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## Σημείωμα του Επιμελητή Σύνταξης

### Σε Περιόδους Κρίσης: Μουσική, Αγάπη και Ανθρώπινη Ζωή

Γιώργος Τσίρης

Κατά τη διάρκεια προετοιμασίας αυτού του τεύχους του *Approaches*, σημαντικές κοινωνικές, πολιτικές και οικονομικές αλλαγές έχουν διαδραματιστεί όχι μόνο στην Ελλάδα, αλλά και σε άλλες χώρες ανά τον κόσμο, με συχνά δυσμενείς επιπτώσεις στην καθημερινή διαβίωση των ανθρώπων.

Σε περιόδους κρίσης, όπως η σημερινή, το ερώτημα 'ποιος είναι ο εν δυνάμει ρόλος της μουσικής στην ανθρώπινη ζωή;' αποκτά ιδιαίτερη και καίρια σημασία. Τι μπορεί να προσφέρει η μουσική στην προώθηση όχι μόνο της προσωπικής ευεξίας, αλλά και της κοινωνικής ανανέωσης και μεταμόρφωσης; Τι μπορούν να προσφέρουν οι επαγγελματίες μουσικής (όπως μουσικοθεραπευτές, δάσκαλοι μουσικής και άλλοι επαγγελματίες στο πεδίο της μουσικής και υγείας) στις τοπικές κοινότητες εντός των οποίων ζουν και εργάζονται; Σε περιόδους που οι υπάρχουσες κοινωνικές δομές καταλύονται, που τα πολιτικά και οικονομικά συστήματα αποτυγχάνουν, που η ελπίδα, η πίστη και οι κοινωνικοί δεσμοί των ανθρώπων εξασθενούν, τι πραγματικά μπορούν να προσφέρουν οι επαγγελματίες μουσικής;

Καθώς αναζητώ απαντήσεις στα παραπάνω ερωτήματα, δύο λέξεις έρχονται κατά νου: *μουσική* και *αγάπη*. Μερικά παραδείγματα έμπρακτης νοηματοδότησης και εφαρμογής αυτών των λέξεων στη ζωή μπορούν να αναζητηθούν στο έργο ανθρώπων με όραμα, όπως η Boxill, ο Geuter και ο Robbins.

«*Η μουσικοθεραπεία είναι αγάπη εν δράσει*»: αυτά είναι τα λόγια της Edith Boxill (1916-2005), η οποία ίδρυσε το δίκτυο *Μουσικοθεραπευτές για την Ειρήνη* (Music Therapists for Peace<sup>1</sup>) κατά τη δεκαετία του 1980 και αφιέρωσε το έργο της στην προώθηση της ειρήνης σε διεθνές επίπεδο.

Σύμφωνα με την ίδια, οι μουσικοθεραπευτές διαθέτουν ανεκτίμητους πόρους, οι οποίοι μπορούν να ωφελήσουν τις ζωές των ανθρώπων πέρα από τα όρια του 'θεραπευτικού δωματίου' (Vaillancourt 2011). Η Boxill πίστευε ότι οι πόροι και οι ικανότητες των μουσικοθεραπευτών μπορούν να φέρουν την «*αγάπη εν δράσει*» εντός της παγκόσμιας κοινότητας, και θαρρώ πως δεν αναφερόταν στην αγάπη με τη ρομαντική έννοια της λέξης. Η προοπτική της Boxill φαίνεται να συνάδει με αυτήν του Herbert Geuter<sup>2</sup> ο οποίος θεωρούσε την αγάπη ως μία συγκεκριμένη ποιότητα *αντίληψης* (Turry 2001). Αυτή η ποιότητα αντίληψης χαρακτηρίζεται από τη θέληση του ενός να κατανοήσει τις ανάγκες και τις δυνατότητες του άλλου.

Αναφερόμενος στην αγάπη και το ρόλο της στη σχέση μεταξύ μουσικοθεραπευτή και πελάτη (θεραπευόμενου), ο Clive Robbins (1927-2011) είχε αναφέρει τα εξής:

«Πιστεύω ότι η στάση ενός [θεραπευτή] για την αγάπη προς έναν πελάτη είναι πολύ σημαντική. Αυτή δεν είναι μια ρομαντική ή συναισθηματική αγάπη. Είναι ανιδιοτελής ή άνευ όρων αγάπη: *Θέλω να είσαι πιο ευτυχισμένος. Σε γνωρίζω. Έχω δεθεί μαζί σου. Θέλω να σε υπηρετήσω έτσι ώστε η ζωή σου να μπορεί να γίνει πιο πλούσια και ολοκληρωμένη. Θέλω να σε υπηρετήσω έτσι ώστε να άρεις τα πράγματα που καταστρέφουν τη μετέπειτα ζωή σου και τις σχέσεις σου. Θέλω να μου μάθεις περισσότερα σχετικά με το πώς είναι να είσαι εσύ...*» (Robbins 2009).

Η δύναμη της αγάπης και ο ρόλος της μουσικής στην έκφραση και επικοινωνία αυτής της δύναμης ήταν συχνό θέμα στις παρουσιάσεις του Robbins. Άλλωστε δεν είναι τυχαίο που μετά το θάνατό του έχει μείνει στην ιστορία ως «ένα παράδειγμα

<sup>1</sup> Για περισσότερες πληροφορίες, βλ. Boxill (1997) και τον ακόλουθο ιστοχώρο: [www.musictherapistsforpeace.org](http://www.musictherapistsforpeace.org)

<sup>2</sup> Ο Herbert Geuter ήταν ο μέντορας του Paul Nordoff και του Clive Robbins (βλ. Simpson 2009).

αγάπης εν δράσει» (Turry 2012). Το έργο του Robbins, της Boxill καθώς και άλλων ανθρώπων με όραμα λειτουργεί ως πηγή έμπνευσης, ιδίως σε εποχές που η δύναμη της αγάπης συχνά αντικαθιστάται από την 'αγάπη' για δύναμη ή εξουσία.

Με τις παραπάνω σκέψεις κατά νου, και σε μια περίοδο κρίσης, σας καλωσορίζω θερμά σε αυτό το νέο τεύχος του περιοδικού. Εδώ θα βρείτε ένα εύρος δημοσιεύσεων συμπεριλαμβανομένων τεσσάρων άρθρων, πέντε βιβλιοκριτικών, μιας ανταπόκρισης από συνέδριο καθώς και μιας σειράς από συμπληρωματικό υλικό: περιλήψεις από ένα προσυνηδριακό σεμινάριο της ISME (2012), μεταφρασμένες περιλήψεις των άρθρων, καθώς και μια λίστα με νέες διεθνείς δημοσιεύσεις και προσεχή δρώμενα.

Καθένα από τα τέσσερα άρθρα αυτού του τεύχους αντλεί από ποικιλόμορφα επαγγελματικά και πολιτισμικά πεδία μουσικών πρακτικών, εστιάζοντας σε διαφορετικές πτυχές αυτών των πρακτικών. Η Tina Warnock γράφει σχετικά με τη χρήση της μη-λεκτικής φωνής στη μουσικοθεραπεία. Αντλώντας από το θεραπευτικό της έργο με μια νεαρή κοπέλα με μαθησιακές δυσκολίες και αυτισμό, η Warnock δείχνει πώς το φωνητικό έργο (voicework) μπορεί να βοηθήσει το άτομο στη δημιουργία σχέσεων με τον εαυτό του, τους άλλους και το περιβάλλον του – μια διαδικασία απαραίτητη για την εξέλιξη και την ευεξία του ατόμου στη ζωή.

Βαίνοντας από ένα πλαίσιο ατομικής μουσικοθεραπείας στο Ηνωμένο Βασίλειο (Warnock) σε ένα εκπαιδευτικό ομαδικό πλαίσιο στη Γερμανία, το άρθρο της Irmgard Merkt παρουσιάζει το έργο της με την ενταξιακή χορωδία *Voices* η οποία αποτελεί τμήμα του προγράμματος *Dortmunder Modell: Musik* στη Σχολή Επιστημών Αποκατάστασης του Πανεπιστημίου TU Dortmund. Σε αυτό το πλαίσιο, η συγγραφέας παρουσιάζει τη φιλοσοφία και το ήθος της χορωδίας, καθώς και τις επιπτώσεις της στην ανάπτυξη μοντέλων πολιτισμικής συμμετοχής που προωθούν την κοινωνική ένταξη ατόμων με και χωρίς ειδικές ανάγκες.

Το άρθρο της Merkt έχει ένα έμμεσο στοιχείο κοινωνικού ακτιβισμού, κάτι που γίνεται ακόμη πιο έκδηλο στο άρθρο των Hannah Linklater και Lewis Forbes όπου περιγράφονται δύο διαπολιτισμικά κοινοτικά προγράμματα μουσικής μεταξύ παιδιών στη Βοσνία-Ερζεγοβίνη και τη Σκωτία. Το έργο των Linklater και Forbes δείχνει την ισχύ της μουσικής ως καταλύτη για κοινοτική αλλαγή και ανάπτυξη κοινωνικών δεσμών μεταξύ δια-εθνικών ομάδων. Η δύναμη της μουσικής για κοινοτική ανάπτυξη, ένταξη και αλληλο-αποδοχή φαίνεται να συνηχεί με το όραμα της Boxill και του Robbins, όπως σκιαγραφήθηκε παραπάνω.

Το όραμα και η πρακτική ωστόσο, χρειάζεται να συνδυάζονται με κριτική σκέψη, αξιολόγηση και συστηματική συλλογή δεδομένων για το έργο του καθενός. Το άρθρο του Martin Lawes φέρνει στο προσκήνιο αυτόν τον συνδυασμό ως ένα ουσιαστικό στοιχείο τόσο για την ανταπόκριση των επαγγελματιών στις σύγχρονες απαιτήσεις για πρακτικές βασισμένες σε τεκμήρια (evidence-based practices), όσο και για την εξασφάλιση χρηματοδότησης για τη συνέχιση και ανάπτυξη των υπηρεσιών που οι ίδιοι προσφέρουν. Πιο συγκεκριμένα, ο Lawes εισαγάγει μια προσαρμογή του αξιολογητικού εργαλείου AQR (Assessment of the Quality of Relationship), το οποίο είναι ειδικά σχεδιασμένο για τη μουσικοθεραπεία και τον αυτισμό (Schumacher & Calvet 2007). Ο συγγραφέας δείχνει πώς η χρήση του εργαλείου αυτού στο χώρο της εκπαίδευσης μπορεί να συμβάλλει στην ανάπτυξη θεραπευτικών σχεδίων, καθώς και στις τετράμηνες και ετήσιες αναφορές.

Τα άρθρα (καθώς και το υπόλοιπο υλικό) που περιλαμβάνονται σε αυτό το τεύχος αντικατοπτρίζουν όχι μόνο το εύρος των πρακτικών μουσικής (από τη μουσικοθεραπεία, στην ειδική / ενταξιακή μουσική παιδεία και τη μουσική στην κοινότητα), αλλά και τον πλούτο των πόρων που οι επαγγελματίες μουσικής μπορούν να φέρουν στις κοινωνίες μέσα στις οποίες ζουν και εργάζονται. Ας μην παραβλέπουμε λοιπόν τις δυνατότητες που η μουσική και εμείς – ως μουσικά όντα και επαγγελματίες μουσικής – μπορούμε να φέρουμε, ιδίως σε περιόδους κρίσης.

Ίσως, μέσω και εντός της μουσικής, μπορούμε να φέρουμε και να μοιραστούμε μια διαφορετική ποιότητα αντίληψης. Ίσως μπορούμε να φέρουμε την «αγάπη εν δράσει» σε έναν κόσμο όπου η θέληση για εξουσία φαίνεται να επικρατεί. Ίσως μπορούμε να διδαχθούμε ο ένας από τον άλλον πώς είναι να είμαστε στη δική τους θέση και να βρούμε εναλλακτικούς τρόπους συνύπαρξης στον κόσμο. Ίσως μπορούμε να αυτοσχεδιάσουμε. Μαζί. Τώρα.

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#### **Προτεινόμενη παραπομπή:**

Τσίρης, Γ. (2012). Σε περιόδους κρίσης: Μουσική, αγάπη και ανθρώπινη ζωή. *Approaches: Μουσικοθεραπεία & Ειδική Μουσική Παιδαγωγική*, 4(2), 79-81. Ανακτήθηκε από το <http://approaches.primarymusic.gr>




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## Editorial

### **In Times of Crisis: Music, Love and Human Life**

Giorgos Tsiris

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During the preparation of this issue of *Approaches*, major social, political and economic shifts have taken place not only in Greece, but also in other countries across the world, often with adverse consequences on people's everyday living.

In times of crisis, such as the present one, the question 'what is the potential role of music in human life?' becomes crucial. What can music offer to promote not only personal wellbeing, but also social renewal and transformation? What can music practitioners (such as music therapists, music teachers, and other professionals within the field of music and health) offer to the local communities within which they live and work? In times when existing social structures are deconstructed, when political and economic systems fail, when people's hope, faith and social bonds are weakened, what can music practitioners actually bring?

As I seek answers to the questions above, two words come to mind: *music* and *love*. Some examples of attributing practical meaning and applying these words in life can be found in the work of visionary individuals, such as Boxill, Geuter and Robbins.

"*Music therapy is love in action*": these are the words of Edith Boxill (1916-2005), who founded the *Music Therapists for Peace*<sup>1</sup> (MTP) network in the 1980's and dedicated her work to peace-building internationally. According to her, music therapists have invaluable resources which can benefit people's lives beyond the limits of the 'treatment room' (Vaillancourt 2011). Boxill believed that music therapists' resources and skills can bring "*love in action*" within the global community, and I suppose she did not refer to love in the romantic sense of the word. Boxill's perspective appears to resonate with Herbert

Geuter's<sup>2</sup> view who considered love as a particular quality of *perception* (Turry 2001). This quality of perception is characterised by one's will to understand another's needs and potential.

Commenting on love and its role in the relationship between music therapist and client, Clive Robbins (1927-2011) had stated the following:

"I think one's [a therapist's] own attitude of love for a client is tremendously important. That is not a romantic or sentimental love. It is selfless or unconditional love: *I want you to be happier. I know you. I've become attached to you. I want to serve you, so that your life can become richer and more complete. I want to serve you that you can push aside the things that are destroying your later life and your relationships. I want you to teach me more about what it is like to be you...*" (Robbins 2009).

The power of love and music's role in expressing and communicating this power was a recurrent theme in Robbins' presentations. Indeed, it is not a coincidence that after his death he is remembered as "an example of love in action" (Turry 2012). The work of Robbins, Boxill and other visionary people, functions as a source of inspiration, especially in times when the power of love is often replaced by the 'love' for power.

With these thoughts in mind, and in a time of crisis, I warmly welcome you to this new journal issue. Here you will find a range of material including four articles, five book reviews and a conference report as well as a series of supplementary material: abstracts from a pre-conference seminar of ISME (2012), translated abstracts of articles, and a list of new international publications and upcoming events.

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<sup>1</sup> For further information, see Boxill (1997) and the following website: [www.musictherapistsforpeace.org](http://www.musictherapistsforpeace.org)

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<sup>2</sup> Herbert Geuter was Paul Nordoff's and Clive Robbins' mentor (see Simpson 2009).



Each of the four articles in this issue draws from diverse professional and cultural fields of music practices, focusing on different aspects of these practices. Tina Warnock writes about the use of non-verbal voice in music therapy. Drawing from her work with a young girl with severe learning disabilities and autism, Warnock reflects on how voicework can enable people to build connections within themselves, with others and with their environment – an essential process for one’s growth and wellbeing in life.

Moving from an individual music therapy setting in the UK (Warnock) to an educational group setting in Germany, Irmgard Merkt’s article presents her work with the inclusive choir *Voices* which is part of the project *Dortmunder Modell: Musik* at the Faculty of Rehabilitation Sciences at TU Dortmund University. In this context, the author presents the choir’s philosophy and ethos as well as its implications on the development of cultural participation models that promote the social inclusion of people with and without disabilities.

Merkt’s article has an implicit element of social activism, something that becomes more evident in Hannah Linklater’s and Lewis Forbes’ article where two cross-cultural community music projects between children in Bosnia-Herzegovina and Scotland are described. Linklater’s and Forbes’ work shows the power of music to serve as a catalyst for communal change and development of social bonds between inter-ethnic groups of people. Music’s potential for community growth, integration and mutual acceptance resonates with Boxill’s and Robbins’ vision as outlined above.

Vision and practice however, need to be combined with critical thinking, evaluation and systematic evidence gathering for one’s work. Martin Lawes’ article focuses on this combination as an essential element, both for responding to the contemporary demands for evidence-based practices and for securing funding for the continuation and development of services. In particular, Lawes introduces an adaptation of the AQR (Assessment of the Quality of Relationship) instrument which is specifically designed for music therapy and autism (Schumacher & Calvet 2007). The author shows how the use of this instrument within the education sector can contribute to the development of therapeutic plans, as well as to termly and annual reports.

The articles (as well as the other material) included in this issue reflect not only the wealth of music practices (from music therapy, to special/inclusive music education and community music), but also the wealth of the resources that music practitioners can bring to the societies within which they live and work. So let's not overlook the

possibilities that music and we – as musical beings and music practitioners – can bring, especially in times of crisis.

Perhaps, *through* and *within* music, we can bring and share a different quality of perception. Perhaps we can bring ‘*love in action*’ to a world where the will to power appears to prevail. Perhaps we can learn from each other how it is to be in another’s position and find alternative ways of co-living in the world. Perhaps we can improvise. Together. Now.

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## Vocal Connections: How Voicework in Music Therapy Helped a Young Girl with Severe Learning Disabilities and Autism to Engage in her Learning

Tina Warnock

### Abstract

This article examines the use of the non-verbal voice in music therapy with children with severe learning disabilities, complex needs and autism. Recent literature on the use of the voice in music therapy is summarised and links are made between the aims of music therapy and those of special educational establishments. Theories regarding the voice and the self, and the important connection between body awareness and emotion as precursors to learning are referred to, particularly in relation to learning disability. Through a case study, I demonstrate how a young girl used voicework to build connections with herself and the music therapist, whereby consequently she became more motivated to interact with her surroundings. I argue hence that the use of the non-verbal voice in music therapy, through its intrinsic connection to identity and internal emotional states can contribute significantly towards the healthy developments necessary for a person to be able to learn. Therefore, by increasing our knowledge about the actual process of learning, and the significance of our work within that process, we can move towards demonstrating clearer outcomes of music therapy in

the educational context and have a stronger 'voice' within the multi-disciplinary teams that serve this population.

**Keywords:** voicework, non-verbal voice, autism, severe learning disability, connections, self-awareness, body, learning, education

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### Introduction

Having entered the music therapy profession as a vocalist and songwriter twelve years ago, I found that voicework quickly became integral to my clinical approach; I noticed stark differences in the way clients used their voices and found that changes in their vocal patterns often came alongside other perceived shifts in their self-awareness. The process of learning how much and when to use my voice, and noticing the range of responses that this elicited from clients has been endlessly interesting and I have noticed that the vocal sounds produced by both the therapist and the

client frequently serve to enhance the therapeutic relationship. Recent publications focusing on voicework have filled a significant gap in the music therapy literature, enhancing knowledge and awareness within the profession of how it can impact on the quality of treatment. However, few studies to date have focused specifically on use of the non-verbal voice, particularly in the field of learning disability and autism. After twelve years of working primarily with children and young people<sup>1</sup>

<sup>1</sup> Forthwith, children and young people will be referred to as 'children'.

on the autistic spectrum and/or with a learning disability, I have felt compelled to look more closely at what happens during these vocal exchanges, which have brought so much meaning and relevance to this work. My focus for the purposes of this article is on how connections made through the voice in music therapy translate into the children's learning environment in special schools and how this fits in with the educational establishment's aims. Having noticed improvements in the overall functioning and general integration into school life of several children I have worked with, I am pursuing ways of identifying and sharing these outcomes more clearly with the multidisciplinary team.

### Review of recent literature on voicework in music therapy

The following provides a brief overview of recent literature specifically concerning voicework in music therapy. A more comprehensive review of theories relating to the voice can be found in a previous essay *Voice and the Self in Improvised Music Therapy* (Warnock 2011)

The recent publication *Voicework in Music Therapy* (Baker & Uhlig 2011) investigates the use of the voice in a wide range of health care settings around the world. This book includes both structured and improvisational models and acknowledges the connection between voicework and self-awareness in the foreword: "Singing can bring us into the present moment where everything is new and many things are possible [...] something authentic. Finding one's voice is finding one's self" (Baker & Uhlig 2011: 17). The book covers a wide range of approaches and techniques, such as vocalled relaxation for children on the autistic spectrum, the use of breath and toning in the treatment of painful medical conditions, and the use of non-verbal singing to build connections with new-born infants. However, despite providing interesting insights into clinical applications of voicework in music therapy, this book primarily focuses on the application of techniques which require verbal processing and the use of words by the client, with little attention being given to non-verbal learning disabled clients.

Diane Austin's book *The Theory and Practice of Vocal Psychotherapy* (2011) goes into great depth and detail about the profound affect that voice work, both verbal and non-verbal, can have with verbal clients suffering from trauma and mental health issues - an advanced method that she has developed over many years of practice. Austin states that "music and words are both integral to vocal psychotherapy" (Austin 2011: 118); her writing about toning and the non-verbal vocal work

within the case studies, however, acknowledges the importance of non-verbal vocalising in forming authentic connections with the self.

The recent publication *Music Therapy in Schools* includes references to voicework in several chapters, embracing a range of music therapy approaches in this setting (Tomlinson et al. 2011). For example Strange shares his psychodynamically informed work with teenagers with severe special needs describing in detail some of the non-verbal vocalisations which take place in the group and how they contribute to the therapeutic process; he also emphasises the importance of the therapist singing the clients' names. Harrison describes how singing is often present in her work, in the form of structured songs, or as a commentary on the member's participation, and Tomlinson describes how her own use of vocal imitation encourages her client to "develop and extend her vocalisations" (Tomlinson et al. 2012: 108). She uses the twelve-bar blues to provide a secure rhythmical framework over which they can vocally explore imitative exchanges. She also describes how vocal imitation in group work can enhance communication and develop basic social skills. However, while some welcome attention is given here to voicework with verbal and non-verbal children in special school settings, there is little mention of what is happening internally for an individual when they discover and explore their non-verbal voice with the therapist.

In a previous article on voicework I explored in some theoretical depth the impact that the voice has on every individual's identity from birth, and used case studies with children in special schools to illustrate how this functions in the music therapy context (Warnock 2011). In this article, however, I would like to focus on how developments in the voice for children with severe disabilities and autism can have an impact upon their capacity to learn. My approach to this work draws on theories from developmental and humanistic psychology, but also incorporates psychodynamic theory as a way of understanding the inner processes taking place for the child.

### Links between music therapy, education and the learning process

In the introduction to *Music Therapy in Schools* Amelia Oldfield provides an interesting overview into how music therapy has evolved to its current position within the education system in the UK, acknowledging the expertise that now exists. Both she and Tony Wigram have made a prolific and highly significant contribution to the position of music therapy in the educational sector by demonstrating how music therapy positively

impacts on communication skills and general developmental milestones in children. Wigram emphasises the need for the music therapist's aims to be linked with the each child's individual education program, and how the objectives of a child's music therapy are "connected to his/her specific social or pathological problems" (Wigram et al. 2002: 34).

Robertson (2000), in his paper comparing music therapy and music teaching, highlights the need for both teachers and therapists to understand the actual process of learning, and touches on the importance of empathy, relationship building and creativity in the learning process. He explains that a clinical need implies the pupil requires assistance in learning to *cope* with the environment, whereas a special educational need implies the pupil needs help to enable him or her to *contribute* to the environment. Robertson presents a continuum model to illustrate this and highlights the increasing overlap in the skills of music teachers and music therapists. While I agree that this overlap exists, in terms of teachers now using music more interactively with students, I feel it is more present in group work, and work focusing on communication skills. In the following case study I advocate that the specialist skills of the music therapist with their understanding of psychodynamic processes plays a vital role in the progress of the child concerned.

It is also relevant here to refer to recent developments in neuroscience, which demonstrate how learning takes place. In her book *Smart Moves*, Carla Hannaford describes how body, thought and emotion are intimately bound together through neural networks and that "emotions are fundamental to thought" (Hannaford 2005: 56). From birth, emotions are felt and responses expressed through the body which then lead to healthy neural pathways in the brain and effective learning. Therefore, if a person cannot connect with their emotions they are unable to learn or think rationally. She explains that, when a person is under stress, nerve development tends to focus in the survival areas of the brain, meaning that neural connections between the emotional and learning centres are limited (Hannaford 2005). This has implications for the learning potential of any child whose early life involves high levels of stress for any reason.

In the forthcoming case study, I will refer specifically to the autistic child who typically experiences greater stress levels than average because they face difficulties in integrating their senses, making the sensory nature of the world over stimulating and overwhelming from birth. Their tendency to use one sense at a time makes it harder for autistic people to form the necessary neural

pathways which allow them to share attention with another person and to recognise and understand emotions (Lawson 2011). It follows therefore, that music therapy should be used to facilitate the formation of these pathways by capitalising on the emotional properties of music within a therapeutic relationship. Lawson who is autistic herself, explains that sharing attention with another person is very difficult until something triggers an interest which will then enable links to be made; it is necessary to "join the dominant interest of the (autistic) person and move out from there" (Lawson 2011: 37).

To end this section I would like to link the above theories with the main principles of the Foundation Stage curriculum in the UK, which were so helpfully alluded to in Bruce and High's chapter in *Music Therapy in Schools* (Tomlinson et al. 2011). Here a teacher shares her perspective of music therapy as being "about the self-agency of the children [...] enabling them to become aware that they can influence their environment and take positive control of things themselves" (Tomlinson et al. 2011: 71). She also explains how music therapy has helped to inform her of a child's true capabilities and motivations, and reflects on how these contributions link to the four Foundation Stage principles as set by the Department for Children, Schools and Families (UK) in 2008:

- *A unique child*: enabling each child to be resilient, capable, confident and self-assured
- *Positive relationships*: building stronger relationships which enable a child to develop strength and independence
- *Enabling environments*: creating positive environments for learning
- *Development*: acknowledging that children learn in different ways and responding to each child's learning style.

(taken from Tomlinson et al. 2011: 72)

Based on my ten years' experience as a music therapist in special schools involving a significant body of casework with children who have little or no language, I suggest that music therapy can bring out improvements in all areas of the Foundation Stage, but particularly those involving personal, social and emotional development, and communication skills. It is also important to note that several of the Foundation Stage assessment scale criteria emphasise that children will first engage in their learning by joining in with rhymes and songs (Department of Education 2008); it is no coincidence that singing is the focus of musical activities at this level as it is such a natural part of early communication.

### Why focus on the voice?

It is evident from the music therapy literature that sometimes the voice features little or not at all in music therapy sessions; the lack of it can be a welcome relief from a world so full of talking and recorded voices on the radio and TV. Directing attention to the instruments allows an open exploration of sound which is new and different to the usual domination of human voices. Hence, the instruments alone can provide a freedom of expression which is an entirely appropriate way of working with some clients. For the therapist too, a focus on the instrumental sounds can be highly satisfying and connects with their own reasons for entering the music therapy profession; perhaps they have found their most meaningful connections through playing their instrument rather than using words, and in Western cultures, singing is generally in the form of songs with words.

However, the lack of vocalisations in a music therapy session can also be indicative of an active avoidance of sounds, which may evoke or trigger feelings which the client finds difficult to accept; their voice might reveal unwanted feelings or personality traits which they would rather not confront or share. As stated above the human body is intimately connected with the emotional experience (Hannaford 2005) so this would suggest that the voice, which is produced by and within our bodies, has the potential to connect more directly with our internal feeling states than playing an external instrument. The absence of a client's voice can also be a symptom of low self-worth and lack of inner motivation; low expectations, which lock them into a position of silence and passivity. Most notably perhaps, in the context of this article, the lack of a voice may be none of these things, which all suggest a functional 'hiding' away of some sort. It can instead be indicative of a very early stage in the individuation process<sup>2</sup>; a stage in which the emergence into self-awareness has become 'stuck' or not yet enabled enough for the person to sense their separateness and ability to control their environment. This is particularly relevant to people who have a severe learning disability and / or autism. Again, the fact that the voice is produced within our bodies is significant here. If a client does not vocalise, it can be tempting for a highly responsive therapist to also keep their own voice inside them; after all, music therapists are encouraged to reflect back what is offered by the client. However, there are ways that a therapist can introduce the voice as an instrument in the room in a way which creates possibility and induces the

client to produce their own vocal sound when they are ready. When and how this is done is entirely down to the individual situation, but when well placed it can facilitate the beginning of a journey which brings new experiences of both positive and painful emotions to the client, impacting on their whole sense of self (Warnock 2011).

It seems from the literature that, while much work takes place with children and young people with learning disabilities and autism around the country, and voicework is frequently referred to as part of this work, the area of non-verbal vocalisations with this client group has not yet been explored in enough depth.

### A case study: Carly

The following case study explores how the act of vocalising has contributed to significant developments in the emotional awareness of a young girl with severe learning disabilities, autism and complex needs, and her consequent ability to receive and digest information about the world. I suggest that, by allowing her voice to become part of our therapeutic relationship, she became able to connect with as yet undiscovered aspects of her identity and unprocessed life experiences; through vocalising she found meaning which consequently enhanced the quality of her everyday interactions. This included interactions with other people, allowing her to experience closer relationships, and interactions with her surroundings, enabling her to engage in her learning. My approach draws on theories from humanistic and developmental psychology but has a strong psychodynamic emphasis.

### *The setting and initial referral*

The setting was a fully equipped music therapy room within a small music therapy centre situated adjacent to the special school where the author has been the music therapist since 2003. Carly was initially referred privately at the age of six by her grandmother who was her main carer and had been recently diagnosed with terminal cancer; later on, the work continued be funded through the school, with support from social services.

Carly had been born three months premature, had severely delayed development, a hearing impairment and was severely autistic. In addition, she had limited contact with her mother who was unable to care for her, and there was much uncertainty about her future. Her grandmother was looking for a place where Carly could communicate her feelings non-verbally and experience a sense of emotional support: a space where she could digest

<sup>2</sup> Individuation is identified by Jung (1964) and Mahler (1975) as the process of self-discovery which continues throughout life.

and share her unique experiences in preparation for the unsettled period to come.

### **Early sessions**

Carly showed little awareness of danger and wanted to climb or step on objects in her path. Several instruments needed to be removed from the room to make it safe for her to explore. She seemed to be able to hear some sounds better than others but this was not necessarily related to volume; it may have been due to certain sounds attracting her attention more than others, as part of her autism. My voice was just one of many sounds for her and she showed little interest in it at this stage. Carly was constantly on the move, pacing around the room with an energy and drive which felt like a challenge for me to meet.

I spent several weeks pacing up and down with Carly, matching my steps to hers and accentuating one in every four steps (and sometimes every three) in an attempt to synchronise our rhythm. She grew to enjoy this, continuing on her path but sometimes glancing sideways at me in an interested fashion. As we paced I began to vocalise, making a sound as our feet hit the ground. This was undefined at first and could be described as a gentle but punctuated 'er' sound, which included the sound of breath to reflect the physical effort we were putting into the pacing. I sometimes alternated the non-verbal sound with the phrase: with 'walk..ing, walk..ing up and down, Carly and Tina walking round' in a spoken voice. At this stage, Carly only vocalised to show when she was upset, crying long high notes which also had a quality of fear about them. At other times she was silent but liked to carry a small plastic object with her to tap at regular intervals against her teeth – perhaps she enjoyed the vibration that this created inside her head. Interestingly, the tempo of her tapping was very similar to that of her pacing; steady at about 90bpm. By adding my voice in this way, using the sound 'er' that I knew Carly was capable of reproducing, if she chose to, I was offering her a possible way for her to connect with me.

