson, McCormick & Kagan 2006; Centers for Disease Control and Prevention 2013). Therefore, a majority of treatments for BI focus on specific motor, cognitive, speech or cardiovascular impairments such as spasticity, balance, gait, speech or activities of daily living (Yang et al. 2007). However, individuals with BI often live a sedentary lifestyle outside of physical therapy (Carlozzi, Tulsy & Kisala 2011), leaving them susceptible to secondary health problems such as physical issues (fatigue, pain, sleep disturbance, cardiovascular problems), emotional issues (depression, anxiety, anger) and social isolation. This results in a further burden to individuals as well as the healthcare system (Carlozzi, Tulsy & Kisala 2011).

In addressing sedentariness in those with BI, aerobic exercise (Schwandt et al. 2012; Wise et al. 2012) and Tai Chi (Blake & Batson 2009) are used to improve mood and quality of life. Mobility training can improve mobility and balance (Schwandt et al. 2012; Wise et al. 2012) and aerobic capacity (Bateman et al. 2001) in BI patients. However, current models of therapy generally do not address all of these conditions in combination, and in particular, their psychosocial aspects. Physical therapy methods generally do not directly address cognitive or social needs of the patients. Likewise, cognitive therapies do not provide adequate aerobic exercise. Multi-factorial interventions are

generally a collection of separate activities, rather than an integrated whole.

Neurologic music therapy has gained much attention recently. Although the exact neurobiological mechanisms by which these interventions work are not well-known, entrainment cues and timing information contained in the music appear to improve motor planning and execution (Thaut, McIntosh & Hoemberg 2015). These paradigms are based on melody intonation, beating time, singing familiar songs, and using tones of specific syllables or phrases (Lim et al. 2013). Yet these paradigms are generally conducted individually and do not include physical activity, social interaction or use such interaction as a part of the treatment itself.

Dalcroze Eurhythmics (DE) has been recognised as a unique intervention for reducing fall risk and improvement in gait in community-dwelling older adults (Trombetti et al. 2011). DE incorporates games and activities cued by music, which engage memory, attention, social interaction, coordination and balance. DE likely provides its benefits partly through mechanisms related to neurologic music therapy (Hegde 2014). Consequently, DE may be effective as an intervention in brain injury patients to simultaneously address multiple domains of physical, cognitive and social functions of gait, balance, cognitive function and reducing fall risk (Medley, Thomson & French 2006), as well as providing cardiovascular fitness in an environment with social interaction. Here the multiple domains of function are built into each activity, which may

better simulate the demands of everyday life, and may lead to improved outcomes. The use of music may also improve adherence (Johnson, Otto & Clair 2001). However, DE has not been studied in post-acute care brain injury patients. This may be because such group-based interactive care may not always meet the specific needs of individual patients, the patients' current functional limitations may make participation in such activities difficult and also because such group-based therapies are not the norm for neurologic rehabilitation.

Therefore, our purpose was to determine whether DE is a feasible intervention for transitional post-acute care BI patients that could be used for improving cardiovascular fitness, mobility and cognitive functions. We determined the feasibility of (1) implementing DE class for a mixed-level group of BI patients and (2) the pre/post testing of cardiovascular, motor and cognitive outcome measures. We also measured attendance and attitudes towards DE as an intervention.

METHODS

Recruitment

Participants were recruited from a post-acute rehabilitation residential facility (Transitional Living Center (TLC)). Specifically, participants were patients transitioning from inpatient care to outpatient care in a residential and day treatment programme located at the hospital campus. The TLC clinicians recommended those who met the inclusion and exclusion criteria for the study. Inclusion criteria included: being a TLC patient, aged 18 or over, able to understand verbal directions and a diagnosis of stroke or traumatic brain injury (TBI).

Written consent was obtained with a form with ethics approval by California State Polytechnic University, Pomona and Casa Colina Hospital Institutional Review Boards. Pre-test data collection of health history, neuropsychological battery, cardiovascular fitness and balance took place a week prior to intervention. A set of 10 classes of Dalcroze Eurhythmics (DE) classes was offered as the intervention. Attendance was based on attending the 10 classes. DE was offered for six weeks, or 12 classes, in order to maximise participation. Post-test data collection was completed within the week after the intervention. All

data were collected at the TLC.

Participants

Seven male participants between the ages of 23 and 71 volunteered for the study and three completed the entire protocol (Table 1). The sample consisted of four participants of moderate function and three participants of high function. Six were diagnosed with TBI and one with stroke. This particular hemiplegic stroke patient had moderate function similar to some of the other moderate function patients and therefore was grouped together for the purpose of this study. Disabilities of the participants included hemiplegia, vertigo, double vision and deficits in standing balance. High function participants could walk without assistance and the middle function participants used a wheelchair and/or a walker. Two of the participants had experienced a fall in the past year.

Age (yrs)	Gender	Diagnosis	Height (m)	Weight (kg)
M=50	7 males	6 TBI	M=1.69	M=82.09
SD=18		1 stroke	SD= 0.069	SD=10.21

Table 1: Participant characteristics (N=7)

Design

The DE intervention consisted of 10 classes of 50 minutes each over six weeks. To maximise participation a total of 12 classes was offered over six weeks, twice a week. These allowed participants to make up any missed classes and complete the full intervention of 10 classes. The DE class included a wide range of activities based on music that required the use of memory, attention, coordination and balance. Activities were improvised and adjusted to the ability of the participants.

DE was offered as a replacement for one hour of the usual therapy (UT) twice a week. The UT normally took place at TLC for six hours a day for five days a week, so during DE class days, participants received five hours of UT and one hour of DE. UT included a combination of physical therapy, occupational therapy, speech therapy and neuropsychology. On a weekly basis, DE replaced two of the 30 hours of UT.

Pre-test and post-test

All testing took place with one person at a time for confidentiality. The pre-test and post-test included: health history, Montreal Cognitive Assessment (MOCA) (Cumming et al. 2013), Center for Epidemiologic Studies Depression Scale – Hopkins Revision (CESD-R) (Eaton et al. 2004), Verbal Fluency, Trail Making Test A & B (Lezak, Howieson & Loring 2004), Simple Reaction Time (Jensen 2006), 6-Minute walk/mobility Test, Quality of Life in Neurological Disorders (Neuro-QOL) (Carlozzi, Tulsy & Kisala 2011) and Balance Assessment. The post-test also included an exit survey on the participants' opinions on the DE class. Pre-test and Post-test were performed by the second author (VV) and a student research assistant.

Health history included questions on history of cardiovascular, orthopaedic and neurologic conditions and medications. MOCA was used to assess overall cognitive function. CESD-R was used to assess mood. Verbal fluency was measured by counting the number of words starting with the letter F a patient could generate within one minute. This was repeated for letters A and S. Simple reaction time was measured using a computer mouse and timing software. Cardiovascular fitness was measured using the 6-Minute Walk/Mobility test (Kosak & Smith 2005). Due to two participants not being able to ambulate independently, their mobility on a wheelchair was assessed. The distance travelled and the Rating of Perceived Exertion (RPE) were measured (Borg 1970). Balance was measured by using a force platform (Kistler Instrument Corp., Amherst, NY) to determine postural sway while standing (or sitting for the two who could not stand). Six 60-second quiet-standing/sitting trials were performed with each participant, half of which included the dual task (counting backwards by three) (Leveille et al. 2008). We used the standard deviation of the displacement of centre of pressure to describe the root-mean-squared (RMS) amplitude of postural sway.

Quality of life was measured using a self-report instrument (Carlozzi, Tulsy & Kisala 2011). The health-related quality of life cognition, lower and upper extremity function questions were used. Neurology Quality of Life (Neuro-QOL) is a set of self-report measures that assesses the health-related quality of life (HRQOL) of adults and children with neurological disorders (Carlozzi, Tulsy & Kisala 2011). Neuro-QOL is comprised of

item banks and scales that evaluate symptoms, concerns, and issues that are relevant across disorders, along with measures that assess areas most relevant for specific patient populations. Self-report measures include physical health, emotional health and social health (National Institute of Neurological Disorders and Stroke 2010).

Intervention based on Dalcroze Eurhythmics

An instructor with a license in the DE method (Author 3, SH) offered 12 classes for 50 minutes twice a week over six weeks. Attendance in 10 of the 12 was considered 100% attendance. These classes were held in the hospital campus in a large conference room to allow for moving freely. The instructor provided a wide range of activities cued by live improvised music on the piano and also used recorded music of participants' choosing that required the use of memory, attention, coordination and balance. Many of the activities were improvised and adjusted to the participants' ability. Activities included: walking and stopping as cued to the music; walking in tempo as music quickens or slows; mirroring other participants' movements; manipulating props such as balls and sticks; creative freeform movements; memory and quick reaction games; and self-directed and designed activities. A sample of the activities and their purpose is described in Table 2. The DE instructor involved the participants in the music selection for the DE classes as well as generating the activities for the day. Activities were designed with DE principles of follow, echo, exploration, improvisation, social interaction, sequences, disassociation, inhibition and quick reaction (Farber & Parker 1987; Jaques-Dalcroze 1921). Participation required processing and interpreting musical and auditory cues presented through the music, managing temporal patterns and spatial reasoning in the same task, and performing cognitive, social and motor tasks in the same context. The all-male participant group responded well to the use of props, particularly balls. Therefore many activities involved balls as props.

Recorded music was selected based on the interests of the participants, as personally meaningful music has many benefits. Although participants enjoyed the improvised music from the piano, they requested specific recordings, which included Motown, rock, dance and pop genres. The instructor selected certain music to be used before

class as the participants gathered in the room, which helped them 'loosen up' and get into the mood of the class. As they arrived to the room filled with their favourite music, they showed their enthusiasm by dancing spontaneously in their wheelchairs.

During class, the recordings were incorporated into the activity in two ways. First, recordings served as background music to accompany the activity, giving the participants a sense of enjoyment while working on specific cognitive and/or motor skills (Table 2). For example, Desmond's *Take Five* and Springsteen's *Born in the USA* were used during the ball-kicking activity that involved memory, coordination and attention. Second, recordings were used to cue movements, taking specific musical elements such as tempo

changes, meter and strong and weak beats. For example, in Theodorakis' *Zorba the Greek*, the tempo becomes progressively faster. This was used to cue the ball-passing activity. Participants had to listen and respond to the tempo changes by passing the ball faster; in addition, a signal was given to change the direction of the ball passing. In Richie's *La Bamba*, participants explored 4/4 meter by shaking and placing the maracas in four different points in space in each direction: right, left, up, and down. They also experienced its simple verse-chorus form by moving sideways during the verse, moving up and down during the chorus, and improvising movements during the instrumental interlude. Participants needed to anticipate the ends and beginnings of the phrases by interpreting the musical form.

Activity description	Goals
<p>Mirroring with the hoop</p> <ol style="list-style-type: none"> 1. Explore different ways of moving with the hoop. 2. Move the hoop with the music. When the music stops, stop wherever you are in space. (Improvised music cues the starts and the stops). 3. Find a partner. 4. The leader leads the movement; the follower mirrors the leader's movements. 5. Switch roles. 6. Do this with a recording (<i>What a Wonderful World</i> by Louis Armstrong and <i>Moon River</i> by Frank Sinatra). (Verbal cues to switch roles given by the instructor). 	<p>Encourage participants to widen their motor pattern repertoire, and become aware of their range of motion.</p> <p>Engage participants' set-switching executive function, creativity, visual-spatial processing, visual-motor transformation, coordination, weight shifting.</p> <p>Notes: These recorded songs were requested by participants. They were used in this activity due to their slow tempo and legato phrases. These then cued fluid, continuous movement, a difficult task for those with motor deficits.</p>
<p>Dance with maracas</p> <ol style="list-style-type: none"> 1. Explore different ways of moving with the maracas. 2. Learn a movement sequence with maracas, with four shakes in each direction: <ul style="list-style-type: none"> o To the right, back to the centre, to the left, back to centre, during the verse. o Go up, go down, during the chorus. o Free style – improvise movements. 3. The movement sequence was applied to the simple verse-chorus form of <i>La Bamba</i>. The teacher cued the sections of the form. (Recording: <i>La Bamba</i> by Valens Richie). 	<p>Learn a movement sequence requiring memory and set-switching between the verse and the chorus without the use of visual cues.</p> <p>Notes: This song contains marked rhythm that cued discrete, controlled movements.</p>
<p>Accents</p> <ol style="list-style-type: none"> 1. Explore different ways of using the drum. 2. When you hear a strong beat from the piano, tap it on the drum. 3. The patients describe the groupings or meter (groupings of 4, 3, or 2). 	<p>Engage attention and temporal perception in finding the musical meter.</p> <p>Notes: Placing the drum requires temporal perception, decision making, and motor response generation.</p>

<ol style="list-style-type: none"> 4. Find a partner. Person A is the strong beat and holds the drum. Person B is the weak beat. 'A' places the drum in a definite spot on the accent and 'B' taps the weak beats on the 'A's' drum. 5. Do with a recording, which is in a slow feeling of twos. (<i>Daddy's Home</i> by Shep and the Limelites). 	
<p>Ball pass</p> <ol style="list-style-type: none"> 1. Explore different ways of passing a ball in the circle. 2. Pass the ball around with a steady beat. 3. When you hear a signal, pass the other way (change direction). The music might go faster or slower. 4. Do this with a recording in which the tempo accelerates (<i>Zorba, the Greek</i> by Mikis Theodorakis). 	<p>Ball pass engages coordination, set-switching, and motor response generation.</p> <p>Accelerating tempo required faster motor reactions.</p>
<p>Memory game</p> <ol style="list-style-type: none"> 1. Using one big yoga ball, kick to someone in the circle as you call their name. 2. Next person kicks the ball to another person. 3. Remember the pathway of the ball between the individuals. 4. Create three different pathways and practise them. 5. Do it with a recording (<i>Born in the USA</i> by Bruce Springsteen; <i>Take Five</i> by Paul Desmond). Pass according to the pathway called. 	<p>Kicking engages balance and coordination, as well as memory and set-switching.</p>

Table 2: Descriptions and goals of selected activities

Aside from the participants, the class also consisted of the Dalcroze instructor, a TLC residence assistant for the patients with mobility difficulty, two research assistants and two to three student volunteers. The additional volunteers provided a wider range of musical ideas, social variety for the programme participants and assistance to the patients. Although being alongside others with a similar level of function may have provided more social safety, the participants asked for and expected additional social variety.

The intervention replaced two of the 30 hours per week of UT, consisting of physical, occupational, speech, and neuropsychological therapy. As a feasibility study, this dose of 10 classes was based on the constraints of the study. Dose-dependent effects have been considered by Trombetti et al. (2010) and Hars et al. (2014), but these studies were of older adults over four years. Dose-dependence in brain injury patients is not yet known.

Analysis and statistics

Pre-test and post-test results were compared with paired t-tests using Microsoft Excel 2010.

RESULTS

Participation

Participants were able to provide consent and participate in the pre-test and the intervention. There were no adverse reactions or events during the DE intervention. No accidents occurred such as falls, cardiovascular events or injury during the intervention or assessments. Of the seven participants, only three participants completed the 10-week DE intervention including the pre- and post-testing and questionnaire (Table 3). One individual completed the pre-test, but did not participate in any of the DE classes due to difficulty in arranging transportation. Another terminated his participation because of health insurance coverage concerns at the hospital unrelated to the study. Another was no longer willing to take part because of discomfort of being paired with another male for certain activities.

Reasons for not taking the post-test include dropout during the intervention period and fatigue from other therapy activities on the date of the test. For some participants, the post-test had to be conducted after the usual six hours of UT in order

not to interfere with the clinical needs of the patient participants and therefore they could not perform well during the tests.

Pre-test and post-test

Fatigue in BI is common, which was evident in the decrease distance in the post measurements. When measuring fitness in BI patients, we had to take into account any disabilities and/or impairments such as vertigo and being unable to walk or stand. While measuring cardiovascular fitness, accommodations were made for participants who used wheelchairs and walkers through measuring the distance wheeled or walked with the mobility aid.

Due to the small sample size, no statistically significant differences were found between pre-test and the post-test in balance, cognitive function or cardiovascular function. However, trends indicate improvement in these measures (Table 4).

Subject	Pre-test	Dalcroze Class												Post-test	Attendance Rate
		1	2	3	4	5	6	7	8	9	10	11	12		
1	√		√	√	√	√	√	√	√	√	√		√	√	100%
2	√	√	√	√	√	√	√	√	√	√	√	√	√	√	100%
3	√	√	√	√	√	√	√	√	√	√	√	√	√	√	100%
4	√	√	√	√	√										50%
5	√														0%
6	√		√	√	√		√	√		√	√				70%
7	√	√	√	√	√	√									60%
														Pooled: 47/70 = 67%	

Table 3: Attendance and rate of participation¹

¹ The check mark (√) represents attendance on the specified date. Subject 5 did not attend the DE class, but only participated in the pre-test. Attendance rate is based on the completion of 10 classes over six weeks. Post-tests occurred after attendance of 10 classes, after which participants were free to participate in any remaining classes.

	Pre-test (all, n=7)	Pre-test (study completers; n=3)	Post-test (study completers; n=3)	p-value (study completers; n=3)
Static posture				
AP sway (mm)	*	3.0 (1.55)	0.745 (0.274)	0.358
ML sway (mm)	*	3.44 (3.45)	1.35 (0.211)	0.34
AP sway during CB (mm)	*	4.38 (4.56)	3.42 (3.54)	0.82
ML sway during CB (mm)	*	4.58 (4.58)	3.41 (2.55)	0.15
Cognitive and affective				
MOCA	23 (4)	22 (2.08)	25 (3.22)	0.22
CESD-R	23.1 (23.1)	24 (31.56)	26 (33.2)	0.72
TMT-A (s)	53.0 (22.4)	71 (7.55)	67 (2.83)	0.874
TMT-B (s)	76.5 (25.6)	68.5**	95.5 (75.73)	
Verbal Fluency (#words)	13.0 (4.5)	16 (2.64)	17 (1.41)	0.77
Reaction Time (ms)	385 (100)	361 (16.4)	337.6*	
QOL Cognitive	23.5 (12.1)	26 (11.8)	27 (4.5)	0.85
QOL Upper extremity	37 (4.8)	34 (5.57)	38 (3.46)	0.19
QOL Lower Extremity	29.5 (12.2)	22.7 (14.8)	26 (12.8)	0.11
Cardiovascular				
6MWT (m)	229 (123)	120 (15.7)	94 (19.1)	0.19
HR after 6MWT (bpm)	73 (9.0)	72 (8.96)	69.3 (1.15)	0.68
RPE	9.5 (3.8)	11.7 (4.5)	14 (2)	0.42

Table 4: Postural, cognitive, affective, and cardiovascular measures²

² **AP** = anteroposterior direction of body movement; forward-back sway (Raymakers, Sampson & Verhaar 2005); **ML** = mediolateral direction; side-to-side sway; **mm** = millimetres; **CB** = counting backwards, a dual task challenge; **MOCA**: Montreal Cognitive Assessment. The total possible maximum score of MOCA is 30 points; a score of 26 or above is considered normal. **CESD-R**: Center for Epidemiological Studies Depression Scale- Hopkins Revision. A score <15 display no depressive symptoms, 15-21 mild to moderate depression and > 21 possibility of major depression. **TMT**: Trail making test. Longer TMT-A or -B times reveal greater impairment. TMT-A greater than 78 seconds is considered of concern; TMT-B over 273 seconds is considered of concern. **Fluency**: Average number words generated during F, A, S, and Animal names.

Exit survey and informal feedback

One participant completed the exit survey. The participant strongly agreed with the following statements: DE was helpful for my rehabilitation; I enjoyed the class; DE would be helpful to other patients; I would recommend DE to others; I would take more DE classes. The majority of the verbal feedback received during or after the DE classes was positive. Participants enjoyed the interpersonal interaction and the music amongst the group.

The participants raised the issue that the DE classes only consisted of male participants and had fewer participants than expected. This was a serious concern for one who ended his participation before the end of the tenth week due to being paired with other males for certain activities.

Other issues

The DE classes occurred in a conference room that had adequate space for the movement activities, but was adjacent to the audiology clinic and other conference rooms. The music caused some complaints from these neighbouring rooms. Also, the conference room was far away from the TLC clinic and required extra time for transportation to and from class.

DISCUSSION

We set out to determine whether Dalcroze Eurhythmics (DE) was a feasible intervention to engage cognitive function, postural control and cardiovascular fitness in brain injury patients. DE was a feasible intervention for post-acute rehabilitation patients and the participants enjoyed the DE classes. However, there were many challenges with programme delivery and

participation in implementing this group-based intervention in a clinical setting. We found that a close collaboration with clinicians, participants' perspectives of the benefits and caregiver support would be important for success of the intervention. Not unexpectedly, DE was not an effective intervention at the dose given. An extended intervention may be needed to achieve clinically significant improvement in balance, cognition and cardiovascular fitness.

Feasibility of programme delivery

The participants were able to give consent and participate in the classes. The challenge of meeting the needs of a multiple patients of mixed levels of physical function in a group setting was overcome through the assistance from student volunteers, as well as the design of the activities. As one participant dropped out due to concerns about medical insurance unrelated to the study, proactively addressing concerns unrelated to the study may improve attendance. Both male and female participants in the intervention may be necessary in order to provide social variety.

The classes included many non-patient participants. Some activities that require working in small groups benefitted greatly from the extra people who could give each participant individual attention. The additional persons provided social stimulation as well as required additional visual attention during various navigational tasks that simulated daily life. Also, the participants asked for more social variety. Although the addition of several people could potentially have interfered with the class, non-patient participants facilitated the participation rather than detracted from it. Finding volunteers to help with the classes is likely to be a key part of future delivery of the programme for this population.

Feasibility of testing procedures and research methods

Many testing procedures were modified for participants using wheelchairs, who otherwise would not have been able to perform tests of motor function as designed. Of note, the motor deficits led to extraneous body movements when verbalising during postural tasks. Therefore the postural sway during a verbal dual task needs to be interpreted with caution. Fatigue from the daily UT can also confound test results. The testing time and other

task. Number of words generated under 17 indicates concern, although 14 is sometimes used as a cut-off. **ms**: milliseconds; **QOL**: Neurological Disorders Quality of Life. High QOL scores indicate more desirable self-reported health.

Subject 1 and Subject 3 decreased distanced travelled in six minutes because they participated in swimming and other fatiguing activities earlier in the day before the post-test. **HR** = Heart Rate; **bpm** = beats per minute; **6MWT** = Six minute walk/mobility test (Crapo et al. 2002; Mossberg 2003). **RPE** = Ratings of Perceived Exertion, a scale of six to 20 (Borg 1970). *Only the post-test completers completed the standing balance test; **Only one person completed.

research activities would need to be built into the treatment time, so that this activity does not occur outside of the daily therapy hours.

Musical perceptual ability could easily influence both the willingness to participate in the intervention as well as the efficacy. However, we did not have any measure of participants' musical abilities pre-injury or post-injury and were not able to measure this in our study due to lack of an instrument for music perception suitable to our population. In the future, this assessment would better inform the design of the activities as well as its efficacy.

In addition to the current feasibility study of pre- and post-testing of physiological function and outcomes due to the intervention, a qualitative study of participants' attitudes, interests and experiences would have yielded useful information for improving the programme delivery and study design for the future. Psychotherapy based on dance movements has been used to address the psychosocial aspects of illnesses (Meekums, Karkou & Nelson 2015), but this intervention has not been fully investigated in brain injury patients. The interactive nature of DE likely provides this psychosocial benefit as well. This benefit will need to be investigated in future studies.

Recruitment and retention

The study sample size was smaller than expected. This smaller sample size was in part due to the nature of the study population that is transitioning from the hospital to the home. We only recruited from transitional care patients, rather than inpatients or outpatients. Some of the potential participants needed to travel from home to receive therapy. For them, the arrangement of transportation for the pre- and post-tests was difficult. Since the pre- and post-tests needed to occur outside of the therapy time, additional transport arrangement was needed and often not possible. This made enrolment into the study difficult.

The intervention competed for time during UT and therefore the clinicians did not actively recommend DE in place of UT due to other clinical needs. To address these challenges, future studies need to expand the sample to include inpatients or outpatients. Also, it is crucial for clinical and non-clinical staff to be further informed of the potential benefits and the requirements of the study. The support of the family, non-clinical facility staff, and from care coordination, transportation and personal

assistants, is critical for the encouragement and support to continue participation. Furthermore, transportation of commuting patients would need to be arranged prior to the start of the study. The participants' perspective of the benefits of the study is also important. In this study, informing the participants about the independence of the research study from the clinical care or insurance reimbursement issues may have helped with retention.

Future work needs to consider factors that determine dropouts from the programme and how changing those factors may increase participation and retention. Also, as these transitional care patients move back home, studying the effects of DE on this transition process, such as adjustment, social ties, and managing disabilities may better inform future programme delivery.

Intervention dose

To our knowledge, ours is the first study of DE as an intervention for brain injury patients. Without a *priori* knowledge, the dose was based on the constraints of the study. The effective dose amount is not yet known. In our study, DE was offered over 10 classes, twice a week, for 50 minutes a day, a total of 10 hours over 6 weeks. Trombetti et al. (2011) used an intervention for a total of 24 hours over 6 months to produce a large reduction in fall rates. An extended intervention may therefore be needed to achieve clinically significant improvement in balance, cognitive and cardiovascular fitness in patients with TBI. Since the intervention occurred simultaneously with UT, a control group is needed to measure efficacy of DE alone. It is not clear if DE can indeed replace some UT, or work best in addition to it.

Conclusion and future work

In conclusion, DE was a feasible intervention in a group of male brain injury patients of mixed physical function levels. This group responded well to the use of recorded music of their choosing to cue the activities and the use of props. Group-based intervention in a mixed functioning group was successful with helpers who provided social variety. An extended intervention is necessary to determine the dose needed to see improvements in function. It is likely this will need to be an outpatient setting where patients can participate for a longer duration. Support from all stakeholders in the

patients' welfare is critical for offering a novel intervention, including clinicians, coordinators, staff and caregivers.

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**SPECIAL ISSUE**

Dalcroze Eurhythmics in music therapy and special music education

Article

An exploratory study of flow and enjoyment in a Dalcroze Eurhythmics-based intervention for seniors in Mexico

Elda Nelly Treviño & Javier Álvarez Bermúdez

ABSTRACT

In the past decade there has been an increasing demand for Dalcroze Eurhythmics sessions for seniors in Europe and the United States. However, in Latin America there is currently no established programme for this population. The effect of six sessions of a Dalcroze Eurhythmics-based intervention during three weeks was evaluated with a group of nine people (six women and three men), with a mean age of 69.8, using representative exercises of Dalcroze Eurhythmics to assess the 'state of flow', as described by Csikszentmihalyi using a Spanish version of the SFSS scale, and the level of enjoyment of the physical activity according to the PACES scale by Kendzierski and DeCarlo (abbreviated version). A single-group design assessed all variables following the first session and after the intervention. The results obtained from all the indicators of the PACES were identical after session 1 and at the end of the intervention. In contrast, the results of the measurement of three of the nine components of the SFSS vary slightly after session 1 compared to those post-intervention. The results of the remaining six components do not vary. Overall, the results suggest there is a need to review the effectiveness of the administration procedure of the scales.

KEYWORDS

flow, Dalcroze Eurhythmics, enjoyment, seniors, optimal experience, music, movement

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INTRODUCTION

One of the most popular leisure activities for the population of the third and fourth ages is music making in different settings such as choral singing (Clift & Hancox 2010; Särkämö et al. 2013) and playing instruments (Seinfeld et al. 2013; Sung et al. 2012). Through music making, people create musical social networks which have positive implications for physiological and psychological health (Smith & Christakis 2008). Moreover music making increases states of happiness (Litwin & Shiovitz-Ezra 2011). These musical groups serve as a support for social exchange in a secure context. Furthermore, such activities around music help seniors to recover energy, a sense of life and joy, hence improving their self-perception of wellbeing (Creech et al. 2013). A form of music making for seniors which has been broadly practised in Europe in the past decade, particularly in Switzerland, is Dalcroze Eurhythmics (Kressig, Allali & Beauchet 2005; Trombetti et al. 2011).

Émile Jaques-Dalcroze (1865-1950) designed an active music teaching method named Eurhythmics or Rhythmics, which is based on rhythmic training through body movements (Jaques-Dalcroze 1921). This method stands for a holistic approach and is divided into four areas: Rhythmics (Eurhythmics), Solfège Rhythmique, Improvisation and Plastique Animée (this area of study works on the body representations of the essence of a piece of music). During the sessions the participants listen, feel and express the music (either recorded or improvised by the teacher at the piano) with their body movements, developing their innate musicality. By feeling the body as a musical instrument, the person feels and transmits musicality through the stimulation of motor skills (Bachmann 1991).

After the selection of a subject or theme for the session, the practitioner designs the activities in a carefully sequenced manner. By using verbal and musical instructions, the practitioner directs the session from the piano while the participants respond to the aural stimulus or verbal commands with their bodies and voices (Thomsen 2011). A series of exercises, starting with an introductory phase, performed individually and in groups is executed by the participants in order to achieve proficiency in a specific skill (rhythmic, melodic, formal or expressive). Part of the session is devoted to free or directed improvisation of body movement sequences, vocal melodic lines, and the creation of plastiques animées, when – generally at the end of the session – the group ‘performs’ a musical piece of standard literature with bodies and

voices (Nedelcut 2009). During the early stages of training, the four areas of the method are integrated in the same session as just described. However, professional training for those who aspire to become Eurhythmics teachers involves more specialised study in these four areas. Since performing live improvised music is a distinctive feature of Dalcroze Eurhythmics sessions, the teacher must love his instrument and be an expert improviser. Even though the piano remains the instrument used most frequently in Dalcroze Eurhythmics sessions, other instruments may also be included (Bachmann 1991).

The idea of considering the person as a single entity stands in opposition to Cartesian dualism, which separates mind and body. Jaques-Dalcroze proposed a new form of exteriorising and interpreting music through the entire body using the senses: kinaesthetic, auditory and visual (Juntunen & Westerlund 2011). The concept of flow in movement used by Jaques-Dalcroze is closely related to the Greek idea of rhythm. The Greek roots of the word rhythm mean *flow*, understood as the fluctuations of movement. Jaques-Dalcroze defined rhythm as the variations of flow in space (Jaques-Dalcroze 1921).

With the integration of body movements in music education, the perception of sensory information increases, thus creating musical perceptions. Once those perceptions are received, the mind organises them through reflection and analysis. This reflection-in-action process happens within seconds whilst the participants attempt to improve their performance according to the demands of the music and the instructions given by the practitioner (Greenhead, Habron & Mathieu 2016). This process requires the mind and body to be maintained in a state of attentiveness towards the interaction of musical elements (Schnebly-Black & Moore 1997). Jaques-Dalcroze developed an equation which describes the main components of rhythm according to his ideas. Good rhythm or flow in music occurs when such components in the equation are in balance; thus *Eurhythmia* emerges (Caldwell 1995: 21).

