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Σημείωμα του Αρχισυντάκτη

Γενναιοδωρία, Διάλογος και Αλλαγή

Γιώργος Τσίρης

«Η γενναιοδωρία αρχίζει στο *καλωσόρισμα*: μια φιλοξενία που προσφέρει οτιδήποτε έχει ο οικοδεσπότης το οποίο θα ανταποκριθεί στην ανάγκη του φιλοξενούμενου» (Frank 2004: 2).

Σας *καλωσορίζω* στο νέο τεύχος του *Approaches*. Γράφοντας το παρόν σημείωμα – μόλις τρεις εβδομάδες μετά το Παγκόσμιο Συνέδριο Μουσικοθεραπείας (7-12 Ιουλίου 2014, Αυστρία) – βρίσκω τα περιεχόμενα αυτού του τεύχους να αντηχούν με δύο θέματα που χαρακτήρισαν το συνέδριο: τη *γενναιοδωρία* και το *διάλογο*.

Στο βιβλίο του, *The Renewal of Generosity*, ο κοινωνιολόγος Arthur Frank γράφει για το ρόλο της γενναιοδωρίας στη μεταμόρφωση της «διεφθαρμένης ιατρικής» σε σχέσεις φροντίδας και διαλόγου μεταξύ επαγγελματιών («οικοδεσποτών») και ασθενών («φιλοξενούμενων»). Στον κόσμο μας, όπου η γενναιοδωρία έχει παραμορφωθεί από μια ηθική σχέση σε ένα διαχειριστικό πρόβλημα, ο Frank προτείνει μια εναλλακτική προοπτική: μια προοπτική όπου η φιλόξενη και διαλεκτική φύση της γενναιοδωρίας γίνεται χώρος αμοιβαίας αλλαγής τόσο των οικοδεσποτών όσο και των φιλοξενούμενων.

«Η γενναιοδωρία [...] αρχίζει πάντα στο διάλογο: μιλώντας με κάποιον, όχι για αυτόν· εισχωρώντας σε ένα χώρο μεταξύ του εγώ και του εσύ, στον οποίο παραμένουμε άλλοι, *αλλαγμένοι*, αλλά στον οποίο ο καθένας μας προσφέρει τον εαυτό του να αλλάξει από τον άλλο» (Frank 2004: 126).

Παρόλο που το πλαίσιο αναφοράς του Frank είναι ο κόσμος της ιατρικής περίθαλψης, οι ιδέες του είναι καίριες και για άλλους επαγγελματικούς χώρους όπου ιδέες, αξίες και πρακτικές αναπτύσσονται, ανταλλάσσονται, διαθλούνται, εξετάζονται, προκαλούνται και ενίοτε απορρίπτονται. Η γενναιοδωρία (η προσφορά γενναίων δώρων, βλ. Φρουδάκη 2012: 47) αποτελεί πράγματι μια γενναία, περιπετειώδη πράξη. Δύο ξένοι επιθυμούν να γνωριστούν και αυτή η γνωριμία ενέχει προκλήσεις οι οποίες μπορεί να οδηγήσουν ακόμη

και σε «παρεξήγηση» του ενός από τον άλλο. Ως γενναία πράξη όμως, το κλειδί της γενναιοδωρίας είναι η αποφυγή της αποξένωσης ή ‘γκετοποίησης’ του άλλου και η παραμονή των δύο σε διάλογο (Ansdell 2001· Tsiris 2013).

Υπό αυτό το πρίσμα, και με *φιλοξενούμενους* από διάφορες χώρες, το Παγκόσμιο Συνέδριο πρόσφερε μια γενναιοδωρή πλατφόρμα για ανταλλαγή και εποικοδομητικό διάλογο, και ελπίζω πως στο τέλος φύγαμε όλοι έστω και λίγο αλλαγμένοι.

Ομοίως, αυτό το τεύχος του *Approaches* προσφέρει μια πλατφόρμα όπου συγγραφείς από ετερογενή κοινωνικο-πολιτισμικά πλαίσια και θεωρητικούς προσανατολισμούς επικοινωνούν ένα εύρος θεραπευτικών και εκπαιδευτικών μουσικών πρωτοβουλιών. Παρά την ποικιλομορφία τους, οι ιδέες και οι πρακτικές που καταγράφονται σε αυτό το τεύχος αντανakλούν τις προσπάθειες των «οικοδεσποτών» (συγγραφέων: επαγγελματιών και ερευνητών) να ακούσουν και να ανταποκριθούν στις ανάγκες των «φιλοξενούμενων» τους (πελατών μουσικοθεραπείας, μαθητών, των οικογενειών τους και ούτω καθεξής).

Το τεύχος αρχίζει με μια συνέντευξη της Ανθής Αग्रότου – μιας σημαντικής προσωπικότητας στην ανάπτυξη της μουσικοθεραπείας στην Κύπρο. Ερωτούμενη από τη Δώρα Παυλίδου, η Αग्रότου αφηγείται το προσωπικό της ταξίδι στη μουσικοθεραπεία – ένα ταξίδι που απεικονίζει το πώς η ιστορία και το έργο ενός ατόμου είναι συνυφασμένο με τις ευρύτερες ιστορικές και κοινωνικο-πολιτικές συνθήκες εντός των οποίων ενεργεί. Η Melita Belgrave γράφει για την ανάπτυξη ενός μουσικού προγράμματος διά βίου μάθησης για ηλικιωμένους στις ΗΠΑ, ενώ ο Bo Nilsson παρουσιάζει μια ερευνητική μελέτη η οποία διεξήχθη στη Σουηδία με σκοπό τη διερεύνηση των πρακτικών μουσικής εκπαίδευσης που εφαρμόζονται στα πλαίσια ψηφιακής μουσικής δημιουργίας με νέους με ειδικές ανάγκες. Η έρευνα της Margaret Broad εξετάζει τον δυνάμει ρόλο της μουσικοθεραπείας με γονείς που πενθούν ύστερα από αποβολή ή θνησιγένεια. Επιπλέον, αυτό το

τεύχος περιλαμβάνει την ανταπόκριση του Niall Mc Guigan από το συνέδριο «*Rethinking Interdisciplinary Collaboration: Towards New Ethical Paradigms in Music and Health Research*», καθώς και πέντε βιβλιοκριτικές από την Tamsin Dives, την Carol Chambers, την Ευαγγελία Αραχωβίτη, τον Bob Heath και τη Στέλλα Κολυβοπούλου αντίστοιχα.

Κλείνοντας αυτό το σημείωμα, θα ήθελα να μοιραστώ μαζί σας ορισμένες πρόσφατες εξελίξεις, αλλά και μελλοντικές κατευθύνσεις του περιοδικού:

- Το *Approaches* εισήγαγε την ενότητα [Πρώτη Ματιά](#) η οποία παρέχει προκαταβολική διαδικτυακή πρόσβαση σε κείμενα πριν από την έναρξή τους σε ένα περιοδικό τεύχος. Βελτιώνοντας την αποτελεσματικότητα των διαδικασιών αξιολόγησης και δημοσίευσης του περιοδικού, η [Πρώτη Ματιά](#) ελαχιστοποιεί το χρονικό διάστημα μεταξύ υποβολής και δημοσίευσης των κειμένων.
- Το *Approaches* έχει ανακοινώσει δύο προσεχή ειδικά θεματικά τεύχη. Το πρώτο, «[Η Μουσικοθεραπεία στην Ευρώπη: Πορείες Επαγγελματικής Ανάπτυξης](#)», είναι ο καρπός της συνεργασίας μεταξύ του *Approaches* και της Ευρωπαϊκής Συνομοσπονδίας Μουσικοθεραπείας (EMTC). Το δεύτερο ειδικό τεύχος, «[Μουσικοθεραπεία, Δραματοθεραπεία, Χοροθεραπεία και Εικαστική Θεραπεία: Διεπιστημονικοί Διάλογοι](#)», αντανάκλα το ενδιαφέρον του περιοδικού για την προώθηση της διεπιστημονικής συνεργασίας και ανταλλαγής. Πιθανοί συγγραφείς ενθαρρύνονται να επικοινωνήσουν με τις αντίστοιχες προσκεκλημένες συντάκτριες και να συζητήσουν τις συγγραφικές τους ιδέες.
- Κατά τη διάρκεια του Παγκόσμιου Συνεδρίου, το *Approaches* συμμετείχε στη συνάντηση των συντακτών διεθνών περιοδικών μουσικοθεραπείας. Μεταξύ άλλων, είχαμε την ευκαιρία να συζητήσουμε για τις διαφορές προϋποθέσεις ηθικής δεοντολογίας σε συνάρτηση με τις διαδικασίες ομότιμης αξιολόγησης και την πολιτική ανοικτής πρόσβασης των περιοδικών.
- Η αναπτυσσόμενη συντακτική μας ομάδα καλωσορίζει δύο νέα μέλη: τη Μίτση Ακογιούννογλου-Χρήστου (Ελλάδα) και τη Melanie Voigt (Γερμανία).
- Ως 'αγγελιαφόρος', ο *Ερμής* – το επίσημο ενημερωτικό δελτίο του *Approaches* – έχει καταστεί σημαντικό μέσο επικοινωνίας εθνικών και διεθνών νέων, καταμετρώντας σήμερα περισσότερα από 1100 μέλη ηλεκτρονικής

αλληλογραφίας¹. Η Κάνδια Μπουζιώτη ηγείται της ανάπτυξης του *Ερμή*, και μπορείτε να μοιραστείτε μαζί της τα δικά σας νέα από τον ευρύτερο χώρο της μουσικής και της ευεξίας: approaches.hermes@gmail.com

Στο πνεύμα αυτών των εξελίξεων, η συντακτική ομάδα του *Approaches* θα συναντηθεί στην Αθήνα τον Σεπτέμβριο του 2014. Σκοπός είναι η κριτική θεώρηση των τρέχουσων εργασιών, αλλά και των μελλοντικών κατευθύνσεων του περιοδικού. Ως *γενναιόδωροι οικοδεσπότες* (που διαρκώς προσπαθούμε να είμαστε!) μας ενδιαφέρει να κατανοούμε και να ανταποκρινόμαστε στις ανάγκες και τις επιθυμίες των *φιλοξενούμενων* μας, δηλ. σε εσάς: συγγραφείς και αναγνώστες. Σας προσκαλώ λοιπόν να επικοινωνήσετε μαζί μας (approaches.editor@gmail.com) και να μοιραστείτε τις ιδέες και τις προτάσεις σας σχετικά με τις αλλαγές που πιθανόν επιθυμείτε να δείτε στο *Approaches*.

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¹ Για εγγραφή στη λίστα ηλεκτρονικής αλληλογραφίας, στείλτε email: approaches.adm1@gmail.com



Editorial

Generosity, Dialogue and Change

Giorgos Tsiris

“Generosity begins in *welcome*: a hospitality that offers whatever the host has that would meet the need of the guest” (Frank 2004: 2).

I *welcome* you to this new issue of *Approaches*. Writing this editorial – only three weeks after the World Congress of Music Therapy (7-12 July 2014, Austria) – I find that this issue’s contents resonate with two themes that characterised the congress: *generosity* and *dialogue*.

In his book, *The Renewal of Generosity*, sociologist Arthur Frank writes about the role of generosity in transforming “demoralised medicine” into relationships of care and dialogue between professionals (“hosts”) and patients (“guests”). In our world, where generosity has been distorted from a moral relationship to an administrative problem, Frank offers an alternative perspective; a perspective where the hospitable and dialectical nature of generosity becomes a space for mutual change of both hosts and guests.

“Generosity [...] always begins in dialogue: speaking with someone, not about them; entering a space between I and you, in which we remain other, *alter*, but in which we each offer ourselves to be changed by the other” (Frank 2004: 126).

Although Frank’s context of reference is the world of medical care, his ideas are also key for other professional fields where ideas, values and practices are developed, exchanged, refracted, examined, challenged and sometimes discarded. Generosity (which in Greek means the offering of “brave gifts”, see Froudaki 2012: 51) is indeed a brave, adventurous practice. Two strangers wish to meet and this meeting poses challenges which can even lead to “misunderstanding” by one of the other. As a brave act however, the key of generosity is to avoid the estrangement or ‘ghettoisation’ of the other and to both remain in dialogue (Ansdell 2001; Tsiris 2013).

Through this prism, and with *guests* from various countries, the World Congress offered a generous platform for exchange and constructive dialogue, and I hope that in the end we all left changed – even if just a little.

Likewise, this issue of *Approaches* offers a platform upon which authors from heterogeneous socio-cultural contexts and theoretical orientations communicate a range of music therapeutic and educational initiatives. Despite their diversity, the ideas and practices documented in this issue reflect the endeavours of ‘hosts’ (authors: practitioners and researchers) to listen and respond to the needs of their ‘guests’ (music therapy clients, students, their families and so on).

The issue begins with an interview with Anthi Agrotou – a significant personality in the development of music therapy in Cyprus. Interviewed by Dora Pavlidou, Agrotou narrates her personal journey in music therapy – a journey that portrays how an individual’s story and work is interwoven with the wider historical and socio-political circumstances within which they act. Melita Belgrave writes about the development of a music-based lifelong learning programme for older people in the USA, while Bo Nilsson presents a research study which was conducted in Sweden with the aim to explore the music education practices applied within the context of digitally-based music making with young people with special needs. Margaret Broad’s study explores the potential role of music therapy with bereaved parents following miscarriage or stillbirth. Moreover, this issue includes Niall Mc Guigan’s report from the conference “*Rethinking Interdisciplinary Collaboration: Towards New Ethical Paradigms in Music and Health Research*”, as well as five book reviews by Tamsin Dives, Carol Chambers, Evangelia Arachoviti, Bob Heath and Stella Kolyvopoulou respectively.

In closing this editorial, I would like to share with you some of the journal's recent developments, as well as its future directions:

- *Approaches* introduced the [First View](#) section which provides advance online access to papers prior to their assignment to a journal issue. Enhancing the efficiency of the journal's review and publication procedures, [First View](#) minimises the time gap between submission and publication of texts.
- *Approaches* has announced two forthcoming special thematic issues. The first one, "[Music Therapy in Europe: Paths of Professional Development](#)", is the fruit of a partnership between *Approaches* and the European Music Therapy Confederation (EMTC). The second one, "[Music, Drama, Dance Movement and Art Therapy: Interdisciplinary Dialogues](#)", reflects the journal's interest in promoting interdisciplinary collaboration and exchange. Potential authors are encouraged to contact the respective guest editors and discuss their writing ideas.
- During the World Congress, *Approaches* took part in a meeting of international music therapy journal editors. Among other topics, we had the opportunity to discuss the various ethical requirements in connection with journals' peer review procedures and open access policy.
- Our growing editorial team welcomes two new members: Mitsi Akoyunoglou-Christou (Greece) and Melanie Voigt (Germany).
- As a 'messenger', *Hermes* – the official newsletter of *Approaches* – has become an important means of communicating national and international news, currently counting more than 1100 mailing list members¹. Kandia Bouzioti spearheads the development of *Hermes*, and you can share with her your news from the wider field of music and wellbeing: approaches.hermes@gmail.com

In line with these developments, the editorial team of *Approaches* will meet in Athens in September 2014. The purpose is to critically review the journal's current work and future directions. As *generous hosts* (that we are constantly trying to be!), we are interested to understand and respond to the needs and wishes of our *guests*, i.e. you: writers and readers. Therefore, I invite you to contact us (approaches.editor@gmail.com) and share your

ideas and suggestions regarding the changes you may wish to see in *Approaches*.

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Το Προσωπικό Ταξίδι της Ανθής Αγρότου Μέσα από την Ανέλιξη της Μουσικοθεραπείας στην Κύπρο

Ανθή Αγρότου

Μια συνέντευξη από τη Δώρα Παυλίδου

Περίληψη

Αυτή η συνέντευξη επικεντρώνεται στο προσωπικό ταξίδι της Δρ. Ανθής Αγρότου, η οποία ξεδιπλώνει τις εμπειρίες που έχει βιώσει σε μια εποχή όπου η μουσικοθεραπεία στην Κύπρο βρισκόταν σε αρχικά στάδια της εξέλιξής της. Περιγράφει πώς η ίδια κατέληξε στο χώρο της μουσικοθεραπείας και αναφέρει σημαντικούς σταθμούς στην επαγγελματική της πορεία. Παράλληλα σηματοδοτεί τα εφόδια που έχει χρησιμοποιήσει και αποκτήσει κατά την επαγγελματική της σταδιοδρομία, ενώ προσφέρει συμβουλές για την περαιτέρω ανάπτυξη της μουσικοθεραπείας στην Κύπρο.

Λέξεις κλειδιά: Κύπρος· ψυχοδυναμική μουσικοθεραπεία· εμπειρίες· ανέλιξη

Η Δρ. Ανθή Αγρότου πήρε το πρώτο της πτυχίο στην Αρχαία Ελληνική Φιλολογία από το Πανεπιστήμιο του Λονδίνου και ακολούθως σπούδασε Μουσικοθεραπεία στο Πανεπιστήμιο του Roehampton Surrey. Απέκτησε το διδακτορικό της δίπλωμα από το Πανεπιστήμιο του Sheffield της Αγγλίας, και είναι εγγεγραμμένη επόπτρια μουσικοθεραπείας από το European Music Therapy Confederation. Το 2002 κυκλοφόρησε ντοκιμαντέρ με τίτλο *Group Music*

Therapy with People with Profound Learning Disabilities and their Carers. Εργάστηκε σε κρατικά σχολεία και ιδρύματα στο εξωτερικό και στην Κύπρο. Δίδαξε μουσικοθεραπεία στο Καθολικό Πανεπιστήμιο της Lueven, Βέλγιο, στο Πανεπιστήμιο Κύπρου και τώρα στην Τριτοβάθμια Μουσική Ακαδημία Arte.

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Η Δώρα Παυλίδου είναι μουσικοθεραπεύτρια και εργάζεται στην Κύπρο. Είναι κάτοχος μεταπτυχιακού μουσικοθεραπείας (Nordoff-Robbins) και πτυχίου μουσικής. Σήμερα εκπαιδεύεται στη μέθοδο Benenzon. Είναι συντονίστρια των συνδέσμων και των δρώμενων του *Approaches: Μουσικοθεραπεία & Ειδική Μουσική Παιδαγωγική*.

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Σημείωση: Η συνέντευξη αυτή πραγματοποιήθηκε στις 12 Σεπτεμβρίου 2013 στην Κύπρο, στο σπίτι της Ανθής Αγρότου. Η συνέντευξη μεταγράφηκε κατά λέξη από το αρχικό ηχογραφημένο αρχείο και στη συνέχεια επιμελήθηκε ούτως ώστε να αποδοθεί ξεκάθαρα το περιεχόμενό της.

Δώρα: Θα ήθελα να σε ευχαριστήσω που δέχτηκες την πρόσκλησή μου για αυτή τη συνέντευξη. Αρχικά θα ήθελα να μου περιγράψεις εν συντομία το ταξίδι σου στο χώρο της μουσικοθεραπείας.

Ανθή: Το ταξίδι μου ξεκίνησε όταν έκανα μια έρευνα για την αρχαία ελληνική μουσική με το Πανεπιστήμιο του Λονδίνου. Εκεί γνώρισα μια φοιτήτρια μουσικοθεραπείας που σπούδαζε στο Guildhall School of Music. Η μουσικοθεραπεία

μου κίνησε το ενδιαφέρον. Ήταν κάτι πολύ πιο προσιτό και άμεσο από αυτό που μελετούσα και έτσι, αφού το έψαξα περαιτέρω, αποφάσισα ότι αυτό το δρόμο ήθελα να ακολουθήσω και αποτάθηκα στις αγγλικές εκπαιδεύσεις του Λονδίνου. Μετά από μια σειρά διαδικασιών για την ετοιμασία μουσικών κομματιών για την ακρόαση και τα λοιπά που απαιτούνταν για τις εισαγωγικές εξετάσεις, τελικά το 1985 φοίτησα στο Roehampton Institute of Higher Education,

University of Surrey. Βέβαια, η όλη εκπαίδευση και εμπειρία ήταν πολύ διαφορετική από τις προσδοκίες μου.

Δώρα: Γνώριζες ήδη για την εκπαίδευση στην ψυχοδυναμική προσέγγιση της μουσικοθεραπείας;

Ανθή: Όχι, δεν ήξερα συγκεκριμένα για την ψυχοδυναμική προσέγγιση, αλλά το ένστικτό μου με οδηγούσε προς τα εκεί – αυτός ήταν ο χώρος που ανήκα, ίσως επειδή είχα κάνει το πρώτο μου πτυχίο στα αρχαία Ελληνικά στο Λονδίνο και το επιλεγόμένο μου μάθημα ήταν η φιλοσοφία, ένα αντικείμενο που έχει μέσα του το αναλυτικό στοιχείο της διερεύνησης. Έτσι από ένστικτο αυτή ήταν η σχολή και η προσέγγιση που μου ταίριαζε τελικά.

Δώρα: Όταν ολοκλήρωσες τις σπουδές σου παρέμεινες στο εξωτερικό ή επέστρεψες αμέσως στην Κύπρο;

Ανθή: Έμεινα για ένα διάστημα στο εξωτερικό και μετά επέστρεψα, επειδή τότε δεν υπήρχε το επάγγελμα της μουσικοθεραπείας στην Κύπρο. Γνώρισα κάποιους Κύπριους γονείς, οι οποίοι ήθελαν πάρα πολύ να εντάξουν τα παιδιά τους σε μουσικοθεραπευτική διαδικασία. Έτσι οργανώσαμε ένα πειραματικό στάδιο εισαγωγής της μουσικοθεραπείας στην Κύπρο, στη *Στέγη Νέα Ελεούσα*. Μου έδωσαν ένα δωμάτιο, το οποίο διαμόρφωσα όπως καλύτερα μπορούσα. Όπως θυμάμαι, ήταν μια άδεια αποθήκη στην οποία μπορούσα να βάλω κάποια μουσικά όργανα. Στην αρχή ενοικιάσαμε ένα πιάνο και αγοράσαμε κάποια όργανα και ξεκινήσαμε έτσι πειραματικά. Οπτικογραφούσα τις συνεδρίες και ύστερα από τους πρώτους δύο μήνες παρουσίασα αποσπάσματα μουσικοθεραπευτικών συναντήσεων και την πορεία των θεραπειών. Βάσει αυτών των αποσπασμάτων, έστω και αν έδειχναν δουλειά μόνο δύο μηνών, μου ζήτησαν να παραμείνω σε μια πιο μόνιμη βάση. Έτσι ξεκίνησε η πρώτη μου δουλειά στην *Στέγη Νέα Ελεούσα*. Μπορώ να πω ότι ήταν ένα σχολείο ζωής, διότι δεν υπήρχαν τότε πολλές άλλες θεραπευτικές στηρίξεις προς τα παιδιά που κατοικούσαν στην *Στέγη*, σε ατομικό επίπεδο. Εκτός από τη φυσικοθεραπεία, δεν υπήρχαν για παράδειγμα λογοθεραπευτές. Ο ψυχολόγος ήταν για όλα τα παιδιά, οπότε δεν τα παρακολουθούσε ατομικά σε σταθερή βάση. Ακόμη υπήρχε η ψυχίατρος που παρείχε φαρμακευτική αγωγή, ενώ η διευθύντρια η οποία ήταν ψυχολόγος είχε πολλά διοικητικά καθήκοντα. Συνεπώς, όποια διαφορά έβλεπα στους κατοίκους μέσα στις μουσικοθεραπευτικές συναντήσεις ήταν κατά κύριο λόγο αποτέλεσμα της μουσικοθεραπευτικής διαδικασίας. Αυτό μου έδωσε πάρα πολύ υλικό για

να καταλάβω τι συμβαίνει και πώς λειτουργεί η μουσικοθεραπεία. Και επειδή είχα την ευχέρεια να βιντεογραφώ και ως εκ τούτου να αναλύω κάθε συνεδρία λεπτό προς λεπτό, έμαθα πάρα πολλά από την εργασία μου εκεί. Αυτό έγινε το 1987· μετά συνέχισα σε πιο μόνιμη βάση στη *Στέγη*, ενώ ταυτόχρονα άρχισα δουλειά και σε άλλους χώρους, όπως το *Ειδικό Σχολείο Ευαγγελισμός* και η *Σχολή Τυφλών*. Το πλούσιο υλικό που δημιουργήθηκε μέσα από αυτές τις δουλειές, μου έδωσε την ευκαιρία να ερευνήσω διάφορες πτυχές της ψυχοδυναμικής μουσικοθεραπείας και άρχισα να επικοινωνώ αυτές τις έρευνες σε διάφορα ευρωπαϊκά και παγκόσμια συνέδρια. Το 1992, για παράδειγμα, παρουσίασα στο Βρετανικό Συνέδριο Μουσικοθεραπείας το πώς οι τελετουργίες των παιδιών που είναι σε σοβαρή απομόνωση μας δίνουν υλικό για τελετουργικό παιχνίδι μέσα από τη μουσικοθεραπεία. Τον επόμενο χρόνο, στο Δεύτερο Παγκόσμιο Συνέδριο Μουσικοθεραπείας στην Ισπανία, παρουσίασα πτυχές της ψυχοδυναμικής μουσικοθεραπείας με το σοβαρά απομονωμένο άτομο που υποφέρει από πολλαπλές αναπηρίες (βλ. Agrotou 1994). Ως αποτέλεσμα αυτής της παρουσίασης συνάδελφοι μουσικοθεραπευτές από το Βέλγιο με κάλεσαν ως επισκέπτρια-καθηγήτρια στο πρόγραμμά τους, στο Lemmens Instituut, Lueven. Εργάστηκα εκεί για ένα έτος.

