



Μουσικοθεραπεία & Ειδική Μουσική Παιδαγωγική

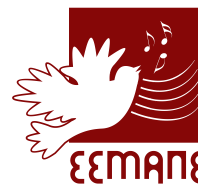
Music Therapy & Special Music Education

# APPROACHES

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## Σημείωμα του Επιμελητή Σύνταξης

### **Ταξίδια σε Τραυματισμένους Τόπους: Ανόμιες Εικόνες ενός Μοναδικού Οράματος;**

Γιώργος Τσίρης

Τα τελευταία χρόνια παρατηρείται ένα αυξανόμενο ενδιαφέρον σχετικά με το τραύμα στη μουσικοθεραπεία (π.χ. Bensimon, Amir & Wolf 2008· Edwards & McFerran 2004· Howden 2008· Loewy & Frisch-Hara 2002· Pavlicevic 1994, 1995, 2001· Robarts 2006· Stewart 2009a, 2009b· Thompson 2007). Αυτό φαίνεται να συνδέεται με την ύπαρξη ενός σημαντικού αριθμού ανθρώπων στις κοινωνίες μας οι οποίοι αντιμετωπίζουν τις συνέπειες τραυματικών εμπειριών όπως κακοποίηση, πόλεμο, φυσικές καταστροφές ή άλλα καταστροφικά γεγονότα. Επιπλέον, οι συζητήσεις και πρακτικές που αναπτύσσονται για το τραύμα στη μουσικοθεραπεία φαίνεται να αλληλοσυνδέονται με μία βαθμιαία αλλαγή της συνειδητοποίησης της κοινωνίας σχετικά με τις άμεσες επιπτώσεις του τραύματος, αλλά και με τον ευρύτερο του αντίκτυπο στον τρόπο με τον οποίο οι άνθρωποι βιώνουν τις εμπειρίες τους σε ατομικό και συλλογικό επίπεδο.

Το 2002 δημοσιεύθηκε το βιβλίο *Music, Music Therapy and Trauma: International Perspectives* και από τότε έχει γίνει ορόσημο στα πλαίσια των σχετικών μουσικοθεραπευτικών διαλόγων. Αυτό το βιβλίο, με επιμελήτρια την Julie Sutton, περιλαμβάνει διάφορα κεφάλαια που περιγράφουν την εργασία μουσικοθεραπευτών με άτομα που έχουν βιώσει ποικίλες τραυματικές εμπειρίες σε ένα εύρος πολιτισμικών, κοινωνικο-πολιτικών και οικονομικών πλαισίων· μία ποικιλομορφία η οποία αντικατοπτρίζει το παγκόσμιο πρόβλημα του τραύματος, καθώς και την επιρροή αυτού που εκτείνεται πέρα από τα σύνορα κοινοτήτων και χωρών.

Πιο πρόσφατα, στις 15-16 Σεπτεμβρίου 2010, ένα εργαστήριο προηγμένης έρευνας διοργανώθηκε από το NATO και πραγματοποιήθηκε στην Άγκυρα της Τουρκίας. Το εργαστήριο αυτό, με τίτλο «*Νέες θεραπευτικές προσεγγίσεις για την καταπολέμηση των αρνητικών επιπτώσεων της τρομοκρατίας – Η μουσικοθεραπεία κατά των αρνητικών επιπτώσεων*

*της τρομοκρατίας*», επικεντρώθηκε στις θεραπευτικές προσεγγίσεις και στρατηγικές αποκατάστασης της μουσικοθεραπείας για την επαναφορά της ευημερίας και την ομαλοποίηση της ζωής των ανθρώπων που έχουν βιώσει τραυματικά γεγονότα ιδίως σε σχέση με την τρομοκρατία. Οι ομιλητές αντιπροσώπευαν διάφορες χώρες ανά την υφήλιο (όπως Αλβανία, Βέλγιο, Βόρεια Ιρλανδία, Γερμανία, Ελβετία, Ελλάδα, Εσθονία, ΗΠΑ, Ισπανία, Καζακστάν, Ολλανδία, Ουκρανία, Πολωνία, Τουρκία και Τσεχία) και συζήτησαν τις επιπτώσεις του τραύματος στις διάφορες κοινότητες και κοινωνίες εντός των οποίων εργάζονται: από τους πρόσφυγες του Κοσσυφοπεδίου κατά τη διάρκεια του εμφυλίου πολέμου, στους τραυματισμένους νεαρούς άνδρες της Βόρειας Ιρλανδίας, και τις ταραχές στην Ελλάδα τον Δεκέμβριο του 2008.

Τα δύο άρθρα που περιλαμβάνονται στο νέο τεύχος του *Approaches* έρχονται να συμβάλουν σε αυτό το αναπτυσσόμενο πεδίο διαλόγου στη μουσικοθεραπεία. Αντανακλούν ποικίλες προσεγγίσεις και πρακτικές σε αυτόν τον χώρο εργασίας: από την ατομική μουσικοθεραπεία με μία σεξουαλικά κακοποιημένη έφηβο σε μία ψυχιατρική κλινική στη Δυτική Ευρώπη, σε μία κοινοτικά-βασισμένη ομαδική μουσικοθεραπεία με παιδιά σε ένα μετα-πολεμικό περιβάλλον στην Ανατολική Αφρική.

Πιο συγκεκριμένα, το πρώτο άρθρο είναι από την Marieke Degryse η οποία γράφει για τη μουσικοθεραπευτική της πρακτική σε μία ψυχιατρική μονάδα για παιδιά με ειδικές μαθησιακές ανάγκες στο Βέλγιο. Ακολουθώντας μία ψυχοδυναμική προοπτική, παρουσιάζει κλινικό υλικό από την ατομική της εργασία με μία έφηβο με μαθησιακές και συμπεριφορικές δυσκολίες που είχε κακοποιηθεί σεξουαλικά. Εξερευνά τον ρόλο των τραγουδιών και του παιχνιδιού στη μουσικοθεραπεία όταν κανείς δουλεύει με τραύμα και επιθετικότητα. Επίσης, αναλύει πώς «η

μουσική και το σώμα γίνονται σαν δύο σπασμένοι καθρέπτες, αντανακλώντας ο ένας τον άλλον» (σ. 49) θέτοντας ορισμένες ερωτήσεις σχετικά με τη φύση της μουσικής και της χρήσης του αυτοσχεδιασμού σε αυτό το πλαίσιο εργασίας.