Since the early stages in the development of Eurhythmics, Dalcroze practitioners have used the method in various settings: educational (for children, young adult music students, adults in general), scenic arts and therapeutic (for people with special educational needs and seniors) (Habron 2014). Nowadays the therapeutic aspect of Eurhythmics in gerontology has been broadly practised throughout Europe and some places in the United States (Joviala, Butler & Rose 2015),

Australia (Dalcroze Australia 2016), and Canada (Université Laval 2016); however, Switzerland is the only country in the world where a programme for seniors is well-established. The Institut Jaques-Dalcroze in Geneva provides services to a population of almost one thousand elderly persons regularly attending Eurhythmics sessions in one of its three programmes (Whali-Delbos & Del Bianco 2010).

The elderly population has motivated academic research into Dalcroze Eurhythmics and its relation to the improvement of physical health and wellbeing. In the study of Kressig et al. (2005) stride time was chosen to be the main outcome of gait parameter being associated to falls. Based on the Wilcoxon rank-sum test, the stride-to-stride variability of stride time showed significant increase in the control group who did not perform any exercise routine in particular while performing the dual task of walking and counting backwards to 50. On the other hand, the Dalcroze group who had been taking weekly Eurhythmics classes for 40 years did not show a significant variability in the same dual task. Similarly Trombetti et al. (2011), after a six-month intervention programme of Dalcroze Eurhythmics, found that there was a reduction in stride length variability under dual task conditions (adjusted mean difference -1.4%; $P < .002$), fewer falls at an incidence rate ratio of 0.46, and a lower risk of falling (relative risk of 0.61) in the intervention group compared to the results of the delayed intervention group. In parallel, in this study group, the functional and independence capacities were maintained, their anxiety levels lowered and social relationships improved.

In 2014, Hars et al. published a study which continued that of Trombetti et al. (2011). This work was a longitudinal four-year study of a population of 52 older adults divided in two groups. The first group ($n=23$) attended Eurhythmics sessions regularly during four years whereas the other group ($n=29$) interrupted the sessions after the first year. The outcomes suggested that the first group had more ease at walking and balance. Likewise, this first group performed better than the second one in exercises where the subjects had to sit down and stand up five consecutive times. Nevertheless, to our knowledge there are no previous studies that address the psychological states of an elderly population when experiencing Dalcroze Eurhythmics. Therefore, the aim of this study was to assess (i) the 'state of flow', as described by Csikszentmihalyi, using a Spanish version of the SFSS scale, and (ii) the level of enjoyment of

Dalcroze Eurhythmics in a population of seniors in Mexico.

Csikszentmihalyi (2014) defines the state of flow as a psychological state in which the person feels at the same time cognitively efficient and capable, motivated and happy; this implies that this optimal experience has positive connotations and is found mainly in artistic, learning and sports activities (Engeser 2012). Furthermore, the state of flow applies to daily activities. The state of flow is a dynamic equilibrium between the perceived action capacities and perceived action opportunities regardless of the context of the action (Csikszentmihalyi 2014). However, this state of happiness is *a posteriori*, because whilst individuals perform tasks they are completely immersed, only becoming aware of their feelings after the action is completed. This gratifying experience goes through consciousness, is stored in the memory and recovered later (Csikszentmihalyi 1988).

Jackson & Marsh (1996: 18-20) list nine components of the state of flow:

1. The self-perception of the individual of his own abilities is in agreement with the challenges of the activity
2. Union/fusion between the action and the consciousness of doing it (becoming one with the activity)
3. Clear and definite goal of the activity
4. Immediate and clear feedback
5. Concentration and focused attention
6. Sense of control over the activity
7. Loss of self-consciousness ignoring what others think about oneself
8. Distortion of time perception
9. Autotelic or gratifying experience

There are several aspects of Dalcroze Eurhythmics which offer a wide variety of opportunities to experience every dimension of the state of flow. Every session has a clear and definite goal; the instructions given by the practitioner are clear and addressed to execute a specific rhythmic, melodic or expressive exercise (Thomsen 2011). The physical responses (actions) around the musical signals are almost automatic and are preceded by an intelligent decision made instantly. The ability of a person to adapt may be refined and enriched to achieve maximum autonomy (Bachmann 1991).

During all the sessions there are several activities executed individually and simultaneously with other members of the group. Likewise there are group activities which divide the responsibility of the success of the exercise among all the members. Therefore, by comparing themselves to others, participants realise how well they are doing (Nedelcut 2009). Since the exercises require motor responses such as incitation and inhibition, together with vocal responses, the individual must be completely immersed in the activities (Anderson 2012). If that is the case and the person has a 'peak experience' of deep concentration and joy during the Eurhythmics session, then the person is in the state of flow, whether a child (Custodero 2005) or an adult (Habron, Jesuthasen & Bourne 2012; Parente 2013; Van Der Merwe 2015).

In addition, in Dalcroze Eurhythmics, the practitioner fosters an atmosphere of collaboration and self-expression, allowing participants to feel free without being judged by others (Sun 2012). The gratifying experience produced in the psychological state of flow is a joyful experience. Since Dalcroze Eurhythmics is an intellectual, psychological and physical experience, the enjoyment produced by moving the body with music can be measured using the Physical Activity Enjoyment Scale (PACES) (Kendzierski & DeCarlo 1991). Among the psychological states related to enjoyment in physical and sports activities, the optimal state is one of them, which drives the person to execute the activity with intrinsic motivation and for the joy of doing it. This scale is oriented to physical activity in general in different contexts and relates to the positive sensations produced by practising any physical activity in various areas (Fernández García, Sánchez Bañuelos & Salinero Martín 2008). This is the first study to use the PACES scale to assess the enjoyment of physical activity experienced by a population of Mexican older adults during Dalcroze Eurhythmics sessions. Even though Dalcroze Eurhythmics is a mind-body activity and it is considered a holistic experience (Bachmann 1991), the results obtained from the Short Flow State Scale (SFSS), which measures the state of flow as a single construct (Jackson & Eklund 2010), were enriched by those obtained from the PACES scale which specifically measured enjoyment in relation to the physical component of the intervention. The research questions of this study were (i) to what extent do older adults experience the state of flow in Dalcroze Eurhythmics sessions, and (ii) to what extent do they enjoy the physical activity involved in Dalcroze Eurhythmics in itself?

METHOD

This exploratory study has a single-group design with assessments after session one and after session six of the intervention.

Participants

The participants were recruited by the Association La Divina Providencia ABP, which is a private charity institution in Monterrey, Nuevo León, Mexico. A total of nine people (six women and three men) from a very low socioeconomic and educational background were recruited and attended the entire intervention programme. The inclusion criteria for the participants were that they had to be at least 60 years of age, that they were able to walk without an external aid, and that they were willing to participate in the study. The mean age of the group was (M=69.8) and the average number of years of education was (M=2.7).

Materials

During the intervention phase the following materials were used: a small electronic keyboard, a chair and a pair of wooden sticks for each participant, a plastic ball, a hand drum, live improvised vocal and piano music, traditional Mexican folk songs sung by the participants, recorded music such as songs by Francisco Gabilondo Soler, Big Band and orchestral suites by J.S. Bach.

Measures

The participants were administered a version of the SFSS (Short Flow State Scale) of nine items, each measuring one of the dimensions of the state of flow. The Spanish version of the scale was adapted by the first author (Treviño). The instructions of the questionnaire were written in a manner suitable for the participants to recall or remember their experience in their 'music and movement' sessions (Dalcroze Eurhythmics). Participants rated items on a Likert scale ranging from (1) Never, to (5) Always. In addition, a short Spanish version of six items of the Physical Activity Enjoyment Scale (PACES) scale was administered to participants in order to report their enjoyment in the sessions. Items 1 to 3 of the PACES correspond to the dimension 'primary motivation' of the enjoyment variable. The beginning of the statement of these three items was, "My music and movement session...". The indicator of item 1 is interest in the activity, which in this case could be related to curiosity since all of

the participants had never participated in a Dalcroze Eurhythmics session before. The indicator "I like" of item 2 refers to how well the subjects felt during the sessions. Furthermore, item 3 refers specifically to how enjoyable the experience was.

In contrast, items 4 to 6 correspond to the dimension 'positive affect'. In these three items the beginning of the statement was, "When I participate in my music and movement session...". Item 4 refers to either feeling physically well or unwell. Item 5 relates to how active or inactive the participant felt during the music and movement session. Finally, item 6 describes whether the participant felt self-fulfilled or not during the session. There are two factors extracted according to the semantic meaning of the items which explain the enjoyment: primary motivation (Factor 1) and enjoyment (Factor 2). Factor 1 comprises three items related to intrinsic motivation to execute the activity and Factor 2 comprises three items related to the enjoyment during the activity, hence incorporating an affective component. The items were presented as oppositions: number (1) presented positive statements related to interest, enjoyment, physical wellbeing and emotions of self-fulfilment in relation to the session; and number (2) presented the negative versions of (1).

Procedure

The intervention phase consisted of six one-hour sessions of Dalcroze Eurhythmics twice a week for three weeks. Consent forms were provided by the association according to its ethical and privacy standards and all participants gave their informed consent to participate.

Since the educational background of most of the participants was very low, the SFSS and PACES scales were administered orally. These scales were administered after the first and sixth sessions.

The structure of each session was as follows:

- Introduction (10 minutes): the participants stretched arms, legs, neck and back in a relaxed and free manner then repeated similar movements following a given pulse.
- Movement sequences (10 minutes) with a given pulse: the participants were seated and indicated groups of three, four, six or eight beats touching different parts of their bodies with variations of tempo. The practitioner demonstrated and the participants imitated; then one participant became the leader and the others imitated.



Photograph 1: Free movement improvisation

- Walking beat patterns (10 minutes): exercises varied from walking at different tempi and changing direction with phrases, to walking or standing simultaneously with a specific aural signal such as a sound or a rest.
- Auditive discrimination (10 minutes): whilst seated, the participants performed a specific body movement after listening to a precise aural stimulus. If the stimulus was a rhythmic pattern, they repeated it by clapping it their hands or using rhythm sticks.
- The activities for the remaining time of the session varied among the following:
 - Passing the ball in a circle: the participants were seated and passed a ball at the beginning of each measure (of three or four beats), or passed a ball following the pulse according to the tempo of the music. Furthermore, they were required to change the direction of the ball in the circle at the signal.
 - Free movement improvisation: the participants were standing and moved freely while they listened to a given musical excerpt (Photograph 1).
 - Dance: the participants created group-dance movements to display the form of a piece of music.
 - Hand games: the participants were seated in pairs and played with their hands following specific movement patterns given by the practitioner (Photograph 2).

- Song singing: the participants learned traditional Mexican folk songs. As they sang, they indicated the pulse or a specific rhythmic cell whilst touching a part of their bodies.



Photograph 2: Hand games

RESULTS

Variable: Enjoyment (PACES)

Figure 1 shows the results of the assessment of the PACES variables after session 1 compared to those after session 6. These results present no difference before and after the intervention. According to Figure 1, each item of the scale is presented as a pair to illustrate the results before the intervention (the first item of each pair) and after it (the second item of each pair). $M=1$ in all the indicators could be interpreted as an experience of primary motivation towards the music and movement sessions (items 1 to 3). In parallel, items 4 to 6 with $M=1$ suggest a positive affective component towards the Dalcroze Eurhythmics sessions both at the beginning and at the end of the intervention.

		Mean	N	S/D.	Standard error of the difference
Pair 1	My music and movement session...	1,0000 ^a	9	0.00000	0.00000
	My music and movement session...	1,0000 ^a	9	0.00000	0.00000
Pair 2	My music and movement session...	1,0000 ^a	9	0.00000	0.00000
	My music and movement session...	1,0000 ^a	9	0.00000	0.00000
Pair 3	My music and movement session...	1,0000 ^a	9	0.00000	0.00000
	My music and movement session...	1,0000 ^a	9	0.00000	0.00000
Pair 4	When I participate in my music and movement session...	1,0000 ^a	9	0.00000	0.00000
	When I participate in my music and movement session...	1,0000 ^a	9	0.00000	0.00000
Pair 5	My music and movement session...	1,0000 ^a	9	0.00000	0.00000
	My music and movement session...	1,0000 ^a	9	0.00000	0.00000
Pair 6	My music and movement session...	1,0000 ^a	9	0.00000	0.00000
	My music and movement session...	1,0000 ^a	9	0.00000	0.00000

The correlation and T value cannot be calculated because the typical error of the difference is 0.

Figure 1: Scores of the Physical Activity Enjoyment Scale (PACES) after sessions 1 and 6 of the intervention

Variable: State of Flow (SFSS)

As shown in Figure 2, the components of the state of flow are integrated in the items of the scale in the same order as the ones listed previously (one component per item). Similar to Figure 1, Figure 2 lists the items in pairs (both items read the same in each pair) in order to present the scores obtained before and after the intervention for each item. The following components rated the same after session 1 and after the intervention ($M=5$): concentration/total attention (item/component no. 5), loss of self-consciousness or ignoring what others think about you (item/component no.7),

distortion of time perception (item/component no. 8), autotelic or gratifying experience (item/component no. 9). The component 'perception of the individual's own abilities is equal to the challenges of the activity' (no.1) rated ($M=4.77$) after session 1 and after the intervention. Likewise, the component 'union/fusion between the action and the consciousness of doing it: becoming one with the task' (no.2) rated ($M=4.44$) after session 1 and after the intervention.

On the contrary, the component 'the action has a clear and definite goal' (no. 3) rated ($M=4.44$) after session 1 and ($M=4.66$) after the intervention.

Similarly, the component 'immediate and clear feedback' (no. 4) showed a slight difference after the intervention. It rated (M=4.77) after session 1 and (M=4.66) at the end of the last session.

Furthermore, the component 'sense of control over the activity' (no. 6) rated (M=4.77) after session 1 and (M=5.00) after the intervention.

		Mean	N	S/D	Standard error of the difference
Pair 1	I felt competent enough to fulfil the challenges of the class	4.7778 ^a	9	.66667	.22222
	I felt competent enough to fulfil the challenges of the class	4.7778 ^a	9	.66667	.22222
Pair 2	I did the activities spontaneously and automatically without thinking about them	4.4444 ^a	9	.88192	.29397
	I did the activities spontaneously and automatically without thinking about them	4.4444 ^a	9	.88192	.29397
Pair 3	I had a strong sense of what I wanted to do	4.4444	9	1.13039	.37680
	I had a strong sense of what I wanted to do	4.6667	9	1.00000	.33333
Pair 4	I had a clear idea of my performance when I did the class	4.7778	9	.44096	.14699
	I had a feeling of total control of what I did	5.0000	9	0.00000	0.00000
Pair 5	I was completely concentrated in class	5.0000 ^a	9	0.00000	0.00000
	I was completely concentrated in class	5.0000 ^a	9	0.00000	0.00000
Pair 6	I had a feeling of total control of what I did	4.7778	9	.66667	.22222
	I had a feeling of total control of what I did	5.0000	9	0.00000	0.00000
Pair 7	I did not worry about what others thought of me	5.0000 ^a	9	0.00000	0.00000
	I did not worry about what others thought of me	5.0000 ^a	9	0.00000	0.00000
Pair 8	The way time passed was different from usual	5.0000 ^a	9	0.00000	0.00000
	The way time passed was different from usual	5.0000 ^a	9	0.00000	0.00000
Pair 9	My experience was highly satisfying	5.0000 ^a	9	0.00000	0.00000
	My experience was highly satisfying	5.0000 ^a	9	0.00000	0.00000

a. Correlation and T value cannot be calculated because the typical error of the difference is 0

Figure 2: Mean scores of the Short Flow State Scale-2 (SFSS) assessment after sessions 1 and 6 of the intervention

DISCUSSION

Since the first session of the intervention, the behaviour of the participants suggested an attitude of excitement, enjoyment and positive expectation towards the intervention. These emotions were registered in the responses of the PACES. As mentioned earlier, the participants came from a very vulnerable sector of society and all but one had never participated in a structured musical activity in their lives. The purpose of this study was to register the level of enjoyment and state of flow the participants experienced during a musical-physical activity, in this case Dalcroze Eurhythmics, rather than recording accuracy or rhythmic precision. This purpose relates to the ideas of Jaques-Dalcroze himself who, through his teaching approach, invited participants to liberate feelings of freedom and joy in the form of innate responses to music (Habron 2014). Even though the manner in which the participants performed the activities during the sessions was not rigorous in musical

terms, their positive emotions of joy and their focus on the activities themselves were evident throughout. In each of the six items of the PACES, all the participants answered positively to all of the questions both after the first session and after the last one. These results relate to those obtained by Lewis et al. (2014), who found that social dance sessions (a musical-physical experience) have beneficial effects on the mood of older adults, both healthy and with Parkinson's disease.

The results of the SFSS questionnaire provide some insight about the self-perception this group had in relation to the 'state of flow'. Item 1, which relates to the dimension of self-perception of competence to master the demands of the activities, rated M=4.77 both after session 1 and at the end of the intervention. This result suggests that the perception of the degree of difficulty or challenge of the exercises they performed was equal to their level of musical and physical skills at that time; therefore, the subjects felt competent enough to perform them.

Item 2 related to the dimension 'total union and fusion with the activity' rated $M=4.44$ before and after the intervention. This is the dimension that scored the lowest in comparison to the others. This result possibly indicates the fact that the experience in itself was completely novel to the participants and the types of activities to be performed were not familiar for the group in general. The scores of item 3 presented a slight variation at the end of the intervention ($M=4.66$) in relation to the beginning ($M=4.44$). This dimension describes the clarity or sense the subject has about the goals of the activity. This variation of the results was expected because the group had more experience with certain types of exercise towards the end of the intervention; therefore, the subjects understood better the purpose of the activities and had a more definite understanding of how to perform them. Regardless of the type of musical activity and type of music involved, the individual experiences a state of flow when his goals are clear during the performance (Cardoso de Araújo & Amaral 2011). Alongside this, there is an opportunity for the practitioner regarding the elucidation of the instructions to ensure that the subjects have a clearer idea of the actions to perform and their goals.

The dimension 'clear and immediate feedback' during the performance of the activity (item 4) was the only one which scored lower at the end of the intervention ($M=4.66$) in comparison to the score after session 1 ($M=4.77$). This result is possibly due to the increasing collective consciousness the subjects developed throughout the intervention and the rise in the self-consciousness each of them had in relation to how well they performed the exercises. The more sessions they had, the more self-awareness they developed about their own performance. Moreover, this result could also be understood by the fact that during the first three sessions more exercises were performed individually rather than in groups, which sheds light on future planning of the interventions. Nevertheless, the dimension 'sense of control over the activity' in item 6 scored $M=4.77$ after session 1 and $M=5$ at the end of the intervention. This fact is noteworthy because, similar to item 3, it suggests the participants felt more comfortable with the activities, had a clearer idea about the action itself towards the end of the intervention and felt more in control of the situation. This result is reinforced by the findings of Marin and Bhattacharya (2013) whose study showed that the state of flow is predicted by the amount of time of daily practice (of an instrument) and the emotional intelligence of the

individual.

The dimensions 'total concentration' (item 5) and 'distortion of time perception' (item 8) scored $M=5$ after session 1 and at the end of the intervention. These results relate to those obtained in the PACES that are associated with primary motivation and positive affect towards the sessions. In fact the participants verbally expressed their disappointment once each session finished because they all wanted it to last longer. Likewise both the dimension 'loss of self-consciousness and ignoring what others think about oneself' (item 7) and the dimension 'autotelic or gratifying experience' (item 9) rated $M=5$ after session 1 and at the end of intervention. These results suggest the participants had a very positive experience throughout the intervention regardless of their real limitations of musical and physical abilities to perform the exercise. Furthermore, these results relate to the original concept of Csikszentmihalyi, which states that flow experiences happen in a positive context and contribute to the self-perception of wellbeing (Massimini & Carli 1988). However, even though they had no prior formal musical training, the participants seemed to have a sensitive musical ear during the auditory discrimination activities and showed tacit music knowledge, reflected in the songs they sang, which they knew in advance. Their overall self-perception was positive in both variables: enjoyment and flow.

LIMITATIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH

Since the results report very small or no variation in the scores of the assessment after session 1 compared to those after the intervention (session 6), it is important to analyse the manner in which these scales were administered and consider the possibility of changing this procedure for future studies. Among the changes, it is worth considering the administration of the scales before session 1 in order to provide more reliable results. Moreover, the use of a Likert scale with fewer options for answers – three instead of five – could make it easier for participants to express their experience.

Other limitations of the study comprise the small size of the population, the similarity in educational background and socioeconomic level of all the subjects, the absence of information regarding the cognitive decline of the participants (no measurement scales were administered here), the short time period of the intervention and the sole use of descriptive statistics.

Furthermore, more ease and spontaneity could be achieved in the sessions once the participants are exposed to Eurhythmics for longer periods of time and once they become more integrated as a group. For this reason, it is important to consider the incorporation of more group or partner activities from the first session onwards in similar future interventions. In this manner, the dynamics of the sessions would facilitate a natural and immediate feedback during the execution of the activities and nurture new social relationships among the members of the group. Furthermore, this goal would be achieved more easily if in future studies the intervention lasted for a longer period, thus potentially creating stronger affective bonds among the participants.

In addition to these specific considerations about the Eurhythmics sessions in themselves, it would be desirable to consider the meanings of healthy ageing that older adults have and their self-perception about their performance in cognitive and physical activities. Therefore, the music and movement sessions for older adults could be addressed to strengthen specific abilities in the cognitive and physical dimensions (Laditka et al. 2009).

CONCLUSIONS

To our knowledge there are no previous studies that address the psychological states of an elderly population when experiencing Dalcroze Eurhythmics. Therefore, this exploratory study set out to assess (i) the 'state of flow', and (ii) the level of enjoyment of Dalcroze Eurhythmics in a population of seniors in Mexico. Although no definite conclusions can be drawn after the outcomes of this study, it suggests that with music and movement, people experience high levels of the state of flow as described by Csikszentmihalyi. Furthermore, the overall positive results of this study encourage future research regarding the effects of Dalcroze Eurhythmics in this population including measurable variables in different domains such as cognition, or comparative studies considering, for example, two populations with different inclusion criteria. For these reasons, there is a considerable area of opportunity for future research in the work of Dalcroze Eurhythmics and older adults.

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**SPECIAL ISSUE**

Dalcroze Eurhythmics in music therapy and special music education

Article

A conceptual discussion of embodiment in special music education: Dalcroze Eurhythmics as a case

Sanna Kivijärvi, Katja Sutela & Riikka Ahokas

ABSTRACT

Students with Special Educational Needs (SEN) have difficulties in learning, perception and communication that often pose challenges for participation in traditionally organised music lessons with instruments. Embodied approaches to music education concentrate on utilising body movements to create and enhance learning. As embodied musical activities are drawn from the personal experiences of the students, it is possible to meet the diverse needs of learners efficiently. In this article, we provide introductory remarks on the conceptual content and sphere of embodiment in the context of special music education. We use Dalcroze Eurhythmics as an example, as it is deeply grounded in embodied music making and has a long history of being applied in this area.

KEYWORDS

embodiment, special music education, special educational needs, Dalcroze Eurhythmics

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INTRODUCTION

Movement is an inseparable part of music. Some approaches to music education, such as Dalcroze Eurhythmics, Orff Schulwerk and the Kodály method, emphasise this by focusing – to varying degrees – on the use of body movements to promote and enhance learning. These *embodied approaches* involve various types of music educational activities, including body percussion, music and movement activities, dancing, singing, conducting and relaxation exercises. Within the traditions of phenomenology and praxialism in music education these approaches are theorised by utilising the concept of *embodiment* (Elliott 1995; Husserl 1917/1991; Juntunen & Hyvönen 2004; Merleau-Ponty 1945/1962; Westerlund & Juntunen 2005). Our aim in this article is to provide some opening remarks on the conceptual content of embodiment in the context of special music education; that is, music education for students with Special Educational Needs (SEN) in which the therapeutic and rehabilitative aspects of activities are also considered. We use Dalcroze Eurhythmics as an example as it is deeply grounded in embodied music making and has a long history of being applied in education or therapy with individuals who have special needs.

In this article, we define SEN as exceptionalities in physical or cognitive functions that affect a student's learning and development. These exceptionalities can be either innate or secondary, originating from illness or disability (Kirk et al. 2005). Students with SEN have difficulties in learning, perception or communication that often pose challenges for participation in traditionally organised music lessons with instruments (Kaikkonen 2016). For such students, conceptual and non-experiential music education can be difficult to internalise and understand. However, as music is learned and experienced in and through the interaction of body and mind, it creates a space for communication with others and the environment. Juntunen (2011), for example, suggests that learning, making and experiencing music are possible by using the moving body as an instrument, regardless of one's musical ability. Embodied music making does not require fine motor abilities or the ability to read sheet music. As embodied exercises are student-centred, it is possible to meet the diverse needs of learners efficiently.

Here we discuss the notion of embodiment from the perspectives of music and special education, as well as examining the benefits of embodiment-based exercises for students with

SEN. Ockelford (2000: 200 and 203) notes that music education for such students should have two distinct strands: music “in its own right” (musical skills, knowledge and understanding) and music “to promote wider learning and development” (motor, communication and social skills). Embodied approaches to music education focus on the basic elements of music by combining these two strands in interactive, bodily music making. Previous research suggests that embodied music making has a positive impact on both of these strands: in music in ‘its own right’ and in improving students’ motor, cognitive and social abilities (Ahokas 2015; Ahokas, Burger & Thompson 2014; Cheung 2012; Zachopoulou, Tsapakidou & Derri 2004). The transfer effects are clear in students with SEN, since the impacts are fundamental in terms of their functioning in everyday life (see also Srinivasan & Bhat 2013).

In this article, we focus on one music pedagogical approach, Dalcroze Eurhythmics, that is based on embodied music making. By embodied (or bodily) music making, we refer to music educational activities that are built on body movements rather than specifically instrumental or vocal tuition. As the conceptualisation of embodiment does not have a well-established, precise meaning within special music education, our objective is to introduce the theoretical underpinnings for this notion and illustrate it through an examination of Dalcroze Eurhythmics in practice. Through this focus, we aim to open up a wider discussion of the theoretical and practical foundations and benefits of embodied approaches within special music education.

EMBODIMENT IN SPECIAL MUSIC EDUCATION

There is a growing interest in the body and its relation to knowledge within different paradigms. For instance, traditional Cartesian mind-body dualism, where the body is differentiated from the mind, has been criticised within phenomenology and praxialism. From a phenomenological perspective, the lived body is the basis of all experience and knowledge: *meaning* is not separate from our embodied experiences or the world around us but rather rooted in our experiences (Husserl 1917/1991; Merleau-Ponty 1945/1962; Waskul & Vannini 2006). Meaning making is a process that engages the whole body through perception and reflection (Merleau-Ponty 1945/1962). As Ferm (2008) puts it, “to move one's body is to aim at things through it” (Ferm

2008: 362). It is the person's mindful body, the whole *self*, that plays the piano, sings, dances, plans a new way of teaching music or solves a problem in a challenging learning situation (Sheets-Johnstone 2011). Hence, as Merleau-Ponty (1945/1962) suggests, embodiment is always lived from a first-person viewpoint. The person's physicality and embodiment condition his or her sense of self and experience (Westerlund & Juntunen 2005).

Praxial music education has for two decades emphasised the meaning of *knowing-through-action* (Bowman 2000; Elliott 1995; Regelski 1996). Elliott's (1995) concept of *thinking-in-action* includes the idea of knowing as constructive musical doing as a music maker, listener and experienter. As Elliott (1995) states: "Finally, if the body is in the mind, then it makes perfect sense (as Dalcroze, Orff, and Kodály specialists maintain) that the kinds of moving involved in music making (including conducting) are essential to improving musical understanding, which I have argued, is essentially procedural" (Elliott 1995: 103). According to (Bowman 2000), music learning is the embodied action of perception and reflection (Bowman 2000). Bowman (2000) considers the body as a starting point in the orientation towards the mind, musical cognition and "self-hood" (Bowman 2000: 45).

Polanyi's (1966) concept of *tacit knowledge* is widely acknowledged in the field of music education. This conceptualisation underlines the embodied nature of knowing: we develop and carry understanding through a constant interplay between body and mind when interacting with the world (Polanyi 1966: 33). Thus, learning takes place through forms of action other than logic or language, for example through bodily experiences such as playing the piano, walking and cycling. Applying Polanyi's understanding of knowledge to bodily skills, Parviainen (2000) employs the concept of *bodily knowledge* to refer to knowledge that develops through an individual's interaction with the world and that is more than an awareness of the body's own functioning. Bodily knowledge can be understood as an improved knowing in and through the body, which has a direct connection to bodily awareness, senses, skills and abilities (Westerlund & Juntunen 2005). Such bodily awareness is the focus of somatic practices, such as Feldenkrais, which seek to help participants develop self-awareness and retrain movement and thinking habits through engagement in directed physical work and careful self-monitoring. Dalcroze Eurhythmics shares

many of these characteristics and has been theorised as a somatic practice (Greenhead & Habron 2015).

Blacking (1977) acknowledges the social and cultural aspects of bodily experience and understands the body as an instrument for human interaction, as well as an expression of it. He believes that feelings expressed and shared as movements of bodies, even without words, are the basis of mental life (Blacking 1977: 21). This view directs our thinking towards the potential therapeutic and rehabilitative value of embodied approaches in music education, which may contribute to the general wellbeing of participants. The bodily functions we are capable of guide our experiences of the world (Rouhiainen 2003). Hence, the nature of embodied approaches in music education may provide new opportunities for individuals with SEN to have experiences of, for example, joint attention, social reciprocity and shared affect despite their verbal or physical abilities and also give them a chance to express their bodily knowledge and creativity. Parviainen (2002) challenges us to consider the following: "If we agree that the knowledge of a disabled person's lived body is epistemically valuable, we should ask what the disabled know about the moving body that the fully-abled bodies do not" (Parviainen 2002: 17). Following this line of thought, the phenomenon of SEN creates a considerable opening in conceptual considerations of embodiment.

Within the fields of special education and disability studies, the body with exceptionalities has traditionally been presented as an object or "passive recipient of social forces" (Paterson & Hughes 1999; see also Goodley & Runswick Cole 2012; Vehmas 2010). Since the late 1990s, scholars have argued for a more phenomenological approach to the body with "impairments", "disabilities" or "special needs" (Hughes & Paterson 1997; Loja et al. 2013; Paterson & Hughes 1999). Current discourses within special education and disability studies often employ the social model of disability, which is to some extent in line with phenomenology. The social approach emphasises that special needs are a socially constructed phenomenon and sets forth a distinction between *impairment* and *disability* (Goodley & Runswick Cole 2012, 2015; Loja et al. 2013). The term 'disability' refers to consequences of exceptional body functions ('impairments'), viz. the restrictions of an individual to participate in activities considered 'normal' in daily life (Goodley & Runswick Cole

2012). However, people with disabilities still encounter social discrimination – ‘(dis)ableism’ – in everyday social life and are obliged to remain constantly aware of their exceptionalities (Hughes & Paterson 1997).