Δώρα: Θα μπορούσες να αναφέρεις ορισμένες εμπειρίες που υπήρξαν σταθμός στην πορεία σου ως επαγγελματία;

Ανθή: Ναι, σίγουρα... Η εμπειρία μου στη *Στέγη Νέας Ελεούσας* ήταν ένας σταθμός, ιδιαίτερα επειδή εκεί είχα την ευκαιρία να εργαστώ για πολλά χρόνια με τους ίδιους ανθρώπους και να ζήσω τις μακροχρόνιες επιδράσεις της ψυχοδυναμικής μουσικοθεραπείας σε ανθρώπους με πολλαπλές αναπηρίες. Είχα ακόμα την ευκαιρία να αναζητήσω νέους τρόπους εργασίας μέσα σε ένα περιβάλλον πολλαπλών στερήσεων. Έτσι, σε κάποιο στάδιο αποφάσισα να δημιουργήσω σταθερές ομάδες κατοίκων και φροντιστών, ώστε να μην νιώθουν οι φροντιστές ότι οι κάτοικοι είναι μαζί μου σ' ένα κλειστό δωμάτιο και αυτοί είναι απ' έξω. Εφόσον οι φροντιστές ήταν εκείνοι που είχαν κατά κύριο λόγο την ευθύνη φροντίδας των κατοίκων, ήθελα να χρησιμοποιήσω τη μουσικοθεραπεία ως έναν τρόπο που να τους ευαισθητοποιούσε για τον ψυχικό κόσμο των κατοίκων. Είχα δημιουργήσει μια μέθοδο όπου οι φροντιστές γίνονταν σιγά σιγά συν-θεραπευτές, όχι μέσα από μια διδακτική, αλλά μέσα από την πρακτική εμπειρία της συμμετοχής τους στις συναντήσεις ως διευκολυντές συγκεκριμένων κατοίκων. Στο ρόλο τους ως διευκολυντές,

συνδέθηκαν συναισθηματικά με τον εκάστοτε κάτοικο, και η ίδια η σύνδεσή τους μέσω της μουσικής ήταν και το κίνητρο της απόκτησης δεξιοτήτων. Έτσι άρχισαν σταδιακά να αντιλαμβάνονται και να βιώνουν πράγματα που δεν είχαν νιώσει πριν, και άρχισαν να βλέπουν τους κατοίκους με διαφορετικό τρόπο – για εκείνους ήταν ένα φοβερό άνοιγμα. Τούτο μου έδωσε και το έναυσμα να εστιάσω την έρευνά μου – η οποία τελικά κατέληξε στη διδακτορική μου διατριβή (Agrotou 1998) – σε μια μέθοδο εισαγωγής φροντιστών μέσα στο χώρο της ψυχοδυναμικής μουσικοθεραπείας, χωρίς όμως τη χρήση της διδακτικής. Η όλη διαδικασία της έρευνας, όπου ανέλυσα λεπτό προς λεπτό εκατοντάδες οπτικογραφημένες μουσικοθεραπευτικές συναντήσεις, υπήρξε καθοριστική στην πίστη μου προς το επάγγελμα. Η ανάλυση αποδείκνυε ξεκάθαρα ότι δεν υπήρχε ήχος, κίνηση, έκφραση μεταξύ των συμμετεχόντων, που να μην ήταν επικοινωνιακή. Και αναφέρομαι σε ανθρώπους που είχαν στερηθεί ολοκληρωτικά τις σχέσεις επικοινωνίας.

Μια άλλη εμπειρία σταθμός ήταν η ίδρυση του πρώτου κοινοτικού σπιτιού για ενήλικες με μαθησιακές δυσκολίες. Αυτό ήταν το αποτέλεσμα της δουλειάς ενός συνδέσμου τον οποίο συνδημιούργησα, με την ονομασία *Έλικας*, μέσα από τον οποίο καταφέραμε το 1992 να δημιουργήσουμε το πρώτο κοινοτικό σπίτι στην Κύπρο. Με βάση το μοντέλο του *Έλικα*, ακολούθησαν τα κρατικά κοινοτικά σπίτια με πρώτους ένοικους και φροντιστές τις ομάδες της μουσικοθεραπείας στη *Στέγη Νέα Ελεούσα*. Έτσι, η σχέση που τα παιδιά είχαν δημιουργήσει με τους φροντιστές τους μέσα από τις μακροχρόνιες μουσικοθεραπευτικές διαδικασίες κατέληξαν σε σχέσεις ζωής.

Δώρα: Εξακολουθεί να υπάρχει ο *Έλικας* μέχρι σήμερα;

Ανθή: Ναι, ο *Έλικας* υπάρχει ακόμη, μέσα από τη συνεχή αφοσίωση της συνιδρύτριας του *Έλικα*, της Άννας Αρτεμίδη. Εγώ όμως δεν είμαι πλέον εκεί, αποχώρησα το 1999.

Δώρα: Συνδέοντας το προσωπικό σου επαγγελματικό ταξίδι με την ανέλιξη της μουσικοθεραπείας στην Κύπρο, θα μπορούσες να μιλήσεις λίγο περισσότερο για την εμπειρία σου όταν πρωτοήρθες στην Κύπρο;

Ανθή: Ήταν πάρα πολύ δύσκολα. Καταρχάς η μουσικοθεραπεία θεωρούνταν ως μια μουσική διασκέδαση. Υπήρχαν τα άτομα που αγκάλιασαν τη μουσικοθεραπεία και τα άτομα που την πολέμησαν, είπαν ότι ήταν «αστείο», «ποιος το παίρνει σοβαρά;» Για αυτό είχα κάνει πάρα πολλή δουλειά

στον τομέα της ενημέρωσης. Όποια μελέτη παρουσίαζα στο εξωτερικό, την παρουσίαζα και στην Κύπρο. Έκανα πάρα πολλές μελέτες με οπτικογραφημένο υλικό.

Η πρώτη στροφή προς μια κάπως πιο επίσημη αναγνώριση του επαγγέλματος από πλευράς του κράτους ήταν ο διορισμός μου σε διάφορες επιστημονικές επιτροπές, όπως αυτήν που ετοίμασε τη νομοθεσία για την ένταξη των μαθητών με μαθησιακές δυσκολίες στον κύριο κορμό της εκπαίδευσης. Ως αποτέλεσμα αυτής της νομοθεσίας, εισήχθηκε οργανικά πλέον η μουσικοθεραπεία στα ειδικά σχολεία (βλ. Agrotou 1993).

Δώρα: Τι αλλαγές παρατηρείς στον χώρο σήμερα σε σύγκριση με τις μέρες που πρωτοήρθες στην Κύπρο; Έχεις δει κάποιες αλλαγές να εδραιώνονται;

Ανθή: Είναι δύσκολο τώρα με την κρίση. Σίγουρα στα σχολεία η μουσικοθεραπεία εδραιώθηκε. Στις υπηρεσίες ψυχικής υγείας προσφέρεται μόνο μέσα από την αγορά υπηρεσιών. Η κρατική αναγνώριση αποτελεί σύμβολο της κοινωνικής αναγνώρισης του επαγγέλματος. Σε αυτό τον τομέα είμαστε πίσω διότι καταλαβαίνω ότι στην Ευρώπη οι θεραπείες μέσω τεχνών δεν είναι πλέον περιθωριακές.

Δώρα: Σίγουρα, οι θεραπείες μέσω τεχνών έχουν ενταχθεί σε πολλούς άλλους τομείς πέραν του εκπαιδευτικού. Άρα σε αυτή την ανέλιξη της μουσικοθεραπείας στην Κύπρο συνάντησες πολλές δυσκολίες ως προς την αναγνώριση και την κατανόηση από τους άλλους για το τι ακριβώς είναι. Τι νιώθεις ότι αποκόμισες σε προσωπικό επίπεδο μέσα από αυτήν την πορεία;

Ανθή: Το ότι υπήρχαν άτομα – ιδιαίτερα κάποιοι γονείς – που πραγματικά αγκάλιασαν το επάγγελμα της μουσικοθεραπείας ήταν τεράστια βοήθεια. Το πιο σημαντικό όμως ήταν το τι εκλάμβανα από τους ίδιους τους θεραπευόμενους: η πορεία, οι αλλαγές και οι στιγμές «μεταμόρφωσης», όπως αποκαλούνται στην ψυχοδυναμική θεραπεία, όπου δηλαδή κάτι ψυχικά ουσιαστικό επικοινωνείται μεταξύ θεραπευόμενου και θεραπευτή.

Δώρα: Άρα μπορούμε να πούμε πως αυτό που κέρδισες ήταν η αναγνώριση από τους γονείς αλλά και από τους θεραπευόμενους...

Ανθή: Κυρίως από τους θεραπευόμενους.

Δώρα: Με ποιες ομάδες ασθενών ασχολείσαι σήμερα;

Ανθή: Κυρίως με παιδιά με μαθησιακές δυσκολίες, με αυτισμό, με Asperger και με συναισθηματικές διαταραχές. Δούλεψα για αρκετά χρόνια με ενήλικες με μαθησιακές δυσκολίες, καθώς και με ενήλικες με ψυχικές διαταραχές. Μέσα στα χρόνια δούλεψα με αρκετές και διαφορετικές ομάδες.

Δώρα: Πώς πιστεύεις ότι η μουσικοθεραπεία στην Κύπρο μπορεί να αναπτυχθεί περαιτέρω στις μέρες μας;

Ανθή: Θα ήταν βοηθητικό νομίζω αν διοργανώνονταν συνέδρια με προσκεκλημένους διάφορους επαγγελματίες από το χώρο των ψυχικών υπηρεσιών. Σε αυτά τα συνέδρια θα μπορούσαν οι μουσικοθεραπευτές να πείσουν για τη σημαντικότητα της δουλειάς τους μέσα από παρουσιάσεις μελετών από περιστατικά.

Δώρα: Σήμερα ασχολείται όχι μόνο με τον θεραπευτικό τομέα, αλλά και με το εκπαιδευτικό κομμάτι, σωστά;

Ανθή: Ασχολούμαι με τρία πράγματα βασικά. Στον εκπαιδευτικό τομέα, εργάζομαι στη *Μουσική Ακαδημία Arte*, που είναι τρίτοβάθμια σχολή μουσικής, και εκεί διδάσκω την εισαγωγή στην ψυχοδυναμική μουσικοθεραπεία και την ψυχολογία της εκτέλεσης μουσικού οργάνου. Επίσης εργάζομαι ιδιωτικά στο κέντρο ψυχοδυναμικής μουσικοθεραπείας το οποίο έχω δημιουργήσει. Επιπλέον κάνω εποπτείες μουσικοθεραπευτών και πρόσφατα έγινα εγγεγραμμένη επόπτρια μουσικοθεραπείας από το European Music Therapy Confederation.

Δώρα: Πιστεύεις ότι στην Κύπρο θα μπορούσε να υπάρξει ανάπτυξη της μουσικοθεραπείας και σε επίπεδο πανεπιστημιακής κατάρτισης;

Ανθή: Βεβαίως μπορεί να υπάρξει, ιδιαίτερα αν σκεφτεί κανείς και την ευρύτερη περιοχή στην οποία ανήκουμε γεωγραφικά.

Δώρα: Αν κατανοώ σωστά, πιστεύεις ότι θα ήταν καλύτερο πρώτα να εδραιωθεί η μουσικοθεραπεία ως επάγγελμα και μετέπειτα να δημιουργηθούν εκπαιδευτικοί τομείς;

Ανθή: Ναι, η νομική κατοχύρωση θα αποτελέσει σημαντικό βήμα, αλλά ακόμα πιο σημαντική θα ήταν η επιστημονική ανταλλαγή μεταξύ μας.

Δώρα: Ποια θα ήταν η δική σου συμβουλή ως θεραπεύτριας και ως επόπτριας προς τους Κύπριους μουσικοθεραπευτές;

Ανθή: Νομίζω ότι ένα σημαντικό στοιχείο είναι να υπάρχει ο χώρος όπου κάποιος να μπορεί να σκέφτεται για τη δουλειά του και να λαμβάνει ανατροφοδότηση. Η μουσικοθεραπεία είναι μια δουλειά που ενέχει σε μεγάλο βαθμό το αφηρημένο στοιχείο. Ακόμα, στην Κύπρο υπάρχουν πολλές μουσικοθεραπευτικές προσεγγίσεις, με επαγγελματίες που έχουν εκπαιδευτεί σε διαφορετικές χώρες. Έτσι θα ήταν πολύ χρήσιμο να υπάρχει ένας επιστημονικός χώρος για να ανταλλάσσονται σκέψεις.

Δώρα: Αναφέρεσαι σε ένα χώρο όπου να συναντιούνται μουσικοθεραπευτές από διαφορετικές προσεγγίσεις;

Ανθή: Ναι, σαν εργαστήρια για μουσικοθεραπευτές διαφορετικών και όμοιων προσεγγίσεων, όπου κάποιος να μπορεί να αναλογιστεί και να προβληματιστεί για τη δουλειά του.

Δώρα: Αυτό είναι μια εισήγηση για το μέλλον στα πλαίσια της οποίας μπορεί να γίνει δυνατή και η ανταλλαγή μεταξύ νεότερων και γηραιότερων μουσικοθεραπευτών. Μέσα από την εμπειρία και τα βιώματά σου, τι είναι αυτό που θα συμβούλευες ένα μουσικοθεραπευτή;

Ανθή: Σίγουρα η εποπτεία βοηθά πάντα. Επίσης, η προσωπική θεραπεία καθώς και η ηχογράφηση ή βιντεογράφηση των συνεδριών είναι πάρα πολύ σημαντική ακριβώς επειδή το μέσο της δουλειάς μας – η μουσική – είναι αόριστο.

Δώρα: Ποιες είναι οι προσωπικές σου προσδοκίες;

Ανθή: Θα ήθελα να έγραφα περισσότερο. Στα πρώτα χρόνια της καριέρας μου έγραφα αρκετά συχνά. Τελευταία συνεισέφερα μερικούς ορισμούς στο *International Dictionary of Music Therapy* (Kirkland 2013). Το συγγραφικό έργο μού έχει λείψει.

Δώρα: Ποιες είναι οι προσδοκίες σου για το επάγγελμα μας στην Κύπρο;

Ανθή: Όπως ανέφερα προηγουμένως: η δημιουργία ομάδων μελέτης. Κάτι μεγαλώνει προς τα έξω, όταν μεγαλώσει προς τα μέσα. Όταν ωριμάσει εσωτερικά, βγαίνει και πιο δημιουργικά προς τα έξω.

Δώρα: Εννοείς πως πρώτα χρειάζεται να ενδυναμωθεί η ομάδα των μουσικοθεραπευτών στην Κύπρο και έπειτα να αναπτυχθεί προς τα έξω;

Ανθή: Ναι, να δυναμώσει από την άποψη την επιστημονική, όχι μόνο την οργανωτική.

Δώρα: Θα ήθελες να προσθέσεις κάτι άλλο;

Ανθή: Κοίταξε, το γεγονός ότι υπάρχουν πολλές διαφορετικές προσεγγίσεις στην Κύπρο μπορεί να έχει μια δυσκολία, αλλά μπορεί να είναι και πολύ εποικοδομητικό και ωφέλιμο.

Δώρα: Ναι, μπορεί να ενδυναμωθεί σαν ένας πυρήνας που χτίζεται.

Ανθή: Ναι, σωστά.

Δώρα: Ωραία. Σε ευχαριστώ πάρα πολύ!

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The Piano Wizard™ Project: Developing a Music-Based Lifelong Learning Programme for Older Adults

Melita Belgrave

Abstract

As the ageing population continues to grow there is an increase in the need for wellness-based music therapy programmes and interventions. Programmatic outcomes such as fostering opportunities for older adults to: 1) learn a new skill, 2) make decisions, 3) structure time through development of musical skills, and 4) socially interact with others should be addressed when developing wellness-based music therapy programmes. This paper shares a music therapist's development of a wellness-based programme that addresses the above programmatic outcomes while enhancing older adults' cognitive, psychosocial, and physical functioning.

Keywords: ageing; wellness programmes; music therapy

Melita Belgrave received her bachelor's degree in music therapy from Michigan State University. She also earned her master's in music therapy, a certification in ageing studies, and a PhD in music education with an emphasis in music therapy at Florida State University. She has worked as a music therapist in special education, mental health, rehabilitation, hospice, geriatric, and intergenerational settings. Her research interests are music therapy with older adults, wellness and intergenerational settings. She has presented at regional, national, and international conferences and her research has been published in national and international journals.

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This paper begins with a literature review related to goals and outcomes of music programmes for older adults. The remainder of the paper shares how the Piano Wizard™ Project (a wellness-music therapy programme developed by the author) meets programmatic outcomes for wellness-based music therapy programme while addressing older adults' cognitive, psychosocial, and physical functioning.

Across the world the ageing population is rapidly growing. Many countries have over five million older adults that comprise their population. The growth rate for this population worldwide is expected to continue to grow rapidly through to 2045 (World Health Organization 2012). Some of the contributing factors to the rapid growth are increased life expectancy and an increase in the number of people turning 60 years old each day. As this number increases it is important to provide a variety of services to engage older adults within their community.

Music-based lifelong learning programmes have been a successful way to engage seniors in their community (Alfano 2008; Bugos & High 2009; Coffman & Adamek 1999; Conway & Hodgman 2008; Taylor 2011). Programmes often exist as part of the community through universities, music centres, and senior centres. Active music making experiences occur in small or large group settings such as band, choral, or orchestra ensembles or individually such as private piano lessons. The complexity of music fosters engagements of multiple skills such as attention, memory, and fine and gross motor movement during active music making experiences. Additionally, participation in music lifelong learning programmes fosters positive non-familial peer interactions (Administration on Aging 2010; Bittman et al. 2001; Coffman 2002; Coffman & Adamak 1999; Frego 1995).

Cohen et al. (2006) conducted a multi-site research study that examined older adults' general

health, mental health, and well-being after active participation in a variety of arts-based (music, visual, and literary arts) community programmes. Results revealed improvements in older adults' general health, mental health and well-being after active participation in the arts-based programmes for two years. Similarly Hallman et al. (2011) explored how active music making experiences contributed to older adults' quality of life. The researchers found that older adults engaged in active music making experiences had higher ratings of well-being than older adults that did not participate in active music making experiences. Older adults also reported benefits across their cognitive, psychosocial, and physical domains as a result of participation in the active music making experiences. Finally, Solé, Mercadal-Brotons, Gallego and Riera (2010) explored the effect of participation in three music programmes on older adults' quality of life. The three programmes were a choir, music appreciation course, and a series of preventive music therapy sessions. Results revealed that participation in all music experiences impacted older adults' quality of life. However, participation in the preventive music therapy sessions significantly impacted older adults' quality of life more than participation in choir and the music appreciation course.

As the population of older adults continues to grow it is important for music therapists to develop and offer wellness-based music therapy programmes and interventions to engage older adults in the community. Wellness-based music therapy programmes are successful because one programme can be designed to address many goals related to programmatic outcomes, such as fostering opportunities for older adults to: 1) learn a new skill, 2) make decisions, 3) structure time through development of musical skills, and 4) socially interact with others. A wellness-based music therapy programme can also address older adults' cognitive, psychosocial, and physical domains, as ageing is often associated with declines across these three domains (Clair & Memmott 2008; Belgrave, Darrow, Walworth & Wlodarczyk 2011).

Description of the Piano Wizard™ Project

The Piano Wizard™ Project is a ten-week programme that teaches older adults to read music and play the piano. In January 2011 the author created a research project with African American older adults at an urban senior community centre, to explore the use of music technology, Piano Wizard™ (2005, Allegro Multimedia) in a music therapy-based lifelong learning programme. The positive results of that study (see Belgrave 2012),

the request of the research participants to continue learning to read music and play the piano, and the request of other seniors at the community centre to participate in the programme caused the author to expand the project into a community-university partnership between the senior centre and the author's institution. The author has created a clinical practicum class in which student music therapists attend a weekly lecture related to theories and practices of working with older adults in a wellness-based music therapy setting. The student music therapists apply knowledge from readings and classroom lectures to the weekly sessions with the older adults at the community centre. The project has maintained consistent enrollment with 7-15 new and returning older adults every fall and spring semester.

Piano Wizard™ technology

Piano lessons are taught using the Piano Wizard™ methodology, a technology-based instructional method that utilises sensory learning. Don and Delayna Beattie, created Piano Wizard™ in conjunction with Allegro Multimedia. Piano Wizard™ instruction is provided to older adult participants through a desktop computer and midi keyboard. The Piano Wizard™ program displays a moving image of sheet music on the computer screen. Notes appear on the screen and scroll across the screen from right to left on a staff. When the music note reaches a specific point on the left side of the screen, the participant plays the corresponding note on the keyboard. A background accompaniment track that provides additional harmony and instrumentation to the song is played at all times. Piano Wizard™ contains four levels. Level I and II of Piano Wizard™ use a variety of shapes guided towards a coloured keyboard at the top of the screen instead of music notes on a staff to simulate pre-music reading; and therefore is not used in the project. Level III and IV are utilised in the project as both levels use music notes. Level III uses coloured notes on the computer screen that correspond to coloured strips that are placed on the midi keyboard (Figure 1). Level IV contains the music notes without colour (Figure 2).

The Piano Wizard™ programme is comprised of the software and five method books (Book 1 – Book 5). Each method book contains ten songs, teaching notes, and sheet music that correspond to the music displayed on the computer. The software also has five additional series of digital method books (Book 6 – Book 10). At this time print method books do not exist for Book 6 – Book 10. The program also has two display modes, 1) easy mode and 2) premier mode. Easy mode consists of the ten method books, whereas premier

mode contains the ten method books as well as other popular, classical, holiday, and folk music.

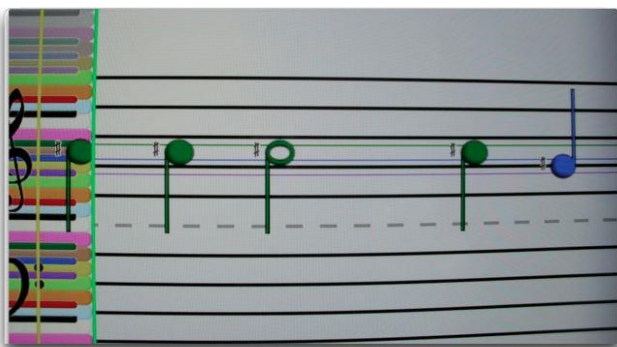


Figure 1: Level III in the Piano Wizard™ programme



Figure 2: Level IV in the Piano Wizard™ programme

Each method book contains ten songs that utilise the right hand and left hand to play a variety of familiar and unfamiliar songs. Throughout each method book, the songs progress in difficulty with an increase in measure numbers, the number of notes, note values, and rhythms. Book 1 contains songs played with the black keys. In Book 1 the note names are not introduced, just their location on the keyboard and the corresponding note on the staff both for the sheet music and computer. Book 2 contains songs played with the white keys and focuses on learning the note names. Students are also introduced to the concept of sharps and scales with C major and G major. Book 3 contains simplified versions of hymns and classical music such as *Fur Elise* in which the melody of the song is divided over both hands (collaboration of hands for the melodies). This book also continues with scales and introduces the concept of flats with F major. The developers of the programme believed that it was important to connect the music concepts learned with familiar songs to assist the student in connecting new material with familiar material. Book 4 contains music that utilises both hands playing in contrasting motion. The left hand also begins to play chords to accompany the right hand melody. The book continues to offer new scales and key signatures such as D major and A major.

Book 5 contains advanced time signatures (7/8), minor keys (a minor and d minor), and a continuation of alternating movements between hands, chords, and various rhythms with notes and rests.

Piano Wizard™ sessions

The sessions consist of an assessment session, followed by 9 weeks of lessons. The older adult participant is assessed for their current cognitive and physical functioning, psychosocial well-being, music preference, music ability, and personal goals related to playing the piano and reading music. Goals and objectives related to cognitive, psychosocial, and physical domains are created and shared with the older adult participant. Additionally, the older adults' personal goals related to playing the piano and reading music are shaped into goals that will be met within ten weeks based on their current music ability, cognitive functioning (visual-spatial skills, encoding and retrieval of newly learned material), and physical functioning (fine motor skills and bimanual coordination). After the 10 weekly sessions are completed, the older adults and student music therapists participate in a music-sharing concert at the senior centre with friends and family. As stated earlier the Piano Wizard™ Project is structured to meet four programmatic outcomes related to music therapy wellness programmes. The project is also structured to promote maintenance of older adults' cognitive functioning, physical functioning, and psychosocial well-being.

Programmatic outcome 1: Opportunity to learn a new skill

Two types of older adults join the Piano Wizard™ Project, beginners and returners. Beginners are older adults who have never played piano before, and returners are either returning to the piano after years of not playing or continuing from a previous semester of the Piano Wizard™ Project. Regardless of beginner or returner classification there is always the opportunity to learn something new pertaining to music reading and playing the piano, since music learning is progressive and continual.

Music therapy goal: Maintain and develop cognitive skills

Cognitive skills such as divided and sustained attention, encoding and retrieval of new information, and visual-spatial skills are all involved in the task of learning to play the piano and read music. Older adult participants use sustained attention skills when they play through an

entire piece on the piano, and divided attention skills when they read both clefs on sheet music and play both hands together. The piano sessions are progressive across the ten weeks, requiring older adult learners to encode and retrieve new information related to music concepts such as note values, time signatures, key signatures, hand positions, and note names related to the treble and bass clefs. Older adults utilise their visual-spatial skills to read sheet music and play the corresponding notes on the piano.