As the weeks past, I felt she began to anticipate this activity, taking my hand and looking at me as we began, and sometimes smiling as we walked. She was forming an attachment to me, something that was very difficult for her in the context of her everyday life. She could be with me but stay within her own 'comfort zone', outside a verbal context. This communication between us could be likened to Stern's concept of *affect attunement* which is when the mother responds to her baby's actions and affect in a way that matches them, but using a different modality. The baby notices that the mother has responded directly to aspects of himself

and internalises the experience as shared, deepening the bond between them (Stern 1984).

The time came when I felt I could step away from Carly and match her rhythm on the piano instead while still remaining within her awareness. I used more melody in my voice and played with different styles, always synchronised with her pace. I also commented in more detail on her actions and movements, using her name frequently. I could see that she noticed the changes in my voice and that it had become something of interest to her through her glances, smiles and occasional laughter. The trust that we had developed allowed her to approach me and sit on my lap for a few moments before setting off again on her walk. Then the time came for her to stop; she made herself comfortable on my lap, held my gaze for the first time and vocalised very softly with an 'er' sound; she turned and used a single finger to play notes on the piano, listening and vocalising in between the notes. The quietness of her singing and playing, which matched in pitch, confirmed to me that she could hear certain sounds very well; this was useful information at a time when she was being assessed by the multidisciplinary team in many areas, including her hearing.

### **The impact of the non-verbal voice on awareness**

So Carly's voice was in the room; a gentle, vulnerable sounding voice which was beautiful and pitch perfect; my countertransference was a strong maternal feeling and I became highly aware of the level of trauma and deprivation that she had suffered as a young baby, alongside the impending loss that she was soon to experience due to her grandmother's illness. While I had been aware of her history before this point, it was her voice that enabled me to feel the impact of her emotional experience. Furthermore, the vibration in her body seemed to bring her awareness into the here and now, allowing her to absorb my emotional presence for the first time and consciously experience our shared attention; an important milestone in development. I had met her 'dominant interest' through our pacing together, and had attuned to her physical energy and pace through the modality of my voice, allowing her the opportunity to notice and experiment with her own (as also discussed by Lawson (2011) and Stern (1984)).

I was aware of the potential for me to project my own sadness and fears for Carly into our exchanges and was careful to consider this in supervision. I was also careful not to interpret her sounds verbally due to the complex nature of her difficulties and level of understanding, but focused on supporting her expressions through instrumental and non-verbal vocal responses. I had to judge whether to

reflect and support the pain in her voice by using chords which would allow her a journey through the feelings, or whether to provide some balance so that she did not enter a place of such despair that she would not be able to digest the experience usefully. This reminds me of Austin's writings on re-traumatisation when she highlights the important difference between "a therapeutic regression which results in an insight [...] and a regression that creates an unproductive emotional flood in which the client (becomes) caught in the undertow" (Austin 2011: 49). Carly seemed full of fear and sadness and was emotionally immature so I responded with a vocal holding technique using two chords within a regular, rocking rhythm, which provided a feeling of safety and containment (Austin 2008). Carly sang phrases, which oscillated between several notes, often chromatic, and I played slow, steady intervals on the piano with no defining thirds, while matching and mirroring her vocal phrases in response. There was plenty of time to feel and listen but without seeking an explanation or resolution.

This experience seemed to have real value for Carly; a girl who constantly moved from one distraction to the next, absorbed by her sensory needs and filtered interests, was able to stop and be *with* another person, allowing them to share a moment of self-realisation. She gave me permission to nurture her and experience the meaning that had developed in our relationship.

Over the following weeks and months Carly became louder, making an impact on her environment; she sang open vowels regularly with more clarity and volume and later progressed to holding on to beaters and playing the drum. The feeling of fragility and disorientation decreased as her voice grew stronger and smoother and her pacing stopped, allowing her to settle for longer at different instruments and experience a greater sense of control.

Bunt (1994) has written of the benefits of being loud and how this allows a child to explore ways of integrating and balancing aspects of the personality. Carly's increased interest in singing and playing was leading to a discernible increase in her concentration levels, a calmer disposition and a clearer understanding of how she could use the instruments as a means of communicating.

### ***Progress in her engagement at school***

Alongside these changes, Carly progressed in school, becoming more able to communicate choices through symbols and integrating better into the class. She seemed more settled and less prone to long periods of crying. Interestingly, after our interactions had reached this more sophisticated

level, she began to reject our sessions, resisting the walk over and wanting to leave as soon as she had arrived. While I felt saddened by this and did not understand her reasons, I felt that she had progressed significantly and had a right to choose, so after several weeks of this resistance we decided to have a break from the sessions.

The following year after her grandmother had passed away, it was felt that Carly might benefit from another period of music therapy to allow her the opportunity to process her loss and the consequent transition into foster care. She approached the sessions positively and used her voice again from the outset, vocalising freely and readily engaging with our relationship again. I felt the intimacy was still there and was pleased to be able to support her through this period of adjustment.

Carly continues to come for regular blocks of sessions, supported by members of the multidisciplinary team who have recognised the significance of the sessions to her emotional wellbeing. Carly continues to choose singing as her main form of communication, but she also leads me to other instruments in the room and guides my hand to play. Although she can arrive at the session in a wide range of emotional states, she is flexible enough now to allow me to reflect her mood musically and calm her down into a state in which she can concentrate and interact. Her voice and her playing now express a wider range of feelings through deliberate variations in volume, tempo and tone and she enjoys the overall sense of control that the sessions provide. Carly's teacher has explained that she now sings spontaneously during the day when she is in a good mood and enjoys holding her ear close to others while they sing to her; this has improved her relationships with school staff and she is now able to initiate contact and join in with group activities. She is also able to communicate active choices by leading with her hand, and generally participates positively and actively in school life.

### ***Summary of Carly's music therapy process***

Voicework in music therapy has given Carly an opportunity to build connections with herself. Her difficult start in life, combined with her learning disabilities and autism had been holding her in a state of disorientation and distress; one in which the world felt overwhelming and frightening much like with a new-born infant. By allowing herself to hear and explore her own voice within her body, in response to my non-verbal vocal offerings and matching of mood and affect, she became motivated to listen to her own natural pitches, melodies and rhythms and noticed her authentic



self emerging. The presence of her voice in the sessions also served to strengthen my empathy and compassion for her and allowed us to communicate on a new and deeper level. Thankfully Carly now has a stable home and is progressing at school, showing remarkable resilience to all the challenging events she has experienced in her life so far. While it is unlikely that she will ever use words to communicate or make concrete associations in a verbal context, her non-verbal voice has allowed her to experience a sense of identity and the opportunity to build on this through a creative process, essential to the development of any individual (Winnicott 1971).

I have attempted to describe Carly's personal journey in music therapy by linking my clinical observations to theory and experience, and listening to feedback from the multidisciplinary team, but it is important to accept that in the realm of the non-verbal there is always an element of not knowing.

### Concluding thoughts

This article has looked at how voicework is used in music therapy practice and has identified a gap in the literature concerning the impact on the individual of using of the non-verbal voice. I have explored the common ground between the aims of music therapy and those of educational establishments, and have touched on current theories from neuroscience about the learning process, particularly in relation to learning disability and autism. I have proposed that voicework has a unique part to play in music therapy with this client group, due to the close relationship that it has with our identities and the connections that it forges between the body and emotions, leading to developments in self-awareness and an increased capacity to learn. It is this connection between the voice and the body, which I feel forms the essence of what I am exploring here, and there is enormous scope to examine this relationship further, with the help of new discoveries in neuroscience, and some deeper research into the subject.

A case study demonstrated how the non-verbal voices of the music therapist and the client led to significant positive changes to her engagement in the special school environment. In terms of Carly's learning within the Foundation Stage, this contributed to building stronger relationships to enable her to develop strength and independence, enabling her to be more resilient, capable, confident and self-assured, and enabling her creative development. I would like to further understanding of these links with the multidisciplinary team and families by collaborating on outcomes measures such as the Music Therapy Outcomes Star

(Triangle Consulting Social Enterprise Ltd 2011), and potentially developing an evaluation tool which looks specifically at use of the non-verbal voice.

Music therapy has been established in some special schools for many years, but there are still many establishments that do not employ a music therapist, or recognise the significant impact that music therapy can have on the children and young people's ability to engage in their learning. In addition, it can be very difficult in some areas to find an educational psychologist who will include music therapy on a child's Statement of Educational Needs. Clearly more work needs to be done on communicating such positive outcomes to the parties concerned and further research undertaken to provide the much needed evidence to support the future of music therapy practice for children with learning disabilities, autism and complex needs.

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## **Voices: An Inclusive Choir in Dortmund, Germany**

Irmgard Merkt

### **Abstract**

*The article describes the concept and work with an inclusive choir, in which students of the Faculty of Rehabilitation Sciences at TU Dortmund University sing together with adult mentally challenged people. The choir 'Voices' was founded in 2010, as a part of the project Dortmund Modell: Musik (DOMO: Musik). The choir and project are committed to realising the United Nations' Convention on the Rights of Persons with Disabilities, particularly in developing models of cultural participation, relevant both for people with and without disabilities. After describing the DOMO: Musik project and its principles, newly developed ideas for inclusive choir work are presented, together with imminent difficulties and positive results. Special attention is drawn to the selection of the pieces under the aspect of artistic variety. Five pieces of the artistic interdisciplinary repertoire are presented. Finally, the student choir members reflect on their experiences in the inclusive choir and make clear the importance of joint activities leading to an inclusive society.*

**Keywords:** music, culture, inclusion, people with disabilities, inclusive choir, repertoire, methods

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### **Introduction: About inclusion**

The *Convention on the Rights of Persons with Disabilities* of the United Nations (2006) defines and supports the rights of people with disabilities. The Convention requires a new look at people with disabilities and a change of every society in the direction of inclusion.

Inclusion in the field of education means that "persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability" (UN General Assembly 2006: Art.24, 2a) This has as a consequence that children learn to deal with diversity from an early age in a non-separating school system.

Inclusion in the context of work and employment means that:

"[the state's parties] recognise the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities" (UN General Assembly 2006: Art. 27,1)

The Convention aims to assist people with disabilities to get out of the role of a care receiver and to lead life as self-determined as possible.

Inclusion in the cultural field is defined as "participation in all aspects of cultural life" as

outlined in article 30 of the Convention (United Nations 2006):

**Article 30: Participation in cultural life, recreation, leisure and sport**

1. States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities:

(a) Enjoy access to cultural materials in accessible formats; (b) Enjoy access to television programmes, films, theatre and other cultural activities, in accessible formats; (c) Enjoy access to places for cultural performances or services, such as theatres, museums, cinemas, libraries and tourism services, and, as far as possible, enjoy access to monuments and sites of national cultural importance.

2. States Parties shall take appropriate measures to enable persons with disabilities to have the opportunity to develop and utilize their creative, artistic and intellectual potential, not only for their own benefit, but also for the enrichment of society.

To enable all of the above to happen, a new way of delivering systematic education and training in the arts is needed. Artistic processes are to be developed and worked out jointly from the beginning, i.e., in schools, academies and in cultural life by current and future artists together with persons with and without disabilities. Inclusive projects are to be a natural part of cultural life.

In Germany, the UN Convention was ratified in 2009 and has been shown to be a relatively powerful instrument. Parents of children with disabilities can claim their children's right to inclusive education. Gifted persons with disabilities can claim their right to be trained and work as painters, dancers or musicians. However, few teachers have experience in supporting students with disabilities in their artistic development. Therefore, the state's parties are asked to support projects that promote experiences in inclusive processes on all artistic levels.

The *Dortmunder Modell: Musik* (abbreviated as *DOMO: Musik*) is an example of a publicly financed project that enables adult persons with disabilities to develop their musical potential with the help of experienced teachers.

**The project: 'Dortmunder Modell: Musik'**

North Rhine-Westphalia is one of the sixteen federal states of the Federal Republic of Germany. Its Ministry for Labour, Integration and Social Affairs,

responsible for supporting inclusive processes within this federal state, is currently financing the project *DOMO: Musik*. This project is committed to the aims of the UN Convention. It is a three-year pilot project (from April 2010 to March 2013) run by the Faculty of Rehabilitation Sciences at TU Dortmund University ([www.fk-reha.musik.tu-dortmund.de](http://www.fk-reha.musik.tu-dortmund.de)).

The project aims to gain experience concerning educational models, musical-artistic models, organisational models and models for working together with professional musicians. Finding out more about mechanisms that hinder inclusion is as important as providing examples of good or best practice. The project team consists of twelve members: three music teachers, three professional musicians, three graduate assistants, two research assistants and the project managers. My role within *DOMO: Musik* is both project manager and choirmaster. All the project team members are musicians and experienced in working with persons with disabilities.

The people to whom the project team offers musical education are adults aged 22 to 60, who work in one of the three Dortmund sheltered workshops for persons with disabilities. The project works on three levels: i) general education; ii) talent development; and iii) semi-professionalisation.

i) General education means that everybody who is interested in the musical activity may participate. There is no entrance examination, just the necessary ability to react properly to a rhythmical pattern and to be able to react to the teacher/conductor. General education refers mainly to the choir *Voices*, which is the focus of this article.

ii) Talent development means that a person is able and willing to learn an instrument (i.e., coming to the lessons regularly, showing progress, no matter how small or slow).

iii) The level of semi-professionalisation is more demanding. People with disabilities are expected to make good progress in playing their instrument or singing, be able and willing to play or sing in groups with others and to develop their own ideas in improvisation. The aim of semi-professionalisation is to enable persons with disabilities to be part of a professional group, to perform publicly with the professional musicians and by the end of the project to earn at least a small part of their living expenses by making music.

The main objectives of *DOMO: Musik* refer to the three aspects of the project (i.e., education, participation, and work) and aim to:

- empower people with disabilities concerning their musical competences, their autonomy and participation in cultural life;

- empower people with disabilities to sing or play an instrument as a part of their vocational training and work life;
- train students, music teachers and professional musicians to work with people with disabilities;
- establish inclusive musical ensembles as a part of the regional and supra-regional public musical life;
- contribute to public discussions on how to build an inclusive society;
- establish an (hopefully international) Academy or at least an inclusive Master's level training course at TU Dortmund, including people with and without disabilities in professional artistic training and projects.

### The *Voices* choir

The *Voices* choir is a subproject of *DOMO: Musik*. The choir is, as mentioned above, provided for everybody working in one of the three Dortmund sheltered workshops as general musical education as well as for the students of the Faculty Rehabilitation Sciences at TU Dortmund. The choir has been running since October 2010, and takes place during the fifteen weeks of each winter and summer semester. Apart from people with disabilities, there is an open invitation for their parents, friends and relatives, other students with disabilities at TU Dortmund from different faculties and students from the degree programme for senior citizens to also participate.

As a result, a heterogeneous, multi-cultural and mixed-age group has come together. During the one and a half years of its existence, the size of the choir has levelled off to approximately twenty-five persons with disabilities and about fifty students and other interested members. The choir rehearses once a week, regularly on Tuesday afternoons, for ninety minutes, including a fifteen-minute break. Each semester ends with a public performance.

The concept of *Voices* is described below under six criteria, which are relevant for most of the modern non-professional choirs, regardless of whether they have people with disabilities. These criteria are: 1) choral sound, 2) vocal and rhythmical training, 3) body percussion, 4) movement, 5) sheet music, and last but not least 6) the repertoire.

#### 1) Choral sound

Anyone who has experience in singing with people with disabilities is aware that some, but not all, can sing the right pitch. Today, the modern choral pedagogy - a pedagogy that strives to gain rather than to select singers - is open to children as well as to adults who have difficulties in singing at the

right pitch. In Germany several choirs work especially with singers singing out of tune (e.g., the BRUMMER Chor Bochum: [www.hustifex-brummer.de](http://www.hustifex-brummer.de)). The choir pedagogy has understood how important it is to regain tone-deaf people for the choir in case they want to sing (Bütetfisch 2009).

Within *Voices* it is not realistic to follow the idea of creating a traditional choral sound, even if a lot of voice training during the rehearsals is offered. The question is not *how* to create a traditional choral sound. The question is *what kind of music* can be produced with the singers given the condition of having from twelve to fourteen rehearsals plus one performance per semester. The music has to follow the singers – not vice versa. The singer (and not the music) is at the centre of attention, which is different from the common ideal of traditional choir music.

It is the choirmaster's duty to develop musical ideas according to the singers' abilities. In *Voices*' case, since so many choir members cannot sing at the right pitch, two directions are followed. The choir partly sings old and new canons, traditional and new melodies, and partly it borrows from modern music, using for example, the so called clusters.

By using a language which can be easily understood by all members of the choir, I (being the choirmaster) avoid using technical terms like 'cluster'. Instead I try to find poetic terms, leading to inner pictures. So, for instance, I name a cluster 'clouds of sound'.

In order to produce a 'cloud of sound' everybody is asked to imagine an individual tone inwardly and then to hum this tone. At first quietly, then swelling up and going down according to the choirmaster's gestures. The sounds that arise are reminiscent of some passages of Ligeti's composition *Lux Aeterna*.

The speaking voice is part of the choir sound as well. An artistic example that uses the speaking voice is the composition *Fuge aus der Geographie* by Ernst Toch, 1930. Apart from composition, improvised sounds in the form of vowels, consonants and syllables are used. In addition, the singer's voices are used quite normally, i.e. singing melodies, sometimes in two or three part harmonies.

#### 2) Vocal and rhythmical training

Although tonal singing is not always in the foreground, voice training takes place in every rehearsal. Choir members are supported to improve the quality of their singing both by listening to, and performing exercises. Each person with disability is allocated to a 'crew' of three to four students for

these exercises. When the choir starts the training, these groups are built quickly, standing in small circles. The members of a group sing the right pitch to each other, giving the tone from ear to ear. The voice training exercises are always associated with small stories or scenes. At times the whole choir become members of a (happy) family of bears with Father Bear, Mother Bear and Child Bear, singing a major chord. When exercising rhythm patterns, the choir turn into ghosts, clapping rhythms and 'frightening' others; sometimes everyone turns into children, asking for chocolate while clapping and stomping.

Presently, after three semesters of vocal and rhythmical training, singing the correct pitch has not improved significantly. This is particularly the case when emotional expression moves into the foreground and singing and the correct pitch slip into the background. When singing quietly, the focus on the sound is more intense, so the song 'succeeds' far better. In contrast to correct pitch however, the rhythmic competences have noticeably improved. Everybody is able to repeat rhythms by singing syllables or clapping, while all are able to remain focused on this exercise for at least twenty minutes and to keep their concentration for a performance of about forty-five minutes. During the period of the choir's existence, the rhythmic skills of its members have significantly improved.

### 3) *Body percussion*

Body percussion means using one's own body as a musical instrument. By clapping, tapping, snapping, slapping, and stomping, the 'percussionists' produce and experience different kinds of sounds. The choir members use syllables in combination with body movement to produce new musical pieces. With "*sik*" the hands are snapping above the head, with "*sek*" tapping at the height of the larynx, with "*tak*" clapping at heart level, with "*tok*" slapping on the thighs and with "*bum*" stomping. This combination of voice and movement has been shown to be methodologically helpful in terms of extending the duration of concentration.

Body percussion is set to become a new acoustic body-art. The First International Body Music Festival in San Francisco in December 2008 gave an important boost to this very special kind of music that does not require any instrument but the body. Keith Terry is both the artistic head of this movement and the founder of the festival<sup>1</sup>. An increasing number of choirs include body

percussion in their repertoire. For example, the Turkish group *KeKeÇa*<sup>2</sup> is an ensemble of hearing impaired students performing body percussion. The two music teachers who founded *KeKeÇa* visited Dortmund to work with our choir in 2012.

In the *Voices* choir we use and train body percussion in every rehearsal, building up sequences of four bars which we perform later as a round. We also perform body percussion in all of our concerts.

### 4) *Movement*

The choir rehearsals take place in a room of approximately one hundred eighty square meters. The chairs stand aligned along the walls leaving a large open space in the middle. Generally, the rehearsals are held in standing position, but it is possible to sit down at any time for a break.

Each rehearsal begins with a phase of body awareness exercises. Stretching and breathing techniques are taught playfully. This first phase is followed by a phase of body percussion. The rhythmic body percussion training is also linked to movement in space: the choir members walk around the room clapping, tapping, snapping, and looking at each other. They are always encouraged to 'flirt' a bit since flirting brings a kind of mutual awareness.

Different styles of movement are tried out: "walk proudly like a king", "sneak like a tiger", "trample like an elephant", "jump like a monkey", and so on.

The choir does not stand in the same place all the time; members change positions continually. Sometimes the choir works in four groups at the four corners of the room, sometimes in one group near the stage, sometimes choir members walk in pairs, sometimes they walk alone within the space of the room. The movement provides an experience of the space, resulting in an improvement of the body tension. Movement also serves to increase the perception of the immediate environment, the perception of the other participants and supports the contacts between the choir members.

Although movement can be tiring, people rarely sit down during the rehearsals. However, after forty-five minutes there is a fifteen-minute break with coffee, fruit, and biscuits.

### 5) *Sheet music*

All the pieces are rehearsed without music scores. Since many of the people with disabilities in the choir cannot read, sheet music would not make any sense. Nevertheless, there are some choir members

<sup>1</sup> See: [www.crosspulse.com/aboutkt.html](http://www.crosspulse.com/aboutkt.html)

<sup>2</sup> See: <http://kekeca.net>

who wish to have something written to follow. Therefore, once a semester all the choir members receive a folder with all the songs and texts. However, the sheets of paper are not used during the rehearsals.

Singing without sheets strengthens the connection between choirmaster and all the members by constant eye contact. It also demands and supports the memory. The challenge of singing by memory gives some satisfaction to choir members: at the beginning of a rehearsal some people say proudly and happily, “*I still remember!*”

## 6) Repertoire

In their written reflections regarding the repertoire, students occasionally raise the question: “*Why does the choir not sing pop songs known by the disabled participants?*” In my opinion, this choir is meant to provide new musical experiences for everybody, and not to repeat well known pieces.

The repertoire is a decision made by the choirmaster: *Voices* is based on the sounds of classical music, contemporary music, jazz, body music and traditional dance-songs. The repertoire is meant to widen the musical experiences of all participants.

There are no choir pieces or scores for choirs with such heterogeneous voices so we have to adapt pieces and develop new ideas. Below are some examples of the repertoire that represent the different styles and demonstrate a part of the artistic way of dealing with the pieces.

The guiding principle of *Voices* is that the arts are meant to serve people. Consequently we change the pieces, add movement or instruments or perform them in an ‘unheard’ way. The examples chosen for this article are examples of dealing with movement and elegance; melody; singing and dancing; and artistic interdisciplinarity.

### Example 1 : Dealing with movement and elegance: Belle qui tiens ma vie

In 1589 Arbeau Thoinot published *Orchésographie*, a book on the dances of the time. Connected to the song *Belle qui tiens ma vie*, the courtly Pavane is described. In the choir, we talk about how the noble in former times may have walked and danced. Then we try walking through the room as a noble couple, entering a royal festivity. All members of the choir walk upright and put one hand on the back, with the other hand touching the partner’s hand, holding them at chest height so that the ‘noble’ walk around the hall, singing slowly and gracefully in a circle.

The melody can be learned easily, even in two-part harmony<sup>3</sup>. We do not sing the original French lyrics, but just sing the melody imitating the courtly flute by singing “*nü nü nü*”. During a public performance the choir was accompanied by two oboes and two oboe d’amore – deepening the “noble” atmosphere.

### Example 2: Dealing with melody (Robert Schumann)

Some melodies in classical piano pieces make people sing their melody spontaneously – for which the pianist Glenn Gould was famous<sup>4</sup>. One such piece with a gentle uplifting melody that the choir can sing is Robert Schumann’s, *Von fremden Ländern und Menschen. Kinderszenen op.15, No. 1*. The melody is a melodic arc, starting with a minor sixth upward and in its immediate turn downward the interval is filled with the notes of the scale G-Major. This arc is repeated three times. The second part begins with melodic steps downward, and finally the melody is repeated from the beginning. In the rehearsals we visualise the structure of the melody with our hands and arms, raising our hands when the melody goes up, showing the steps downwards with our hands too.

As the original is in G-Major, which is too high to sing for our choir, the piano piece was transposed down a fifth – so that the melody was easily accessible for everybody.

This small piano piece would have come to the ears of only a few of the participants, if it had not been part of the repertoire of our choir. When singing, all the members were smiling while following the melody’s gentle energy.

### Example 3: Dealing with singing and dancing (Skip to my Lou)

*Skip to my Lou* is a square-dance that is easy to learn in text, melody, and dance movement:

*Lost my partner, skip to my Lou* [repeat 3 times]  
*skip to my Lou, my darling*  
*Hey hey, skip to my Lou...* [refrain]

The verse and refrain, both repeat the melody. The dance begins with two rows facing each other, going four steps forward, welcoming the opposite partner and then walking four steps back. Each of the figures is danced in eight steps. In the second figure, couples walk behind each other in a circle. In the first eight steps they move forward, then

<sup>3</sup> See: [www.free-scores.com/partitions\\_telecharger.php?partition=430](http://www.free-scores.com/partitions_telecharger.php?partition=430)

<sup>4</sup> See: [www.good-music-guide.com/articles/glenn Gould.htm](http://www.good-music-guide.com/articles/glenn Gould.htm)

members turn around quickly and go all the eight steps back to the starting point. Gradually, the following dancing figures become a bit more difficult. Everybody can sing while dancing. Looking at the dancers/singers during the performance one can see everybody smiling. Even the more corpulent members of the choir do not stop singing and moving for the entire duration of the song. As a 'by-product' the choir members learn a bit about the background of square-dance and square-dancers, while they experience being accompanied by instruments.

One choir member with Down's syndrome accompanies our dance on the violin; another choir member plays the accordion. Together with a wash board we get a sound at least reminiscent of the traditional American square dance.

#### Example 4: Dealing with artistic interdisciplinarity (August Macke, Grosser Zoologischer Garten)

During the winter term in 2011/2012 we ran an interdisciplinary project with the *Museum Ostwall im Dortmunder U*. The *Museum Ostwall* in Dortmund is known for its collection of both classic modern art and works from the Fluxus movement. In 2010 the museum changed into the centre *Dortmunder U*, the new international centre for artworks from the 20<sup>th</sup> and 21<sup>st</sup> centuries. This centre opened in 2010 as part of the project of the European Capital of Culture RUHR.2010<sup>5</sup>.

The *Museum Ostwall im Dortmunder U* displays the famous triptych by August Macke *Grosser Zoologischer Garten*, which was painted in 1913. The painting from the era of expressionism is one of the most popular samples in the museum.

With the permission of the museum's director, we were able to develop our pieces directly in front of the artworks. The aim was both to have a closer look at the painting and to transform our respective perception into words and rhythm. Following the painting's structure the choir was divided into three sub-groups. Group 1 gave its attention to the left part of the triptych, group 2 to the middle part and group 3 to the right.

Standing in front of the painting (see Picture 1), the choir members started describing what they could see. The guidelines were that the description starts from the top of the painting and goes down to the bottom. Later, all the descriptive words were collected and brought into an order. Each word was repeated as often as the object was seen in the picture (see Figure 1).



**Picture 1:** Zoological Garden by August Macke<sup>6</sup>

sky	sky	sky
tree tree	tree tree	tree tree
leaves leaves	leaves leaves leaves	leaves leaves
leaves leaves	leaves	leaves leaves
leaves leaves	leaves leaves leaves	leaves leaves
leaves leaves	leaves	leaves leaves
house house	house house house	house house
house house	man hat man hat	house
man hat man	man hat	man hat child
hat	elephant	ostrich
bush	man hat man hat	man hat
crane crane	cockatoo	fence fence
crane	fence fence fence	fence fence
meadow	fence	fence fence
pond	fence fence fence	fence fence
	fence	doe
	antelope	bush
	fallow deer	meadow
	meadow	
	fence fence fence	
	fence	
	fence fence fence	
	fence	
	deer	
	child child	
	woman	
	meadow	
	path	

**Figure 1:** Choir members' descriptive words

After the creation of the 'score', group 1 read aloud the left column, group 2 the middle column and group 3 the right one. The description of the painting in words was complemented by three short melodies. These three lines were again assigned to the three groups, creating a score with nine lines

We called the project *Singing Viewing* or, perhaps better, *Soundtrack of a Painting*. After the performance in the museum, the educational

<sup>6</sup> August Macke, Großer Zoologischer Garten, 1913. Copyright: Museum Ostwall im Dortmunder U, Dortmund. Photograph: Jürgen Spieler.

<sup>5</sup> See: [www.essen-fuer-das-ruhrgebiet.ruhr2010.de](http://www.essen-fuer-das-ruhrgebiet.ruhr2010.de)



director of the museum told us that due to the acoustic interpretation even she herself has seen Macke's painting in a new way.

## Results and reflections

The choir members with disabilities come back voluntarily each semester whilst the students change each semester. For the members with disabilities it is an important experience to meet new people each term. In addition, it is interesting for them to sing in a way they never did before. Meanwhile, they learn different styles of music – classical music, new music, jazz and body percussion. They visit places they might never have gone to, such as the university, the *Ostwall Museum*, and the *Dortmunder U*.

The directors of the Dortmund sheltered workshops noticed an interesting development: an increasing number of people wanted to come to the University independently, even though the taxi is free and more comfortable. One of the choir members started travelling by bus and from then on it has been 'cool' for the others to travel by public transportation too. This shows that one of the objectives of *DOMO: Musik* has been reached, that is, increasing independence in every-day life – something that reflects a further step towards participation and inclusion.

At the end of each term, the participating students are asked to write reflections on their personal experience in the inclusive choir *Voices*. Their comments teach us a lot about the feelings of the so-called non-disabled towards disabled people as well as themselves. Feelings and thoughts such as the following must be taken into consideration when inclusion projects are planned.

The following quotes are from the portfolio of a student in February 2012:

"I was somewhat surprised that a disabled person drinks coffee. Why, I can't explain. Somehow I had the feeling that the coffee negatively affects the disability".

"I wonder what kind of disability A. could have. Can I probably ask him? On the one hand, I would like him not to be conscious of his disability. Maybe it hurts him when he is asked about it. Perhaps he is unaware of his disability, or he denies it. On the other hand, it may be that he is conscious about his disability and that he also knows exactly what and how it is (and how it is pronounced). But maybe it makes him angry when you ask about it? Anyway, I wonder myself continually what the handicapped persons think about the not handicapped persons".

"So far, I think A.'s development is amazing. Maybe it's only my perception. At first A.

seemed to be reluctant, overwhelmed and very shy. My impression was that he was afraid of doing something obviously wrong. Now he seems to me inwardly free, social, and very happy".

The same student concludes by commenting:

"At the beginning of the choir I was afraid of dealing with people with disabilities. I had no experience and thus did not know how I should behave towards them. I was afraid to say or do something wrong. I was afraid to be confronted with my own weaknesses. I thought they were 'exhausting' and 'less gifted'. I am ashamed and weep as I write this down".

These four short quotes represent an unusual and commendable mixture of reflection and emotion. This student began her studies at our Faculty of Rehabilitation Sciences, because she wanted to contribute to an inclusive society by supporting persons with disabilities. While participating in the choir, she noticed that her thinking was full of prejudices and uncertainties. She was *willing* to question herself, to question her thinking and her emotions. She deserves our respect.

When a student, who is already open to people with disabilities, shows so many uncertainties and prejudices – what should we expect from people without any contact with persons with disabilities?

The student's comments show how important it is to provide contacts between people with different abilities and competences. Inclusion will never work without contact. Only contacts between people can provide the chance to change and renew our ways of thinking and feeling.