Within music education settings, we must carefully evaluate the situation to ensure that the students do not face (dis)ableism and that any assistive technology they may use enhances, rather than limits, their opportunities to achieve bodily knowledge. Parviainen (2000: 151) states that the potentials and deficiencies of the moving body are an aspect of *kinesthesia* rather than locomotor skills. Hence, the bodily knowledge of a person with a disability is equally as meaningful as the experiences and bodily knowledge of an individual without any special needs. In our view, embodied approaches in music education see the body as the *subject* of experience. Through this phenomenological approach, embodied music making enhances students’ autonomy, self-awareness and efficacy. Thus, we suggest that embodied approaches advance inclusion in a variety of music educational and social settings by offering equal grounds for every learner.

THE CONNECTION OF EMBODIED APPROACHES TO LEARNING AND COGNITION

The benefits of embodiment-based music education for students with SEN are often comprehensive. In addition to music learning, wider advantages are found in the development of bodily knowing and self-awareness that contribute to self-expression and social skills (Ahokas 2015; Berger 2016; Habron-James 2013; Winsler, Ducenne & Koury 2011; Zachopoulou, Tsapakidou & Derri 2004). As embodied musical activities challenge the participants to control their limbs, trunk and head, they help train, in particular, the bodily control and motor performance of the students (Zachopoulou Tsapakidou & Derri 2004). However, as Habron-James (2013) and Srinivasan & Bhat (2013) also addressed in their work, there is a lack of an established, systematic tradition of research on the effects of embodied approaches to music education with students who have SEN. Therefore, we also rely here on studies conducted with students without any SEN where the research settings and findings are applicable.

The importance of motor performance in the development and appearance of cognitive skills has been widely acknowledged (Colomino &

Romero-Naranjo 2014; Diamond 2012; Forss 2000; Hannaford 1996; Kujala et al. 2012; Long 2014; Michel 2012; Piek et al. 2012; Romero-Naranjo 2013, 2014; Thaut 2005). Individuals with deficits in motor performance (for example, coordination difficulties) have limitations in their *executive functions*, which is a neuropsychological umbrella term for higher-order cognitive functions such as working memory (Diamond 2012; Michel 2012; Streen & Strauss 1998). Motor performance correlates with learning abilities and academic skills (Haapala et al. 2013).

In addition to their direct or indirect impact on working memory performance, embodied music exercises also improve the ability to process new information. The effects of a six-month period of music and movement practice were studied with participants diagnosed with dementia (Cheung 2012). The lessons (30 minutes, twice a week) followed a routine that consisted of beginning and ending songs. The training itself concentrated on encouraging the participants to use their bodies in ways demonstrated by the teacher. The research design used props, such as balloons, to prompt physical movement and singing to enhance fine muscle activation. In the follow-up tests (six weeks after the training period), there were significant improvements in memory functions, and the participants’ symptoms of anxiety and agitation were lowered (Cheung 2012).

Winsler et al. (2011), by contrast, concentrated on the effects of music and movement classes on toddlers. Their main focus was on the effects of the training on self-regulation and/or the ability for ‘inner speech’. The children who participated in the music and movement classes were more capable of both self-regulation and ‘inner speech’ compared to those not included in the teaching (Winsler et al. 2011). The direct impact of embodied musical activities on academic learning is revealed by a study that utilised modelled rhythm-based exercises to improve the participants’ reading skills. After participating in the rhythm-based training period, there were major improvements in the children’s reading ages, that is, their level of reading capability (Long 2014).

The wider effects of embodied music educational approaches for students with SEN vary depending on the learner’s body and motivation. Previous research suggests that embodied music activities improve bodily control, and because teaching often occurs in a group situation, they also have a positive impact on students’ group assimilation skills (Ahokas 2015).

Such activities contribute to stronger self-awareness, which supports identity development. This, in turn, improves the students' ability to perform outside the classroom (Ahokas 2015; Forss 2000; Winsler et al. 2009).

EMBODIMENT IN DALCROZE EURHYTHMICS FOR STUDENTS WITH SEN

Movement plays an essential role in Dalcroze Eurhythmics, an approach to music education, general education and wellbeing, based on the idea that (musical) understanding and learning stem from bodily experiences. Émile Jaques-Dalcroze (1865–1950), who worked as a professor of harmony, solfège and composition at the Geneva Conservatoire, explored the possibilities for including natural movements, such as walking, running and skipping, in music learning processes (Jaques-Dalcroze 1921/1980). Through his experiments, he developed an approach to music education with the aim of enhancing musicianship in particular, and self-awareness, sociability, adaptability and wellbeing in general. Leaning on these ideas, Greenhead and Habron (2015) have explored Dalcroze Eurhythmics as a somatic practice at the core of which lie movement, music and improvisation. They suggest that Dalcroze Eurhythmics offers opportunities “for the tuning up the body–mind, and the tuning together of feeling, thinking and doing” (Greenhead & Habron 2015: 105). They highlight the immediacy of touch in improvised music and assert that the touch-like nature of sound develops the awareness of self, others and the environment (Greenhead & Habron 2015).

Dalcroze practitioners are trained to use the principles of the approach, adapting them to the circumstance (Bachmann 1991; Juntunen 2002). The Dalcroze approach is known at every level of music education, from kindergartens to universities, public and private schools, schools of dance (Johnson 1993), drama (Nathan 1995) and within music therapy and special education (Dutoit 1965; Bachmann 1991). As Jaques-Dalcroze did not provide detailed instructions for practitioners on how to present and create exercises, the approach opens up possibilities for teachers to creatively depart from and vary his original structures (Alperson 1994; Stone 1986). However, typical initial exercises in Dalcroze Eurhythmics might include walking to a pulse, whereby learners entrain to the improvised music of the teacher, being afforded a physical sense of pulse

and developing their awareness of (personal) space. By stopping and starting on commands (musical or spoken), the focus might shift to the inhibition and incitation of movement, in other words sensorimotor control of oneself in terms of time, space and energy. Maintaining the stepped pulse without the aid of an instrument is a further challenge aimed at internalising the pulse, whilst showing accents with a gesture in the upper body, or analysing metre using full-arm gestures might develop such activity in particular directions. Dalcroze activities may also include singing games, dances, and relaxation. Various ways of using gestures and postures are applied in ‘story-telling’ with movement or conducting. In all such exercises, Dalcroze practitioners observe the learners and may modify their improvisation, instructions and lesson planning, according to the students' needs and abilities, responding to the speed and depth of their learning and sometimes taking inspiration from their ways of moving. Learners themselves improvise in movement, vocally and using instruments, an aspect of Dalcroze Eurhythmics that allows spaces for individual and group creativity, expression and the use of imagination. All these activities engage the student's musical body and the senses in action. (Juntunen 2002.)

Dalcroze Eurhythmics therefore emphasises individuality and is highly student-centred; the focus on musical interaction is based on each student's personal abilities and needs (Anderson 2012; Juntunen & Hyvönen 2004; Juntunen & Westerlund 2011). Jaques-Dalcroze's philosophical ideas on education reject Cartesian mind-body dualism and seem to correspond instead with the philosophical ideas of Merleau-Ponty (1908-1961) regarding embodiment. Juntunen and Hyvönen (2004) have argued that the body is a “primary mode of knowing, and that what can be known via bodily experience, while often incapable of being expressed in words, is known at a deeper level” (Juntunen & Hyvönen 2004: 200). As well as according with phenomenological (Merleau-Ponty 1945/1962) and praxialist (Elliott 1995) perspectives, the holistic nature of the musical exercises in Dalcroze Eurhythmics is in line with other philosophical theories that have abandoned somatophobic dualism, including Dewey's notion of experience (1934) and Heidegger's (1927/1962) accounts of facticity and “being-in-the-world”.

A Dalcroze-based learning and teaching process focuses on the development of bodily

knowing, which enables students to manage and refine their movements in other music-related activities such as playing an instrument, singing and conducting (Juntunen 2002; Juntunen & Hyvönen 2004). The goal is for students to illustrate the qualities and dimensions of the music through their bodies, by showing what is heard and felt in terms of time, space and energy (Jaques-Dalcroze 1921/1980). Dalcroze Eurhythmics includes three interrelated ways of learning – rhythmics, solfège and improvisation – which are always present during the pedagogical process. For example, in a solfège lesson, students not only sing but also use rhythmic, expressive movements to create a comprehensive understanding of the musical phenomena at hand, such as studying scales by ‘walking through the scale’ or major and minor chords by showing them with hand movements. According to Sutela, Juntunen and Ojala (2016), students with SEN learn musical elements from and with each other by expressing them as concrete bodily activities, such as finding the pulse with the help of ball bouncing. Improvisation is often utilised to deepen the learning process. After imitating and finding their own way of expressing certain movements, spontaneity and self-expression through improvisation exercises strengthen students’ learning and self-confidence in general. Hence, the goal of these musical exercises is to lead students to a more profound response to the expressive and structural aspects of music (Juntunen 2002).

Music provides an “auditory frame of reference” (Ockelford 2000: 200) for movement, which can be particularly significant for those who face difficulties in understanding visual information presented, for example with Western music notation, due to various types of cognitive, physical or developmental disabilities. In Dalcroze Eurhythmics, the movements students make in response to music can be freely expressive or follow the characteristics of the piece in question. However, it is important to start from where the learner is. Particularly when working with students with SEN, the Dalcroze teacher must have sensitivity and patience in regard to each student’s engagement with the musical interaction. By paying attention to students’ backgrounds, abilities and strengths in musical activities, the teacher can create an atmosphere where every student may express themselves freely (see also Sutela, Juntunen & Ojala 2016). Furthermore, the timing of the reflective and conceptual teaching and learning is something the

teacher must consider carefully, taking into account the skill level of the student or group (Anderson 2012; Juntunen & Hyvönen 2004; Kaikkonen & Kivijärvi 2013; Kivijärvi 2012).

As Dalcroze lessons are expected to form a logical developmental process and be characterised by a cyclical and spontaneous flow (Alperson 1994), it gives the teacher possibilities to make divisions between easier and more difficult tasks within one group and thus enable participation of diverse learners. Students may work in pairs (with an assistant or a peer) or in small groups and thus enhance their peer-learning and enjoy the joy of collaboration. Some previous research studies have focused on the application of Dalcroze Eurhythmics with students with SEN. Berger (2016) suggests that Dalcroze-based activities support specifically the sensory organisation of students with autism spectrum disorders. According to her accounts, assistive equipment, for example trampoline or mouth instruments, are useful in adapting the exercises to meet the needs of learners (Berger 2016). Hence, Dalcroze Eurhythmics effectively enhances students’ autonomy (Berger 2016) and agency (Sutela, forthcoming). In Sutela’s study (forthcoming), where development of agency of one adolescent student with Asperger-syndrome in Dalcroze-based lessons was observed and analysed, preliminary results suggest that the student became much more present, active and engaged towards the end of the seven months’ intervention. Bodily musical interaction helped the student to shift his attention from self-stimulation to shared activity with others. He also took responsibility as part of the shared musical activities, including outside the classroom at the end of the intervention (Sutela forthcoming).

In a related study, Habron-James (2013) concludes, based upon multiple case study research, that Dalcroze Eurhythmics has a positive impact on the musical, physical, emotional, cognitive, behavioural, and social development of students with SEN (Habron-James 2013). For example, the interactional and supportive nature of music and movement activities may bring a sense of contentment and freedom for students with SEN as their creativity and curiosity are fostered through the development of independence. In addition, the internalisation of a musical piece may help students to establish body control and advance automatic bodily functions necessary in daily life (Habron-James 2013). Habron-James’s (2013) study suggests recommendations for

understanding the multiple aspects of lesson planning, staff involvement, collaboration with other professionals, communication with students and differentiation in the context of special music education.

Falschlunger (2015), in a study of the value of Dalcroze-inspired activities when teaching children with multiple disabilities, discovered that the approach offered many benefits by enabling a space for creative expression and communication (see also Habron-James 2013). There is indeed a longstanding relationship between therapy-oriented practices within Dalcroze Eurhythmics (Frego 2009; Habron 2014). We suggest that some therapy-oriented practices could successfully contribute to music education for SEN students. This is in line with conclusions by Sutela, Juntunen and Ojala (2016), who suggest that Dalcroze-inspired musical activities enable the reflection of emotions and enhance creativity in bodily expression among students with SEN. In this research, Sutela, Juntunen and Ojala (2016) analysed a wide variety of data and discuss aspects very similar to those examined here. According to the preliminary results, Dalcroze-based musical activities foster levelling opportunities for students with SEN to interact and participate in music making. The results indicate that the application of Dalcroze Eurhythmics has advanced the students' capabilities to develop and display musical knowledge and demonstrate their skills (Sutela, Juntunen & Ojala 2016).

The theoretical and practical implication of Jaques-Dalcroze's thoughts is that the mindful body is relational, experiencing and actively transforming. If we consider the body to be the "absolute source" (Merleau-Ponty 1962: xxii) of being and knowing, we can see that the radical use of movement, characteristic of Dalcroze Eurhythmics, may be the key to a more profound learning in music education settings and thus has the potential to change *thinking-in-action* more generally (Westerlund & Juntunen 2005). As this approach combines all the faculties of the person – the moving body, emotions, senses, imagination, thought and will – it offers the possibility of supporting the learner's own experience and expression, including those students with SEN.

CONCLUSION

Embodiment-based activities offer opportunities for special music education. Instead of concentrating on students' educational needs, the focus in embodied music making is on their

agency. Still, it is important to ask why embodied approaches to music education are beneficial to individuals' learning and socialisation if all music making is embodied *per se*. In this article, we have discussed the conceptualisation of embodiment in special music education by using Dalcroze Eurhythmics as an example. To conclude, Dalcroze Eurhythmics encourages teachers to emphasise the bodily, pre-reflective level of knowing, which is important for students with SEN, as it gives them meaningful possibilities to express their musical knowledge without, or before, conceptualising the musical phenomena, through non-verbal ways, and thus foster their identity as a musician. Due to its high focus on multisensory organisation and the use of improvisation and touch, Dalcroze Eurhythmics can be especially beneficial with students who have SEN. However, these implications must be thoroughly evaluated in future research since similar aspects are emphasised in other embodied approaches to music education as well.

The next step in developing embodied approaches in special music education is to identify and share research with related sciences. In addition to pedagogical implications, the conceptual content and value of embodiment are in themselves significant subjects of research. Moreover, practice and research with students with SEN have the potential to promote innovation in music education in general. Our article encourages professionals in music and special education to recognise and evaluate the importance and possibilities of *embodiment* in teaching and researching students with SEN.

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**SPECIAL ISSUE**

Dalcroze Eurhythmics in music therapy and special music education

Article

Inclusive music education: The potential of the Dalcroze approach for students with special educational needs

Katja Sutela, Marja-Leena Juntunen & Juha Ojala

ABSTRACT

In this article, we discuss the potential of Dalcroze-inspired music education for students with special educational needs (SEN), based on preliminary findings of an on-going PhD study (ethnographic practitioner research) and the experiences of the first author when teaching music in a special education school for ten years. In that practice, the holistic approach based on Jaques-Dalcroze's educational ideas was found to offer valuable and meaningful learning experiences and a tool for a deeper understanding of music, oneself and others. The research design consisted of a music and movement intervention for a group of Finnish grade 8 and 9 SEN students over a period of one school year. This paper draws on the first author's reflections on the intervention (field notes and research diary) as well as on the teacher interview data.

The preliminary results of the study indicate that the Dalcroze approach fosters equal opportunities for SEN students to experience music and to develop and demonstrate their skills, musical knowledge and agency. In the music–movement activities, the joy of collaboration with student peers and the teacher on the one hand, and enjoyment of each student's bodily experiences on the other, are intertwined in the processes of embodied musical interaction. This interaction, primarily aimed at learning in and through music, evokes emotions as well as offers students opportunities to confront their emotions and make sense of learning situations and life in general.

KEYWORDS

special music education, Dalcroze approach, special educational needs, music and movement, embodiment, embodied cognition

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INTRODUCTION

Is music for all? Does musical interaction in education promote learning and wellbeing for all participants? We, as music educators, would like to answer these questions with a definite and straightforward 'yes', but the reality may be more complicated. In today's music classroom, music educators face a variety of challenges in teaching and interacting with students, especially when the students' abilities and skills range from very proficient to those limited by severe disabilities, varying from specific learning disabilities to intellectual disability disorder and from emotional disturbance to the autistic spectrum. The consensus is, at least on an ideological and political level, that all children should be given sufficient support in their natural learning environments and local schools (Gabel & Danforth 2008; Todd 2007; Osler & Starkey 2005). However, as inclusive principles become reality, the diversity of students and their backgrounds challenges the teacher. How do we make music lessons meaningful for every student in the group? How can musical interaction promote learning and internalisation of music for those who lack the skills essential for reading music or playing an instrument? How can music education support the development and growth of the student with special educational needs (SEN) in general? According to Adamek and Darrow (2010: 12), teachers must create the best educational environment to help all children succeed to the best of their abilities. To meet this ambitious goal and to meet the complex expectations of the curricula, parents and policy makers, teachers must have proper training and the tools for teaching diverse learners.

In this ethnographic practitioner research (Cooper & Ellis 2011; Saleh & Khine 2011)¹, we

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explore these questions by taking advantage of the challenges faced by the first author when teaching music in a special education school for ten years. In the search for new approaches to music teaching practice, we hold that the bodily approach based on Jaques-Dalcroze's educational ideas is a key to a deeper understanding and learning of music. In Dalcroze teaching, one's perceptions, emotions, bodily movements and thinking are integrated and thus result in a holistic, embodied experience. It allows the students to learn and make music through the moving body, thus enabling them to participate in musical interaction without having to play an instrument. These issues have inspired the first author to pursue a PhD project that aims to understand how music and movement teaching practice can promote embodied musical experience, musical understanding and the development of agency among students with SEN. It also contributes to the need to hear and recognise the voices of students with disabilities in music education research.

SPECIAL EDUCATIONAL NEEDS IN THE MUSIC CLASSROOM

Committed to the Salamanca Statement (Unesco 1994, viii), national educational policies have been adjusted to recognise "the necessity and urgency of providing education for children, youth and adults with special educational needs". In Finland, the support for learning among comprehensive school pupils has been divided into general, intensified and special support since 2011 (Takala & Ahl 2014; Takala et al. 2009). Special support is provided if intensified support is not sufficient. The percentage of Finnish comprehensive school pupils having received intensified support has increased yearly since the legislation amendment and recently plateaued at a little over 7% (approx. 40,000 students; OSF 2015). In the United States, for comparison, the Individuals with Disabilities Education Act (IDEA) has listed 13 disability categories under which pupils can be eligible for special educational services (Björn et al. 2016). These categories include learning disabilities,

multiple disabilities, hearing, visual and speech impairment, emotional disturbance, developmental delay and autism (Adamek & Darrow 2010: 4). The percentage of children and young people receiving special education services in the United States is about 13% (approx. 6.4 million public school students; NCES 2015; Björn et al. 2016). Similar trends have taken place in other countries, particularly in developed ones. Consequently, there are more students with special educational needs in the music classroom and music teachers are faced with a diversity of pedagogical challenges.

The purpose of special music education is to offer every student goal-oriented music education adjusted to their special needs through an individual educational plan. This plan is constructed collaboratively with each individual student and defines the learning objectives and the means for reaching them. In structuring, planning and running the music classroom, the needs of all students and all forms of music making – playing, singing, moving, listening and composing – are taken into consideration. As students with special needs may have histories of low achievement, low self-esteem and low metacognitive skills, it is particularly important that the classroom offers a safe environment for learning. Creating a safe environment and respecting rules and other participants is crucial, but requires practice. The teacher's encouraging attitude, a positive atmosphere, well-structured lessons and the arrangement of the physical environment all contribute to the success of interaction in the classroom (Adamek & Darrow 2010; Kaikkonen 2005). In a safe environment, students can be encouraged to excel themselves, try new forms of expression and make mistakes. When the atmosphere in the classroom is safe and encouraging, there is space and freedom to express one's emotions.

Respect is also crucial for the development of identity, especially among students with disabilities. If students feel accepted and respected among peers and teachers, they are more prepared to learn new things regardless of their disability. MacDonald and Miell (2002) interviewed people with SEN from different age groups, who reported how aware they were of the impact of prior assumptions and other people's expectations of them, and how they felt they were judged on the basis of their assumed (lack of) competence or appearance. Music was regarded as a powerful tool for extending how they were perceived by others, and for establishing a multifaceted identity of not only an individual with a disability, but also of a

musician (see also Haywood 2006; MacDonald, Hargreaves & Miell 2009). Music appears to be an excellent tool for practising turn-taking, sharing, admiring and showing respect for the achievements of one another, and in this way for the construction and maintenance of a safe, positive learning environment for SEN students in particular.

In her teaching practice, the first author has discovered first-hand how disabilities affect a music-learning situation in a variety of ways. For instance, students with attention deficit hyperactivity disorder (ADHD) often have difficulties in following instructions or in concentrating on ongoing tasks for a long time. It may be necessary to simplify musical notation and instructions for students with learning disabilities. The teacher may have to pay careful attention to the environment and its potentially interrupting stimuli when working with students with physical impairments. In facing these challenges, the teacher's attitude and patience play a crucial role. By knowing the students and their backgrounds and by recognising their strengths and abilities in musical interaction, the teacher may better succeed in bringing the best out of each participant in the classroom.

Special music education practice is comparable to cooperative learning activity (Johnson & Johnson 1999), where a small group works together to achieve a common goal by maximising their own learning and that of others. As a music teacher cannot assist and guide everybody at the same time, students can lead one another, according to their strengths, and help their peers. For example, a student who learns guitar chords quickly may help others to learn them. Peers can be a reliable and effective resource in managing different abilities in the classroom (Boud et al. 2001; Topping 2005). Sometimes peers understand one another better and perceive the world more similarly than their teacher and, hence, the students may find the best way of approaching a challenging task between themselves. Peer learning can give students a chance to break out of the roles that are covertly defined for them (Allsup 2003). Students can enhance each other's learning by assisting, encouraging and supporting their endeavours to succeed. This supports not only the development of musical abilities but also the enhancement of interpersonal skills (Kamps et al. 1999; Utley, Mortweet & Greenwood 1997), self-esteem (Madsen, Smith & Freeman 1988) and agency (DeNora 2000; Karlsen 2011). As Darrow (2003: 48) states: "All children should have the opportunity to experience the joy of helping another individual".

THE DALCROZE APPROACH

Émile Jaques-Dalcroze (1865–1950) was the first to explore the possibilities of body movement in music teaching and learning in order to make musical experiences and understandings more rooted in perceptions and bodily experiences. He wanted to develop a music education practice in which the body, mind and emotions are integrated and the person is involved as a whole, aiming to enhance and refine the development of learners' faculties in many ways (Jaques-Dalcroze 1921/1980; see also Juntunen 2016). The Dalcroze approach to music education reflects the understanding of embodied ways of learning (Juntunen 2004; Juntunen & Hyvönen 2004) according to which learning takes place within the entire human being and in interaction with others. Understanding learning from the embodied perspective avoids the distinction between perceiving, thinking and acting, and asserts that, in learning, sensation, perception and action all work in close collaboration in and through the body and affect each other (Rouhiainen 2007).

Dalcroze teaching practice enables teacher and student to act as musical agents through the body; to participate in collaborative music making through movement without requiring a certain level of musical, cognitive, or motor skill. Focusing on developing students' embodied knowing directs us to regard each student as a whole, as a complete, unique human being. The interpersonal nature of Dalcroze teaching can create a supportive environment for processing emotions, developing a sense of agency and learning music through intersubjective, bodily encounters (Juntunen 2015).

The Dalcroze approach is mainly applied in music education practices, but also in theatre, dance, cinema, somatic, and special education, therapy, and gerontology (Mathieu 2010). The body of research concerning the Dalcroze approach and the role of body movement in musical learning is currently increasing markedly as the embodied perspective is becoming ever more acknowledged in different fields, for example in cognitive science (see Schiavio 2015, Schiavio et al. 2016). Many of the studies within music education focus on the effectiveness of the approach. However, it is important to keep in mind that the effectiveness is dependent on many variables, such as teacher quality (Anderson 2012), especially since the Dalcroze approach is more of a philosophical approach to education than a systematic method with predetermined ends (Juntunen & Westerlund 2011). Those earlier studies that pay attention to the possibilities of using movement in music

teaching and learning, not only within the Dalcroze approach but in general, suggest that the use of movement develops such abilities as a sense of tempo, beat and rhythmic ability (Wang 2008), melodic and pitch discrimination (Crumpler 1982), rhythmic competency, perception and motor skill in developmentally handicapped pre-schoolers (Burnett 1983), intonation and pitch accuracy (Gruhn 2002), expressivity in singing (Davidson 2009; Ebie 2004), motor performance (Brown et al. 1981; Zachopoulou et al. 2003) and creativity and creative thinking (Gibson 1988). In addition, the use of movement seems to foster positive attitudes towards other music studies (Abril 2011). In addition, many music (education) students report that Dalcroze or Dalcroze-inspired teaching has improved their musical performance (Mayo 2005), fostered musical understanding (Van der Merwe 2015), or had a beneficial influence on composition (Habron et al. 2012) or conducting skills (Bowtell 2012).

Falschlunger (2015) describes a teaching practice closely related to Dalcroze and the ways it supports the personal development and communication of participants with multiple mental disabilities or dementia in inclusive settings. Frego's (1995) ethnographic study among HIV or AIDS clients revealed increases in expression, energy level, and self-esteem as well as benefits in non-verbal communication. Through participation in Dalcroze activities, the clients also became more active and responsible for taking care of themselves. In Habron-James's (2013) study of four children with SEN, Dalcroze teaching had a positive impact on children's well-being through the development of communication skills and sense of contentment in music and movement exercises. Habron (2014) makes conceptual connections between the practice and theory of both improvisational music therapy and the Dalcroze approach, and discusses how we are able to expand our understanding of the approach through the lens of music therapy by highlighting their similarities and differences. The studies of Kressig and others within gerontology show that "a long-term exercise intervention such as the Dalcroze pedagogy can prevent age-related increase in stride-to-stride variability under a dual task" (Kressig et al. 2005: 729) and that the Dalcroze exercises activate not only motor, but also cognitive abilities (Kressig 2015). Despite all these studies, there is, to our knowledge, no research exploring the experiences of children with SEN during Dalcroze-inspired sessions, using ethnographic practitioner research. Therefore, the research

question motivating this study is: What is the potential of Dalcroze-inspired music education for students with special educational needs?

METHOD

This study uses ethnographic practitioner research (Cooper & Ellis 2011; Saleh & Khine 2011), which utilises both ethnographic methods and critical reflection of the researcher to capture multi-dimensional educational experience. The data were produced with the students during an intervention in which a group of Finnish grade 8 and 9 SEN students (N=13, aged 15–16) received added *music and movement* lessons (one lesson a week), taught by the researcher over a period of one school year from September 2015 to March 2016. The lessons were based on Jaques-Dalcroze's ideas of teaching music through movement and bodily interaction (see Juntunen 2016). In the lessons, music was explored through movement and other musical activities such as singing, listening and improvising. Lessons included musical exercises such as follow and quick reaction exercises, improvisation, body percussion exercises, and dances as well as relaxation exercises, which had an important role in teaching.

Altogether, the research data comprise videos and transcripts of music lessons, reflections by the teacher-researcher, interviews with students and other teachers, student drawings and pictures, and sociometric data. This paper draws on the first author's reflections on the intervention (field notes and research diary) as well as on the teacher interview data. The field notes present an active recording and reconstruction of the events of the classroom intervention and their temporal sequence, while in the research diary, the teacher-researcher reflects before, in and on the intervention action, in order to understand her experiences in relation to the process (Connelly & Clandinin 1990; Schön 1983). The field notes and the research diary were expanded and elaborated by stimulating recollection with the recorded video data after each session (Gass & Mackey 2000; Lyle 2003). Grade 8 and 9 students were interviewed as groups. The teacher at grade 9 was interviewed individually, and the teacher and assistant of grade 8 as a pair, for their insights with regard to changes in needs, attitudes, or other related issues of each student, each grade group, their own position and the learning community in general.

After initial familiarisation, the data reported here were analysed through recursive comparative analysis (Cooper & McIntyre 1993). The interview

transcripts were coded for emerging themes. The analysis was continued dialogically by comparing and adjusting the themes and categories of the interview data with the data from field notes and the research diary. Furthermore, the developing analysis was compared with the video transcripts for the main points of difference and similarity. Based on this, we here present and discuss some of the preliminary findings of the project.

Close attention to ethical issues was paid throughout the study. The ethical considerations were handled according to standard university research practice. The project started by requesting research permission from the school principal; then, participants and parents received an invitation as well as information and consent forms. The overall idea of the study was explained together with granting the interviewees' anonymity and the ability to withdraw from the study at any moment without further consequences. Furthermore, in considering ethical responsibilities for SEN students, we reflected especially on relational ethics (Ellis 2007). Relational ethics values dignity, mutual respect and connection between researcher and researched, and it requires researchers to act from their hearts and to recognise their interpersonal bonds to others (Bergum 1998; Ellis 2007; Slattery & Rapp 2003). All the parents and participants gave their informed consent to take part in the study.

PRELIMINARY RESULTS AND DISCUSSION

When examining the possibilities of Dalcroze-inspired music education with special needs students, our preliminary results suggest that the Dalcroze activities foster equalling opportunities for SEN students to participate in music making, to experience music, to develop and display musical knowledge, to interact, and to demonstrate their skills. The exercises develop, among other things, musical knowing that is based on bodily experience (or even consists of it), as opposed to knowledge being declarative, propositional and expressible in verbal terms. Students learn in a holistic way through movement, experience and interaction, and simultaneously the holistic learning experiences strengthen a sense of self, self-confidence and agency in a broad way.

SEN students often consider themselves different or inferior, and they face challenges and setbacks in learning and communicating in their everyday lives. Their (uncontrolled) bursts of emotions can be regarded as signs of their efforts to make sense of themselves and the world. Our

data suggest that frustration, joy, sadness and anger are daily present in their bodily expressions, such as hiding, turning their backs, hugging, dodging and laughing, which are tokens of the stories and emotions behind those movements and gestures. Dalcroze-based activities and the use of expressive art forms offer guided alternatives for SEN students to express their emotions and feelings in a safe environment.

The data show how strongly the joy of collaboration with peers and the teacher on the one hand, and enjoyment of each student's bodily experiences on the other, are intertwined in the processes of embodied musical interaction. Bodily expression of music enables the student to interact with others as the nature of musical activities is interpersonal with activities mostly taking place in pairs or in a group. The students can identify themselves and one another as musicians despite the level of their musical skills. By utilising their own body as an instrument for music making, the instrument's familiarity makes the participation in musical activities easy and accessible. Many of the students were surprised how easily they learned the musical tasks such as stepping rhythm patterns. This experience of success, of 'being able to', can remarkably change how one perceives oneself and how one is perceived by others. For example, one student had been excluded from genuine peer membership in the class because of her impulsive and aggressive behaviour towards classmates in previous lessons in other subjects. In music and movement lessons she was able to present herself in another light since she was skilful in moving, singing and playing instruments. Her aggression and compulsive behaviour disappeared and she was accepted by her peers. As one of the interviewed teachers put it:

She likes to be in a group and be recognised in a group in a positive way... Yes, that is so good... that she has had that experience, to be seen in a positive light, you kind of give her a chance, even if she has wrecked her own possibilities to be in a group in many different conflicts... nevertheless she has a new chance (Teacher A).