The Piano Wizard™ technology supports cognitive skills such as attention and the memory process of encoding and retrieving new information. The continual scroll of the music notes from right to left across the computer screen and background accompaniment track assists with engagement and focus of attention for older adult participants. It is common for new participants to stop and start whenever they make a mistake or are unsure of what to do next. However, as the older adults become familiar with the Piano Wizard™ programme and continue playing without stopping for errors, they demonstrate sustained attention and continual playing for the entire song.

The premier mode of Piano Wizard™ contains a challenge setting entitled 'loop', which allows the music therapist to select a portion of the song (hands separate or together) to repeat. This assists the older adult participants with encoding of a new phrase that may provide difficulty; perhaps it is a measure with difficult rhythms or finger patterns. The loop allows for repetitive practice with the accompaniment track. There is also a challenge setting entitled 'visibility', which engages cognitive skills such as retrieval of information and memorisation. Circular shapes randomly cover the music notes that scroll across the screen from right to left (Figure 3).



Figure 3: Challenge: Visibility in Piano Wizard™ programme

Programmatic outcome 2: Opportunity to make decisions

The Piano Wizard™ software has options for music display and tempo adjustment; these options allow the older adults to make decisions in regards to their learning. The Piano Wizard™ software has several options for displaying music notes on the screen. Participants select whether they prefer to use Level 3, which uses coloured notes that correspond to a colour sticker on the midi keyboard or Level 4, which uses black notes similar to printed sheet music. Participants also select whether they want additional display assistance with the note name or finger number associated with the notes. When either of these options is selected, the note name or finger number is displayed in the middle of the note. The sheet music for each song has a tempo marking that corresponds with the background. However, the tempo is adjustable before and during each song to match the participant's ability and comfort level.

The structure of the Piano Wizard™ Project allows the older adults to make decisions as it relates to setting their musical goals. Some older adults want to learn a specific song or genre, while other participants want to focus on learning scales, chords, music theory, or improving finger dexterity. The use of participant preferred music in music therapy settings is important when working with individuals, and is necessary in this setting. Participants' level of familiarity affects their enjoyment with each song. Older adult participants respond well to songs they knew, whereas for many participants it is harder to maintain motivation to play songs that they do not know. For example, participants that use Book 3 recognise all the songs they work on, because Book 3 is comprised completely of hymns and classical music. Therefore they are able to put new musical concepts into practice rather quickly. However, advanced players that use Book 5 do not recognise many of the songs in Book 5 and find it more difficult to put new musical concepts into practice due to unfamiliarity.

The Piano Wizard™ software allows for the addition of music since any midi file can be inserted into the programme. This allows the therapist to add music related to the older adults' musical goals and preference. As a homework assignment for the clinical class, the student music therapists are required to adapt the older adults' preferred song to their current playing level. Students utilise Sibelius or Finale music notation software to create a midi file to upload into the premier mode of Piano Wizard™ and sheet music for the older adults to rehearse with at home.

Programmatic outcome 3: Structure time through development of musical skills

Older adults have shared that participating in the Piano Wizard™ Project helps them structure their time due to practice required outside of the weekly sessions. During the ten-week sessions, older adults are sent home with practice logs to record their practice habits that include the specific concepts and songs, as well as the amount of time spent practising at home. Sending older adults home with the practice logs assists in structuring and fostering their practice opportunities. It also provides opportunities for communication about their at-home practice and provides the music therapist and student music therapists with a realistic picture of time spent practising outside of the sessions, which then relates to the participants' progress through the programme. Upon completion of the ten-week sessions the older adults are sent home with a practice packet that contains materials to continue the music learning during breaks between the semesters. Older adults who return to the Piano Wizard™ Project are often excited to share their continued engagement with piano playing through maintained skills or progress with new material. Engagement is sometimes represented by purchases of materials such as new piano music or a keyboard for their at-home practice.

Programmatic outcome 4: Socially interact with others

The Piano Wizard™ Project concludes with a concert and share time at the senior centre. During this time the student music therapists introduce their older adult participants. The introductions are sometimes a verbal summary of the work completed in the ten-week sessions, and others are musical. One student music therapist rewrote the lyrics to the song *Jamaican Farewell* to include information about the older adult participant gathered during the assessment session. The older adult participants also play the adapted song that was created by the student music therapist. The student music therapist accompanies the older adult on the keyboard or another accompaniment instrument. One student and older adult participant played a duet in which the student music therapist provided an accompaniment on the ukulele. Another student music therapist and an advanced older adult participant rewrote the lyrics to a song and sang in harmony while the older adult played the music selection on the piano. The concert and share time allows older adult participants to interact with their peers and provides an additional focus point and a goal to work towards throughout the semester.

As the Piano Wizard™ Project has grown sessions have included dyads where two older adults are learning together in one session. Older adults are placed in dyads according to their experience level; two beginners are placed together or two intermediate players are placed together. This brings another type of social interaction during the sessions as opposed to only at the end of the ten weeks. Participants often encourage their peer in the session. Additionally, they learn the music concepts and demonstrate skills by playing together throughout the sessions.

Music therapy goal: Psychosocial well-being

Participating in the Piano Wizard™ Project requires older adults to attend weekly music therapy sessions and practice at home during the week. Both of these weekly activities provide the participants with new leisure skills and meaningful activities, which contribute to the older adults' psychosocial well-being. Learning something new and tracking one's progress can contribute to enhanced well-being for older adults leading to increased or improved feelings of usefulness, accomplishment, satisfaction, and success. At the concert and share time older adults are able to demonstrate their progress and feelings of accomplishment and success. One older adult participant shared her excitement about playing the piano for her family and friends out-of-state over the phone. Another participant shared that he could play songs with other musical family members.

The Piano Wizard™ software also allows participants to monitor their progress due to the accuracy feedback provided throughout the song. Participants receive continuous visual and auditory feedback while playing songs through Piano Wizard™. Visual feedback is provided through the display of an eagle's wings spreading when the correct note is played in the song. When the correct key on the keyboard is played the music note sounds, thus providing auditory feedback to the older adult. Due to the visual and auditory feedback immediately given within the programme, many participants are able to identify when they make a mistake. Additionally, participants receive an accuracy score at the end of each repetition of a song ranging from 0%-100%. This score allows the older adults to compare their performance across repetitions. Older adults are often eager to repeat the condition (hands separate or hands together) to reach an accuracy score of 100%. An increase in the older adults' accuracy scores contributes to their feelings of success, which they often demonstrate verbally and nonverbally.

Music therapy goal: Physical functioning

The process of playing the piano utilises fine motor skills such as finger dexterity and muscle strength to depress individual keys on the piano and bi-manual movement such as playing the piano with both hands. As participants progress through the project more attention is given to increasing finger strength and dexterity. The Piano Wizard™ software includes etudes for each method book that can be used for finger dexterity exercises. For example an etude for method Book 1 includes only the black notes, as that is what is presented in Book 1, while an etude for Book 2 will include the white notes, as that is what is presented in Book 2. Songs are also played in the challenge mode entitled 'legato' located in the premier mode section of Piano Wizard™, which assists participants with their finger strength. Legato play uses a shape to represent the note value, which encourages an individual to hold a note for the entire note value. This is represented on screen through a shape that moves across the screen similarly to the notes (see Figure 4).

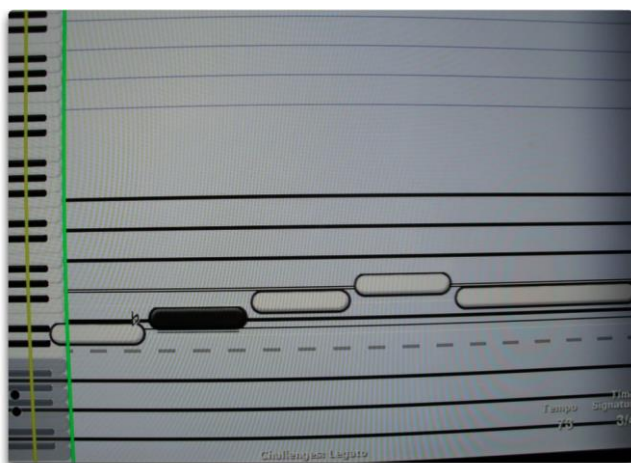


Figure 4: Challenge: Legato in Piano Wizard™ programme

Conclusions and suggestions for future research

The Piano Wizard™ Project has been a successful music-based lifelong learning programme as evidenced by the growth of the programme from 2011-2013. The structure of the Piano Wizard™ technology and the focus on music therapy goals related to cognitive, psychosocial, and physical functioning, have contributed to older adults' success and progress in learning to read music and play the piano. One of the unique aspects about Piano Wizard™ is the developmental nature across the ten method books within the series. For example in Book 1 the students learn note rhythms, corresponding finger placement and keyboard keys for the black notes and sheet music, but do not focus on the note names. This structure allows for

older adults to have immediate success with reading music notation while playing the piano. The series also starts with the black keys which allow the music therapist and student music therapist to adapt hymns and spirituals, a preferred genre for many of the participants in the project, built upon a pentatonic scale for the beginning older adult participants' level. Additionally, the Piano Wizard™ technology is adaptable in the session and can be used in a variety of ways to enhance older adults learning experience and music therapy goals. Creating cognitive, psychosocial, and physical goals functioning and informing the older adult participants of the goals and their progress towards the goals throughout the project empowers the older adult learner and makes them an active participant in the music therapy programme. The steady growth of the project demonstrates the quest that older adults have for lifelong learning programmes in music.

To date only two studies have been conducted with Piano Wizard™ and older adults (Belgrave 2012; Mitak 2012). Both studies found that Piano Wizard™ was an appropriate teaching methodology for older adults based on the rate of music learning and the older adults' perceived benefits from using the technology. Future studies could explore how using Piano Wizard™ affects older adults' cognitive skills. It is common practice to explore the older adult participants' experiences before, during, and after a wellness-based music therapy programme. However, it would be interesting to explore the experiences through the lens of staff and family members to determine how others view older adults' experiences in wellness programmes.

Another interesting area of research to explore is older adults' original motivation factors for joining the programme and the contributing factors for continued motivation. Findings could be compared and contrasted for similarities and differences, and used to influence future practice and organisation of wellness-based music therapy programmes. This information could also be used to recruit older adult participants for music therapy programmes. Another area of exploration pertains to the student music therapists.

This project contains a student component by training students to work in wellness-based music therapy programmes. Therefore, it would be interesting to explore students' perceptions of their experiences and their willingness to work in and create wellness-based music therapy programmes. Continual research and creativity in wellness-based music therapy programmes and interventions will be needed as the ageing population continues to grow.

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Performance and Participation: A Qualitative Study of Music Education Practices in Digitally-Based Musicking with Young People with Physical Impairments

Bo Nilsson

Abstract

This article highlights results from a research study of 'Music Week'; a one-week Swedish music project performed at a Swedish folk high school, a Nordic-style residential adult education college. The aim of the Music Week project was to enable young people with physical impairments to take part in musical activities. Digitally-based musical settings were used in order to provide tools for both performing and creating music. The Music Week project was part of a larger 3-year music project.

The main purpose of the present research study was both to explore the interaction and the music education practices applied during the Music Week project as well as to explore the musical settings used within the project. The research method was partially inspired by ethnographical methods. In the study, two main variations of teaching music in groups were identified: i) Performance-oriented, with a clear goal of performing songs for an audience and ii) Participatory-oriented, where the participants were able to explore their potential to play and create music. Furthermore, the results suggest that musical settings should be regarded in a holistic way to include all kinds of resources: musical, technical, physical, psychological and personal.

Keywords: musicking; music education; accessibility; digital music instruments; impairment; health promotion; interaction; cultural awareness; young people

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Introduction

Research on music and physical impairments is often performed within the area of music therapy, typically defined as a profession and practice concerned with therapeutic ends (Ruud 2008). Bonde (2011) maintains that individuals will establish a physical, psychological or spiritual relationship with music regardless of the presence of, for example, a music therapist, community musician or music educator. Ruud argues that music therapy is often recognised as a practice

associated with interventions, and governed by biological and neuropsychological explanations of human behaviour in relation to music. This is about to change, according to Ruud, who maintains that music therapy has become a field in which we can study how music can be used to promote health and well-being. Ruud concludes that "music therapy takes part in reclaiming some of the original functions of music in our culture" (Ruud 2008: 58).

The purpose of the Music Week project was to improve the potential for young people with

physical impairments to engage in everyday musical activities but with no aim to be a music therapy project. Nevertheless, with support from Ruud (2008) and Bonde (2011) above, it could be argued that music making and music creation will promote health even where they do not have this specific aim. Consequently, the Music Week project may be regarded as fulfilling some of the properties of music therapy described above; it is situated somewhere between music therapy, as described by Ruud (2008) and Bonde (2011), music pedagogy and health care.

The present research project, however, was performed from a mainly educational perspective.

Theoretical considerations

In order to understand the multifaceted character of musicking and musical learning, an *ecocultural* framework, developed by the author (Nilsson 2002, 2003, 2007; Nilsson & Folkestad 2005), was applied. This theoretical framework concerns learning and creative activities in everyday situations where physical and psychological tools mediate the world to the individual. In this perspective theories of play and flow are other important points of departure.

The concept of *musicking* was developed by Christopher Small in order to deal with what he calls the “trap of reification”. Music is not a thing, he argues, but “something that people do” (Small 1998: 2). Small’s definition of musicking is:

“To music is to take part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance (what is called composing) or by dancing” (Small 1998: 9).

Using Small’s definition above it is obvious that musicking not only takes place when an individual plays a musical instrument or sings a song. Musicking also takes place when a personal assistant takes part in a musical situation for example, by managing computer software or interacting with his or her user.

Musical tools

From an eco-cultural perspective, musicking and musical learning are considered to be cultural practices where physical and psychological tools mediate the world to individuals who are engaged in practical activities (Vygotsky 1978). Musical instruments are obviously examples of such mediating tools. According to Blumer (1986), the

meaning of an object is created by the way in which the individual is prepared to act in relation to the object. Consequently, objects other than musical instruments are able to mediate music if that is the user’s intention. A switch for example can be used for many purposes; to close a door, turn on the light or trigger a sound on a computer (Figure 1).

In the present study, physical tools mainly took the form of musical instruments and technological artefacts designed to control musical events, including switches, computers or head-mouse equipment, whereas psychological tools were related to language, musical patterns and symbols such as a colour system indicating chord changes. The individual and the tool together constitute a system that is able to think, act and learn.



Figure 1: Switches can be used to trigger sounds on a computer or a sound module. The colour coding can, for example, symbolise different notes or chords



Figure 2: Different kinds of musical tools: A bunch of keys, a head-mouse connected to a computer and an acoustic guitar

Figure 2 shows the instruments actually played in a small improvised orchestra during a demonstration for parents to young people with impairments:

- Head mouse in combination with a computer and music software: a hi-tech artefact that can be played with a minimum of physical ability but still requires considerable training.
- Acoustic guitar: a traditional music instrument that requires a great deal of motor skill and

practice.

- Keys on a keychain: an improvised rhythm instrument created on the fly by using a utility article. This requires motor skill and some practice.

During the Music Week project, various musical instruments were used, some digitally-based and others more traditional.

Play and flow

Play is considered an important cultural practice and a way to create meaning in musical activities (Nilsson, 2003; 2005). It is, according to Huizinga (1955) and Caillois (1961), something we do for its own sake. An important component of Csikszentmihalyi's (1990;1994) *flow* concept concerns the balance between abilities and challenge, where the individual experiences a sense of control. Csikszentmihalyi calls this balance a *flow channel*. Play always includes uncertainty, as is pointed out by Huizinga (1955) and Caillois (1961). It seems reasonable to conclude that unpredictable events may play an important role in such creative processes as performing music, composing or improvisation.

Music and health

The Sense of Coherence framework (SOC) was developed by Antonovsky (1979, 1987) when applying a salutogenic approach to health research (Antonovsky 1996). Antonovsky describes an individual with a strong SOC as a person who experiences the world as: a) comprehensible, b) manageable, and c) meaningful. He proposes the SOC framework as a theoretical guide that can be used both for research as well as for intervention in health promotion. Antonovsky regards SOC as a dependent variable that can be manipulated as a means to "push people toward health" (Antonovsky 1996: 15).

Music therapy, as described by Ruud (2008), forms a link between *musicking* and health. Kaikkonen and Ala-Harja (2012) found in their study of the musical activities of 5 students with special needs a connection between musical activities and social interaction. They also found a connection to what they call *control over life*, which can be compared to Antonovsky's (1979, 1996) factors: comprehensible, manageable and meaningful.

The above described ecocultural perspective and the SOC framework may be used as a basis for discussion when considering music, impairments and health.

Musicking, disability and health

Active involvement in the culture of a society, such as *musicking*, is seen in the Music Week project as a form of freedom of speech and expression and may thus be regarded as a significant part of a democratic society.

Accordingly, our diverse aesthetic forms of expression are not to be regarded merely as some kind of extra 'silver lining' in our lives. The aesthetic dimension is important for us in many different ways, a standpoint recognised by the European Union, which in 2006 recommended 8 key competences for lifelong learning (European Union 2006). The 8th and final key competence entitled *Cultural awareness and expression* is described as:

Appreciation of the importance of the creative expression of ideas, experiences and emotions in a range of media, including music, performing arts, literature, and the visual arts. (European Union 2006:18).

Essential knowledge, skills and attitudes related to this competence are defined in the recommendation as follows:

"- Cultural knowledge includes an awareness of local, national and European cultural heritage and their place in the world.

- Skills relate to both appreciation and expression: the appreciation and enjoyment of works of art and performances as well as self-expression through a variety of media using one's innate capacities.

- A solid understanding of one's own culture and a sense of identity can be the basis of an open attitude towards and respect for diversity of cultural expression. A positive attitude also includes creativity, the willingness to cultivate aesthetic capacity through artistic self-expression and participation in cultural life" (European Union 2006: 18).

Understanding and appreciating cultural expressions are primary in the 8th key competence; interestingly, however, this also stresses the importance of self-expression and participation in cultural life. This is even more clearly expressed in Chapter 9 of The International Classification of Functioning, Disability and Health – ICF (WHO 2001), which discusses the actions and tasks required to engage in organised social life outside the family. Article d 9202 describes explicitly the following activities: "engaging in, or appreciating, fine arts or cultural events, such as going to the theatre, cinema, museum or art gallery, or acting in

a play, reading for enjoyment or playing a musical instrument” (WHO 2001: 169).

However, the right to participate in cultural events is also a question of inclusion in a wider sense. The Music Week project, as mentioned above, is a part of a larger music project, whose purpose is to develop musical platforms and events where people both with and without disabilities can make music together. Similar ideas are found in the choir *Voices*, which is a part of the German *DOMO: Musik* project (Merkt 2012).

In the Music Week project, experiencing, performing and creating music was considered basic human functions. Furthermore, the right to participate in different kinds of cultural and musical events, both as consumer and performer, was vital. The research study as a consequence adopted a salutogenic (Antonovsky 1996) rather than pathogenic approach.

Methodology and procedure

The research project was explorative in nature, aiming to explore the music teaching practices applied during the Music Week project, with special focus on the interaction between music educators and participants. A second aim was to explore the musical settings used in the project. The research method was partially inspired by ethnographical methods where the author participated as a researcher through participant observations (Geertz 1973; Hammersley & Atkinson 2003). Data were collected through video observations, interviews, digital photographs, conversation notes and fieldnotes.

During the Music Week project a total of 37 young people, 18-30 years of age from all over Sweden participated. All participants had some kind of physical impairments, some multiple. They were organised into different music groups, each with 5-8 participants and 1-3 teachers. The majority of participants were male. At the end of the week all groups gave a concert where the audience mostly consisted of friends and parents.

The music education staff consisted of 9 teachers, all experienced in playing music with students who have different kinds of impairments. Most of the teachers were familiar with such digital music tools as switches, head-mouse and computer applications (Figure 1 and 2). Also, some of the personal assistants actively participated in the musicking during the Music Week project.

The collected data were analysed together using a qualitative methodology. Passages of audio- and video-recordings relating to the research questions were transcribed and coded. All different kinds of

data were treated as documents that had been indexed and summarised. There is always a risk that relevant material will be overlooked; this has to be weighed against general problems regarding managing large data collections (Hammersley & Atkinson 2003).

All participants, or in some cases their guardians, signed a consent form before participating in the project. No sensitive or personal data were collected or stored. The research data are protected under the Swedish Personal Data Act (SFS 1998: 204). The participants' anonymity and privacy were preserved and their names were changed to new aliases. It should also be noted that the name 'Music Week' is an alias.

Results

Two main variations in the music educators' musical practices were identified, one *performance-oriented* and the other *participatory-oriented*. The two identified variations of music education practices should not be regarded as mutually exclusive: it was shown that one musical situation often had qualities that applied to more than one practice. Also, the musical experience and competence of the tutor/teacher affected the collaborative music making.

- a) Performance-oriented: The goal is to perform popular songs for an intended audience. The participants rehearse and practise before a concert.
- b) Participatory-oriented: Involves the participants in musicking and music creation. The participants explore the potential of musical instruments as well as their own ability to create music.

The descriptions of the two main identified practices are further developed and expanded in the following and illustrated with excerpts from two transcribed video observations.

a) Performance-oriented

Within this practice, the primary goal of musical activity is normally to play 'well-known songs' that are familiar to both educators and participants. Examples from such a repertoire are songs from popular music genres such as rock, pop, Swedish dance band music or Eurovision Song Contest songs. The following is an excerpt from a transcribed episode where one teacher (Henry) instructs a group of participants in how to play *Rock Around the Clock*.

Scenario

When we enter the room, the participants have been waiting for more than half an hour, during which time the teachers have rigged all the necessary equipment, speakers, amplifiers, synthesizers and drums. Cords are everywhere in the room. The teachers Henry and Brian play steel stringed acoustic guitars that are plugged into the speaker system. Henry takes the initiative and has a headset with a microphone. The group of 9 participants play various instruments, some using colour symbols taped on the keys. The lyrics and the colour coding for different chords are displayed on a large TV-screen and are controlled by Henry using foot switches: Red for the A-major chord, blue for D-major and green for E-major.

Many of the participants have personal assistants sitting at the back of the room who are not participating actively in the musicking.

Participant	Instrument	Colour coding
Torsten	acoustic drum kit	no
Ken	foot pedal keyboard connected to a synthesizer module.	yes
Martin	electronic drum pad, kazoo and microphone	no
Anita	singer with a microphone	no
Charlie	one switch placed on each side of his head	yes
Fredrik	synthesizer	yes
Hannah	head-mouse controls chords on her computer screen	yes
Hugo	switch controlling three different sound effects	no
Oscar	synthesizer	yes

Table 1: The first band participants and their instruments (with or no colour coding)

Henry takes a few chords on his guitar and begins to instruct:

- *In the beginning, it's red, then it is A* [plays A major chord].

Sings and plays:

- *One, two, three o'clock, four o'clock rock. Five, six, seven o'clock, eight o'clock rock. Nine, ten eleven o'clock, twelve o'clock rock. We're gonna...*

Henry stops:

- *And then it is blue...* [plays A chord again]. (His instructions were not right here, the correct

instruction should have been to continue with "red" throughout the break.) Henry continues to sing and play:

-... *rock around the clock tonight. Put your... then it becomes red again.* Continues to sing:

- *Put your glad rags on and join me hun', we'll have some fun 'til the clock strikes one.*

Torsten plays a few notes on his snare drum.

Ken plays a D note (correct) on his keyboard in bar 5.

Henry's attention was directed towards performing the song and the colour coding. He did not interact with Torsten or Ken or recognise that they had managed to join in at their own initiative. The other members of the group did not participate.

Henry: *We're gonna... and now it is green* (plays a D-chord on his guitar) *around the clock tonight... back to red...* [plays A chord] ... *rock rock rock 'til broad daylight, we're gonna... blue* (plays E chord)... *gonna... and then green again... round the clock tonight.* Henry ends with an A6 major chord.

Oscar plays a few notes on his synth.

Henry: *This really is your kind of song* (turns to Brian).

Henry performed the song on his own, and made eye contact only with his co-teacher Brian and did not interact with Oscar.

Henry now plays the entire song through, turned towards Brian: *We're gonna rock around the clock tonight, rock, rock, rock 'til broad daylight. We're gonna rock, gonna rock around the clock tonight...*

Ken joins with bass note D in bar 5, and then plays his bass part almost correctly for the remainder of the verse.

Torsten joins in on his drums in the very last bars of the song.

The other participants have been listening and did not participate.

Henry stops at the end of the verse.

Henry performed the song from the top on his own. He made no comment on the fact that Torsten and Ken had joined him at the end.

The musical activities in this practise could be described as preparation and rehearsal for a performance for the general public or, for example, friends, other music groups or family. The teacher, in this case Henry, took on the role of a bandleader, instructing, rehearsing and warming up the band for a concert. The participants tried to follow chord

diagrams or other kinds of structured information such as colour coding. The lyrics become an important part of the performance as they held the structure together. The teacher dominated with his/her instrument and by singing through the speaker system. Almost all information went in one direction, from teacher to participant, with very little dialogue, as demonstrated in the excerpt from the transcribed video observation above.

When this practice is applied, the participants are almost totally relying on the teacher's initiative and very little is left for the participant to influence the musicking. The individual participant may have a feeling of importance when the rehearsed songs are performed for an audience and through the response from the audience.

b) Participatory-oriented

In the participatory-oriented practice, the participants were directly involved in musicking. Songs and structures may emerge during the process. The teachers try to adapt the various participants' roles in order to find a balance between challenge and capacity, thereby facilitating an experience of flow (Csikszentmihalyi 1990, 1994). Pulse, rhythm and structure may be included but are not always the most important values in the musicking. Singing may be improvisational and various kinds of additional technical voice systems could be applied. Some significant properties of a participatory-oriented practice are demonstrated in the following three short episodes.