Στο επόμενο άρθρο η Bethan Lee Shrubsole εστιάζει στο έργο της στην Αφρική. Γράφει σχετικά με το *Music for Peaceful Minds* – μία υπηρεσία μουσικοθεραπείας για παιδιά την οποία ίδρυσε η ίδια το 2008 στη μετα-πολεμική Βόρεια Ουγκάντα. Αυτό το άρθρο επικεντρώνεται στην ομαδική μουσικοθεραπεία σε ένα κοινωνικό περιβάλλον το οποίο έχει πληγεί από τραύματα που προκλήθηκαν από εμπειρίες πολέμου και σύγκρουσης. Σε αυτό το πλαίσιο, η Shrubsole διερευνά τον εν δυνάμει ρόλο της θρησκείας και της πίστης στη μουσικοθεραπεία, καθώς και τις προκλήσεις που η πολιτισμική, γλωσσική και μουσική διαφορετικότητα επέφερε στη δουλειά της ως μία αγγλίδα θεραπεύτρια εργαζόμενη στην Ουγκάντα.

Τα παραπάνω άρθρα ακολουθούν δύο βιβλιοκριτικές από την Claire Hope και τον Simon Procter αντίστοιχα. Η Hope παρουσιάζει το βιβλίο *Music Therapy with Children and their Families* που επιμελήθηκε από τις Amelia Oldfield και Claire Flower και δημοσιεύθηκε το 2008. Ο Procter παρουσιάζει το βιβλίο της Randi Rolvsjord με τίτλο *Resource-Oriented Music Therapy in Mental Health Care* που δημοσιεύθηκε πρόσφατα, αλλά ήδη φαίνεται να «... έχει σημαντική επίδραση στα όσα – αν μη τι άλλο – έχει να προσφέρει η μουσικοθεραπεία στους ανθρώπους στα επόμενα χρόνια» (σ. 68).

Αυτό το τεύχος του *Approaches* ολοκληρώνεται με την προσφορά ορισμένων πληροφοριών και συλλογών δημοσιεύσεων που ελπίζω να φανούν χρήσιμες στο αναγνωστικό κοινό: i) Νέες Διεθνείς Δημοσιεύσεις (2009-2010), και ii) Προσεχή Δρώμενα. Αυτές οι πληροφορίες λειτουργούν συμπληρωματικά με το ηλεκτρονικό υλικό του *Approaches* που διατίθεται δωρεάν στον ιστοχώρο του <http://approaches.primarymusic.gr>. Αυτό το υλικό συμπεριλαμβάνει τους πρόσφατα ανανεωμένους συνδέσμους του *Approaches* όπου κανείς μπορεί να βρει μία πληθώρα από συλλόγους, εκπαιδευτικά ιδρύματα, ερευνητικά κέντρα, forums και δίκτυα, περιοδικά και βάσεις δεδομένων, καθώς και παροχές υπηρεσιών μουσικοθεραπείας και ειδικής μουσικής παιδαγωγικής.

Ελπίζω αυτό το τεύχος του *Approaches* να ενισχύσει την επίγνωση μας για την ποικιλομορφία των μουσικοθεραπευτικών πρακτικών και προσεγγίσεων, αλλά και για τη μοναδικότητά τους - ως ανόμοιες εικόνες ενός μοναδικού οράματος: να ανταποκρινόμαστε στις ανάγκες της ανθρωπότητας για ανάπτυξη και ευημερία· να μεταμορφώνουμε τις ζωές των ανθρώπων και της κοινωνίας μέσω μουσικών πράξεων υγείας.

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## Editorial

# Journeys in Traumatised Lands: Dissimilar Images of a Monadic Vision?

Giorgos Tsiriris

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Over the last years, there has been a growing interest in music therapy with regards to trauma (e.g. Bensimon, Amir & Wolf 2008; Edwards & McFerran 2004; Howden 2008; Loewy & Frisch-Hara 2002; Pavlicevic 1994, 1995, 2001; Roberts 2006; Stewart 2009a, 2009b; Thompson 2007). This seems to relate to the existence of a significant number of people in our societies facing the implications of traumatic experiences such as abuse, war, physical disasters or other catastrophic events. In addition, the increasing discourses and practices about trauma in music therapy seem to relate both to a gradual shift in society's awareness of the immediate implications of trauma, and to its widespread repercussions which affect people's living experience on individual and collective levels.

In 2002 the book *Music, Music Therapy and Trauma: International Perspectives* was published and since then has become a milestone in relevant music therapy discourses. This book, which was edited by Julie Sutton, includes various chapters describing music therapy work with people who have faced diverse traumatic experiences in a range of cultural, socio-political and economic settings; a diversity that reflects the global problem of trauma, as well as its influence that reaches across community and country borders.

More recently, in 15-16 September 2010, an advanced research workshop was organised by NATO and took place in Ankara, Turkey. This workshop was entitled "*New Therapy Approaches in Countering the Negative Effects of Terrorism – Music Therapy against the Negative Effects of Terrorism*" and it focused on the potential therapeutic approaches and rehabilitation strategies of music therapy in restoring wellbeing and normalising the lives of people who have experienced traumatic events especially connected to terrorism. The speakers represented various countries around the globe (including Albania, Belgium, Czech Republic, Estonia, Germany, Greece, Kazakhstan, Netherlands, North Ireland,

Poland, Spain, Switzerland, Turkey, Ukraine, and USA) and discussed the implications of trauma in the different communities and societies within which they work: from Kosovo's refugees during the civil war, to the severely traumatised young men in North Ireland and the riots in Greece in December 2008.