## InTakt

Very often artistic activities with children and adults with disabilities are located 'automatically' into the field of therapy. No doubt, music therapy plays a key role in restoring the person's sense of health and wellbeing. If we look at disability not as a disease but as one of many possible ways of life, we can think this life to be – under its conditions – intact. The meaning of the word 'intact' is whole, stable, unhurt, unbroken, complete... When we look at a person with disabilities under the aspect of being 'intact', we will become more creative in dealing with the intactness and in showing *this* intactness to the inexperienced ones.

'InTakt' is our 'brand mark' in Dortmund. Under the heading 'InTakt' our team in Dortmund wants to strengthen people with and without disabilities through music. We train students, we organise inclusive workshops in which everyone works together on a musical theme; we organise *Concerts in Special Places*, as well as the above

mentioned project *Europa InTakt.2010* within the RUHR.2010 - Cultural Capital of Europe (see Kessler-Kakoulidi 2011). As a documentary of this project, fourteen short films have emerged, showcasing projects from France and Italy, Hungary, Lithuania, Denmark, Germany and Turkey, published on YouTube under: [www.europaintakt.de](http://www.europaintakt.de). Each of these films shows a way towards an intact and inclusive society. The *Voices* choir, which is a part of our activities within the *DOMO: Musik*, aims to contribute to an intact and inclusive society.

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## Cross-Cultural Collaboration as Community Growth and Integration: Children's Music Projects in Bosnia-Herzegovina and Scotland

Hannah Linklater & Lewis Forbes

### Abstract

*This paper constitutes a reflective account of inclusive approaches in two children's music projects, both aiming to foster group creativity alongside cross-cultural awareness and understanding. The first of these projects involved sharing songs composed by children and young people from a special needs school in Mostar, Bosnia-Herzegovina, with a primary school choir in Edinburgh, Scotland. The second project, in Sarajevo, Bosnia-Herzegovina, focused on group song-writing and performance involving three groups of children from ethnically separated schools, alongside a choir from a school for children with visual impairments. On reflection, we discuss cross-cultural musical collaboration as an effective means of bringing children together across social and cultural divides in order to share new experiences while building respect for differences. We hope projects such as these may represent the first step towards the ultimate goal of encouraging and nurturing more inclusive friendships between children who might not otherwise have opportunities to interact with each other.*

**Keywords:** interculturalism, children's music projects, song-writing, health, inclusivity, community impact

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### Introduction

In the following account of practical work carried out in Bosnia-Herzegovina and Scotland, we describe our experiences of designing and leading two cross-cultural music projects for children and

young people from culturally diverse backgrounds. We offer a narrative of these experiences while highlighting the aims and motivations that were important aspects of their design and delivery. We also discuss the projects' outcomes and the ways in

which we view these types of musical activities in relation to broader social contexts, particularly with reference to health and wellbeing.

These projects fall within the broader contexts of intercultural music education and socially-motivated community music initiatives which aim to promote both social integration and inter-ethnic/inter-cultural tolerance. Previous practical research studies from the fields of music education, community music and Community Music Therapy highlight the effectiveness of music as a focus for establishing or re-establishing trust and lines of communication between communities across social or geographical divides (Anderson & Shehan Campbell 2011; Jones 2009; Majhanovich & Fox 2010; Oehrle 1996; Procter 2004; Skyllstad 2004; Stige, Ansdell, Elefant & Pavlicevic 2010; Zharinova-Sanderson 2004).

### The projects

The first of the two projects described in this article took place over several months in 2010 (see table 1). It involved the creation of a cultural link between children and young people from a special needs centre in Mostar, Bosnia-Herzegovina, and a

group of primary mainstream school pupils from Edinburgh, Scotland. The needs of the Mostar group are diverse. While the specifics of their individual needs were not disclosed to us, we are aware that many of these children and young people have been diagnosed with post traumatic stress disorder (PTSD), while others have conditions such as autism, Down's syndrome and brain damage. Over several months the Scotland group took part in music workshops where they discovered aspects of Bosnian music and culture, through learning several songs composed by the Mostar group. Performances of the songs were then recorded for CD release.

The second project took place in Sarajevo, Bosnia-Herzegovina in summer 2011. Children attending four schools in and around the city created a common repertoire of songs: a new composition and a traditional song re-interpreted in a new style. Three of the four schools involved were located in ethnically divided areas of the city, and the fourth was a school for blind and partially-sighted children. Recordings of the children's singing and playing were edited together to create a collaborative final version.

	Project 1: Edinburgh – Mostar	Project 2: Sarajevo Schools
<b>Aims</b>	<ul style="list-style-type: none"> <li>• Building self-pride, mutual respect and friendships across cultural divides</li> <li>• Promoting the idea that children should not be defined by abilities or needs</li> </ul>	<ul style="list-style-type: none"> <li>• Building self-pride, mutual respect and friendships across cultural divides</li> <li>• Transforming existing opinions or expectations about peers from different religious backgrounds and with different physical abilities</li> </ul>
<b>Group participants</b>	Primary school choir of 30 children [Edinburgh] Children and young adults of a special needs centre [Mostar]	Approximately 70 pupils from four schools in Sarajevo. Most aged 11-13.
<b>Timeline</b>	12 weekly half-hour sessions over one school term [Edinburgh]	Two weeks – 5 sessions per school
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Transformed opinions and ideas</li> <li>• Respect built through developing a new shared culture</li> <li>• New musical creations from a process that valued all collaborators as equal</li> </ul>	

**Table 1:** Overview of the two projects

As project facilitators we were motivated by the potential social benefits of creating cultural links through projects such as these. Our approach, as community musicians rather than as music therapists, was not clinical. It involved more free-flowing, exploratory group work. Similarly, while both projects included children with special needs,

we did not focus on, nor seek to address, any specific needs or circumstances of the individual children. Many children and young people in Mostar and Sarajevo, both centres of major conflict during the war period of the 1990's, suffer from the effects of trauma and secondary trauma (Osborne 2009). Music is known to be an effective tool in

treating many aspects of PTSD (Bergmann 2002; Sutton 2002). While we were very aware of how trauma may affect the children's lives and behaviour (e.g., causing increased heart rates, breathing problems, anxiety, disruptive and destructive tendencies, emotional problems and hormonal imbalances), and the ways in which musical interaction offers therapeutic benefits for body and mind, we were not seeking to provide responses or remedies to these particular conditions. Instead, we allowed the groups involved to shape the ways in which the projects progressed, guiding this musically, as necessary. We emphasised the value of each contribution, and worked spontaneously towards our goals of enabling the children to create and perform new music, inclusively. Rather than working from any formal baseline/follow-up evaluations of the participants, we relied on our own observations in measuring the social impact of these projects, which were both carried out on an entirely voluntary basis. For the purpose of this article, we summarise our evaluations of each project's outcomes using the following categories: transforming opinions and ideas, building respect through the development of a newly-shared culture and valuing equal collaborators.

### **Inclusivity**

In both cases, the involvement of children and young people from special education schools was a naturally integral component of the projects' key objective of creating cultural links between groups of children who might otherwise remain separated. Such separation may occur for different reasons - simply because of geographical locations (as in the case of the Edinburgh-Mostar collaboration), or because of ethnic segregation and other societal factors (as in the Sarajevo schools collaboration). Following the conflict of the 1990's, Bosnia-Herzegovina became an ethnically divided country. The consequences of this are profound and complex, especially for the children of Sarajevo and Mostar, many of whom remain isolated from their peers from different ethnic and religious backgrounds (Pašalić-Kreso 2008). Whatever the reasons for such cultural division, however, we believe that through jointly participating in musical activities which promote creativity, spontaneity and communication, children and young people with diverse physical, mental and emotional needs may work together to build confidence, mutual understanding and respect - all fundamental aspects of an individual's health and wellbeing. Our approach values all children and young people, including those with profound special needs, as equal creators of culture and important

collaborators throughout the creative music-making process. This may represent a positive means of challenging and transforming preconceptions and stereotypes that exist due to cultural divides at a local or global level. It is our hope that in setting up opportunities for joint creation and performance of a common repertoire of songs, we may also create a foundation upon which children may begin to develop more inclusive friendships across perceived barriers such as those which exist between ethnic groups or between mainstream and special needs education.

### **Mostar-Edinburgh collaboration**

#### *Project design*

The Mostar-Edinburgh collaboration took place in 2010 and was inspired by a repertoire of songs composed by children and young people from a special needs centre in Mostar, Bosnia-Herzegovina. These songs have been composed over several years, during annual summer music camps organised for groups from the centre and led by composer Nigel Osborne. The children and young people have varied special needs, including some who suffer the effects of trauma or secondary trauma following the conflicts of the 1990's. Each year, they travel to various locations in the Balkans, including the seaside and the mountains, to relax, socialise and sing and make music together in areas of natural beauty. In preparing for an end-of-camp performance, the children and young people write songs together in smaller groups. This is achieved through a group compositional method of options and choices, in order to first decide upon lyrics, and then to determine pitches and melodic shapes. Rhythmically, the melodies tend to follow the implicit patterns of the lyrical phrases, as spoken. After many years, there is now a rich repertoire of songs that have been composed, with themes ranging from nature and wildlife to Bosnian culture and landmarks such as the Mostar Bridge. As volunteer musicians at these camps for several years, we have witnessed the way these songs have come to hold significance for the children and young people, becoming an important part of their culture and daily lives. Many of the songs are remembered from year to year, and are proudly and passionately reprised by the group every summer.

Being so inspired by the genuine artistic quality of these songs, we wanted to help them reach a wider audience. We designed a music project whereby seven of the Mostar groups' most dearly loved songs were shared with a group of 8-10 year-olds from a primary mainstream school in Edinburgh, Scotland who sang in an after-school choir. The Scottish children learned these songs in the Bosnian language and over the course of a

school term, alongside activities designed to encourage an appreciation of Bosnian culture and musical heritage. These included dancing to our live performances of traditional Bosnian music, clapping irregular rhythmic patterns, and sharing stories and photographs, particularly relating to the Mostar Bridge and its history. We also shared our memories and photos from the summer camps to introduce the Scottish children to the composers of the music they were learning. The project culminated in a recording session where the choir performed the songs they had learned, accompanied by a 16-piece band of musicians. The recording has been released on a CD and is being sold to raise funds for the centre in Mostar. The brief story below describes the delivering of the CDs to Mostar.

*In 2012 we returned to the school in Mostar to deliver several hundred copies of the finished CD, complete with cover-design, packaging and lyric booklet with colour photographs of the Scottish and Bosnian Groups. We spoke first with the new Director of the school, whom we had not previously met. She was effusive in her enthusiasm and appreciation of the Scottish children's work, especially their achievement of singing in Bosnian. She expressed how honoured the school was to have been the focus for the project. We then toured the classrooms to hand out copies as gifts to the pupils. They immediately loved the CD, eagerly studying the pictures and reading the lyrics, remembering their favourite songs and spontaneously singing the choruses with excitement and emotion. We listened through the whole CD several times, each song greeted with great cheer. The children were surprised to hear their well-known and greatly loved songs performed in this new way – accompanied by a large ensemble of musicians. They were fascinated to learn that the singers were children from Scotland and they laughed at the children's pronunciation of Bosnian words in Scottish accents. We were showered with gifts of their hand-crafted wooden flowers and many expressions of affection and gratitude. Many of the young people held onto their copy of the CD with pride for the entire afternoon.*

### **Reflections on project outcome**

From the very planning stages of this project, we were hopeful that it would have a positive impact on the lives of the children and young people, one that extended beyond the (equally essential) enjoyment of their participation. While the initial idea was simply to share the Bosnian songs with children from another part of the world, in doing so we came to realise that the creation of intercultural bonds between young people, even on a relatively small scale such as this, may represent a

meaningful way to foster positive emotions and attitudes, particularly with respect to people from different backgrounds or cultures.

On reflection, we have highlighted examples of such potentially significant outcomes of the project, with particular emphasis on possible benefits relating to the health and wellbeing of the participating children and young people. We will also comment on ways in which we feel the project was able to achieve a broader social significance and interest.

### Transforming opinions and ideas

The Scottish children were introduced to the music and culture of Bosnia-Herzegovina through the process of sharing songs written by children from that country. This personal approach is quite different to the ways in which children might normally learn about other cultures in school. Rather than an introduction which emphasises another culture as 'different' or 'exotic', this project established a personal connection between two groups of people. This naturally stimulated the Scottish group's interest and curiosity about the Mostar group on a more human level and, as a result, generated a more enthusiastic interest and a deeper resultant understanding of Bosnian people's culture and heritage. We feel this is particularly significant in the case of Bosnia-Herzegovina, which has suffered from largely negative portrayal in the media since the conflict of the 1990's (Myers, Klak, & Koehl 1996).

Similarly, by participating in this project, and through the continued distribution of the CD, the Scottish group and school community are demonstrating an active international interest in the Bosnian language and culture. On a personal level, it was a source of great pride and excitement for the Mostar group to hear and see their own songs being valued and performed by children from Scotland. This even created a wider interest from the Mostar community when footage of the choir singing was featured on a local television news channel. The fact that local Bosnian culture is seldom a starting point for an international project is regrettable given the amount of international arts and humanitarian intervention that has occurred in post-war Bosnia-Herzegovina (Gizelis & Kosek 2005; Richmond 2009).

### Building respect through the development of a newly-shared culture

As a result of this personalised introduction to Bosnia, it was clear to the Scottish children that the songs were the creative property of the Mostar group and, as such, they relished the chance to share these in a respectful and dedicated way.

Knowing that the Mostar group would listen to the final recordings, the Scottish group were inspired to work hard to produce their very best performances, thus also creating self-respect for themselves as a group. On hearing the final recordings, the Mostar group were delighted with the choir's performances and particularly impressed with their ability to sing in the Bosnian language. Hearing their own songs performed to such a high standard and with lively instrumental accompaniment (including accordion, strings, brass and Balkan percussion), the Mostar group felt a greater pride and respect for their own songs.

We hope that these experiences of building self-pride and mutual respect across cultural divides will have a more general and lasting effect on the way the children view themselves and their place in the world, giving them a point of reference for a more tolerant and open attitude towards people from other countries and cultures.

### Valuing equal collaborators

The project sought to address not only cross-cultural divides, but also the divide created through the separation of mainstream and special education. In setting up this cultural link between children of different educational backgrounds, we were able to promote the idea that children should not be defined by their abilities or needs, but instead be valued as equal collaborators and creators of culture. The depth of creativity demonstrated by children and young people with special needs was highlighted and celebrated by the Scottish children, who viewed the Mostar group as equal partners in the collaborative process, and whose expressive and distinctive songs were the inspirational starting point for the entire project. Again we hope these experiences will have a lasting effect on the children's wellbeing, having emphasised in a practical and personal way the importance of cultivating positive, non-discriminatory attitudes towards people with special needs.

### **Sarajevo schools collaboration**

#### ***Project design***

In 2011 we worked for two weeks in three elementary schools located in separate communities in Sarajevo, each with a strong ethnic and religious majority: one Bosniak (Muslim), one Bosnian Croat (Catholic), and one Bosnian Serb (Orthodox Christian). Prior to the war of the 1990's, Bosnia-Herzegovina existed as a pre-eminent example of a fully integrated multi-ethnic society (Jenne 2009). During this devastating conflict the country's population and infrastructure became increasingly ethnically segregated with over half the population

forced to leave their own communities and homes (Franz 2010). Since the war, the educational system has remained ethnically divided three ways, representing what is believed to be one of the most overt barriers to peaceful reintegration for the Bosnian people, many of whom remain internally displaced and unable to return to districts where their existence as a minority group would be untenable (Baranović 2001; Franz 2010; Torsti 2009). Many community members, such as teachers and parents, are calling out for a more inclusive education system, whereby children from all backgrounds, including those with special needs, are given opportunities to learn together, create things together and, crucially, to form lasting friendships (Hjort 2004; Majhanovich & Fox 2010; Pašalić-Kreso 2008).

In addition to the three elementary schools, we worked in the Sarajevo Blind School with a choir of children and young adults. In Sarajevo, children with special educational needs are similarly isolated, due to a lack of opportunities to meet and interact with their peers in mainstream schools (Pašalić-Kreso 2008).

We embarked on this project in collaboration with, and under the guidance of, *Musicians without Borders* BiH<sup>1</sup>, a Bosnian-based Non-Governmental Organisation (NGO) who have designed and implemented many similar inclusive music and arts programmes for the children of Sarajevo. These have previously brought isolated communities of children together in meaningful creative experiences that transform and challenge stereotypes while allowing them to examine their own identities and develop trust for other religious groups.

The purpose of our work was to set up a musical collaboration between groups of children from these four schools, focusing on both song-writing and traditional Bosnian song (sevdah). The use of sevdah was significant – these songs represent a shared cultural, inter-faith, heritage of all Bosnian people. Post-war, however, sevdah is often perceived as an exclusively Islamic, and therefore divisive, art form (Laušević 2006; Longinović 2000; Pennanen 2010; Vidić Rasmussen 2007). In order to lessen any ethnic connotations associated with sevdah, we decided to engage the children in a process of transforming and re-contextualising the song into a new musical genre: reggae. Throughout the project we sought advice and assistance from an experienced local community musician and *Musicians without Borders* employee, our friend Toni Pešikan. Toni is a percussionist with particular experience and interest in African and Afro-

<sup>1</sup> For more information about *Musicians without Borders* BiH, visit: [www.see-mwb.org](http://www.see-mwb.org)

Caribbean drumming styles. This specialism led us to use aspects of reggae music in the project. Reggae rhythms provided a stylistic counterpoint to sevdah, through which the traditional Bosnian idiom could be transformed. We were conscious not to present the reggae musical style to the children out of context, however, and to this end we listened to recordings of various reggae artists and discussed the lyrics and replicated the rhythmic patterns we heard before embarking on applying these to the sevdah song. At this point, the Bosnian song was adapted musically to fit the phrasings and rhythms of reggae. The idea of musical transformation represented a primary theme of this project, demonstrating to the children how musical meaning can change, adapt and take on new significance when shared and performed in new ways. Toni led parts of the initial workshops in each school, introducing the children to reggae rhythms.

We were conscious, throughout the project, of our position as non-Bosnians. Despite having visited the country many times over several years, having studied the Bosnian language and having a profound respect for Bosnian culture, we would always remain outsiders in this process. We maintained a non-issues-based approach throughout with the belief that it would have been inappropriate to make explicit references to the issues surrounding religious segregation while working with the children. Local representatives from *Musicians without Borders* initiated contact with the four schools involved who had all previously expressed eagerness and enthusiasm for their children to take part in inter-ethnic artistic collaborations, with the possible outcome of promoting inter-ethnic friendships. We respected this fact and attempted to use our skills as musicians to work towards these objectives. This was the focus of our work at all times, rather than any attempt to pursue any agenda of our own.

Children participating in our project were aged 11-13, although there were some older teenagers in the choir we visited at the Blind School. We felt this age group would be mature enough to understand the context of their creative work, while also being open to the approach - their perceptions not yet having been established to the same extent as they may have been in an older group. This reflects attitudes commonly attributed to children from this age group, as described in relation to similar inter-ethnic arts and music initiatives (Skylstad 2004).

We led a series of creative music workshops in each of the four schools during which each group first learned a sevdah song in its original, traditional Bosnian idiom, with accordion and viola accompaniment. The children also learned reggae

rhythms which were performed both on drums and through vocalisation. These emphasised the reggae backbeat (the emphasis of beats 2 and 4) and the shuffle (triplet subdivisions of the beat). We asked the children to set the beat using this rhythm, over which we started to sing lengthened or shortened versions of the song's phrases to emphasise a reggae style.

Although the children from the four groups did not meet in person, they composed a new song collaboratively over the course of the two week project. This song, called *Moj Brat, Moja Sestra* (*My Brother, My Sister*), draws lyrically on themes of love and friendship. The song-writing process grew from lyrics and melody composed by one of the groups. This material became the first verse of the song and was shared with the children in the other schools who composed subsequent verses, or built on the existing material (for example, by adding vocal counter melodies and harmonies). This song was also performed in a reggae style, and each verse ended with a refrain from the song *Is This Love?* by Bob Marley<sup>2</sup>.

At the end of the two weeks we recorded the each of four groups singing both the sevdah-reggae song and the new composition. We subsequently edited these recordings together to create a collage-style final version with an added instrumental backing track. CDs with these collaborative edits of the songs were sent to the children. It is our hope that these songs will become part of a shared repertoire of music for children living in the city of Sarajevo. A concert bringing the four schools together again is being planned, to be organised by *Musicians without Borders* Bosnia-Herzegovina.

### *Reflections on project outcome*

In order to discuss what we consider to be the main outcome of this project, we must first acknowledge that we spent only two weeks in Sarajevo, working on a project which could only contribute in a small way towards the long-term goal of encouraging and nurturing inclusive inter-ethnic friendships for children in the city. It is worth mentioning here that no formal feedback or evaluation comments were collected during the project. The outcome discussed here is based on our experience and reflective notes.

Nevertheless, we were able to appreciate the ways in which creative collaboration could create a sense of togetherness. Despite never having met in person, the four groups worked with a common goal: to compose, perform and record music together. This process involved co-operation, risk-

<sup>2</sup> To listen to the song recordings from the projects, click the link: <http://soundcloud.com/hannahandlewis>



taking and confidence building – key elements of personal growth and wellbeing. We would like to use a similar framework to reflect on what was achieved, offering the same headings used in relation to outcomes of the Mostar-Edinburgh collaboration. While these two projects were very different in design and delivery, they both emphasise creative and enjoyable processes and activities such as group singing and collaborative song-writing, performance and recording. Musical interventions such as these provide children with a safe and nurturing environment that provides them with opportunities to transform existing opinions, build respect for themselves and their peers, and learn to value equality in art and life. We will also look towards the potential impact of continued work in the four schools.

### Transforming opinions and ideas

Musical collaboration gave the children a reason to connect with their peers from other areas of the city, expanding channels of communication between groups from different religious backgrounds, who would otherwise have little or no opportunity to interact. This was a potentially transformative process, in that it de-emphasised perceived differences and set up a positive and meaningful shared experience that challenged negative stereotypes or uncertainty between ethnic groups.

Additionally, throughout the project there was an emphasis on the transformational potential of music. Adapting and re-contextualising music was not only a creative starting point, but was symbolic of a more general transformation of ideas around music, culture and ethnicity. Imagining a traditional Bosnian (sevdah) song in a new style encouraged the children to find new meaning and relevance in Bosnia's shared cultural heritage cross-ethnically, and to separate this musical tradition from its more recent over-association with religion.

### Building respect through the development of a newly-shared culture

The collaborative song-writing activity involved sharing and building on creativity between the four groups; a process which required compromise and respect for all contributions. The children understood that they were working interdependently; all four groups had to cooperate in order for the complete song to come together. We feel this awareness also allowed all four groups to feel shared pride in the final version of their song. At the same time the children were given the chance to build confidence in their own performances, which were recorded separately in the four schools. We encouraged them to respect

the recording process and to aim for their best performance. We believe that allowing the children to rise not only to our high expectations, but also to each other's, built self-respect in all four groups.

As workshop leaders we attempted to reciprocate respect for the children involved by leading much of the sessions in the Bosnian language without the use of interpreters. This added a further dimension of cooperation and collaboration, in that the children at times had to assist us with their elementary English skills when we could not express ourselves in our basic Bosnian.

Music-making provided the children with a context through which to express their natural inquisitiveness about their peers. While exploring and experimenting with musical styles (i.e. sevdah and reggae), the four groups also made steps towards a shared identity. The foundation of this identity is the new shared repertoire of songs that the children created together. The lyrics of the groups' own song describe the importance of friendship and of looking after each other, and may be seen as a lasting testament to feelings of respect, openness and honesty. We hope that these songs will continue to play a part in future stages of the project.

### Valuing equal collaborators

Emphasising equality served as a way of minimising the children's perception of differences, both in terms of ethnic background and, in the case of the Blind School, differences in physical abilities. Creating and recording music with the four groups was a democratic process: all the children involved were able to influence the way the creative work developed, along with all aspects of the composition and arrangement of the musical material. As with the Mostar-Edinburgh collaboration, the Sarajevo project revealed the broader social implications of valuing all the children involved as equal collaborators in a creative community. The togetherness of the project, where all voices are equal, challenges isolation. We feel this represents a first step towards the ultimate goal of encouraging lasting inter-ethnic friendships between children, both from mainstream and special needs educational backgrounds, living in Sarajevo.

### **Conclusion**

Both projects aimed to bring children and young people together across social and/or cultural divides, by establishing creative links and initiating collaborative music-making processes through signing, song-writing, performance and recording. We explored the ways in which this kind of

collaborative, cross-cultural, inclusive approach may potentially address issues relating to tolerance, respect and children's sense of individual and cultural identity in relation to others. Both the projects' outcomes show that the enjoyment and sense of togetherness that music can engender makes it an ideal vehicle through which to foster effective and inclusive collaboration between children who view themselves as different from one another, either because of physical differences (e.g., disabilities) or because of differences in culture or religious beliefs.

By interacting with new people (albeit at a distance), learning new skills and working together in a novel context, children are able to examine previously held convictions, potentially transforming pre-existing opinions and ideas, building respect through developing a new shared culture and learning to value all children as equal collaborators and expressive voices. Ultimately, intercultural music-making can heighten an individual's or a group's sense of wellbeing, through active group experiences that harness music's ability to both energise and focus people in synchronised, enjoyable activities that make them feel good about themselves and others.

This inclusive, intercultural approach may also have a deeper community impact and lasting social significance in offering a starting point in lessening any present isolation experienced by communities of children and young people. This is particularly valuable in areas where children live separately because of ethnic divides, or in the case of special needs children, distanced from their peers by separate education systems. Similarly, in building international cultural links, children can enjoy exploration of music from other parts of the world while developing a valuable and meaningful personal connection to other children.

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## Reporting on Outcomes: An Adaptation of the ‘AQR-instrument’ Used to Evaluate Music Therapy in Autism

Martin Lawes

### Abstract

*This article introduces an adaptation of the music therapy and autism specific AQR-instrument (Assessment of the Quality of Relationship) (Schumacher & Calvet 2007). The author developed this adaptation following the requirement to report on the outcomes of his work at a school for children with autism.*

*After introducing the AQR-instrument, the author describes how his adaptation enables him to produce bar charts illustrating client progress. This is done by drawing on the procedures of the Developmental Disabilities - Children’s Global Assessment Scale (Wagner et al. 2007). A case example illustrates the format used for the therapy plans, termly reports and annual review reports in which the bar charts are incorporated.*

**Keywords:** music therapy, autism, evaluation, outcomes, AQR-instrument

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### Introduction

At a school for children with autism in the UK, I found myself being required to report on the outcomes of my work as well as produce therapy plans and brief termly reports. This was in addition to the annual review<sup>1</sup> reports I was accustomed to providing. The context was a developing therapy provision with increasingly formalised procedures being adopted to ‘measure’ progress. In particular, colleagues in the psychology, speech and language therapy and occupational therapy professions were developing the use of outcome measures, with the results presented in reports using bar charts. The data produced and its significance needed to be

presented concisely and in a way that was straightforward for others to understand.

I noted that my colleagues both drew on existing validated outcome measures but at the same time found they needed to modify some of these or develop new ones so as to have something appropriate for ‘measuring’ change. Looking into how I might respond to what was required of me, it was soon clear that there was no existing outcome measure suitable for me to use. Yet I was encouraged by my colleagues’ modifying of existing tools or developing new ones to think that I might be able to do something similar and even produce bar charts of my own comparable to theirs.

I have been able to do this by adapting the AQR-instrument (Assessment of the Quality of Relationship). This was developed by the music therapist Karin Schumacher and developmental psychologist Claudine Calvet specifically for use with children with autism for purposes of

<sup>1</sup> In the UK clients with special needs such as autism have annual reviews every year attended by key professionals and parents/carers. Educational, therapy and other reports are written for this purpose.

assessment, diagnosis and evaluation (Schumacher & Calvet 2007). What I needed to do was to develop a way of applying it to help me report on the outcomes of my work given the culture of the school and the kind of approach being taken by my colleagues. The problem with the AQR-instrument was that it was not designed for a purpose quite like this. Thus the kind of information it produced, whilst useful for my own evaluation purposes as clinician, would have been too complex and specialised to present in a report and taken too much time to produce.

After introducing the AQR-instrument, I describe how I adapted its method of application to make it suitable for my purpose, drawing on the procedures of the *Developmental Disabilities - Children's Global Assessment Scale* (DD-CGAS) (Wagner et al. 2007). This is a validated outcome measure similar in format to the AQR-instrument. By drawing on its procedures, I was able to produce bar charts illustrating client progress and thus meet my employer's requirements in the kind of way they expected. I illustrate this with the format I use for therapy plans, termly evaluation reports and annual review reports. Bar charts are incorporated into the reports alongside descriptions of client engagement and progress.

Being a UK therapist, the various plans and reports that I produce are also useful in helping evidence how I meet the *Standards of Proficiency* for music therapists set by the Health and Care Professions Council (HCPC<sup>2</sup>). These standards stipulate that it is necessary to "formulate specific and appropriate management plans" and "evaluate practice systematically". The process should involve being "able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately"<sup>3</sup>. The standards refer to the gathering of qualitative and quantitative data to help evaluate client response to therapy and the use of recognised outcome measures.

Although the procedure I have developed integrates qualitative and quantitative types of evaluation, it would be misleading to say that I 'measure' progress or the outcome of therapy. For it might then be assumed that objective 'measurement' has taken place and that a scientifically validated tool has been used, which it

has not. Indeed, a client's gains in self-awareness or in the ability to communicate and interact, or in emotional well-being as I aim to promote as a music therapist do not lend themselves easily to quantitative measurement (Christie et al. 2008). Because of this and the fact that the adapted AQR-instrument has not been externally validated, I avoid characterising it as being an outcome measure. Rather, it is essentially a systematic method of evaluation. The bar charts illustrating client progress are produced using subjective clinical judgment based on observation as I explain.

For ease of exposition, the male gender is used throughout for both client and therapist. The client's name and other details in the case example have been changed to preserve anonymity.

### **The AQR-instrument (Assessment of the Quality of Relationship)**

The AQR-instrument (Schumacher & Calvet 2007) is designed to identify the developmental level of a client's functioning and relating in music therapy for the purposes of assessment, diagnosis and evaluation. In particular, it serves to assess a young person's tolerance of, and ability to engage in communicative interaction at a non-verbal level. This is significant because of the implications it has for the regulation of arousal/emotion (and consequently behaviour), personality development (the development of a sense of self), the development of functional communication in general (including verbal) and well-being. Its theoretical basis derives from developmental psychology and attachment theory. Although the AQR-instrument has not been externally validated, its inter-rater reliability has been successfully tested with 84 raters (Schumacher, Calvet & Stallmann 2005).

The instrument features four different scales. The first three focus respectively on the instrumental, vocal-pre-speech and physical-emotional dimensions of a client's engagement. Each scale has six or seven 'modi' which correspond to stages of the developmental process during the first year of life. The first three modi of the instrumental scale illustrate how the scales are not only music therapy but also autism specific (see Table 1).

<sup>2</sup> In the UK the profession of music therapy is regulated by the government appointed Health and Care Professions Council which publishes *Standards of Proficiency* to which all registered practitioners must adhere.