Scenario

When we enter the room, the participants have tested their instruments and the teachers have made a sound-check. The two teachers, Johan and Gabor, play guitar and clarinet. Johan wears a wireless head microphone that allows him to move about in the room. His guitar is plugged into the speaker system. The musical material consists of the chorus from Bob Dylan's *Knockin' on Heaven's Door*, with the lyrics translated roughly into Swedish: "Knock, knock, knockin' on Rocking Hill" (chord progression: G – D – Am7 – Am7). Johan keeps to this chord sequence, which makes it possible to delimit the notes for a participant to two, i.e. D and C.

The participants are placed in a semi-circle, with their personal assistant seated close by. The assistants participate actively in the band.

Participant	Instrument	Colour coding	Assistants
Adam	keyboard and singing into a microphone	yes	two female assistants
Bill	singing into a microphone	yes	–
Claus	synth drums	no	–
David	three switches, two placed on either side of David's headrest. A third could be controlled by his knee, but was not used	yes	one male assistant
Evan	harmonica that Evan holds by himself	no	one female assistant holds a microphone
Gene	one switch	yes	one female assistant plays a second switch

Table 2: The second band participants, their instruments (with or no colour coding) and their assistants

Johan plays the chord progression on his guitar and takes up the song:

- *Knock, knock, knock on Rocking Hill. This phrase is repeated over and over.*

The same chord progression being repeated throughout the whole session: G-D-Am-Am

Johan: *Here we go, just Adam and me now.*

Adam was sitting in his wheel chair with one assistant on either side. His assistant to the right holds a microphone next to his mouth. The assistant to the left uses Adam's left hand to press the 'correct' keys in accordance with the colour coding. Adam hums into the microphone. The assistant to the right wipes Adam's mouth with a red towel. Adam looks at the microphone, hums, and pays no attention to his left hand and the assistant holds his hand, pressing keys on the keyboard.

- *Great!* says Johan.

Adam participated in the musical interaction by singing into the microphone and humming in phase with Johan's guitar accompaniment. The fragile moment of musical interaction was interrupted when one of Adam's assistants wiped Adam's mouth, thereby signalling, perhaps unconsciously or unintentionally, that the music was the secondary and social care the primary focus. Adam's other

assistant seemed quite keen to follow the colour coding so that the correct notes could be played on the synth. Johan's immediate verbal response was "Great, Adam!" confirming that the short solo sequence was a collective action.

- *Bill!* It is now Bill's turn to play a solo with Johan.

- *Knock, knock, knock on Rocking Hill*, he sings into the microphone. - *Knock, knock, knock on Rocking Hill*.

- *Good!*

Bill and Johan maintained steady eye contact, ensuring musical interaction. Johan's "good" was at the same time both a musical and a verbal response. Bill's solo terminated when Johan gave a positive response.

- *And now David and me*, Johan continues.

David turns his head and plays with his two head switches. His assistant sits close to him, holds two drumsticks in his right hand and places them on David's right arm. The assistant plays the rhythm on David's armrests. David plays his two switches to change notes.

- *Red – blue*, Johan instructs David, *red – blue*. David turns his head and plays his two switches in accordance with Johan's coaching.

- *Very good, David*, says Johan.

This last short episode demonstrates how Johan, David and his assistant interacted in a small improvised trio. The assistant participated by keeping the pulse on David's arm rest. He then left the room for the musical interaction between David and Johan. Johan's "great David" confirmed their musical interaction and showed that David had managed to control his switches.

During the rest of the session all the participants got their chance to play a solo with Johan. The last one out was the assistant teacher Gabor, who played a solo on his clarinet with his eyes closed.

In the above described musical activities, participants explore and discover musical instruments and their possibilities, timbre, locomotor, rhythm, etc. as well as their own ability to express themselves in music. Musicking takes place in communication between participants and teachers. This is a casual way to play music, where pulse and structure may not always be placed in the forefront of the music making process. Repetitive patterns, like an ostinato, such as the chord sequence from *Knockin' On Heavens Door*, provide opportunities for improvisations, turn

taking and other such activities. The use of ostinati also helps the teacher to prevent the music from losing its form. It is often a challenge for the teacher to strike the right balance between freedom and structure. One of the teachers in the project stated that "it is quite fun to play the same chorus for forty-five minutes!"

The individual participant may have a feeling of belonging, experience his or her own significance for the group, and sense what it is like to be a co-creator of music.

Conclusion

The two identified main variations of working with music in groups seem indeed almost archetypal: i) *Performance-oriented*, with a clear goal of performing songs for an audience and ii) *Participatory-oriented*, where the participants were able to explore their potential to play and create music. The results suggest also that musical settings should be regarded in a holistic way to include all kinds of resources – musical, technical, physical, psychological and personal.

Creative processes are often hampered when participants interpret a situation as controlled (Nilsson 2002, 2003; Ericsson, Lindgren & Nilsson 2011). Extensive verbal instructions and a too rigid goal such as rehearsing popular songs for a concert may be conceived as restraining. The results of the present study suggest that a performance-oriented practice may fulfil the teacher's intentions at the cost of interaction, inclusion and creativity. The idea of making a concert might nevertheless be quite exciting even if the musicking rather tends to put the teacher in centre of the activity.

When musicking takes place in active interaction between teacher and participant this might create a balance between abilities and challenge. As the present article indicates, participatory-oriented musicking may improve creativity and improvisation. The use of ostinati prolongs musical activities, enabling participants to continue without interruption and contribute to balance in the flow channel (Csikszentmihalyi 1990, 1994).

Colour coding was used during all the above described musical episodes and appears to be a system that 'came along' with both identified practices, although stronger in the performance-oriented variation. The use of colour coding seemed to have little effect on the musicking. Using teaching methods based on playing by ear, which is to be seen as a quite powerful psychological musical tool, might further enhance the musicking.

Musical accessibility

In the process of musicking the individual interacts with different kinds of musical, physical, psychological and personal resources. Also, factors such as plans, guidelines and principles of the surrounding society and environment may impact on accessibility in general, as discussed by Hedvall (2009). The way these suggestions of acting, *affordances* (Gibson 1979), offered by the environment are perceived and put into practice by the performer, defines *musical accessibility*.

From an eco-cultural perspective as described above, a musical instrument, is a system where the performer interacts with physical and psychological tools, forming a capable musical tool. The performer's memories, notions, knowledge and expectations interact with physical artefacts such as the digital setting, computer software, graphical interface, physical interface (e.g. head mouse) and other devices. The musical content can very briefly be described as a combination of musical ideas behind the setting; the musical adaptations and the interpretations of these in computer software or adapted devices.

This study demonstrates how personal assistants, technicians (behind the technical applications) and music educators collectively contribute to the enhancement of participants' musical activities. Some personal assistants participated actively in the musicking, others were passive. As demonstrated, the attitude and musical experience of the personal assistant may be one important factor in determining a positive musical outcome for the participant, making the training and education of personal assistants in handling the computerised musical instruments and adapted devices of great importance.

The musical material used, i.e. songs, was often presupposed to be based on the participants' everyday culture. However, many of the songs used during the Music Week project tended to suit the teacher's preferences rather than those of the participants. A similar pattern has been found in Swedish compulsory schools (Sandberg, Heiling & Modin 2005).

Finally

In a new postmodern paradigm of disability, a holistic view of the individual and a focus on function rather than impairment have emerged (Simeonsson 2009). Music can be used in order to promote health and to increase the Sense of Coherence, which according to Antonovsky (1987, 1996) is a dependent variable. It is important to investigate further how musical activities, i.e. musicking, can support and promote health and

create an inclusive *musical accessibility*. This kind of inclusive approach places great demands on accessibility in the aesthetic fields in our society and in all types of school and education facilities.

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Shadow Grief: Exploring Bereaved Mothers' Receptivity to Music Therapy Following Miscarriage or Stillbirth

Margaret Broad

Abstract

Bereavement following miscarriage or stillbirth can be a traumatic experience. Each day in the United Kingdom seventeen babies die as a result of stillbirth or neonatal death while approximately one in four pregnancies ends in miscarriage. This particular type of loss differs from other forms of bereavement in that grief is for a life unlived. There are no shared experiences or memories. Shadow grief may linger for many years, yet despite recent improvements in health policy, bereaved parents are not always adequately supported in their grief. A literature review has revealed a dearth of music therapy in this area.

As a precursor to the implementation of clinical work, the main objectives of this qualitative feasibility study was to investigate the bereavement experiences of mothers who have suffered loss through stillbirth or miscarriage, and to consider their receptivity towards music therapy as a potential bereavement intervention. Semi-structured interviews were conducted with befrienders from an organisation supporting bereaved parents. Findings suggest there is scope for music therapy to support newly bereaved parents, those undergoing a subsequent pregnancy,

for shadow grief with the long-ago bereaved, to interact with current support services and to facilitate the support and supervision needs of befrienders.

Keywords: music therapy; miscarriage; stillbirth; bereavement; grief; parent; remembrance; support; qualitative

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Introduction

This article is based on a clinical research project dissertation submitted in 2010 towards completion of the MSc Music Therapy at Queen Margaret University in Edinburgh, supported by the Music Therapy Charity. The dissertation was also presented at the World Congress of Music Therapy in South Korea (Broad 2011). As a precursor to the implementation of future clinical work with bereaved parents, the main objectives of this qualitative study were to investigate the bereavement experiences of mothers who have suffered loss through stillbirth or miscarriage and to

consider their receptivity towards music therapy as a potential bereavement intervention.

Figures published in *The Lancet* indicate that on a global scale there are 3.2 million stillbirths per annum or 8700 stillbirths per day (Flenady et al. 2011). In the UK one in four pregnancies results in miscarriage (NHS 2009) and 17 babies die each day as the result of stillbirth or neonatal death (Why17 2010). Over 70% of stillbirths occur in women with no significant medical condition. Stillbirth is ten times more common than cot death. According to Gordon Smith, professor of obstetrics and gynaecology at Cambridge University, stillbirth is a

forgotten problem which gets little attention and is ignored in funding for research (Smith 2011).

As Aslam (2004) points out, although we have words to describe all kinds of bereaved people such as widow, widower and orphan, even language cannot bear to contemplate the fate of a parent who has lost a child. While the manifestations of grief following miscarriage or stillbirth may follow common grief reactions (Bowlby 2005; Kübler-Ross 2009; Parkes 1996; Worden 1991), it is important to acknowledge other issues specific to this type of bereavement. Pregnancy is normally expected to result in the birth of a healthy baby. Bereavement following miscarriage or stillbirth can be a very traumatic experience. According to the Miscarriage Association (2009) this type of bereavement creates a particular kind of loss involving grief for an un-lived life and the loss of the future as the parent of the baby who has died. As Hockey (1990: 40-41) says “[a] stillborn is someone who did not exist, a nonperson with no name. It is an empty tragedy and a painful emptiness difficult to talk about [...]”.

One of the key difficulties may relate to grieving without memories. According to Peppers and Knapp (1980) bereaved mothers carry the burden of grief for the rest of their lives experiencing an ongoing ‘shadow grief’ that stems from their desire never to forget the loss or from lack of support and understanding from others:

“Unable to find legitimate avenues of expression, the need to remember becomes paramount. The mothers believe that if they do not remember, no one else will; the memory of their child must be kept alive at all costs” (Peppers & Knapp 1980: 49).

As a result of such experiences or unmet needs, parents may need to call on support from beyond their family and friends.

Support organisations

Support for bereaved parents has increased significantly in the last three decades with the advent and development of self-help organisations such as the Miscarriage Association (2009). As a result of successful campaigning by SANDS (2009) the legal age of foetal viability was reduced in 1992 from 28 weeks to 24 weeks gestation¹.

¹ In the UK miscarriage is defined as the loss of a pregnancy before 24 weeks gestation (NHS 2009). Stillbirth is pregnancy loss after 24 weeks gestation. Neonatal death occurs in the period from birth to 28 days (SANDS 2009).

A stillborn baby is now legally recognised as an individual whose death must be registered and the baby buried or cremated.

Policy change has also led to the adoption of guidelines for professionals in supporting bereaved parents. Indeed the role of health professionals and others can be vital in confirming the reality of parenthood (Riches & Dawson 2000). Training and support are essential for staff to be able to effectively carry out their work in this very demanding area (Schott, Henley & Kohner 2007).

A search of the music therapy literature revealed there are papers relating to music therapy and maternity care (Allison 1991; Browning 2000; Chang & Chen 2004; Kaiming, Shuping & Xiaofen 1997) and many examples of music therapy as a means of bereavement support in general (Aldridge 2003; Bright 2007; Krout 2005; Lindenfelser, Grocke & McFerran 2008; O’Callaghan 2004; Smeijsters 1999). There appears however to be a gap in the literature relating to examples of music therapy work following miscarriage and stillbirth. After reading an article in the *APMT/BSMT News* (Bruce 2009) concerning the personal experiences of three music therapists on losing a baby and their struggles to cope with their grief, I realised that despite improvements in healthcare support in recent years, the loss of a baby is today still a personal tragedy for bereaved parents.

And so the focal point of and motivation for this study were conceived from personal interest in this area, having myself experienced the loss of a baby through miscarriage over twenty years ago, coupled with the discovery that there appears to be a lack of music therapy literature relating to stillbirth or miscarriage.

Research aims and methods

Aims

The main objective of this research was to investigate the bereavement experiences of mothers who have suffered loss through stillbirth or miscarriage, to examine the role music played in their grief process and from their narratives to consider their receptivity towards music therapy as a potential bereavement intervention. The findings from the study may serve as a foundation for planning and implementing clinical work with bereaved parents who have experienced this type of loss.

Methodology

Qualitative rather than quantitative exploration was chosen for this research as the emphasis was on exploring the lived experience of support workers who are bereaved parents. It may be difficult to measure the feelings and meanings associated with the birth or death of a child therefore a quantitative approach seemed less appropriate given the sensitive nature of this subject area. Qualitative studies in the area of bereavement have been carried out by Magill (2009a, 2009b), Klingler (2000), McFerran-Skewes and Erdonmez-Grocke (2000). Lauterbach (1992) investigated mothers' experience of perinatal death of a wished-for baby.

A phenomenological-orientated approach was adopted. Phenomenology is concerned with examining life experience as it is lived in order to provide deeper understanding of the experience. The theoretical perspective of phenomenology was developed by philosophers Hegel, Husserl and Heidegger (Sim & Wright 2000). Forinash (1995: 368) states "[phenomenology] is not a search for truth, but rather for meaning and relevance". It is a relational form of research concerned with unique and multifaceted human experience (Sim & Wright 2000). This makes it very suitable for investigating different grief responses. The research and the researcher are not separated (Forinash 1995). Finlay (2008: 5) notes "[the] researcher's aim is to empathise with the participant's situation and offer further prompts geared to exploring existential dimensions of that situation". Methodological approaches based on phenomenology have been employed a range of music therapists (e.g. Trondalen 2003) and in a bereavement study by Skewes (2001).

Sampling

Purposive sampling (Miles & Huberman 1994; Robson 2002) was necessary as it was essential that participants met the criterion of having experienced miscarriage or stillbirth. In order to identify the feasibility of recruiting potential participants, preliminary e-mail enquiries were made via organisations supporting bereaved parents. Two organisations were approached. One declined to participate as it mainly provides telephone support and deemed it unlikely that music therapy could be incorporated within its current support network.

The second organisation indicated its interest in the study. A face to face meeting was then arranged with three representatives from the organisation. A broad outline of the study was given and opportunity provided for the representatives to ask any questions about the study and to express any

concerns. This was particularly important, given the sensitive nature of this study. Detailed information about the study was then sent by email to one representative of the support organisation, who acted as contact liaison between the researcher and potential participants. Four participants were recruited who were themselves bereaved mothers and who had acted as a support worker for a miscarriage and stillbirth support group within the last five years. Participants A, B and C experienced loss as a result of stillbirth over fifteen years ago. Participant D suffered loss through stillbirth within the last five years. All participants were of white British origin.

Ethical considerations

Ethical approval was granted in accordance with the Queen Margaret University ethics procedures.

This study addresses a sensitive topic area. Although the participants were themselves bereaved parents, to become befrienders they had undergone training in dealing with bereavement. For this reason re-traumatisation resulting from the research was likely to be minimal however they were provided with a resource sheet of information about organisations offering counselling and support services.

Since it was possible that difficult or sensitive issues might potentially arise for me as a result of the study, I also had access to support.

Interviews

Data was generated from semi-structured interviews (see below) which were audio recorded. Individual interviews were carried out in the participant's home or in an office belonging to the support organisation. The same interview schedule was followed with each participant to increase the validity and reliability of data. As researcher I tried to be impartial to the views of participants differing from my own experience. Sim and Wright (2000) suggest rapport between researcher and participant is essential to gain insight into the participant's lived experience. In order to maximise the integrity of the study and minimise researcher bias, I kept a reflexive journal (Bruscia 1995) recording my own perspectives and acknowledging possible blind spots and biases (Aigen 1995).

Participants were asked to view two brief clips of video footage available in the public domain. The purpose of this was to identify and/or raise their awareness of music therapy and to stimulate response about the use of music as an intervention in bereavement. The first clip, specific to music therapy, was a publicity video available on the

Nordoff Robbins website² showing extracts of case study material. It proved difficult however to find a suitable music therapy clip relating specifically to bereavement within the public domain. The second clip³ showed a discussion with a hospital chaplain describing the sensitive use of music to match the feeling state of a bereaved mother in an approach resembling that of music therapy.

As the main focus of the study centred on Nordoff-Robbins music therapy, an outline of the Nordoff-Robbins approach was given. Using improvised music the therapist seeks to engage creatively with the client, adapting the musical experience to meet individual need, in the belief that everyone can respond to music despite illness, disability or trauma (Nordoff & Robbins 1983; Nordoff-Robbins Music Therapy in Scotland 2013; Robbins 2005). Participants were also given a book to read *Every Note Counts* (Simpson 2007) containing a range of photographic material and further background information about this approach.

Below, the interview schedule is provided. The purpose of each question is provided in italics, whereas probes and prompts are indicated in brackets.

1) When and how did you become a befriender for a miscarriage and stillbirth support group?

Simple opening question to put participant at ease and gain insight into background and motivation for becoming a befriender.

2) Who attends a support group? (couples, bereaved mothers/fathers, others?)

Identify population attending support groups.

3) How soon after their bereavement do they come for support? (weeks, months, years?)

Identify stage of grief process.

4) How long do they attend? (weeks, months, years, intermittently, continuously?)

Gain insight into the duration and frequency of attendance at groups by bereaved parents.

5) Would you tell me what types of support you offer in your role as a befriender? (verbal, listening, creating memories, other)

Gain insight into the experience of being a befriender. Identify types of support offered.

6) In what ways do you think these types of support help bereaved parents?

Identify how support may facilitate mourning process.

7) In a support group have you ever used music in any way to help bereaved parents? (If yes – how? If no – are there any reasons why not?)

Identify role of music within support groups up to the present time.

8) What is your personal interest in music? (playing an instrument, singing, listening or does it not interest you?)

Gain insight into participant's personal experience of music as this might influence his/her receptivity to music therapy as an intervention.

9) In your own personal experience of bereavement have you found music helpful in expressing difficult feelings?

If yes – how? (listening, playing, singing; sadness, anger, frustration, loneliness?)

If no – are there any reasons why not?

Gain insight into the participant's personal experience of music for bereavement to provide a rich source of data. Hopefully participant would feel relaxed by this point in the interview to talk about personal experience.

10) What do you know about music therapy? (Have you heard of it? Do you know anyone who has had any involvement with music therapy?) [Before viewing DVD footage]

Identify participant's current level of awareness about music therapy.

11) Are there any ways in which you think music therapy might help parents who have lost a baby through miscarriage or stillbirth?

If yes – how? (expression of grief, sharing with others in a group, one-to-one support, song, instrumental playing?)

Identify possible areas in which music therapy might act as an intervention.

If no – for what reasons?

Identify potential barriers to the use of music therapy as an intervention.

12) When do you think music therapy might be the most helpful for bereaved parents? At which stage of their grief? (early, later, does it not matter?)

Identify stage(s) of grief when music therapy might act as an intervention.

² Video file 'An Introduction'. Retrieved from: www.nordoff-robbins.org.uk

³ Video file 'Reverie harp story 1'. Retrieved from: www.youtube.com/watch?v=ejQLvtz0u_U

Content analysis

Interviews were transcribed verbatim. Content analysis was used to organise data from interview transcripts into categories and subcategories to discern emerging themes (Aigen 1995; Miles & Huberman 1994; Simpson 2000). The categories and subcategories were coded manually. A copy of transcripts was sent to participants for verification of accuracy. Peer debriefing took place with a fellow student who acted as co-researcher to check the organisation of categories of data and emerging themes for triangulating the dependability of data.

Findings

The content analysis coding split into five data categories: 1) organisational context, 2) feeling states, 3) support, 4) music, and 5) potential for music therapy.

1) Organisational context

The support network holds an inclusive open door policy. Support network information is made available to bereaved parents in the hospitals by health professionals or via its website. The organisation does not approach bereaved parents directly neither does it involve itself in legal issues between parents and health services.

The policy for befriender recruitment is intended to safeguard the wellbeing of the befriender, as well as the client, in what can be a very demanding role. It is essential that prospective befrienders have worked through their own grief sufficiently to enable them to support bereaved parents. A minimum period of one year after bereavement must elapse before a bereaved parent can be eligible to train as a befriender. The role of the befriender involves collaborative working with health professionals, liaising between parents and health professionals and providing peer support to other befrienders. Each befriender expressed her motivation for taking up this role as a desire to use her own experience of loss to support other bereaved parents thereby turning a negative experience into something positive.

Regional variations in support exist within the network. Three participants are involved in meetings which take place in hospitals. The fourth works within a community centre. Meetings have an open, informal format. Specific meetings are held to support parents in subsequent pregnancy and for 'long-ago' bereaved parents experiencing shadow grief and most recently for grandparents.

Historically, support meetings have been attended mainly by bereaved mothers. In recent years more couples have begun to attend. Family

members, friends or health professionals may accompany parents who feel unable to come alone.

Patterns of attendance at meetings vary considerably. Factors which influence attendance include time of year and location of meeting; parental expectation of support; initial apprehension about support meetings; parental need for support particularly around significant milestones such as the first anniversary of the baby's death. Parents who attend regularly may eventually go on to become befrienders themselves. Others attend sporadically. Some newly bereaved parents attend immediately after their loss while others do not come until the birth of a grandchild, when unresolved feeling states associated with shadow grief are triggered (Schott, Henley & Kohner 2007). Others may stop coming after the birth of a subsequent baby. With such variable patterns of attendance it is therefore not surprising that group size also varies widely, ranging from one to twenty.

2) Feeling states

Within this second category the feeling states of bereaved parents were identified both generally and at particular stages of grief, including manifestations of complicated or shadow grief. Further reference will be made to this category during the discussion of the potential for music therapy.

Feeling states	
<i>Codes with sub-codes</i>	<i>Transcript extract</i>
Bereaved parent feeling states: - Sadness - Isolation - Anger - Jealousy - Disbelief - Anxiety - Fear - Helplessness - Yearning	Well, there's obviously a lot of tears, a lot of sadness, a lot of anger. Em... very mixed... It's quite amazing the full spectrum of emotions that can be around at a meeting. But, but, yes, a lot of tears and a lot of emotional depth and they're difficult. They're very draining (Participant C 5: 19-29).
Newly bereaved parent feeling state: - Numbness - Shock - Self absorption with grief	In that initial three month period your emotions are so raw and real and at the front of your every waking thought (Participant D 27: 41-44).
Bereaved parent feeling states in later stages of grief: - Laughter - Comedy - Joy	Sometimes actually there's laughter. Especially if we've not got anybody who's newly bereaved. And if we've maybe got a group of people that are maybe trying again for another baby (Participant D 26: 60-65).

Table 1: Feeling states

3) Support

3.1) Parental need for support

Four main areas of need for support were identified:

3.1.1) The need for expression of feeling states was stressed by all the befrienders.

Sometimes you can have people that come in are very aggressive and sometimes you can have people that just want to be quiet and only want to speak when they feel ready (Participant D 26: 77-81).

3.1.2) Need for social inclusion was particularly important with regard to acknowledgment of loss and the need to identify with others with a similar experience.

I think they feel supported because a lot of people, up until they come along, feel that it's just them. They are on their own. Nobody else knows how, how it feels (Participant B 4: 4-7).

Eh, when they come in to meet other bereaved parents they realise that there's other people going on the journey as well, be it a different journey from the one they are on. That just to know that there are other people know how they feel or can imagine how they feel, makes it a bit less lonely for them (Participant B 4: 7-11).

3.1.3) The need for strategies to cope with the intensity of grief and for holding on to a sense of self were reported.

I lived for that meeting every month. It was like a pressure cooker building up and then you had your meeting and you got a chance to talk and you know, you sort of simmered down again for another month (Participant C 7: 14-19)

A strong need for narrative emerged when the most recently bereaved participant told me the 'story' of her loss in fine detail during the interview process, which took place the day before the anniversary of her loss. As Peppers and Knapp (1980) point out, the interview process itself can cause shadow grief to re-emerge.

3.1.4) The intrinsic need for remembrance was identified as the fourth main need for support.

And even if it has been well spoken about and grief has been worked through, as it is more so nowadays, it still doesn't go away but hopefully you do, you are able to integrate it and move on. But you wouldn't ever want to forget (Participant C 4: 49-55).