The two articles included in the new issue of *Approaches* come to contribute to this growing discourse in music therapy. They reflect diverse approaches and practices in this area of work: from individual music therapy work with a sexually abused adolescent in a psychiatric clinic in Western Europe, to community-based music therapy group work with children in a post-war environment in East Africa.

More specifically, the first article is written by Marieke Degryse who reflects on her music therapy practice in a psychiatric unit for children with learning disabilities in Belgium. Following a psychodynamic perspective, she presents clinical material from her individual work with an adolescent with learning and behavioural difficulties who had experienced sexual abuse. She explores the role of songs and playfulness in music therapy when working with trauma and aggression. She also discusses how "[m]usic and body become like two broken mirrors, reflecting one another" (p. 49) by posing some questions with regards to the nature of music and the use of improvisation in this context.

In the next article Bethan Lee Shrubsole reflects on her practice in Africa. She writes about *Music for Peaceful Minds* – a music therapy service for children which she established in 2008 in post-conflict northern Uganda. The focus of this paper is on group music therapy work in a social environment which has been affected by trauma caused by war and conflict-related experiences. In this context, Shrubsole explores the potential role of religion and faith in music therapy, as well as the challenges that cultural, linguistic and musical

diversity brought in her work as an English therapist practising in Uganda.

The above articles are followed by two book reviews by Claire Hope and Simon Procter respectively. Hope reviews the book *Music Therapy with Children and their Families* edited by Amelia Oldfield and Claire Flower and published in 2008. Procter reviews Randi Rolvsjord's book *Resource-Oriented Music Therapy in Mental Health Care* which was published recently, but already seems to "[...] have considerable influence on what – if anything – music therapy has to offer to people in years to come" (p. 68).

This issue of *Approaches* concludes by providing some information and publication lists which will hopefully be useful to readership: i) New International Publications (2009-2010), and ii) Upcoming Events. This information is complementary to the online resources of *Approaches* available for free on its website <http://approaches.primarymusic.gr>. These online resources include the newly updated links of *Approaches* where one can find a wealth of web material related to music therapy and/or special music education associations, educational institutions, research bodies, forums and networks, journals and databases, as well as service providers.

I hope this issue of *Approaches* will further raise our awareness of the diversity in music therapy practices and approaches, yet of their uniqueness - as dissimilar images of a monadic vision: to meet humanity's needs for growth and wellbeing; to transform people's and society's lives through health musicing.

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## Creating a Safe Place in the Midst of Aggression: Music Therapy in Child Psychiatry

Marieke Degryse

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### Abstract

*Working as a music therapist in a psychiatric unit for children with learning disabilities, one is often confronted with a lot of aggression. Most of these children have attachment disorders and severe behavioural problems. By which means can music exist in music therapy within this specific setting? Can we speak of a traumatic nature in music and body? This article will present a case study, where finding a safe place within music therapy is of major importance. Learning and listening to songs can be a necessary way to safeguard control for the client, gain some self-confidence, and create a place for regression. Going through this process in finding a safe and contained place within music therapy, the possibility of playing techniques arises, offering the freedom for exploration and a form of control and predictability. The case study concludes with the importance of playfulness whereby traumatic material can be digested through the music. Also, the role of singing songs in music therapy with this population is highlighted briefly.*

**Keywords:** music therapy, child psychiatry, learning disability, aggression, trauma, playfulness

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### Introduction

In 1949 Theodor Adorno writes in his *Philosophie der neuen Musik* about the music of Schönberg “Music, condensed to the moment, is true as a result of negative experience. It is real suffering” (Adorno 1949: 42). Adorno compares this, making a reference to a poem by Hölderlin: “As my happiness, is my song, gone is it, and the earth is cold” (Adorno 1949: 42). The reference to happiness as a song, reminds us on how music versed and well structured by melody and tonality, is of an essential different nature than the music of Schönberg. As Adorno later on in his analysis of Schönberg writes “How in the medium of music real bodily movements are being registered, shocks, and traumas” (Adorno 1949: 43). One can compare

this with the kind of music I am mostly confronted with as a music therapist when working with clients at *Fioretti*.

*Fioretti* is a psychiatric unit only for children with a learning disability between the age of six and seventeen, which is unique in Belgium. Typical about *Fioretti* is that it is based on institutional psychiatry and that only individual therapy sessions are given, from different disciplines. Most of the children have attachment disorders and severe behavioural problems, mainly aggression, with a history of violence, neglect and abuse. They also have a mild learning disability, while we often notice that there is a discrepancy between the cognitive level on which they function and their emotional age, which is often much lower.

The aggression which we encounter at Fioretti is being interpreted according to the model of Anton Došen, a psychiatrist who is specialised in behavioural and psychiatric disorders with persons with learning disabilities. His model, mainly based on Mahler and Bowlby, sketches the early socio-emotional development, which consists of different phases. The primary phase is that of the adaptation, which means the integration of sensory stimuli, resulting in homeostasis. When this is interrupted, aggressive behaviour is seen as an emotional 'dysregulation', as it is affective, uncontrolled and without a purpose (Došen 2005). At a following emotional stage in the development, the 'socialization' phase, aggression is considered as a reaction on separation, fear and frustration in interaction with the attachment figure. However, it remains uncontrolled. Generally speaking most of the children at Fioretti are functioning mainly on these first two levels.

### **The traumatic nature of music and body**

Taking into account the particularities of the population and setting at Fioretti, various questions may arise with regards to the nature and role of music in music therapy.

Contrary to the knowledge that music has the capacity of being a non-threatening and inviting medium, music for this specific population can be, like in reference to Adorno, "the registration of bodily movements, shocks and trauma" (Adorno 1949: 42).