<sup>3</sup> HCPC: *Standards of Proficiency - Arts Therapists*, pp. 9-11. Retrieved on 18<sup>th</sup> June 2010, from: [www.hpc-uk.org/assets/documents/100004FBStandards\\_of\\_Proficiency\\_Arts\\_Therapists.pdf](http://www.hpc-uk.org/assets/documents/100004FBStandards_of_Proficiency_Arts_Therapists.pdf)

<b>Modus 0: Lack of contact / contact refusal / pause</b>
There seems to be no awareness of the musical instruments in the room; they are not inviting. Despite therapeutic intervention they do not lead to any obvious intervention-related contact and relationship stimulating reaction. A third kind of behaviour in this modus is to need a pause in order to regulate the affective tension.
<b>Modus 1: Contact – reaction</b>
A first awareness of the instruments develops. It is handled in the form of a short reaction whereby as by chance a sound becomes audible. If it's a moveable instrument it is often touched and after that totally neglected.
<b>Modus 2: Functional – sensory – contact</b>
The instrument is handled either in a sensory, destructive or stereotype way: <ul style="list-style-type: none"> <li>• sensory: touch, smell, taste instead of hearing</li> <li>• destructive: the instrument is in danger of being damaged</li> <li>• stereotype way of playing: monotone, unchanging, apparently meaningless.</li> </ul>
Similarly up to <b>Modus 7 . . .</b>

**Table 1:** Instrumental Quality of Relationship Scale, Modi 0-2<sup>4</sup>

Schumacher and Calvet designed the fourth therapist scale to be used by the therapist to assess the level of his intervention and determine whether it is appropriate for the client or whether the therapist needs to modify his approach. The first three modi of the scale illustrate it (see Table 2).

<b>Modus 0: Musical space – surrounding</b>
The child shows no visible reaction yet to the therapist and his offers, sometimes making a pause. Music is offered with the intention of creating an atmosphere that makes a relationship potentially possible, but without forcing direct contact. The therapist feels unacknowledged.
<b>Modus 1: Perception – connecting</b>
The child moves (mostly stereotyped) around the room and notices the therapist's intervention for a short time. His movements become audible by an appropriate musical improvisation. The therapist feels mobilised by the short positive reaction of the child.
<b>Modus 2: Affect attuning / allowing oneself to be functionalised</b>
The focus is on the child's affect. The therapist attempts to find attunement with the child and to form him by physical, musical, or verbal means. The therapist puts himself thereby totally at the service of this problem and therefore feels functionalised in this respect.
Similarly up to <b>Modus 7 . . .</b>

**Table 2:** Therapeutic Quality of Relationship Scale, Modi 0-2

The scales are applied utilising a process of video microanalysis<sup>5</sup>. Schumacher and Calvet (2007)

illustrate this referring to the AQR scales in their description of a client's engagement as seen in a short video extract (included with the book's web-based resources<sup>6</sup>). What is apparent in particular is that his engagement is not simply assessed as being in one modus but in different modi at different times even in such a short extract, as is likely in fact to be the case for any client. Used in this way, the AQR-instrument is very useful in helping the therapist identify and understand changes in the level (modus) of a client's engagement so that he can support the client's process in the most helpful way.

### Everyday evaluation and reporting: An adaptation of the AQR-instrument

In thinking about how to respond to my employer's requirements, the attraction of the AQR-instrument for me was that it is both autism and music therapy specific. On the other hand, whilst the information produced may be very useful from the perspective of clinical evaluation, my employer would not have been willing to fund my spending significant amounts of time undertaking and documenting the microanalysis process on a regular basis for every client seen. Furthermore the AQR-instrument does not produce information that is simple to present and understand in a report – a purpose for which it was not designed anyway. This was especially pressing in the light of the way my colleagues were producing simple bar charts illustrating a client's level of functioning, accessible for others to understand without specialist knowledge. The AQR-instrument in contrast produces a more complex as well as subtle profile. As already discussed, this concerns the way a client typically functions at different levels at different times, elaborated in relation to a very specific context – which is that of music therapy. This means, I suggest, that it would only be possible to understand and fully appreciate the meaning and significance of the shifting levels of functioning through having specialist knowledge as those other than music therapists could not be expected to have.

Whilst in my adaptation I use the AQR scales in their original form and benefit from appreciating the subtleties of the shifting levels of client engagement the instrument highlights, I am able at the same time to present the results of the evaluation process in a simplified way that is

<sup>4</sup> The material presented in Table 1, 2 and 3 originates from Schumacher and Calvet (2007). This material is reprinted here with permission of Jessica Kingsley Publishers.

<sup>5</sup> Microanalysis focuses on “minimal changes in relationships or interactions between people or minimal changes in the music and in dynamic forces” (Worst & Wigram 2007: 14).

<sup>6</sup> Retrieved on 15<sup>th</sup> August 2012, from: [www.jkp.com/catalogue/book/9781843104698/resources/](http://www.jkp.com/catalogue/book/9781843104698/resources/)

designed to be accessible to those without specialist knowledge.

### Required reading

In order to use my adaptation, or develop something similar, the reader will need to refer to several of Schumacher and Calvet's texts. These are firstly their chapter in the book *Microanalysis in Music Therapy: Methods, Techniques and Applications for Clinicians, Researchers, Educators and Students* (Schumacher & Calvet 2007). This introduces the AQR-instrument and includes the full scales and the clinical illustration (with video clip) referred to above. For more detailed information on the theoretical underpinning and practical application to clinical work, drawing as it does on Stern's work, the reader is referred to the DVD Schumacher and Calvet have produced (Schumacher & Calvet 2008). Their paper *Music Therapy with Children Based on Developmental Psychology, Using the Example of 'Synchronization' as Relevant Moment* (Schumacher & Calvet 2008a) is included on the DVD. A further publication about the AQR-instrument has recently appeared in German (Schumacher, Calvet & Reimer 2012). This includes a DVD and is due to be published in English possibly in 2013 (K. Schumacher, personal communication, 7<sup>th</sup> March 2012).

Although the adaptation of the AQR-instrument as I describe is not time consuming to use in the context of everyday clinical work, it is unavoidable that anyone wishing to use it does need to spend time to thoroughly familiarise himself with the instrument and especially the developmental theory underlying it. On the other hand, this cannot but benefit the therapist's work in what is a specialist, if common, area of practice. Whilst music therapists work in different ways depending on their training, I imagine that all those who work with clients with autism using an improvisation based approach will recognise the different modi of engagement described in the AQR scales, and that these would potentially be meaningful in terms of providing a framework for the evaluation of their work.

### Developmental Disabilities - Children's Global Assessment Scale (DD-CGAS)

The development of my adaptation of the AQR-instrument began with the realisation that with its scales following a developmental sequence, the format is similar to the *Developmental Disabilities - Children's Global Assessment Scale* (DD-CGAS), a validated outcome measure (Wagner et al. 2007). Furthermore, when a scoring is made using the DD-CGAS, the fact that clients function at multiple

levels is taken into account with a single score being produced that represents a kind of average level of functioning. By adopting its procedures, therefore, I realised that I could produce something similar using the AQR-instrument.

What made me consider drawing on the procedures of the DD-CGAS in particular was that it is a validated tool with proven inter-rater reliability (Wagner et al. 2007) which is yet not time consuming to administer. Indeed, complex video analysis is not required. Rather the rater makes a quick clinical judgment, using a standardised procedure, to determine the developmental level of a client's functioning.

The DD-CGAS is described as being a dimensional scale with scores ranging from 1 to 100, where 1 represents the most impaired functioning and 100, superior functioning. Each decile (e.g., 1-10, 11-20) corresponds to a level of functioning and has a descriptive header. Examples of behaviours that might be seen at each level are given. When a scoring is to be made, initially a decile is selected as the rater judges is the 'best fit' in terms of the client's functioning. Once this has been determined, the rater considers the adjacent levels in order to give a specific rating. For example, if the client fits best into 51-60 level: "*Moderate impairment in functioning in most areas*" but has some similarity to the 41-50 level, the rater chooses a number in the lower half of the range (i.e., 51-54). Conversely, if the client has some strengths consistent with the next higher level, the rater chooses a number in the top half of the range (i.e., 56-60) (Wagner et al. 2007). Although the rater draws on his observations of the client (as well as any available caregiver or educational reports and the results of standardised tests), it is always subjective clinical judgment that determines the actual score given.

It is expected that the initial rating will take 5 to 10 minutes to produce and even less time on subsequent occasions (Wagner et al. 2007). Given the excellent inter-rater reliability achieved using this method of application with the DD-CGAS, it is reasonable I believe to think that a similar level of inter-rater reliability could potentially be achieved with my adaptation of the AQR-instrument which uses an analogous procedure. This is especially given the good inter-rater reliability of the instrument as it stands (Schumacher, Calvet & Stallmann 2005).

### Rating procedure for the adapted AQR-instrument

The modi within each of the four different scales of the AQR-instrument correspond to one another. Thus whilst each scale focuses on a different aspect

of engagement, they are all associated with the same sequence of developmental levels. Therefore, in determining the client's general level of functioning in music therapy, the scales can be used in combination or different scales used at different times if the focus of the client's engagement changes. I have found it useful, in fact, to gather all four scales together into a single subdivided scale. For example modus five (see Table 3):

<b>Instrumental quality of relationship:</b> Relationship to others / Interactivity
The instrument is played in form of a dialogue, as in question and answer games, often also in connection with vocal expressions.
<b>Vocal-pre-speech quality of relationship:</b> Relationship to others / interactivity
An internal motivation develops to form a dialogue. An ability to imitate becomes audible. These imitative periods are of longer duration. This dialogue develops further in the form of a question-and-answer game. The alternate picking up on motifs and a joint creating of form are evident.
<b>Physical-emotional quality of relationship:</b> Relationship to others / interactivity
The main feature of this modus is the mutually desired physical contact with a dialogue character. The child begins to enjoy the physical contact. The exchange is relaxed and accompanied by positive affect. The child regularly exchanges eye-contact with the therapist. However, he can also regulate himself by averting his gaze.
<b>Therapeutic quality of relationship:</b> Musical dialogue - musically answering and questioning
The child shows the ability to join in and imitate. A conscious initiation of music and dance ideas, independent from each other, becomes evident. The therapist considers himself as a person separate from the child and as dialogue partner.

**Table 3:** Modus 5

In assigning a score, which I do twice a term during the period in which a client receives therapy, I use a procedure that draws on both on the DD-CGAS and Schumacher and Calvet's guidelines for using the AQR-instrument:

1. Initially, one of the first three scales is chosen depending on whether instrumental, vocal or physical-emotional expression is most in the foreground during sessions around the time that the scoring is being made (this is the procedure Schumacher and Calvet suggest).
2. If the client neither plays nor sings, but shows significant emotional features, the physical-emotional scale is preferred with its focus on the client's affective state expressed through gesture, posture and movement, and the quantity and quality of his eye contact (this again is as Schumacher and Calvet suggest).

3. The fourth therapist scale is used for further clarification. Whilst it was originally intended simply to assess the level of the therapist's response to the client and its appropriateness, because it also describes how the client interacts, it can be used to further clarify his level of functioning. For example, whilst the instrumental scale focuses on the way the *musical instruments* are engaged with (the AQR scale reflecting the disturbed relationships with objects in autism as well as with people), the therapist scale describes in addition how the *therapist* is related to in the music.

4. If there is a discrepancy between the identified level at which the client is engaging and at which the therapist is responding, the therapist may need to modify his intervention (this is as Schumacher and Calvet suggest).

5. A modus, or level of functioning, is selected by the therapist as he determines 'best fits' the client's level of functioning and engagement around the time the scoring is to be made (this is the procedure of the DD-CGAS). This is based on his observations and experience of the client.

6. To produce a score, each modus of the scale is divided into 10<sup>ths</sup> of points (starting at 0 in Modus 0). Similar to the DD-CGAS, a lower or higher score is given within the modus selected as 'best fit' (e.g., 3.2 or 3.7) dependent on a combination of factors:

- a. How far the modus of engagement / relationship is established and developed in sessions (bearing in mind that it may begin only as a momentary quality).
- b. Linked to this, whether the client's engagement also has characteristics of higher or lower modi of engagement (for example, for a percentage of the time during sessions as is often the case).

Whilst video analysis may be useful to support the process and it is recommended to undertake it from time to time, it is not necessary in my opinion to undertake on every occasion a score is made. Indeed I would anticipate, as I have already intimated, that if it were to be tested, there would be good inter-rater reliability using the procedure I have developed, just as there is for the DD-CGAS which also uses clinical judgment based on observation and experience to assign a score.

### The bar charts and their presentation

Bar charts are created incorporating the scoring made over a term or more using, in my case, a *Microsoft Office Excel* worksheet. These are never



presented in isolation but are always accompanied by a description of client engagement and progress. It is this that each bar chart illustrates and which justifies the scorings made (bearing in mind that they are not based on objective 'measurement' but on subjective clinical judgment). It is then through integrating qualitative (descriptive) and quantitative (bar chart) aspects of the evaluation process that I am able to respond to my employer's requirement. This is specifically as the evaluation process is documented in the therapy plans, termly evaluation reports, and annual review reports I produce.

### Therapy plan

Along with an initial AQR score, the therapy plan includes a description of the client's presentation and engagement during the assessment period (see Figure 1, p. 117). In this I aim to clarify aspects of musical and interpersonal behaviour bearing in mind the framework that the AQR-instrument and its underlying developmental model provides. In other words, I aim to write an account of the client's initial engagement in therapy that makes sense of the score I assign. Also included in the plan is referral information, the aims of the work (determined during the assessment period) and the 'intervention plan' which sets out the length of sessions and when they will take place. Although it is difficult to obtain informed consent to therapy from a low functioning client with autism, I include evidence I have observed (or have had relayed to me by other staff) of the client's motivation to attend and engage.

### Termly evaluation reports

Scoring is completed at the time of assessment and then every half term<sup>7</sup>. At the end of each term during which the client receives therapy, I produce a brief evaluation report (see Figure 2, p. 118). This includes a short description of the client's engagement and progress during the term linked to the aims of the work. This description should clarify any specific changes and developments which have resulted in an increased AQR score.

### Annual review reports

While the therapy plans and termly evaluation reports are only intended for internal use within a school, annual review reports are designed for a wider audience and may be consulted beyond the school including in future years. For this more formal purpose, it is necessary to include a brief

explanation of the bar chart and the adapted AQR method of evaluation to which it is linked, including references. This means that anyone who wants to find out more can do so by following up these references which are to Schumacher and Calvet's book chapter (Schumacher & Calvet 2007) and my article in this journal. Annual review reports are relatively quick to produce as I am able to use the descriptions of client engagement and progress previously produced for the termly evaluation reports.

The format for these reports includes a brief explanation of what music therapy is as well as information about referral, initial presentation, aims and the number of sessions received. After this a description of the client's engagement and progress is presented on a term by term basis followed by the explanation of the adapted AQR-instrument (see Figure 3, p. 119). The report finishes with a summary and recommendations.

### Use of the chart in evaluation

Not only does the bar chart document progress but it also shows when a client reaches a plateau of progress or when a client does not progress as hoped for. By representing the contour of the client's progress visually, the bar chart can help support decision-making around whether to continue with or end therapy. From a UK perspective, where such decision making and its associated reasoning needs to be documented to meet HCPC *Standards of Proficiency*, the bar charts as they are incorporated into the various reports I produce are useful in justifying the decisions I make. They are also useful in helping to justify to parents and other professionals why therapy might be continuing or ending which can sometimes be points of contention.

### Limitations

The AQR-instrument and my adaptation of it is more suitable for evaluating work with generally lower functioning clients (who are non-verbal or who have limited language) than for evaluating work with complex higher functioning clients with autism where the focus of the therapeutic process may be in areas of engagement not addressed by the AQR-instrument. For example, musical and verbal aspects of the work linked to the evolution of the transference / counter-transference dynamic or aspects of the work linked to the development of symbolic play elaborated in and around the musical process are not assessed. Thus the instrument is designed to evaluate 'music *as* therapy' more than

<sup>7</sup> In the UK the school year is divided into three terms. I rate each client twice a term and thus six times a year if seen for that long.

‘music *in* therapy’<sup>8</sup> (Bruscia 1998). On the other hand, I have found that even in complex multi-faceted work involving much in the way of ‘music in therapy’, the adapted AQR-instrument can sometimes usefully be used to evaluate the purely musical dimension of the client’s relating and engagement (‘music as therapy’). On occasion, I have generated bar charts for reports in such cases but always stressing that these do not illustrate progress in all the dimensions of the work I consider clinically significant.

It is also a fact that, as Schumacher and Calvet (2008a) point out, progress in therapy does not always occur in the linear sequence of the AQR scales. In that sense a bar chart may be misleading if it is assumed that progress is always represented by a higher score although it generally is. In such circumstances, the accompanying descriptive element is essential in clarifying scorings that may move up as well as down so that the bar chart and what it signifies is not misinterpreted. Indeed the bar charts should not be presented independently of the description of client engagement and progress that they illustrate, for it is the description that justifies and makes sense of the scores assigned.

There are also circumstances when a client may not progress in terms of developmental level (or have reached a plateau of progress) and it may not be reasonable to expect further progress, but continuing therapy be justified because of the assessed positive general impact of sessions in maintaining the client’s well-being each week. In such a case, the AQR-instrument may not be applied to produce scores and bar charts. This is where it would be misleading in conveying the benefits or focus of the work.

### **Further applications**

A procedure similar to that I have adopted may be able to be used where ratings scales have been developed for other client populations or for more general use in music therapy. On the other hand what I have developed is specific to the setting where I work and what has been required of me. I hope, therefore, that other practitioners may be able to draw on the approach I have taken so as to develop something useful for their own work settings and suited to their own way of working.

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<sup>8</sup> In ‘music *as* therapy’, the work is done entirely through the music with verbal discourse, if it is engaged in at all, being only employed to guide, interpret, or enhance the music experience and its relevance to the therapy process. In ‘music *in* therapy’ the work is done equally musically and verbally, either alternately or simultaneously, with music being used for its unique nonverbal advantages, and words used to enhance insight (Bruscia 1998). Work in other creative modalities may also feature.

## Music Therapy Plan

**Name:** William James

**Date of Birth:** 3 April 2005

**Referred by:** Sarah Brightman (speech and language therapist) and Ruth Ledger (class teacher).

**Date of Referral:** 6 September 2011

**Reason for Referral:** To help William to “tolerate more closeness with others” as he is very isolated at present and “very difficult to reach”. He seldom looks at other people. His reported “love of music” is a relative strength within his autistic presentation.

### Intervention Plan:

1. Weekly 30-minute sessions at 2:30pm on Tuesdays during term time.
2. Three assessment sessions initially. If appropriate on-going therapy offered for one term (autumn 2011) with possibility of extension subject to termly review of progress made and of the expected benefits of continuing.
3. Adapted AQR-instrument for half-termly evaluation if appropriate.

**Date of Initial Assessment Session:** 13 September 2011

### Presentation During Assessment Sessions:

William attended with his teaching assistant in support and stayed the full 30 minutes. He chose to sit in front of the drums and cymbal on entering the room. His play was generally more at a sensory level of exploration (e.g., uncoordinated, a-rhythmic ‘rubbing’ of the drum stands with the drum sticks), than at a level where he recognised the instruments as being ‘musical’ instruments that could be used for affective (emotional) expression. However there was, from time to time, an emergent sense of the possibility of play at this latter level evolving (e.g., more organised rhythmic beating of the drum skins).

William only acknowledged the therapist’s presence very fleetingly, occasionally glancing his way. He also resisted musical interaction to begin with. Thus he tended to stop playing when the therapist joined in and established a connection in the music. This changed towards the end of the session when he began to tolerate brief moments of rhythmic connection before breaking off.

William seemed to need quite long periods of withdrawal in between relatively brief episodes of engagement with the instruments (and with the therapist). He also went over to the piano and pushed the therapist’s hands off the instrument’s keys when he wanted the therapist’s music to stop. He then paced around the room blocking his ears. Later in the session, William did accept the therapist playing instrumental music quietly in the background when he wasn’t playing himself. He blocked his ears when the therapist sang to try and draw William into interaction again. William began to vocalise quietly towards the end of the session, however, (unmodulated humming sound) attuned to the piano harmonies provided by the therapist demonstrating an indirect musical connectedness.

William’s potential and motivation to engage in more sustained episodes of musical play and interaction began to emerge in the second and third assessment sessions (attended alone). He initiated some of these episodes of engagement and was also able to begin to respond to the therapist’s musical and other invitations to re-engage. There was a brief episode of synchronised play together (shared pulse) in the third session based in the rhythm of William’s body movement which William seemed to register through the way he looked at the therapist in a more sustained way. On one occasion William sat by the therapist at the piano though he only played very briefly before moving away.

The therapist’s assessment was that William would be likely to benefit from on-going therapy for one term initially with aims as set out below.

**Initial Adapted AQR-instrument score:** 2.3

### Aims:

For William:

1. to participate in expressive and communicative interaction at a non-verbal level using music as therapeutic vehicle. To engage in a range of modalities: instrumental involving playing the percussion instruments and the piano, and vocal work. Also movement and music based work.
2. to develop awareness of self and other: to “tolerate more closeness with others” and become more motivated to interact. To initiate interaction, and respond to the therapist’s invitations to interact. To move from episodes of self-absorbed non-communicative and fragmented musical (sensory) play to episodes of more sustained and organised interactive musical play. To develop the capacity to interact musically underpinned by a shared sense of pulse. To learn to turn-take.
3. to develop the capacity for contained affective (emotional) expression through participation in music-based interactive play.

### Therapeutic Approach:

Student led involving improvised musical interaction to achieve therapeutic goals. Psychodynamic approach within developmental framework.

<b>Student consent</b>	Not able to understand concept but seems motivated to attend, e.g., gets up immediately the therapist arrives in class to collect him (unusual for him).
<b>Parental consent</b>	Yes

<b>Plan devised by Martin Lawes, Music Therapist</b>	<b>Signed:</b>	<b>Date:</b>
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**Figure 1**

## Music Therapy Termly Evaluation

**Name:** William James

**Date of Birth:** 3 April 2005

**Term:** 1 (Autumn 2011)

**Number of Sessions Attended in Term:** 11

**Number of Sessions Attended in All:** 11

### Evaluation of Progress in Relation to Aims:

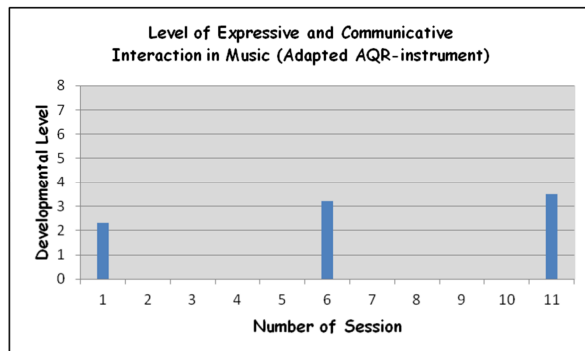
William always seems highly motivated to attend sessions, getting up immediately he sees the therapist arrive in the classroom and walking with him to the sessions.

His music-making has generally become less tentative and more confident. His exploration of the instruments is less at a sensory level and now more at a musical level, beginning to express his shifting affective state. This is through musical patterning and shaping supported by the therapist's music (e.g., development of rhythmic beating and variation of rhythmic patterns, changes in the intensity and speed of the music and an emergent sense of musical phrasing). Thus William has overcome his resistance to engaging in musical interaction to a significant degree. He initiates episodes of musical play more frequently than he did to begin with and is also able to respond to musical or verbal cues from the therapist to re-engage. William plays the drums and cymbal and increasingly the piano (sitting alongside the therapist) during the sessions.

Whilst William seems to be increasingly motivated to interact, at the same time the therapist needs to remain in a musically supportive role, closely following William's musical ideas and the rhythm, flow and speed of his playing. If the therapist introduces musical ideas of his own or changes the speed of the music, for example, at this stage William is restricted in his ability to attune and respond. William does look at the therapist more than he did to begin, however. This is especially when the musical play is synchronised together or matched in some other way. Indeed William's response to the therapist's musical support has involved his own playing becoming more organised (rhythmically grounded), confident (louder) as well as sustained (playing for longer periods before breaking off). It is clear that music therapy is beginning to help him "tolerate more closeness with others", one of the reasons for which he was referred.

There are also periods during which William withdraws from instrumental based musical interaction altogether. However these periods last less time than they did to begin with and he also generally blocks his ears less in sessions. This means that even when not playing the instruments, William seems less withdrawn than he did to begin with. He remains aware of the therapist and his music, looking his way occasionally as he paces around the room. Indeed William increasingly engages vocally at these times, and seems to be encouraged to sustain his engagement as a result of being supported by the therapist's piano harmonies and vocalisations. Characteristic expressive melodic shapes are beginning to emerge, though he does not yet seem ready for vocal dialogue. Recently William has begun to 'dance' at times supported by the therapist's accompanying music.

### Adapted AQR-instrument (Assessment of Quality of Relationship):



<b>Beginning of term score</b>	2.3
<b>Mid-term score</b>	3.2
<b>End of term score</b>	3.5

### Recommendations - Revised aims / intervention plan:

William has progressed well during the first term's work and further progress can be expected. Another term's work will be undertaken with the possibility of extension subject to review of progress made next term and of the expected benefits of continuing after that. Same aims and intervention plan.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Martin Lawes, Music Therapist**

**Figure 2**

### Evaluation of Progress: Adapted AQR-instrument

William's progress was regularly evaluated using an adaptation of the music therapy and autism specific AQR-instrument (Assessment of the Quality of Relationship). This was used to assess the developmental level of his non-verbal expressive and communicative interaction every half-term. The bar chart produced illustrates how he progressed. It represents numerically what is described in the report. His initial score was 2.3 and his final score 4.5. It should be noted that because of their autism, many students (especially those who are non-verbal or who only have limited language) would not be expected to reach the top levels of the scale.

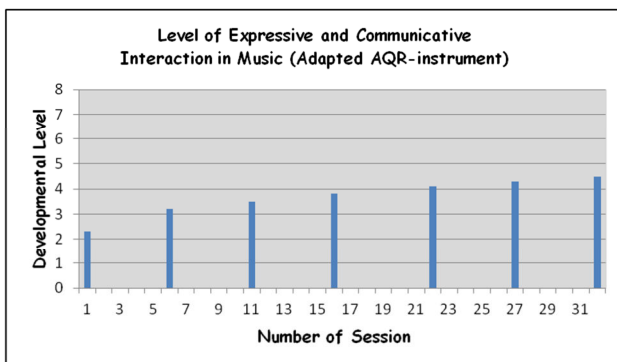


Figure 3

#### References:

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**Suggested citation:**

Lawes, M. (2012). Reporting on outcomes: An adaptation of the 'AQR-instrument' used to evaluate music therapy in autism. *Approaches: Music Therapy & Special Music Education*, 4(2), 110-120. Retrieved from <http://approaches.primarymusic.gr>



## Book Review

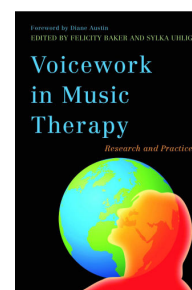
### **Voicework in Music Therapy: Research and Practice** Felicity Baker & Sylka Uhlig (Editors)

Reviewed by Yasmine A. Iliya

*Voicework in Music Therapy: Research and Practice*

Felicity Baker & Sylka Uhlig (Editors)

London: Jessica Kingsley (2011)  
368 pp, ISBN: 978-1-84-905165-1



**Yasmine A. Iliya**, MA, MT-BC, LCAT is a music psychotherapist working on an acute inpatient psychiatric unit at Interfaith Medical Center in Brooklyn, New York. She received her master's degree from New York University, completed Dr. Diane Austin's advanced training in vocal psychotherapy, and is currently a doctoral student at Lesley University. Her work using the voice with homeless men with mental illness in New York City was recently published in *Music Therapy Perspectives*, and she regularly presents at conferences, workshops, and schools around the country. She is also a performing singer.

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Using the voice in music therapy is becoming an increasingly recognised tool for helping a wide range of clinical populations. *Voicework in Music Therapy: Research and Practice*, edited by Felicity Baker and Sylka Uhlig, is a comprehensive, detailed, and much-needed compilation of current voicework techniques in the field of music therapy. In her foreword, Dr. Diane Austin appropriately reminds us of the importance of using the voice, "the most intimate instrument of all" (p. 13). The book is divided into two main sections: structured approaches to voicework, and unstructured approaches to voicework. Each chapter presents a voicework technique with a specific clinical population, and the book concludes with a comparative analysis and model written by the editors. The contributing authors demonstrate expertise in their areas, and offer research-based,

technical, and practical guidance to practitioners on a diverse variety of vocal interventions. In addition, many chapters include beautifully described, client-centered case examples. The specificity of the voicework techniques and the range of populations discussed are important to music therapy students, researchers, and clinicians.

Introducing structured vocal interventions, Esther Thane (Chapter 2) describes her vocal-led relaxation method for children with autism spectrum disorders. In this articulate and detailed chapter, Thane reminds clinicians that directives can be sung instead of spoken. By using the voice, Thane "can have authentic expression and connectedness" (p. 60) with the children. The procedure guides children towards self-reflection through the following process: i) breath awareness and muscle relaxation, ii) self-awareness and

positive affirmation statements, and iii) concluding with a gentle wake up and transition. The chapter is rich with musical notation to aid the reader, and Thane also offers suggestions to apply the technique to other populations.

Sylka Uhlig (Chapter 3) transforms “aggressive shouting behavior into the structure of a rap song” (p. 65), aiding the emotional and cognitive development of at-risk children and adolescents. With structure, all vocal expression, including crying, “can help [children] to survive their often chaotic environments” (p. 65) and regulate aggression. The method is well-researched and the literature review is thorough. In terms of a clinical guide, the method is described in a table, which is easily-referenced.

Nicola Oddy (Chapter 4) documents her interesting research with people who had been told as children that they were not able to sing. Oddy developed a structured six day workshop inviting people to “rediscover their voices through introspective singing” (p. 83). The intention of rediscovery is sensitively described, and Oddy fills the chapter with musical notation of songs and chants as well as helpful ways to adapt the research into a clinical context.

Hyun Ju Chong (Chapter 5) adapts Korean culture into therapeutic purposes by describing *Sori* as a method of helping women with emotional trauma. *Sori* is “a form of singing [...] about various emotions related to life issues” (p. 101). The chapter includes detailed descriptions of the highly-structured technique, as well as a case example of a 55 year-old woman searching for self-growth and insight. Although Chong nicely integrates the traditional, cultural Korean healing approaches with clinical practice, this practice may be complicated for practitioners without personal experience in the *Sori* process.

Hanne Mette Ridder (Chapter 6) presents the polyvagal theory in describing voicework to increase social interaction in people with dementia. Developed by Dr. Stephen Porges, the *polyvagal* theory refers to the role of the tenth cranial nerve, the vagus, in different mammalian stress responses. Ridder connects the vagus to breathing, vocalisation, and communication, and asserts the need for safety to decrease the stress response in people with dementia. Using the human voice in a therapeutic context can increase social interaction, especially by singing familiar, predictable songs. Ridder brings great sensitivity to her chapter, and provides excellent connections between the brain, the voice, and the need to ensure safety for the clients. As she states, “the therapist’s voice is an important instrument and is used to signal a stable ground, a clear structure, and a secure frame” (p. 137).

Jeanette Tamplin (Chapter 7) demonstrates the uses of therapeutic singing and vocal interventions to improve respiratory function and voice projection for people with a spinal cord injury. Although respiratory impairments often lead to morbidity and mortality, vocal techniques can significantly strengthen vocal production, therefore improving one’s sense of well-being. This highly-educative chapter is full of technical details, and the methods are applicable to other disorders and populations. The appendix serves as an additional manual with techniques that are easy to understand and use.

Felicity Baker (Chapter 8) explains how vocal interventions can improve climax and cadence in the dysprosodic voice of people with traumatic brain injury. Baker states that “people with intonation impairments are at risk of being misunderstood [...] and are therefore predisposed to social isolation” (p. 171). Vocal exercises and singing familiar songs can increase verbal emotional expression by improving vocal flexibility, vocal range, and pitch. A case study further demonstrates Baker’s approaches. This chapter is technical, educative, and adds another population to the wide range discussed in the book.