I don't think I could have kept them out of my mind, the memories any way, whether I wanted to or not. It's just part of you. I think at the beginning I was worried I would forget. That was a fear. I think a lot of people have the fear of forgetting. But I know now, that you don't forget (Participant B 6: 82-91).

Each befriender referred to ways in which it can be helpful to create memories for the future. (References in brackets show where findings concur with the literature review). Parents are offered memory boxes where they may store mementoes such as scan photographs, photos of the dead baby, scrapbooks, certificates of birth and hospital appointment cards (Schott, Henley & Kohner 2007). The baby's identity can be affirmed in a naming ceremony (Jenkins & Merry 2005). A funeral may help to express loss, confirm the baby's existence and give opportunity for family and others to offer sympathy. Books of remembrance, memorial services, tree planting, stories and poems published by SANDS and other organisations are ways in which parents try to come to terms with their loss (Schott, Henley & Kohner 2007). Collaboration between support organisations has resulted in October 15th being marked as International Pregnancy and Infant Loss Awareness Day when bereaved parents world-wide acknowledge their loss with events such as 'Wave of Light' services and balloon releases (Babyloss 2010). Web-pages such as the 'Forget-me-not Meadow' and 'Lights of Love Tree' (Miscarriage Association 2010) provide opportunity for bereaved parents to post on-line messages expressing their loss.

Body art, in the form of tattoos of the baby's name or footprint, was stated to be the most recent trend amongst bereaved parents in creating memories.

3.2) Facilitation of support

Current facilitation of support by befrienders is mainly through talking, listening and offering practical advice. The befrienders stated that parents find benefit from relationships formed within the support groups and from the acceptability of being able to acknowledge their feeling states openly and honestly with others. Support groups can be a bereavement lifeline particularly for parents lacking adequate support from family and friends.

The befrienders all spoke of their anxiety about gauging the level of support to meet the needs of bereaved parents, particularly with regard to individual needs within the group framework (Hindmarch 1993).

Sometimes you can get the anger and we've got to be careful cos people are allowed to feel angry but we've got to be then careful that it doesn't spill over to everybody else in the group cos people are at different stages of grieving (Participant D 26: 52-57).

One befriender is able to refer parents to a bereavement counsellor who works in tandem with that particular support group. The counsellor also acts in a supervisory capacity supporting the befrienders within that group. This facility appeared to vary regionally within the organisation.

Findings relating to perspectives on befriending were not covered in the earlier literature review. This may warrant more detailed examination with particular regard to the potential for music therapy to facilitate befriender support and supervision needs.

3.3) Support inhibitors

Many of the support inhibitors identified tie in with previous findings. In terms of cultural differences, it was interesting to note that of those bereaved parents who attend meetings, there are very few from different ethnic backgrounds. It was suggested that they perhaps find support from within their own families and communities.

Support inhibitors	
Code	Transcript extract
Gender differences in grieving	In a way he never, my husband wouldn't bring the subject up. But whether it's a man thing, he never felt the need to talk about it. Or whether he couldn't. I don't know. Maybe he couldn't talk about it and that was mainly the reason why I went to the (organisation) group, was because there was no one else that I could speak to (Participant B 8: 33-41).
Cultural differences in grieving	We don't often get a lot of ethnic communities coming. We've got quite large pockets of ethnic communities in (city). And we often wonder why that is and should we be doing more about it? So really I don't know whether it's a cultural thing that they want to keep it private or what (Participant D 15: 88-95).
Social restriction on timescale for grieving	But I think the biggest thing for them is that they know that it's the one place that they can come, talk about their baby and nobody is going to think "Well why are you still talking about that?" ...after a certain time span (Participant A 5: 8-12).

Family restraints on expression of grief	It's also a place that they can offload anything that has upset them or made them angry, that people have said – and it's usually close family – and you know. They are maybe not able to express that within their family (Participant A 5: 12-17).
Lack of social awareness and acknowledgment of bereavement	People still perceive it, especially if the baby is a stillborn baby, it hasn't lived in this world and that it's really not worth remembering. And it's easy for other people to forget that that was a person and part of that family unit. Em, so I think that's probably a really big issue for a lot of families and a lot of parents (Participant A 6: 60-66). I think it's quite isolating the death of a baby that no one else knows (Participant B 16: 191-2).
Dilemma for parents in acknowledging bereavement	And there's also the dilemma for where it's their first baby for parents when they're asked by Joe Public "Oh do you have any children?" They're in a dilemma as to whether they say "Well yes I have but my baby died" or "Well, no" and then they are denying it themselves that this happened (Participant A 6: 67-73).
Unresolved grief in subsequent pregnancy	And often people do get pregnant again within three months. I mean it can happen very quickly because there's just a huge urge to be pregnant again. Then the subsequent baby is due round about the first anniversary of the baby's death so that obviously is very difficult. And we have had people actually let out of the maternity hospital to go to the grave on a first anniversary (Participant C 7: 41-52).

Table 2: Support inhibitors

4) Music

Music was regarded by all the befrienders as being of utmost value in their remembrance services, which take place annually or bi-annually. The measure of need for this type of support is indicated by the large volume of parents and family and friends attending these collective opportunities for remembrance (over 1000 people). All four befrienders described the care with which music is consciously chosen to relate to alternating themes and to underpin symbolic gestures within the service. Reference was made to active song-writing by a bereaved parent. Musical contributions provided by external groups and choirs are highly

valued by bereaved parents and befrienders alike. It is interesting to note the passive appreciation of music in this context. Although none of the befrienders described themselves as being particularly musical, they nevertheless seemed to find a sense of musical identity via family members. No one spoke of active music making to assist their own mourning other than listening.

A recurring theme was the need for musical flexibility in services to meet parental need:

I think our music changes throughout the service as well because we always go out on something that's kind of powerful and uplifting for them leaving the service. Whereas when they come in it's very quiet and subdued (Participant A 13: 27-32).

We sometimes ask parents for music that really means a lot to them. You know, a favourite song or a favourite track and we've played that at these services and it can be really, really moving (Participant C 3: 11-15).

Music was seen as a key to unlocking suppressed grief, as a unique avenue for expression of feelings and a means of bringing hope for the future with song lyrics being important for remembrance and expression of feelings.

Music listening was important and beneficial during the befrienders' own bereavement. Contrasting opinions emerged about the conscious and unconscious choice of music listening. One person consciously listened to particular songs to evoke tears. Another was uncertain in hindsight whether this was an un/conscious decision. This area of un/conscious song recall may warrant further research.

Music does not currently play a part in support meetings but participation in the study stimulated reflection of the potential to introduce background music to enhance their ethos of creating a comforting meeting environment.

5) Potential for music therapy

5.1 Receptivity of befrienders

The befrienders expressed their lack of awareness about music therapy and its availability. This may reflect the gap in music therapy literature relating to this population. With regard to her own bereavement, one participant said:

If there was another channel in which they could have said – 'Look, there's some music therapy open to you here' - I absolutely would have taken it but there wasn't (Participant D 23: 20-24).

All four were receptive to the concept of music therapy as a support intervention to assist bereaved parents. Due to their lack of knowledge, none were sure how to implement music therapy with bereaved parents. One in particular was apprehensive of the new concept:

I don't know what I would have done if I was confronted with maybe someone wanting me to take part in music therapy. But never having experienced music therapy I don't know if whether maybe that would have been a good thing. I don't know. It's probably something I that I don't really know enough about it to say (Participant B 12: 19-27).

Anxiety about music therapy was possibly congruent with her perception of her own musicality and with befriender anxiety in general about gauging the level of support.

5.2 Potential strategies for implementing music therapy

Befrienders suggested that music therapy might be potentially beneficial for bereaved parents as a non-verbal intervention for grief, to open up channels of communication, to match the intensity of grief and for empathic attunement.

Suggestions were made for music therapy to potentially collaborate with counselling, to interact with current support services and for referral by midwives in the hospitals.

CDs of remembrance services are made available for bereaved parents. In line with this, one person thought a DVD/CD might be a useful tool to introduce newly bereaved parents to the concept of music therapy. It was suggested that group music therapy sessions might be initiated with bereaved parents who have attended support meetings for some time. All the befrienders felt that this should be offered as an optional addition to their regular support meetings. Individual rather than group sessions would be essential for newly bereaved parents. Drumming was suggested by participants as a potential outlet for anger in music therapy sessions with bereaved parents.

5.3 Music therapy and stage of grief

Befrienders envisaged potential benefits from music therapy at all stages of grief but the recurring theme was the necessity for music to attune sensitively to the differing needs of parents during those various stages:

I think it just depends on the individual. I think, you know, it's like grief is different for every individual and how they react it's different. ...and I think it would mean different things at different times as well (Participant A 13: 7-11).

In response to the video clips, one befriender reflected most carefully about the potential for music therapy as an intervention with the newly bereaved. Again this would tie in with their need to gauge the level of support. From the examples in the video clips the participants envisaged that music therapy may be potentially beneficial for reduction of anxiety and relaxation in subsequent pregnancy. In the later stages of grief it was considered to be appropriate to support parents trying to conceive another baby and for shadow grief.

Music therapy and stage of grief		
<i>Stage of grief</i>	<i>Feeling state</i>	<i>Potential for music therapy</i>
Newly bereaved	Numbness	For comfort
	Shock	To trigger emotion
	Self absorption with grief	To offer sensitive support without words
Subsequent pregnancy	Anxious preoccupation	For relaxation
	Stress	To induce calmness
	Guilt	
Later stages of grief	Laughter	To support parents trying to conceive another baby
	Comedy	
	Joy	
Shadow grief	Re-emergence of unresolved feeling states	To open a channel for grieving

Table 3: Music therapy and stage of grief

Reflections and conclusions

This was a small scale study. In future research a larger sample might be selected from a wider geographical area and from several support organisations. Participants were made aware of the study but it was left to them to make direct contact with me. Because of this, it was not possible to select participants as purposefully as intended therefore this sample is representative of parents who have experienced loss through stillbirth but not through miscarriage. Nevertheless despite these limitations, this preliminary study offers insights which may serve as a foundation for planning and implementing a pilot study of music therapy clinical work with this population. It may also serve as a means of providing evidence to assist in attracting funding for such a pilot study.

A possible way forward to introduce music therapy would be to offer taster sessions for befrienders with the rationale that experiencing music therapy themselves might inform them about music therapy and allay any anxiety about gauging

the level of support to meet the needs of bereaved parents. Parents might subsequently be offered taster workshops with follow-up sessions on a time-limited basis.

Given the variable patterns of attendance at support meetings, consideration needs to be given to the format of music therapy sessions, whether these would be open/closed sessions; individual/group work; for couples or for specific stages of grief. The findings suggest there is potential to implement music therapy particularly with newly bereaved parents, those undergoing a subsequent pregnancy or for shadow grief with the long-ago bereaved. The recurring theme is the need for sensitive facilitation of support at each stage of grief. Patterns of attendance in support groups might also indicate that bereaved parents, who feel apprehensive about attending on their own, may wish to be accompanied in music therapy by family, friends or health professionals.

Future studies might examine the effects of specific music therapeutic strategies such as drumming, song-writing, listening and improvisation on the conscious and unconscious mourning processes of this population. Further research might also consider the relationship between music therapy and gender differences in grieving, grandparents' grief and bereavement within multicultural groups.

One participant experienced post-traumatic stress disorder as a result of stillbirth. In subsequent pregnancy approximately 20% of mothers experience PTSD related to the stillbirth experience (Hughes & Cockburn 2007). As music therapy has assisted PTSD in other areas (Bensimon, Amir & Wolf 2008), further investigation may be warranted with bereaved parents. Fostering collaborative working with health professionals may assist the mourning of this population. Changes in professional practice might allow the distribution of information leaflets about music therapy to bereaved parents by health professionals, particularly by midwives in hospitals.

As the music therapy profession seeks to embrace new areas of clinical work, the challenge to the profession is there to take up this highly sensitive area of bereavement. Is it not time for music therapy to acknowledge and support this forgotten area?

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Book Review

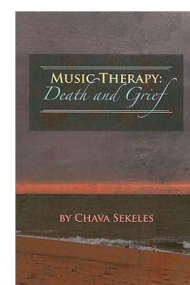
Music Therapy: Death and Grief Chava Sekeles

Reviewed by Tamsin Dives

Music Therapy: Death and Grief

Chava Sekeles

Gilsum, NH: Barcelona Publishers (2007)
149 pp., ISBN: 1-891278-46-0



Tamsin Dives trained at the Guildhall School of Music and Drama, gaining the AGSM in 1982. For twenty-two years she pursued a diverse career as an opera and concert singer. In 2005 she returned to the Guildhall to retrain as a music therapist. Since qualifying she has worked with adults with severe learning difficulties and challenging behaviour and brain injury. She served on the British Society for Music Therapy committee and she was a 'buddy' for the Terence Higgins Trust. She has also been, for many years, a proactive member of her local community using Music and the Arts as a collaborative tool to bring different groups together. She now works as a music therapist at St Christopher's Hospice in South East London.

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Dr Chava Sekeles' book *Music Therapy: Death and Grief* is a frank and open hearted book. She draws from a wealth of over forty years' experience as a music therapist working in Israel and abroad.

This book offers a rich mix of chapters covering a broad range of work. Her seven case studies show how she uses music therapy to address the complex and very different ways her clients are affected by death and the consequences of grief. Together with these is a chapter in which she explores Israeli music and its role in managing collective and personal grief. Chapter 5 looks at how 'art music' can be used therapeutically and in the final chapter Sekeles looks at how she manages her own grieving processes.

The author lies very much at the heart of her writing. She has a readable, approachable style. She looks at the individual, the individual within the

family unit, and the social and cultural context. She acknowledges the values and attitudes of society, and how these affect the way that people grieve.

Grief is complex, by its very nature, and everyone responds to loss differently. The case studies illustrate that Sekeles works in a variety of ways. She has developed her own tool in managing her work, the "Developmental – Integrative Model" (p. 2) and this is central to her therapeutic approach. Alongside this she embraces other artistic processes, encouraging clients to draw and write, when and where appropriate. Narrative emerges as an important aspect of the grieving process.

At times Sekeles relies on intuition, and at times she is self-questioning. She has the confidence to include in this book work which is incomplete: cases where family members or the client have decided to discontinue. Therapy is a journey, and it

is the case for all practitioners that work sometimes does not end as we would wish. I find it refreshing to see this included.

War, as well as the terror and violence that war brings to a nation, are the shadow central to much of her work. It is a daily reality. In Chapter 1 the case study of Miri is presented: a young girl who witnessed the death of her mother and brother in a suicide bomb attack. There is a real sense that Sekeles' work provides a space for Miri to grow and develop as she processes these devastating losses. The songs of Israel play a vital role in connecting Miri to her dead mother and helping her to mourn. During this work Miri is also sensitively supported by loving family and community.

There are other cases involving children where family dynamics impact in a way which is not so helpful. Avi (Chapter 7), a severely handicapped child struggles to feel brave on his long daily bus ride to a special school. Bobby (Chapter 6) is not allowed to process the death of a favourite grandfather and this is a direct consequence of his parent's wishes. It is only when he begins therapy with Sekeles that he is given the space to explore his feelings. Unfortunately this work is abruptly brought to an end by the parents.

Listening and an open outlook are the foundations to Sekeles' approach. Grieving and loss do not just affect the individual. It can extend to close family members and carers, and Sekeles often works with them too, inviting parents into their child's session, or working with the child of a dying parent. This is the case in Chapter 3 where an account of work with a father who has terminal cancer is presented.

Chapter 2 explores the 'particular-ness' of 'song' in modern Israel. Israel post world war is a country made up of many immigrants from across the world. 'Song' helps develop society; it is a valuable tool in bringing disparate groups together. It plays a vital role in the faiths and rituals of different cultures and also helps to revive the Modern Hebrew language. In war torn countries it is a cultural reference point, a way of surviving, a place of affirmation, a way to celebrate what it is to be human.

Chapter 5, *The Relationship between Art Music, Death and Grief*, seems to me slightly out of place in this book. This is a huge subject matter – where to start? Perhaps this is a separate book in its own right. However it is good to be reminded that not all clients can easily access their emotional responses and receptive listening can be a useful starting point which might then lead to creative music making. Sekeles regularly introduces pre-composed music into her sessions. This is the case in Chapter 4. Sekeles shares her work with a bereaved mother

and widow. Again the reader is required to reflect on the psychological implications of random terrorism. The mother's son had been killed by friendly fire and not long after, her husband died after a short illness. The mother has 'locked in' emotionally. Music therapy offers her a place to 'unpack' her grief. She is able to revisit her relationship with her deceased husband and to invite her surviving son to therapy where they work through some painful and difficult issues together.

In Chapter 8 Jonas is presented: a young man with borderline personality disorder who has struggled to come to terms with the death of his mother. Musical processes illustrate a strict and overbearing mother. Whilst the work in this course of therapy was never completed, Jonas left with a greater insight.

Chapter 9 looks at some very interesting work in a Psychiatric Unit. Here the work focuses on an individual; however, much of the work takes place within a group. Songs are shared and play a valuable role in celebrating the individuality of group members. Their work develops into group composition and they work on a 'Musicals' format to express their psychological states. In this scenario public performance plays an important role in giving patients a sense of belonging and 'being heard'.

Chapter 10 is a personal examination of the emotional impact of working in this territory for the therapist. This aspect of music therapy work is not often written about. Music therapy can end in a variety of ways and we will always have an emotional response, sometimes straightforward, sometimes complex. We have a responsibility as therapists to look after ourselves (Tasker & Hartley 2014).

It is often the case that books about music therapy are a collection of contributions from different authors. It is good to immerse oneself in the practice of one writer. There is a great amount of detail about the musical processes during sessions in which she integrates theory and practice. Each case study is unique. Using a variety of methods Sekeles offers a relationship which requires a creative response and draws out the essential humanity of those with whom she is working. Attitudes and values of society provide direction for how illness and health are understood, and the impact of death and grief upon wellbeing. Sekeles embraces the community, the family life of the individual she is working with, how they define their purpose and place in the world, both how and where they fit in.

I would recommend this book to anyone who is working in the field of death, dying and bereavement.

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Book Review

Forensic Music Therapy: A Treatment for Men and Women in Secure Hospital Settings Stella Compton Dickinson, Helen Odell-Miller & John Adlam (Editors)

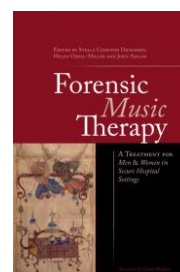
Reviewed by Carol Chambers

Forensic Music Therapy: A Treatment for Men and Women in Secure Hospital Settings

Stella Compton Dickinson, Helen Odell-Miller & John Adlam (Editors)

London: Jessica Kingsley Publishers (2012)

256 pp., ISBN: 978-1-84905-252-8



Carol Chambers, PhD, qualified as a music therapist in 1982 at Roehampton, UK. She has worked with many client groups and she gained her PhD in forensic psychiatric music therapy from the University of Nottingham. Carol is a member of the research group *Theatre, Dance, Music and Consciousness* at the University of Lincoln and has presented work on both music therapy and consciousness on an international basis. She is also a qualified teacher and is currently the Education Manager at Her Majesty's Prison Lincoln, UK.

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In the past few decades there has been a steadily increasing stream of articles, presentations and book chapters concerning music therapy in secure settings (e.g. Boone 1991; Chambers 2013; Compton Dickinson & Souflas 2012; Hoskyns 1995; Loth 1996; Sloboda & Bolton 2002; Thaut 1987). Now, at last, we have a much needed complete book, compiled by editors who are all experienced practitioners. Compton Dickinson and Odell-Miller are both music therapists with specialist backgrounds in forensic or mental health practice as well as research and international presentations, and Adlam is a consultant adult forensic psychotherapist.

There is a certain clarity in the editors' descriptive title and in their introduction, which

states that the book is about "music therapy with mentally disordered patients in secure hospital settings" (p. 14). At first glance, I began to feel a little uneasy, with the use of the term 'patients' instead of 'clients', with the word 'treatment' appearing in the subtitle on the front cover and, on opening the book, the discovery of a large heading, '*Part 1: The Institutional Setting*' (p. 23). However, I soon found that this is far from being a traditional medical textbook with descriptive case studies: it has a clear statement of purpose, setting out to present and examine the contexts and challenges relevant to a range of forensic practices, including high, medium and low secure hospitals. '*Part 2: Clinical*' follows with in-depth casework based on strong theoretical foundations and '*Part 3:*

Research’ aims to demonstrate outcomes and provide guidelines for further service and clinical development. Within these three parts, twelve individual chapters include contributions from a multi-disciplinary field, including not only music therapists (Petra Hervey, Sarah Hill, Philip Hughes, Alex Maguire, Rebecca Roberts, Victoria Sleight) but also psychologists (Phyllis Annesley, Lindsay Jones, Rebecca Lawday), a psychotherapist (Estela V. Welldon), psychiatrists (Irene Cormac, Manjit Gahir) and an occupational therapist (Ian Merrick).

My initial trepidation about an overtly medical approach does, of course, mirror a very real consideration in building therapeutic relationships in secure hospitals, for patients, therapists, other staff and, if I may anthropomorphise, the hospital system itself. In the first chapter, *‘Care and Control’* (p. 25), psychologists Annesley and Jones tackle such issues head-on and unapologetically, giving a clear account of the challenges and dilemmas facing therapists as they try to identify the risks involving high-secure offenders, manage their experiences and ambiguities and engage them through a complex process towards rehabilitation. I was reminded of the difficulties I once faced when working as a sessional therapist in medium-secure units, feeling that perhaps I would have made more progress if I had worked with the unit staff rather than the women referred for therapy. If I had read this chapter at that time I could have been reassured, for it makes a concise yet powerful argument that therapists are indeed in an influential position, having the empathetic skills to stimulate change at an organisational level, and the functional experience to manage it through multi-disciplinary teamwork, supervision and reflective practice. But this refreshingly honest account also serves to debunk any myths about mystical powers of therapists and to point out the potential pitfalls inherent in forensic work. Indirectly, it begs the question of exactly what it is that music therapists have to contribute and how our work should be approached. It is, therefore, placed where it should be, at the start of the book, so that the reader approaches the more detailed accounts of music therapy which follow with greater awareness of the intricate processes inherent in the work, a questioning attitude and a thirst for theoretical and philosophical underpinning.

Chapters two, three and four continue to expand on multi-layered management issues with detailed discussions of the roles of clinical teams, managers and supervision. In chapter two, Odell-Miller provides an interesting insight into the dynamics of “context-based music therapy supervision” (p. 45) when an ‘outsider’ has to work with material from ‘inside’ the secure unit. Although clearly of prime importance in forensic therapy I feel to some extent

that this holds relevance in many other situations too. Freelance or sessional therapists may experience similar challenges when infiltrating potentially closed organisations, be they schools, nursing homes or day centres, so the ability to manage such context could be seen as vital in all music therapy practice.

The relevance of institutional context is amplified in chapter four. Sarah Hill describes the need for managers to take on a “buffering role” (p. 76) when supporting staff in managing their anxieties of perceived or actual threats caused by pressure from NHS cost-effectiveness drives and other system changes. Two aspects of this chapter caught my attention: firstly, the description of the institution as an open system viewed as a “living organism” (p. 78), which reinforced my initial and ongoing feelings of a tendency towards anthropomorphism throughout the book. This is not a negative comment but an interesting analogy which Hill expands on in case vignettes showing arts therapists working more generically outside of their traditional professional roles. She explores the changing boundaries as the institutional organism operates within its forensic environment, boundaries which protect and define the role of the music therapist yet allow it to connect and operate within the demands of the organisation. Secondly, she talks of the need for a “translating role” when “management language [...] outcome and action orientated [...] can conflict with a psychotherapy-based language [...] driven by process and dynamics” (p. 79). I experienced a similar conflict reading through the book thus far: it seems heavily weighted towards a psychodynamic service model and a certain level of understanding of this terminology is prerequisite. Hill at least offers explanation of such terms as “splitting” and “projection” (pp. 75-76), explanations which are absent in other chapters. But I found the singularity of a psychodynamic approach and its unspoken yet implied necessity, both here and, at times, throughout the book, slightly at odds with the need for flexibility which the author so richly propounds. From my own behaviourist perspective, even an early disclaimer that other types of practice also exist would have been welcome.

Of course, one of the points made by this book is that the strength of music therapy is in its multi-layered complexity and this in turn enables interpretation. The reader is free to interpret according to his or her own epistemological beliefs. *‘Part II: Clinical’* affords ample opportunity for this as it includes five detailed chapters of clinical practice. Here, case studies provide descriptive accounts of behaviour and experience liberally laced with therapists’ reflections and a slightly greater variety of theoretical frameworks. Compton

Dickinson refers to British object relations theorists in her account of individual sessions with a young man during early onset psychosis. She shows how musical interaction and integration assisted in his progress from a non-verbal state through pre-verbal to verbal. For me, one small but striking perception was significant: that the meaning of ‘secure’, usually applied in terms of hospital confinement, can also become ‘safe’ (p. 101), a place of positive containment and integration. Words, therefore, are not the issue here, instead it is the non-verbal musical communications and processes which take precedence.

In the next few chapters, there is a strong focus on common themes such as power and control, loss and mourning in patients’ journeys to rehabilitation. One highlight, in addressing societal and institutional issues of control, was chapter six where Maguire and Merrick describe an intriguing recovery approach with an exchange of roles. Here leadership of a group passes to a patient who assumes responsibility for organising a band to rehearse and record his own songs. Achievement is defined by the user rather than by conformity to any prescribed medical assessment. Such a democratic and empowering approach takes courage on the part of the therapist to relinquish and negotiate new boundaries but it offers exciting possibilities in facilitating more normal social experiences for patients.