The Dalcroze-inspired music lessons gave her a new space to express her creativity through bodily movements and a chance to acquire a new, different role as a skilful student. Improvisational and bodily participation and expression supported this student's agency and sense of self.

In Dalcroze lessons, students have something concrete to do as they are bodily involved in music making processes. The body movement activities

helped to strengthen participation, especially among the students who had problems sitting in one place and concentrating on listening. In music and movement activities, the students were allowed to move and interact with music and others with their whole bodies, while their musical experience and understanding were reinforced through movement. For example, it was easier for the students to find the pulse in music with the help of bouncing a ball, whether alone or in pairs. The students also learned musical elements and concepts from and with one another by improvising and by expressing them in concrete ways, for example by showing the minor or major chords in their bodily movements. In this way, music theory was not represented in distant figures or symbols in music books, but experienced and lived in the body.

Music does not only move us physically but it also evokes sensations, images and emotions (Juslin & Sloboda 2001). Musical action in moving, singing and playing enables the expression of emotions and, once initiated, such experiences are often strong in the SEN context. Indeed, one important strength of music education, as well as arts education in general, is that it constructs creative and personal opportunities to experience, process and express emotions (Saarikallio 2007). In one exercise during the intervention, students were asked to express a variety of emotions (such as joy, anger and fear) in a group. As a result, the students recreated a variety of real-life situations where they had been abandoned or bullied. As improvised music was added to accompany their movements, the expressions became much more profound and the experience decidedly stronger.

In general, at the intersection of childhood and youth, students often do not touch and lack being touched, as their relationships with parents or friends may be complicated or even absent. Bodily musical exercises are a safe and fun way of being close to another human being, without being embarrassed or bullied. In addition, the exercises fully relate to life skills, such as accepting oneself and others, being together and collaborating in a group. For instance, body percussion exercises in pairs, holding hands in a circle, a variety of dances and relaxation exercises back-to-back enabled the students to feel more connected with their own bodies and also with those next to each other. These feelings were supported by the common sense of rhythm in their bodies. Hence, music and movement activities can be found empowering in terms of their interactive and communal nature.

Students with SEN are often identified with

behavioural problems. However, the 'bad behaviour' may not be what it at first seems, but may rather relate to attempts to overcome emotional tensions of a particular situation. One example of the intervention demonstrates this when a student had a fit of rage as he did not want to participate in an African dance. However, he was unable to verbalise this and consequently his frustration gradually increased during the dance. He tried to express his feelings by touching a form teacher's hand next to him several times, but as the teacher did not understand his intentions, he became withdrawn and finally had an intense outburst of emotion, falling on the ground, kicking and hitting the floor. As Maclaren (2009: 33-34) notes, emotions can be regarded as "lived, embodied, and expressive attempts to make rational sense of our situation". If we experience contradictions in life situations with others, "emotion can lead to a kind of loss of self, wherein we seem to be taken over by an emotion and driven to act in ways that we would not normally endorse" resulting in primitive, compulsive behaviours and even regression. Thus, students' inappropriate behaviour may result from of a lack of (existential) resources for situating themselves within a learning situation. Meanwhile, research suggests that movement, particularly in music, is one of the components mediating or evoking emotions, including those hidden under rational behaviour and thinking (Juslin & Västfjäll 2008; Juslin et al. 2010; Phillips-Silver & Keller 2012). Accordingly, refusing to participate in an ongoing task, moving off in mid-task, reacting negatively or behaving in other unwanted ways in bodily musical interaction may be interpreted as a result of a student's emotional tension that they are attempting to resolve (Maclaren 2009).

CONCLUSIONS

The preliminary results of this study underline the meaning of bodily musical experiences as positive, powerful and rewarding tools for being in contact with oneself and with others, for expressing emotions and for identity work. Dalcroze-inspired musical activities enable students with SEN to express their emotions in a safe environment, where they are allowed to express themselves and where their expressions are safely reflected by themselves, their peers and the teacher. A safe learning environment enables the emergence of creativity in their bodily expression in music learning situations. The bodily approach to music can give such students meaningful opportunities to express their musical knowledge in non-verbal

ways, without or before conceptualising the musical phenomena, thus empowering and fostering their identity as a musician. In performing music through body movement, the resulting sense of achievement and recognition by others support students' self-confidence and provide the means to improve their communication and interaction skills.

Based on this study, we conclude that the holistic nature of the Dalcroze approach with its embodied, interactive and communicative musical activities may give opportunities for music educators to promote learning and wellbeing of students with SEN. Through participating in Dalcroze-inspired activities in a group, the SEN students engage in joint musical action and experience a sense of synchronisation, moving and singing together at the same time. This connects with the notion of entrainment, referring to "spatiotemporal coordination between two or more individuals, often in response to a rhythmic signal" (Phillips-Silver & Keller 2012: 1). In this study, the students felt a sense of coherence through these shared experiences and most of the participants had more of a sense of 'we' than of 'I' when experiencing musical phenomena cooperatively with others. Based on these findings, we suggest that Dalcroze teaching can offer a learning environment where diverse learners can feel their contribution as valuable and respected. A feeling of belonging may help students with SEN to overcome the threshold of making the first move in interactional situations, in this way supporting their social relationships and holistic development in general.

Throughout the intervention, the calm atmosphere in the music and movement lessons, relaxation exercises and opportunities for self-expression helped students to calm down and concentrate on the ongoing (and after-lesson) tasks. Hence, the utilisation of bodily activities and opportunity to relax during the school day could also help students with SEN in other teaching and learning situations to concentrate on school work better and thus contribute to their learning in general. Our study challenges music educators to recognise the value of Dalcroze-based musical activities and the therapeutic aspect of the Dalcroze approach in special music education contexts.

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**SPECIAL ISSUE**

Dalcroze Eurhythmics in music therapy and special music education

Interview

Dalcroze Eurhythmics as a psychomotor education for children with special educational needs: An interview with Marie-Laure Bachmann

John Habron & Marie-Laure Bachmann

ABSTRACT

In this interview, Bachmann recounts experiences of her childhood and training in Dalcroze Eurhythmics. She describes her university studies in Geneva, including her lectures with Jean Piaget, and how she became interested in using the Dalcroze method therapeutically. Amongst others, Bachmann shares memories about working with deaf children and what she learnt from her teacher and mentor Claire-Lise Dutoit. Bachmann also discusses the theoretical and practical aspects of the Dalcroze method, drawing on many years' experience as a practitioner and teacher trainer. Finally, she reflects on the place of Dalcroze practice within European traditions of Rhythmics/Eurhythmics and music therapy. This interview will be of interest not only to those wanting to understand Dalcrozian approaches to health musicking in practice and theory, but also to historians of music education and music therapy wishing to piece together the connections between Dalcroze practitioners and medical professionals, especially in Geneva during the second half of the twentieth century.

KEYWORDS

Dalcroze Eurhythmics, music, Claire-Lise Dutoit, psychomotor education, special educational needs, children

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As a child, **Marie-Laure Bachmann** was raised in an environment of music and Dalcroze Eurhythmics. She took her higher studies in Geneva (Diploma in Pedagogy for Disabled Children and Licence in Experimental and Genetic Psychology) and holds the Licence and Diplôme Supérieur of the Institut Jaques-Dalcroze. Bachmann practised Dalcroze with disabled children for 30 years. She taught Dalcroze Eurhythmics theory and practice to professional students at the Institut Jaques-Dalcroze for some 17 years and was Director there from 1990 to 2006. Bachmann is President of the AAJD (Association des Amis de Jaques-Dalcroze) and a member of the Collège de l'Institut Jaques-Dalcroze. She is author of *Dalcroze Today: An Education through and into Music* (Bachmann 1991).

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INTRODUCTION

The interview was recorded on 15 December 2015, in Geneva, Switzerland. The English has been corrected in places, but elsewhere left untouched to retain the flavour of Bachmann's speech. Bachmann read the transcript and made her own changes in order to clarify meanings and delete redundancies. Footnotes add useful biographical detail and contextual information. Some of these are provided, or have been augmented, by Bachmann herself during a period of email correspondence to edit the interview. My thanks to Soazig Mercier, librarian at the Institut Jaques-Dalcroze, for her help in identifying dates of birth, death and qualifications for many of the Dalcroze teachers mentioned.

INTERVIEW

JH: Marie-Laure, could you say a little bit about your background?

M-LB: My background started with Dalcroze, I would say. As a child I was enrolled by my mother, who was herself a Dalcrozian, to follow the rhythmic courses.¹ In that time I didn't even have solfège lessons, but I learnt solfège together with rhythmic without even knowing it was solfège.²

¹ Jeanne-Alice Bachmann-Borel (1915-2007). After gaining her piano diploma (La Chaux-de-Fonds, 1933) with Ernst Levy (1895-1981), she studied piano further in Geneva with Marie Panthès (1871-1955) and Rhythmic with Émile Jaques-Dalcroze (diploma 1935). Her other Dalcroze teachers were Edith Naef (1898-2007), Madeleine Hussy (unknown year of birth - 1987 or 1988), Frank Martin (1890-1974), Bernard Reichel and Jaques-Dalcroze's sister Hélène Brunet-Lecomte (1870-1965), most of whom also taught Marie-Laure (except F. Martin and H. Brunet) some thirty years later. Jeanne-Alice was Marie-Laure's first and main piano teacher. She taught piano all her life and also earned an organ diploma. In the 1960s-70s, she taught Rhythmic classes in Le Locle music school and at La Chaux-de-Fonds conservatory [M-LB].

² Dalcroze pedagogy is organised into three main, interrelated and interdependent branches: (i) rhythmic (or eurhythmic, USA) refers to expressive, rhythmic movement, enacting, analysing or making music in various ways with the whole body, coordinating the limbs in all degrees of speed and strength, and by the in-depth study of time, space and energy relationships; (ii) solfège centres on aural training (or ear training, USA), using singing, reading, vocalisation and note names to develop 'inner hearing'; and (iii) improvisation develops spontaneous creation with instruments, voices and in movement. Piano improvisation is normally the main tool

Also I was brought up with Jaques-Dalcroze's songs, I knew hundreds, and I used to sing his melodies with the names of notes. My mother trained me to do that, using Jaques-Dalcroze's *Rythmes de chant et de danse*. She played the piano part. And so I sang a lot. And each week I went to rhythmic lessons from my fourth year to 16 or 17 years old.

JH: And your teacher was...?

M-LB: My first teacher in rhythmic, since 1946, was Christiane Montandon, whom I never forgot and whom I was lucky to rediscover as a grown-up student in Geneva, in the late sixties and early seventies, where she was my improvisation and piano teacher.³ And then came Irène Reichel, the daughter of Bernard Reichel, when I was 7 or 8 years old.⁴ I had her for a long time until I was maybe 14. And with her it was very nice because we prepared shows each year, we had some public performances with Dalcroze's music and songs. In addition, she looked really fairylike! The last one was Monique Petitpierre-Rochat, who was very influential during my teenage period, a very musical person.⁵ These were my three main ones.

of the Dalcroze teacher when giving Rhythmic or Solfège classes. Typically, a Dalcroze class, although focusing on one of these branches, will also feature the others. [Additions M-LB]

³ Christiane Montandon (1920-2016) gained her Diplôme Supérieur Jaques-Dalcroze (1941) in Geneva and studied piano with Johnny Aubert (1889-1954) and Edwin Fischer (1886-1960). She was a gifted piano teacher and improviser, serving for many years as a member of the Collège de l'Institut Jaques-Dalcroze, Geneva.

⁴ Irène Boghossian-Reichel (1927-2009) took a very active part in the Dalcroze Institute's courses and festivities during her youth. She was daughter of composer Bernard Reichel (1901-1992), who gained his Dalcroze diploma in 1925 (Paris). Irène and her father, like Marie-Laure and her mother, form one of several parent-child links in the transmission of Dalcroze Eurhythmic. [Additions M-LB] [I came across Reichel's music as a child, in a children church choir where we often sang his compositions, which I loved. I was thrilled to know him, years later, as a demanding harmony, composition and improvisation teacher, and a most delicious man! M-LB.]

⁵ Monique Rochat, later Petitpierre-Rochat, (unknown year of birth) taught Dalcroze to non-professionals, first in her hometown La Chaux-de-Fonds and in Le Locle, then in the Geneva area [M-LB].

JH: And do you remember your first experience of rhythmic?

M-LB: Not exactly, but I remember many, many things we did during these lessons, namely with Irène Reichel when I was a little older than four and five. And with Monique Rochat, I remember we were two girls who set our hearts upon Schumann's piece 'Premier Chagrin'; we loved to improvise dancing to it and wanted to do it again and again and again! To the point that our teacher almost lost her nerves! But beside that we did all sorts of exercises: coordination, dissociation, canon exercises among others. And my mother, who was herself a rhythmic teacher (she didn't teach rhythmic at that time, but she taught the piano to many pupils, and to me, of course), praised Monique's teaching and musicality a lot.

JH: Your mother had been a pupil of Charles Faller.⁶

M-LB: Yes, as her first piano teacher at the conservatory of La Chaux-de-Fonds, where rhythmic was compulsory in her time, together with Dalcroze solfège, given by Mathilde Reymond-Sauvain, a contemporary of Nelly Schinz, Madeleine Hussy, Edith Naef and all this bunch of Dalcroze people, several of whom I met myself 30 years later (Mlle Naef was our main rhythmic teacher and we had Mlle Hussy as our teacher for *Plastique animée*).⁷ And as I said, my mother studied here in Geneva for the diploma with Jaques-Dalcroze himself.⁸

⁶ Charles Faller (1891-1956) was in the first generation of Jaques-Dalcroze's students at the Geneva Conservatoire, taking part in 1903 in the very first experiments of what was to become Eurhythmic (at the time it was called "les Pas Jaques" [Jaques steps]) and gaining his diploma in 1912. He founded the La Chaux-de-Fonds conservatory in 1927 and the Music school of Le Locle, where he introduced Dalcroze Eurhythmic as the basis of all teaching for all students. See Nussbaum (1967). [Additions M-LB]

⁷ *Plastique animée* is the creative realisation of a piece of music in movement, a sort of living musical analysis.

⁸ Mathilde Reymond-Sauvain (1900-1973) and Nelly Schinz (unknown year of birth and death) studied with Jaques-Dalcroze in Geneva (1919-1921), gaining their diplomas in 1925 and were instrumental in the Dalcroze training at the Rue Vaugirard school in Paris (1922-1928). From 1933-1971, Schinz, who completed her piano diploma in La Chaux-de-Fonds (1942), was one of the main teachers for Dalcroze professional training in Bienne, Switzerland. Madeleine Hussy took advanced piano studies at the Geneva conservatoire with Johnny

JH: So how was it that you came to study in Geneva?

M-LB: Well, I think I wanted to go to Geneva to be far enough away not to have to come home every day after school! Also, I wanted to study psychology, which was not available in the Neuchâtel University, so I did have to come to Geneva. In fact, I looked for a training in which I might use music, maybe with handicapped children.

JH: So when you came to Geneva to study psychology, you already had an idea that music could be used in this way.

M-LB: Yes, but I did not foresee that it would be Dalcroze Eurhythmic, because for me Eurhythmic was learning rhythm with a nice lady playing with children, and it was not an academic training, and so I did not even consider that it could be a full profession. However, I was curious to see the Institut Jaques-Dalcroze, since my mother had studied there, and so during my first year in university I attended a few open courses as an outsider and I liked it, of course, and so I revisited to take a little certificate for teaching Dalcroze in kindergarten.⁹

I thought others might help me to look for what I wanted, but I was not sure at all at that stage (this was in 1962). And whilst I was studying psychology, I thought I would go to other lessons in psychology, but midway I was attracted to do this special needs diploma. And so I quit the idea of doing the psychology licence at the time, and studied for the diploma in the specialised education of mentally handicapped children, and by the end of my first year, I heard one of my teachers in the university speak about helping children who are disabled on the psychomotor side. He told us that the best thing he knew to help them was Dalcroze Eurhythmic.

And so I met him at the end of the course, and he put me in contact with Claire-Lise Dutoit to whom he was sending many of his clients for psychomotor therapy, which was then called

Aubert. As a Dalcroze teacher, she taught advanced solfège and was famous for her artistic *Plastique animée* productions, both with child and adult students. [Additions M-LB]

⁹ The Institut Jaques-Dalcroze was founded in Geneva in 1915. It is often referred to during the interview simply as the 'Institut'.

psychomotor re-education.¹⁰ And so I came into contact with Claire-Lise Dutoit who allowed me to watch her lessons. I went once a week for a whole afternoon, during a whole year, and had the chance to see her teach either small groups – there were never more than three to five children together – or individuals. And I learnt much during these observation sessions, and we spoke also a lot together.

JH: So there was a teacher at the university you mentioned who said...

M-LB: Dr Feldmann, who was deeply convinced of the Dalcroze approach's value.¹¹

JH: What can you tell me about him?

M-LB: He was a child psychiatrist. He was really convinced about the good effect of Dalcroze Eurhythmics upon children with disabilities. And he was one among several, but the most active, in sending Claire-Lise Dutoit children to work with. The interesting thing was that there was not just one kind of disability. We had the chance to observe and then to take care of children with diverse intellectual disabilities as well as children having a high intellectual potential, or those with psychosis, or autism, or cerebral motor infirmity, or sensory impairments.¹²

Claire-Lise also had a large experience with deaf children. And so this is another part of my work with her, we had a very interesting experience with the deaf, when we opened our own school in the 1970s. And with Dr Feldmann, we had bi-annual meetings where we would discuss three, four children's cases, which he had sent us. At

¹⁰ Claire-Lise Dutoit (1921-2008), also known as Dutoit-Carlier and eventually Lombard-Dutoit, gained her diploma in Geneva in 1951 and was director of the Institut Jaques-Dalcroze 1967-1971. Along with her teachers Bernard Reichel and Madeleine Hussy, Dutoit appears on a Radio Télévision Suisse video from 1967: <http://www.rts.ch/archives/tv/divers/vie-et-metier/6886921-professer-dalcroze.html>. Marie-Laure Bachmann herself speaks briefly at 20:30.

¹¹ Harry Feldmann, born in Geneva in 1919, was a psychiatrist specialising in neurology and child psychology (Dutoit 1971: 96). He collaborated with Dutoit to develop rhythmic exercises for the psychomotor assessment and rehabilitation of socio-culturally deprived children (Feldmann 1970).

¹² Cerebral motor infirmity (CMI) is a term used in francophone contexts for cerebral palsy, although some authors maintain they denote different diagnoses.

these meetings were also present the psychologists who took care of them, and maybe even the children's teachers. It was interesting to speak of these different children with different specialists.

JH: And do you know how Feldmann got to know about Eurhythmics?

M-LB: No, I'm not sure. It might have been through Claire-Lise's work with deaf children. He did not tell me.

JH: So just to complete the picture of your early years of study in Geneva, you started your psychology course with a foundation year. Could you describe a little bit about that year and who your teachers were?

M-LB: Well, this was the time when Piaget was still there, and we had a weekly masterclass with him. He was lecturing on genetic psychology and epistemology.¹³ The whole staff of teachers and collaborators was organised around him, many were taking part in his research. In addition we had an introduction to statistics, clinical psychology, research (including researching in children classes by applying Piagetian tests in diverse areas), psycholinguistics and child psychopathology, the one Dr Feldmann gave. And then we chose which direction we would like to go into more deeply.

JH: And you chose to do your special diploma for disabled children at the University and that was your second year in Geneva.

M-LB: It was the second year and third year. It was at this moment that I was in contact with Claire-Lise Dutoit, and started to be interested in what she did. I was not yet thinking of a Dalcroze diploma and she was not yet the Institut's director.

JH: So you spent a year observing Claire-Lise Dutoit's work.

M-LB: Yes. And then, about 1963 or 64, she was asked to write a chapter for the book *Émile Jaques-Dalcroze: L'homme, le compositeur, le créateur de*

¹³ Jean Piaget (1896-1980) was a Swiss psychologist who conceived child development fundamentally as a process of adaptation to the environment that results from "assimilation" and "accommodation" interactions. [Later on I realised that the reason why these concepts had seemed to me (unlike some other students) pretty easy to grasp from the beginning was due to my Dalcroze background! M-LB.]

la rythmique.¹⁴ But she was very busy, she had many children to take care of in therapy. So she asked me to replace her during one afternoon per week, so that it left her a little freer to write. And so I started doing that even before having any grade in Dalcroze, only my own Dalcrozian experience, which was long, but not yet very conscious at that stage. And we would discuss what I did and once, when she had come to watch my class, she said: "Oh, this is a catastrophe! But it's my fault, I should have come earlier to tell you this". And so she gave me advice and helped me, and during that time I could really try things with the children and get better and better, it was very interesting. A few years later she was asked to become the director of the Institut, and she was convinced that we should bring this kind of development of Eurhythmics, that is the therapeutic side, into the Institut. She would have liked me to become her assistant. And so she suggested that I do the Dalcroze studies and so I did, after having got my university diploma. I quit university to earn a Dalcroze professional degree.

JH: And it was in this licence that there was a strong element of therapy? It was like a special mention?

M-LB: No, at the time it was not yet called licence, it was called professional certificate. It was a three-year course. As I was already trained in Dalcroze as a child and a teenager, I could enter the second year, in fact the second semester of the second year. And so I had to do just one more year. And during that time Claire-Lise Dutoit entered as the director, and she established the special diploma, post-certificate diploma, parallel to the general Dalcroze diploma and called psychomotor therapy, or Dalcroze diploma in psychomotor re-education.¹⁵ And I was the first person to have it, together with Micheline Duchosal and Mireille Weber.¹⁶ But as I

¹⁴ The book was Martin et al (1965). Dutoit wrote a threefold chapter, the last part of which was about therapy. Material from this book was subsequently translated into English by a team of British Dalcroze teachers and their friends, and re-published as Dutoit (1971).

¹⁵ It was also Dutoit who introduced, one year later, the four-year Licence in the curriculum to replace the former three-year professional certificate. [M-LB]

¹⁶ Micheline Duchosal (b. 1930), a Dalcroze teacher practicing in Canton de Vaud for many years, undertook further Dalcroze studies when she heard this special diploma had been created. She practised psychomotor therapy until around 2004-05, first in the Institut, then in a private centre together with Dutoit and Bachmann, then

was more advanced, because of my former studies and of my practical experience with Claire-Lise Dutoit, soon I could help her train other Rhythmics people in this area.

JH: And if we stay for a moment with Claire-Lise Dutoit, I'm interested in her background and her lineage, because it sounds to me as though she was already interested in this before you met her.

M-LB: Yes, long before.

JH: So do you know anything about how she became interested in this application of the method?

M-LB: I happen to have a little report, signed C L Carlier and dated 1951: *l'Enseignement de la rythmique aux enfants sourds*.¹⁷ But in the late 40s, she taught 'normal' children in primary schools in Geneva, where she was among the first teachers who could do that officially on a large scale. And there are two things that I remember she told me about her teaching school children: on the one hand, she researched, maybe it was not quite a scientific research, but she did research on their musical tastes by playing them different pieces and asking them which one they liked and disliked and why; and she discovered that most children loved Mozart best. And she explained it to me, saying, "I'm sure it's because he was their age when he wrote that music". I found this was a very interesting hypothesis!

On the other hand, she had the opportunity to teach in a deaf children's institution, which still exists in Montbrillant here in Geneva, and she started at a time when she was not yet very

just with Bachmann until 1990, when she eventually continued by herself. Mireille Weber (b. 1945) was interested in child pedagogy and undertook her Dalcroze therapy diploma to deepen her knowledge in this area. She did not use this as such, but she went on studying voice with much success. She was soon recognised as a wonderful Rhythmics and Solfège teacher, working with children of all ages and teaching Dalcroze pedagogy and vocal technique to professional students for many years. Recently retired, Weber is often invited to teach internationally. She is also to be seen interviewed together with Bachmann in the 1967 video mentioned above (see footnote 10) [M-LB].

¹⁷ "Teaching Eurhythmics to deaf children" (from an unpublished typed manuscript, 1951; 16-19). This might have been part of her written work for her Dalcroze Diploma. Carlier was Dutoit's maiden name [M-LB].

experienced, but her 1951 report is quite interesting in this regard, for it shows that she really was a pioneer in the field, and an empathic observer.¹⁸ She would teach there for quite a long time.¹⁹ And so I assume she started with this kind of deprived children, even before she had to do with the other kinds of handicaps. And probably through her success with this kind of children she got interested further. She was a Dalcroze diplômée, but she also followed different courses in the university, namely with André Rey who taught clinical psychology, and she did it quite early in her adult life.²⁰ When I first met her, she was totally involved in psychomotor therapy. She did it privately, she had in her own house, in the basement, a nice studio where she received the children.

JH: So had she done some kind of psychomotor therapy qualification?

M-LB: I don't think so. She had Dalcrozian diploma and tools, plus psychological knowledge, plus collaboration with doctors and she was a very clever, even brilliant, person, but she did not have such a title. At that time there was not yet qualification for that, she invented it, in a way. Yes, she was a pioneer. In parallel, a few years before the time I was her student, and then her collaborator, psychomotor re-education started more formally through the impulse of another psychiatrist, who Dr Feldmann knew well, called Dr Ajuriaguerra, you heard of him maybe?²¹

¹⁸ She writes, on the second page: "I proceeded, in the beginning, with circumspect prudence, fearing that these children, being unsociable and reserved, might be discouraged and distressed by the presence of the piano. To my great surprise, they insisted relentlessly on doing round dances like other children and the intense joy they show when they realise that one more inequality is disappearing made me understand the deaf child's tremendous urge for entering the social circle which surrounds him"; translated by Bachmann. [M-LB]

¹⁹ Centre pour Enfants Sourds de Montbrillant (CESM). The Département de l'instruction publique, de la culture et du sport (2016) still lists 'psychomotricien' amongst the professionals working in the multi-disciplinary team at CESM.

²⁰ Psychologist André Rey (1906–1965) had been a doctoral student of neurologist and child psychologist Édouard Claparède (1873-1940), a long-time collaborator and correspondent of Jaques-Dalcroze. Rey developed Claparède's Auditory Verbal Learning Test (1907).

²¹ Julian de Ajuriaguerra (1911-1993) was Chair of Psychiatry at Bel Air hospital, Geneva 1959-1975. Particularly interested in the connections between child motor development, integration and socialisation, as well

And I was told that at the time (I suppose Claire-Lise Dutoit said this to me) the Institut Jaques-Dalcroze had missed an opportunity of collaborating with him: Dr Ajuriaguerra seemingly had offered Madame Croptier, who was the director at the time, to undertake something together, and Madame Croptier did not seize the opportunity.²² Then he found someone outside Dalcroze who was, I must say, a rather bad musician. She used the piano, but in a very rude way, as I happened to see. All the same, I think Ajuriaguerra had very valuable theories about psychomotricity and that it could have been a nice collaboration.

Also, he was influential in Geneva, so what he did together with this lady was accepted earlier than Dalcroze as an academic training. (It was not yet at the university then, it was at the school for social sciences; but it was official all the same, whereas Claire-Lise Dutoit was alone.) But we soon had more and more Dalcroze people interested. So there were two different trainings in Geneva. Nevertheless, we were also recognised on a federal level, by the disability insurance, to take care of people. So psychomotor therapy by means of Dalcroze Eurhythmics was eventually confirmed as a recognised treatment.

JH: You talked about Claire-Lise Dutoit's work with deaf children. It would be interesting if you could just describe a typical exercise that you witnessed her doing.

M-LB: Claire-Lise was asked by the Montbrillant institution for the deaf to help a group of deaf teenagers to prepare a show for the end of the year. (This took place in the 70s, after she had left the Institut together with me and Micheline Duchosal, and all three of us were running a private centre.) And so Claire-Lise Dutoit said okay, but first we needed to have a weekly lesson with them for the whole school year. And so all three of us went to the institution each week. It took place in the dining room. We pushed all the tables away and had lessons with them. And there I learnt very

as muscular tone, flexibility, balance, reflexes and relaxation, his 1000-page *Handbook of Child Psychiatry and Psychology* (1979) became widely influential (Bergeron 1994; Siguán 1994). The relationship of Ajuriaguerra's clinical practice and research interests to Dalcroze Eurhythmics, via his interest in psychomotricity, would repay further study.

²² Marguerite Croptier-Lange (1901-1990) was director of the Institut Jaques-Dalcroze, 1948-1967. She gained her diploma in Geneva in 1923.

much. Claire-Lise already knew this population well, so she taught us very useful things, namely that these people can imitate well, can observe well, but when they have to imagine and think inside, their representation can often be poor.

There was not sign language at that time in Geneva. So they had learnt to lip-read. And also they read facial and gesture expressions; they were very expressive themselves. But you had to be careful to have them always facing you when you spoke, you could not call them, "here guys, come on!". Of course, we had all the usual well-known exercises to be done with the deaf, feeling, sounding, resonance; either come and touch the piano, or have a drum and put your hand on the drum and feel the rhythm. To make them feel best what the rhythm is, you have to play quite low pitches, rather than the high pitches on the piano.

This way they feel, and they can step according to the tempo, and run, and follow all the rhythms that way. The same thing with balloons. So, they hold it and they feel very well all the tiny little sound impulses communicated by the airwaves inside the balloon. And as we were preparing this spectacle, I still learnt other things. For instance, they can move well, but if they are in the night, they don't move anymore. They just stop. They're afraid because they don't have sufficient feedback. When we are in the dark, even unconsciously we hear things, so we know that we are passing by a hole or a window or other people, but they, as we noticed, were staying motionless. So we had to train them until they could do it, because in a show you always have a time where things go to a blackout, and you nevertheless have to move.²³ We also had to train them to imagine things. For instance, we encouraged them to draw. And we said, "let's try to draw a house, but not like houses usually are. For instance, the staircase is on the roof, things like that". And one of them drew the chimney on the floor, or they put the window in the grass, and so on. And one of these youngsters, one day exclaimed: "Oh, it's like in our dreams!". And so we went on doing these things with them.

²³ For instance, at one moment of the show, they were supposed to be in a museum, some of them being visitors, some others being statues. The visitors were invited to 'reach the next room' on stage. This required a minute of blackout, during which the statues had to change their position to become new statues in the so-called 'next room'. In order to have achieve this, we proceeded in turning off half of the lights only, then most of the lights, and eventually all of them in the process of rehearsal [M-LB].

And this gave us the idea of entitling the show *For Each Day His Dream* [À chaque jour suffit son rêve]. And it ended in representing a whole week: in the daytime some event happened that appealed to their good capacity for imitation and mimicking expressions; and in the night the dream of the day would spring up. So they had to use their imagination. For instance, in the first day there was a fisherman, he gets up, he washes himself, he goes on the lake rowing in his boat, he catches a fish. And then in the night a big threatening fish comes out of the lake (there were several people representing the big fish) and eats the fisherman. Or another day was the washing day, so they washed the clothes, they hung them out, and then in the night the clothes became ghosts with the help of black light. Until we had seven double stories like this. All of them were made up by the children, and we helped them to shape their ideas. They even made up a poem!²⁴

And so it was a really very large experiment and then we were a bunch of three, four Dalcroze people to make the music and speech fit to the situation, improvising on the piano, drums, flutes: on one hand, they felt the tempo thanks to the wooden floor, but on the other hand we would also follow and musically describe their upper body movements or gestures. And the public had forgotten they were deaf, you know, by the end. When the audience applauded we had to tell them, "Lift your hands so that they can see that you are applauding!". They had forgotten that. It was very rewarding!