Felicity Baker and Jeanette Tamplin (Chapter 9) show how song-based singing and rhythm-based voicework approaches coordinate respiration, vocalisation, and articulation in people with neurological damage. Singing and speech share similar neural mechanisms, which can help improve the speech in people with disorders such as apraxia and dysarthria. Baker and Tamplin describe various chants, melodic and rhythmic articulation exercises, and vocal intonation exercises. A case study of a woman recovering from a stroke showed that speech intelligibility, rate, pause time, and naturalness all improved following these voicework approaches.

Madeleen de Bruijn, Joost Hurkmans, and Tea Zielman (Chapter 10) bring a much-needed chapter on an interdisciplinary approach of speech-language therapy and music therapy for clients with aphasia and/or apraxia. Using melody and rhythm, Speech Music Therapy for Aphasia (SMTA) simultaneously integrates speech therapy and music therapy, with both therapists working together. Voicework can improve speech fluency by using a method that progresses from singing, to speaking words in a rhythmical chant, to finally speaking the words alone. The chapter includes detailed assessments and musical exercises to help clients learn sounds, words, and sentences.

Helen Shoemark (Chapter 11) introduces her free approach to voicework and vocal interplay, known as contingent singing, with hospitalised newborn infants. Shoemark reminds readers of “the



instinctive process of soothing and nurturing through the voice” (p. 231). Infants are receptive to auditory stimulation and interaction, which provides a positive experience and aids neurological development. Contingent singing includes responding to and maintaining interplay with the infants by singing semi-sung motifs and single-line melodies. Brief clinical examples nicely demonstrate Shoemark’s methods of witnessing and responding to infants using her voice.

Joanne Loewy (Chapter 12) outlines the technique of *tonal intervallic synthesis* to treat acute pain in medical music therapy. The chapter includes a literature review, and the method is explained in the context of a case example. By linking the human voice to the elements of frequency and vibrations in the body, Loewy skilfully describes how her method of toning with a Paiste gong helped a man suffering from pain and anxiety caused by bowel cancer.

Satomi Kondo (Chapter 13) beautifully describes her psychotherapeutic work with a woman with Parkinson’s disease. Kondo brings a psychodynamic and humanistic perspective by reminding us that “music therapy is not only about solving problems” (p. 269). Using an integration of the arts including vocal improvisation, painting, and poetry, the goals of the therapy were to increase self-understanding, creatively express feelings, and expand the client’s inner world. Kondo explains the various roles of the voice such as bridging the client to herself, her family, and her external world. Kondo’s chapter is a well-described and encouraging case study that is applicable to a variety of populations.

Inge Nygaard Pedersen (Chapter 14) brings another needed perspective to the book by offering voicework for self-awareness and self-regulation. Vocal sounds can function as self-objects. Through vocal improvisation, both therapists and clients can explore and challenge their sounds and expressions. Pedersen shares a clinical example where she and the client “worked solely with voice improvisations to search for inner resources and to recognise how to fill oneself up more steadily from the inside” (p. 296-297).

Susan Summers (Chapter 15) conveys a spiritual foundation in her method of voicework in hospice care that she calls “The Vocal Hello Space Model”. At the end of life, songs can offer important meaning for clients and their families, providing comfort, memories, and intergenerational connections. Summers offers helpful, detailed descriptions on matching breathing, humming and vocalising, and vocal improvisation. The lyrical vocal improvisation can be especially powerful, as Summers describes singing to clients phrases such

as: “your loved ones are here... it is OK to leave... we will be all right...” (p. 317).

Continuing in hospice care, Cheryl Dileo (Chapter 16) describes the uses and roles of the voice and the therapist with imminently dying patients. Dileo highlights five uses of the voice: the synchronised voice, the nurturing voice, the accompanying voice, the dialoguing voice, and the emoting voice. She focuses on goals such as slowing the patient’s breath rate, nurturing the patient, and helping the patient achieve relationship completion, with the “ultimate goal of all music therapy interventions [...] [being] to facilitate a good death” (p. 327). She closes the chapter with an emotional case example of accompanying a patient as she died.

The book ends with a concluding chapter (Chapter 17) written by the editors comparing and contrasting the aforementioned voicework interventions. The therapeutic aims, psychological frameworks, and methodological approaches of all the preceding authors are charted for easy referencing. In this broad and detailed chapter, Baker and Uhlig offer a final, powerful model of voicework in music therapy.

For any music therapist who appreciates the use of the voice, and for any music therapist who is looking to expand their practice to include voicework, this comprehensive book is extremely valuable. The greatest quality of the book is its breadth. It covers a wide variety of vocal interventions and populations and provides helpful, technical advice for practitioners. It is a highly significant and useful contribution to the field of music therapy, and reminds all clinicians about the innate power of the human voice.

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#### Suggested citation:

Iliya, Y. (2012). Book review: “Voicework in Music Therapy: Research and Practice” (Felicity Baker & Sylka Uhlig, Editors). *Approaches: Music Therapy & Special Music Education*, 4(2), 121-123. Retrieved from <http://approaches.primarymusic.gr>



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## Book Review

# **Hearing – Feeling – Playing: Music and Movement with Hard-of-Hearing and Deaf Children**

Shirley Salmon (Editor)

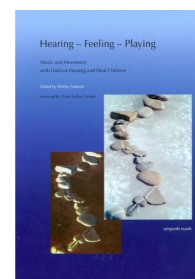
Reviewed by Kimberly McCord

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*Hearing – Feeling – Playing: Music and Movement with Hard-of-Hearing and Deaf Children*

Shirley Salmon (Editor)

Wiesbaden; Reichert Verlag (2008)  
286 pp., ISBN: 978-3895006210



**Kimberly McCord** is Professor of Music Education at Illinois State University. She is the past chair of the ISME Commission on Music in Special Education, Music Therapy and Music Medicine and the founder and past chair of the National Association for Music Education Special Research Interest Group on Children with Exceptionalities. Her research focuses on music assistive technology, collaboration between music and special educators, jazz and improvisational thinking in children.

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*Hearing - Feeling - Playing* is a wonderful resource for music teachers and therapists who work with children with hearing loss. Working with students who are deaf or hard-of-hearing can be challenging for those of us used to relying on the auditory sense when making music. The last book for music educators and therapists devoted to working musically with students with hearing loss was published in 1980 by Carol and Clive Robbins (Robbins & Robbins 1980). However, the classroom has changed dramatically since then, especially with improved hearing aids and cochlear implants.

This book includes twenty-one chapters that focus on using music and movement with children who have hearing loss. General music chapters are the primary focus, however; there are also chapters

that are helpful to choral and instrumental teachers. For example, there is an excellent chapter written by Christine Rocca about the Mary Hare Schools for the Deaf in the United Kingdom and their beginning instrumental music program. Rocca is a teacher of the Deaf and a music therapist at the Mary Hare schools for the Deaf in Berkshire, United Kingdom. Rocca uses the Nordoff-Robbins approach of integrating improvisation into therapy and teaching. Initially improvisation occurs with percussion instruments (some of the more accessible instruments for students with hearing loss), and later students choose flute, clarinet, piano or, they elect to continue on percussion instruments. Improvisation develops self-confidence particularly among children newly implanted with cochlear implants. Rocca found that students do best with

strong, steady beat and bass lines along with predictable harmonic sequences, clear structure and melodic phrasing to accompany their playing and improvisation.

Chapters on music and language address the issue of delayed language in students with hearing loss and methods where music can be used to help support the acquisition of language. Katharina Ferner, a special school teacher and speech therapist, has developed a one-week retreat for families dealing with diagnosis of hearing loss with a child. She offers important considerations for working with families including how to support language acquisition in a child with hearing loss. Ferner reviews six approaches from professionals who use music with children who have hearing loss. In addition, she describes activities used in the family retreat.

The book is filled with strategies for developing 'inner rhythm' - an innate sense of rhythm students with hearing loss possess - and ways through which the music educator can assist students in becoming aware of this inner rhythm they have. Evelyn Glennie, a professional percussionist who is deaf, provides an inspiring foreword to the book and describes learning to hear in different ways including hearing through feeling music in our bodies. This concept is supported by many of the chapter authors. Indeed, Claus Bang, a music therapist and audio speech therapist from Denmark, discusses a type of musical speech therapy technique he developed that uses Orff contra-bass bars to aid children in improving vocal timbre and qualities by learning to perceive sound through the whole body, then discovering how to match vocal pitch by feeling vibrations from the bass bars. I have used this approach successfully with children who have hearing loss, in our university laboratory school. Orff contra-bass bars are one of the most accessible instruments for children with hearing loss. The size of the instrument enables the child to easily place a hand on the instrument that is played with a large mallet. The pitch is low and playing the instrument produces strong vibrations that are not only felt through the hand but through the entire body.

Recent research into music perception is included with application to the deaf population. Naomi Benari, a dancer in United Kingdom, uses inner rhythm as a technique for teaching dance to children with profound hearing loss. Feeling rhythm in the body aids in perceiving auditory rhythm. Dance is accompanied by live music, in particular drums and piano. Benari prefers live music so students can go to the instrument and place their hand on the instrument to feel the vibrations. Benari gives a step-by-step approach to developing inner rhythm through movement with

children. This is an excellent way to develop music perception in children with hearing loss.

The book's contributors are primarily European, and are chiefly practitioners in special schools and programs. However, the strategies and research are current and applicable to all schools and programs.

The book has many photographs that illustrate most chapters. I also appreciate the authors' biographies with their contact information at the end of the book. Salmon is an excellent editor and has recruited authors from a diversity of backgrounds and professions. The book is accessible to both communities of teachers and music therapists. In addition, Salmon has taught at the Orff Institute, Salzburg since 1984 and is director of the postgraduate Special Course. She authors two excellent chapters that are particularly appropriate to general music teachers.

Overall, *Hearing - Feeling - Playing* is a welcome addition and provides music teachers and therapists with new strategies for the inclusion of students with hearing loss in music.

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## Suggested citation:

- McCord, K. (2012). Book review: "Music and Movement with Hard-of-Hearing and Deaf Children (Shirley Salmon, Editor). *Approaches: Music Therapy & Special Music Education*, 4(2), 124-125. Retrieved from <http://approaches.primarymusic.gr>



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## Book Review

# **Adolescents, Music and Music Therapy: Methods and Techniques for Clinicians, Educators and Students**

Katrina McFerran

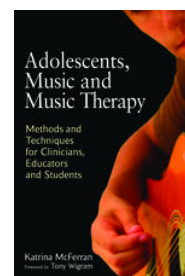
Reviewed by Sarah Weston

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*Adolescents, Music and Music Therapy: Methods and Techniques for Clinicians, Educators and Students*

Katrina McFerran

London: Jessica Kingsley (2010)  
304 pp., ISBN: 978-1-84905-019-7



**Sarah Weston** is a qualified freelance music therapist living and working in Cornwall, UK. Working with a variety of charities across the county, Sarah has set up a music therapy provision for children with learning and physical disabilities, as well as for adults with learning disabilities and mental health illnesses. Sarah's main work concentrates on working with children and adolescents who have experienced trauma and abuse. She is the music therapist for 'CLEAR' (Children Linked to and Experiencing Abusive Relationships), a local charity that specialises in providing support through a variety of models of work to support the local community.

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*Adolescents, Music and Music Therapy* is an invaluable resource for newly qualified music therapists and trainees, as well as for established music therapists and others interested in how music can benefit young people. Katrina McFerran uses her twenty years of experience to compile together a strong theoretical framework, supported by case studies, vignettes and practical solutions.

As a newly qualified music therapist, I have been working for two years with adolescents who have witnessed or experienced abuse. As my role is new to me, I often question if what I am doing is 'right' and constantly trying to ensure that I am providing the best I can within the 'chaos'. By this I mean the complexities that have to be negotiated; liaising with a number of other professionals,

working with the families and trying to support the young person can become stressful and chaotic. I feel I can admit to this is because Katrina McFerran admits to it too. Writing with such an honest approach, the author captures one's attention immediately. The recognition of the importance of the therapist's health and wellbeing is valued as much as the clients' is. *Adolescents, Music and Music Therapy* feels like supervision sessions, lectures and conversations with colleagues are all compiled into one book.

### **Themes and structure of the book**

The introduction explains McFerran's personal reasons for writing this book and sets out its

intention of providing ideas, inspiration, theory and evidence about why music should be used for the benefit of young people. It does not speak with strict authority; rather, it is an assembly of twenty years of experience and findings that is open to discussion and the beginning of advancing music therapy in this field.

The book, set in Australia, is divided into four parts covering work with adolescents in many varying fields of music therapy practice; from palliative and bereavement care through to eating disorders and drug abuse. Part one is grounded in theory. The reader is taken through what relevant literature is out there, what music therapy is, where it happens, what is involved, how it differs from other professions and what one can learn from this literature. On the face of it, it is a chapter that music therapists could skip, as surely we know this already, however, I found it very relevant to my work, confirming and supporting my work as a therapist. It reinstates and encourages the importance of the therapist being committed to and being supported by a theoretical framework.

Using four psychological and theoretical frameworks: behavioural, humanistic, psychodynamic and ecological, a map of approaches is introduced. It is simple and effective, displaying and complementing the flexible and creative ways in which we work as music therapists. McFerran describes it as a “security blanket” (p. 47) to turn to. It is reassuring and guides the reader through a “blended, eclectic approach” (p. 21). This is a great way of summing-up how music therapists constantly have to listen, watch, adjust and reformulate their approaches to meet the unique needs of the individual adolescent. With the flexible methods suggested throughout the book, one is always brought back to this underpinning theory.

Seeing a relationship between adolescence, music and health, McFerran creates four key elements to maintain adolescent health: identity formation, resilience, connectedness and competence. Much of my work consists of working with or towards these elements to provide my clients with a positive sense of self and development into adulthood. Through identifying these elements I have been able to place my work onto the theoretical map.

Refreshingly, parts two and three of the book concentrate more on practical guidance. They provide ways in which to engage young people in music; in singing, listening, playing and participating. As readers, music therapists are prompted to think about the instruments and technology they use; they are given lists of instruments, songs, approaches and even a workshop plan. This is invaluable when starting

out. I have found there to be a lack of practical guidance in other literature but this book has an abundance of it.

Part four draws on conventional music therapy practise and then moves towards a more contemporary approach. I have always been wary of how much emphasis has been put onto Community Music Therapy as a new contemporary approach. I feel it has always been there and has organically grown to meet the needs of music therapy clients. However, what this book does is provide evidence and theory as well as musical activities to consider, such as performance. Music therapists are asked to think carefully about this, and to pose a range of practical questions such as “*why are we doing it?*” and “*what for?*”

The book concludes with encouragement for the therapist. Such insight and enthusiasm is contagious, as well as the recognition that such work will make one reflect on his/her own adolescent self and how important it is to continue with supervision and personal therapy.

### General reflection

This is an accessible read, providing insight for those who do not know much about music therapy, demonstrating why it should be used to contribute to the overall health and wellbeing of adolescents. Admittedly, there a couple of parts I felt were a little patronising. I question if stating how music therapists have to accept the music of adolescents to fully engage in the work was necessary and, the list of songs seen a little out of date. However, the book is engaging, supportive, thought-provoking and practical. I have used many of the suggestions in my work and have placed myself on the theoretical map when in need of grounding. I am sure I will continue to refer to it in the future and recommend it fully to anyone working in this exciting and challenging setting.

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### Suggested citation:

Weston, S. (2012). Book review: “Adolescents, Music and Music Therapy: Methods and Techniques for Clinicians, Educators and Students” (Katrina McFerran). *Approaches: Music Therapy & Special Music Education*, 4(2), 126-127. Retrieved from <http://approaches.primarymusic.gr>



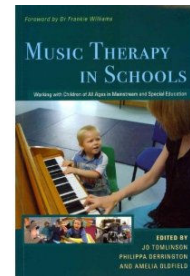
## Βιβλιοκριτική

### **Music Therapy in Schools: Working with Children of All Ages in Mainstream and Special Education** Amelia Oldfield, Jo Tomlinson & Philippa Derrington (Επιμελήτριες)

Από τη Χριστιάνα Αδαμοπούλου

*Music Therapy in Schools: Working with Children of All Ages in Mainstream and Special Education*  
Amelia Oldfield, Jo Tomlinson & Philippa Derrington (Επιμελήτριες)

London: Jessica Kingsley (2012)  
256 pp., ISBN: 978-1-84905-000-5



Η **Χριστιάνα Αδαμοπούλου** σπούδασε μουσική στο Ιόνιο Πανεπιστήμιο (Τμήμα Μουσικών Σπουδών) και μουσικοθεραπεία στο Anglia Ruskin University (Ηνωμένο Βασίλειο). Έχει λάβει επίσης δίπλωμα στο πιάνο. Σήμερα εργάζεται ως καθηγήτρια μουσικής στην ειδική αγωγή και ιδιωτικά ως μουσικοθεραπεύτρια στην Αθήνα. Παράλληλα εκπαιδεύεται στην ομαδική ανάλυση και την οικογενειακή θεραπεία.

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Η χαρά μου ήταν μεγάλη όταν μου δόθηκε η ευκαιρία να γράψω μια κριτική για το βιβλίο *Music Therapy in Schools: Working with Children of All Ages in Mainstream and Special Education*, που επιμελήθηκαν η Amelia Oldfield, η Jo Tomlinson και η Philippa Derrington. Ως πρώην φοιτήτρια μουσικοθεραπείας στο Anglia Ruskin University στο Cambridge είχα την τύχη να παρακολουθήσω από κοντά την κλινική δουλειά και των τριών με παιδιά. Έτσι μπόρεσα να διαπιστώσω πόσο μεγάλο ρόλο παίζει ο ενθουσιασμός και η δημιουργικότητα του μουσικοθεραπευτή ειδικά όταν εργάζεται με παιδιά και εφήβους.

Το βιβλίο είναι μια συλλογική έκδοση δεκατριών συγγραφέων με θέμα τη μουσικοθεραπεία στην εκπαίδευση. Το γεγονός ότι οι επιμελήτριες προέρχονται από διαφορετικούς χώρους της εκπαίδευσης στην Αγγλία καθορίζει σε

μεγάλο βαθμό το εύρος των εφαρμογών της μουσικοθεραπείας που παρουσιάζονται. Η Oldfield είναι καθηγήτρια και επόπτρια μουσικοθεραπείας στο Anglia Ruskin University με εκτενή κλινική εμπειρία στην παιδοψυχιατρική, η Derrington εργάζεται σε γενικά σχολεία με εφήβους και η Tomlinson στην ειδική αγωγή. Οι διαφορετικές αφετηρίες των επιμελητριών αντανακλώνται σε μεγάλο βαθμό στην επιλογή των κεφαλαίων τα οποία αφορούν ηλικίες από την προσχολική έως την εφηβεία και διαφορετικά πλαίσια όπου ασκείται η μουσικοθεραπεία (όπως τα σχολεία, τα κέντρα ημέρας, μια κινητή μονάδα μουσικοθεραπείας για απομακρυσμένες περιοχές). Δε θα πρέπει να παραληφθεί εδώ ότι οι συγγραφείς των κεφαλαίων που περιλαμβάνονται στο βιβλίο έχουν ειδικευτεί σε διαφορετικά εκπαιδευτικά προγράμματα της Αγγλίας, γεγονός που

συνεισφέρει περαιτέρω στην ποικιλομορφία της έκδοσης.

Πρέπει να σημειωθεί επίσης ότι ακόμη και ο τρόπος γραφής, η δομή και η παρουσίαση των κεφαλαίων δεν ακολουθούν μια συγκεκριμένη φόρμα, με αποτέλεσμα κάθε κεφάλαιο να έχει έναν αρκετά ξεχωριστό χαρακτήρα, χωρίς όμως να χάνεται ο εστιασμός στη θεματική του βιβλίου. Επίσης τα κεφάλαια δεν έχουν ομαδοποιηθεί σε ενότητες, παρά έχουν οργανωθεί με βάση τις ηλικίες των θεραπευόμενων (ξεκινώντας από τα νήπια και καταλήγοντας στους μαθητές της δευτεροβάθμιας εκπαίδευσης). Επιχειρώντας μια ομαδοποίηση των δεκατριών κεφαλαίων για τους σκοπούς αυτής της βιβλιοκριτικής τα τοποθετώ σε τέσσερις ενότητες: σε εκείνα που οι συγγραφείς εστιάζουν σε πλευρές της κλινικής τους δουλειάς (κεφάλαια 6, 7, 10), σε εκείνα που ασχολούνται με την ένταξη και την εδραίωση της μουσικοθεραπείας με στόχο την κάλυψη των ιδιαίτερων αναγκών των παιδιών σε συγκεκριμένες δομές (κεφάλαια 1, 2, 5, 11, 13), σε εκείνα που διερευνούν την επίδραση των πολιτικών και γεωγραφικών παραγόντων στη διαμόρφωση της θεσμικής ένταξης της μουσικοθεραπείας και συνεπώς του χαρακτήρα της κλινικής δουλειάς των συγγραφέων (κεφάλαια 8, 9), και τέλος σε εκείνα που εξετάζουν το ρόλο της μουσικοθεραπείας στο πλαίσιο της διεπιστημονικής ομάδας (π.χ. το βοηθητικό και εκπαιδευτικό προσωπικό του ειδικού σχολείου) (κεφάλαια 3, 4, 12). Παρακάτω αναφέρομαι περιληπτικά στα κεφάλαια της κάθε ενότητας.

Στο κεφάλαιο 6 η Jane Brackley διερευνά το πώς μπορεί να αντιμετωπιστεί η έκφραση του θυμού και της επιθετικότητας σε παιδιά πέντε έως εννέα χρόνων στο πλαίσιο της μουσικοθεραπείας, στο κεφάλαιο 7 η Jo Tomlinson εστιάζει στο ρόλο της μίμησης και του καθρεπτίσματος στις συνεδρίες με παιδιά του ειδικού σχολείου, ενώ στο κεφάλαιο 10 ο Ian McTier ασχολείται με τη χρήση του κοντραμπάσου με παιδιά με αυτισμό.

Στη δεύτερη ενότητα κεφαλαίων που εστιάζουν περισσότερο στις διαδικασίες για την καθιέρωση των θέσεων μουσικοθεραπείας σε σχολεία, κέντρα ημέρας και νοσοκομεία, οι Emma Davies και Clare Rosscornes στο κεφάλαιο 1 περιγράφουν με γλαφυρό τρόπο τις προκλήσεις που συνάντησαν στην προσπάθειά τους να εισαγάγουν τη μουσικοθεραπεία σε ένα κέντρο ημέρας για νήπια και η Nicky O'Neill (κεφάλαιο 2) καταγράφει την πορεία ανάπτυξης της μουσικοθεραπείας σε ένα κέντρο διάγνωσης για νήπια, παραθέτοντας παράλληλα ενδιαφέρον κλινικό υλικό. Στο κεφάλαιο 5, η Jan Hall περιγράφει τους περιορισμούς και τα ωφέλη από το διπλό της ρόλο ως μουσικοθεραπεύτριας και δασκάλας μουσικής στο ειδικό σχολείο, ενώ στο κεφάλαιο 11 η Órla

Casey ασχολείται με το ρόλο της μουσικοθεραπείας σε παιδιά που αντιμετωπίζουν σοβαρές ασθένειες εξετάζοντας παράλληλα το πώς μπορεί να συνδεθούν οι υπηρεσίες της νοσοκομειακής περίθαλψης με την εκπαίδευση. Τέλος, η Philippa Derrington στο κεφάλαιο 13 περιγράφει τους τρόπους με τους οποίους εντάχθηκε η μουσικοθεραπεία στο γενικό γυμνάσιο που εργάζεται παραθέτοντας επίσης αποσπάσματα από μελέτες περιπτώσεων με έφηβους μαθητές.

Με ιδιαίτερο ενδιαφέρον διάβασα τα κεφάλαια 8 και 9 τα οποία - όπως αναφέρθηκε - εστιάζουν στα ιδιαίτερα γεωγραφικά και πολιτικά χαρακτηριστικά της περιοχής όπου ασκείται η μουσικοθεραπεία. Η Angela Harrison στο κεφάλαιο 8 αφηγείται πώς μια μικρή ομάδα μουσικοθεραπευτών μέσα σε διάστημα είκοσι ετών κατάφερε να εισαγάγει τη μουσικοθεραπεία στα γενικά και στα ειδικά σχολεία του York και του North Yorkshire, ενώ η Karen Diamond στο κεφάλαιο 9 περιγράφει την εγκαθίδρυση της υπηρεσίας μουσικοθεραπείας για την αντιμετώπιση του κοινού διαγεννηαλογικού τραύματος στα σχολεία του Belfast και την κλινική της εργασία εκεί.

Στην τελευταία ενότητα κειμένων ο Chris Achenbach (κεφάλαιο 3) παρουσιάζει τη δουλειά του ως μουσικοθεραπευτή και επόπτη σε κέντρο ημέρας για νήπια και τις οικογένειές τους. Οι Anne Bruce και Suzie High (κεφάλαιο 4) γράφουν για τις αντιλήψεις άλλων ειδικών και συναδέλφων για τη μουσικοθεραπεία στο πλαίσιο του ειδικού σχολείου. Τέλος, ο John Strange (κεφάλαιο 12) περιγράφει τη συνεργασία του με το βοηθητικό εκπαιδευτικό προσωπικό του σχολείου όπου εργάζεται.

Θα μπορούσε κάποιος να υποστηρίξει ότι το εύρος του υλικού που παρουσιάζεται στο βιβλίο δεν ευνοεί τον εστιασμό και την εμβάθυνση σε κάποιο συγκεκριμένο ζήτημα (π.χ. ηλικιακή ομάδα, παθολογία ή πλαίσιο εφαρμογής). Ωστόσο, είναι χρήσιμο να παρατηρήσει κανείς ότι, τουλάχιστον στην Αγγλία, η βιβλιογραφία σχετικά με τη μουσικοθεραπεία στην εκπαίδευση είναι περιορισμένη, παρά το γεγονός ότι η συστηματική αξιοποίηση της θεραπευτικής διάστασης της μουσικής αναδύθηκε μέσα από την ειδική αγωγή. Ως εκ τούτου η ύπαρξη ενός τέτοιου βιβλίου αφενός δίνει μια πλήρη εικόνα για το σύνολο των εφαρμογών της μουσικοθεραπείας στην εκπαίδευση στην Αγγλία, αφετέρου μπορεί να λειτουργήσει ως αφετηρία για περαιτέρω έρευνα σε αρκετά πεδία, κάποια από τα οποία αποτυπώνουν το 'άνοιγμα' της μουσικοθεραπείας σε ευρύτερες πληθυσμιακές ομάδες (όπως για παράδειγμα στην περίπτωση του τραύματος).

Κλείνοντας, το βιβλίο αυτό, πέραν του κλινικού του ενδιαφέροντος, είναι μια καλή αφορμή για

σκέψη σχετικά με τις συνεχώς διασταυρούμενες και αλληλεπιδρώσες διαστάσεις της εργασίας του μουσικοθεραπευτή οι οποίες εκφράζονται μέσα από την κουλτούρα του, την κουλτούρα του θεραπευόμενου, αλλά και τις ιδιαίτερες πολιτισμικές, γεωγραφικές και πολιτικές συνθήκες που επηρεάζουν και διαμορφώνουν το πλαίσιο στο οποίο ασκείται η μουσικοθεραπεία. Ειδικά οι Έλληνες μουσικοθεραπευτές διαβάζοντάς το βιβλίο αυτό, ίσως εμπνευστούν από την επιμονή και το πείσμα των Βρετανών συναδέλφων τους, προκειμένου να εδραιωθεί μέσα από τη δουλειά τους ο ρόλος της μουσικής για θεραπευτικούς σκοπούς στους χώρους τόσο της ειδικής όσο και της γενικής εκπαίδευσης.

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**Προτεινόμενη παραπομπή:**

Αδαμοπούλου, Χ. (2012). Βιβλιοκριτική: “Music Therapy in Schools: Working with Children of All Ages in Mainstream and Special Education” (Oldfield, Tomlinson & Derrington, Επιμελήτριες). *Approaches: Μουσικοθεραπεία & Ειδική Μουσική Παιδαγωγική*, 4(2), 128-130. Ανακτήθηκε από το <http://approaches.primarymusic.gr>





## Βιβλιοκριτική

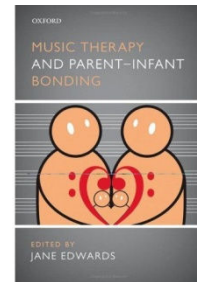
### **Music Therapy and Parent-Infant Bonding** Jane Edwards (Επιμελήτρια)

Από την Ελισάβετ Γεωργιάδη

*Music Therapy and Parent-Infant Bonding*

Jane Edwards (Επιμελήτρια)

Oxford: Oxford University Press (2011)  
240 pp., ISBN: 978-0-19-958051-4



Η **Ελισάβετ Γεωργιάδη** κατέχει Μεταπτυχιακό Δίπλωμα Μουσικοθεραπείας (Guildhall School Of Music and Drama) και Δίπλωμα Πιάνου (Ωδείο Αθηνών). Συνεργάζεται με το Σικιαρίδειο Ίδρυμα και το Ειδικό Ιατρείο Αυτισμού της Παιδοψυχιατρικής Κλινικής της Ιατρικής Σχολής του Πανεπιστημίου Αθηνών του Νοσοκομείου Παιδών «Η Αγία Σοφία». Είναι Πρόεδρος του μη κερδοσκοπικού οργανισμού πρώιμης παρέμβασης *Μουσική Κίνηση*. Στο πλαίσιο της *Μουσικής Κίνησης* και σε συνεργασία με το Ειδικό Ιατρείο Αυτισμού είναι υπεύθυνη οργάνωσης και υλοποίησης του ερευνητικού προγράμματος «*Ρυθμική Ικανότητα και Λειτουργικός Συντονισμός στην Επικοινωνία με Παιδιά με Αυτισμό*».

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Το βιβλίο αυτό είναι το πρώτο που εστιάζει στους τρόπους με τους οποίους η μουσικοθεραπεία μπορεί να παίξει ξεχωριστό ρόλο στην προαγωγή υγείων δεσμών ανάμεσα σε γονείς και βρέφη που βιώνουν συνθήκες οι οποίες δεν επιτρέπουν σε αυτούς τους δεσμούς να εξελιχθούν ομαλά. Η συγγραφή του βιβλίου έγινε με τη συνδρομή μουσικοθεραπευτών από την Αυστραλία, την Ιρλανδία, το Ηνωμένο Βασίλειο και τις Ηνωμένες Πολιτείες που καταθέτουν γνώσεις και εμπειρίες βασισμένες στη σύγχρονη θεωρία και έρευνα. Το βιβλίο καλύπτει μια σειρά από διαφορετικές κλινικές περιπτώσεις και προσεγγίσεις, κάτι που το καθιστά σημαντικό εργαλείο για το μουσικοθεραπευτή, τον εκπαιδευόμενο και γενικότερα όσους ασχολούνται με το πεδίο της βρεφικής ψυχικής υγείας.

Τα κεφάλαια του βιβλίου συμπληρώνουν άλλα πρόσφατα δημοσιεύματα που αφορούν στην εφαρμογή θεωρητικών και πρακτικών πλευρών της μουσικοθεραπείας με βρέφη και οικογένειες (για παράδειγμα, βλέπε Oldfield & Flower 2008). Το κλινικό υλικό συνοδεύεται από διεισδυτικές παρουσιάσεις περιστατικών, ενώ στηρίζεται (αλλά και προσθέτει) σε δημοσιεύματα σχετικών επιστημονικών πεδίων όπως η κλινική ψυχολογία, η ψυχιατρική, η αναπτυξιακή ψυχολογία και η εκπαίδευση του παιδιού (βλ., Bryant & Barrett 2007· Malloch & Trevarthen 2008· Schore 2001· Wilkinson 2006· Young 2007).