Rebecca Roberts, in chapter eight, depicts the process of loss particularly well in presenting a group in which one member died. Her work is informed by a strong theoretical underpinning of cognitive analysis, however, I was left slightly confused at a seeming discrepancy between her clear accounts of the importance of musical improvisation in communication and expression of emotion and the statement that “without some verbal reflection [...] feeling states may remain repressed in the unconscious” (p. 140). Perhaps this depends upon one’s own definition of consciousness: throughout the book there seems to be an assumption of mind-body dualism whereas if considered from a more holistic viewpoint of bodily consciousness¹ then verbal expression might

become less central in defining and expressing a patient’s awareness.

My questioning of descriptions of consciousness continued on into the following chapters when introduced to Compton Dickinson’s development of cognitive analytical music therapy (CAMT) (p. 154). This chapter gave an informative historical and theoretical background to the approach, with both musical and verbal interaction used to assist one man towards integration of dissociated states. As, for me, this was a first introduction to these techniques I would have welcomed more comprehensive descriptions of the visual diagrammatic mapping of states and patterns which were referred to (p. 164) as it was not clear if this was an essential part of the CAMT approach or an addition. Either way, an analogy with mapping raised interesting possibilities for me to consider “dissociative states” (p. 156) not as disconnected states of being but, from my own viewpoint, as part of a shifting personal narrative in a consciousness where “multiple drafts” are constantly being edited (Dennett 1993: 135).

Perhaps there is an underlying theme around personal narratives and issues of consciousness for these are mentioned again in chapter ten where Sleight and Compton Dickinson (pp. 170-171) put forward the need to stem extended improvisations, explaining that these can become unhealthy narratives which may not take into account the expressions of other people in a group. Instead they promote the creation of musical dialogues and reciprocal relational roles. This chapter is at the start of ‘*Part III: Research*’, which aims to demonstrate the importance of research in service development. Chapters ten and eleven both present further examples of group cognitive analytic music therapy (G-CAMT) from inception of the model to its exploration in practice. In chapter eleven Lawday and Compton Dickinson detail the structured staged interventions of a time-limited controlled pilot study through to the quantitative and qualitative outcomes for service evaluation. If one begins to flinch, as I did, at the mention of “adhering to a treatment manual” (p. 184) then read on, for there follows a well-presented rationale which shows that this follows guidelines from the Medical Research Council. Clearly the development of G-CAMT has huge benefits in terms of structured assessment and demonstrable outcomes, necessary for a clinical evidence base

reinforcement and reintegration of bodily experiences, leading to new modes of behaving and responding, then the necessity for verbal reference is negated: conscious awareness (that is, the conscious experience of events) can be sustained by the body rather than developed through thought.

¹ I write from a position which does not support a dualistic split between mind and matter but from a perspective where thoughts are understood as mental phenomena arising from physiological experiences within the brain, or processed through the brain in response to activity elsewhere in the body. This is an enactive view of consciousness where bodily action rather than thought is central. The physical or sensory act of involvement in musical activity is then not simply symbolic but may be a reconstruction of an experience or feeling at a deep physiological level. As therapeutic progress can be made through the repetition,

and the continuing development of service provision. But one can only hope that less experienced therapists will use the intended future publication of a treatment manual as a source of information and knowledge yet have the strength to retain their own individuality and flexibility within such a formalised approach. Departmental requirements should not legitimise the enforced adoption of too set a prescriptive model. As this book stresses, context-specific practice in meeting the needs of patients is paramount and this must remain open to negotiation.

In chapter twelve, Hervey and Odell Miller provide specific recommendations for working within a multi-disciplinary team in the forensic context. They give a detailed account of a qualitative research project which evaluated team members' perceptions about music therapy and its relevance in working with patients with severe personality disorder. This chapter has much to recommend, not only for its contribution to the sociopolitical debate on the provision of mental healthcare in forensic contexts, but also for the description of small scale social research design which could be usefully applied in many other situations. In particular, I commend the authors for being brave enough to put themselves in the firing line and ask for staff opinions about the introduction and use of music therapy. It needs to be done if the profession is to continue to develop and this study provides a constructive starting point on which future research could build.

It is this willingness to debate and determinedness to address issues in practice which I found most useful in this book. Although the book proclaims to be context-specific, I found much of it to be relevant in the wider field of music therapy. Issues around developing a service within institutional and organisational priorities and the need to build a multi-disciplinary approach resonated strongly with my own experience across a range of organisations both in and out of forensic practice. This book does not pretend that everything is easy; it sets out the risks and challenges that have to be faced and then it gives clear practical advice on how to do it. It is both informative and thought-provoking and for this reason I thoroughly recommend it. Like the organisations it depicts, the book is multi-layered in structure and content. It can be dipped into for specific interests or, at a deeper level, read from cover to cover, building up understanding progressively, as it is meaningfully constructed for this purpose. Either way, all of the short and highly readable chapters have a wealth of knowledge and experience built into them and are fully referenced, providing guidance for further reading and research.

To whom would I recommend this book? It is a fantastic resource for all music therapists, as well as students and clinicians from related disciplines. Without doubt the detailed presentation of clinical forensic work will be immensely valuable for anyone working in, or moving into, this field. But most of all I recommend it to managers and commissioners, those who need to decide on and prioritise funding and drive policy forward, for this book tells us not only what music therapy offers to patients but also how and why it is important for the whole hospital. This is also valuable for all therapists, whether or not they work in forensic settings, and so I heartily endorse it for those who are trying to promote and build new avenues of work in any contexts. This book is about the nature of music therapy as much as it is about forensic practice.

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Βιβλιοκριτική

Therapeutic Uses of Rap and Hip-Hop

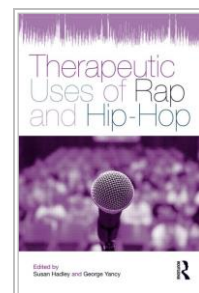
Susan Hadley & George Yancy (Επιμελητές)

Από την Ευαγγελία Αραχωβίτη

Therapeutic Uses of Rap and Hip-Hop

Susan Hadley & George Yancy (Επιμελητές)

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Η Ευαγγελία Αραχωβίτη είναι απόφοιτος του τμήματος Μουσικών Σπουδών της Αθήνας και του Ωδείου Αθηνών. Η μουσική της αναζήτησε την οδήγησε στο Λονδίνο και πιο συγκεκριμένα στο Nordoff-Robbins Music Therapy Centre, από όπου και αποφοίτησε από το μεταπτυχιακό πρόγραμμα σπουδών. Τα τελευταία τέσσερα χρόνια ζει και εργάζεται στην Ελλάδα. Δουλεύει στο χώρο της εκπαίδευσης, της πρώιμης παρέμβασης και της ψυχικής υγείας αλλά και ως ενεργή μουσικός. Παράλληλα, σχεδιάζει μαζί με άλλους συνεργάτες παιδαγωγικά προγράμματα για το δημοτικό, αλλά και παρουσιάσεις και βιωματικά εργαστήρια με στόχο την προαγωγή της μουσικοθεραπείας στον ελληνικό χώρο.

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Το βιβλίο *Therapeutic Uses of Rap and Hip-Hop* (Θεραπευτικές Χρήσεις της Ραπ και του Χιπ-Χοπ) μου τράβηξε αμέσως το ενδιαφέρον. Με άξονα την προσωπική μου εμπειρία – από συναυλίες ραπ μουσικής και φίλους που εμπλέκονται ενεργά στη χιπ χοπ κουλτούρα, και από την εκπαίδευσή μου στη μουσικοκεντρική μουσικοθεραπεία (Aigen 2005) – αυτό που με εντυπωσίασε ήταν το πώς μπορούν αυτοί οι δύο κόσμοι, η θεραπεία και η χιπ χοπ κουλτούρα, να συνδεθούν. Από προσωπικά βιώματα από την εφηβική μου ζωή μέχρι σήμερα, παρατηρώ ότι οι απόψεις για τη ραπ δίστανται. Αυτό επιβεβαιώνεται και από κάποια άρθρα στο βιβλίο, αναδεικνύοντας τελικά ότι υπάρχουν διαφορετικές απόψεις σχετικά με την ταυτότητα, την αισθητική και την αποδοχή της ραπ και του χιπ χοπ. Κάποιοι τη συνδέουν με το περιθώριο, την εγκληματικότητα, τη βία, τα ναρκωτικά, το μισογυνισμό, την απαξίωση και το μηδενισμό ηθικών αξιών, την αντισυμβατικότητα και τον

αντικομορφισμό. Άλλοι, συνήθως νεώτεροι, αντιλαμβάνονται τη χιπ χοπ κουλτούρα διαφορετικά. Βρίσκουν ένα δημιουργικό διέξοδο που περιλαμβάνει τη ραπ μουσική, το γκράφιτι, το break dance, την ποίηση. Βρίσκουν μια κοινή γλώσσα για να αλληλεπιδράσουν, να συνυπάρξουν και να εκφραστούν αυθεντικά, η οποία, όπως αναδεικνύει και το βιβλίο, αποτελεί μια παγκόσμια γλώσσα.

Το βιβλίο αυτό θεωρώ ότι είναι μια αρκετά σύγχρονη βιβλιογραφική προσπάθεια κατανόησης και ανάλυσης μιας πολύ ιδιαίτερης μουσικής γλώσσας. Παρόλο που η εκπαίδευση του μουσικοθεραπευτή συνεπάγεται επαφή και εμπλοκή σε διαφορετικά μουσικά είδη, η ενασχόληση με τη ραπ μουσική γίνεται επιφανειακά ή μπορεί να εκλείπει εντελώς από την εκπαίδευση. Αυτό αποδεικνύεται και από τις ελάχιστες βιβλιογραφικές προσπάθειες που είναι καταγεγραμμένες στο μουσικοθεραπευτικό χώρο. Ωστόσο,

τελευταία παρατηρείται μια σημαντική επιθυμία εμβάθυνσης στη μουσική κουλτούρα της ραπ μουσικής και διερευνάται το πώς μπορεί να αξιοποιηθεί από τους μουσικοθεραπευτές σε διαφορετικά κλινικά πλαίσια, ώστε να προάγεται η θεραπευτική πορεία. Αυτό που εκφράζεται και στο βιβλίο είναι ότι η ανάγκη προσέγγισης και ανάλυσης της ραπ μουσικής προέκυψε μέσα από την ίδια τη θεραπευτική πράξη· είτε, αυθόρμητα, από πελάτες που προέρχονταν από διαφορετικά πολιτισμικά περιβάλλοντα (κυρίως Αφρικάνικων καταβολών), είτε από νέους ασθενείς για τους οποίους η χιπ χοπ κουλτούρα αποτελεί μέρος της καθημερινότητάς τους. Άλλες φορές, ωστόσο, υιοθετήθηκε ως θεραπευτικό εργαλείο και από τους ίδιους τους μουσικοθεραπευτές σε ποικίλα θεραπευτικά πλαίσια.

Το βιβλίο κάνει μια συνολική θεώρηση του χιπ χοπ και της ραπ μουσικής στο κλινικό-θεραπευτικό χώρο. Κεντρικό ερώτημα του βιβλίου είναι το τι είναι αυτό που έχει να προσφέρει το χιπ χοπ και η ραπ μουσική και πώς μπορούν να χρησιμοποιηθούν ως θεραπευτικά εργαλεία. Πρόκειται για μια συρραφή άρθρων από ανθρώπους από διαφορετικά εκπαιδευτικά υπόβαθρα, όπως μουσικοθεραπευτές, κοινωνικούς λειτουργούς, ψυχοθεραπευτές, κλινικούς ψυχολόγους, και καθηγητές φιλοσοφίας. Η δομή του βιβλίου αποτελείται από τρεις θεματικούς άξονες που περιλαμβάνουν συγκεκριμένα άρθρα και έρευνες τα οποία περιγράφω συνοπτικά παρακάτω.

Ο πρώτος θεματικός άξονας αναφέρεται σε ιστορικές και θεωρητικές προοπτικές σχετικά με τη χρήση της ραπ και του χιπ χοπ στη θεραπευτική πράξη. Στο πρώτο κεφάλαιο η μουσικοθεραπεύτρια Adrea Frisch Hara κάνει μια σύντομη αλλά περιεκτική ιστορική αναδρομή στις ρίζες της ραπ και στην εξέλιξή της. Μέσα από την περιγραφή ιστορικών, ανθρωπολογικών και μουσικολογικών παραμέτρων εστιάζει στα μουσικά στοιχεία που συνθέτουν τη ραπ μουσική. Με άξονα τα στοιχεία αυτά, εξετάζει το γιατί η ραπ μπορεί και αγγίζει τους νέους και πιο συγκεκριμένα τους νέους με συναισθηματικές διαταραχές και προβλήματα συμπεριφοράς ενισχύοντας τη διαμόρφωση της ταυτότητάς τους και ενός υγιούς «Εγώ».

Το δεύτερο κεφάλαιο είναι πολύ ενδιαφέρον, καθώς ο Don Elligan (Elligan 2004), κλινικός ψυχολόγος, περιγράφει τη δική του προσέγγιση, που την ονομάζει *Rap Therapy*. Πρόκειται για τη χρήση ραπ μουσικής ως δεκτικό εργαλείο στη λεκτική ψυχοθεραπεία με άτομα με συναισθηματικές διαταραχές και προβλήματα συμπεριφοράς. Περιγράφει με λεπτομέρεια τα στάδια της θεραπευτικής προσέγγισής του, δείχνοντας τον τρόπο με τον οποίο η χρήση της ραπ μουσικής και του λόγου μπορεί να βοηθήσουν στην

εμβάθυνση και συνειδητοποίηση, στην έκφραση απόκρυφων συναισθημάτων, στη διαχείριση της συμπεριφοράς, στο μετασχηματισμό γνωστικών λειτουργιών και στην ψυχοσυναισθηματική «κάθαρση». Στο τρίτο κεφάλαιο ο Aaron Lightstone εξετάζει τα αισθητικά χαρακτηριστικά του χιπ χοπ και το πώς αυτά χρησιμοποιούνται στη μουσικοθεραπεία και πιο συγκεκριμένα σε μια μουσικοθεραπευτική προσέγγιση όπου κυριαρχεί το *groove*, ένας συνεχόμενος έντονος ρυθμός. Επίσης, θεωρεί ότι η *Hip-Hop Music Therapy*, όπως την περιγράφει ο ίδιος, είναι ο συνδυασμός κρίκος μεταξύ της μουσικοκεντρικής μουσικοθεραπείας και της μουσικής ψυχοθεραπείας, καθώς συνδυάζει τη χρήση της μουσικής και τη χρήση του λόγου.

Στο τέταρτο κεφάλαιο γίνεται περιγραφή ενός μύθου, «*Το ταξίδι του Ηρώα*», με αναφορά στα αρχέτυπα του Jung. Ο μουσικοθεραπευτής Michael Vega εξετάζει το πώς η μουσικοθεραπεία συνεισφέρει ενεργά στο στάδιο της «προετοιμασίας», του «ταξιδιού» και της «επιστροφής» και το πώς η ραπ μουσική μπορεί να αντικατοπτρίσει και να αναβιώσει τον προσωπικό μύθο που ζει ο καθένας μας.

Το πέμπτο κεφάλαιο παρουσιάζει τη συνεργατική δουλειά της μουσικοθεραπεύτριας και κοινωνικής λειτουργού Vanessa Veltre και της μουσικοθεραπεύτριας Susan Hadley. Οι συγγραφείς περιγράφουν τη δική τους φεμινιστική προσέγγιση μέσω της χρήσης της ραπ και χιπ χοπ με μια ομάδα ενήλικων γυναικών. Η μουσική αλληλεπίδραση και συνεργασία έχει ως στόχο εδώ την ενδυνάμωση των γυναικών μέσα από την ενίσχυση της αυτοπεποίθησής τους και της γυναικείας τους ταυτότητας και τη συνειδητοποίηση της σημαντικότητας του γυναικείου φύλου και της θέσης του στον κοινωνικό ιστό. Στο κεφάλαιο παρατίθενται και παραδείγματα με στίχους που αναδεικνύουν τα παραπάνω θέματα.

Στο έκτο κεφάλαιο παρουσιάζεται μία πολύ ενδιαφέρουσα συνεργατική ανάλυση και έρευνα πάνω στα κυρίαρχα θέματα που αποτυπώνονται σε γνωστά χιπ χοπ και ραπ μουσικά κομμάτια. Στη συνέχεια γίνεται μια κατηγοριοποίηση όλων των θεμάτων που συλλέχτηκαν. Οι βασικές κατηγορίες διακρίνουν τα θέματα σε κοινωνικά, πολιτικά, εκπαιδευτικά, παιδαγωγικά, οικονομικά και πολιτισμικά, ενώ υπάρχουν και υποκατηγορίες με συγκεκριμένο τίτλο και καλλιτέχνη, ώστε να μπορεί να ανατρέξει κανείς σε αυτές για μια πιο εκτεταμένη διερεύνηση.

Ο δεύτερος θεματικός άξονας του βιβλίου περιλαμβάνει άρθρα που αφορούν την κλινική χρήση της ραπ και του χιπ χοπ με παιδιά και έφηβους. Υπάρχουν ποικίλα κλινικά παραδείγματα που περιγράφουν εις βάθος τη θεραπευτική

διαδικασία και αιτιολογούν το λόγο για τον οποίο η ραπ μουσική μπορεί να γίνει η θεραπευτική 'δίοδος' στη σχέση θεραπευτή και πελάτη.

Στο έβδομο κεφάλαιο παρουσιάζεται η κλινική χρήση της ραπ και χιπ χοπ με έγχρωμους έφηβους. Πρόκειται για ένα καινοτόμο μοντέλο κλινικής δουλειάς, το οποίο ο κοινωνικός λειτουργός Tomas Alvarez ονομάζει «*Beats, Rhymes and Life*», δηλαδή «*Παλμός, Ρίμες και Ζωή*». Στόχος είναι μέσα από αυτό το μοντέλο να αναδυθούν οι προβληματισμοί των εφήβων και να δοθεί στους έφηβους ο κατάλληλος χώρος να εκφραστούν και να ακουστούν αντί να παγιωθούν σε ένα σύστημα παθολογίας.

Το όγδοο κεφάλαιο αποτελεί μια διαφορετική παρουσίαση κλινικής δουλειάς. Πρόκειται για τη χρήση του breakdancing, που είναι το αντιπροσωπευτικό είδος χορού που κυριαρχεί στην χιπ χοπ κουλτούρα και συνοδεύεται από ραπ μουσική. Το breakdancing χρησιμοποιείται ως εργαλείο προσέγγισης των εφήβων αλλά και ολόκληρης της κοινότητάς τους σε μια απομακρυσμένη περιοχή του Καναδά.

Στο ένατο κεφάλαιο περιγράφεται ένα κλινικό project που βασίζεται στη σύνθεση τραγουδιού ραπ. Το συγκεκριμένο μοντέλο παροτρύνει τους έφηβους να πάρουν συγκεκριμένους ρόλους κατά τη δημιουργική διαδικασία της σύνθεσης: ρόλους όπως αυτός του εκτελεστή, του μουσικού, του στιχουργού, του παραγωγού, του κινηματογραφιστή και του καλλιτέχνη.

Στο κεφάλαιο δέκα, μέσα από τη μελέτη περίπτωσης μιας έφηβης με νευρική ανορεξία και ενός εφήβου με προβλήματα σχολικής συμπεριφοράς, αποτυπώνεται η σχέση των εφήβων με το συγκεκριμένο είδος μουσικής, οι προκλήσεις που εμφανίζονται κατά τη θεραπευτική διαδικασία και το πώς η ραπ μπορεί να συνεισφέρει στη διαμόρφωση μιας υγιούς ταυτότητας για τους έφηβους.

Στο ενδέκατο κεφάλαιο παρουσιάζεται η κλινική δουλειά δύο μουσικοθεραπευτών σε μία κοινότητα της Νοτίου Αφρικής με ισχυρά κατάλοιπα ρατσισμού, καταπίεσης και φτώχειας. Στόχος της θεραπευτικής παρέμβασης ήταν να καταθέσουν οι νέοι τις ιστορίες τους και τα όνειρά τους για το μέλλον τους με τη βοήθεια της ραπ.

Στο κεφάλαιο δώδεκα ο μουσικοθεραπευτής Aaron Lightstone μοιράζεται κάποια από τα ερευνητικά πορίσματα της μεταπτυχιακής του διατριβής που σχετίζονται με τις θεραπευτικές δυνατότητες που μπορεί να έχει η διαδικασία παραγωγής και εγγραφής της ραπ μουσικής. Επίσης, γίνεται μια προσπάθεια καταγραφής και κατηγοριοποίησης ραπ τραγουδιών ανάλογα με το νόημα που περικλείουν σε μια προσπάθεια κατανόησης της σχέσης των εφήβων και της ραπ μουσικής.

Στο δέκατο τρίτο κεφάλαιο παρουσιάζεται ένα πιλοτικό υποστηρικτικό πρόγραμμα μουσικοθεραπείας διάρκειας δέκα εβδομάδων σε ένα κέντρο κράτησης εφήβων. Το πρόγραμμα περιλάμβανε τη χρήση ραπ μουσικής, τη σύνθεση ραπ τραγουδιών και τη χρήση αφρικάνικων κρουστών και blues αυτοσχεδιασμών.

Στο κεφάλαιο δεκατέσσερα παρουσιάζεται η κλινική δουλειά με έφηβους που εμφανίζουν στοιχεία παραβατικής συμπεριφοράς. Η προσέγγισή των εφήβων βασίστηκε στην επιλογή και ακρόαση ραπ αποσπασμάτων και στην εμφάνιση και ανάλυση των στίχων. Επίσης, η μουσικοθεραπεύτρια Amy Donnwerth υπογραμμίζει κάποια σημαντικά θέματα στα οποία θα πρέπει να εστιάσουν οι μουσικοθεραπευτές που δεν έχουν οικειότητα με τη χιπ χοπ κουλτούρα και προέρχονται από μια κλασική μουσική εκπαίδευση.

Το τελευταίο μέρος του βιβλίου περιλαμβάνει συγκεκριμένα κλινικά παραδείγματα από διαφορετικά κλινικά πλαίσια, και αναφέρεται στη χρήση της ραπ μουσικής με πελάτες διαφορετικών ηλικιών. Στο κεφάλαιο δεκαπέντε ο κοινωνικός λειτουργός Edgar Tyson παρουσιάζει το μοντέλο *Hip-Hop Therapy (H2T)* που έχει αναπτύξει ο ίδιος. Μέσα από τη μελέτη περίπτωσης ενός εφήβου με προβλήματα συμπεριφοράς λόγω θανάτου του πατέρα του, παρουσιάζει τη λειτουργία του μοντέλου του, το οποίο βασίζεται εξ ολοκλήρου στη χρήση ραπ μουσικής και εστιάζει την προσοχή των αναγνωστών σε κάποιους περιορισμούς που μπορεί να επιφέρει η χρήση της ραπ κατά τη θεραπευτική διαδικασία.

Στο κεφάλαιο δεκαέξι, γίνεται αναφορά σε συγκεκριμένα κλινικά παραδείγματα από ένα νοσοκομειακό πλαίσιο. Εδώ η χρήση της ραπ μουσικής και του χιπ χοπ έδωσε την ευκαιρία στους έφηβους με προβλήματα υγείας να κατανοήσουν και να εκφράσουν τα προβλήματα που αντιμετωπίζουν ως έφηβοι και όχι ως παιδιά, όπως τείνουν να τους αντιμετωπίζουν στο νοσοκομειακό χώρο.

Το κεφάλαιο δεκαεπτά εξετάζει τη χρήση της ραπ σε ένα πλαίσιο απεξάρτησης. Οι μουσικοθεραπευτές αναφέρονται στη στενή σχέση της ραπ μουσικής με τη χρήση εξαρτησιογόνων ουσιών και διερευνούν το πώς τελικά μπορεί η ραπ μουσική να χρησιμοποιηθεί ως ένα κατάλληλο θεραπευτικό εργαλείο. Στο δέκατο όγδοο κεφάλαιο δίνονται δύο διαφορετικά κλινικά παραδείγματα από συνεδρίες που περιλάμβαναν τη σύνθεση χιπ χοπ τραγουδιών με άτομα με καρκίνο, τα οποία αποδεικνύουν ότι η ραπ μουσική μπορεί να προσεγγίσει τον καθένα, ανεξαρτήτου ηλικίας και βιωμάτων. Στο τελευταίο κεφάλαιο παρουσιάζεται η μελέτη περίπτωσης ενός νεαρού ενήλικα με προβλήματα συμπεριφοράς, επιθετικότητα και ακατάλληλη σεξουαλική συμπεριφορά προς τους άλλους, και περιγράφεται

το πώς η μακροχρόνια θεραπευτική πορεία τον βοήθησε στη μετάβασή του από την ψυχιατρική κλινική στην κοινότητα.