So I learnt much about these children. What was wonderful with Claire-Lise Dutoit was that she was a wonderful observer. She taught me really much in this regard; for instance, to tell the difference between two boys that are not able to jump or to run. She would say for instance, when they jump you'll see some people who jump with their whole body. They want to carry the whole thing. [*Marie-Laure stands up to demonstrate.*] Then you have the other one, he knows only about his legs and not about the use of the upper body; same with the bouncing and so on. So it is all these details that are so evident in deprived children. It's like looking through a...

²⁴ This poem was collaboratively written to illustrate the dream of a housewife who, while having had to overcome her covetousness in the daytime, dreamed that she was a queen receiving a succession of gifts, each one more extraordinary than the previous and one of them being, as I recall, a caterpillar skin cloak [une cape en peau de chenille]! [M-LB]

JH: Microscope?

M-LB: The one you take to read when you have...

JH: Oh, the magnifying glass.

M-LB: Magnifying glass, yes. But then when you have to work with 'normal' young people – or even professional students – you see the same issues. You can notice these issues easier once you have seen them magnified, like that. It helped me very much. If I had only worked with the 'normal' ones, I'm not sure I would have detected them. But after that you can see much more and help them better.

JH: Fascinating.

M-LB: And Claire-Lise was very well aware that to be a Dalcroze therapist is really to have a 'Dalcroze eye' – that is on time, space, energy. So this guy, if he has a problem bouncing his ball, is it a question of time? A question of energy? Is it a question of space? Once you answer these questions, you can help him; the music you improvise can help him in that very way, because the music can point out and model the movements' curves, duration, directions, nuances. It helps the child listen to the space of music, listen to the energy of music and helps him in that very way. And so I owe very much to Claire-Lise Dutoit because she was very precise and most clear-sighted in expressing this knowledge. She was the only one who did it so clearly.

JH: Besides her, are there any other figures who stand out for you, people who were influential in terms of your therapeutic work? For example, did you ever see Mimi Scheiblauber working?²⁵

M-LB: No, I never saw her. I saw her film *Ursula*, but this was later.²⁶ A book I read which was helpful was by a dancer who was also a Dalcrozian, the dance therapist Trudi Schoop: *Won't You Join the Dance*. Very interesting, it was very enlightening.²⁷ Among other things, she points out the disconnection, in some psychotic people, between different parts of the body. For instance, someone

²⁵ Mimi Scheiblauber (1891-1968), Swiss pioneer music therapist, was one of Jaques-Dalcroze's first students at Hellerau (diploma 1912). See interview with Eleonore Witoszynskij in this volume.

²⁶ *Ursula oder das unwerte Leben* (dirs. Mertens, R. and Marti, W.) is a film from 1966. It is available as part of 3-DVD set Mimi Scheiblauber (Deutsches Tanzfilminstitut and AMBR 2009/2013).

²⁷ Schoop and Mitchell (1974).

having a light joyful gait together with a fierce and tragic face; or someone with a heavy, tired attitude showing a sardonic and mischievous face. This inspired me to find some interesting dissociation exercises to do with the professional students! By the way, Émile Jaques-Dalcroze successfully applied to sighted students the exercises he devised for blind people!

Another thing that was influential was the compulsory work experience with children I had prior to entering university: I had chosen to accompany mentally handicapped children to a summer camp. My first feeling, when entering the bus where we all were sitting, was fear, joined to slight disgust. I hardly dared to lean against my seatback. But my last feeling, after the camp was over, was a great deal of admiration for these children's strength and courage.

In the meantime, I had experienced the superhuman efforts they were ready to accomplish in order to progress, and I granted big credit to each stage of their faint, tiny progress, which seemed gigantic to me by comparison with the laziness and lack of motivation encountered in numerous normally gifted children who could succeed without having to fight.

JH: So you did, I think, two years then at the university, and then in your third year was when you had this time observing Claire-Lise.

M-LB: Exactly.

JH: Then you went back to the university to complete...?

M-LB: Then I finished this diploma for children with special needs, and then I went to the Institut Jaques-Dalcroze to complete my Dalcroze studies. Then I stayed to be the attendant of Claire-Lise Dutoit during the whole period she was the director of the Institut. When she left the Institut, I quit the Institut with her and my colleague Micheline Duchosal. The department of Dalcroze re-education closed. And then we founded what we called the Centre d'Expression Psychomotrice (Centre for Psychomotor Expression). We had an apartment with a big room, plus a smaller one, where we could work with children. Dr Feldmann was still sending us clients, other doctors as well, some who worked in medico-pedagogical centres and also institutions; even the Institut Jaques-Dalcroze sent us clients. The Rhythmics teachers, when they had someone who did not 'fit', would send them to us, rather than integrating them in a very large group of 18 or more children. We always

had small groups, never more than five or six, rather four, five. And sometimes one alone, or two together. Some of them, after one or two years with us, would go back to a 'normal' course in Rhythmics. We had all kinds of people, you know, a large amount of them only had psychomotor difficulties which schools found it hard to accommodate, in spite of a broadly 'normal' or even bright intelligence. But some others had very, very complex needs: Down's syndrome, some without language, some did not walk, or hardly, some were blind or deaf. And so it was a large experience, an opportunity to experiment on very many sides.

JH: And when we were discussing at lunchtime, you made a brief comparison between what was happening here in Geneva and in German-speaking Switzerland. Did you say that these therapeutic developments of Dalcroze happened earlier in these other parts?

M-LB: Yes, I think it did. It was installed in different parts of Switzerland, like Zurich where Mimi Scheiblauber was, and where she had trained people. So Eurhythmics was almost already directed to the therapeutic side. And so it was known early as a therapeutic thing because of Mimi Scheiblauber probably. Also on the German side of Switzerland they had another mentality and – except in Biel, a bilingual city, where there were always one or two teachers coming from Geneva – Rhythmics trainings also had teachers coming from south Germany or having been trained in Germany.

In fact, we felt somewhat closer to England than to German Switzerland as for the contents of Eurhythmics, you know? To England or to the United States even. Because all the main Dalcroze people in England or in the States had come to Geneva in order to earn the diploma. So the Dalcroze practice was more unified, more recognisable, between all the people who had got their diploma in Geneva or who had studied with these teachers. In German Switzerland, they were more often inviting people from Germany who had continued Eurhythmics after Hellerau, but without being allowed or not willing to use the name of Dalcroze for many years, except for a few who remained faithful to him.²⁸

²⁸ In June 1914, Jaques-Dalcroze – who had left his Institute in Hellerau (Germany) for what should have been a mere few weeks – was staying in Switzerland when World War I broke out. It was here that he signed, with other Swiss intellectuals and artists, a letter of protest against the destruction of Reims Cathedral by the German army. This caused him to be persona non grata

And as I said, the German mentality is quite different from ours. In particular, they went more towards the body side, the dance side, body analysis, interiority. Many had dropped most of the exercises Jaques-Dalcroze had imagined for what he called the "éducation du système nerveux" and the "fight against arrhythmia".²⁹ For a long time there was hardly any contact between Geneva and Germany, until it started again, but in the meantime these traditions had time to develop in their own way. Let's not forget either that Jaques-Dalcroze himself was present in Geneva for some 30 additional years after having left Germany!

JH: It would be useful to explore a little bit the relationship between psychomotricity and Eurhythmics because from a point of view of an English-speaking music therapist, psychomotricity is not a word I've come across. And I'm wondering, is it something more developed here, or on the European continent, compared to the UK perhaps?

M-LB: I'm not so very learned in the history of it, but I know it's used in France as 'psychomotricité'. But it should be used, more accurately, as an adjective: psychomotor education, or psychomotor therapy. Everyone has his own 'psychomotricité', which means all motor functions considered in terms of their relationship with the psyche. For practical considerations, the word is used in French as a shortcut to define the profession, or the craft, of the 'psychomotricians', who dispense an educational therapy aiming to improve the synergy between the psyche and motor functions.³⁰

You see, I think it's a faulty word, I don't like it as such. But yes, Rhythmics is by definition a psychomotor education, but with music as its basis. Both in France and Switzerland they do have

in Germany and he was forbidden to come back to Hellerau, where a large part of his German students abjured him, and loudly rejected him. The German government then prohibited the promotion or advertising of his name, and many years would pass before Jaques-Dalcroze went back to, or had any contact with, Germany, except for connections with a very small number of faithful disciples [M-LB].

²⁹ For more information on arrhythmia, see Jaques-Dalcroze (1919/1967, 1942).

³⁰ More information can be found in the European Psychomotricity Journal, which was founded in 2008: <http://www.psychomotor.gr>. The 7th International Conference of Psychomotricity 'Psychomotor Therapy and Motivation to Physical Activity' took place in April 2016: <http://en.psychomot.cz>

trainings in psychomotricity, which I don't know very well except that they are somewhat like second or third cousins to a Dalcroze training! They are probably more learned than we are in all the vocabulary, the theory, the conceptual knowledge of all the neuromotor details.

I know they sometimes use music or songs, but it's one tool among others. In Dalcroze you have the music as the very fundamental tool, you know, that provokes reactions, calms or excites, or guides, channels, we say. As much as you can help him that way, you may also disrupt a child by playing unsuitably. For instance, you ask him to hit four times with one hand, four times with the other hand. After a while, if you play correctly, he doesn't need to count anymore, he feels the moment when it has to change hands because the music says so: four here, four there. This way he can put his attention on other things than counting, like feeling the nuances or varying the tempo. You see? But if you lose your regular four-bar structure, you can make him go wrong, because your music counts may be three, and he counts four. I happened to attend such a lesson, it was an Orff course in Paris, in which the teacher had the children sing a song in 4/4 while she mistakenly conducted in 3/4, quite unaware. So music has to be a help. Often you can tell a child, through music, things that he will not understand through words. Depending how you play a melody, for instance, a child who is otherwise always ready to do something else, to lose his attention, when we want him to go along on his activity, if he listens and hears that the music is not ended yet, if he expects it will last longer, he will be carried on to keep going instead of stopping after a few tries.

And so on. There are many, many ways the music will help him to find his balance also. The fact that Eurhythmics starts from where you are, how you are, at whatever stage; you have many children that are too slow, for instance, the mother will always tell them to hurry up, they are always late, always made to hurry. This is terribly uncomfortable. But if we play the piano, sustaining his own tempo, the child feels comfortable with his own slowness, and why not? And then little by little we can push it a little bit, invite him, through music, to increase his speed and accompany him at this quicker pace. And so the power of sound and music is much bigger than we expect, sometimes, and so I think this is interesting. For me it is the most interesting thing! Of course it always refers to a state of being or to organic movement.

JH: And what's the role of improvisation and creativity on behalf of the pupil or the student? Because obviously music can incite, it can stimulate, it can channel, it can guide. So in your experience, how did you encourage the children themselves to create with music or to improvise, in movement or in music?

M-LB: I didn't much. What I observed is that the children wanted to work usually in the field where they felt less able. They want to be performing, to succeed in what they are doing. So, first I ask the child. I may advise him, but I usually will make him choose. For instance, "What do you want to do today? Here are my materials, which one do we take?" So he has a choice, he often comes saying first: "Oh, I want to go and do this and that again like we tried last week!", because he badly wants to eventually succeed. Very often, children don't choose the things they are already good at, they want to get better in their weak areas.

I had a little girl who was severely handicapped in her walking; she had a motor cerebral infirmity [cerebral palsy]. To lift her feet was very painful for her. And so she wanted to be able to step across something. There was a rope at hand and she wanted to be able to cross it. [*Marie-Laure stands up to demonstrate.*] But I fixed it too high for her. I noticed it almost at once, so it was my fault. I told her, I insisted. But she would not give up. She wanted to try again and again, and I had to find a way to distract her and during that short time I fixed the rope a little lower without her noticing, so she was eventually able to cross it. Very often I had children wanting to succeed at any price, even when they could have chosen something easier.

When there was a group, it was not exactly the same because we had to agree on something we would do together or maybe we might do what one particular child chose and everyone did the same thing, for instance a ball exercise. We also did imagination games, like we take a stick and say – "Let's pretend it's not a stick, what is it?" And someone says – "Oh, it's a fork", or someone, "It's a flute", or so on, using it in the ways they suggested. Or they invented suggestions for the exercises, for instance "When I say hopp, you go backwards, and when I say another hopp what could you do?" Or, "When the piano says hopp you jump, and on the next hopp you do something else, like what?"³¹ Or they invent a position when the

³¹ 'Hipp' and 'hopp' are commands in quick reaction exercises, one of the classic elements of a Dalcroze education. The commands may be linked to any outcome (change of direction, change of speed, use of a different

music stops, they become a new statue or they invent another position, they find a new way of carrying objects, a new way of walking, things like that, for creativity. Or, with flat coloured sticks, they make up a drawing on the floor, trying to place them in time, following the tempo. Or again, they help me build a trail with hoops, chairs, benches, pieces of wood and ropes, and they walk over it (or under it) in their own manner (crawling, jumping, tip-toeing), then they do it again, with or without modification, according to my or others' suggestions.

Except for very small loud objects, like little cymbals, triangles, sticks or drums, as part of a rhythm, communication or self-control exercises, I didn't have them playing musical instruments. Some of them liked singing and I took this into account, but, with rare exceptions, this was not music tuition. It's rather the effect of music on them – and on their ability to follow, produce or invent rhythms or adapted movements, keeping them, and varying them – that I emphasised and trained.³²

JH: It's the internalisation of the music that is important. Through movement, the music is...

M-LB: Well, the final aim of therapy through Rhythmics is that success occurs once you can get rid of music, you see?! The music is here to help them become aware. It speaks for them. It gives them a sound image of what the movement is or should be, how long it lasts, how strong it is, and helps them to carry on this movement. But eventually the success occurs once the music is no longer necessary for the child being able to succeed. It is not supposed to remain a crutch forever. In other words, the aim is not that the child

part of the body etc.). Using two distinct sounds, in themselves meaningless, allows for any instruction to be attached to them temporarily.

³² The "music" we aim to, is what Jaques-Dalcroze named "music in the Greek sense of the word", that is the Harmony between Gesture (movement and expression of one's body), Word (movement and expression of one's thought) and Sound (movement and expression of one's soul). This is also what he aimed at in fighting arrhythmia. This, for him, was the main *raison d'être* of Eurhythmics. In other words, through music (mainly but not only), to try and help the child reach a better body-mind-feeling balance and, also, more concretely, help him to develop better agility, attention, sense of orientation, self-control, and help him to be able to adapt himself to different situations, to deal with the surrounding space, to get on with others. [M-LB]

becomes a musician or that he learns music, the aim is that some lasting change be brought about in his behaviour, his movements, or his acting and thinking, for the best.

JH: It develops his own resources.

M-LB: His own resources, with the help of rhythm and sound, which makes him acquire this rhythm inside himself, and then keep it inside himself.

JH: And even though you're entraining a particular movement, what would you say about the relationship of that to the mental or the emotional? Because even though it's a physical thing, is there also an element of satisfaction, pleasure?

M-LB: It depends on the children, but they mostly express excitement and/or pleasure when it is well done and when they are successful. For example, if they can bounce or catch a ball with just one hand instead of both and they realise all the progress they achieved, you know? And they feel joy when they progress from throwing a big ball to a smaller one, and they notice that it works.³³

There's always a new challenge to try, but the idea is to attain good anticipation, good sensation, the right degree of energy, and so with observation and explanation, and with the help of music, you can really act upon their use of energy, their use of space and their time awareness until they feel more alert, more empowered and consciously comfortable. I think this form of therapy through music is really effective.

And, you know, this is the aim of Rhythmics as such, not only of therapy; it's this same idea: putting the sensation, feeling and consciousness of the different parameters of music inside the body, it's what Jaques-Dalcroze wanted for his students and while doing that, they were learning music, they could study music and they soon were able to make good music. So when he says 'for the music', it means 'for the sake of music', for music's benefit,

³³ As Jaques-Dalcroze wrote, "Joy is attained with the first step towards progress"(1921/1967: 101) and "Joy arises in the child the moment his faculties are liberated from any restraint, and he becomes conscious of his control over them, and decides on the direction in which that control shall be exercised...this joy increases in proportion as our powers develop" (1921/1967: 99). In these cases, Claire-Lise Dutoit more than once emphasised how happy they looked, saying: "What is right is beautiful". The growth of their self-esteem was obviously adding to their joy. [M-LB]

you see?³⁴ But with Dalcroze therapy you can stop there (meaning that you don't need to have music learning or music playing as an aim); later on, you may want, or not, to study or to play music, or to learn arts, sports or anything else; but just being the 'best oneself' as possible, at all personal levels, and being able to use one's body and mind as effective and adaptive tools whatever the situation, this – in both cases – is the fundamental *raison d'être* of Rhythmics.

JH: Mentioning the word 'therapy' makes me think about how your work during your lifetime has existed alongside other types of music therapy in Switzerland in particular. Could you say a little bit about that? Do you feel that your work has been separated from other traditions, distinct from them? How has Eurhythmics as therapy existed amongst other types of music therapy during your lifetime?

M-LB: Well I did not know much about the other forms of music therapy. We heard sometimes that under this umbrella of music therapy you have quite a lot of things. In the 70s I happened to take part in a music therapy weekend organised by a musician called Kurt Pahlen.³⁵ Different kinds of music therapy were put forward, including Dalcroze. One of them was to have people listen to well-chosen music in order to feel better. Another one was giving them an instrumentarium and inviting them to play sounds themselves. I also met Juliette Alvin and her cello. Yet another was Steiner music therapy, based on the idea that if you have people listen to an interval of a third it doesn't have the same effect upon you as listening to a fifth or an octave, and so on, so they have people play a little harp or listen to this little harp and let the sounds act upon themselves. All of them claim to be successful and probably are. But there are some that prompted doubts. The worst I attended, in this regard, during that weekend, was a very determined lady showing us a little film in which she was blowing a crumhorn's fierce sounds into the face of a patient; she claimed it was curing him. There are so many things, good or bad, that could be called music therapy!

³⁴ The reference here is to Jaques-Dalcroze's famous dictum that his method is meant to be an education through and into music ('par et pour la musique'). See Bachmann (1991).

³⁵ Kurt Pahlen (1907-2003), Austrian conductor, composer and musicologist.

JH: I'm aware that there is some interaction between music therapists in Switzerland and the Dalcroze teachers who are practising in this area. For example, recently there was a training weekend here at the Institut, which was delivered by a Dalcroze practitioner, but you also had a Swiss music therapist. So, do you feel this is important, this sort of interaction? Why would you choose to organise a weekend in that way?

M-LB: Yes, I think it's important to know about everything that exists. On the other hand, if someone goes into a specialism strong enough and deep enough, he or she will come into contact with all the others. In a discipline like Dalcroze Eurhythmics, in itself so wide, so multi-faceted, and likely to be influenced by external theories, it is first necessary to be well-anchored. I think the more we go to the basic, fundamental things in our method, the more we are keen to meet all these other 'methods' and take them into consideration. And then we can understand all these other ways of working and maybe also be enriched by these ideas. But if you give the students or young teachers all this at once, it makes a jam. And so I would say that Dalcroze Eurhythmics already has much to offer in itself, and often more than other practices or at least as much.

So it's important to know that what we do is not a mere addition to (nor a mixture of) everything that exists, but that it has very strong basic principles; and only then can one go and discover all what exists and enrich oneself. It seems to be a tendency today to collect all that we can and put one thing into another and forget about our own strengths. And if we lose them, I'm not confident at all that other practices will give them back to us.

JH: So in terms of your own career, you have maintained and taught these principles yourself for many years. And I think it was in the mid-1970s when you were invited to be the director of the Institut. Is that correct?

M-LB: No, this was in 1990, because once I left together with Claire-Lise Dutoit, I then achieved my licence in psychology in the university while we were out of the Institut. 1973 was my coming back to the Institut, where I resumed teaching in the professional curriculum for 17 more years, something like that, until I was then asked to become the next director of the Institut after

Dominique Porte, in 1990.³⁶ Then I still taught a little bit while I was the director, from 1990 to 2006.

JH: Okay. One question that came to me whilst you were talking was to do with filming. Do you know if anybody filmed Claire-Lise Dutoit's work in therapy?

M-LB: No, I don't think so. There may have been a project, but I don't remember.³⁷

JH: Or yours?

M-LB: No, no, never in therapy. I remember we had demonstration classes at times, namely in 1965 we had the demonstration in the Institut with a group of children from Claire-Lise's studio. I don't know of any film on this. No.

JH: Photographs perhaps?

M-LB: I'm not sure. It was not the fashion at this time, it was not much used then. Even the professional students' Plastique animée performances were very rarely filmed or photographed, alas!

JH: Okay, I think you've spoken a lot and you've given a lot. Thank you very much Marie-Laure.

M-LB: Thanks to you also.

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³⁶ Dominique Porte (1928-2010) was director of the Institut Jaques-Dalcroze 1971-1990.

³⁷ A film on 'Psycho-motor re-education by means of Dalcroze Eurhythmics', by Dutoit and Feldmann, is mentioned in *Le Rythme*, the journal of the International Union of Dalcroze Teachers, now known as FIER (UIPD 1964: 66), but the authors have not been able to locate it.

**SPECIAL ISSUE**

Dalcroze Eurhythmics in music therapy and special music education

Interview

Memories of Mimi Scheiblauber and the development of Dalcroze Eurhythmics as a therapeutic practice: An interview with Eleonore Witoszynskij

John Habron & Eleonore Witoszynskij

ABSTRACT

In this interview, Witoszynskij remembers her first encounter with Rhythmics during the period immediately after the Second World War. In the early 1960s, she had the opportunity to shadow Mimi Scheiblauber, who had been a pupil of Jaques-Dalcroze and was a pioneer in the development of music therapy. Witoszynskij recalls in detail Scheiblauber's approach to teaching, describing the strategies and exercises she devised, and speaks of the deep impression this experience made on her. The interview also contains reflections on her teachers Brigitte Müller and Rosalia Chladek, who would later become her colleagues. Witoszynskij shares her theoretical perspectives on music and movement, developed during work with children with various disabilities and adults with cancer, and through a commitment to continual study. This interview will be relevant to researchers in Dalcroze Studies, historians of rhythmic education and music therapy, and anyone interested in the practice and theory of music and movement that developed from the work of Jaques-Dalcroze, especially in German-speaking Switzerland and Austria.

KEYWORDS

Dalcroze Eurhythmics, Rhythmics, music, Mimi Scheiblauber, Brigitte Müller, Rosalia Chladek, Cary Rick

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Born in Vienna in 1941, **Eleonore Witoszynskij** (MPhil) took Rhythmic Studies at the Conservatory of Zurich and the University of Music and Performing Arts, Vienna (Universität für Musik und darstellende Kunst Wien, or mdw). Besides studying piano and recorder, she undertook additional studies in instrumental teaching, psychology and therapy education, as well as dance therapy and analysis of movement for people with physical and mental disabilities. Witoszynskij has extensive teaching experience at the Institute of Music and Movement Education & Music Therapy at mdw, where she began work in 1968 and is currently university professor in the theory of music and movement. Her publications include *Erziehung durch Musik & Bewegung* (3rd Edition, 2011), *Lebendiges Lernen durch Musik, Bewegung, Sprache* (2009) and numerous articles.

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INTRODUCTION

The interview was recorded on 29 July 2015, in Vienna, Austria. The English has been corrected and repeated expressions deleted to aid smooth reading, but otherwise it is left untouched to retain the character of Witoszynskyj's speech. Footnotes add useful biographical detail and contextual information. Some of these were provided, or augmented, by Witoszynskyj herself during a subsequent meeting in Vienna (9 July 2016) and a period of email correspondence to edit the interview.

INTERVIEW

JH: Eleonore, could you please tell me about your first contact with Rhythmics?

EW: Yes, my first contact was with a pupil of Mimi Scheiblauber who taught not only music education, but also put other emphases on her work.¹ It was fascinating for me that children could react without words, and could do things without words. And these were groups that included really difficult children. It was amazing for me. And I thought that it must be through music.

JH: And what was the name of this student of Mimi?

EW: This was Annemarie Reichard-Kunz.² I met her, I think, on an excursion. Perhaps I should describe the background. After the war, it was necessary to change the ideals of teachers and kindergarten teachers because they had all been instructed by the National Socialist ideals. It was necessary to find alternative ideas, and it was part of a certain programme to re-educate people working in pedagogic fields. And I think it was in the frame of this programme that I got to know

¹ Mimi (Marie-Elisabeth) Scheiblauber (1891-1968) had her first lessons in Rhythmics with Paul Boepple (pupil of Jaques-Dalcroze) in Basel, in 1904. Later she became a pupil of Jaques-Dalcroze, first in Geneva and then in Hellerau, where she gained her diploma in 1911. From 1926 until 1968, she was head of the Rhythmics seminar at the Zurich Conservatory.

² Annemarie Reichard-Kunz (b.1929), a Swiss Rhythmics teacher and trainer of kindergarten teachers and teachers in special music education. After studying in Zurich, she came to Vienna and was based there. She taught Rhythmics at the Vienna Music Academy (1964-1968) [EW].

Annemarie Reichard-Kunz, this pupil of Mimi Scheiblauber.

So, this was my first meeting with Rhythmics. After this meeting, I decided to take all courses in Vienna given by Annemarie and I did all these courses twice because it was so interesting for me! One day, Annemarie asked me if I would be interested to go to Zurich, to Mimi Scheiblauber. For me this was like as if you asked Muslim to go to Mecca! It was really like that. At this time, I worked in a primary school and I had to find a way to arrange leave for this opportunity. I had a very, very generous boss, and I had to write a proposal. This seemed to be convincing and he promised to support my idea with a period of paid leave. The condition was that when I came back, I should share my new experience with other colleagues. This was an offer you couldn't refuse.

So I got this chance, but in Mimi Scheiblauber's eyes I was far too young because she thought I probably wouldn't understand everything behind what she did. But because of my previous pedagogic training, I had the chance also to look from another perspective. And so I was fascinated by this way of working, which looked from the first point of view just like a situation in a music school. But, I could feel and I could really observe her additional, and perhaps her main objectives and intentions, which were individual development of the personality through music and movement. This was really a highlight for me.

JH: How long did you spend with her?

EW: Only one semester, but because of this opportunity to shadow her during the week, I had the chance to have half of the study just in one semester because I did all the different levels (first, third and fifth) at the same time.³ Challenging, but very enriching because of this reason. I remember a sort of 'entrance exam'. I had to step a rhythm of 48 bars by heart, with changing metres, whilst conducting!

JH: And can you remember the year that you went?

EW: Yes, I was there in 1960, and then four weeks, in order to finish my semester, in autumn 1962.

JH: Mimi Scheiblauber was a pupil of Jaques-Dalcroze, so were you aware of the connection to

³ Autumn semesters contained the first, third and fifth parts of the training [EW].

his work when you studied with Annemarie Reichard-Kunz?

EW: No, there was no time for history in this course. The main objective of Scheiblauser was I think to teach us students in so called 'Classical Rhythmics' after Jaques-Dalcroze and to learn how to teach children using Rhythmics as she did. There was no accent on music education. Instead of that she put the accent on education in general, developing the senses, concentration, reaction and coordination, also social exercises and imagination exercises. She said Rhythmics is "based on movement and accompanied by music", which was at this time a different definition from what Jaques-Dalcroze said. For him Rhythmics was a "method of education through and into music".

I thought it would be useful to describe the differences between the original version of Rhythmics near Jaques-Dalcroze at the beginning and what it became. In Rhythmics we have these three elements: time, space and dynamic. Together, these three elements combine to make musical form and movement form (Figure 1). And music and movement, as we know, are the two essential elements in our work.

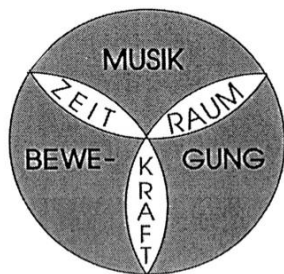


Figure 1: Witoszynskyj's diagram of the essential elements of Rhythmics: Time, space and dynamic or energy (Zeit, Raum, Kraft), with music and movement (Musik, Bewegung)

The development that I observed with Mimi Scheiblauser was that she used this version for us students in the professional programme. That means she tried to develop our musical competencies in the classical Dalcrozian form. But, in other groups, she emphasised other aspects that were already present in this original music education work. This is very important to say. She increased certain elements, for example perception, not only listening, but also seeing and feeling. And she increased improvisation, which

meant that children could work with material⁴ and this way they could develop their creativity.⁵ And she increased the field that she called social exercises, the field of communication (Figure 2). She didn't continue to have music education as

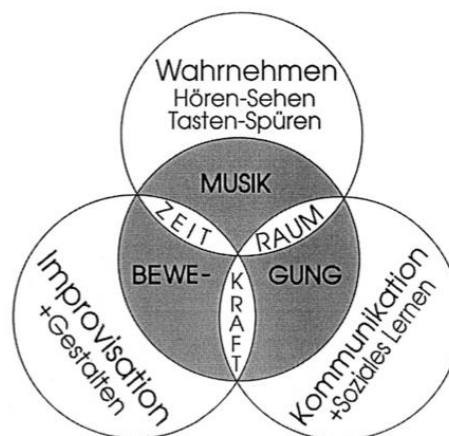


Figure 2: Rhythmic-musical education – representation of objectives and fields of activity (Witoszynskyj, 1987: 94)⁶

⁴ Materials include balls, sticks, hoops and scarves, and small instruments such as tambours and shakers.

⁵ The children had to collect these materials at the beginning of the class and place them under their chair. The attention of the children was focused on these objects and so they were more attentive and could immediately show what they understood from the music. Sometimes it was not possible for them to show this with the body only, but the material allowed for this. The children show how they treat these materials and in this way you can learn how they treat others; the material allows a projection. And if they learn to treat the different materials in the way the material demands, they are able to transfer this ability to how they treat different people. You give them the ability to differentiate in how they treat others. They were able to do this in situations that were relaxed and playful. Instead of speaking, Mimi Scheiblauser used 'Signale' such as 'Alle Kinder kommen her zu mir' [Witoszynskyj sings with an oscillating perfect fourth]. And all the children were happy to recognise these different melodies. She also used, for instance, 'Bimmel-Bammel Sequenz'. Depending on the different sounds from the piano the children had to move their legs whilst sitting (middle-range notes), or moving onto the floor and lying on their front (low notes), or standing on the chair, facing backwards and moving the arms above their heads (high notes) [Witoszynskyj demonstrates, standing on a chair and then getting down to lie on the floor]. The music was simple diatonic melodies and always given by the same melody, so that children could remember them [EW].

⁶ This shows Figure 1 expanded to include: perception (listening, seeing, touching, sensing), improvisation (and forming) and communication (and social skills).

aim, as objective, as intention. She used music and movement as a medium. Remember that Jaques-Dalcroze described Rhythmics as “éducation pour and par la musique” [education through and into music]!