It has been described by Streeck-Fischer, Bessel and Van der Kolk (2000), how traumatised children have problems controlling their emotional responses and modulating their behaviour, due to problems with self-regulation. Those children show "an inability to inhibit action when aroused with uncontrollable feelings of rage, anger or sadness" (Streeck-Fischer, Bessel & Van der Kolk 2000: 910). Normal play becomes a traumatic play when "affectively charged stimuli" are involved. (Streeck-Fischer, Bessel & Van der Kolk 2000: 912). They react to the present as if they were back in the traumatic situation.

The way in which these children present their music is very physical. Their whole body is involved in their musical play, which is marked by an intrusive nature; their breathing, the use of their voice, the rhythm and movement of the whole body.

Daniel Stern (2009), inspired by Henri Bergson, speaks about vitality, the basic principle of human life. It consists of five elements: movement, force, space, intention, and time. These elements are all present within music as a dynamic form. When there is an early damage to the child, the whole

vitality becomes affected, which presents itself in the music they produce.

As music is direct and immediate, you cannot shut it off. The musical experience has a sensorial and somatic nature, which means that sounds unavoidably surround our body. The sound of the world and our hearing body stick together, like they almost converge into a quasi symbiotic fusion (Van Campenhout 1999).

Therefore, as music is situated on the level of the body and vitality, it becomes clear how improvising can be intrusive and overwhelming with this population. We could say that the music becomes traumatic as their own body reflects the threatening and intrusive character of the music. Music and body become like two broken mirrors, reflecting one another.

I have often noticed that at the beginning of the therapy process, improvising, although possible, generally occurs in this specific traumatic way. I will try to illustrate this by means of the following case study, and elaborate further on the different possibilities on how the musical sound grows within music therapy, as it develops its identity within the therapeutic process.

### **Case study**

#### *A suffocating symbiosis*

Liesbeth<sup>1</sup> is a young adolescent, with mild learning problems. She has a history of sexual abuse for several years when she was a young child. She comes from an isolated family, signed by loss of relatives. Liesbeth was referred to the department for behavioural problems and withdrawal.

In the first weeks of her stay at Fioretti, Liesbeth stroke me as being withdrawn. She was hardly speaking a word, was nervous, anxious and was hiding in her baggy boyish looking clothes. Every week she was invited for an individual music therapy session.

In the first session, she was drawn to the instruments, but was afraid to play or touch them. However, when I turned away, and said "I won't look", she would try carefully. In the second session, Liesbeth was able to explore different instruments, in a playful way, without saying a word.

*A free improvisation at the piano evolves, in which the movement of the hands seems more important than the sounds they produce. Liesbeth is following my hands, crosses them, and plays with distances and closeness. Moments of intimate musical contact originate, in which we literally play*

<sup>1</sup> The name has been changed for confidentiality purposes.

*on the same keys. The boundaries between us seem to fade away in the symbiotic play at the piano. Liesbeth also explores physical boundaries and closeness. She touches me softly for a second, then suddenly grabs my throat, like she wants to strangle me, but somehow she never hurts me. Liesbeth does not seem to be aware of how intrusive and threatening this is. She does not realise she is doing something harmful.*

As sessions evolved, and a developing relationship arose, it was like her hands wanted to melt together with mine at the piano. Liesbeth wanted to coincide with the music I was creating. When this was not possible, and the music did not sound like she imagined, she got frustrated, overwhelmed, and pushed me away. After this, she begged to come closer again. A suffocating symbiosis. The intimate contact at the piano seemed too threatening, but Liesbeth repeatedly was seeking it, over and over again. Short musical moments usually ended in a dysregulation, towards the piano or towards me. The lack of, and insistence for control over her own body showed itself in her music.

Even outside the sessions, Liesbeth often appealed to me. When she saw me, she clinged to me and did not want to let me go. Physically she came very close, too close, as it felt like she would like to crawl inside of me. Fear for an upcoming separation changed in aggression. She did not want to hurt me, but somehow this seemed to be beyond her control.

The individual music therapy sessions became an important moment for Liesbeth, causing nervousness. The walk to the therapy room became a burden and challenge for both of us; Liesbeth clinged to me, simultaneously grabbed my throat or hit me. When I verbally tried to define my boundaries, it just seemed to get worse as she was afraid I would push her away. She could not control herself and seemed to lose all boundaries between herself and the outside world. Only holding her physically brought some rest into her uncontrolled movements. This process also showed with other therapists and nurses to whom she got attached to. In the music therapy room the atmosphere became unsafe and making music seemed to become almost impossible.

Margaret Mahler (1952) wrote about symbiotic infantile psychosis, in which the early mother-infant symbiotic relationship is marked, but does not progress to separation. The mental representation of the mother is not separated from the self and becomes fused.

When the child is confronted with a possibility of separation from the mother, severe panic

reactions occur, as the “illusion of the symbiotic omnipotence is threatened” as Mahler (1952: 296) describes it. Separation anxiety overwhelms and the boundaries of the self and the non-self are blurred. Mahler further describes how, “[t]he manifestations of love and aggression [...] seem utterly confused. They crave body contact and seem to want to crawl into you [...]. On the other hand, their biting, kicking and squeezing the adult is the expression of their craving to incorporate, unite with, possess, devour and retain the ‘beloved’” (Mahler 1952: 300).

These blurred boundaries of the self and non-self were also presented in Liesbeth's music. There was no musical form, and one could hardly hear the difference in the play of the therapist and that of Liesbeth. There was not even a clear boundary when there was music and when not. Liesbeth played piano on my back or on a chair. She played in a similar way on the piano as she reached for me, sometimes gentle, sometimes aggressive.

### *A first melody*

After a few months in therapy, Liesbeth expressed the desire to learn something, to be able to play something on the piano, as in her own experience she was always playing the “wrong things”.

She asked if I could teach her the melody of the song *My Heart Will Go On* by Celine Dion from the movie *Titanic*. Her longing for security is translated in a kind of mastering and trying to obtain control of the music. Nevertheless, it seemed a positive desire as the learning process could develop her confidence.