Το βιβλίο αυτό αναδεικνύει και αποδεικνύει τη σημαντικότητα της χρήσης της ραπ και του χιπ χοπ ως θεραπευτικών εργαλείων. Τα άρθρα που περιλαμβάνονται στο βιβλίο προσφέρουν μια λεπτομερειακή ανάλυση των κυρίαρχων στοιχείων που συνθέτουν την χιπ χοπ κουλτούρα, ενθαρρύνουν τη χρήση της ραπ σε διαφορετικά κλινικά πλαίσια και περιγράφουν τον τρόπο με τον οποίο μπορεί αυτό να γίνει εφικτό. Επίσης, θεωρώ ότι η κατανόηση και αποδοχή της χιπ χοπ κουλτούρας συνεπάγεται την κατανόηση και αποδοχή των ανθρώπων που εμπλέκονται ενεργά σε αυτήν, δηλαδή, κατά κύριο λόγο, των εφήβων. Ωστόσο, πέρα από την κλινική χρήση της ραπ και του χιπ χοπ, θεωρώ ότι το βιβλίο αυτό μπορεί να λειτουργήσει και ως πηγή έμπνευσης και καθοδήγησης για επαγγελματίες από διάφορους εργασιακούς χώρους όπως μουσικούς, ψυχολόγους, εκπαιδευτικούς, εμψυχωτές, παιδαγωγούς, καλλιτέχνες, οι οποίοι εμπλέκονται και συνδιαλέγονται με ανθρώπους διαφόρων ηλικιών.

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Book Review

Guitar Skills for Music Therapists and Music Educators

Peter Meyer, Jessica De Villers & Erin Ebnet

Reviewed by Bob Heath

Guitar Skills for Music Therapists and Music Educators

Peter Meyer, Jessica De Villers & Erin Ebnet

Gilsum, NH: Barcelona Publishers (2010)
148 pp., ISBN: 978-1-8912785-6-3



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Writing a review of *Guitar Skills for Music Therapists and Music Educators* presents me with an immediate dilemma. It is not really a book about applying guitar skills specifically to music therapy or music education at all, but it is an excellent guitar manual for anyone wishing to learn how to play and to develop their skills. The book is accompanied by an excellent DVD which further supports its strength as a comprehensive tutorial.

The first chapters lead the reader from the very basics of understanding how the instrument works, the layout of the finger board, notation and tablature, through to the construction of chords, some nice ideas on simple embellishments and strumming and muting techniques. The lessons and exercises are laid out well and easy to read and the DVD presentations to accompany these chapters are well paced, practical and easy to follow.

Chapters three and four continue in this well-presented style with good examples of fingerpicking and flatpicking approaches. Again, the DVD examples help the reader to work through the exercises with useful tips on how to overcome early difficulties.

Chapters five and six continue in the same vein, introducing the reader to more tricky skills such as barre chords and power chords. As with the previous chapters they are well presented and easy to understand. Chapter seven introduces the reader to a range of standard blues formats, always an essential part of any self-respecting guitarist's repertoire and finishes with an introduction to approaches to playing lead guitar solos with some useful insights into using the pentatonic scale.

It is in chapter eight that the writers begin to make a more direct link with music therapy by

discussing modes and laying out some ground rules for improvisation. They also introduce the reader to open tunings, concentrating on open D and G, using a slide and exploring some classic genres with examples from legends such as Elmore James and Muddy Waters. The chapter closes with some nice examples of opening the instrument up a little more by using both hands, percussion and hammer on techniques. Again, the layout is good, the examples are easy to follow and the DVD presentation is clear and helpful.

The following two chapters concentrate on developing playing skills with a focus on jazz and funk techniques. It is nice here to see the introduction of electric guitar in the DVD and, I know I am repeating myself, the whole thing is presented in an easy to follow format. The final chapter on maintenance is a helpful guide to taking care of the instrument and changing strings.

So there it is in a nutshell, a well-prepared and presented guitar manual that I would recommend to anyone wanting to learn how to play the guitar and develop an early repertoire. As a tutorial it really is great.

Now back to my dilemma: I can't help wondering why the authors called it a book for music therapists and educators when it is really a book for anyone who wants to learn how to play. The *Music Therapy Techniques* chapter hints at improvisation and does introduce the reader to open tunings but does not really do much to help develop the reader's understanding of the more explicit application of these approaches in music therapy. I would have expected to see a far wider exploration of open tunings, (DADGAD is such a useful tuning in therapy sessions) and the possibilities they offer to both clients and therapists. I would also have liked to have seen a much more in-depth examination of simple one-chord shape approaches that can enable music therapists to take the focus off their fingers and apply all their attention to their clients. A wider discussion of genres, not only on how to play them but why they are important in therapy could have helped to embed the book within a much more therapeutic context. Some simple tips on using the guitar to help music therapy clients begin writing songs would have been great too.

Guitar Skills for Music Therapists and Music Educators is not a book about how to apply guitar skills as a music therapist or an educator. It is however, an excellent guitar manual and anyone wishing to learn how to play and develop their skills should invest in a copy; it's great.

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Βιβλιοκριτική

Παιδιά του Τόπου μας που Έρχονται από τα Ξένα Marie Rose Moro

Από τη Στέλλα Κολυβοπούλου

Enfants d'Ici venus d'ailleurs

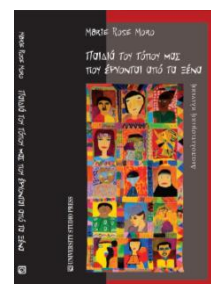
Marie Rose Moro

Editions La Decouverte (2002)

Ελληνική Μετάφραση: Ν. Ζηλίκης & Χ. Κουμεντάκης

Θεσσαλονίκη: University Studio Press (2013)

228 σσ., ISBN: 978-960-12-2133-5



Η **Στέλλα Κολυβοπούλου** είναι ψυχολόγος με μεταπτυχιακές σπουδές στις Ψυχαναλυτικές Σπουδές (Goldsmith's College, University of London), στην Ψυχοθεραπεία μέσω Κίνησης (Goldsmith's College, University of London), και δίπλωμα πάνω στην Εργοθεραπεία με κατεύθυνση Μουσικοθεραπείας (University of Middlesex). Έχει δουλέψει για τέσσερα χρόνια ως εκπαιδευόμενη ψυχολόγος και ψυχοθεραπεύτρια μέσω κίνησης στη γενική και ειδική αγωγή πρωτοβάθμιας εκπαίδευσης στο Λονδίνο και σε ψυχιατρική κλινική του Βρετανικού Εθνικού Συστήματος Υγείας. Τα τελευταία επτά χρόνια ζει και εργάζεται στην Ελλάδα ως ψυχολόγος και ως ψυχοθεραπεύτρια μέσω κίνησης με ενήλικες και παιδιά. Το 2009 συμμετείχε στη Διεπιστημονική Ομάδα της Μονάδας Εφήβων, του Πανεπιστημιακού Νοσοκομείου ΑΧΕΠΑ, Θεσσαλονίκης μέσω επιδοτούμενου προγράμματος του Ιδρύματος Σταύρος Νιάρχος. Από το 2010 είναι επιστημονικός συνεργάτης της συγκεκριμένης Μονάδας. Διδάσκει και συμμετέχει σε σεμινάρια της Εταιρείας Αρωγής Ψυχικής Υγείας, Κοινωνικής Στήριξης, Εκπαίδευσης και Δημιουργίας “Ψυχολογία – Τέχνη” στη Θεσσαλονίκη.

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«Θα ξεκινήσουμε με την αφήγηση μιας νέας γυναίκας: Είμαι έξι χρονών, ο πατέρας μου με πηγαίνει στο σχολείο. Είναι η πρώτη μου χρονιά, μπαίνω στην πρώτη τάξη. Ως τότε η μητέρα μου προτιμούσε να με κρατά κοντά της: καταλαβαίνω, δε μιλάει γαλλικά, είναι δύσκολο να βγει να κάνει ψώνια από τη στιγμή που δε μιλάει γαλλικά. Πρώτη ώρα μέσα στη τάξη: η δασκάλα σηκώνεται και λέει κάτι που δεν καταλαβαίνω. Όλα τα παιδιά τρέχουν προς το ίδιο αντικείμενο. Ακολουθώ χωρίς να καταλαβαίνω. Λέει κάτι άλλο. Ίδια κίνηση προς ένα άλλο αντικείμενο. Ακολουθώ πάλι, αλλά πιο αργά. Δεν καταλαβαίνω. Η δασκάλα ξαναρχίζει... Αυτή τη φορά πάει πολύ μένω

ακίνητη. Με πλησιάζει, λέει κάτι που διαισθάνομαι ως βίαιο· κάθομαι στο πάτωμα, θυμώνει και φωνάζει δυνατά, πολύ δυνατά, απευθυνόμενη στα άλλα παιδιά... Νιώθω ταπεινωμένη, παγωμένη, θα ήθελα να εξαφανιστώ, ή καλύτερα, να γυρίσω στο σπίτι μου, κοντά στη μητέρα μου» (σ. 23).

Διαβάζω αυτές τις λέξεις, διαβάζω αυτό το βιβλίο *Παιδιά του Τόπου μας που Έρχονται από τα Ξένα* και πολλές φορές σε συγκεκριμένα σημεία πιάνω τον εαυτό μου να κινείται, να αλλάζει θέση. Νιώθω το σώμα μου να μη βολεύεται στη θέση που το έχω τοποθετήσει. Έπειτα αρχίζει να κλαίει, μετά

να σταματάει και να σηκώνεται... το σώμα... να φοβάται να συνεχίσει γιατί θα ξεβολευτεί από τη θέση που το έχω τοποθετήσει, από τη θέση που ξέρει τόσα χρόνια. «Τι έγινε; Τι με τρόμαξε; Ποια δικά μου κομμάτια άγγιξε;» αναρωτιέμαι. Δίνω χρόνο στον εαυτό μου για να χωνευτούν αυτά που αισθάνομαι. Αργότερα προχωρώ και οι σελίδες γυρνούν η μια μετά την άλλη. Προσπαθώ να βρω έναν τρόπο να συνδεθώ με το βιβλίο, να βρω αυτόν τον ενδιάμεσο χώρο που θα με φέρει πιο κοντά και θα με βοηθήσει να δω αυτό που είπε ο δάσκαλος της Moro, ο Serge Lebonici: «αυτό που έχει σημασία είναι να φτιάξουμε ένα παιχνίδι μαζί» (σ. 93). Τι συμβαίνει όμως όταν δεν μπορούμε να παίξουμε; Τι συμβαίνει όταν αυτό το δημιουργικό «παιχνίδι», αυτή η βασική μορφή ζωής δεν έχει χώρο να αναπτυχθεί; Τι συμβαίνει μέσα σε αυτή τη σχέση; Μέσα στη σχέση δασκάλου και παιδιού μετανάστη, μέσα στη σχέση γονέων και παιδιών μεταναστών, μέσα στη σχέση θεραπευτή και παιδιού μετανάστη, θεραπευτή και γονέα, μέσα στη σχέση ανθρώπου με άνθρωπο, με έναν Άλλον, με έναν «ξένο», με ένα δικό μας «ξένο». Αυτό που είναι ανοίκειο ('uncanny' κατά τον Freud) σε εμάς, αυτό που δεν μπορούμε να επεξεργαστούμε, αυτό που δεν μπορεί να συμφιλωθεί, αυτό το ξένο που δεν προσπαθούμε να το γνωρίσουμε, που τρέχουμε και το βάζουμε στα πόδια, που θυμώνουμε και το βρίσκουμε, το χτυπάμε, το δείχνουμε, το κοιτάμε με απορία, το παρατάμε και δεν του δίνουμε σημασία... Μια επιθετικότητα λοιπόν εναντίον της ύπαρξης του άλλου, προς το μη-οικείο, του τρομακτικού και σκοτεινού χώρου, αυτού του χώρου όπου ο Freud αποδεικνύει ότι «ο Άλλος είναι το δικό μου ασυνείδητο» (Freud 1919). Η Moro, παραθέτοντας από το έργο της Kristeva *Etrangers à nous-mêmes*, μας θυμίζει ότι

«το αρχαϊκό, ναρκισσιστικό Εγώ, το οποίο δεν έχει ακόμη οριοθετηθεί σε σχέση με τον εξωτερικό κόσμο, προβάλλει έξω από τον εαυτό του εκείνο που νιώθει μέσα του ως επικίνδυνο ή ως δυσάρεστο αυτό καθεαυτό, για να δημιουργήσει ένα αντίγραφο ξένο, ανησυχητικό, δαιμονικό. Ο ξένος εμφανίζεται τότε ως μια άμυνα ενός Εγώ σε αδιέξοδο, το οποίο προστατεύεται υποκαθιστώντας την εικόνα ενός καλοπροαίρετου αντίγραφου που αρκούσε πριν για να το προστατεύσει, με μια εικόνα κακόβολου ομοιώματος, στο οποίο θα αποβάλει την καταστροφική πλευρά που δεν μπορεί να συγκρατήσει» (σσ. 48-49).

Έτσι, αυτό το «ξένο», το μη-οικείο μένει ακίνητο, όπως το κοριτσάκι στο παραπάνω κλινικό παράδειγμα που μοιάζει να μένει ακίνητο όταν συνειδητοποιεί ότι δεν καταλαβαίνει ούτε τη

γλώσσα του «έξω» ούτε τη γλώσσα του «μέσα», αυτήν της οικογένειάς της, την εσωτερικευμένη γλώσσα: η δασκάλα «με πλησιάζει, λέει κάτι που διαισθάνομαι ως βίαιο... Νιώθω ταπεινωμένη, παγωμένη, θα ήθελα να εξαφανιστώ, ή καλύτερα, να γυρίσω στο σπίτι μου, κοντά στη μητέρα μου». Όπως και η δασκάλα μοιάζει να παραμένει ακίνητη στις απόψεις της, στις αντιλήψεις της, στην κουλτούρα της, στις αξίες της, στα δικά της ανεπεξέργαστα κομμάτια της, στα «άγνωστα» κομμάτια της που τη δυσκολεύουν να συν-κατασκευάσει, να συν-δημιουργήσει έναν «ενδιάμεσο χώρο βιώματος» (Winnicott 1971). Για να μπορέσει όμως να υπάρξει αυτός ο δυνητικός χώρος με τους άλλους, όσο αφορά τους μετανάστες «έχει σημασία» να αναγνωρίσουμε «το πώς τους βλέπουμε και το πώς φτιάχνουμε μέσα μας την ιστορία αυτών των ανθρώπων. Πριν απ' όλα, λοιπόν, αυτό που έχει σημασία είναι η δική μας εσωτερική τοποθέτηση...» (σ. 114).

Το βιβλίο αυτό της Marie Rose Moro μας δίνει τη δυνατότητα να σκεφτούμε, ώστε να δημιουργηθούν σκέψεις οι οποίες μπορούν να οδηγήσουν τον καθένα από εμάς σε έναν περαιτέρω εποικοδομητικό προβληματισμό. Ως ψυχολόγος και ως ψυχοθεραπεύτρια μέσω κίνησης βρίσκω αυτό το βιβλίο εξαιρετικό και αρκετά βοηθητικό για τους θεραπευτές μέσω τεχνών (ψυχοθεραπευτές μέσω κίνησης, μουσικοθεραπευτές, δραματοθεραπευτές και εικαστικούς θεραπευτές). Οι θεραπείες μέσω τεχνών είναι προσεγγίσεις που επιτρέπουν στο άτομο τη συναισθηματική κατανόηση των εσωτερικευμένων σχέσεων μέσα από τις διαδικασίες κινητικών σχημάτων – στατικών και μη - (ψυχοθεραπεία μέσω κίνησης), μουσικής (μουσικοθεραπεία), ρόλων (δραματοθεραπεία) και εικαστικών παραγωγών (εικαστική θεραπεία). Μέσα από αυτές τις μεθόδους το άτομο μεταφέρει τους ασυνείδητους συμβολισμούς της ψυχικής του κατάστασης. Όπως ο θεραπευόμενος έτσι και ο θεραπευτής μεταφέρει στον ενδιάμεσο χώρο – στο μεταξύ τους – τα δικά του ανεπεξέργαστα κομμάτια. Ο Money-Kyrle (1956) επισήμανε ότι το υλικό του θεραπευόμενου όχι μόνο προβάλλεται στο θεραπευτή, αλλά αν ο θεραπευτής δεν έχει δουλέψει τις δικές του συγκρούσεις, τότε το υλικό του θεραπευόμενου επηρεάζει το θεραπευτή. Για τον Money-Kyrle υπάρχουν τρεις παράγοντες που πρέπει να λάβει υπόψη του ο αναλυτής: τη συναισθηματική του αναστάτωση, το βαθμό στον οποίο την προκαλεί ο θεραπευόμενος και την επίδραση που έχει αυτός ο βαθμός αναστάτωσης στο θεραπευτή. Παρ' όλα αυτά, αυτό που είναι πιο σημαντικό σύμφωνα με τον Searles (1963) είναι ότι ο αναλυτής πρέπει να αναλάβει τη δική του ευθύνη σχετικά με τα δικά του συναισθήματα μίσους,

σαδισμού¹, αδυναμίας και ούτω καθεξής, και να μη τα χρεώνει στο θεραπευόμενο ή στην ταύτιση του θεραπευόμενου με τους «διωκτικούς» γονείς. Ο θεραπευτής λοιπόν είναι υποχρεωμένος να δουλέψει και να αναλύσει στην εποπτεία και στη προσωπική του θεραπεία τα θέματα μεταβίβασης και αντιμεταβίβασης που προκύπτουν κατά τη διάρκεια των θεραπευτικών συνεδριών. Ιδιαίτερη σημασία, όμως, πρέπει να δώσει ο θεραπευτής στην αντιμεταβίβαση που έχει πολιτισμική διάσταση, αυτήν που η Moro αναφέρει στο βιβλίο της ως «πολιτισμική αντιμεταβίβαση» (σ. 200). Αυτή

«...αφορά τον τρόπο με τον οποίο ο θεραπευτής τοποθετείται σε σχέση με την ετερότητα του ασθενή, σε σχέση με τους τρόπους με τους οποίους ενεργεί, σκέφτεται την αρρώστια του, σε σχέση με οτιδήποτε συνιστά το πολιτισμικό είναι του ασθενή... Η πολιτισμική μεταβίβαση και αντιμεταβίβαση δανείζονται επίσης στοιχεία από την ιστορία, την πολιτική, τη γεωγραφία... Ο ασθενής, όπως και ο θεραπευτής, έχουν τις δικές τους πολιτισμικές και άλλες εντάξεις και εγγραφές σε συλλογικές ιστορίες, οι οποίες διαποτίζουν τις αντιδράσεις τους, και τις οποίες πρέπει να συνειδητοποιούν. Χωρίς την ανάλυση αυτής της πολιτισμικής αντιμεταβίβασης, κινδυνεύουμε να περάσουμε σε εκδραματίσεις επιθετικές, συναισθηματικές, ρατσιστικές...» (σ. 201).

Μέσα λοιπόν από το θεωρητικό προβληματισμό που, όπως διατυπώνει η Moro στο βιβλίο της, «πηγάει από την καθημερινή πρακτική»² μπορούν να προκύψουν πλούσιες εσωτερικές εμπειρίες σχετικά με το πώς μπορούμε να καταλάβουμε, να αναγνωρίσουμε, να θεραπεύσουμε ή να διαπαιδαγωγήσουμε τα παιδιά που έρχονται από τα ξένα, τα παιδιά που μεγάλωσαν ή/και μετανάστευσαν στη χώρα «της ξενιτιάς των γονέων τους», αλλά και την οικογένειά τους με άλλα πολιτισμικά ήθη και έθιμα. Αυτές είναι εμπειρίες που πολλοί από εμάς έχουμε βιώσει, παραλείποντας όμως πολλές φορές τις πολιτισμικές διαφορές και αγνοώντας τα ψυχικά τραύματα αυτών των ανθρώπων. Η Moro λοιπόν ακολουθεί, υποστηρίζει και ενσωματώνει τόσο στην κλινική της εργασία όσο και στο συγκεκριμένο βιβλίο την προσέγγιση του Devereux, την *εθνοψυχανάλυση* (ethnopsychanalyse). Για την ίδια

«η εθνοψυχανάλυση αποτελεί μια ψυχοθεραπευτική πρακτική με ψυχαναλυτικό προσανατολισμό, που στην κατανόηση και στη λύση των ψυχικών συγκρούσεων ενσωματώνει τα ιδιαίτερα πολιτισμικά δεδομένα του ασθενή με συμπληρωματικό τρόπο, δηλαδή υποχρεωτικό αλλά όχι ταυτόχρονο. Η εθνοψυχανάλυση είναι πάνω απ' όλα μια πραγματικότητα του δεσμού, της πολλαπλότητας και της ποικιλομορφίας, που φωτίζει με διαφορετικό τρόπο τα ζητήματα της ταυτότητας τα οποία τίθενται στην κοινωνία μας και κατ' επέκταση στο σχολείο και στο σύστημα υγείας. Ακριβώς για να ξεφύγουμε από μια κακώς τοποθετημένη συζήτηση πάνω στην εθνοψυχανάλυση, προτείνουμε τον όρο *διαπολιτισμική κλινική* [clinique transculturelle], ο οποίος διευρύνει την προοπτική της και την εντάσσει σε έναν διάλογο με τις άλλες επιστήμες και με ολόκληρη την κοινωνία» (σ. 43).

Επιπλέον, ως θεραπευτές μοιάζει κάποιες φορές να αγνοούμε ότι ο ανθρώπινος ψυχισμός έχει μια υπόσταση «ψυχικής παγκοσμιότητας» ή αλλιώς ότι υπάρχει μια «θεμελιώδης ενότητα στον ανθρώπινο ψυχισμό», όπως αναφέρει η Moro παραπέμποντάς μας στο έργο του Devereux *Essais d'ethnopsychiatrie générale* (σ. 194). Τόσο η πραγματική εγκατάλειψη της χώρας όσο και η συμβολική «εγκατάλειψη» του δικού μας χώρου, σωματικού και ψυχικού, μοιάζουν να έχουν την ίδια ψυχική υπόσταση: τον τρόπο που σκέφτεται ο άνθρωπος και τον τρόπο που ζει. Σύμφωνα με τη Moro:

«στη μετανάστευση το σώμα προωθείται προς τα εμπρός, προς τα έξω, προς το καινούριο κόσμο, και η ψυχή, πίσω του, στριφογυρνάει, προχωρά και μετά σταματά, μένει μετέωρη, σαν να φοβάται τη συνάντηση, μετά συνεχίζει τον δρόμο της, πρέπει να ακολουθήσει το σώμα. Κάποιες φορές, σ' αυτή την πορεία, χάνεται. Στην κίνηση αυτή ένα σημείο παραμένει σταθερό: το σώμα, το οποίο κάποιες φορές υποφέρει και επαναστατεί» (σ. 193).

Όπως λοιπόν υπάρχει η «ψυχική παγκοσμιότητα», έτσι υπάρχει και η παγκοσμιότητα της έκφρασης. Το σώμα γίνεται το διαμεσολαβητικό μέσο για να εκφράσει μέσω της «τέχνης» αυτό που δε μιλιέται (unspeakable), το τραύμα του ανθρώπου.

Έτσι, το βιβλίο της Moro βοηθάει εμάς τους θεραπευτές μέσω τεχνών να βρούμε τρόπους για να υπάρξει διάλογος, να υπάρξει μια πραγματική συνάντηση και ευκαιρία να αλλάξουν οι εσωτερικευμένες σχέσεις μέσα από τη συνδιαλλαγή με τον Άλλον. Μπορεί να μας βοηθήσει «να πάμε πέρα από τις δικές μας αναφορές, να μπορούμε στη θέση αυτού που μιλά και να δεχτούμε να τον κατανοήσουμε με βάση τις δικές του λογικές (πολιτισμικές και ψυχολογικές), αυτά είναι τα συστατικά της κατασκευής μιας καινούριας εσωτερικής αποκεντρωμένης στάσης» (σ. 44). Το

¹ Ψυχαναλυτικός όρος που αναφέρεται στο πάθος να έχει κανείς απόλυτο και απεριόριστο έλεγχο πάνω σε ένα άτομο.

² Η ίδια αναφέρεται στην πλούσια κλινική εμπειρία της από τη διαπολιτισμική ψυχιατρική υπηρεσία του Νοσοκομείου Avicenne στο Παρίσι.

βιβλίο μιλάει ακόμα για ζητήματα ταυτότητας, για το δεσμό, για τις σχέσεις των δασκάλων και των θεραπειών με τα παιδιά και τους γονείς που μετανάστευσαν στη Γαλλία, τη δυσκολία των μεταναστών με το ρατσισμό που αντιμετωπίζουν στη χώρα, για τη βιαιότητα σε θέματα ταυτότητας και διαφορών, για τη σχολική αποτυχία και για την εφηβεία των παιδιών Μιγάδων. Μέσα από πλούσια κλινικά παραδείγματα μοιάζει να μας βάζει σε σκέψεις για το πώς εμείς οι ίδιοι μπορούμε να τροποποιήσουμε τις αντιλήψεις μας και τις αναπαραστάσεις μας για να «θεραπεύσουμε» με διαφορετικό τρόπο. Για να μπορέσουμε να αναγνωρίσουμε και να δούμε τη μοναδικότητα του παιδιού και του γονέα, για να μπορέσουμε να συν-κατασκευάσουμε και να συν-δημιουργήσουμε όλοι μαζί πρέπει να αναγνωρίσουμε το πολιτισμό τους, να είμαστε ανοιχτοί να δεχθούμε τον Άλλον, αυτόν τον «ξένο» που έρχεται από μέσα μας.

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Conference Report

Rethinking Interdisciplinary Collaboration: Towards New Ethical Paradigms in Music and Health Research

Niall Mc Guigan

**Rethinking Interdisciplinary Collaboration:
Towards New Ethical Paradigms in Music and Health Research**

19 October 2013, Goldsmiths College, London, United Kingdom

Goldsmiths College, University of London
British Forum for Ethnomusicology (BFE)
Society for Education and Music Psychology Research (SEMPRE)

Goldsmiths
UNIVERSITY OF LONDON

sempre:

Society for Education, Music
and Psychology Research



Niall Mc Guigan is an MA graduate of Ethnomusicology, Goldsmiths University London. He has previously completed a BA in Applied Music at Dundalk Institute of Technology, Ireland. His recent research projects, with a special interest in medical ethnomusicology include ethnographic and phenomenological accounts of sound healing groups in London and neo-shamanic rituals in Europe involving altered states, music and healing. Currently he is perusing the possibility of completing an MA in music therapy at Limerick University Ireland with focus on future interdisciplinary research related to music and healthcare.