Η επιμελήτρια του βιβλίου, Jane Edwards είναι, εκτός των άλλων, διευθύντρια της ερευνητικής ομάδας «Μουσική και Υγεία» του Πανεπιστημίου του Limerick και πρόεδρος του διεθνούς οργανισμού «Μουσική και Ιατρική». Έχει εκτενή

κλινική εμπειρία δουλεύοντας επί σειρά ετών με βρέφη που νοσηλεύονται με σοβαρές ασθένειες.

Κοινή θεωρητική βάση των συγγραφέων του βιβλίου αποτελεί η «θεωρία της προσκόλλησης» (attachment theory). Τη θεωρία υποστηρίζουν έρευνες σχετικές με τη φυσιολογία και νευροβιολογία του ανθρώπινου εγκεφάλου (Porges 2001· Siegel 1999· Wilkinson 2006). Σύμφωνα με τη θεωρία αυτή, πρώιμες σχέσεις και εμπειρίες ανάμεσα σε γονείς και βρέφη διαμορφώνουν και καθορίζουν το χάρτη του εγκεφάλου και επηρεάζουν αποφασιστικά τη μετέπειτα γνωστική και πνευματική υγεία του ατόμου.

Ισορροπώντας ανάμεσα στην επιστημονική γραφή και στις προσωπικές σκέψεις και τα συναισθήματα, δίνεται μια ολοκληρωμένη εικόνα των καταστάσεων που εμποδίζουν γονείς και βρέφη να αναπτύξουν τρυφερές, δημιουργικές σχέσεις. Στις περιπτώσεις αυτές «η μουσική μπορεί να κινηθεί στο χώρο ανάμεσα στο γονέα και το παιδί και να πυροδοτήσει έναν θαυμάσιο δεσμό» (σ. 115). Συγκεκριμένα, στο κεφάλαιο *Music Therapy to Promote Attachment Between Mother and Baby in Marginalized Communities*, όπως γράφει η Cunningham, η συγγραφέας του κεφαλαίου, «η μουσική χρησιμοποιείται για να ξεκλειδώσει εκείνο το συναίσθημα της ευφορίας το οποίο, όταν απελευθερωθεί, ρέει, αναβλύζει και πλημμυρίζει το δημιουργικό χώρο ανάμεσα σε δύο υπάρξεις» (σ. 116).

Χαρακτηριστικό του βιβλίου αποτελεί η ολιστική προσέγγιση της ψυχικής υγείας. Το βρέφος αποτελεί μέρος του συστήματος 'γονέας-βρέφος' έτσι όπως χαρακτηριστικά περιγράφεται στο έργο του Winnicott (1952). Το σύστημα γονέας-βρέφος διευρύνεται στα κεφάλαια των Cunningham, Kelly και Ledger, για να συμπεριλάβει και τις γενικότερες κοινωνικές συνθήκες. Με τον τρόπο αυτό εντάσσεται στη θεραπευτική σκέψη η ιδέα πως το να είσαι γονιός είναι μια πολυδιάστατη διαδικασία η οποία επηρεάζεται από κοινωνικό-οικονομικές, οικογενειακές και ψυχολογικές παραμέτρους. Η οπτική αυτή καθορίζει και το ρόλο του μουσικοθεραπευτή ως «εξωτερικού υποστηρικτή-διευκολυντή» - ο οποίος κατανοεί το σύνολο των προβλημάτων - και όχι ως «ειδικού-ειδήμονα».

Οι συγγραφείς διεισδύουν σε βάθος στα συναισθήματα και στους προβληματισμούς των γονέων. Θέτουν ως στόχο να επικυρώσουν την ικανότητα των γονέων να ανταποκριθούν στο ρόλο τους, και να εμπεριέξουν (contain) την αρνητική εικόνα που μπορεί να έχουν οι γονείς για τον εαυτό τους και για την εικόνα τους. Αυτά τα συναισθήματα και οι προβληματισμοί αποτυπώνονται καθαρά στο κεφάλαιο της Levine για μητέρες που πάσχουν από κατάθλιψη, στο κεφάλαιο των Day and Bruderer για μητέρες που

έχουν υποστεί κακοποίηση και στο κεφάλαιο των O'Callaghan and Jordan για οικογένειες που αντιμετωπίζουν σοβαρά ιατρικά προβλήματα. Αρνητικό επακόλουθο ψυχικών και σωματικών ασθενειών είναι η φυσική ή συναισθηματική απουσία των γονέων, οι παρεμβατικοί, μη συντονισμένοι, τιμωρητικοί ή επιθετικοί τρόποι συμπεριφοράς απέναντι στο βρέφος και τέλος ο φόβος των γονέων ότι δεν θα μπορέσουν να ανταποκριθούν στο ρόλο τους.

Στο κεφάλαιο *Music Therapy and Parent-Infant Bonding* της Edwards περιγράφεται με σαφή τρόπο η έννοια της έμφυτης μουσικότητας του βρέφους και τα χαρακτηριστικά του «μουσικού γονέα», που αποτελούν τη θεωρία πάνω στην οποία στηρίζεται η κλινική χρήση της μουσικής. Τα χαρακτηριστικά αυτά ενθαρρύνουν τη χρήση της μουσικής ως ρυθμιστικού παράγοντα συμμετοχής και επικοινωνίας δημιουργώντας συνθήκες στοργικής οικειότητας ανάμεσα σε γονείς και βρέφη. Δημιουργείται έτσι ένα πεδίο ανταλλαγής συναισθηματικών εμπειριών και όχι απλά ένα πεδίο ανταλλαγής πληροφοριών. Στα κεφάλαια των Shoemark *Translating 'Infant-Directed' Singing into a Strategy for the Hospitalized Family* και Loevy, *Music Therapy for Hospitalized Infants and their Parents* αντίστοιχα, περιγράφεται με ευαισθησία η σημασία της βρεφικής μουσικότητας που παραμένει ανέπαφη σε συνθήκες ασθένειας «αποτελώντας μια δυναμική οδό την οποία μπορεί να χρησιμοποιήσει το ευάλωτο βρέφος για να διατηρήσει την επαφή του με τον κόσμο» (σ. 167).

Η Drake στο κεφάλαιο *Becoming In Tune: The Use of Music Therapy to Assist the Developing Bond Between Traumatized Children and their New Adoptive Parents* δίνει έμφαση, εκτός των άλλων, στον αναπτυξιακό ρόλο που μπορεί να παίξει η μουσική στη θεραπεία. Η μουσική ως μέσο μη-λεκτικού τρόπου έκφρασης εμπειριών δίνει σε παιδιά μεγαλύτερης ηλικίας τη δυνατότητα επιστροφής σε πρώιμα στάδια ανάπτυξης, τα οποία δεν είχαν την ευκαιρία να βιώσουν και να επεξεργαστούν με το γονέα την κατάλληλη χρονική περίοδο.

Εξχωριστή θέση στο βιβλίο έχει το κεφάλαιο της Oldfield, *Parent's Perception of Being in Music Therapy Sessions with their Children: What is our Role as Music Therapists With Parents*. Σε αυτό το κεφάλαιο καταγράφονται οι αντιλήψεις των γονέων για τη διαδικασία της μουσικοθεραπείας και το πώς αυτές καθορίζουν τη στάση του μουσικοθεραπευτή. Τέλος, στο κεφάλαιο των Williams, Nicholson, Abad, Docherty και Berthelsen, *Evaluating Parent-Child Group Music Therapy Programmes: Challenges and Successes for Sing and Grow* εξηγείται η αναγκαιότητα και τα οφέλη που προκύπτουν από την αξιολόγηση των προγραμμάτων μουσικοθεραπείας πρώιμης

παρέμβασης. Πέρα από τη θετική προβολή του επαγγέλματος της μουσικοθεραπείας, ποιοτικά στοιχεία αξιολόγησης μπορεί να προσελκύσουν το ενδιαφέρον και την οικονομική υποστήριξη φορέων και ιδιωτών. Το άρθρο αποτελεί από μόνο του εγχειρίδιο οργάνωσης και υλοποίησης τέτοιων αξιολογήσεων.

Στο βιβλίο παρουσιάζονται κλινικές μέθοδοι, τεχνικές της μουσικοθεραπείας και ιδιότητες της μουσικής που ενθαρρύνουν τη δημιουργία υγιών δεσμών μεταξύ γονέων και βρεφών. Τονίζονται η αλληλεπιδραστική λειτουργία (interactive function) και το στοιχείο της περιοδικότητας (temporality) της μουσικής. Η συνειδητοποίηση από τη μεριά του θεραπευτή της σημασίας των δύο αυτών χαρακτηριστικών της μουσικής αποτελεί, βάσει της εμπειρίας μου, το μέσο προαγωγής κινητικο-συναισθηματικού συντονισμού ο οποίος στηρίζει το δεσμό γονέα/βρέφους. Δουλεύοντας επί σειρά ετών με νήπια με αυτισμό και τους γονείς τους και συμμετέχοντας τα δύο τελευταία χρόνια στο ερευνητικό πρόγραμμα «*Ρυθμική Ικανότητα και Λειτουργικός Συντονισμός στην Επικοινωνία σε Νήπια με Αυτισμό*» έχω παρατηρήσει ότι οι δύο αυτές σημαντικές λειτουργίες της μουσικής σε συνδυασμό με την επίδραση της μουσικής στις διεργασίες του σώματος ενισχύουν την ευαίσθητη και συναισθηματικά συγχρονισμένη ανταπόκριση και δίνουν απάντηση στο ερώτημα γιατί η μουσικοθεραπεία «δουλεύει».

Η εύρεση κοινού παλμού βοηθάει στο συντονισμό γονέα – παιδιού και στη δημιουργία κοινού πεδίου επικοινωνίας. Ο κλινικός αυτοσχεδιασμός αποτελεί μέσο οργάνωσης που εμπεριέχει τις δυναμικές μετατροπές συναισθημάτων και εμπειριών, όπως αυτές εξελίσσονται λεπτό προς λεπτό. Ως συναισθηματικό πλαίσιο βοηθά στην ελάττωση του άγχους και ρυθμίζει τις συναισθηματικές και σωματικές αντιδράσεις. Οι τεχνικές του καθρεφτισματος και της αντανάκλασης μεταφέρουν σε γονείς και παιδιά το μήνυμα της αξίας της προσωπικής τους συνεισφοράς στην κοινή δημιουργία της μουσικής. Η χρήση του peek-a-boo βοηθάει την ανάπτυξη ικανοτήτων προσδοκίας και συγχρονισμού.

Η φωνή της μητέρας αναδεικνύεται σε σημαντικό θεραπευτικό εργαλείο. Το έμβρυο καταγράφει τη χροιά και τον τόνο της φωνής της πολύ σύντομα μετά τη σύλληψη, ενώ την αναγνωρίζει και την αναζητά αμέσως μετά την γέννηση. Στην περίπτωση που η μητέρα δεν μπορεί να είναι παρούσα στις συναντήσεις μουσικοθεραπείας, χρησιμοποιείται η χροιά και το ύψος της φωνής μέσω μαγνητοφώνου ή αναπαράγονται - όσο αυτό είναι δυνατόν - με φυσικό τρόπο από το θεραπευτή. Σε περιπτώσεις όπου υπάρχει ιστορικό κατάθλιψης, η μητέρα

ενθαρρύνεται να τραγουδήσει. ώστε να βρει «τη δική της φωνή» και να τη χρησιμοποιήσει με αυτοπεποίθηση για να συνδεθεί δημιουργικά με το παιδί της.

Η τεχνική της δημιουργίας ιστοριών (story telling), η ακρόαση και η δημιουργία τραγουδιών είναι έμμεσοι και ασφαλείς τρόποι εξερεύνησης συναισθημάτων όπως η εμπιστοσύνη, ο φόβος και η απώλεια. Με τον τρόπο αυτό, μπορούν να αποτελέσουν μέσο κατανόησης και διαχείρισης επώδυνων εμπειριών. Η μαγνητοφώνηση των τραγουδιών στα οποία συμμετέχουν οι γονείς έχει ιδιαίτερη σημασία, ιδίως όταν ο ένας από αυτούς πάσχει από κάποια ασθένεια και βρίσκεται στα τελικά στάδια της ζωής. Η μαγνητοφώνηση τραγουδιών μπορεί να είναι για την οικογένεια και το παιδί ένας τρόπος σύνδεσης του παρελθόντος με το παρόν σε περιπτώσεις απώλειας. Τα τραγούδια των γονέων που μαγνητοφωνούνται και δίνονται στα παιδιά είναι τις περισσότερες φορές μια συμβολική μεταφορά μηνυμάτων αγάπης. Μπορούν έτσι να λειτουργήσουν ως μέσο εσωτερίκευσης θετικών γονικών αντικειμένων κατά την απουσία του γονέα, καθώς δηλώνουν τη συναισθηματική παρουσία του, όταν αυτός είναι φυσικά απών ή δε βρίσκεται πια στη ζωή.

Τέλος, στις συνεδρίες μουσικοθεραπείας ενθαρρύνονται τα παιχνίδια πρόσωπο με πρόσωπο, το από κοινού τραγούδι και παίξιμο των οργάνων, η κίνηση, ο χορός και η φυσική επαφή. Ήρεμα τραγούδια και νανουρίσματα δίνουν την ευκαιρία στις μητέρες να χαλαρώσουν μαζί με τα παιδιά τους, κάτι που δεν επιτρέπουν πολλές φορές οι δύσκολες συνθήκες ζωής.

Πολλές από αυτές τις διαστάσεις προσέγγισης της ψυχικής υγείας του βρέφους, οι οποίες προκύπτουν και από την προσωπική μου εμπειρία, αναπτύσσονται στο βιβλίο που παρουσιάζεται εδώ. Πιστεύω ότι το βιβλίο αυτό, μέσα από την εξαιρετική δομή, τη λεπτομερή καταγραφή καταστάσεων και παρεμβάσεων και τον υπεύθυνο τρόπο παρουσίασης, μας βοηθά να συνειδητοποιήσουμε τη ζωτική σημασία που έχει η δημιουργία δεσμών αγάπης με το γονέα στην αρχή της ζωής και - μέσα από αυτό το πρίσμα - τον ξεχωριστό ρόλο που μπορεί να παίξει η μουσική στη βελτίωση της ζωής των ανθρώπων. Το βιβλίο αυτό αποτελεί πολύτιμη προσφορά στη μουσικοθεραπεία, στην οικογένεια και στην κοινωνία.

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#### **Προτεινόμενη παραπομπή:**

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## Book review

# **Music Therapy and Parent-Infant Bonding**

## Jane Edwards (Editor)

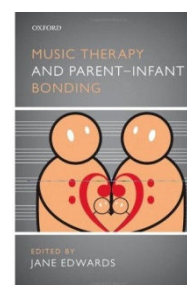
Reviewed by Elisabeth Georgiadi

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*Music Therapy and Parent-Infant Bonding*

Jane Edwards (Editor)

Oxford: Oxford University Press (2011)  
240 pp., ISBN: 978-0-19-958051-4



**Elisabeth Georgiadi** has a Postgraduate Diploma in music therapy (Guildhall School of Music and Drama) and a music and piano Diploma (Conservatoire of Athens). She is exterior collaborator of Sikiarideio Foundation and of the Specialised Clinic for Children with Autism, of the Children's Psychiatric Hospital of the Medical School of the University of Athens, "Agia Sophia". She is the president of the board of the *Musical Movement* foundation. In collaboration with the Specialised Clinic for Children with Autism she is responsible for the planning and implementation of the research project "*Rhythmic capacity and Functional Coordination in Communication with Children with Autism*".

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This book is the first to focus on the ways that music therapy can play a unique role in the promotion of healthy bonds between parents and infants who experience such conditions that do not allow in these bonds to develop normally. Music therapists from Australia, Ireland, the United Kingdom and the United States provide their knowledge and experiences with references to contemporary theory and research. A variety of clinical cases and approaches are covered rendering this book an important tool for music therapy practitioners and students and, more broadly, for all those in the field of infant mental health.

The book underpins and extends existing publications on the application of music therapy with children and their families (for example, see Oldfield & Flower 2008). It is supported by (and adds to) other infant health publications and work, internationally in clinical psychology, psychiatry, child development and education (Bryant & Barrett

2007; Malloch & Trevarthen 2008; Schore 2001; Wilkinson 2006; Young 2007). The clinical material is accompanied by engaging case studies.

The editor of the book, Jane Edwards, has extensive clinical experience, working for years with hospitalised infants and their families. She is the Director of "Music and Health" research group at the University of Limerick where she heads the MA in Music Therapy training. She is also the inaugural President of the International Association for Music and Medicine.

Attachment theory is a shared theoretical framework between the authors of the book chapters. This theoretical framework is supported by research studies regarding the physiology and neurobiology of the human brain (Porges 2001; Siegel 1999; Wilkinson 2006). According to this theory, early relations and experiences between parents and infants shape and determine the map of the infant's brain and influence decisively the later

cognitive development and mental health of the individual.

Balance between scientific writing and intimate thoughts and feelings of the authors is a wonderful quality of this book. A variety of situations that prevent parents and infants to develop tender, creative relations is presented, and how music “can move through the space between a mother and baby and ignite a miraculous bond” (p. 115). More specifically, in the chapter *Music Therapy to Promote Attachment between Mother and Baby in Marginalized Communities* Cunningham, the author of this chapter says: “these sounds are used to unlock the euphoria, which when released, flows and gushes and floods into the dynamic space between the two beings” (p.116).

A main feature of this book is the holistic approach to mental health problems. The infant is part of the parent-infant system, as it is characteristically described in the work of Winnicott (1952). This system is extended in the chapters of Cunningham, Kelly and Ledger in order to include challenging social conditions. By doing so, the idea that being a parent is a multidimensional process which is influenced by socio-economic, familial and psychological parameters, is incorporated in the therapeutic thought. This perspective also determines the role of the therapist as an ‘exterior supporter-facilitator’ - who comprehends the total of problems - and not as an ‘adept-expert’.

The writers go in-depth to the feelings, anxieties and reflections of the parents. Their aim is to support the parent’s abilities in their role and contain the negative self-image that they may hold for themselves as people as well as parents. These emotions and thoughts are vividly captured in Levinge’s chapter for mothers suffering from depression, in Day’s and Bruderer’s chapter for mothers who have suffered abuse, and O’Callaghan’s and Jordan’s chapter for families facing serious medical problems. Negative consequences of mental and medical illnesses is the physical or emotional absence of the parents, intrusive, asynchronous, punishing or aggressive ways of behavior towards the infant and the parents’ fear that they will not be able to fulfill their role.

In the chapter *Music Therapy and Parent-Infant Bonding*, Edwards describes with clarity the importance of innate musicality of the infant and the attributes of the ‘musical parent’ which provide a strong basis to promote secure bonding between infants and their caregivers in and with music. These properties encourage the use of music as a regulatory factor of participation and communication, creating conditions of affective intimacy between parents and infants. Therefore,

music produces a base of shared emotional experience and not just a communication field in the sense of sharing information.

In the chapters *Translating Infant-Directed Singing into a Strategy for the Hospitalized Family* and *Music Therapy for Hospitalized Infants and their Parents*, by Shoemark and Loevy respectively, the authors claim that the medically fragile infant’s musicality remains intact: “this pathway to human contact is a powerful avenue by which the infant can still access and respond to the world” (p. 167).

In the chapter *Becoming in Tune: The Use of Music Therapy to Assist the Developing Bond between Traumatized Children and their New Adoptive Parents*, Drake puts emphasis on the developmental role that music can play in therapy. Music, as a non-verbal means of expression of experience, can provide children with the opportunity to go back in primary stages of emotional development that they did not experience and elaborate normally due to trauma or disruption early in their lives.

A valuable contribution to the book is Oldfield’s chapter, *Parent’s Perception of Being in Music Therapy Sessions with their Children: What is our Role as Music Therapists with Parents*. She records the parents’ perceptions of being in music therapy sessions and how those perceptions determine the music therapist’s role. Finally, in the chapter of Williams, Nicholson, Abad, Docherty and Berthelsen, *Evaluating Parent-Child Group Music Therapy Programmes: Challenges and Successes for Sing and Grow*, the need for and the benefits resulting from the evaluation of early music therapy intervention programmes is explained. Beyond positive promotion of the music therapy profession, qualitative evaluation can attract the interest and financial support of organisations and individuals. The article is in itself a valuable manual for organising and implementing such programmes.

In the book, clinical methods, music therapy techniques and properties of music that encourage the creation of healthy ties between parents and infants are presented. The interactive function and temporality of music are highlighted. Awareness from the part of the therapist on the importance of those features of musicality is, from my experience, the medium that supports the physical/emotional parent/infant coordination and develop the bonds of their relationship. Working for several years with toddlers with autism and their parents and participating for the last two years in the research program *Rhythmic Capacity and Functional Coordination in Communication with Children with Autism*, I have noticed that these qualities of music in conjunction with the influence of music on the human body and mind, promote sensitive and

emotionally synchronised responses and give answer to the question “why music therapy works”.

Finding a common pulse can provide a stable base that establishes coordination between parent and infant and creates a shared ground. Clinical improvisation is a therapeutic medium that organises experiences while at the same time closely follows dynamic alteration of feelings as they develop moment by moment. Clinical improvisation can also function as an emotional frame that helps to reduce anxiety and to regulate emotional and physical reactions. The techniques of mirroring and reflection can convey to parents and children the message that their personal contribution is valuable to the joint creation of music. The use of peek-a-boos game can help in building expectations and synchronisation between the partners.

The voice of the mother is used in the sessions and becomes an important therapeutic tool. The fetus registers the pitch and the tone of his mother’s voice soon after conception while he recognises and seeks it out right after birth. In the case where the mother cannot be present in the music therapy sessions the timbre and the pitch of her voice are used through a tape recorder or the therapist reproduces the quality of her voice as much as possible. In cases of maternal depression various strategies are employed by the therapist to encourage the mother to sing and help her find ‘her own voice’. Then she can use her voice with confidence to connect creatively with her child.

The story telling, as well as listening and creating songs, are indirect and safe ways to explore feelings and emotions as those of trust, fear and loss. Those techniques can be a vehicle that helps parents and children to comprehend and manage painful experiences. The recording of songs in which the parents participate, has particular importance especially when one of them suffers from serious medical illness and is in the final stages of life. The recording of songs can be for family and children a connection of the past with the present, in cases of loss. The songs of parents can have a symbolic meaning as they convey messages of love to their children. Thus, they can function as an introjection medium of positive parental objects despite the absence of the parent after death. They declare, that is to say, their emotional presence when they are physically absent, or when they are not alive anymore.

Finally, in music therapy sessions, face-to-face interactions, singing and playing the instruments together, movement, dance and physical contact like candles and kisses are encouraged. Calm songs and lullabies give the opportunity to the mothers to relax with their infants and enjoy their relationship,

something that it is not easy to achieve given the difficult conditions of everyday life.

Many of these aspects that also result from my personal experience have been developed in the work that is presented here. This book provides the reader with an outstanding structure, in-depth descriptions of situations and interventions and responsible presentations of clinical and research material. This helps us to realise the vital importance of the creation of bonds of love with the parent in the beginning of life. Under this perspective the unique role that music can play in the improvement of people’s life is highlighted. This book is an important contribution to music therapy, family and society.

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## Conference Report

### **30<sup>th</sup> ISME World Conference**

#### ***Pre-Conference Commission Seminar on Music in Special Education, Music Therapy and Music Medicine***

Markku Kaikkonen

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***Pre-Conference Commission Seminar on Music in Special Education, Music Therapy and Music Medicine***

12-14 July 2012

International Society for Music Education (ISME) and Greek Society for Music Education (GSME), University of Macedonia, Department of Educational and Social Policy Thessaloniki, Thessaloniki, Greece



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#### **Introducing ISME and its Commission on Music in Special Education, Music Therapy and Music Medicine**

The International Society for Music Education (ISME) is an international organisation for music educators in a vast variety of the music education field. ISME organises the acclaimed World Conference every second year. The 30<sup>th</sup> ISME World Conference took place in Thessaloniki, Greece between 15<sup>th</sup> and 20<sup>th</sup> July 2012.

ISME has seven Commissions which align different areas of music education. Each of the Commissions organises its own pre-conference seminar before the World Conference.

The Music in Special Education, Music Therapy and Music Medicine Commission ([www.isme.org/special](http://www.isme.org/special)) works as a holding organisation for ISME members who are special music educators, music therapists and music and health practitioners. The purpose of the Commission is to work as an advocacy group and promote awareness of music's potential in special education, therapy and medicine. The Commission's pre-conference seminars enable delegates to meet associates from different countries across the world.

Equally, the Commission supports various 'tracks' including the development of research and practice-based work within the fields of special

music education, music therapy and music medicine. The practice-based and clinical tracks of the Commission provide materials, demonstrations and workshops on therapeutic and educational practices applicable to music education, special music education and music therapy. On the other hand, the research track shares insights and results with the above interest areas. At its best, the Commission integrates knowledge between the different tracks. In addition to the Commission delegates and the people that they serve through their work (e.g., people with special educational or other needs), the entire field of music education derives considerable benefit from the Commission's work.

The Music in Special Education, Music Therapy and Music Medicine Commission actively promotes the rights of diverse learners and their possibilities to participate in music learning and other musical activities. The Commission aims at knowledge creation: as the learning potential and opportunities of individual learners are esteemed regardless of their special needs, the educational equality, social participation and well-being, in general, increases. To meet this objective, the network characteristics of the Commission are of high significance.

### **The Commission pre-conference seminar in Greece 2012**

The Music in Special Education, Music Therapy and Music Medicine Commission held its pre-conference seminar at the University of Macedonia campus (Thessaloniki, Greece) between 12<sup>th</sup> and 14<sup>th</sup> July 2012. This particular ISME Commission was established in order to contribute to the development of music in special education, music therapy and music medicine. The goal of the Commission meetings is to provide a forum for music educators, therapists and other music and health practitioners from around the world to collaborate and to exchange teaching and therapeutic techniques.

The Commission chair, Dr Alice-Ann Darrow (Florida State University, USA), organised the programme for the 2012 seminar. The local host of the seminar was Dr Lefkothea Kartasidou, Assistant Professor of Special Education (University of Macedonia, Greece). The seminar was supported by the Greek Society for Music Education (GSME) and the Hellenic Research Association of Individuals with Visual Impairments.

The focus of the seminar was on sharing research, various teaching and therapeutic approaches and strategies across cultures. In addition, new ideas, teaching strategies and research projects in the fields of special music

education, music therapy and music medicine were introduced. The seminar focused on the following topics:

- perception research in special education
- music and people with autism spectrum disorders
- current trends in music and special education and music therapy
- music therapy for older adults
- music medicine and paediatrics
- community music therapy
- clients and students with special needs
- music therapy for clients with hearing loss

There were thirty-three presentations during the three-day seminar<sup>1</sup>. The delegates represented fourteen different countries across the world (see Table 1). The international cooperation created an intriguing atmosphere which encouraged the exploration of diverse culture-related professional approaches and research on music in special education, music therapy and music medicine. In general, the seminar enhanced the credibility of the objectives not only of the Commission, but also of ISME as a whole.

Several interesting, even breakthrough approaches and proposals were presented. It was obvious that the most important benefit for those in attendance was the interactions between the leading practitioners (i.e. music teachers and therapists) and the high-level researchers who shared similar interests. The knowledge gained and the experiences shared were inspiring for both groups of professionals. In addition, it is noteworthy that there is a growing interest on the technology-supported strategies. The technology-based frameworks and services were evaluated as real possibilities for enhancing learning and well-being.

The seminar programme was rich with many and diverse presentations, but still, there was plenty of time for discussion and no sense of hurry. In addition to the presentations, the informal peer-to-peer sharing (i.e. discussions without any programmed agenda) was extremely significant. Meeting colleagues, striking up new acquaintances and renewing former affiliations was productive and of utmost necessity. The informal lunches and dinners in the Ladadika Quarter of Thessaloniki and the celebratory Commission dinner at Hamadrikas allowed much time for conversation.

<sup>1</sup> The abstracts of all the Commission presentations are re-published in *Approaches: Music Therapy & Special Music Education*, volume 4, issue 2.

<b>Mary Adamek</b> , The University of Iowa, USA	<b>Bo Nilsson</b> , Kristianstad University, SWEDEN
<b>Melita Belgrave</b> , University of Missouri-Kansas City, USA	<b>Varvara Pasiali</b> , Queens University, USA, CoO, CYPRUS
<b>Hsiao-Shien (Jessie) Chen</b> , National Taichung University, TAIWAN, ROC	<b>Dora Psaltopoulou</b> , Aristotle University, GREECE.
<b>Cynthia Colwell</b> , The University of Kansas, USA, CoO, CANADA	<b>Daphne Rickson</b> , New Zealand School of Music, NEW ZEALAND
<b>Alice-Ann Darrow</b> , Florida State University, USA	<b>Patricia Sabbatella</b> , University of Cadiz, SPAIN, CoO, ARGENTINA
<b>Shirley Day-Salmon</b> , Mozarteum University, AUSTRIA, CoO, UK	<b>Maritza Sadowsky</b> , Arlington Public Schools, USA, CoO, BRAZIL
<b>Yoshiko Fukuda</b> , Japanese Research Union of Music Therapy, JAPAN	<b>Lyn Schraer-Joiner</b> , Kean University, USA
<b>Amy Furman</b> , Minneapolis Public Schools, USA	<b>Giorgos Tsiris</b> , Nordoff Robbins / City University London, UK, CoO, GREECE
<b>Alan Gertner</b> , Kean University, USA	<b>Potheini Vaiouli</b> , Indiana University, USA, CoO, GREECE
<b>Lori Gooding</b> , University of Kentucky, USA	<b>Kimberly VanWeelden</b> , Florida State University, USA
<b>Michelle Hairston</b> , East Carolina University, USA	<b>Victoria Vega</b> , Loyola University, USA
<b>Julie Heath</b> , Florida State University, USA	<b>Wei-Chun Wang</b> , National Taipei University of Technology, TAIWAN, ROC
<b>Linda High</b> , East Carolina University, USA	<b>Jennifer Whipple</b> , Charleston Southern University, USA
<b>Markku Kaikkonen</b> , Special Music Centre Resonaari, FINLAND	<b>Yen-Hsuan Yang</b> , Florida State University, USA, CoO, TAIWAN, ROC
<b>Angela Lee</b> , Transworld University, TAIWAN, ROC	<b>Maria Yennari</b> , Cyprus Ministry of Education & Culture and Cyprus Pedagogical Institute, CYPRUS
<b>Liza Lee</b> , Chaoyang University of Technology, TAIWAN, ROC	<b>Gina Yi</b> , Michigan State University, USA, CoO, SOUTH KOREA
<b>Yim Ting (Jenny) Leung</b> , Hong Kong Institute of Education, HONG KONG, ROC	
<b>Kimberly McCord</b> , Illinois State University, USA	

**Table 1:** List of presenters

### Future prospects

I believe music educators and music therapists agree with H.E. Josephine Ojiambo (Deputy Permanent Representative of Kenya to the United Nations) who describes the meanings and effects of music making as follows:

“Music as a practical tool for dialogue amongst peoples must be used to enhance and promote solutions for social and economic challenges. The power of music is immeasurable and filled with endless possibilities. Therefore we, as members of the global society, must foster the acknowledgement of the importance of music as a natural contributor to health and social/economic issues, as well as peace on earth” (Ojiambo 2011: IV).

It is vital that we remain aware and up-to-date with the developments and achievements across the globe. In the future, the main objective and topic of the Commission is to ensure that the learning of music and related musical activities are accessible to everyone. Learning, making and experiencing music is a basic human right. In general, the positive tone of the 2012 pre-conference seminar offered an encouraging outlook towards the future development of music in special education, music therapy and music medicine. Of course, there are diverse challenges in all countries, but similarly,

there is growing evidence that new approaches and development work will advance our common goals.