However, learning this melody, which she studied very eagerly, seemed to evoke more frustration, as the music never sounded like she wanted. Even if she played it perfectly, she kept on repeating it, as to be sure she still remembered it. For many sessions she, almost relentlessly, kept on playing this melody, after which she started to hit the piano in rage, as she could not control the music.

Learning music can be a certain point of discussion within music therapy. Teaching a melody can be seen for one as answering the resistance of the client to improvise freely, but also be perceived as a form of uncertainty from the therapist who wants to do the right thing, both of which lead to a form of pedagogy. On the other hand, working with children and adolescents, the aspects of learning has been described by other music therapists (e.g. Frisch 1990; Tervo 2005) as a way to strengthen ego-development, as learning some musical skills can provide new possibilities of self-expression, and the experience of self-control.

However, one must be very careful in teaching musical skills when the therapist takes the lead. The client thus may no longer be appealed to use his own creativity, having learned *how* to use the music as a means for self-expression. An important aspect in this discussion that has to be accounted for is the spontaneity of this whole process. If one replies to the desire of the client to learn a specific song or some musical skills, one should be aware of processes of transference and counter transference.

In the case of Liesbeth, I replied to her wish of making the piano controllable, which is not possible. Nevertheless, it seemed an important step in taking some distance to my own play as a therapist, as Liesbeth could then play something on her own, with or without my accompaniment. Perhaps the learned musical skills could be seen as an introductory guide in the exploration of her own boundaries.

Gradually, Liesbeth was able to let go of the melody, while short spontaneous musical games became possible, especially if it concerned imitation. During these musical games, various atonal improvisations evolved, where we used the piano as a percussion instrument. Like a point of rest to return to, Liesbeth often introduced the melody of *Titanic*, something known and controlled, from which a short fragile melody could evolve. This seemed a safe way to explore musical material. Liesbeth liked to imitate me, but also started to enjoy hearing how I imitated her, like an echo. Any form of spoken playing rule or form remained impossible, as Liesbeth was afraid she would fail to complete it. Producing her own sounds through music making, without being overwhelmed by it, was a challenge. Short moments of constructive rhythmic and melodic playing were alternated with uncontrolled aggression towards the instruments or towards me, in between distance and closeness.

### ***The search for predictability and a safe container***

In session sixteen, closing the session was again difficult and separation anxiety overwhelmed, which resulted in destruction towards the music therapy room. Liesbeth needed a clear boundary, where I, as an attachment figure, had to regulate her.

After this session, Liesbeth brought her music of High School Music. A part of her own world entered the therapy. Listening to her familiar songs, while Liesbeth was resting with her head on my shoulder, seemed to bring tranquillity and relief to her. Her own predictable songs functioned as a safe container, where Liesbeth and myself as a therapist could co-exist. They were more familiar and less problematic than improvising at that moment.

Just like learning songs, listening to songs can create a feeling of control and open up a feeling of predictability and therefore a safer atmosphere within music therapy. It is more passive and regressive than the musical skills and therefore even less threatening. A specific element about listening to one's own favourite songs is that they create a frame for regression. The use of these songs has often been described as functioning as transitional objects. It can prove to be a useful tool to safeguard control for the client, as not to lose oneself in the traumatic play. Nevertheless, again here, one has to be careful for the easiness of putting on some music during sessions, as it could signify a resistance to invest in the therapeutic relationship. Or, as we described with learning songs, it could also come from the therapist's uncertainty.

Listening to the same songs every session, as an extreme form of predictability and familiarity, seemed necessary for Liesbeth, as, in the meantime, she became more attached to carers in the ward and therapists, and more serious dysregulations occurred (running away, vandalism), whenever separation fear overwhelmed her, due to absences of certain people because of staff turnover and illness.

The following months Liesbeth seemed to need closeness and safety in the sessions. Listening to her favourite songs of High School Music, she experienced the outside world as chaotic and unpredictable, full of separation.

After about nine months in therapy, the once disruptive and threatening music therapy room had turned into a safe place. This was caused by the possibility for Liesbeth to regress to the stage of a baby, being held by a mother figure, while listening to her songs, finding a kind of homeostasis. Some sessions, she even enacted this, by taking a blanket, rolling into it, after which she asked me to hold her and sing her favourite music. She was able to stay close, without jumping up: making uncontrolled movements, hitting me or the instruments.

The blanket and physically being held provided her a clear boundary of her own body, while her familiar music sounded, which was recognisable, like the voice of the mother.

Mahler writes in her article about symbiotic infantile psychosis, how important it is to "let the child test reality very gradually at his own pace [...]. It constantly needs support and [...] separation as an individual entity can be promoted only very cautiously" (Mahler 1952: 304).

Liesbeth could now experience safety, without being overwhelmed by separation anxiety. Depending on how she felt, Liesbeth coped with her music in a more active or passive way. While listening to her songs, drawing and word games

found their way in the music therapy room. At other times we looked into the content of a song, and connected it with her feelings.

Liesbeth said she did not like to improvise any more. She just listened to her favourite songs. This may tend towards a form of resistance. Still though, at the beginning or the end of sessions, moments of a spontaneous musical dialogue evolved. This had an informal character as if the session had not started yet, or had already finished. Also outside the sessions, at the ward, it became possible for Liesbeth to play music with me, without being overwhelmed, like for instance playing percussion instruments with other children, or singing songs together. As long as the musical interaction stayed informal, Liesbeth seemed able to show musicality, had a stable rhythm, listened to my playing, and in the meantime brought in her own elements. We played imitation games, but on different instruments, so an exact imitation was no longer necessary. But still, whenever the session started, whenever the fear rose up of it being too meaningful, Liesbeth became nervous and could not control herself. As a way of regulation, she put on her music, and being held close - something that helped her to calm down.