And this I found really very interesting, because she attended to the needs of the children, and even individual needs. If we have handicapped children, you need to come closer to them, to their particular personality because they are so individual, and they need a different treatment compared to that of a class of children in the music school because they won't all make progress in the direction of music education. But in this way, if we have a class of children with special needs, it is really necessary to come closer to their individual needs, and to offer them things besides music education.

And this was very impressive for me to observe in her lessons. This experience helped me later when I taught at the Academy (later University of Music⁷), and our Rhythmics students had at the same time many more possibilities for working in different fields, not only the music schools. And so we could expand our areas of work, if we could use the potential of Rhythmics not only in the music school, but also education, special education, and even within the frame of therapy.

We are not therapists, but some Rhythmics teachers work in the frame of therapy. And using this extended version of Rhythmics allows you to emphasise special fields, and what is now my experience is that you don't leave the other fields. Even if you have a child with difficulties in perception, it isn't necessary to give them perception exercises only, to train them in their weaknesses only. Because the other fields, for example showing them that they can be creative in their own way, supports their self-confidence. This is a very important experience for these children. And I think this extended version is overall very helpful because it is so flexible and you can see the progress that children make this way. If you have only the original version, you are not as flexible as it would be necessary in our work with children with special needs. On the other hand, if my task is to develop musical abilities, I have the original version. And so I'm really very happy to have had this experience with Mimi Scheiblaue. As a result, we have both versions and possibilities to help children in the different fields of our work.

⁷ The Academie für Musik und darstellende Kunst became the Hochschule für Musik und darstellende Kunst in 1970, and then the Universität für Musik und darstellende Kunst in 1998.

JH: Thank you, Eleonore. Could you tell me why you made these graphics [Figures 1 and 2]?

EW: Yes, I tried to explain these differences in my master's thesis in 1987. The title was The Development of Eurhythmics and the Transformation of a Pedagogic Idea.⁸ In order to describe this change, I created this picture (Figure 2) and my students always encouraged me to use it in other articles because it also shows the Dalcrozian origin, and I really value this version. It's also a gesture of respect to show where we come from. But sometimes you need other intentions besides music education and so this graph tries to show both; music and movement education not only used for the purposes of music education, but also music and movement used as medium.

JH: And do you think that this understanding that you have put into visual form comes mainly from observing Mimi Scheiblaue at work, or more from talking with her? Did she talk about the work in these ways?

EW: Not really, because I made this graphic later, reflecting on my experiences with her work. She called these “extended” fields concentration exercises, reaction exercises, memory exercises, coordination exercises, the motoric sense field you might say. But she herself called them exercises, exercises, exercises as Jaques-Dalcroze did in his original books. And she followed this way and continued with her exercises. But, she was in my view the first who gave names to this educational point of view. For example, she said this is a concentration exercise, because it improves your concentration. And that is an exercise to improve your memory or your ability to react and so on and so on. And so this gave me the idea about the main view of her work. She herself described Rhythmics as an “education that emanates from movement and is supported by music”. And this shows you the quality of music as a medium. This was an impressive experience for me.

JH: Did Scheiblaue herself talk about how she began her work?

EW: No, I didn't hear her to speak about these things but you will find some biographic sketches and even more about her life in this book.⁹

⁸ Witoszynskij (1987).

⁹ Neikes (1969).

JH: And when you went to visit her for that semester, where exactly was she working?

EW: At the Zurich conservatory where she offered a professional programme for Rhythmics teachers. And there were also classes with children, and even handicapped children, and in addition every Wednesday she went to the Institute for Deaf Children. And I could go to watch her lessons there.

JH: So the children with disabilities came to the conservatoire for the classes?

EW: Yes, they were brought by their parents or grandparents. I remember these lessons very well because they were very impressive. You could see the progress, even in one lesson. I even remember the names Yael and Salome. These two girls were sisters; one was seriously handicapped and the other less so. The way Mimi treated these children was fantastic. On the one hand she was a little bit strict, as it was perhaps normal at this time. So one has always to consider the distance of time. At this time she was an authority and she treated these children in a sort of soft strength. This was impressive. It was a warm treatment, but in a little bit controlled way, as we would say today. She didn't show too much her feelings, as we would do today. She was a person who knew exactly what she did, as with my teachers at this time, such as Chladek¹⁰ and Müller.¹¹

JH: You said that the children were brought by their parents and grandparents. Did Mimi ever involve them?

EW: No, I did not see that. She used very often materials. And sometimes I thought that she could

¹⁰ Rosalia Chladek (1905-1995), born in Brünn (Moravia), was a free dance protagonist in the tradition of Ausdruckstanz (expressionist dance), who developed her own system of modern dance education. She trained at the School of Rhythm, Music and Physical Education at Hellerau, Jaques-Dalcroze's former school (1921-1924), going on to teach there and at Hellerau-Laxenburg (1924-1928 and 1930-1938), after the school moved to Austria in 1925 (Oberzaucher-Schüller & Giel 2011).

¹¹ Brigitte Müller (1904-1993), born in Germany, was a Rhythmics teacher, who also trained at Hellerau and Hellerau-Laxenburg. She completed her studies at the Musik Hochschule (Berlin). From 1932-1939, Müller was head of the Eurhythmics programme in Hellerau-Laxenburg. In 1941, she started teaching at the Music Academy in Vienna, where she later established a new professional programme for Eurhythmics teachers (1959) [EW].

have been influenced by Montessori, but this is only an idea.¹² I know that Montessori had been invited to the summer school of Hellerau-Laxenburg. We find her name in the list of guest teachers. And I read that Christine Baer-Frissell, under the name Christine Potter, was a pupil in Hellerau and at the same time as Mimi Scheiblaue was in the list of pupils of Jaques-Dalcroze.¹³ This must have been in 1910-1911. And so I could think that these two women could have had similar ideas, how to treat children. Christine Baer-Frissell, a very open-minded person in terms of education connected to Montessori, considered Rhythmics as "music education through the body, and body education through music". And I think for Jaques-Dalcroze the second half of this definition was probably too much. He didn't like this point of view, perhaps in his eyes it was too much in the direction of dance? Jaques-Dalcroze had already been criticised in Hellerau for considering movement as a 'servant' for music, and some teachers wanted him to give more open space for movement. And after his time, his pupils and successors in Hellerau and later in Hellerau-Laxenburg changed to a version of Rhythmics with a somewhat larger role for creative movement.

JH: Listening to you, a few questions came to mind about Mimi Scheiblaue and her work. So, besides the conservatoire you said that she spent half a day a week at the Institute for Deaf Children. How would you describe the contrast between her work there and at the conservatoire? How would you compare them?

EW: Concerning treatment of handicapped children there was no difference at the conservatory. In the Institute for the Deaf, the situation was a little bit different, because she had a bigger group than in

¹² Maria Montessori (1870-1952) was an Italian physician and educational reformer, who developed a child-centred approach to teaching and learning that emphasised spontaneity and sensory exploration. She visited Jaques-Dalcroze's school in Hellerau (Kessler-Kakoulidis 2016).

¹³ Christine Baer-Frissell (1878-1932) was responsible, along with Valeria Kratina, for reopening a school at Hellerau in 1919 and went on to become head of the Hellerau-Laxenburg school. By 1930, she had convinced the city of Vienna to introduce Rhythmics into the kindergarten curriculum (Oberzaucher-Schüller and Giel, 2011). Baer-Frissell was known as an excellent pianist and accompanist of movement, persuasive ambassador for Rhythmics (performing on the radio and writing articles), and a pedagogue who collaborated with Montessori teachers. [Additions EW]

the conservatory. And this was a class, I think. And you find a picture in this book. Here, we see her.¹⁴ She tried to let them feel the rhythm. And for us it was amazing to see that the children were able to feel the rhythm exactly in the same time as it was given. This was really very impressive, and sometimes she used balloons and the children kept them near to the forehead in order to get the vibrations. They could feel exactly the tempo in which they had to move through the room. And they changed exactly the tempo as given from the piano. And once, one boy said, "I hear!". This was really an impressive situation. Unforgettable! "I can hear!". This way you could feel the importance of her work for these children, because to differentiate the rhythmic pattern helped them with their efforts to learn how to speak. She gave them the idea of listening. It was really convincing for me.

JH: At the Deaf Institute, were there doctors involved in the treatment and care of the children?

EW: I think so, but I'm not informed about the other treatments at this institute. This was school and boarding school all in one I think.

JH: And so were you aware of any contact between Mimi and the other staff?

EW: No.

JH: Were you aware that she kept notes about each class?

EW: She had the sort of copybook with her where she always made some notes after the lessons, yes. I saw this. She also very often used some materials in these classes. Her explanation for using materials was like this: if children have difficulties coming into contact with other children and other people, this means that they cannot come into contact with *subjects*. But, they can take some material and come into contact with this *object*, even the autistic children! This is a very interesting experience.

JH: Did you ever see her give lectures about her work?

EW: Once a week, we had a so-called theory lesson where she tried to explain her ideas. But I don't really remember exactly, probably some principle theoretical points.

JH: As well as the materials that you've mentioned, on the film of her that I've seen, she uses a piano, percussion instruments and also the bamboo pipe. Did you get a sense of why she chose to use this or that instrument in a particular situation?

EW: She preferred the bamboo pipe because of its soft sound. This is really different if you have the recorder or the bamboo pipe, because the recorder can sometimes be sharp. And this bamboo pipe was always a very soft sound. I myself constructed a bamboo pipe and I know how to play it. It is a very charming sound and not so disturbing for some children, because especially autistic children can be very sensitive and easily react in an unexpected way.

JH: And also it's very portable, and so you can move around with it, unlike the piano.

EW: Yes, this is very, very often considered as the main point. Using other instruments than the piano. You are always behind this instrument and nearly out of the room. She used also to walk with the children with the bamboo pipe. Her approach was that the children had to find their own solutions. This is a very clear concept, I think. I tried to continue my work in this sense because I was really totally convinced that she was on the right way. At the same time, she had also a distance as an observer. This was a certain mixture in one person, which I could very well understand. You can possibly better help these children this way, I think. In order to reflect on your work, it is surely necessary to keep a certain distance, in order to decide in which direction one could work further.

JH: I just have a couple more questions about the pipes, and then perhaps we can talk more about your work. Do you know where she learnt to make the pipes?

EW: I'm not sure. It could possibly be Henriette Goldenbaum or Margaret James.¹⁵ Margaret James, I think, was the first who invented the bamboo pipe. And Henriette Goldenbaum lived in

¹⁵ Henriette (Henny) Goldenbaum led the French Pipers' Guild for many years. She died in March 1995 (Drake 2006). Margaret James (1891-1978) founded the British Pipers' Guild in 1932 and through the international network of pipers' guilds would have had connections to Scheiblaue, herself a longstanding member of the Swiss Pipers' Guild. *The Piping Times* of April 1951 contains an article by Scheiblaue, 'Music for the Deaf and Dumb', which James had translated (Drake 2006).

¹⁴ Neikes (1969).

France, I think. Maybe Mimi Scheiblaueer learnt how to construct this bamboo pipe from them. I don't know.

JH: And did Mimi teach you how to make yours, or did you learn from somebody else?

EW: I learnt it from Annemarie Reichard-Kunz. She was a teacher at this institution where I worked. And she was a pupil of Mimi Scheiblaueer. After I had finished my Rhythmics studies I suggested that she should teach at the Academy of Music and Performing Arts because Brigitte Müller and Rosalia Chladek were experts in their subjects and they always said that they were not teachers for children. So we had no possibility to watch classes with children during our study. I suggested that it would be necessary to have someone for this work and so they engaged her. Unfortunately, she was very often ill, and so finally she went back to Switzerland. This was possibly the reason why I was asked to establish a programme for children. I think my experience with Mimi Scheiblaueer was very important in being chosen as teacher for this work because at this time I was really the only Rhythmics teacher who had studied in Vienna and Zurich.¹⁶

JH: So you developed that programme?

EW: Yes, I introduced and developed it. I had to establish this programme and it was a pleasure for me, and a very good opportunity.

JH: So at this time you were teaching, but you were also practising in this field.

EW: Yes, I already started to teach during my studies because during my second stay in Zurich, Vienna called Mimi Scheiblaueer, asking if she could send one of her pupils to be in Vienna, and she said, "I'm sorry, there is no-one to do that, but we have a little Austrian student here". And so I had the chance to be recommended by Mimi Scheiblaueer for a job in Vienna. Sometimes things happen like that! And so I had the chance to teach during my studies and at the same time I had practical experience. So I was in a very good situation, I think.

JH: And did you work with the same type of children? With hearing impairments, with autism, with physical disabilities?

EW: I only had this opportunity once, when my older son was five years old. I took him with me in these classes because I had to substitute for my colleague. And I thought it would possibly be important to have this experience too. And so I did it for this period. I thought that this experience was also very important for my treatment of 'normal' children. It was another tempo, and they need many more repetitions and so on. I had really very serious cases, such as children with hydrocephalus, autism spectrum disorders, Down's syndrome and hemiparesis and so on.

JH: And did you work on a one-to-one basis or in groups?

EW: No, no, always in groups.

JH: And quite mixed groups by the sounds of it?

EW: Quite mixed groups, yes. There were two groups. One group was not as seriously disabled, the other one more.

JH: And what was the context?

EW: They were in a boarding school in a certain institution for handicapped children. And, yes, perhaps on weekends their parents took them home.

JH: What was the name of the school?

EW: School for Handicapped Children in the 19th District.

JH: And did you continue with this practice throughout your professional career?

EW: I started my professional career as a student, very early, because I always had the problem to earn money. Sometimes this situation can become an advantage! So I taught already very early Rhythmics, but also piano, recorder and ear training, just to earn money. Then I became a Rhythmics teacher in a programme for kindergarten teachers and taught recorder and instrumental ensemble. A couple of years later, I introduced the Rhythmics programme for children at the academy. This was my first step into the academy, which is today the University of Music and Performing Arts Vienna and I became a colleague of Brigitte Müller

¹⁶ My colleague Margit Schneider and I were the first to graduate from the Rhythmics programme at the Vienna Academy of Music and Performing Arts in 1964 [EW].

and Rosalia Chladek, my admired teachers!

JH: Do you feel that there was exchange between you in terms of learning? Did you learn things from them, which you put into your work with disabled children? Do you think any of your ideas had an impact on them?

EW: Not really. I got ideas from them both because they were experts for adults and later I used them of course in my work, mainly for my adult students. My source for my work with children was Mimi Scheiblaue in Zurich. And the main ideas for teaching handicapped children I got from Mimi Scheiblaue, too.

JH: Did you also work with adults with disabilities, or was your adult teaching for the professional students?

EW: I have taught professional students for a long time, since 1968. But I also have further education in dance therapy, or movement analysis, and that's why I worked with patients who had cancer. This is my only experience with adults in a therapeutic frame. My other colleague at the academy, Margit Schneider, worked with handicapped children.¹⁷ And she also used mainly ideas coming from Mimi Scheiblaue, which she learnt firstly via me and then, later, from Annemarie Reichard-Kunz. She always said in a charming way, "If I hadn't had you as my colleague, I wouldn't have known what to do".

During my studies, Margit and I asked Chladek and Müller to show us a children's class. Finally they agreed to do this, but only once during the whole study, because they were too far removed from the children's level. When I was 28, Chladek asked to watch my children's classes. I said that it would not be necessary as she had other abilities, but she insisted. For me, it was a very difficult situation to be observed like this by my former teacher. She was an expert, a goddess for us! But, I say this to show the character of this person; she was willing to learn something that she considered

¹⁷ Margit Schneider (1936-2013) was an Austrian Rhythmics teacher and music therapist. She taught both disciplines at mdw. After her initial qualifications, she took extra study with Annemarie Reichard-Kunz. Schneider introduced the field of Rhythmics for handicapped children into the professional Rhythmics programme at mdw in 1974. She worked with adults with schizophrenia, including those in catatonic states, introducing movement at a time when a focus on playing instruments was more common [EW].

valuable. It was an opportunity to integrate into her work something she would like to do. It was touching for me. I have to say that it wasn't only my ideas she observed, my work was inspired by Mimi Scheiblaue and I was integrating her ideas.

At the same time I was very pleased, very honoured, but also ashamed and I still wished she had not asked me! It's possible that Chladek recognised in my lessons, elements not only from Mimi Scheiblaue, but also from Baer-Frissell, who was an excellent teacher of children, especially in the way they used materials and that she didn't tell the children what to do, but asked them to find the solutions for themselves. Chladek had a similar approach, she said "Try it, find out for yourself". Today I would call it an emancipatory approach; your teacher believes that you are able to find out a solution for yourself. This is very encouraging for students! These elements in my work I got from Scheiblaue and Chladek. And I adopted them because they were and are still very convincing.

JH: So did you do a dance therapy qualification?

EW: Yes.

JH: Could you tell me about that please?

EW: This was very, very interesting work for me. You have to follow a dance education that you consider in a therapeutic way. That means accompanying your dance therapy education by entering into psychotherapy for yourself, in order to work on certain problems that usually appear during your practical dance therapy education. This was also a very interesting experience for me because it is necessary to discover your background and find out the reasons for your difficulties. This way you can understand your own psychology deeply and develop a certain awareness and theoretical knowledge. It is necessary to have had this experience yourself in order to evaluate certain situations that happen in the group. Instead of making decisions for others – which you avoid – you can make some proposals to the group. This can help them to find the right solution themselves. Here we have again the same principle: the teacher creates the situation and the frame, the clients (adults, children, handicapped people) find their solutions themselves.

JH: When did you do this qualification?

EW: This must have been at the beginning of the '90s in Vienna and in Altmünster, with Cary Rick, he was our teacher. Before then, I got to know him

as a fellow student in the dance classes with Rosalia Chladek, where he was guest student from United States for one year. Later I got to know him as the creator of his own system of dance therapy/movement analysis.¹⁸

JH: Did he talk about this motivation to come to therapy and whether there was any relationship with his work with Chladek that prompted him?

EW: Yes, he did. If you work with your body, it happens not so rarely that you can find similar things. We all know our body and its possibilities and limits. So you often discover similar ideas, how to develop functions and also creative expression and so on. What I liked in working with Chladek is this way of learning. She never showed you the solutions herself, you should find them yourselves. In this way, she considered you as an expert about yourself. And this gives you a completely other view of your work than having someone who shows you what to do and how to do it. And this was a very interesting way of learning. Today we would consider it student-centred learning, a sort of 'discovery learning'. And we know that this version of learning is one of the most efficient. Chladek did it already very early in this way, and this is what I find most interesting; all these educational objectives sound very modern, very up-to-date, I think.

JH: So, at this stage then, about 40 years after you started your Rhythmics journey, you completed your dance therapy qualification, and you began to work with adults with cancer. How did that come about?

EW: At first we had to find a group for our practice. It was obligatory to have a group and I started with a colleague who was a doctor of medicine. In order to finish this further education we had to write a

¹⁸ Cary Rick (b.1941): American movement artist, who developed a system of dance therapy that became known as movement analysis (Bewegungsanalyse). It has applications in special education, psychomotor therapy, psychiatry, physiotherapy and psychotherapy. In 1994, the Institute for Movement Analysis (IMA) curriculum 'Movement Analysis, Cary Rick Method' was recognised by the Austrian National Board for Psychotherapy (ÖBVP) as an extended training in psychotherapy. See Rick (1998) and <http://www.movement-analysis.net/institute/>. [At the beginning of our further education with Cary Rick, this work was called dance therapy. Later it was called movement analysis, even though it still has clear therapeutic effects; EW.]

case study including an analysis and a description of the development of a certain patient. Later, when we should have finished our practice, they asked me if I could stay and continue without my colleague and I thought that I could do that, because it was really very, very interesting and very efficient. It opened new dimensions in approaching my work and also my work with my students. And so I did it. But when the university asked me to supervise students for their masters' theses, this was no longer possible, because it was at exactly the same time as I had my group with the cancer patients before. So I had to finish this work.

I did it for seven years. It was really very interesting and enriching. As you can probably imagine, we lost some patients of our group. These were sad and difficult moments for us; however the group could give support and help. There were sometimes people from outside who thought that it would be very hard for me to do. But it wasn't like that because you got so much from these patients, who were giving and taking at the same time, and this is all we can only wish for in terms of teaching.

JH: It's what Jaques-Dalcroze wrote. He called it a law of humankind to give and receive.

EW: Yes, that's true!

JH: What was the setting for that work?

EW: This work happened always on Wednesday evenings, from six to half-past seven. It was in the frame of research work because these patients had medical treatment at the same time and a self-help group. The patients were asked from time to time by the doctors about the success. The patients could choose between several additional therapeutic activities, such as painting and others. Some of them they decided to do the dance therapy and others took other possibilities. And my patients told me that the research concluded that people have better success if they do something in addition to the medical treatment. This was very interesting and satisfying. And for this reason I continued.

JH: Has this work been published?

EW: I am not sure. I only heard from my patients what they said about it. I only know that there was some research work, but I was not informed about the final results.

JH: What was the hospital called?

EW: Allgemeines Krankenhaus, Vienna.

JH: Did you have any contact there with medical professionals?

EW: With the doctors, unfortunately no. I only did my work and it was in this closed frame.

JH: Have you written about that work yourself?

EW: Yes, this was part of my exam, a case study. And I also had to document the progress of my group. This was part of my exam. My case study was published in 2000 by the Institut für Bewegungsanalyse (IBA).¹⁹

JH: I just wanted to go back, if I may, to Mimi. There were a couple of questions that came to my mind. She was a pupil at Hellerau. Do you remember Mimi ever talking about her experience there?

EW: No, not as far as I know. I think she didn't like to talk too much about herself. She presented her work at conferences, not only in Switzerland, also abroad in Austria and Germany. Because after the Second World War we had the situation in Austria that kindergarten teachers and all teaching people were educated in the National Socialist ideology and the responsible person in the ministry was asked to find new programmes in order to give teachers an alternative instead of this ideology. And just by chance, she came across a little book about the work of Mimi Scheiblauber, and so it happened that she got into contact with her in Zurich and invited her to come to Austria in order to teach her own Rhythmics system to all these teachers. So I know that at the beginning she was very often herself in Austria. Later she sent her pupils, such as myself, as I became one of them. It was really a fantastic chance that she invited me to go with her during the whole week. Also challenging in these high levels of the professional programme, with all the other lessons: piano, improvisation and so on. I followed her, as it was her idea. And I was very happy and thankful for it.

JH: So I think to round this off and pull it all together, it would help me to do a simple chronology, to put in some key dates. Would you mind telling me when you were born?

EW: Yes, in 1941 in Vienna.

JH: And you mentioned yesterday that your first contact with Rhythmics was...

EW: ...it must have been in 1959.

JH: So you were 18 then?

EW: Yes, and I started teaching at 18 in a primary school. This was part of this programme about the changing of ideology and how I got to know Annemarie Reichard-Kunz. I went to all her courses in Vienna and then she suggested if I might be interested in a stay in Zurich. And so I got the chance to stay with Mimi Scheiblauber in the same house where she rented a room in another flat. And this room could I use for less money.

JH: So you were visiting Mimi between 1960 and 1962?

EW: Yes, but in 1960 I couldn't finish the semester because they had another structure in summer and for the holidays. And I had to start with my class in the right time. For this reason I had to come back to Vienna. But the year after, I had already started my study at the University of Vienna and had the chance to finish this semester in Zurich because our university started in October. So I had the whole of September to finish my semester in Zurich. And this I did. At the end, I had the whole semester with Mimi Scheiblauber in all levels. Half of the full course of study, you might say.

JH: In 1961, you started at the University of Vienna and finished...

EW: ...I finished my studies with Müller and Chladek in 1964. And then I continued with instrumental music and so on.

JH: And from then on, you carried on teaching for all this time.

EW: Yes, except for maternity leave because I am the mother of two sons and for this reason I had leave for one year and six months. Then I studied pedagogic psychology between 1982 and 1987, and in the 1990s the dance therapy/movement-analysis. The pedagogical psychology was at the university where I got my masters.

JH: And what year did you start working at the institution connected with the hospital, with the cancer patients?

¹⁹ See footnote 18.

EW: I started the masters programme in 2003 and seven years before, it must have been in '96, I finished my further education and I started this education maybe three or four years before that. So, 1992 or '93 I started this education in dance therapy/movement-analysis.

JH: And when did you stop working at the university? Have you ever?!

EW: I'm still a teacher. But I reduced my work. When my husband died, Angelika Hauser asked me if I would like to continue because at this time there were not so many teachers who have two studies, the scientific in addition to our artistic study.²⁰ And so I agreed to do that because I like teaching and it was a new task for me. My life had changed, my private life, and so it was a very good idea of my colleague to invite me to continue the theory of music and movement. This is now my subject. After all the years of practical work, this is very enriching and I really like teaching young people. It is very satisfying work if you can help young people to be successful.

JH: Thank you very much, Eleonore.

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²⁰ Angelika Hauser-Dellefant (b.1957) has been head of the Institute of Music- and Movement-Education/Rhythmics and Music Therapy at the University of Music and Performing Arts Vienna (mdw) since 2002. (The institute divided into separate education and therapy institutes in October 2016.) A pianist and percussionist, she studied with Rudolf Konrad, Jacques Lecoq, Philippe Gaulier and Monique Pagneux, and holds a Diploma in the Franklin Method of movement training.

Book review

Rhythmik und Autismus: Der integrative Ansatz Amélie Hoellerings in Theorie und Praxis [Rhythmics and Autism: The Integrative Approach of Amélie Hoellering in Theory and Practice] (Lucia Kessler-Kakoulidis)



Reviewed by Ludger Kowal-Summek

Title: Rhythmik und Autismus: Der integrative Ansatz Amélie Hoellerings in Theorie und Praxis [Rhythmics and Autism: The integrative approach of Amélie Hoellering in Theory and Practice] | **Author:** Lucia Kessler-Kakoulidis | **Year:** 2016 | **Publisher:** Psychosozial-Verlag | **Pages:** 319 | **ISBN:** 978-3-8379-2571-5

Ludger Kowal-Summek (b.1956) has university degrees in education (Dortmund) and music education (Wuppertal/Köln), a PhD and is a music therapist. Since 1984, he has worked with children who have special needs (with autism) at the Clara-Schumann Music School in Düsseldorf. He also teaches at the Robert-Schumann College of Music (since 1996) and lectures at the University of Cologne at the Institute of Music (since 2004). Kowal-Summek has published several books on different themes in education, music education and music therapy, most recently *Musiktherapie und Autismus: Zur Anwendung ausgewählter Methoden der Leiborientierten Musiktherapie* (Springer, 2016). He presents regularly on educational and music educational topics at home and abroad.

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The subject of this book is the approach to Rhythmics of Amélie Hoellering, a former student of the great Rhythmics teacher Elfriede Feudel, who herself studied and collaborated with Émile Jaques-Dalcroze. Jaques-Dalcroze (1865-1950) was a famous music teacher, composer and conductor at the end of the 19th century and during the first half of the 20th century, and the creator of what would become known in anglophone cultures as Dalcroze Eurhythmics. His ideas about rhythm developed in relation to what was happening at the same time in music, education, psychology and politics. Both Feudel and Hoellering are important in understanding the development of music therapy, and a therapeutically sensitive music pedagogy, in the 20th century.

An overview of the book's contents is a useful place to start. The first two chapters deal with the biography of Jaques-Dalcroze and the basic elements of rhythm. The third is about the significance of rhythm in music pedagogy and music therapy. The subject matter of chapter four is the life and work of Amélie Hoellering. Finally, the fifth chapter discusses the application of Hoellering's special approach in an intervention for children with autism spectrum disorder (ASD) devised by the author.

Jaques-Dalcroze's ideas about rhythm involved more than only the movement of a body; he saw a connection between what happened inside the body (emotion) and the movement of the body. He was not only interested in the intellectual

understanding of music, but also the subjective, emotional and physiological effects on those who moved whilst listening to music. Ultimately, he focused on the connections between music, body movement and emotional experience. According to Jaques-Dalcroze, in order to understand and learn music one has to involve body movement; the interaction between music and movement is essential. In his view, rhythm is also the beginning of all life, working on conscious and subconscious levels, and because of this Jaques-Dalcroze claimed a central place for it in every kind of education, especially in an education based on Rhythmics [Rhythmisch-musikalische Erziehung] and music education [Musikpädagogik] (pp. 119-120).

From the beginning, Jaques-Dalcroze's thoughts were influenced by broader pedagogical, special pedagogical and psychiatric thinking about music. In 1909, after working for eighteen years in Switzerland, he moved to Germany and in 1911 founded the educational establishment Bildungsanstalt Jaques-Dalcroze in 'Gartenstadt Hellerau', near Dresden. It promised to be part of a new educational reform, but ended three years later in 1914, due to the First World War.

Examining the Dalcroze method reveals several basic elements apart from music and rhythm. For example: movement and body awareness; voice, speech and vision; play; the use of materials and instruments; and – last but not least – improvisation. In this substantial book, Kessler-Kakoulidis, a Rhythmics teacher focusing on therapy for young children and adults with autism, gives a sophisticated account of the elements of voice, speech and vision. These three elements are very important in human communication, for conveying information and expressing emotions and are therefore very important in structuring pedagogical and therapeutic situations. It is with precisely these elements that many people with autism experience difficulties.

Kessler-Kakoulidis discusses these three elements in detail. First, she shows the importance of the human voice as the most intimate, expressive and sensitive instrument of our body, and the primary means of expression in our life. Yet, she also demonstrates the connection between the voice and music as a part of nonverbal communication in general. The relationship of voice to emotion and the possibility of modulating the voice in connection with facial expression are a means of communication between one person and another and play a very important role in Kessler-Kakoulidis's own pedagogical and therapeutic work with people with autism.

Another important point is speech, which, like music, articulates itself through modulation, intonation, speed, rhythm and melody (Sacks 2013). Speech and music are verbal and nonverbal means of communication and both have the same phylogenetic roots. For most human beings, speech is the most important way to communicate and it seems that there is nothing that cannot be expressed with words. Speech is also very important for developing self-confidence. Due to their shared roots, music is very effective in supporting the development of speech, especially for children and adults with autism. It is to the reader's benefit and the author's credit that she explains these connections in a sophisticated way (pp. 80-81).

The third important element is vision and eye contact. Through eye contact one can: feel emotions like sympathy, antipathy, interest, fear and shame; express these emotions nonverbally; and send and receive social signals. Eye contact is very important in human communication. But for children and adults with autism it can be very difficult to make eye contact. Rhythm and music can change this for a while and the author shows the reader how (p. 87, pp. 90-91).

The third chapter discusses the meaning of rhythm in (music-) pedagogy, special (music-) education and (music-) therapy. It is very important to note that the Dalcroze method originated as a response not only to the needs of those in mainstream education, but also those with special educational, or additional support, needs (pp. 119-120). Kessler-Kakoulidis describes the beginnings of music therapy, looking at different approaches and definitions, before discussing definitions of rhythm, its place in the intersection between music pedagogy and music therapy, and the meaning of rhythm in the origins of special education.