The next Music in Special Education, Music Therapy and Music Medicine Commission pre-conference seminar will be held in Rio de Janeiro, Brazil in 2014. The Commissioners for this next seminar are:

**Lyn Schraer-Joiner** (chair), USA  
**Melita Belgrave**, USA  
**Hsiao-Shien (Jessie) Chen**, Taiwan  
**Helen J Farrell**, Australia  
**Markku Kaikkonen**, Finland  
**Bo Nilsson**, Sweden

More information about the seminar and the call for papers will be announced approximately one year before the conference. However, commissioners are already encouraged to invite established researchers and clinicians from their respective countries to contribute to the seminar.

People who are interested in receiving the Commission’s Newsletter and/or participating in the next seminar can email Lyn Schraer-Joiner (chair): [lschraer@kean.edu](mailto:lschraer@kean.edu)

### References

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## Conference Abstracts

### **ISME Commission on Music in Special Education, Music Therapy and Music Medicine**

12-14 July 2012, Greece

The ISME Commission on Music in Special Education, Music Therapy and Music Medicine was held on 12-14 July 2012, as part of the pre-conference commission seminars of the 30<sup>th</sup> ISME World Conference “*Music Paedeia: From Ancient Greek Philosophers toward Global Music Communities*”. This Commission seminar took place at the Department of Educational and Social Policy, University of Macedonia, Thessaloniki, Greece. The abstracts of the pre-conference seminar are republished here with the kind permission of the International Society for Music Education (ISME), [www.ISME.org](http://www.ISME.org)



#### **Students with autism spectrum disorders (ASD): Implications for music educators**

**Mary Adamek**, The University of Iowa, USA  
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**Amelia Furman**, Minneapolis Public Schools, USA  
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According to data collected for the U.S. Department of Education (2007), over 258,000 students with autism received services in the US under the Individuals with Disabilities Act (IDEA) (Data Accountability Center, 2007). This is more than three times the number of students with autism served just five years earlier in 2002. Approximately 1 in 100 children are diagnosed with ASD and this disorder is four times more prevalent in boys than girls. The number of individuals diagnosed with autism is increasing rapidly by a rate of 10-17 percent each year (Autism Society of America, 2010). Although autism is considered a low incidence disorder, many music educators work with students with autism each week in schools. This paper addresses the characteristics of students with autism spectrum disorders (ASD); educational Implications; music education for students with autism spectrum disorders including adaptations for successful music education experiences

#### **Exploring the benefits of using piano wizard with older adult piano students**

**Melita Belgrave**, University of Missouri–Kansas City, USA [email: [melitajeane@aol.com](mailto:melitajeane@aol.com)]

The purpose of this study was to create a lifelong learning experience for older adults through private piano instruction using Piano Wizard software. Piano Wizard is a technology-based instructional method that utilizes sensory learning. Piano Wizard operates through a laptop computer and midi keyboard. Five older adults, who attended an urban senior center in a large Midwestern city in the United States, volunteered to participate in the lifelong learning music program. Eight 30-minute sessions occurred in which the researcher taught older adults piano lessons individually with the Piano Wizard technology. Three research questions were examined in this study. 1) Is Piano Wizard an effective tool to teach older adults piano? 2) Does participation in a music-based lifelong learning program enhance older adult's subjective well-being? 3) What are older adults' perceptions of music technology as an instructional method? Results revealed that students progressed through the Piano Wizard method book over the 8-week period. Results of a researcher-developed survey revealed that older adults perceived that the piano lessons provided them with a weekly meaningful

activity; and that the lessons required the use of cognitive skills. Additionally, older adult participants' perceived benefits of the Piano Wizard teaching method pertained to visual and audio feedback, ability to adjust the tempo while playing, and the overall teaching method. Implications for practice with older adults will be discussed.

### **Participation in musical activities and quality of life for elders in Taiwan**

**Jessie Chen**, National Taichung University of Education, TAIWAN [email: [jessiehsc@hotmail.com](mailto:jessiehsc@hotmail.com)]

**I-Yun Liang**, National Taichung University of Education, TAIWAN [email: [iy34@hotmail.com](mailto:iy34@hotmail.com)]

People experience music in their lives both consciously and unconsciously. Some people listen to music passively as they shop or engage in other activities. Others actively engage in music by participating musical activities, such as going to concerts or singing. One population which has expressed great interest in active music participation is known as the "Elderly Society." The Taiwanese government has provided the impetus for active engagement by offering various courses in order to improve elders' quality of life. Among the courses being offered, such as health, entertainment, social intercourse, technology, finance, and art, music stands out by its nature and functions. The purpose of this study was to explore the relationship between participation in musical activities and quality of life for the elder society. Survey instruments included the "Taiwan concise version WHOQOL-BREF" and the "Music Activities Survey." Participants were drawn from three major metropolitan areas in Taiwan and the target population was elders over 55 years of age. Two hundred and fifty questionnaires were sent with an 89.9% return rate. Elders believed that physical and psychological well being, independence, social relationships, environment, and spirituality/religion/personal beliefs were very important to their quality of life. Results also revealed that elders who were learning or who had previous experience in learning to play music instruments obtained significantly higher quality of life scores. Additionally, elders who had previous experience in playing musical instruments showed significantly more positive attitudes towards "the importance of health conditions." Moreover, elders who had attended concerts for several years prior to the study had significantly different responses regarding quality of life and health conditions ratings in comparison to those who had only attended concerts within the last year.

### **Reflections on a disability simulation by pre-service music educators and student music therapists**

**Cynthia Colwell**, The University of Kansas, USA [email: [ccolwell@ku.edu](mailto:ccolwell@ku.edu)]

The purpose of this study was to examine and compare reflections of individuals participating in a simulation

experience designed to impact attitudes of pre-service music educators and student music therapists enrolled in coursework which targeted working with children with special needs. On the first day of class, participants completed a Mainstreaming Questionnaire. Following completion of the questionnaire, participants were asked to simulate one assigned disability in a public venue and included lower-limb paralysis in a wheelchair, one-arm amputation, hearing impairment, or visual impairment. After the specific assignment was made, participants were instructed to list pros and cons of simulating a disability. After the simulation, participants completed the questionnaire as a posttest measure and completed a post-simulation written reflection following five prompts. Results of the questionnaire indicated a significant change from pre- to posttest for the group as a whole when examining total attitude scores. Proposed questionnaire statements, responses to the pros and cons list as well as the post-simulation reflection were coded, categorized, and counted. Trends are discussed.

### **Music perception via acoustical and electrical stimulated hearing: A descriptive meta-analysis**

**Alice-Ann Darrow**, Florida State University, USA [email: [alifsu@mac.com](mailto:alifsu@mac.com)]

The purpose of this study was to compare the music perception of listeners using two different types of assistive hearing devices. Research findings suggest that the music perception performances of cochlear implant and hearing aid users vary depending on the type of task. Music is a complex sound comprised of elemental components with each perceived differently by acoustical and electrical stimulated hearing. Published reports on music perception by cochlear implant and hearing aid users were analyzed to compare participants' scores on tests of pitch and rhythm discrimination, timbre identification, melody recognition, and quality appraisal. Results revealed an overall mean  $d$  value of  $-.001$  for the included studies, indicating that cochlear implants were not more effective or efficient than traditional hearing aids in transmitting sounds for the purposes of music perception. The findings of this study qualify frequent citations indicating that cochlear implantation adversely affects music perception. Results support the requisite caveat that data are mixed with the overall effect of implantation on music perception insignificant compared to that of hearing aid users.

### **Musical gaming: Crossing the cultural divide between deaf and hearing**

**Alice-Ann Darrow**, Florida State University, USA [email: [alifsu@mac.com](mailto:alifsu@mac.com)]

Musical gaming has become a recent phenomenon exerting tremendous economic, social, and cultural influence. The most familiar medium for gaming is *Guitar Hero*, a rhythm-based music video game in which players must press the right key at the right time in order to 'score.' With over 14 million *Guitar Hero* units sold

since 2005, and bars across the country hosting *Guitar Hero* nights, musical gaming has become a prominent feature in popular culture. *Guitar Hero*, the most widely played of the musical video games, has found a special place in deaf culture, primarily because 'musical' skill is not dependent upon one's ability to hear, but rather on one's visual processing skill and eye-hand coordination. The purpose of the present study was to examine the influence of hearing status, experience with musical gaming, and task difficulty on participants' scores for three guitar tracks of increasing complexity taken from the series, *Guitar Hero World Tour* (2008). Participants (N = 50) were persons with typical hearing (n = 25) and persons with severe to profound hearing losses (n = 25). Experimental stimuli were guitar tracks programmed for *Obstacle 1*, the second single off of Interpol's *Turn on the Bright Lights* (2002). Results revealed no significant differences between participants' scores based on hearing status; however, significant differences were found between participants' scores based on their experience with musical gaming. Participants who indicated they had played many times scored significantly higher than those who had never played or played only a few times. Significant differences were also found between participants' scores based on the difficulty of the task. Participants' scores were significantly lower on the difficult guitar track than on the easy or moderate tracks. These data indicate that for individuals who are deaf, musical gaming may be a viable means of musical expression, and to participate in music making in ways similar to and equal to persons with typical hearing.

**Music therapy – breathing methods incorporated into health promoting exercises. “A music therapy for people in their 60's to 90's currently leading normal lives”**

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This music therapy approach is designed for the elderly who receive medical treatment or who take medication but who ultimately leading normal lives and wish to remain active into the future. Between 16 to 18 subjects participated in therapeutic sessions. Before and after each session, peak flow value, blood pressure, and pulse rates were measured. From this, participants were able to gauge their physical condition which had a useful application for their everyday lives. After participating in sessions for four years, and allowing for individual differences, the following was achieved. On average, peak flow values increased by 40.5%; average high blood pressure reading levels decreased by 57%; and average low blood pressure readings decreased by 49.7%. Moreover, pulse rates decreased by 74.2%. From these figures, we understand that singing and exercising at the same time allowed participants to become aware of their lung capacity thus helping them improve the quality of their everyday lives.

**Music therapy in paediatric oncology treatment: Clinical practice guidelines from the research literature**

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The development of evidence-based clinical practice guidelines in music therapy treatment for pediatric patients with cancer has been limited in the past by small sample sizes, poor design, and limited descriptions of music therapy interventions in the research literature. In recent years, the growing recognition of complementary approaches like music therapy has led to an increased investigation of applications in oncology treatment. Research has revealed that music therapy interventions, in particular, have been effective with pediatric oncology patients. Moreover, treatment protocols are becoming more standardized as evidence increases. The purpose of this paper is to provide an overview of current research-based practices in music therapy for the treatment of children with cancer. Specifically, clinical practice guidelines from the literature in the areas of (a) treatment objectives, (b) musical considerations; and (c) specific interventions will be addressed. Strategies for implementation will be summarized and charts, highlighting selected articles available in the research literature, will be provided.

**Enhancing the student internship experience: Incorporating special needs students into the "folk" musical**

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The current study is based upon the pilot project the researchers presented at the 2010 commission meeting in Beijing. One suggestion included the involvement of college students in the teaching process. Another recommendation was the inclusion of children with special needs, as well as, those who are developing typically as participants in the musical.

All countries have a wonderful wealth of history and folk heritage. So often today, children, especially those with special needs, are not exposed to folk heritage in any way. This presentation will focus upon the development of a children's musical based upon folk heritage, during the student-teaching experience. Because students usually learn only how to create and sequence lessons, the researchers thought it would enhance student interns' teaching/learning experience to work with children who are developing normally as well as those with special needs in a musical project. This project offered another unique opportunity for the children involved as it is not often that they are presented with the opportunity to create and produce their own musicals.

Programming musical performances is an important part of any music teacher's job. Therefore, the purpose of this presentation is to describe how to teach students to

create and produce their own musicals, involving both special needs and typically developing children. Using folk tales and folk songs from a selected culture in these musicals is also a way to integrate the musical with history and culture. The researchers will (a) outline the steps necessary to begin, implement, and complete such a project; (b) describe the participation expectations of the students; (c) describe the duties of the student intern with the intern supervisors; and (d) show video clips of the final project.

### **The effect of presentation mode and labels on pre-service music educators' perceptions of performance by musicians with disabilities**

**Julia Heath**, Florida State University, USA  
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In this study, 32 pre-service music educators evaluated six different performances of musicians with disabilities. Approximately half of the participants received written information regarding the performers' disabilities. To control for visual "labeling," the performances were presented in two modes, audio only and audio/visual. After watching or listening to the six performances, which included strong, choral, and instrumental performances, the participants rated musical aspects using evaluation forms. Results indicated a significant difference between the evaluations of the six performances. No significant differences were found between the evaluation scores for label and no label groups or the audio only, audio/visual presentation modes. A string performance received the highest mean evaluation score, while an adaptive instrumental ensemble received the lowest overall score. Music educators must have clear and realistic goals for performance-based ensembles and the participants in each ensemble, with or without disability. Future research should include an assortment of fieldwork experiences for pre-service music educators to examine a variety of musical opportunities for students with developmental disabilities.

### **Figurenotes – a new tool for special music education and music therapy**

**Markku Kaikkonen**, Special Music Centre Resonaari, FINLAND [email: [markku.kaikkonen@resonaari.fi](mailto:markku.kaikkonen@resonaari.fi)]

Figurenotes is a method of notating music in a concrete way, by means of colours and shapes. By presenting the information in concrete form, people who have difficulty or are unable to understand conventional abstract notes, are provided with opportunities to make music and to join in the goal-oriented study of music. Target groups may include people with special needs, or in general, people of all ages taking their first musical steps. Figurenotes gives the same musical information as conventional notation (notes, octaves, values, rests, sharps, flats, chords). Playing is simple: the Figurenotes sticker on the instrument shows the player where to play. In other words, the player matches the Figurenotes

information with the sticker on the instrument. The player's job could thus be described as "Play what you see".

The features of Figurenotes are:

1. **Concreteness:** Figurenotes is a concrete way to show the notation. Thus, anyone can play who is capable of matching two symbols (the one in the Figurenotes and the one on the instrument sticker).

2. **Suitability:** Figurenotes is suitable for all complete beginners. It also enables people to make music who for one reason or another find it either difficult or impossible to assimilate or learn the conventional abstract notation.

3. **Correspondence:** Figurenotes can give all the same musical information as conventional notation. As a result, it is easy for players to switch to conventional notation, so long as they are capable of understanding abstract symbols.

4. **Applicability:** Figurenotes is a form of musical notation, so naturally, it can be applied in the same way as conventional notation. In other words, Figurenotes can be applied to all kinds of music-making.

The application of Figurenotes for a number of target groups has been developed in R&D projects carried out at the Special Music Centre Resonaari (Finland). The use of Figurenotes has spread internationally beyond special music education and music therapy. It has been included in early childhood music education, music teaching in schools, instrument tuition, special education and, in an even broader context, as a tool for rehabilitation and various forms of therapy. This workshop will introduce the Figurenotes and its applications. Also, the basics of curriculum for diverse learners in Resonaari Music School will be introduced. Making music should be a basic human right. Figurenotes is helping to make this true by helping to place the joy and delight of making music in reach of all.

### **Promoting social interactions among children with autism and general education peers through music activities**

**Angela H-C Lee**, Transworld University, TAIWAN  
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This paper describes the researcher's a study examining the social interaction skills of children with autism. This study occurred within an integrated classroom in a regional daycare center. A multi-faceted exploration of the behaviors of a single subject A-B experimental design was implemented. Participants consisted of two head teachers, two children with autism, four general education peers, and six aides – all of whom attended a 40-minute integrated class program in one of the regional daycare centers. In order to collect evidence of social validation, in-depth independent interviews were conducted with two classroom teachers at the end of the intervention. The program of musical activities used in this study offered multiple opportunities for children with autism to improve their communication skills in the classroom while also acquiring musical skills. The research findings are consistent with research showing that children with autism are capable of increasing their



social interaction skills during peer play in a structured setting that is overseen by a professional.

### **Evaluating the effectiveness of music activities on emotions and communication for a child with autism in a multi-sensory environment**

**Liza Lee**, Associate Professor, Chaoyang University of Technology, TAIWAN [email: [lylee@cyut.edu.tw](mailto:lylee@cyut.edu.tw)]

**Hua Liu**, Associate Professor, Zhejiang University, CHINA [email: [chonghua2nd@gmail.com](mailto:chonghua2nd@gmail.com)]

Music activities in multi-sensory environments have provided support and proven potential benefits for children with disabilities. Through a number of studies, the effects of music activities have been examined for children with autism and profound multiple disabilities. The purpose of the study was to explore the influence of the researcher's music teaching approach in the multi-sensory environment on a child with autism and multiple disabilities. A 3.6-year-old boy with autism and multiple disabilities was selected by purposive sampling to participate in the research. The duration was 20 weeks with 50-minute instructional sessions once per week. Both qualitative and quantitative methods were used to obtain the results. The results showed the effectiveness of music activities on emotions and communication for the participant in the multi-sensory environment. Furthermore, the participant's tactile defensiveness was improved as well through the assessment of music activities.

### **An exploration of the effectiveness of singing on English vocabulary learning for Chinese dyslexic pupils**

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English acquisition is in high demand in a globalized society. However, learners with dyslexia often face difficulties in learning English. This study examined the impact of singing upon dyslexic Chinese pupils' English vocabulary learning, specifically on tasks involving word syllable segmentation, vocabulary pronunciation, and recognition. A purposive sample of 30 dyslexic and 30 non-dyslexic Hong Kong pupils, ages 6-10, were recruited and randomly assigned to a treatment group or control group respectively (n=15 each). Pupils in the treatment groups were introduced to English vocabulary by singing, while those in the control group were exposed to no musical activity or stimuli. Between-group and within-participant comparisons were analyzed via a Multivariate Analysis of Variance (MANOVA) and Repeated-Measure Analysis of Variance Analysis (ANOVA), respectively. Scores were also compared to non-dyslexic pupils. The implications for special education and music therapy will be discussed.

### **The iPad and children with autism: Two case studies**

**Kimberly McCord**, Illinois State University, USA [email: [kamccor@ilstu.edu](mailto:kamccor@ilstu.edu)]

Two students with autism and communication disabilities in a self-contained music class were introduced to iPads which served as both a calming and transitional tool as well as alternatives to traditional instruments that may irritate the student. Both students responded positively when the iPad was substituted for traditional instrument and when it was implemented as a calming method.

### **Musical accessibility – digital tools develop musical potential in young people with physical impairments**

**Bo Nilsson**, SWEDEN [email: [bo.nilsson@hkr.se](mailto:bo.nilsson@hkr.se)]

Experiencing, performing, and creating music is considered a basic human function. In a sustainable society, citizens' participation in different kinds of cultural and musical events, not only as a consumer but also as a performer, is vital. This presentation will highlight some results from a research study performed in collaboration between researchers, music educators, and staff members within a Swedish music project. The aim of the music project was to enhance possibilities for young people with physical impairments to take part in musical activities. Digitally based musical settings were developed in the project in order to provide tools for performing and creating music.

Data was collected by the researcher, participating music educators, and other members of the staff, mainly through field notes, video observations, photographs, and conversation notes. Collected data and experiences from the project were discussed on a regular basis and analysed by members of the project. The theoretical framework of the research study included an ecocultural perspective, developed by the author, together with the Sense of Coherence framework, developed by Aaron Antonovsky.

Findings revealed that personal assistants, parents, technicians and music educators collectively facilitate the participants' musical activities. Furthermore, the digital settings should be regarded as a combination of computer software, graphical interface, physical interface (e.g. head-mouse, switches) and the musical content. Staff members and music educators involved in the project regarded active involvement in society's culture as a form of freedom of speech and expression as well as a significant part of democracy. During the project, new research questions arose, related to music, music education and health promotion. In the analysis, three variations of music educators' musical practice were identified:

- a) playing well-known songs: music-making with a stated goal to play songs, already familiar to teachers and
- b) participants and to perform these songs for an intended audience, b) Participatory music: music-

making

- c) aimed at involving the participants in music creation and c) Explorative music: music-making with the aim
- d) to inspire the participants to explore the potential of the musical instruments as well as their own potential
- e) to create music.

The identified variations should not be regarded as excluding each other as they often were based upon a unique musical situation or quality resulting from more than one practice.

### **An ounce of prevention is a pound of cure: A theoretical model of music therapy as an intervention promoting attachment relationships across the lifespan**

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Attachment refers to the quality of the relationships and strong bonds human form across their lifespan. Because participation in music therapy can promote positive and meaningful interactions over time, it creates a context for developing healthy relationships. In this paper, the author creates a theoretical model on how music therapy interventions may target attachment across the lifespan, drawing on insights afforded from the fields of psychology and social neuroscience. Aiming to expand theoretical underpinnings that inform the work of therapists the author explores how music-based interventions foster attachment by (a) supporting parent-child mutuality, (b) rebuilding capacity to form relationships, (c), supporting healthy interactions and alleviating problems within relationships, (d) reducing stress and mood disturbances, which may affect interactions with others, (e) enhancing communication skills, and (f) building coping skills among families and individuals who are facing life-challenging circumstances. The model describes music therapy as a proactive intervention at the universal, selective and indicated prevention levels.

### **Community music therapy interchange: New paths for personal and environmental changes**

**Dora Psaltopoulou**, Aristotle University of Thessaloniki, GREECE [email: [dora.ps@gmail.com](mailto:dora.ps@gmail.com)]

Community Music Therapy offers people with disabilities rich experiences that facilitate meaning, identity, engagement and ultimately belonging. All can lead to significant personal, interpersonal and environmental changes in persons with disabilities that can facilitate their inclusion into society. It is very important for people with disabilities to have easy access to and to participate in multidimensional types of musical performances. This paper describes a community of young people with disabilities. The experiences of four performers with Down syndrome, autism, and Prader-Willi syndrome are described. Initially, they participated in individual music therapy sessions and when they had something to say, they

shared it with significant others. Then, they performed together with the goal of building a community.

Performance has been addressed as both a self and collaborative effort, or “unity beyond uniformity.” Music making provides a equipoise between the individual’s state of existence and those groups to which they belong. The aforementioned issue is reviewed in this paper through a systematic way of assessing clients as performers, the clinical issues they present for treatment, and how performance can address them. The latter was examined using a model of five dimensions: (1) connecting within to the music; (2) performers connecting with each other; (3) connecting to the audience; (4) The audience within; and, (5) the totality of experience.

Also addressed in this paper is a systematic way of assessing the parents’ experiences observing their children performing. The author, inspired by Jampel’s model, interviewed and recorded parents creating a questionnaire of five dimensions: (1) connecting to their child’s performance; (2) connecting to other than their child performers; (3) connecting to the audience; (4) caring for the narcissistic wound due to their children’s disability; and, (5) the totality of experience. This paper will also examine a systematic way of assessing the audience’s responses. Recorded interviews with people from the audience reveal three dimensions: (1) positive change in the audience’s perceptions about people with disabilities; (2) positive change concerning their children with or without clinically assessed disability; and, (3) inner change towards new paths for self-actualization-the totality of the experience. Finally, inclusion into society will be discussed. Through community music therapy interchange, participants are able to forge different directions in life and to be fulfilled with new meaning and energy in order to create healthier connections.

### **Music therapy in children with special needs: A complete therapy**

**Dora Psaltopoulou**, Aristotle University of Thessaloniki, GREECE [email: [dora.ps@gmail.com](mailto:dora.ps@gmail.com)]

Music Therapy is a tridimensional therapy with three main components: science, interpersonal relationship and art. The theoretical and philosophical background of music therapy, as well as empirical research and clinical practice provide a foundation for this paper. Science consists of a series of the phenomena, the ideas born by those phenomena, and the words that express them. Thus, science is the cornerstone of music therapy. The music therapist as a part of an interpersonal relationship creates a non-threatening atmosphere for the client; thus, taking care of the client’s emotional, physical, mental and spiritual needs while abiding by the principles of any clinical psychology approach the therapist is trained in. The interpersonal relationship between therapist and client assumes a maternal-like role in music therapy practice. Music, as a form of art, promotes freedom of imagination and creativity verbally and nonverbally, and offers “possibilities unlimited” as paths for self-discovery, self-expression and self-actualization. In this sense, music plays a child-like role in music therapy.

Thus, music therapy, as a nuclear family which takes care of the client in multidimensional and unlimited ways, could be a complete therapy. Science has shown that positive and negative emotions affect the neural, immune and endocrinal systems of the human being. In clinical practice, evidence reveals that the expression of negative emotions, shared and sublimated, affect all areas of the individual positively. Thus, in music therapy, every emotion is of value and of significance; whereas, lack of emotions, positive or negative, hinders the therapeutic process.

The current research study was designed to determine the effectiveness of music therapy on people with disabilities in Greece. Participants were 149 individuals with disabilities. The purpose of this research was to assess the effectiveness of music-therapy. Music therapy effectiveness was assessed using the personal evaluations of parents' whose children were participating in Music Therapy. Results revealed that music therapy was: 1) effective regardless of the pathology of the participants; 2) most effective with participants who had severe pathology conditions; 3) effective regardless of co-practice of other therapies such as occupation therapy, speech therapy and psychotherapy. Questionnaires, answered by the participants' parents, were used as research instruments. The data were analyzed using the statistical instrument SPSS v.12 with that alpha level set at  $\alpha=.05$ . The research revealed also that music therapy can serve as a main therapy for the studied populations in Greece.

### **Coming together: Collaborative efforts towards musical inclusion**

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This paper describes research in progress which aims to capture the experience of team members who are working to include disabled young people in a public performance with a professional orchestra. The event involves collaboration between a charitable organization (StarJam), academic staff from a tertiary-level music school, and a city orchestra. Taking a critical ethnographic perspective, the researcher aims to examine the barriers to participation that are potentially created by the social constructs of both disability, and Western art music. Preliminary findings suggest that philosophical and cultural differences between the groups, and practical barriers such as the limitations of traditional orchestral performance spaces, will prevent the fulfillment of the initial vision to have young people included *in* the orchestra. Nevertheless, unique opportunities for them to perform *with* the orchestra, interaction between the adults, and a research process which highlights and prompts reflection on the organizational and rehearsal procedure, will contribute to the development of new perspectives and potentially increase possibilities for future inclusive endeavours.

### **Adapting musical experiences for children with cerebral palsy: Dialogues between music therapy and special education**

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Music therapy can support special education teachers by providing effective ways to incorporate music into the academic curriculum. Music therapy interventions can be used specifically to achieve musical and non-musical goals with implications for the overall development of children who have cerebral palsy. This paper describes a music therapy project developed specifically for a Special Education School accommodating pre-school children with cerebral palsy, ages 3-6. The purpose of this project was to integrate music therapy into the special education curriculum of the school in order to develop music therapy approaches and strategies for children with cerebral palsy. The results described herein reveal the contributions to special education curriculum adapted for this population. This presentation will benefit music educators, music therapists, and researchers working with individuals who have cerebral palsy.

### **Developing music literacy skills for children with autism**

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The purpose of this workshop is to share music lesson plans created and/or adapted from several different music curricula, websites, and books, with music teachers who teach autistic children with severe developmental disabilities in grades K-5. There are few sources in which one can find information to create and/or adapt music lesson plans for children with severe autism. Many general music teachers have not had special education training requirements as part of their music education curriculum. This workshop will feature many musical activities that can be used by music teachers who are not trained as music therapists but who find themselves in the position of teaching children with severe autism. The intent is to share music lesson plans in order to provide children who suffer from severe autism disorder with opportunities for music making. I have organized the materials for this workshop as follows: (a) a power point presentation as a guide; (b) an overview of the music lesson plans format relevant to music concepts; (c) a chart including the titles of materials and activities in the lesson plans classified under different categories according to the lesson plan format and to the Strategies for Teaching Based on Autism Research Program (STAR); and, (d) a video of students' performance in class. Participants will be asked to join in a circle and participate in some music activities and will receive a booklet with several music lesson plans used by myself. In conclusion, providing musical activities at the curriculum grade level, children with severe autism in an inclusive classroom demonstrate the

same grade level understanding of musical concepts as non-autistic children. It is my hope that this workshop will help other music teachers to improve their skills in adapting specific strategies to enhance their music lesson plans for children with severe autism.

### **The assessment of the quality of relationship by people with severe disabilities in a music educational setting**

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The AQR-Instrument (Assessment of the Quality of Relationship), an instrument to observe and assess the quality of relationship based on developmental-psychological knowledge, was developed for use in music therapy with children with profound developmental disorders (Schumacher/Calvet 2001, 2005, 2007). The AQR-Instrument consists of four scales that focus on differing phenomena of expression: instrumental expression, vocal pre-speech expression, physical-emotional expression, the therapist and his/her interventions. Within each scale, seven modi are used to assess the quality of the inter-personal relationship and give important indications for methodical approaches. The research presented here, the first to apply the AQR-Instrument in a music education setting, assesses the ability of three group members (adults with severe disabilities) to form relationships according to the handling of instruments. The researcher sought to (a) determine the ability of the participants to take part in group sessions; and, (b) examine the methods used by the teacher in particular whether they were appropriate for the participants. This study has important implications for music education. Examples showing the modi based on the recorded and analysed scenes of the three participants will be shown on DVD. The paper includes information and DVD examples about the setting and the didactical considerations for the musical-education work with this group of adults with severe disabilities and finishes with thoughts and implications for future work.

### **The development of a cochlear implant music training program**

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**Florence Arking**, Kean University, Union, NJ, USA

**Rachel Beleski**, Kean University, Union, NJ, USA

**Carolyn Mullay**, Kean University, Union, NJ, USA

Researchers have suggested that pre and postlingually deafened adults may benefit from intensive aural rehabilitation programs emphasizing auditory training as

well as strategies necessary to enhance understanding. However, access to such services is limited as a result of inadequate reimbursement by public insurance providers. Furthermore, questions regarding the impact of structured training protocols on pre or postlingual implant users' music and speech perception abound. This paper will first describe the researchers' initial study (PHASE I) examining music and speech perception of adult cochlear implant users as well as the resulting web-based music training protocol. PHASE I of this study examined music and speech perception skills of adult cochlear implant (CI) users. The researchers found that prelingual CI users' scores on the Primary Measures of Music Audiation (PMMA) were lower than postlingual CI users' scores (Alpha level = .005). An analysis of the pitch discrimination measures of the Clinical Assessment of Music Perception (CAMP) revealed no significant differences between pre and postlingual participants' scores at either 262 or 330HZ. Prelingual CI user responses' at 391HZ were significantly lower than postlingual CI users (alpha level = .05), however. Also, no significant differences were found between pre and postlingual CI users' CAMP melody recognition scores, however, timbre subtest scores were significantly lower for prelingual CI users (alpha level = .05). Also revealed was that test scores were lower for participants implanted at a later age. Speech perception data revealed wide individual variations. The data is consistent with previous reports of phonemic and individual word perception being more difficult to perceive than environmental sounds and temporal aspects of speech. Speech perception measures mirrored those of music perception, finding that post-lingually implanted adults performed worse than those who had been pre-lingually implanted. Findings from PHASE I resulted in the development of a web-based training protocol which includes separate training tracks for the pre and postlingual deafened CI recipient (to be piloted in Fall 2012). An overview of the follow-up study (PHASE II) investigating the impact of three types of music training (web-based, in-person, mixed) will also be provided. Such research may provide music therapists, speech language pathologists, and audiologists with a habilitative/ rehabilitative starting point for incorporating music listening into their clients' therapy protocols.

### **Microanalysis and graphic notation in music therapy research: A case study**

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Microanalysis, as a detailed method for investigating micro-processes in music therapy, has been widely used in a range of contexts and with different client populations. It offers significant possibilities not only in research, but also in clinical practice, by enhancing our ability to critically analyse and understand the micro-changes and processes that take place in music therapy. However, finding appropriate ways and tools for conducting and representing such microanalytic procedures is often challenging. This presentation will illustrate how graphic notation, as a way of notating

musical and extra-musical aspects of interaction between therapist and client, can be used as a method for analysis and representation in microanalytic research designs. The aim of this presentation is to provide a practical example of how microanalysis can be combined with graphic notation in music therapy research, as a way of in-depth exploration and visual representation of the micro-processes under examination. This combined method is illustrated through a case study of improvisational (music-centred) music therapy with a boy with autism.