### ***Playfulness – Playing together – Playing rules***

After almost a year in therapy, Liesbeth asked if we could play a game. In playing a game, reality seems to be of lesser meaning or importance as it is 'only a game'. Nevertheless, this creates a possibility for exploration in a non-threatening way and as Winnicott states "psychotherapy has to do with two people playing together" (Winnicott 1971: 44).

Liesbeth chose an 'emotion card game' which we once made together at the ward, months earlier. She was not able to talk about emotions, but when I suggested to portray the emotions musically, within the game, she reacted enthusiastically. She then seemed ready to explore different aspects within music therapy and became actively involved in a constructive way. Her boundaries became clearer and she could hold on to a clear and playful structure, in which some free improvisation became possible.

Liesbeth was eager to win each emotion, and carefully gave each emotion its place. In the improvisations that evolved from this, I was amazed at how Liesbeth took a lead in showing me how the emotion had to sound and presented herself as a different person than the therapist. For some emotions she chose an appropriate song, for others we chose either the piano, or percussion instruments. The improvisations were short and fragile. Within this play, it became possible to explore emotional vulnerable content in the music.

The use of playing rules, within a kind of playfulness can be a necessary means to keep on working in the therapeutic relationship. Playing-rules create structure and some kind of restriction and consequently a boundary. When the boundary between self and non-self is blurred, musical boundaries can help create these. It has been described how structure offers stability and predictability and provides a safe container for self-expression (Frisch 1990). For example: "when we hit on this drum, we stop playing or change instruments". It can strengthen impulse control, which is mostly disturbed with this specific client group and can improve ego-strength and self-esteem.

Playing rules can be brought up by the therapist or the client. But similarly as with learning within music therapy, again, one has to be careful in establishing them and taking too much lead. It is important to know what to gain when introducing playing rules, and how strictly these are used. The balance between freedom and a limited setting is most important. It should be evolving from the relationship, and depending on the context and the needs of the client at that moment, and rather not be determined in advance. Nevertheless, the children we are working with generally will not accept a playing rule, unless it evolves spontaneously within the needs of the therapeutic relationship at that moment.

It seems important how control over these playing rules creates safety for the client (Mahns 1997). Children will often change the rules to maintain control.

Playing-rules also create a kind of informality, a certain lightness, which is most important when working with traumatised children. In this way playfulness can act as an antidote for painful and traumatic experiences (Lanyado 2006).

As for Liesbeth, a long process was necessary to be able to play music within the music therapy sessions, without becoming destructive. Still, a long therapeutic process is necessary, in the search to make the trauma bearable and foster a socio-emotional growth.

### ***The importance of playfulness***

In a similar way, we also recognise the importance of playfulness with another sixteen year old girl in music therapy. The introduction of playing rules within a jesting kind of playfulness turned out to be of the utter importance throughout the difficult process she and I experienced during a year and a half of therapy. For this girl the way to and back from the therapy room was too long and frightening, as she was always afraid she would run away. It happened once, at the beginning of the

therapy process, when a close musical contact in a free improvisation evolved on the accordion, which was a completely new experience for her. This experience, however, seemed too overwhelming. When the session came to an end, she did not want to leave, she started dissociating, becoming very aggressive, resulting in running away.

As in the case with Liesbeth this young girl's whole body was involved in the music and the free improvisational play became a traumatic play whenever "affectively charged stimuli" were involved, as described before (Streck-Fischer, Bessel & Van der Kolk 2000).

Months after this incident, the girl was still frightened this would happen again, but was eager to come to the music therapy sessions. She even asked for two music therapy sessions a week.

In her musical play she would often lose herself, especially when she wanted to play on the drums. Hitting with a mallet seemed to re-enact traumatic experiences, but each time she would go back to the mallet, wanted to play with it, but after a while would try to hit everything, including my head. Again here, boundaries between self and non-self, between music and body, seem blurred. Often the therapist literally becomes involved to feel how the body-image can be wounded.

Through spontaneous playfulness and even humour, and the arising of playing forms, making it bearable and contained, traumatic material could be digested through the music and the dysregulations were diminished.

### Singing songs

Along these different aspects of musicality within music therapy, such as learning, listening to songs, and the use of playing rules, another aspect which was not explored yet within this case study, is the use of the voice through singing. It is a special form of interaction and expression, and more than any of the previous forms connected to the body. Singing is closely linked to the first forms of interaction between mother and infant.

For some children at Fioretti, singing children's songs or other kinds of well-known songs provides them with a safeguard similar to the way in which this applies to the receptive music. It is a controllable road into the vulnerable exploration of the personal voice, also closely linked to the own body.

Klausmeier (Mahns 1997) states that by singing songs, the verbal content is given emotional meaning. Singing also gets an emotional content otherwise not possible to say through speech.

This can be exemplified by the case of a fourteen year old boy who asked in therapy to help him write a song for one of the carers who was

leaving. The boy chose an existing song, and with some help changed the text into something personal, hereby giving expression to what that carer meant to him. Later it turned out that the carer was not aware of the fact that his departure laid a heavy burden on the boy, as the boy was not talking to him about it. Nevertheless, during therapy, he could sing it. We recorded it, listened to it, and presented it to the carer as a farewell present.

On the other hand using the voice in therapy can often prove to be too difficult, as with Liesbeth. Often she said to me how she knew all the songs by heart, but never sung along during music therapy. Especially with the older children and adolescents using the voice for singing or improvising can become a frightening or threatening thing. From my experience, exceptions to this are often children with psychotic behaviour who have no fear at all to use their voice in a creative way.

All these examples may provide us with some material to suppose that in the adolescent world of this population who is marked by abuse and neglect, the use of the voice can be a specific form of mutual intrusion of music and body. Using the voice proves to be an important part within this specific work as a music therapist. It remains a topic to be further explored.

### Conclusion

According to Streck-Fischer, Bessel and Van Der Kolk (2000: 913) "once a child develops the elementary capacity to focus on pleasurable activities without becoming disorganised he or she has a chance to develop the capacity to play [...]". In the context of music therapy finding a safe place through different forms of musicality is often a challenge. Especially within music therapy with children with attachment disorders and behavioural difficulties it is important to know how free improvisation can be threatening and intrusive.