The fourth chapter introduces the author's former teacher Amélie Hoellering (1920-1995), who taught at the Richard-Strauß-Konservatorium in Munich from 1973-1979, where Kessler-Kakoulidis met her. During the years prior to this, Hoellering developed a special approach that Kessler-Kakoulidis describes as an integrative one. Consequently, Hoellering not only taught using the Dalcroze method, but also underlined it with her knowledge of depth psychology, arriving at a more profound approach to teaching. This led her to take account of the development of each individual she worked with, whether child, adult or student, irrespective of working with a single person or a group. Hoellering's idea of humankind was a holistic one. In the end, she enlarged the Dalcroze approach as well as Feudel's approach to teaching

and learning. Over more than 40 pages Kessler-Kakoulidis describes in impressive detail Hoellering's integrative approach.

What becomes clear is that Hoellering saw in her rhythmic approach a complement to psychotherapeutic treatment. However, before Hoellering's Rhythmics students were able to work in inclusive or therapeutic settings, they had to take a relevant training in order to develop appropriate professional attitudes to those with whom they worked. For example, it is very important for working with people with autism to create a 'safe place', a place where there is no force, where they can be by themselves and regulate communication in their own way (pp. 197-199). In the end, one has to create a 'feel-good atmosphere', which is as important in therapy as it is in every pedagogical situation. Such notions bring the work near to humanistic psychology (pp. 196-201).

The fifth chapter describes the transfer of Hoellering's approach into practice. Kessler-Kakoulidis has worked for nearly 30 years with children and adults with autism. First she describes her understanding of autism, including the relationships between autism and music, autism and movement, autism and play, and autism and social learning. She not only shows how to employ Hoellering's approach in therapy with an autistic child (pp. 250-261), but also how to use it to integrate autistic children into a group of mixed children (pp. 261-273). The first example is therapeutically focused, the second pedagogical. It becomes apparent that Kessler-Kakoulidis is a person, teacher and therapist, who is able to work respectfully with individuals as well as with groups, transforming Hoellering's theoretical approach in many different ways.

This highly interesting and beautifully written book will be very important for those wanting to learn about the Dalcroze method and its development over the years. It will also be essential reading for those wishing to understand Amélie Hoellering's special pedagogical and therapeutic approach and to see examples of her work with children and adults with different forms of autism. Finally, this book is also a missing link in the history of the Dalcroze method. As part of the research process, Kessler-Kakoulidis met Hoellering's daughter Franziska Hoellering, who provided new information not only about her mother's theoretical thoughts, but also her political opinions and their influence on her approach.

The author herself was a student of Amélie Hoellering in Munich, graduating with a specialism

in Rhythmic Therapy. As such, the book is the fruit of her personal interest not only in demonstrating the development of Dalcroze Eurhythmics as a therapeutic practice, but also the merits of Amélie Hoellering's special approach to work with children with special needs, especially those with autism. It would be very worthwhile to translate this well-structured and thoroughly researched book (with a very good index and numerous black-and-white photos) into English, so that it is accessible to those who teach and research into this method, and those who use Dalcroze Eurhythmics, or music and movement more broadly, in special pedagogical and therapeutic contexts.

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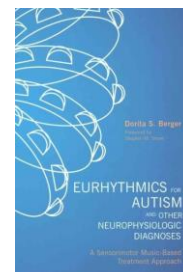
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Book review

Eurhythmics for Autism and other Neurophysiologic Diagnoses: A Sensorimotor Music-Based Treatment Approach (Dorita Berger)



Reviewed by Bethan Habron-James

Title: Eurhythmics for Autism and other Neurophysiologic Diagnoses: A Sensorimotor Music-Based Treatment Approach | Author: Dorita Berger |

Year: 2016 | Publisher: Jessica Kingsley | Pages: 261 | ISBN: 978 1 84905 989 3

Bethan Habron-James is an internationally renowned teacher of Dalcroze Eurhythmics and holds the Diplôme Supérieur of the Institut Jaques-Dalcroze, Geneva. She teaches at the Royal Northern College of Music, Manchester, UK and trains future teachers of the method nationwide. Bethan is also an experienced teacher of children with special educational needs and undertook some pioneering research into her practice in this field. Previously a professional violinist, she continues to teach the violin, applying her Dalcroze knowledge to string pedagogy.

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As I began to write a literature review for a piece of research on how children with special needs respond to, and interact with, Dalcroze Eurhythmics pedagogy a couple of years ago, I was struck by the paucity of literature in this field. Certainly, there are references to followers and collaborators of Jaques-Dalcroze who began to apply his method to the special needs population, amongst them Joan Llongueras with the blind, Mimi Scheiblauber with the deaf, Priscilla Barclay in her work as an occupational therapist and Claire-Lise Dutoit, whose significant book *Music, Movement, Therapy* appeared in 1971 (Dutoit 1971). David Frego writes of the benefits of Dalcroze as a therapeutic tool (Frego 2007, 2010) and in recent times, wellbeing is increasingly becoming recognised and acknowledged as a by-product of participating in Dalcroze lessons (Habron, Jesuthasan & Bourne 2012; Van Der Merwe 2015).

Therefore, it was with great anticipation and enthusiasm that I welcomed the news of an addition to the literature in Dorita S. Berger's

Eurhythmics for Autism and other Neurophysiologic Diagnoses: A Sensorimotor Music-Based Treatment Approach. Berger is the author of *Music Therapy, Sensory Integration and the Autistic Child* (2002) and together with her brother, Daniel Schneck, co-author of *The Music Effect: Music Physiology and Clinical Applications* (2006). Both books are invaluable tools for anyone working with music in a therapeutic context since they deal with questions such as 'what is music?' and 'what effect does music have on the body?', in particular within atypically functioning populations. The former lays the groundwork for this current book by giving detailed information on autism as a pathology and introducing the idea of humans as primarily emotional beings who interact with the world on a sensory level. Whilst detailed analysis is given of the various sensory systems, the main focus is on the auditory system, how it interacts with the visual, motor, proprioceptive and vestibular systems, and how music interventions can have a profound impact as an integrative and adaptive tool.

Berger took classes in Dalcroze Eurhythmics with Marta Sanchez, an internationally renowned teacher of the method, at Carnegie Mellon University, Pittsburgh (or Tech, as it was known at the time) during her undergraduate training to which, she says, she is greatly indebted, both as a musician and a clinician (p.16). The concept of embodying music seemed to her both revelatory and logical. She went on to apply much of the movement and improvisation activities to her work as a therapist and researcher.

Reading this book as a specialist in Dalcroze Eurhythmics, I learnt a great deal about the science behind what I do. Take the simple task of walking to the music, for example: the process of entraining to the rhythm in this way organises the motor, sensory and physiologic functions which, in turn, support autonomous movement and behaviour. With many years of training and experience in Dalcroze practice I could appreciate and understand the way in which the method was being applied in Berger's work. However, were I to have read it as a music therapist, whose training includes a knowledge of physiology and the science of music, the information gained may have been of a less revelatory nature. Further, the description of what is Dalcroze Eurhythmics is somewhat limiting, considering that the book (and the work) is based on this specific music pedagogy. The reader is not directed to many sources to substantiate Berger's overview, nor made fully aware of the expressive aspect of the Dalcroze work and its fundamental principle of working with time/space/energy relationships (see, in particular, Bachmann (1993) to gain an in-depth understanding of the method).

Nevertheless, books can have their limitations when dealing with somatic practice. I would encourage readers interested in this work to gain first-hand experience of the Dalcroze practice in order to fully appreciate how Berger has adapted some principles of the method for her own clinical practice.

It is important also for readers in different countries to note the difference in terminology between American and British English. Whilst both refer to the overall method as Dalcroze Eurhythmics, those working within the UK training school, and its affiliated programmes abroad, call the rhythmic movement 'rhythmics', as opposed to *eurhythmics* (USA) in order to differentiate it from the umbrella term, Eurhythmics. Another differing factor is the use of the 'fixed' versus the 'moveable' doh systems in teaching aural training internationally. Berger calls this branch of Dalcroze Eurhythmics "solfeggio" and claims that the fixed doh system is used by most Dalcroze training

programmes, its purpose being simply to teach sight-reading. Unfortunately, this understanding is very limited and incomplete. The moveable doh system is used in many training programmes, but the focus of all Dalcrozian aural training lessons is to develop inner hearing and give a physical understanding of aural concepts, in space, for example an interval or triad experienced as a spatial relationship between people, not only to teach sight-reading.

The aim of the book is to show how the application of Dalcroze Eurhythmics can have an impact on an inefficient inter-sensory system in populations who are neurophysiologically challenged. It is divided into three parts. The opening section, called 'The Theory', gives a clear and thorough description of the sensory systems, the role of the brain, and the hypothalamic-pituitary-adrenal (HPA) axis, which regulates the survival-anxiety and the fight-or-flight responses in the body. It also summarises current theory on autism, whilst highlighting an important personal insight of the author's, on which much of her work is based, namely that autism is a *dis-ease*, requiring careful assessment of needs, rather than a disease from which persons seek a cure. Her work focuses on finding a process of adaptation for those with special needs, which allows them to respond with courage to the demands of their environment, and to life in general; she frames her clinical work with the acronym COPING: Calm-Organized-Paced-INtegrated-Growing.

The second, and main section, deals with 'The Practice'. The potential application of Berger's work to the Dalcroze-trained practitioner is far-reaching. The abundance of clinical exercises and subsequent case studies offers a wealth of ideas and insights that are clearly grounded in Dalcroze principles. On my second reading of the book I discovered just how many of the annotations I had written during the first reading highlighted and encapsulated its richness to Dalcroze practitioners, be they working in special education or not. By describing music as 'acoustic energy' Berger identifies the basic elements of music – rhythm, melody, harmony, dynamic and form – as having their own energy descriptor. For example, the unifying energy attributed to form can act as a means of developing a sense of anticipation ("will the theme return?") and consequently, attention span.

The scientific theories introduced in the opening section permeate the second section; the reader is led to understand why a particular exercise has a particular effect, and this leads to an 'aha!' moment for someone like myself, who often works intuitively

and has often experienced similar responses to those of Berger's.

Berger identifies her work as that of a music-based clinician, using terminology such as 'treatment' and 'intervention', much akin to that of a music therapist and as such her approach is highly structured and organised in a progressive and accumulative manner. The primary exercises begin seated and focus on the use of the breath, they then progress to using the upper body in rhythmic movement, again, remaining seated, then moving through to full-body movements in the space, whereby motor-planning is the focus. Imitation is an indispensable tool in the preliminary exercises whilst improvisation, both instrumentally and physically, is encouraged as the work progresses. The second section concludes by underlining the importance of clear goals, objectives and assessment procedures in such clinical-based work, the key for the latter being observation.

The book concludes with a summary of the principles discussed and follows these through to their application to other neurophysiologic diagnoses, such as post-traumatic stress disorder and Parkinson's, and further to the 'typical' ageing population. Berger also includes a short description of other movement theorists, Laban, Alexander and Feldenkrais, for the interest of the reader, but is quick to point out that the key to the Dalcroze method, which sets it apart from a purely movement-based practice, is the music which, in the case of Dalcroze Eurhythmics, is often live, improvised music. It is the relationship of the client with the *music* that is heard, the *music* that is created, and with the *body* that is fundamental in understanding the relationship between client and clinician. She encourages us to trust the music.

As a whole, this is an accessible and inviting text to read. Each main section opens with a pertinent quote that invites the reader into the chapter. The language, whilst being at times technical, is not too challenging. New or specialist vocabulary is explained and the reader is taken on a journey of understanding through carefully placed introductions and summaries to chapters, all of which are of an appropriate length. There is a list of recommended books for further reading concluding the first, more scientific section, which I personally found valuable. There are, however, some editorial issues, from typographical errors to inaccurate references, neither of which one would expect in a book of this stature.

As Berger herself acknowledges, the book may take several readings in order for its contents to be absorbed and its principles put into practice. It may also be used as a reference book for those who

wish to be reminded of *how* music has an effect on the body. This is a book for learners, for those seeking to deepen their practice and who welcome the new. I encourage you to read it.

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SPECIAL ISSUE

Dalcroze Eurhythmics in music therapy and special music education

Conference report

WAOUH! IJD Congress 2015

‘Interactions between pedagogy, art and science and their influence on learning through and into music for today and tomorrow’

Christine Croset

WAOUH! IJD Congress 2015

‘Interactions between pedagogy, art and science and their influence on learning through and into music for today and tomorrow’

20-24 July 2015

Institut Jaques-Dalcroze
Geneva, Switzerland



Christine Croset gained her licence in Dalcroze Eurhythmics in 1983. Since then she has taught in state schools and in 2002 began working as a teacher trainer in the Haute Ecole Pédagogique du Canton de Vaud, Switzerland. She has written a collection of Eurhythmics teaching materials for little children and their teachers. In 2013, Christine graduated with an MA from the Faculty of Psychology and Educational Sciences, Geneva University in teacher training. Since then, she has been working to relate Dalcroze pedagogy to scientific perspectives. Christine participates in international conferences and other speaking engagements, and publishes research articles.

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To celebrate the 150th anniversary of the birth of Émile Jaques-Dalcroze (1865-1950), two congresses were held back-to-back last year, one in Geneva, Switzerland and the other in Vienna, Austria. This report focuses on the Swiss part of this ‘Hot Dalcroze Summer’. The IJD Congress was organised by the Institut Jaques-Dalcroze, which –

being founded in Geneva in 1915 – was also the cause for a centenary celebration to accompany the 150th anniversary of Jaques-Dalcroze’s birthday.¹

The congress intended to provide a forum for studying the connections between pedagogy, art

¹ The aim of the Institut Jaques-Dalcroze is to train Dalcroze Eurhythmics practitioners and to take legal responsibility for ensuring standards of practice are maintained by those qualified to use the name ‘Jaques-Dalcroze’. See www.dalcroze.ch

and science and their impact on learning through and into music, now and in the future. Around this theme, no fewer than 400 people from 25 nationalities gathered. For these students and professionals – often isolated and scattered around the world – the opportunity to develop, share, comment and discuss proved rich and joyful. Each session provided experiences that continue to ripen and provide inspiration.



Photograph 1: Delegates sing together between sessions

The beautiful diversity of the presentations was a reflection of Dalcrozean thought, which centres on a fundamental, shared fact of human belonging: whatever our origin, we all have a body with which to experience the world, together with a spirit and emotions which, when harmonised, make us feel well. With his tradition of rhythmic education, Jaques-Dalcroze invites us to take our share of freedom and connection with others and with oneself, with this almost ‘magic’ tool of music as support. According to him, the exercises devised by Eurhythmics practitioners should help create “a fast and light system of communication between all the agents of movement and of thinking” (Jaques-Dalcroze 1909: 67). However, it should be noted that if in the active experience of music the connections between body and music intertwine and reinforce each other, it is due in large part to the skills and keen analysis of the teacher.

This practical side of the approach was fully present at the IJD Congress, during which Dalcroze techniques were presented and worked with very effectively by expert practitioners. In this way, delegates were able to experience Dalcroze classes and build their music and movement skills, such as: ear-training exercises combined with polyrhythmic movement, association-dissociation games, reading music or improvisation. Even silence and stillness were sometimes included, since “to be silent means to live inwardly” (Jaques-Dalcroze 1981/1945: 28; translated by John Habron).

The range of people who can benefit from Dalcroze Eurhythmics and Dalcroze-based approaches is striking. In Geneva, we witnessed Eurhythmics practitioners working across the lifespan, with babies and the very old. In terms of the latter, a recent randomised controlled trial has shown the effectiveness of Dalcroze Eurhythmics for maintaining the health of ‘seniors’ (Trombetti et al. 2011). In particular, dual-task and shared attention games help to reduce the risk of falls and other problems associated with age. Other participants involved in Eurhythmics range, from young pupils in state schools and music schools, to professional musicians, people with special educational needs and dancers. All can be touched and supported by, and engage in, the “internal energy created by music”, as Ruth Alperson, one of the presenters, said.

But how? The answer is definitely to be found in neuroscience, at least in part. This scientific field has long been present in Dalcroze congresses and, in fact, Jaques-Dalcroze’s intuitions led him to study tension and relaxation in movement, exchanging knowledge with psychologists and neurologists of his time, such as Édouard Claparède (1873-1940). In Geneva last summer, neuroscience was represented by Prof. Didier Grandjean, Director of the Neuroscience of Emotion and Affective Dynamics Lab (NEAD) at the University of Geneva and Dr Daniel Schön from the Brain Dynamics Institute at the University of Aix-Marseille. Grandjean’s presentation included ongoing research with the Institut Jaques-Dalcroze to investigate how body schema (body awareness) of Eurhythmics pupils develops as they practise it (Labbé & Grandjean 2014). Schön focused on the link between music and language, in particular the use of rhythmic cues in the speech development of deaf children.

Yet, historically speaking, the story of Eurhythmics is also undoubtedly associated with artistic practice, such as dance. This was exemplified in a fascinating presentation by Selma Odom, dance scholar and specialist in Dalcroze histories. Drawing on extensive archival research, she discussed the lifework of Suzanne Perrotet, one of Jaques-Dalcroze’s pupils. Furthermore, Suquet (2006) notes that when Jaques-Dalcroze calls us, through the active experience of rhythm, to “perceive the variations in intensity of muscle tone, [being] in a way the palette of the dancer”, he was tapping into a contemporary current. That is, it was at this time (1906) that Sherrington, one of the founders of neurophysiology, brought “together under the term ‘proprioception’ all means of

perception contributing to this sixth sense that is today called 'direction of movement' or 'kinaesthetic'" (Suquet 2006: 411). So, is Dalcroze Eurhythmics a scientific or an artistic discipline?



Photograph 2: A workshop at the IJD Congress

It may be that there is no opposition here; rather, a dynamic tension. This is certainly a characteristic of this discipline, which often deals with both an element and its opposite, working within this tension to seek ways to balance or harmonise them. For example, in Eurhythmics, teachers use both intuition and rationality. A Eurhythmics lesson is both a highly structured experience and completely open to spontaneity, including predictability and improvisation, automation and flexibility. The subject matter alternates between order and disorder, control (mastery) and letting go, careful preparation and immediacy. Music, which activates these experiences and possibilities, is both regulatory and stimulatory. Finally, the practice of Eurhythmics demands much concentration and a serious commitment, but is at the same time a source of laughter, playfulness and fun.

This is certainly one of the points that charmed the congress participants; the organisers proposed a daily 'surprise event' (flash-mob), which featured a particular facet of Eurhythmics in a spectacular and playful way. Examples of these included the delegates, led by some Institut teachers, performing 'on the fly' a vocal polyphony, resulting from rhythmic patterns and simple, funny lyrics; professional students playing and dancing with their pianos in the atrium with virtuosity and stunning musicality (jumping onto it, lying under it, and striking, rubbing, pushing and pulling it); or old songs of 'Monsieur Dalcroze' (always enjoyable!) rearranged by three pianists and Institut teachers and being sung with delegates joining in the chorus.²

² For a highlights video 'IJD 2015 WAOUH' see: <https://www.youtube.com/watch?v=tzeHuYtr5AY>

The congress was organised by the Institut Jaques-Dalcroze, supported by several higher education institutions in Geneva, and held at the University Medical Center. Participants chose from six parallel sessions (workshops, video screenings, short talks, posters, papers and round tables) and no fewer than eighteen plenary sessions were held. Added to this were improvisation classes, evening performances by delegates, the Institut and the Haute École de Musique de Genève (HEM). A system of simultaneous translation (French to English and vice versa) was much appreciated.

Participants were left with a mosaic of impressions: the diversity of repertoires (music and dance) from Huapango (folklore of Mexico) to contemporary music (Reich, Pärt, Piazzola) through the Classical string repertoire; the magic of musical silence revealed by Paul Hille; Dalcroze Solfège techniques revisited by Jeremy Dittus, offering exercises as effective as they were up-to-date; an important discussion on '*Product or Process in Dalcroze Pedagogy*', led by two American rhythmicians (Dittus & Bauer 2016); the forced immobility of those who chose to picnic outside some workshop rooms, to be sure of securing a place within! And hovering over all this, one could see the light, colourful and joyful movement of fans, commissioned especially and wisely offered by the organisers during this Hot Dalcroze Summer!



Photograph 3: Closing ceremony

This exciting and thought-provoking congress demonstrated that, more than one hundred years after it originated, Dalcroze Eurhythmics continues to contribute effectively to various fields: music education, pedagogy, the arts and – of course – the overall experience of health and wellbeing. For Jaques-Dalcroze, "what counts is Man [sic] himself, and the avowed aim of his [sic] work will be to enable that being to achieve fulfilment" (Bachmann 1991: 11). The IJD Congress 2015 helped us understand how Dalcroze Eurhythmics can play a

part in the wellbeing of humankind, promoting “freedom of thought and action” (Jaques-Dalcroze 1919: 163)³.

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³ Translated by Marie-Laure Bachmann.



SPECIAL ISSUE

Dalcroze Eurhythmics in music therapy and special music education

Conference report

The 2nd International Conference of Dalcroze Studies

'The movement connection'

Victoria Conlan

The 2nd International Conference of Dalcroze Studies
'The Movement Connection'

26-29 July 2015

University of Music and Performing Arts Vienna (mdw),
Vienna, Austria



Victoria Conlan studied music at Goldsmiths College, the University of Sunderland and the Royal Northern College of Music (RNCM). Between these periods of study, Victoria composed and performed music for various theatre companies in the North East of England, taught secondary school music, project-managed community arts residencies and toured as a performing musician. Victoria first encountered Dalcroze Eurhythmics during her studies at the RNCM and incorporates Dalcroze pedagogy into her current work with Trafford Music Service and as a musicianship tutor on the RNCM Young Strings programme.

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At the end of July 2015, almost 200 people from 24 countries spanning all five continents gathered in Vienna to celebrate the life and work of Émile Jaques-Dalcroze and the approaches to education, performance and therapy that he has inspired. Walking through the city centre on the opening night, I was nervous that I would not find the delegation for the ceremony to unveil the plaque celebrating the birth of Jaques-Dalcroze 150 years ago. That was until I heard the sound of drums and rhythmic chanting floating through the air. I turned the corner and I knew I was in the right place as I saw a collection of Dalcroze students and teachers from Poland, led by Anetta Pasternak, moving and gesturing beautifully in the sunshine. This initial performance, specially devised for the opening ceremony outside the house where Jaques-Dalcroze was born, was a highlight of the conference before it had even really begun.

Over the next three days, students, researchers and practitioners from such varied disciplines as architecture, biomedical science, choreography, dance history, drama and theatre, early music, music composition, special needs education, teacher training and more, came together to create an interdisciplinarity, connected, but not bound, by Dalcroze Eurhythmics. With 52 papers, 23 workshops, two symposia and an optional excursion to visit the Schloss that housed the Hellerau-Laxenburg school (a successor school to Jaques-Dalcroze's original institute at Hellerau, Dresden) to choose from, we explored *'The movement connection'*, especially the body-mind and its interactions with sound and music.

The first paper I heard was by Helga Neira-Zugasti, a Rhythmics lecturer at the host university and a class teacher for children with mental and physical disabilities. It was a real call to arms.

Zugasti championed the effect of Dalcroze Eurhythmics on the individual and education in general (i.e. not just musical learning), and its impact on the further development of society. She highlighted respect for individuals' abilities, their own learning rhythms, and the need for equal value to be placed on physical, spiritual and mental capacities within a results-oriented learning culture. Quoting Jaques-Dalcroze, Neira-Zugasti believes that "There should be no separation between thinking and acting" (Jaques-Dalcroze 1921/1967). It was a relief to hear an articulation of the necessity to help children develop an inner picture of the world that is not experienced as a "secondary digitised experience".

Quoting the UN's Convention of the Rights of Disabled Persons, she spoke of how the very essence of Dalcroze Eurhythmics and similar approaches to rhythmic education help to develop "respect of the variations of human beings... [enabling] persons with disabilities to develop their abilities to their full capacities". Neira-Zugasti only spoke for 30 minutes, yet it was enough to prompt me to start planning how to implement her ideas and match her passion in my own teaching. How could I integrate the eight ways we experience the world (movement, perception, thinking, speaking, social emotional acting, intending, memorising, creating) into my lessons in order to help children to create their own inner picture of how the world works?

While I was listening to this paper, other delegates were being equally inspired by a paper relating to the haptic nature of sound (the effects of the physical, touch-like nature of music) and workshops on exploring elements of Dalcroze movement and their digital capture, and developing improvised movement studies inspired by the paintings of Stanislaw Ignacy Witkiewicz (Photograph 1) – and all before 10:30 am on a Monday morning! By lunchtime, I began to welcome the feeling of possibility. Delegates were hearing and experiencing papers and workshops describing how to become more fully aware and free through Jaques-Dalcroze's embodied approach and I was, indeed, doing that myself. It was a feeling of being fully stretched out, physically and mentally.

The connecting and international nature of Dalcroze Eurhythmics makes for a very diverse group of delegates and contributors. Of the 24 countries present, Britain had 20 delegates, who between them gave 13 presentations and three performances throughout the conference. A highlight for me was the paper *'When words are not*

enough' by Bethan Habron-James (RNCM, UK). This presentation validated the direct emotional responses to working with human beings in challenging circumstances and recognised the creative output of children with special educational needs and disabilities. Habron-James also addressed the need for researchers to reflect artistically, through poetry, improvisation and composition, when words are not an efficient or sufficient means of communication.



Photograph 1: Aleksandrowicz and Sobieraj-Bednarek workshop¹

Over the course of the conference, I was able to see tangible links between how the trust and collaboration fostered during Dalcroze-inspired activities could be used as a means to resolve conflicts and problems in rural areas of South Africa where diverse stakeholders experience severe problems relating to water (Liesl Van Der Merwe). I learned, in Paul Hille's paper *'The Erasmus Symposium Hörraum (2012, Vienna) and the impact of attentive listening on wellbeing'*, that sound travels faster in water at 0°C than it does in air at 20°C, with the consequence that when submerged in a liquid sound bath (a pool that facilitates listening underwater) participants can feel the sound in their muscles and tissues. Furthermore, "The research showed that, through attentive listening, participants slowed their breathing rates, lessened their perspiration, and synchronised their heartbeats with the music" (Hille 2015: 79).

In a workshop by Lisa Parker on syncopation I found myself partnered with an American woman I had not met before. We created an on- and off-the-beat sequence together. Later, I had the fascinating and mind-expanding pleasure of listening to Sally

¹ Photo credits: Irmgard Bankl.

Ann Ness's (University of California, Riverside, USA) presentation on *'Choreographies of landscape: Semeiotics in performance in Yosemite National Park'*. I was engaged and challenged by this presentation, as I was by many other contributors, but rarely felt stranded. I felt that I was in a benign environment that encouraged risk taking and exploration, regardless of whether I fully grasped the concept of the symbolic emblem in everyday life, or how I might become a real historical actor rendering myself a symbol of the landscape.

There was a different keynote speaker each day. The first, *'Dalcroze mapping'*, given by Gunhild Oberzaucher-Schüller, an independent Austrian scholar, was aptly about Jaques-Dalcroze himself and his relationship to cultural developments in Vienna. Musician and neuroscientist Eckart Altenmüller (University of Music, Drama and Media, Hannover, Germany) used the four words 'embodied', 'embedded', 'extended' and 'enacted' as part of his keynote presentation entitled *'Brain mechanisms of motor learning and embodiment and their consequences for Dalcroze Eurhythmics'*. Altenmüller stated that "musical acting does not depend solely on brain processes, but results from structures widely distributed across the whole body...thinking is nothing more than moving in thought"; therefore, we think better when we move.

The keynote presented by Marja-Leena Juntunen (Sibelius Academy, University of the Arts, Helsinki, Finland), *'Towards embodied musical agency'*, considered Dalcroze pedagogy to be more than a method for music teaching, rather a phenomenological, philosophical approach, encompassing how we live and perceive the world, and our capacity to act in and upon it. Dalcroze pedagogy encourages us, Juntunen said, to "be in the musical world through the body".

For those of us who were unused to some of the scientific, academic and philosophical approaches but wanted to know more, there were the *'Getting started'* seminars. These hugely popular sessions explored ways into research, including specific areas such as historical research, and phenomenology. The seminar I attended started by asking us to consider our passion and helped us formulate a purpose statement, encouraging us to pursue that passion in a piece of research. The focus of the phenomenology seminar was how to use an approach, such as interpretive phenomenological analysis, as a Dalcroze practitioner-researcher.

In the corridors and at lunch (locally produced and largely organic) I was forever meeting other participants who were telling me how much I would have loved the session they had just been to. A common complaint was that it was difficult to attend all of the sessions due to a schedule with four parallel sessions.



Photograph 2: Closing ceremony

Being part of this 'interdisciplinarity' for three-and-a-half days was, for me, the outstanding feature of the conference. We joined together in practical sessions, and watched a world premiere performance (Goves, RNCM, UK) and we came together for a closing ceremony unified by rhythm and song (Photograph 2). Most memorably for me, we marvelled at the vocal and improvisational skill of Hilde Kappes, an alumnus of the University of Music and Performing Arts Vienna, in an unforgettable evening performance (Photograph 3). The hilarity of her comic creations brought everyone together with laughter and admiration, celebrating the potential we have, when embodying music through movement and embedding our ideas bodily, to extend our whole selves, as we enact our learning and creativity.