This microanalytic case study is based on phenomenological principles, where multi-layered analyses of a short video exemplar are performed. The analysis focuses on the client's outer mobility (i.e., musical and bodily engagement) in relation to the collaborative, improvisatory music-making with the therapist. The microanalytic process takes place in four main phases: i) short description of video exemplar; ii) microanalytic graphic notation of improvisation with focus on client's outer mobility; iii) segmentation and 'thick' description of the micro-processes under examination; and, iv) identification of pivotal moments. The construction of meaning emerges through interactional analysis and draws on Nordoff-Robbins's principles of 'gentle empiricism.'

This case study demonstrates how the combined use of microanalysis and graphic notation can enable an in-depth exploration of the micro-processes that take place in improvisational music therapy. It shows how this combined method facilitates a detailed observation and study of clients' outer musical mobility (e.g., flexibility in tempo and dynamics), as well as its potential connection with the development of their inner mobility (e.g., development of social skills, and self-actualisation) in music therapy.

Further prospects regarding the combined use of microanalysis and graphic notation, and their potential for widening not only our research endeavours, but also our clinical practices are discussed; suggesting the contribution of such methods in promoting a healthy balance between evidence-based practice and practice-based evidence in music therapy.

### **Singing together: Promoting social engagement for young children with autism**

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Joint attention is defined as an individual's visually coordinated attention to an event or an object with another individual, sharing engagement, and showing an understanding that the partner is sharing the same interest (Schertz & Odom, 2004). As joint attention develops, it sets the groundwork for understanding others' behaviors and enables interpersonal engagement and shared attention with a communicative partner for social purposes (Wetherby, Prizant, & Schuler, 2000). Although joint attention is an important milestone in typical development, it constitutes a core difficulty for young children with autism, affecting their ability to interact with others in social circumstances, to process

social information, and to establish and sustain relationships with others (White, Keoning, & Scahill, 2006; Bellini 2007). Because of its critical role in social engagement and social-communicative development, joint attention is an important target for intervention in children with autism (Volkmar, Chawarska, & Klin, 2005). Recent studies in music therapy have revealed that a child-centered approach in improvised music therapy interventions can increase joint attention and facilitate social engagement in children with autism (Kim, Wigram, & Gold, 2008; Wigram & Gold, 2006; Trevarthen & Aitken, 2001). The purpose of the current study was to determine the effectiveness of improvisational music therapy in promoting joint attention for three kindergarten children diagnosed with autism. A mixed method design (single subject case study with qualitative analysis) was implemented; child centered, age-appropriate, developmental principles were incorporated into a music therapy intervention that followed a three-phase sequence to promote eye contact, response to joint intervention and initiation of joint attention. A multiple baseline design showed children's performance in the classroom once a week. The research hypothesis was that the students who were having individualized improvisational music therapy sessions would show an increased incidence of eye contact, response to interaction when prompted by the teachers and initiation of interaction for social purposes. Also, a complementary qualitative analysis explored variables that may have influenced the outcomes, as well as the perceptions of the participants' parents and teachers, regarding the music therapy intervention. With regard to the efficacy of the intervention, the overall results of the study were encouraging, as they showed that improvisational music therapy creates preconditions for joint attention, reciprocal engagement, and interpersonal responsiveness. In the future, more research with larger samples is needed to strengthen the conclusions on the importance of music therapy interventions in promoting social engagement for young children with autism.

### **Music educators' perceived effectiveness of inclusion**

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This study examined whether music teachers' perceptions of effectiveness of inclusion, curricular adaptations/modifications, or student achievement had altered from that of previous research findings 20 years ago. Music educators ( $N = 1194$ ) representing all 50 United States responded to a survey fashioned after a similar instrument used by Gfeller, Darrow, and Hedden (1990). Results indicate positive increases over the past 20 years in which teachers generally felt the students were successfully integrated, their music needs were being met, and they did not hinder the progress of typically developing peers. Additionally, teachers felt comfortable adapting and/or modifying their regular curriculum to meet the needs of students with special

needs and reported these students were graded on the same standards of musical achievement. Further results and educational implications are discussed.

### **Music educators' perceptions of preparation and supports available for inclusion**

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This study examined whether music teachers' perceptions of their educational preparation and availability of instructional supports had altered from that of previous research findings 20 years ago. Music educators ( $N = 1128$ ) representing all 50 United States responded to a survey fashioned after a similar instrument used by Gfeller, Darrow, and Hedden (1990). Results indicated slight positive increases over the past two decades in regard to types of course offerings, in-service attendance and availability, involvement in the IEP process, placement decisions, consultation with special education experts, and provision of adequate preparation time and resource materials/adaptive devices. Results also revealed that current music education practices, (e.g., music specific coursework, workshops, and in-services) created greater feelings of preparedness to work with students with special needs and increased attendance at additional educational opportunities. Further results and educational implications are discussed.

### **Expressing yourself: Community building through art and music**

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Often, words fail when we most need to express our innermost feelings. *Express Yourself Through the Arts* was a course designed to expose student to the healing potentials of the arts. Projects that combined art and music interactions that were used with undergraduate and graduate college students. The projects provided a venue to enhance life experiences, increase self expression, promote socialization, and self-exploration through art and music. Students worked cooperatively to complete each project's objectives. Some projects included home murals, poem and story creation and illustration, and musical life reviews. Students were also exposed to art galleries, and music, theatre, and dance performances. Each project began with a focal point, creative process, and closure. Students later reflectively wrote about their experiences within the creative process through journaling. They answered focus questions after each completed project and were asked to expand on their individual experiences. These entries consisted of written and visual responses on all creative projects. Themes that emerged were; working cooperatively with others, feelings of frustration and uncertainty, working through barriers to find a more clear life direction, and

finding a greater understanding of self and others.

### **Effects of age level and gender on emotional response to musical and visual stimuli by two-dimensional mood scale**

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Music has the marvelous power to arouse different moods and emotions that often deeply affect the development of the listener's brain, body, and feelings. With joining music with visuals, a multisensory experience can be constructed. Several recent multisensory studies have revealed the influence of aural perception on visual processing. This study was conducted to survey the effects of age level and gender on (a) emotional responses when experiencing music and videos; (b) to investigate the influence of music on visual perceptions; and, (c) to explore the relationship between musical elements and emotional responses.

Fourteen stimuli in combinations of two silent videos and four musical excerpts were used. These were evaluated by 35 seniors (6 males and 29 females) and 55 undergraduate students (12 males and 43 females). They rated their two-dimensional mood, happy-sad and calm-arousal, on five-point Likert scales and described the images evoked by or in association with the stimuli. Video 1 was about a departing train. Video 2 consisted of nature scenes. Music 1 and 2 were incidental music. The former, faster "Clear sky" was in rock style and the latter, slower "Feel the wind" was in new age style. Music 3 was the beginning of Vivaldi's 1st movement of Spring from "Four Seasons." Music 4 was the theme of the 2nd movement from Dvorak's Symphony "New World."

Emotional responses to the stimuli varied. For example, when both music and video were presented, the former dominated. The calm emotions of the videos were overwhelmed by either the strong rhythmic patterns or fast passages in Music 1 and 3. The combination of either of the videos with music 4 was rated much sadder than solely presented with either the video or the music. Verbal comments revealed an association with homesickness. The departing train on Video 1 could be interpreted as sentimental separation or a happy trip depending on the characteristics of the music. Age or gender effect can be found in some combinations of videos and musical excerpts, in particular for happy-sad scale. For the calmer stimuli, the seniors felt happier than the undergraduate students. This might be attributed to the seniors' rich life experiences and their participating in a choir. Findings provide support for music educators, psychological counselors, and musical therapists who work with older populations.

## **The effect of expressive and instrumental touch on the behavior states of individuals with severe and profound intellectual and multiple disabilities**

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The purpose of the study was to examine the effect of music therapy interventions utilizing two types of touch—expressive touch and instrumental touch—on the behavior states of individuals with severe and profound intellectual and multiple disabilities. A secondary purpose of the study was to examine therapist-client rapport when expressive and instrumental touches were used during music therapy sessions. A within-subject design was used with 15 participants receiving three sessions in each of the experimental conditions: no touch, expressive touch, and instrumental touch. All sessions were videotaped for analysis to: (1) measure and code the time participants spent in preferred alert behavior states according to the behavior state coding system (Guess et al., 1988), and (2) rate the music therapist's perceived client rapport. Results of a oneway ANOVA indicated that expressive touch and instrumental touch were significantly more effective than the baseline condition in eliciting and maintaining participants' preferred alert behavior states. In addition, independent observers' rapport ratings revealed the therapist's client rapport was perceived to be significantly higher during the expressive and instrumental touch conditions than during the control condition. These findings have important implications regarding the use of nonverbal forms of communication in music therapy practice with individuals who have severe and profound intellectual and multiple disabilities.

## **Songs of young deaf children using cochlear implants: From mimesis to invention**

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This paper describes and analyses the spontaneous singing inventions of deaf children, ages 3.5 to 4.5 years, in preschool settings in Cyprus. The paper focuses on two dimensions of deaf children's singing activity: a) children's improvised singing happening during music sessions, and b) all spontaneous vocalisation taking place in other situations (indoor and outdoor play and class circle time). Apart from documenting deaf children's singing the study aims to identify the conditions that stimulate both imitation of song and improvised singing in the children and offer pedagogical insights for practice. The participants were five congenital prelingually deafened children with profound hearing loss who attended the School for the Deaf in Nicosia, Cyprus. The children were also mainstreamed into the community nursery that shares lodgings with the School for the Deaf. The children (three boys and two girls) were all implanted with the cochlear prosthesis between the ages of 10-12 months. The children participated in 30

minute music sessions twice weekly over a period of seven months. Sessions included a variety of musical activities some of which were designed to promote creative vocal activity and song. The sessions were video-recorded using a static camera in order to maintain contextual detail. Seven recordings of individual children were planned at the end of each calendar month in order to analyse their vocalisations longitudinally. The researcher was interested in investigating aspects of the children's lives playfully interwoven into the sessions in playful ways (play scenarios) as well as those objects which might be effective stimuli for song inventions. Singing episodes were analysed contextually (emphasis on process) and songs (invented and/or imitated) were analysed as 'objects' (emphasis on product). Data is supported by researcher's field notes and interviews with the parents and the children's mainstream class teachers.

## **A world through sound: The musical experiences of a child with multiple disabilities in an early childhood music class**

**Gina Yi**, KOREA/USA [email: [ginayi@hotmail.com](mailto:ginayi@hotmail.com)]

With the intent of improving early childhood music education for children with disabilities, the purpose of this case study was to explore the musical experiences of a child with multiple disabilities, specifically cortical visual impairment (CVI) and cerebral palsy (CP), in an early childhood music class. I observed the child in a class for children aged birth to three years, for four weeks of a 10-week program. The researcher also interviewed the teacher and the child's mother. Analysis of data revealed three main themes encompassing the musical experience of a child: engaging experience, exploratory experience and non-participatory experience. Additional emerging themes were awareness of mother, teacher adaptation, and role of caregiver. Certain facial expressions, vocal responses, and behaviors of the child were observed consistently during four-week observations and were identified and served as cues that she was responding musically. Due to the child's disabilities, she participated less in structured movement activities and activities with percussion manipulatives than other children in the class. However, she was "attuned" musically, giving random and purposeful vocal responses to music. Active participation of a caregiver and teacher's awareness of child's disabilities also was important factors that enhanced the child's participation in class.



## Νέες Διεθνείς Δημοσιεύσεις (2011-2012)

## New International Publications (2011-2012)

Συλλέχθηκαν από τους Δώρα Παυλίδου & Γιώργο Τσίρη

Compiled by Dora Pavlidou & Giorgos Tsiris

Η ενότητα *Νέες Διεθνείς Δημοσιεύσεις* στοχεύει στην ενημέρωση του αναγνωστικού κοινού για την τρέχουσα διεθνή βιβλιογραφία σχετικά με τα πεδία της μουσικοθεραπείας και της ειδικής μουσικής παιδαγωγικής.

Η ενότητα αυτή περιλαμβάνει δημοσιεύσεις βιβλίων και άρθρων που έχουν δημοσιευθεί στο εξωτερικό κατά το τρέχον και το προηγούμενο χρονολογικό έτος. Περιλαμβάνονται κείμενα γραμμένα μόνο στην αγγλική γλώσσα.

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The section *New International Publications* aims to raise the awareness of the readership for the current international literature regarding the fields of music therapy and special music education.

This section includes international publications of books and articles that have been published during the current and previous calendar year. Only texts written in English language are included.

This section is published in the second issue of each volume of *Approaches*. Relevant information for publication on *Approaches* can be sent to the Links and Upcoming Events Manager (Dora Pavlidou, [dorapavlidou@gmail.com](mailto:dorapavlidou@gmail.com)).



### Βιβλία

### Books

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## Προσεχή Δρώμενα

### Upcoming Events

Συλλέχθηκαν από τους Γιώργο Τσίρη & Δώρα Παυλίδου

Compiled by Giorgos Tsiris & Dora Pavlidou

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 πληρο-φορίες προς δημοσίευση στο *Approaches* μπορούν να στέλνονται στη Συντονίστρια Συνδέσμων και Δρώμενων (Δώρα Παυλίδου, [dorapavlidou@gmail.com](mailto:dorapavlidou@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 the Coordinator of Links and Upcoming Events (Dora Pavlidou, [dorapavlidou@gmail.com](mailto:dorapavlidou@gmail.com)).

#### 21<sup>st</sup> EAS Conference & ISME European Regional Conference

**Title:** The Reflective Music Teacher

**Date:** 13-16 February 2013

**Place:** Leuven, Belgium



**Organisers:** European Association for Music in Schools, International Society for Music Education, LUCA Campus Lemmens Instituut, NAMM

**Information:** [www.eas-music.org](http://www.eas-music.org)

#### 8<sup>th</sup> International Conference for Research in Music Education

**Date:** 9-13 April 2013

**Place:** Exeter, UK



**Organisers:** Graduate School of Education, University of Exeter

**Information:** [www.ex.ac.uk/sell/conferences/rime](http://www.ex.ac.uk/sell/conferences/rime)

#### 4<sup>th</sup> International Symposium on Assessment in Music Education

**Title:** Music Assessment and Global Diversity: Practice, Measurement, and Policy

**Date:** 10-13 April 2013

**Place:** Taipei, Taiwan



**Organisers:** National Taiwan Normal University and the University of Florida School of Music

**Information:** <http://conferences.dce.ufl.edu/isame/>

### **The Changing Face of Music and Art Education: Yesterday, Today, Tomorrow**



**Date:** 18-19 April 2013  
**Place:** Tallinn, Estonia  
**Organisers:** Tallinn University  
**Information:** [www.tlu.ee/CFMAE](http://www.tlu.ee/CFMAE)

### **Music Therapy Advances in Neuro-disability: Innovations in Research and Practice**



**Date:** 7-8 June 2013  
**Place:** London, UK  
**Organisers:** Royal Hospital for Neuro-disability  
**Information:** [www.rhn.org.uk/events/conferences-and-seminars/music-therapy-advances-in-neuro-disability.htm](http://www.rhn.org.uk/events/conferences-and-seminars/music-therapy-advances-in-neuro-disability.htm)

### **2<sup>nd</sup> International Conference of Spirituality and Music Education (SAME)**



**Title:** Spirituality, Music and Education in a Cultural Context  
**Date:** 27-29 June 2013  
**Place:** Vilnius, Lithuania  
**Organisers:** Spirituality and Music Education (SAME) & Vilnius University  
**Information:** <http://spirituality4mused.org/page/conferences.php>

### **9<sup>th</sup> International Symposium on the Philosophy of Music Education**



**Date:** 5-9 July 2013  
**Place:** New York, USA  
**Organisers:** International Society for Philosophy of Music Education  
**Information:** <http://ispme.net>

### **9<sup>th</sup> European Music Therapy Congress**



**Title:** Setting the Tone: Cultures of Relating and Reflecting in Music Therapy  
**Date:** 7-10 August 2013  
**Place:** Oslo, Norway  
**Organisers:** Norwegian Music Therapy Association & European Music Therapy Confederation  
**Information:** [www.emtc2013.no](http://www.emtc2013.no)

### **14<sup>th</sup> World Congress of Music Therapy**



**Title:** Cultural Diversity in Music Therapy Practice, Research and Education  
**Date:** 5-12 July 2014  
**Place:** Vienna, Austria  
**Organisers:** World Federation of Music Therapy (WFMT)  
**Information:** [http://musictherapyworld.net/WFMT/2014\\_World\\_Congresses.html](http://musictherapyworld.net/WFMT/2014_World_Congresses.html)






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## Μεταφρασμένες Περιλήψεις Άρθρων

### Translated Abstracts of Articles

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## Φωνητικές Συνδέσεις: Πώς το Φωνητικό Έργο στη Μουσικοθεραπεία Βοήθησε στη Μάθηση ένα Νεαρό Κορίτσι με Σοβαρές Μαθησιακές Δυσκολίες και Αυτισμό

Tina Warnock

**Περίληψη:** Το παρόν άρθρο μελετά τη χρήση της μη-λεκτικής φωνής στη μουσικοθεραπεία με παιδιά με σοβαρές μαθησιακές δυσκολίες, σύνθετες ανάγκες και αυτισμό. Το άρθρο κάνει μια επισκόπηση της σύγχρονης βιβλιογραφίας σχετικά με τη χρήση της φωνής στη μουσικοθεραπεία, και συσχετίζει τους στόχους της μουσικοθεραπείας με αυτούς των φορέων ειδικής αγωγής. Έπεται μια αναφορά στις θεωρίες που αφορούν στη φωνή και στον εαυτό, και στη σημαντική σύνδεση μεταξύ σωματικής αντίληψης και συναισθήματος, η οποία λειτουργεί ως προάγγελος της μάθησης, ιδίως σε άτομα με μαθησιακές δυσκολίες. Μέσα από μια μελέτη περίπτωσης, παρουσιάζω πώς το φωνητικό έργο βοήθησε ένα νεαρό κορίτσι να χτίσει συνδέσεις με τον εαυτό της και τη μουσικοθεραπεύτρια, αναπτύσσοντας - μέσα από αυτή τη διαδικασία - ισχυρότερα κίνητρα για αλληλεπίδραση με το περιβάλλον της. Θεωρώ, λοιπόν, ότι η χρήση της μη-λεκτικής φωνής στη μουσικοθεραπεία, μέσα από την εγγενή της σύνδεση με την ταυτότητα και τις εσωτερικές συναισθηματικές καταστάσεις του ατόμου, μπορεί να συνεισφέρει σημαντικά στις υγιείς αναπτυξιακές διαδικασίες που απαιτούνται για τη συμμετοχή στη μαθησιακή διαδικασία. Ως εκ τούτου, ενδυναμώνοντας τη γνώση μας σχετικά με τη μαθησιακή διαδικασία και τη σημασία της δουλειάς μας εντός αυτής της διαδικασίας, μπορούμε να παρουσιάσουμε πιο καθαρά τα αποτελέσματα της μουσικοθεραπείας στο εκπαιδευτικό πλαίσιο και να αποκτήσουμε μια πιο δυνατή 'φωνή' εντός των πολυ-επιστημονικών ομάδων που εργάζονται με άτομα με μαθησιακές δυσκολίες.

**Λέξεις κλειδιά:** φωνητικό έργο, μη-λεκτική φωνή, αυτισμός, σοβαρές μαθησιακές δυσκολίες, συνδέσεις, αυτο-αντίληψη, μάθηση, εκπαίδευση

Η Tina Warnock καταρτίστηκε ως μουσικοθεραπεύτρια στο Anglia Ruskin University το 2000, μετά από το πτυχίο της στην κοινωνική ψυχολογία, το οποίο απέκτησε το 1992 από το Sussex University. Έκτοτε, έχει δουλέψει κατά κύριο λόγο με παιδιά και νέους σε ειδικά σχολεία και στις Υπηρεσίες Ψυχικής Υγείας για Παιδιά και Εφήβους (Child and Adolescent Mental Health Services) του Εθνικού Συστήματος Υγείας (NHS). Το 2008 ίδρυσε το Μουσικοθεραπευτικό Κέντρο 'Belltree' στο Brighton αναπτύσσοντας, ως υπεύθυνη του κέντρου, την παροχή μουσικοθεραπευτικών υπηρεσιών στο Sussex. Η Tina διδάσκει, επίσης, ως επισκεπτόμενη ομιλήτρια στο μεταπτυχιακό πρόγραμμα μουσικοθεραπείας του Roehampton University.

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## **Voices: Μια Ενταξιακή Χορωδία στο Dortmund της Γερμανίας**

Irmgard Merkt

**Περίληψη:** Το άρθρο περιγράφει την ιδέα και το έργο μιας ενταξιακής χορωδίας, στην οποία φοιτητές του Τμήματος Επιστημών Αποκατάστασης (Faculty Rehabilitation Sciences) στο Πανεπιστήμιο TU Dortmund τραγουδούν με ενήλικες με νοητική καθυστέρηση. Η χορωδία ‘Voices’ ιδρύθηκε το 2010, στο πλαίσιο του προγράμματος Dortmund Modell: Musik (DOMO: Musik). Η χορωδία και το πρόγραμμα αποσκοπούν στην υλοποίηση της Συνθήκης των Ηνωμένων Εθνών για τα Δικαιώματα των Ανθρώπων με Αναπηρίες κυρίως μέσα από την ανάπτυξη μοντέλων πολιτισμικής συμμετοχής που αφορά άτομα με και χωρίς αναπηρίες. Έπειτα από την περιγραφή του προγράμματος DOMO: Musik και των αρχών του, το άρθρο παρουσιάζει σύγχρονες ιδέες που έχουν αναπτυχθεί σχετικά με το έργο των ενταξιακών χορωδιών καθώς και τις επικείμενες δυσκολίες και τα θετικά αποτελέσματα αυτού του έργου. Ιδιαίτερη βαρύτητα δίνεται στην επιλογή των μουσικών κομματιών από την πλευρά της καλλιτεχνικής ποικιλίας. Παρουσιάζονται πέντε κομμάτια από ένα καλλιτεχνικά διευρυμένο ρεπερτόριο. Τέλος, τα μέλη της φοιτητικής χορωδίας δίνουν ανατροφοδότηση σχετικά με την εμπειρία τους στην ενταξιακή χορωδία και αποσαφηνίζουν τη σημασία των συλλογικών δραστηριοτήτων που οδηγούν σε μια ενταξιακή κοινωνία.

**Λέξεις κλειδιά:** μουσική, πολιτισμός, ένταξη, άτομα με αναπηρίες, ενταξιακή χορωδία, ρεπερτόριο, μέθοδοι

Η **Irmgard Merkt** γεννήθηκε και εκπαιδεύτηκε στο Μόναχο, σπουδάζοντας κλασικό τραγούδι και μουσική παιδαγωγική στο University of Music and Performing Arts και επιστήμες της αγωγής στο Ludwig-Maximilians-Universität (LMU Munich). Το 1981 διορίστηκε ως Αναπληρώτρια Καθηγήτρια στο Τμήμα Ειδικής Αγωγής του Teacher Training College Pädagogische Hochschule του Ruhr. Από το 1991 είναι πρόεδρος του τομέα ‘Μουσικής Εκπαίδευσης και Μουσικοθεραπείας’ στο Faculty of Rehabilitation Sciences του Dortmund University. Είναι ιδρύτρια του ανώτερου εκπαιδευτικού συστήματος “InTakt” και του ανώτερου ενταξιακού εκπαιδευτικού συστήματος “Europa InTakt – Μουσική και άτομα με ειδικές ανάγκες”, είναι υπεύθυνη του τρέχοντος προγράμματος *Dortmunder Modell: Musik* και Πρύτανης του Faculty of Rehabilitation Sciences.

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## **Η Διαπολιτισμική Συνεργασία ως Κοινωνική Ανάπτυξη και Ενσωμάτωση: Μουσικά Προγράμματα για Παιδιά στη Βοσνία-Ερζεγοβίνη και στη Σκωτία**

Hannah Linklater & Lewis Forbes

**Περίληψη:** Αυτό το άρθρο αποτελεί μια καταγραφή των ενταξιακών προσεγγίσεων σε δύο μουσικά προγράμματα για παιδιά, τα οποία είχαν ως στόχο την καλλιέργεια της ομαδικής δημιουργικότητας καθώς και της διαπολιτισμικής αντίληψης και κατανόησης. Στο πρώτο πρόγραμμα, παιδιά και νέοι από ένα ειδικό σχολείο του Mostar της Βοσνίας-Ερζεγοβίνης έγραψαν τραγούδια, τα οποία μοιράστηκαν με παιδιά από ένα δημοτικό σχολείο στο Εδιμβούργο της Σκωτίας. Το δεύτερο πρόγραμμα, που έγινε στο Σαράγεβο της Βοσνίας-Ερζεγοβίνης, εστίασε στη συλλογική σύνθεση και στην εκτέλεση τραγουδιών. Αυτό το πρόγραμμα συμπεριέλαβε τρεις ομάδες παιδιών από μειονοτικά σχολεία, καθώς και μια χορωδία από ένα σχολείο για παιδιά με προβλήματα όρασης. Σε ανατροφοδοτικό επίπεδο, συζητάμε το ρόλο της διαπολιτισμικής μουσικής συνεργασίας ως ένα αποτελεσματικό μέσο για να φέρει κανείς κοντά παιδιά από διαφορετικά κοινωνικά και πολιτισμικά πλαίσια, με σκοπό τη δημιουργία νέων κοινών εμπειριών και την ενίσχυση του σεβασμού για τη διαφορετικότητα. Ευελπιστούμε ότι προγράμματα όπως αυτά θα αποτελέσουν το πρώτο βήμα προς την

εκπλήρωση ενός απότερου σκοπού για την ενθάρρυνση της αποδοχής και την καλλιέργεια της φιλίας μεταξύ παιδιών που ίσως δεν έχουν άλλους τρόπους να έρθουν σε επαφή μεταξύ τους.

**Λέξεις κλειδιά:** διαπολιτισμικότητα, μουσικά προγράμματα για παιδιά, σύνθεση τραγουδιών, υγεία, ένταξη, κοινοτική επιρροή

Η **Hannah Linklater** απέκτησε το μεταπτυχιακό τίτλο MSc στη Μουσική στην Κοινότητα από το Πανεπιστήμιο του Εδιμβούργου το 2011. Τα επαγγελματικά και ερευνητικά της ενδιαφέροντα περιλαμβάνουν τη μουσικότητα των βρεφών, την ενταξιακή μουσική πράξη και τη μουσική των Γυναίκων. Έχει πενταετή εμπειρία συμμετοχής σε μουσικά προγράμματα στη Βοσνία-Ερζεγοβίνη. Είναι υπεύθυνη μουσικών και θεατρικών εργαστηρίων σε διάφορα κοινοτικά πλαίσια στο Εδιμβούργο. Το προσωπικό της ενδιαφέρον εστιάζει σε ζητήματα κοινωνικής δικαιοσύνης και θετικής αντιμετώπισης του σώματος, καθώς και στην κουλτούρα και το φυσικό περιβάλλον της Σκωτίας – άξονες οι οποίοι ενημερώνουν την πρακτική της ως μουσικού της κοινότητας.

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Ο **Lewis Forbes** απέκτησε το μεταπτυχιακό τίτλο MMus στη Σύνθεση από το Πανεπιστήμιο του Εδιμβούργου το 2011. Μετά την αποφοίτησή του εργάστηκε εκτεταμένα ως υπεύθυνος μουσικών συνεδριών για έφηβους και νέους με πρόσθετες ανάγκες υποστήριξης. Ως συνθέτης αντλεί υλικό από τα φυσικά φαινόμενα του ήχου, την παραδοσιακή μουσική της Σκωτίας και τις συνδέσεις μεταξύ μουσικής και σώματος. Ενδιαφέρεται για την τεχνολογία των μουσικών οργάνων και έχει ερευνήσει τον πειραματικό σχεδιασμό οργάνων εστιάζοντας στην προσβασιμότητα αυτών από άτομα με ειδικές ανάγκες. Ο Lewis επισκέφτηκε για πρώτη φορά τη Βοσνία-Ερζεγοβίνη με τη Hanna το 2007 και έκτοτε έχει συμμετάσχει σε πολυάριθμα μουσικά προγράμματα σε αυτήν την περιοχή.

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## Αναφορά Αποτελεσμάτων: Μια Προσαρμογή του Εργαλείου ‘AQR’ για την Αξιολόγηση της Μουσικοθεραπείας στον Αυτισμό

Martin Lawes

**Περίληψη:** Το άρθρο αυτό παρουσιάζει μια προσαρμογή του εργαλείου AQR (*Assessment of the Quality of Relationship - Αξιολόγηση της Ποιότητας της Σχέσης*) (Schumacher & Calvet 2007), το οποίο επικεντρώνεται στη μουσικοθεραπεία και στον αυτισμό. Ο συγγραφέας προσαρμοσε το εργαλείο αυτό για να μπορέσει να εκθέσει τα αποτελέσματα της δουλειάς του σε ένα σχολείο για παιδιά με αυτισμό.

Μετά την παρουσίαση του εργαλείου AQR, ο συγγραφέας περιγράφει πώς αυτή η προσαρμογή του επιτρέπει να παράγει ραβδογράμματα που απεικονίζουν την πρόοδο των παιδιών με τα οποία δουλεύει. Αυτό επιτυγχάνεται σύμφωνα με τα όσα ορίζουν οι διαδικασίες της Παγκόσμιας Κλίμακας Αξιολόγησης Παιδιών με Αναπτυξιακές Αναπηρίες (*Developmental Disabilities - Children's Global Assessment Scale*) (Wagner et al. 2007). Μια μελέτη περίπτωσης σκιαγραφεί τη μορφή των θεραπευτικών πλάνων, καθώς και των τετράμημων και ετήσιων αναφορών ανασκόπησης στις οποίες ενσωματώνονται τα ραβδογράμματα.

**Λέξεις κλειδιά:** μουσικοθεραπεία, αυτισμός, αξιολόγηση, αποτελέσματα, εργαλείο AQR

Ο **Martin Lawes** εργάζεται ως μουσικοθεραπευτής σε σχολεία και στο χώρο της ανακουφιστικής και παρηγορητικής φροντίδας του Ηνωμένου Βασιλείου. Είναι επόπτης μουσικοθεραπείας και έχει διδάξει ως επισκεπτόμενος ομιλητής σε τρία από τα μεταπτυχιακά προγράμματα μουσικοθεραπείας του Ηνωμένου

Βασιλείου. Έχει παρουσιάσει τη δουλειά του σε εθνικό και διεθνές επίπεδο, ενώ στο παρελθόν έχει δημοσιεύσει στο British Journal of Music Therapy. Επίσης είναι καταρτισμένος στη μέθοδο Guided Imagery and Music, στην οποία είναι βοηθός εκπαιδευτής.

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## Πληροφορίες και Προδιαγραφές

Το *Approaches* αποτελεί το πρώτο ελληνικό ηλεκτρονικό επιστημονικό περιοδικό το οποίο είναι αφιερωμένο τόσο στο πεδίο της Μουσικοθεραπείας, όσο και στο πεδίο της Ειδικής Μουσικής Παιδαγωγικής.

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).

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## Information and Guidelines

*Approaches* is the first Greek online journal which is dedicated to the fields of Music Therapy and Special Music Education.

*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 relevant to Music Therapy and / or to Special Music Education. 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 the Newsletter of *Approaches*.

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