Through a case study and relevant literature I explored what the place of listening and learning songs can be within a therapeutic process. Through establishing a contained and safe place, with the possibility to regress, it may become possible to explore traumatic material within a safe form of playing rules.

Finding a harmony and balance between freedom for exploration, and at the same time offering structure and boundaries, within a kind of spontaneous playfulness, seems most important within the therapeutic context.

Learning music or playing games, singing or listening to music cannot be handled or taught in a methodical or systematic way. Between the bodily trauma that can be re-enacted in the free improvisation *and* the safety of boundaries and

rules, there dwells the spontaneous synthesis of playfulness. It is the 'smiling dissonant' of music therapy.

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## Faith and Music: A Personal Exploration of the Implication of Religious Faith in Music Therapy, within an Intercultural, Group Music-Making Context

Bethan Lee Shrubsole

### Abstract

*In July 2008 Music for Peaceful Minds (MPM), a peripatetic music therapy service in post-conflict northern Uganda, was established. To date, MPM serves four schools and two orphanages with a specially-trained peripatetic Ugandan music counsellor. Weekly music therapy groups are run, each consisting of six children, referred by orphanage or school staff. The mixed- and single sex- groups run for a term (10-12 weeks). They are split into age ranges of 4-11 and 12-18.*

*This is a clinical discussion drawing on my personal experience as a music therapist in Uganda in 2008. It is not intended to be a theoretical or research paper and as such does not contain a thorough literature review. I will be considering various religious aspects of an English therapist working in northern Uganda, focusing on the music that was made in sessions. I will discuss the questions of how important it is for a therapist to have a shared culture, faith or musical background with her clients, and how a language barrier can affect the therapy.*

**Keywords:** conflict, culture, religion, music, therapy, post-traumatic stress disorder, trauma.

**Bethan Lee Shrubsole** has been interested in how music therapy can help people affected by war and conflict since she visited Kosovo in 2000. Her interest led her to northern Uganda where she saw a need for rehabilitative therapy for whole communities traumatised by war. She trained as a music therapist at Anglia Ruskin University, graduating in 2008. In July 2008 she founded the community-based organisation *Music for Peaceful Minds*, which has offered music therapy to over two hundred children in mainstream and special needs schools and orphanages in Gulu, northern Uganda.

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### Introduction

*Music for Peaceful Minds (MPM) began in 2008 when I went to Uganda to set up a peripatetic music therapy service. It ran for eight months with two western music therapists (myself and a Dutch therapist) and to date is being run by a specially trained Ugandan music counsellor. Through drawing on my personal experience, I will look back at the issues raised by having a western music therapist running groups in a different culture (the northern Acholi and Langi tribes), especially at how these issues came about in the music made together.*

I begin by reviewing the background of Uganda including its cultures and religions, along with a summary of my personal background and information about the client groups involved. I then include an outline showing what happened in the music therapy groups so the reader can envisage the setting for discussing how I, as an outsider, might have had some sway on what was brought along by the children and how both clients and therapists influenced the proceedings. Finally, the cultural and religious points of interest in the music that was made in groups will be explored, and a



conclusion follows of how this impacted on me as a therapist.

### Context

Pre-colonial Uganda consisted of Bantu- Nilotic- and Sudanic-speaking migrant tribes. The southern Buganda tribe was the largest and was used by the British to subjugate the entire country during the colonial period. The British introduced western medicine, education, law, administration and government (Ofcansky 1996). Some Ugandans supported British rule and some opposed it. There are 32 languages used in Uganda, reflecting the number of tribes. English is the official national language but less than 30% of the population understand it (Ofcansky 1996). With MPM, I ran groups in English as a lot of the older children knew enough to communicate and I knew enough Acholi to fill in the gaps! On important occasions such as for evaluations, a translator was used.

European missionary activity began in 1877. Although wary of the new religion at first, today most of Uganda's population are active Christians and churches are thriving and vibrant all over the country. Unlike the UK which is now predominantly secular, Ugandans practise Christianity openly and enthusiastically. Alongside traditional Catholic and Protestant churches the Pentecostal movement is growing rapidly (Jenkins 2007).

Following independence in 1962, Uganda was wracked by civil wars and oppressive governments, notably that of Idi Amin in the 1970s. Later, Museveni's armed National Resistance Movement took control of the government and Museveni became president in 1986. Although not perfect by any means, he has turned the country around and provided much needed stability and growth.

Unfortunately, another rebel group was emerging. The Lord's Resistance Army (LRA) has been attempting to overthrow the government since around 1986 and has done this by wreaking havoc on the country, particularly the Acholi tribe in the north. The army uses destruction, rape, abduction, mutilation and fear as its weapons. Tens of thousands of children have been abducted to fight as soldiers, even being forced to commit atrocities on their own family members. The boys are abducted for use as soldiers and the girls used as wives for soldiers who perform well. Most of the population fled from their villages to take refuge in Internally Displaced People (IDP) camps for safety, which in turn were attacked by the LRA. Terror and fear have been their way of life for over two decades. In 2006 a truce was agreed between the LRA and the Ugandan government. However, the peace process fell through when the rebel leader, Joseph Kony, failed to show up to sign the treaty in

2008. Although Uganda is now enjoying a certain amount of peace and is returning to some degree of normality, the rebels continue to fight in neighbouring south Sudan, DR Congo and the Central African Republic.

After more than two decades of suffering fear and conflict, a huge percentage of the population in the north are now experiencing Post-Traumatic Stress Disorder and other traumatic symptoms. Flashbacks and nightmares are common amongst the population and many find it too difficult to return to their villages even though it is now considered safe to do so (Oxfam 2008).

### Personal background

I was born in Kent and lived in Hertfordshire, raised in the Christian faith. I consider it was quite a sheltered life, having seen how people around the world live. My maternal grandparents were raised in India during the Raj so I have always had some interest in other countries and cultures.