Photograph 3: Hilde Kappes' concert

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Μεταφρασμένες περιλήψεις

Translated abstracts

Μετάφραση στα ελληνικά: Δήμητρα Παπασταύρου

Ο Émile Jaques-Dalcroze ως διορατικός πρωτοπόρος της Νευρολογικής Μουσικοθεραπείας

Eckart Altenmüller & Daniel S. Scholz

ΠΕΡΙΛΗΨΗ

Ο Émile Jaques-Dalcroze (1865-1950) στην εκπαιδευτική του μέθοδο μάθησης και βιωματικής εμπειρίας της μουσικής μέσα από την κίνηση, δηλαδή στη Ρυθμική Dalcroze, προέβλεψε σύγχρονες νευροεπιστημονικές έννοιες. Ανέπτυξε την ιδέα της αισθητηριοκινητικής ενσωμάτωσης που σχετίζεται με τη μουσική εμπειρία κι έτσι συνέβαλε αποφασιστικά στην ανάδειξη της Νευρολογικής Μουσικοθεραπείας. Εδώ, υπό το πρίσμα των σύγχρονων νευροεπιστημών, σχολιάζουμε τις ιδέες του σχετικά με την εκπαίδευση και την ενσωμάτωση δίνοντας έμφαση σε νέα δεδομένα που σχετίζονται με τη δυναμική της πλαστικότητας του εγκεφάλου και την ύπαρξη των κατοπτρικών νευρώνων [mirror neurons]. Όταν μαθαίνουμε να παίζουμε ένα μουσικό όργανο, γρήγορα αναπτύσσονται ακουστικό-κινητικές αναπαραστάσεις και με το παίξιμο του μουσικού οργάνου οι αναπαραστάσεις αυτές αποτελούν τη βάση της αποκατάστασης των νευρολογικών βλαβών. Τα τελευταία χρόνια, το θεωρητικό υπόβαθρο της νευρο-αποκατάστασης έχει διευρυνθεί μέσα από την αναδυόμενη ιδέα της ενσωμάτωσης. Στο πνεύμα αυτής της διεύρυνσης περιγράφουμε μια θεραπευτική προσέγγιση που χρησιμοποιεί την ηχητική απεικόνιση των κινήσεων των χεριών ασθενών με εγκεφαλικό επεισόδιο που έχει σκοπό να βελτιώσει τον έλεγχο της κίνησης του παραλυτικού χεριού και να υποστηρίξει τη συναισθηματική και σωματική ευεξία.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

πλαστικότητα του εγκεφάλου, Ρυθμική Dalcroze, ενσωμάτωση, πολυ-αισθητηριοκινητική ενσωμάτωσης, νευρολογική μουσικοθεραπεία, εγκεφαλικό επεισόδιο

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Μουσικοτροπία της υγείας μέσω της Ρυθμικής Dalcroze

Ana Navarro Wagner

ΠΕΡΙΛΗΨΗ

Ο Émile Jaques-Dalcroze ήταν ένας Ελβετός μουσικός παιδαγωγός ο οποίος υποστήριξε τη χρήση των μουσικών δραστηριοτήτων για την ανάπτυξη διαφορετικών ανθρώπινων ιδιοτήτων, όπως είναι η συνείδηση, η προσωπικότητα, η ιδιοσυγκρασία, το υποσυνείδητο, το μυϊκό και νευρικό σύστημα, η φαντασία, οι σκέψεις, η συμπεριφορά, η δράση, η εμπιστοσύνη, η συγκέντρωση και η ελευθερία του πνεύματος. Πολλές από τις απόψεις και τις διαισθήσεις του αναγνωρίζονται πλήρως σε ορισμένες σύγχρονες μουσικοθεραπευτικές προσεγγίσεις, θεωρίες και πρακτικές. Οι στόχοι αυτού του άρθρου είναι να αναγνωριστεί η παρουσία της έννοιας της υγείας και της ευημερίας στις αντιλήψεις του Jaques-Dalcroze για τη Ρυθμική, και να αναπτυχθεί η κατανόηση της σύγχρονης πρακτικής της Ρυθμικής Dalcroze μέσα από το πρίσμα της σύγχρονης μουσικοθεραπευτικής θεωρίας. Το άρθρο αρχίζει με μια συζήτηση της έννοιας της «μουσικοτροπίας της υγείας» και, για να επεξηγήσει την έννοια αυτή, συνεχίζει με τη χρήση μικρών ιστοριών από την πρακτική της συγγραφέα ως δασκάλας της Ρυθμικής και ως μουσικοθεραπεύτριας. Μια δεύτερη ενότητα συνδέει τη θεωρία της επικοινωνιακής μουσικότητας με τις πρακτικές του αυτοσχεδιασμού μέσα από το πρίσμα της υγείας και της ευεξίας. Τέλος, στα συμπεράσματα παρατίθενται διαφορετικές ιδέες για το πώς μπορεί να εφαρμοστεί κανείς τη Ρυθμική έχοντας ως άξονα την υγεία και την ευεξία.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Ρυθμική Dalcroze, μουσικοθεραπεία, μουσικοτροπία, μουσικοτροπία της υγείας, κοινωνικοπολιτισμικός, υγεία και ευεξία, επικοινωνιακή μουσικότητα, αυτοσχεδιασμός.

Η **Ana Navarro Wagner** είναι δασκάλα μουσικής σε ένα δημοτικό σχολείο στη Βαρκελώνη, στην Ισπανία. Κατέχει πιστοποιητικό της μεθόδου Dalcroze από το Ινστιτούτο Joan Llongueres [L'Institut Joan Llongueres] και έχει εργαστεί εκεί ως καθηγήτρια Ρυθμικής για έξι χρόνια. Ολοκλήρωσε τις μεταπτυχιακές σπουδές της στη μουσικοθεραπεία στο Πανεπιστήμιο του Aalborg (Δανία).

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Η Ρυθμική Dalcroze στη θεραπεία παιδιών με συμπτώματα Διαταραχής Ελλειμματικής Προσοχής και Υπερκινητικότητας (ΔΕΠΥ)

Ewa Bogdanowicz

ΠΕΡΙΛΗΨΗ

Αυτό το άρθρο ασχολείται με την εφαρμογή της Ρυθμικής Dalcroze στην εργασία με παιδιά με συμπτώματα Διαταραχής Ελλειμματικής Προσοχής και Υπερκινητικότητας (ΔΕΠΥ). Περιλαμβάνει επιλεγμένα αποτελέσματα από μια διδακτορική μελέτη σχετικά με τη χρήση της Ρυθμικής σε εξάχρονα παιδιά με συμπτώματα ΔΕΠΥ, και αφορά κυρίως τον έλεγχο της κινητικής δραστηριότητας και των γνωστικών διαδικασιών όπως είναι για παράδειγμα η ελλειμματική προσοχή. Για τη συλλογή και την ανάλυση των δεδομένων χρησιμοποιήθηκαν ποσοτικές μέθοδοι. Τα αποτελέσματα δείχνουν ότι η συμμετοχή στη Ρυθμική Dalcroze αυξάνει την ικανότητα των παιδιών να ελέγχουν την κινητική τους δραστηριότητα ή να

επικεντρώνουν την προσοχή τους μειώνοντας την τάση για απόσπαση προσοχής. Το συμπέρασμα αυτής της μελέτης είναι ότι η μουσική και τα στοιχεία της έχουν αξίες οι οποίες δεν είναι μόνο μουσικές αλλά είναι πάνω απ' όλα εκπαιδευτικές και ότι επηρεάζουν την κινητική, τη γνωστική και την κοινωνική ανάπτυξη των παιδιών με και χωρίς αναπηρίες.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Ρυθμική Dalcroze, συμπτώματα ΔΕΠΥ, εκπαίδευση και θεραπεία των παιδιών

Η **Ewa Bogdanowicz** (PhD) σπούδασε Ρυθμική Dalcroze στην Ακαδημία Μουσικής στο Κατοβίτσε [Music Academy, Katowice] και Μουσικοθεραπεία στην Ακαδημία Μουσικής στο Wrocław. Έχει επίσης ολοκληρώσει έναν σύντομο κύκλο σπουδών πάνω στην κινησιοπαιδαγωγική μέθοδο Sherborne. Η Ewa είναι επίκουρη καθηγήτρια στο Institute of Music στη Σχολή Καλών Τεχνών και Μουσικής του Πανεπιστημίου της Σιλεσίας στο Κατοβίτσε [Faculty of Fine Arts and Music, University of Silesia, Katowice]. Η διδακτορική της διατριβή (2012) είχε τίτλο «*Εκπαιδευτικές και θεραπευτικές αξίες της Ρυθμικής του Emil Jaques-Dalcroze για εξάχρονα παιδιά με συμπτώματα ΔΕΠΥ: Η αποδοτικότητα ενός ειδικού προγράμματος*». Πέρα από δασκάλα Ρυθμικής και χορού, η Ewa είναι και μουσικοθεραπεύτρια.

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Μουσική και κινητική εκπαίδευση βασισμένη στη Ρυθμική Dalcroze για ασθενείς με εγκεφαλικό τραυματισμό που βρίσκονται σε μονάδες μεταβατικής φροντίδας: Μια μελέτη εφαρμοσιμότητας

Hyun Gu Kang, Veronica Velazquez, Shoko Hino & Emily R. Rosario

ΠΕΡΙΛΗΨΗ

Οι γνωστικές και κινητικές αναπηρίες από τον τραυματισμό του εγκεφάλου σχετίζονται με την καθήλωση, τις πτώσεις και την κατάθλιψη. Με την έρευνα αυτή προσδιορίσαμε το κατά πόσο η ομαδική, πολυσχιδής εκπαίδευση που βασίζεται στη Ρυθμική Dalcroze είναι ένα εργαλείο που καταφέρνει να ενεργοποιήσει τις κινητικές, γνωστικές, συναισθηματικές και καρδιαγγειακές λειτουργίες ατόμων με εγκεφαλικό τραυματισμό. Σε μια κλινική αποκατάστασης συγκεντρώθηκαν ασθενείς με κρανιοεγκεφαλικές κακώσεις ή εγκεφαλικό επεισόδιο οι οποίοι βρίσκονταν σε μονάδες μεταβατικής φροντίδας. Η παρέμβαση της Ρυθμικής Dalcroze πραγματοποιούνταν για 50 λεπτά την ημέρα, δύο φορές την εβδομάδα, για 6 εβδομάδες και περιελάμβανε δραστηριότητες που βασίζονταν σε μουσικά σήματα που απαιτούσαν τη χρήση της μνήμης, της προσοχής, του συντονισμού και της ισορροπίας. Τυπικές δραστηριότητες της Ρυθμικής Dalcroze τροποποιήθηκαν ειδικά γι' αυτόν τον πληθυσμό. Η διάθεση, ο ορθοστατικός έλεγχος, η γνωστική λειτουργία και η καρδιαγγειακή κατάσταση αξιολογήθηκαν πριν και μετά τις δραστηριότητες. Επτά άνδρες ηλικίας 23-71 ετών ολοκλήρωσαν την προκαταρκτική αξιολόγηση [pre-test]. Τρεις χρησιμοποίησαν βοηθήματα κινητικότητας. Έξι συμμετείχαν στην παρέμβαση και τρεις ολοκλήρωσαν την καταληκτική αξιολόγηση [post-test]. Οι περιπτώσεις των συμμετεχόντων που εγκατέλειψαν τις δραστηριότητες οφείλονταν στη δυσκολία μετακίνησης, στις ανησυχίες τους σχετικά με την ιατρική ασφάλιση οι οποίες δεν σχετίζονταν με τη μελέτη, στην έλλειψη υποστήριξης από το επαγγελματικό προσωπικό και την οικογένεια, και στη δυσανασχέτιση να συμμετάσχουν σε δραστηριότητες όπου έπρεπε να σχηματίσουν ομάδα με κάποιον άλλο άνδρα. Όσον αφορά τους τρεις που ολοκλήρωσαν την καταληκτική αξιολόγηση, δεν βρέθηκαν μετρήσιμες αλλαγές στον τρόπο που λειτουργούσαν. Για τη βελτίωση των κλινικών αποτελεσμάτων ενδέχεται να χρειάζεται ένα πρόγραμμα μεγαλύτερης διάρκειας. Η Ρυθμική Dalcroze ήταν μια εφαρμόσιμη παρέμβαση σε μια ομάδα ασθενών με διαφορετικού τύπου εγκεφαλική βλάβη. Η παρουσία βοηθών εξασφάλισε ποικιλία ως προς τα κοινωνικά χαρακτηριστικά των συμμετεχόντων. Η αφοσίωση ήταν μεγάλη (67%). Οι συμμετέχοντες ανταποκρίθηκαν καλά στη χρήση των στηριγμάτων και της ηχογραφημένης μουσικής που οι ίδιοι επέλεξαν.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

εγκεφαλικός τραυματισμός, καρδιαγγειακός, Ρυθμική, γνωστική λειτουργία, κλινικός, εφαρμοσιμότητα, μουσικοθεραπεία, μεταβατική φροντίδα

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Μια διερευνητική μελέτη της ροής και της απόλαυσης σε μια παρέμβαση για τους ηλικιωμένους στο Μεξικό βασισμένη στη Ρυθμική Dalcroze

Elda Nelly Treviño & Javier Álvarez Bermúdez

ΠΕΡΙΛΗΨΗ

Κατά την τελευταία δεκαετία, στην Ευρώπη και στις Ηνωμένες Πολιτείες παρουσιάζεται μια αυξανόμενη ζήτηση για συνεδρίες Ρυθμικής Dalcroze που αφορούν ηλικιωμένους ανθρώπους. Ωστόσο, στη Λατινική Αμερική επί του παρόντος δεν υπάρχει κάποιο καθιερωμένο πρόγραμμα γι' αυτήν την πληθυσμιακή ομάδα. Κατά τη διάρκεια τριών εβδομάδων, αξιολογήθηκε η επίδραση που είχαν έξι συνεδρίες παρέμβασης βασισμένες στη Ρυθμική Dalcroze σε μια ομάδα εννέα ατόμων (έξι γυναικών και τριών ανδρών) με μέσο όρο ηλικίας 69,8 ετών. Στις συνεδρίες χρησιμοποιήθηκαν αντιπροσωπευτικές ασκήσεις της Ρυθμικής Dalcroze με σκοπό να αξιολογηθεί η «κατάσταση της ροής» [state of flow], όπως περιγράφεται από τον Csikszentmihalyi χρησιμοποιώντας μια ισπανική έκδοση της κλίμακας SFSS, και το επίπεδο της απόλαυσης της φυσικής δραστηριότητας σύμφωνα με την κλίμακα PACES των Kendzierski και DeCarlo (σε συντετμημένη έκδοση). Το σχέδιο μίας ομάδας αξιολόγησε όλες τις μεταβλητές μετά την πρώτη συνεδρία και μετά την παρέμβαση. Τα αποτελέσματα που προέκυψαν από όλους τους δείκτες της κλίμακας PACES ήταν πανομοιότυπα τόσο

μετά την πρώτη συνεδρία όσο και στο τέλος της παρέμβασης. Αντιθέτως, τα αποτελέσματα τριών από τις εννέα συνιστώσες της κλίμακας SFSS απέκλιναν ελαφρώς από εκείνα που προέκυψαν μετά την παρέμβαση. Τα αποτελέσματα των υπόλοιπων έξι συνιστωσών δεν απέκλιναν. Συνολικά, τα αποτελέσματα δείχνουν ότι είναι απαραίτητη η επανεξέταση της αποτελεσματικότητας της διαδικασίας διαχείρισης κλιμάκων.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

ροή [flow], Ρυθμική Dalcroze, απόλαυση, ηλικιωμένοι, βέλτιστη εμπειρία, μουσική, κίνηση

Η **Elda Nelly Treviño** (MM) είναι η γενική συντονίστρια του Προγράμματος Πιστοποίησης Dalcroze στο Μεξικό στο Conservatorio de las Rosas στη Μορέλια στο Michoacán και λέκτορας στο Facultad de Música, Universidad Autónoma de Nuevo León. Διανύει μια ανθίζουσα καριέρα ως σύμβουλος και επισκέπτρια λέκτορας σε όλο το Μεξικό και στο εξωτερικό, ενώ ταυτόχρονα προωθεί ενεργά τον πολιτισμό και είναι πιανίστρια που συνεργάζεται με άλλους μουσικούς και καλλιτέχνες. Η Elda Nelly κατέχει βασικό πτυχίο (BM) και μεταπτυχιακό τίτλο (MM) στην πιανιστική φιλολογία και παιδαγωγική (Piano Literature and Pedagogy) από το Πανεπιστήμιο του Τέξας στο Austin, και άδεια της μεθόδου Dalcroze από το Πανεπιστήμιο Carnegie Mellon. Αυτή τη στιγμή συνεχίζει τις διδακτορικές της σπουδές στην ψυχολογία στο Universidad Autónoma de Nuevo León.

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Ο **Javier Álvarez Bermúdez** (PhD) είναι αναπληρωτής καθηγητής του Facultad de Psicología, Universidad Autónoma de Nuevo León και μέλος του Εθνικού Συστήματος Ερευνητών στο Μεξικό. Είναι συγγραφέας περισσότερων από δέκα βιβλίων και πολυάριθμων ερευνητικών άρθρων σε διεθνή περιοδικά, είναι κριτής πολλών ερευνητικών επιτροπών και επισκέπτης καθηγητής πανεπιστημίων και ερευνητικών κέντρων σε όλο το Μεξικό και στο εξωτερικό. Τα ενδιαφέροντα του Javier κινούνται στο πεδίο της οικογενειακής βίας, των κοινωνικών ζητημάτων των ευάλωτων ομάδων και της ψυχολογίας της υγείας. Κατέχει διδακτορικό δίπλωμα στην Κοινωνική Ψυχολογία από τη Χώρα των Βάσκων στην Ισπανία, μεταπτυχιακό στην Ανώτερη Εκπαίδευση και πτυχίο στην Ψυχολογία από το Universidad Autónoma de Nuevo León του Μεξικό.

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Μια εννοιολογική συζήτηση της ενσωμάτωσης στην ειδική μουσική παιδαγωγική: Η περίπτωση της Ρυθμικής Dalcroze

Sanna Kivijärvi, Katja Sutela & Riikka Ahokas

ΠΕΡΙΛΗΨΗ

Οι μαθητές με ειδικές εκπαιδευτικές ανάγκες έχουν δυσκολίες στη μάθηση, την αντίληψη και την επικοινωνία, που συχνά θέτουν σε δοκιμασίες τη συμμετοχή τους σε παραδοσιακά οργανωμένα μαθήματα ενόργανης μουσικής. Οι προσεγγίσεις της μουσικής παιδαγωγικής που βασίζονται στην ενσωμάτωση επικεντρώνονται στην αξιοποίηση των κινήσεων του σώματος για τη δημιουργία και την ενίσχυση της μάθησης. Οι ενσωματωμένες μουσικές δραστηριότητες προέρχονται από τις προσωπικές εμπειρίες των μαθητών, και γι' αυτό είναι σε θέση να καλύψουν αποτελεσματικά τις ποικίλες ανάγκες των μαθητών. Σε αυτό το άρθρο, παρέχουμε κάποιες εισαγωγικές παρατηρήσεις σχετικά με το εννοιολογικό περιεχόμενο και τη σφαίρα της ενσωμάτωσης στο πλαίσιο της ειδικής μουσικής παιδαγωγικής. Χρησιμοποιούμε τη Ρυθμική Dalcroze ως παράδειγμα, μιας και είναι βαθιά ριζωμένη στην ενσωματωμένη μουσική πράξη και έχει μια μακρά ιστορία εφαρμογής στον τομέα αυτό.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

ενσωμάτωση, ειδική μουσική παιδαγωγική, ειδικές εκπαιδευτικές ανάγκες, Ρυθμική Dalcroze

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Η **Katja Sutela** είναι υποψήφια διδάκτορας, και ως λέκτορας μερικής απασχόλησης στο Πανεπιστήμιο του Ουλου (Φινλανδία) διδάσκει μουσική και κίνηση και ειδική μουσική παιδαγωγική. Για δέκα χρόνια δίδαξε μουσική σε παιδιά με ειδικές εκπαιδευτικές ανάγκες σ' ένα ειδικό σχολείο. Μεταξύ των ερευνητικών της ενδιαφερόντων είναι η ενσωμάτωση, η ειδική παιδαγωγική, η έρευνα που βασίζεται σε αφηγήσεις και η σχέση μεταξύ των μεθόδων της μουσικής παιδαγωγικής και της παιδαγωγικής σκέψης. Αυτή τη στιγμή εκπονεί διδακτορική έρευνα σχετικά με την ανάπτυξη της μεσολάβησης σε σωματικές μουσικές αλληλεπιδράσεις με παιδιά με ειδικές εκπαιδευτικές ανάγκες.

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Η **Riikka Ahokas** είναι δασκάλα μουσικής με ειδίκευση στη μουσική και την κίνηση. Έχει μεγάλη εμπειρία εργασίας στον τομέα της ειδικής μουσικής παιδαγωγικής, ιδιαίτερα με μαθητές που παρουσιάζουν διαταραχές αυτιστικού φάσματος. Σήμερα εργάζεται με μαθητές και παιδιά με δυσκολίες στην ανάγνωση ή/και άλλες δυσκολίες που σχετίζονται με τη γλώσσα. Διεξάγει τη διδακτορική της έρευνα στη μουσική παιδαγωγική στο Πανεπιστήμιο της Jyväskylä (Φινλανδία).

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Ενταξιακή μουσική εκπαίδευση: Οι δυνατότητες της προσέγγισης Dalcroze για μαθητές με ειδικές εκπαιδευτικές ανάγκες

Katja Sutela, Marja-Leena Juntunen & Juha Ojala

ΠΕΡΙΛΗΨΗ

Σ' αυτό το άρθρο συζητούμε τις δυνατότητες της μουσικής παιδαγωγικής για μαθητές με ειδικές εκπαιδευτικές ανάγκες που εμπνέεται από τη μέθοδο Dalcroze, με βάση τα προκαταρκτικά πορίσματα μιας εν εξελίξει διδακτορικής έρευνας (εθνογραφική μελέτη) και τις εμπειρίες της πρώτης συγγραφέα από τη δεκαετή διδασκαλία μουσικής σ' ένα ειδικό σχολείο. Σ' αυτό το πλαίσιο, μια ολιστική προσέγγιση βασισμένη στις εκπαιδευτικές ιδέες του Jaques-Dalcroze προσέφερε πολύτιμες και ουσιαστικές εμπειρίες μάθησης, και αποτέλεσε ένα εργαλείο για τη βαθύτερη κατανόηση της μουσικής, του εαυτού και των άλλων. Το σχέδιο της έρευνας, κατά τη διάρκεια ενός σχολικού έτους, περιελάμβανε την παρέμβαση με μουσική και κίνηση σε μια ομάδα Φιλανδών μαθητών με ειδικές εκπαιδευτικές ανάγκες που φοιτούσαν στην όγδοη και στην ένατη τάξη. Η εργασία αυτή βασίζεται στον αναστοχασμό της πρώτης συγγραφέα τόσο απέναντι στην παρέμβαση (σημειώσεις πεδίου και ημερολόγιο έρευνας) όσο και απέναντι στα δεδομένα των συνεντεύξεων με δασκάλους.

Τα προκαταρκτικά αποτελέσματα της μελέτης δείχνουν ότι η προσέγγιση Dalcroze προωθεί ίσες ευκαιρίες ώστε οι μαθητές με ειδικές ανάγκες να καταφέρουν να βιώσουν τη μουσική και να αναπτύξουν και να επιδείξουν τις ικανότητές τους, τη μουσική τους γνώση και ενέργεια. Στις δραστηριότητες της μουσικής-κίνησης, η χαρά της συνεργασίας με τους συμμαθητές και τον δάσκαλο/τη δασκάλα από τη μία πλευρά, και η απόλαυση των σωματικών εμπειριών του κάθε μαθητή από την άλλη είναι συνυφασμένες με τις διαδικασίες της ενσωματωμένης μουσικής αλληλεπίδρασης. Αυτή η αλληλεπίδραση, με στόχο κατά κύριο λόγο τη μάθηση μέσα στη μουσική και μέσω της μουσικής, προκαλεί συναισθήματα και προσφέρει στους μαθητές

ευκαιρίες για να αντιμετωπίσουν τα συναισθήματά τους και να κατανοήσουν τις καταστάσεις της μάθησης και της ζωή γενικά.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

ειδική μουσική παιδαγωγική, προσέγγιση Dalcroze, ειδικές εκπαιδευτικές ανάγκες, μουσική και κίνηση, ενσωμάτωση, ενσωματωμένη νόηση

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Η Ρυθμική Dalcroze ως ψυχοκινητική εκπαίδευση για παιδιά με ειδικές εκπαιδευτικές ανάγκες: Μια συνέντευξη με τη Marie-Laure Bachmann

John Habron & Marie-Laure Bachmann

ΠΕΡΙΛΗΨΗ

Σ' αυτή τη συνέντευξη, η Bachmann διηγείται τις εμπειρίες της παιδικής της ηλικίας και της κατάρτισής της στη Ρυθμική Dalcroze. Περιγράφει τις πανεπιστημιακές της σπουδές στη Γενεύη, συμπεριλαμβανομένων των διαλέξεων του Jean Piaget, και το πώς άρχισε να ενδιαφέρεται για τη θεραπευτική χρήση της μεθόδου Dalcroze. Μεταξύ άλλων, η Bachmann μοιράζεται τις αναμνήσεις της από την εργασία της με κωφά παιδιά και τα όσα έμαθε από τη δασκάλα και μέντορά της Claire-Lise Dutoit. Η Bachmann μιλά επίσης για τις

θεωρητικές και πρακτικές πτυχές της μεθόδου Dalcroze, αντλώντας αναφορές από την πολυετή εμπειρία της ως επαγγελματία και εκπαιδεύτριας δασκάλας. Τέλος, αναστοχάζεται σχετικά με τη θέση που κατέχει η πρακτική Dalcroze εντός των ευρωπαϊκών παραδόσεων της Ρυθμικής και της μουσικοθεραπείας. Αυτή η συνέντευξη θα έχει ενδιαφέρον όχι μόνο για εκείνους που θέλουν να κατανοήσουν τις προσεγγίσεις Dalcroze σχετικά με τη μουσικοτροπία της υγείας στην πράξη και τη θεωρία, αλλά και για τους ιστορικούς της μουσικής παιδαγωγικής και της μουσικοθεραπείας που επιθυμούν να συνδέσουν τους επαγγελματίες της μεθόδου Dalcroze με τους επαγγελματίες του χώρου της υγείας, ειδικά στη Γενεύη κατά τη διάρκεια του δεύτερου μισού του εικοστού αιώνα.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Ρυθμική Dalcroze, μουσική, Claire-Lise Dutoit, ψυχοκινητική εκπαίδευση, ειδικές εκπαιδευτικές ανάγκες, παιδιά

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Ως παιδί, η **Marie-Laure Bachmann** μεγάλωσε σε ένα περιβάλλον μουσικής και Ρυθμικής Dalcroze. Ολοκλήρωσε τις ανώτερες σπουδές της στη Γενεύη (δίπλωμα παιδαγωγικής για τα παιδιά με ειδικές ανάγκες και δίπλωμα πειραματικής και γενετικής ψυχολογίας) και κατέχει το δίπλωμα Diplôme Supérieur του Institut Jaques-Dalcroze. Η Bachmann εφάρμοσε τη μέθοδο Dalcroze σε παιδιά με ειδικές ανάγκες για 30 χρόνια. Δίδαξε θεωρία και πρακτική της Ρυθμικής Dalcroze σε επαγγελματίες σπουδαστές στο Institut Jaques-Dalcroze για περίπου 17 χρόνια και διετέλεσε διευθύντρια εκεί από το 1990 έως το 2006. Η Bachmann είναι πρόεδρος της AAJD (Association des Amis de Jaques-Dalcroze) και μέλος του Collège de l'Institut Jaques-Dalcroze. Είναι συγγραφέας του *Dalcroze Today: An Education through and into Music* (Bachmann 1991).

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Αναμνήσεις της Mimi Scheiblaue και η ανάπτυξη της Ρυθμικής Dalcroze ως θεραπευτικής πρακτικής: Μια συνέντευξη με την Eleonore Witoszynskij

John Habron & Eleonore Witoszynskij

ΠΕΡΙΛΗΨΗ

Στη συνέντευξη αυτή η Witoszynskij θυμάται την πρώτη της συνάντηση με τη Ρυθμική [Rhythmics] κατά την περίοδο αμέσως μετά τον δεύτερο παγκόσμιο πόλεμο. Στις αρχές της δεκαετίας του 1960 είχε την ευκαιρία να μαθητεύσει κοντά στη Mimi Scheiblaue, η οποία υπήρξε μαθήτρια του Jaques-Dalcroze και πρωτοπόρος στην ανάπτυξη της μουσικοθεραπείας. Η Witoszynskij ανακαλεί λεπτομερώς στη μνήμη της τη διδασκαλική προσέγγιση της Scheiblaue, περιγράφοντας τις στρατηγικές και τις ασκήσεις που εκείνη επιτόνησε, και μιλά για τη βαθιά εντύπωση που της έκανε αυτή η εμπειρία. Η συνέντευξη περιλαμβάνει και σκέψεις για τις δασκάλες της, την Brigitte Müller και τη Rosalia Chladek, οι οποίες έμελλε να γίνουν συναδέλφισσές της. Η Witoszynskij μοιράζεται τις θεωρητικές της προσεγγίσεις για τη μουσική και την κίνηση, οι οποίες

αναπτύχθηκαν κατά τη διάρκεια της εργασίας της με παιδιά με διάφορες αναπηρίες και με ενήλικες με καρκίνο, και μέσα από τη δική της δέσμευση σε μια συνεχή μελέτη. Αυτή η συνέντευξη απευθύνεται σε ερευνητές του πεδίου των Σπουδών Dalcroze, σε ιστορικούς της ρυθμικής αγωγής και της μουσικοθεραπείας, και σε οποιονδήποτε ενδιαφέρεται για την πρακτική και τη θεωρία της μουσικής και της κίνησης που αναπτύχθηκε κυρίως στη γερμανόφωνη Ελβετία και την Αυστρία από το έργο του Jaques-Dalcroze.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Ρυθμική Dalcroze, Ρυθμική, μουσική, Mimi Scheiblaue, Brigitte Müller, Rosalia Chladek, Cary Rick

Ο **John Habron** (PhD) είναι πρόεδρος του τμήματος μουσικής εκπαίδευσης στο Royal Northern College of Music στο Ηνωμένο Βασίλειο, συνεργάτης (Senior Research Fellow) της ερευνητικής ομάδας MASARA (Musical Arts in Southern Africa: Resources and Applications) του North-West University, Νότια Αφρική, και μουσικοθεραπευτής. Έχοντας εκπαιδευτεί αρχικά ως συνθέτης, σταδιακά μετατόπισε το ενδιαφέρον του στη διεπιστημονική έρευνα σε όλους τους τομείς της μουσικής παιδαγωγικής και της μουσικοθεραπείας, εκδίδοντας επιστημονικά άρθρα μεταξύ άλλων και στο *International Journal of Music Education*, στο *Journal of Research in Music Education*, στο *Journal of Dance and Somatic Practices*, στο *TD: The Journal for Transdisciplinary Research in Southern Africa* και στο *British Journal of Occupational Therapy*. Ο John οργανώνει το Διεθνές Συνέδριο των Σπουδών Dalcroze (Κόβεντρι 2013, Βιέννη 2015, Κεμπέκ 2017) και είναι πρόεδρος της επιστημονικής του επιτροπής.

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Γεννημένη στη Βιέννη το 1941, η **Eleonore Witoszynskyj** (MPhil) ακολούθησε σπουδές στη Ρυθμική στο Ωδείο της Ζυρίχης και στο Πανεπιστήμιο Μουσικής και Παραστατικών Τεχνών της Βιέννης (Universität für Musik und darstellende Kunst Wien ή MDW). Εκτός από τις σπουδές της στο πιάνο και στη φλογέρα, σπούδασε και διδακτική μουσικών οργάνων, ψυχολογία και θεραπεία της εκπαίδευσης, καθώς και χοροθεραπεία και ανάλυση της κίνησης για άτομα με σωματικές και διανοητικές αναπηρίες. Η Witoszynskyj έχει εκτεταμένη εμπειρία διδασκαλίας στο Ινστιτούτο Παιδαγωγικής Μουσικής και Κίνησης & Μουσικοθεραπείας (Institute of Music and Movement Education & Music Therapy) στο MDW, όπου άρχισε να εργάζεται το 1968 και όπου σήμερα είναι καθηγήτρια της θεωρίας της μουσικής και κίνησης. Οι δημοσιεύσεις της περιλαμβάνουν τα βιβλία *Erziehung durch Musik & Bewegung* (3rd Edition, 2011) και *Lebendiges Lernen durch Musik, Bewegung, Sprache* (2009) και πολυάριθμα άρθρα.

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