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This report is a summary of the one-day interdisciplinary conference supported by the Society for Education, Music, and Psychology (SEMPRE) and the British Forum for Ethnomusicology (BFE) which was held at Goldsmiths University (London, UK) on the 19th October 2013. The conference programme brought together a variety of research departments within Goldsmiths University including the Music, Mind and Brain Centre, Psychology Department, and the Music Department. Panels were deliberately formed of music therapists, music psychologists and ethnomusicologists to ensure cross-disciplinary debate. Appropriate themes were selected to enhance discussion coherence. All speakers and chairs had been asked in advance to prepare presentations which were intelligible to non-expert

audiences and to ensure papers addressed the allocated themes. The embodiment of musical experience was included through two workshops: one by Catherine Pestano, Natural Voice Practitioners' Network and one by Kate Binnie, music therapist and yoga practitioner. These workshops highlighted the practical aspects of music, health and wellbeing, areas which are sometimes neglected in the academic setting.

The conference opened with papers relating to the theme of *Music, Stress and Trauma: Biomedical and Social Approaches to Enquiry*. Martin Greve, an ethnomusicologist by training, presented a paper on *Music in Dersim (East-Turkey): Research within a Traumatized Society*. This was followed by ethnomusicologist (and conference chair), Muriel Swijghuisen Reigersberg,

who described the challenges faced by the global music and health movement and the possible methods that can be used to engage with them. Daisy Fancourt provided insights into the emerging field of music and psychoneuroimmunology. The panel discussion then focused on methods of combining bio-medical research with social research in which to encourage a more inclusive attitude.

Inculturation, Enculturation and Musical Wellbeing highlighted the framework for the next three papers of the day. Friederike Haslebeck discussed *Music Therapy in Neonatal Care: Insights into Culturally Appropriate Approaches and Research*. In this presentation, Haslebeck demonstrated musical entrainment through both qualitative and quantitative data which suggested premature babies could be calmed by the effects of hearing simple melodies in an overstimulated and noisy hospital environment. The second and third instalments in this section of the conference were presentations by Mary Haiping Cui, *A Cross Cultural Study of Music Listening Experience, Preference and Health between China and Scotland* and by James Kennaway, *Medicine, Politics and Sexuality in the Invention of the Teenage Music Victim* respectively.

The theme for the next three papers was *Experience, Quantifying Outcomes Ethics and Government Policy/Research Funding*. Kevin O'Shanahan presented his paper, *The Benefit of Participative Music Making on Personal Recovery in Mental Health Care Contexts: An Ethnographic Enquiry*. This paper emphasised the difference between personal and clinical recovery encouraging a bio-psychosocial approach moving from pathology to wellbeing. Gwawr Ifan, a lecturer in music and professional musician, discussed *Developing a Typology of Competencies for Professional Musicians Involved in Music Residency Programmes for People with Dementia*. The research revealed skill sets required of musicians in these settings including a sense of empathy, observation, cultural sensitivity, improvisation, and adaptability. The final paper in this section was presented by Alexis Kirke regarding the *Ethical Issues in Intelligent Directed Media*.

The conference concluded with a panel discussion involving all key speakers. Music therapist Gary Ansdell (Nordoff Robbins Music Therapy) described his collaborative six-year longitudinal ethnographic research titled *Musical Pathways and Mental Health*. Ethnomusicologist Caroline Bithell (University of Manchester) discussed the need to convert ethnographic data into evidence and the ethical imperative to relate

research findings to cross-disciplinary theoretical paradigms. Music psychologist Ian Cross (University of Cambridge) followed on a similar note discussing the paradigmatic and methodological challenges faced before reconciliation between ethnomusicologists and music scientists can occur. In conclusion, music therapist Giorgos Tsiris (Nordoff Robbins Music Therapy and St Christopher's Hospice) posed questions in relation to collaborative research and evaluation: what counts as 'evidence', for whom, and why? Tsiris discussed the development of a research culture within music therapy as a means of enhancing research resources for the profession and to promote the growth of research 'users' and 'doers'. The plenary discussion was summed up by ethnomusicologist Kathleen J. Van Buren.

Having recently completed an MA in Ethnomusicology, where I developed a key interest in medical ethnomusicology, I found the conference underlined the need for further collaboration between science and the humanities endorsing both positivist and humanistic/holistic approaches to music, health, and wellbeing. From an ethnomusicological perspective I was left with a sense that there seems to be a positive cultural shift in the way we perceive music, health and wellbeing in western society.

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Νέες Δημοσιεύσεις στην Ελλάδα (2013-2014)

New Publications in Greece (2013-2014)

Συλλέχθηκαν από τον Γιώργο Τσίρη

Compiled by Giorgos Tsisiris

Η ενότητα *Νέες Δημοσιεύσεις στην Ελλάδα* στοχεύει στην ενημέρωση του αναγνωστικού κοινού για την τρέχουσα ελληνική βιβλιογραφία σχετικά με τη μουσικοθεραπεία, την ειδική μουσική παιδαγωγική και άλλα συγγενή επιστημονικά πεδία.

Η ενότητα αυτή περιλαμβάνει δημοσιεύσεις βιβλίων, πρακτικών από συνέδρια, κεφαλαίων και άρθρων που έχουν δημοσιευτεί στην Ελλάδα κατά το τρέχον και το προηγούμενο χρονολογικό έτος. Περιλαμβάνονται κείμενα γραμμένα στην ελληνική γλώσσα, καθώς επίσης και αγγλικά κείμενα τα οποία έχουν δημοσιευτεί σε ελληνικές πηγές (όπως ελληνικά βιβλία, πρακτικά και περιοδικά).

Η ενότητα αυτή δημοσιεύεται στον πρώτο αριθμό κάθε τεύχους του περιοδικού. Συγγραφείς, ερευνητές και άλλοι ενδιαφερόμενοι είναι ευπρόσδεκτοι να στείλουν στον Αρχισυντάκτη (approaches.editor@gmail.com) σχετικές παραπομπές δημοσιεύσεων ώστε να συμπεριληφθούν στο επόμενο εαρινό τεύχος του περιοδικού.

The section *New Publications in Greece* aims to raise the readership's awareness of the current Greek literature regarding music therapy, special music education and other related fields.

This section includes publications of books, conference proceedings, chapters and articles that have been published in Greece during the current and previous calendar year. It includes texts written in Greek language, as well as English texts which have been published in Greek sources (e.g., Greek books, proceedings and journals).

This section is published in the first issue of each volume of the journal. Authors, researchers and any interested parties are welcome to send relevant references to publications to the Editor-in-Chief (approaches.editor@gmail.com) so that they can be included in the next journal's Spring issue.



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Προσεχή Δρώμενα

Upcoming Events

Η ενότητα *Προσεχή Δρώμενα* αποσκοπεί στην ενημέρωση του αναγνωστικού κοινού για προσεχή συνέδρια και σεμινάρια σχετικά με τα πεδία της μουσικοθεραπείας και της ειδικής μουσικής παιδαγωγικής. Περιλαμβάνονται ανακοινώσεις για σημαντικά συνέδρια και συμπόσια που διεξάγονται σε διεθνές επίπεδο, ενώ ιδιαίτερη έμφαση δίνεται στο ελληνικό προσκήνιο.

Η ενότητα αυτή λειτουργεί συμπληρωματικά με την αντίστοιχη ιστοσελίδα του *Approaches* όπου προσφέρεται μία πιο πλήρης λίστα δρώμενων: <http://approaches.primarymusic.gr>. Σχετικές πληροφορίες προς δημοσίευση στο *Approaches* μπορούν να στέλνονται στο: approaches.adm2@gmail.com.

The section *Upcoming Events* aims to raise the awareness of readership for forthcoming conferences and seminars related to the fields of music therapy and special music education. It includes announcements of major conferences and symposiums that take place internationally, while particular emphasis is given to events that take place in Greece.

This section complements the relevant webpage of *Approaches* where a more comprehensive list of upcoming events is provided at: <http://approaches.primarymusic.gr>. Relevant information for publication on *Approaches* can be sent to: approaches.adm2@gmail.com.

Meeting of the Creative Arts Therapies



Date: 18-20 July 2014
Place: Aigio, Greece
Organisers: Tasos Babalis, Mirto Lykopoulou, Evangelia Arachovitiy & Vicky Karkou
Information: www.facebook.com/artstherapies & foteini_arts_therapies@yahoo.gr

40th AMTA National Conference



Title: Musicking: In and Beyond Therapy. Turning 40: Evaluate. Explore. Integrate. Celebrate.
Date: 29-30 August 2014
Place: Queensland, Australia
Organisers: Australian Music Therapy Association (AMTA)
Information: www.austmta.org.au/event/amta-national-conference-and-pds-2014

Perspectives on Musical Improvisation II



Date: 9-12 September 2014
Place: Oxford, UK
Organisers: Perspectives on Musical Improvisation (PoMI), University of Oxford, AHRC Research Centre for Musical Performance as Creative Practice
Information: www.music.ox.ac.uk/pomi/welcome.html

Recent Advances in the Science of Singing, Wellbeing and Health



Date: 10 September 2014
Place: London, UK
Organisers: RCM London
Information: www.rcm.ac.uk/events/listings/details/?id=387999

AMTA 2014 Conference



Title: Pursue Your Passion for Music Therapy
Date: 6-9 November 2014
Place: Louisville, KY, USA
Organisers: American Music Therapy Association (AMTA)
Information: www.musictherapy.org/events/amta_2014_conference_pursue_your_passion_for_music_therapy/

The 10th International Symposium on the Philosophy of Music Education



Date: 3-7 June 2015
Place: Frankfurt, Germany
Organisers: International Society for the Philosophy of Music Education
Information: <http://ispme.net/index.php/2015-frankfurt-am-main-germany/>

European Consortium for Arts Therapies Education Conference 2015



Date: 16-19 September 2015
Place: Palermo, Italy
Organisers: European Consortium for Arts Therapies Education (Ecarte)
Information: www.ecarte.info/conference/



Μεταφρασμένες Περιλήψεις Άρθρων

Translated Abstracts of Articles

The Personal Journey of Anthi Agrotou Through the Development of Music Therapy in Cyprus

Anthi Agrotou

Interviewed by Dora Pavlidou

Abstract: This interview focuses on the personal journey of Dr Anthi Agrotou which occurred at a time when music therapy in Cyprus was in the early stages of its development. She describes how she came to the field of music therapy and refers to some milestones in her professional career. At the same time she talks about the resources that she has used and gained during her career, while she offers some suggestions for music therapy's further development in Cyprus.

Keywords: Cyprus; psychodynamic music therapy; experiences; development

Dr Anthi Agrotou received her first degree in Ancient Greek Literature from the University of London and then studied Music Therapy at the University of Roehampton, Surrey. She obtained her PhD from the University of Sheffield, and is a registered music therapy supervisor at the European Music Therapy Confederation. In 2002 she released a documentary entitled *Group Music Therapy with People with Profound Learning Disabilities and their Carers*. She has worked in state schools and institutions abroad and in Cyprus. She taught music therapy at the Catholic University of Leuven, Belgium, at the University of Cyprus and now teaches in the Arte Music Academy.

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Dora Pavlidou is a music therapist and works in Cyprus. She holds an MA in music therapy (Nordoff-Robbins) and a degree in music. Today she is a trainee in the Benenzon method. She is the coordinator of links and upcoming events of *Approaches: Music Therapy & Special Music Education*.

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Το Πρόγραμμα Piano Wizard: Αναπτύσσοντας ένα Μουσικό Πρόγραμμα Διά Βίου Μάθησης για Ηλικιωμένους

Melita Belgrave

Περίληψη: Καθώς ο γηράσκων πληθυσμός συνεχίζει να αυξάνεται, η ανάγκη για μουσικοθεραπευτικά προγράμματα και παρεμβάσεις ευεξίας γίνεται ολοένα και μεγαλύτερη. Προγραμματικά αποτελέσματα, όπως η προώθηση ευκαιριών για τους ηλικιωμένους σχετικά με: 1) τη μάθηση νέων δεξιοτήτων, 2) τη λήψη

αποφάσεων, 3) τη δόμηση του χρόνου μέσω της ανάπτυξης μουσικών δεξιοτήτων, και 4) την κοινωνική αλληλεπίδραση με άλλους, θα πρέπει να αντιμετωπιστούν κατά την ανάπτυξη ενός μουσικοθεραπευτικού προγράμματος ευεξίας. Αυτό το άρθρο καταγράφει την εξέλιξη ενός τέτοιου προγράμματος το οποίο εξετάζει τα παραπάνω προγραμματικά αποτελέσματα ενώ παράλληλα ενισχύει τη γνωστική, ψυχοκοινωνική και σωματική λειτουργία των ηλικιωμένων.

Λέξεις κλειδιά: γήρανση· προγράμματα ευεξίας· μουσικοθεραπεία

Η **Melita Belgrave** ολοκλήρωσε πτυχιакές σπουδές μουσικοθεραπείας στο Michigan State University. Απέκτησε επίσης μεταπτυχιακό στη μουσικοθεραπεία, πιστοποίηση στις μελέτες της γήρανσης, καθώς και διδακτορικό τίτλο στη μουσική εκπαίδευση με έμφαση στη μουσικοθεραπεία στο Florida State University. Έχει εργαστεί ως μουσικοθεραπεύτρια στην ειδική αγωγή, στην ψυχική υγεία, στην αποκατάσταση, στην ανακουφιστική και παρηγορητική φροντίδα, στη γηριατρική, καθώς και σε διαγενεακά πλαίσια. Τα ερευνητικά της ενδιαφέροντα συμπεριλαμβάνουν τη μουσικοθεραπεία με ηλικιωμένους, την ευεξία και τα διαγενεακά πλαίσια. Έχει παρουσιάσει σε περιφερειακά, εθνικά και διεθνή συνέδρια, και οι έρευνές της έχουν δημοσιευτεί σε εθνικά και διεθνή επιστημονικά περιοδικά.

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Μουσική Εκτέλεση και Συμμετοχή: Μια Ποιοτική Μελέτη των Πρακτικών Μουσικής Εκπαίδευσης στην Ψηφιακά Βασισμένη Μουσικοτροπία με Νέους με Σωματικές Αναπηρίες

Bo Nilsson

Περίληψη: Το άρθρο αυτό παρουσιάζει τα αποτελέσματα από μια ερευνητική μελέτη της «Μουσικής Εβδομάδας» ενός εβδομαδιαίου μουσικού προγράμματος που πραγματοποιήθηκε σε ένα Σουηδικό δημόσιο σχολείο δευτεροβάθμιας εκπαίδευσης – ένα οικοτροφείο εκπαίδευσης ενηλίκων Σκανδιναβικού στυλ. Ο στόχος του προγράμματος της Μουσικής Εβδομάδας ήταν η ενθάρρυνση της συμμετοχής νέων με σωματικές αναπηρίες σε μουσικές δραστηριότητες. Ψηφιακές μουσικές ρυθμίσεις χρησιμοποιήθηκαν για την παροχή εργαλείων τόσο για την εκτέλεση, όσο και για τη δημιουργία μουσικής. Το πρόγραμμα της Μουσικής Εβδομάδας ήταν μέρος ενός μεγαλύτερου τριετούς μουσικού προγράμματος.

Ο κύριος σκοπός της παρούσας ερευνητικής μελέτης ήταν τόσο η διερεύνηση της αλληλεπίδρασης και των πρακτικών μουσικής εκπαίδευσης που εφαρμόστηκαν κατά τη διάρκεια της Μουσικής Εβδομάδας, όσο και η διερεύνηση των μουσικών ρυθμίσεων που χρησιμοποιήθηκαν στο πλαίσιο του προγράμματος. Η ερευνητική μέθοδος ήταν εν μέρει εμπνευσμένη από εθνογραφικές μεθόδους. Στη μελέτη εντοπίστηκαν δύο βασικές παραλλαγές της μουσικής διδασκαλίας σε ομάδες: i) διδασκαλία προσανατολισμένη προς τη μουσική εκτέλεση, με σαφή στόχο την εκτέλεση τραγουδιών για ένα κοινό, και ii) διδασκαλία προσανατολισμένη προς τη μουσική συμμετοχή, όπου οι συμμετέχοντες είχαν τη δυνατότητα να εξερευνήσουν το δυναμικό τους σχετικά το παίξιμο και τη δημιουργία μουσικής. Επιπλέον, τα αποτελέσματα δείχνουν ότι οι μουσικές ρυθμίσεις θα πρέπει να εξετάζονται με έναν ολιστικό τρόπο συμπεριλαμβάνοντας διάφορα είδη πόρων: μουσικών, τεχνικών, σωματικών, ψυχολογικών και προσωπικών.

Λέξεις κλειδιά: μουσικοτροπία· μουσική εκπαίδευση· προσβασιμότητα· ψηφιακά μουσικά όργανα· αναπηρία· προαγωγή της υγείας· αλληλεπίδραση· πολιτισμική συνείδηση· νέοι

Ο **Bo Nilsson**, PhD, είναι επίκουρος καθηγητής εκπαίδευσης στο Πανεπιστήμιο του Kristianstad, Σουηδία. Τα ερευνητικά του ενδιαφέροντα συμπεριλαμβάνουν τη μουσική δημιουργικότητα των παιδιών, τη μουσική στην ειδική αγωγή, το δημοφιλή πολιτισμό, και τις τεχνολογίες στη μουσική εκπαίδευση και τη δημόσια υγεία. Έλαβε το διδακτορικό του στη μουσική εκπαίδευση το 2002 από το Malmö Academy of Music του Πανεπιστημίου Lund. Ο Bo διδάσκει και εποπτεύει στο πρόγραμμα Εκπαίδευσης Καθηγητών και στο πρόγραμμα Δημόσιας Υγείας. Δίδαξε μουσική και επιστήμη για πολλά χρόνια στα πλαίσια της

υποχρεωτικής εκπαίδευσης της Σουηδίας και ήταν μέλος της ομάδας εμπειρογνομόνων που συνέταξε το νέο αναλυτικό πρόγραμμα μουσικής για την υποχρεωτική εκπαίδευση στη Σουηδία το 2011.

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Σκιώδης Θλίψη: Εξερευνώντας τη Δεκτικότητα των Πενθούντων Μητέρων Προς τη Μουσικοθεραπεία Μετά από την Αποβολή ή τη Θνησιγένεια

Margaret Broad

Περίληψη: Το πένθος που ακολουθεί την αποβολή ή τη θνησιγένεια μπορεί να είναι μια τραυματική εμπειρία. Κάθε ημέρα στο Ηνωμένο Βασίλειο πεθαίνουν δεκαεπτά μωρά ως αποτέλεσμα θνησιγένειας ή νεογνικού θανάτου, ενώ περίπου μία στις τέσσερις εγκυμοσύνες καταλήγει σε αποβολή. Αυτό το ιδιαίτερο είδος απώλειας διαφέρει από άλλες μορφές πένθους καθώς η θλίψη αφορά μια ζωή η οποία δεν έζησε. Δεν υπάρχουν εμπειρίες ή αναμνήσεις που μοιράστηκαν. Η 'σκιώδης θλίψη' (shadow grief) μπορεί να διαρκέσει για πολλά χρόνια, αλλά, παρά τις πρόσφατες βελτιώσεις στον τομέα της πολιτικής για την υγεία, οι πενθούντες γονείς δεν υποστηρίζονται πάντοτε επαρκώς στο πένθος τους. Μια επισκόπηση της βιβλιογραφίας αναδεικνύει την απουσία της μουσικοθεραπείας σε αυτόν το χώρο.

Ως πρόδρομος για την υλοποίηση κλινικού έργου, οι κύριοι στόχοι αυτής της ποιοτικής μελέτης εφικτότητας ήταν η διερεύνηση των εμπειριών πένθους των μητέρων που έχουν βιώσει απώλεια λόγω θνησιγένειας ή αποβολής, και η μελέτη της δεκτικότητάς τους προς τη μουσικοθεραπεία ως μια πιθανή παρέμβαση για το πένθος. Πραγματοποιήθηκαν ημι-δομημένες συνεντεύξεις με μέλη ενός οργανισμού που υποστηρίζει πενθούντες γονείς. Τα ευρήματα δείχνουν ότι η μουσικοθεραπεία έχει πιθανό πεδίο εφαρμογής στη στήριξη πρόσφατα πενθούντων γονέων, ατόμων που υποβάλλονται σε μια επόμενη εγκυμοσύνη, καθώς και ατόμων που βιώνουν σκιώδη θλίψη ύστερα από μακροχρόνιο πένθος, μέσα από την αλληλεπίδραση με τις υπάρχουσες υποστηρικτικές υπηρεσίες και τη διευκόλυνση των αναγκών υποστήριξης και παρακολούθησης των μελών παρεμφερών οργανισμών.

Λέξεις κλειδιά: μουσικοθεραπεία· αποβολή· θνησιγένεια· πένθος· θλίψη· γονέας· ανάμνηση· υποστήριξη· ποιοτική

Η **Margaret Broad** εντάχθηκε στο προσωπικό του Nordoff-Robbins Music Therapy στη Σκωτία το 2010, αφού ολοκλήρωσε μεταπτυχιακές σπουδές μουσικοθεραπείας στο Queen Margaret University. Επίσης, είναι απόφοιτος του πρώην Royal Scottish Academy of Music and Drama και έχει εκτενή εμπειρία ως μουσικός στην εκκλησία και ως ιδιωτική εκπαιδευτικός. Με έδρα το Tayside, εργάζεται ως μουσικοθεραπεύτρια στην παρηγορητική φροντίδα, και με παιδιά και ενήλικες με ένα εύρος μαθησιακών δυσκολιών, επικοινωνιακών διαταραχών, καθώς και κοινωνικών, συναισθηματικών και συμπεριφορικών δυσκολιών.

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Πληροφορίες και προδιαγραφές

Το [*Approaches: Μουσικοθεραπεία & Ειδική Μουσική Παιδαγωγική*](#) αποτελεί το πρώτο ελληνικό επιστημονικό περιοδικό ανοικτής πρόσβασης το οποίο είναι αφιερωμένο στη μουσικοθεραπεία, στην ειδική μουσική παιδαγωγική, και σε άλλα συγγενή πεδία πρακτικής

Το *Approaches* εκδίδεται δύο φορές το χρόνο σε ηλεκτρονική μορφή και είναι ελεύθερα προσβάσιμο από τον κάθε ενδιαφερόμενο. Πρόκειται για μία πρωτοποριακή δράση στην Ελλάδα η οποία υποστηρίζεται ενεργά από την Ένωση Εκπαιδευτικών Μουσικής Αγωγής Πρωτοβάθμιας Εκπαίδευσης (ΕΕΜΑΠΕ).

Όραμα του *Approaches* είναι η συστηματική ανάπτυξη και προώθηση του επιστημονικού διαλόγου, η γόνιμη σύνδεση της θεωρίας με την πράξη, καθώς και η έγκυρη ενημέρωση του ευρύτερου κοινού μέσα από τη δημοσίευση άρθρων και ερευνών. Μέσα από τον ιστοχώρο του περιοδικού μπορεί ακόμη ο κάθε ενδιαφερόμενος να ενημερώνεται για προσεχή δρώμενα (όπως συνέδρια και σεμινάρια), να αναζητά μία ευρεία γκάμα σχετικών συνδέσμων, καθώς και να εγγραφεί στο mailing list και να λαμβάνει τον Ερμή – το επίσημο newsletter του *Approaches*.

Σας προσκαλούμε να συμβάλετε στην ανάπτυξη του *Approaches* αποστέλλοντας το άρθρο σας προς δημοσίευση (τα άρθρα μπορούν να είναι γραμμένα στην ελληνική ή αγγλική γλώσσα), ή μοιράζοντας τις ιδέες σας μαζί μας. Η αποστολή άρθρων προς δημοσίευση γίνεται μέσω email στον Αρχισυντάκτη: Γιώργος Τσίρης, approaches.editor@gmail.com

Για περισσότερες πληροφορίες σχετικά με τις προδιαγραφές υποβολής άρθρων, την κατοχύρωση πνευματικών δικαιωμάτων, καθώς και τη φιλοσοφία του περιοδικού, επισκεφτείτε τον ιστοχώρο του *Approaches*.

Information and guidelines

[*Approaches: Music Therapy & Special Music Education*](#) is the first Greek peer-reviewed, open access journal which is dedicated to music therapy, special music education and other related fields of practice.

Approaches is a biannual electronic publication and it is accessible to anyone free of charge. It is a pioneer action in Greece which is actively supported by the Greek Association of Primary Music Education Teachers (GAPMET).

The vision of *Approaches* is the systematic development and advance of scientific dialogue, the fertile connection of theory and practice, as well as the information of the broader audience through the publication of articles and research. Through the journal's website everyone can also be informed about upcoming events (e.g. conferences and seminars), search a range of relevant links, as well as register to the mailing list and receive Hermes – the official newsletter of *Approaches*.

We invite you to contribute to the development of *Approaches* by submitting your article for publication (articles can be written in Greek or in English), or sharing your ideas with us. Submission of articles should be made to the Editor-in-Chief by email: Giorgos Tsisiris, approaches.editor@gmail.com

For further information regarding the guidelines for submissions, copyrights, as well as the philosophy of the journal, please visit the website of *Approaches*.