I was taught classical piano and clarinet from age 7 but was far more interested in the music that my parents listened to, which included gospel music from Africa and South America. The lush African harmonies inspired my interest in ethnomusicology and a desire to hear music from all over the globe.

My Christian upbringing has remained with me and I have a strong Christian faith. This has a bearing on my music-making, since I enjoy singing Christian songs and discovering not only the secular but also the religious traditions of different countries. I started a Gospel choir in 2003 in which we sang some traditional Gospel songs, but a vast amount of our repertoire was made up of African music, especially songs that I had transcribed in Uganda.

I travelled extensively in my late teens and early twenties, and did voluntary work in Albania, Kosovo, Bosnia and Uganda.

I believe that making music is an innate urge that most humans have in their souls, and have had throughout history. I am therefore passionate as a Christian music therapist that people should be facilitated in making music as a form of emotional and spiritual healing.

After being in Uganda in 2004 as an aid worker in IDP camps, I was inspired by a rehabilitation centre for ex-child soldiers to return to England and train as a music therapist (which I did at Anglia Ruskin University). I then returned to Uganda to start MPM in Gulu, northern Uganda in July 2008. It was here I began to discover the style of music therapy I wanted to practise. Despite being predominantly analytically trained, my belief is that, as a music therapist, I can trust the musical group process to work within individuals. If I was

able to comment on or understand what was being said, maybe I would have developed a different style. However, in Uganda, where the language barrier restricted my ability to understand everything that was going on verbally around the music, I trusted the process of group music-making to be the means of change within the individuals.

### ***Music for Peaceful Minds (MPM) – The project***

When running groups in Uganda, sessions always begin with one of two hello songs. For the younger children there is a simple A-B-A-C structured song using the English word 'hello' and the Acholi word "Kopengo" used for "how are you?". For the teenagers, a rap brought by the Dutch volunteer, Jantina Bijpost, is used. It is mostly in English but uses the 'Kopengo' greeting in Acholi. Both songs leave spaces for names.

I found that a drum warm-up game was useful for setting the scene of the session with the added bonus that it could lead in so many different directions. The therapist taps the drum once, leaving no indication of what should happen next. Without exception, a group member always follows and taps the drum himself. Other members follow until the drum is being pounded by all hands at random moments! This game invariably takes a variety of twists and turns including moving places as you play, swapping places with friends, directing friends to move around or incorporating actions and songs. The rest of the session either goes down an improvised route where the group members bring ideas and maintain the session themselves, or the therapist will introduce an activity if necessary and desired.

Just before singing a goodbye song in English, (the Acholi also use the word 'bye'), the therapist will either encourage a short discussion about what happened in the group, or introduce a short directed warm-down activity if necessary, to bring the session to a close.

Music for Peaceful Minds started in SOS children's home, Gulu, with four groups of six children per week. The children were split into same-sex groups of ages 5-11 and teenagers. The reason for splitting the sexes was because as a newly-arrived, and therefore potentially suspicious, volunteer, I wanted to fit in with Ugandan society, which often segregates girls and boys. That is also why it was agreed to run sessions in an open-sided tent for the first ten weeks!

After only a month or two, contacts started asking for music therapy in their institutions. With my volunteer, Jantina, I began running sessions in a boarding primary school for war-affected children. These children were referred by an American art therapist as they were all former child-soldiers or abductees.

A month before leaving Uganda, Jantina and I began working in one of two special needs units in the town. This work consisted of one class music group and three small groups of six children aged 7 plus.

At this moment, MPM's Ugandan music counsellor, Betty Acen, is running music counselling in these schools plus two other primary schools with year six students aged 12-18. She has begun to mix the sexes of the groups, which has mixed benefits. The children can learn to appreciate the opposite sex rather than sticking to any stereotypes of gender, but they are also slightly more inhibited and need more encouragement to share their feelings or experiences.

The instruments used in music therapy groups are mostly local, handcrafted by an Acholi craftsman. The familiarity of the instruments is useful to help the children to know what to do with them and not have a barrier to playing music. However, when small bells and children's metallophones from the UK were introduced, these were received with equal zeal and excitement because of their colours and sounds. Therefore, using mostly local instruments with a small selection of western children's instruments proved to be a good way of working. The benefits of using local instruments also include the fact that when they get broken (which happens frequently!) the instruments are more easily and cheaply replaced which makes the program sustainable.

### **Aims of the project**

In the beginning, I had envisaged that the aims of MPM's music therapy groups would be focused on discussing past experiences, almost like a desensitisation program or implosive therapy (Lyons 1989). However, due to language barriers that restricted too much discussion or instruction, and the fact that music is immediate and memorable, the aims became more about the present and thinking about the future. These aims were also determined by the fact that an art therapist was working in the same school. As his work brought about a lot of past memories through the art exercises he led, it made sense for MPM to not dwell on the past as this would not be beneficial for the children. So the aims that came about were dictated, in a way, by the children themselves. It became apparent that these were the things they most needed:

- strengthen group identity (antidote to isolation);
- strengthen self-identity (within a group setting);
- nurture creativity and offer a space for experimentation, i.e. learning to play;
- encourage positive outlook on future;
- enhance leadership skills;

- encourage working together;
- explore different emotions in a safe space.

### Religious aspects of music

Often, when asked “what do you want to do in the group today?” the children would say “sing”. When asked what they would like to sing, more often than not a Christian song was requested. In the UK, it is often felt that touching upon religion has become a taboo subject that cannot be discussed without care and trepidation in case anyone takes offence. However, in Uganda it is totally the opposite and God is on the tips of everyone’s tongues. It takes a little while to get used to this openness and I had to practise not stiffening every time a Christian song was sung.

Once I had settled into the fact that it was ‘safe’ to be working with faith in the sessions, I realised that what the songs were teaching the children was a message of hope; a release from daily worries and forgiveness for themselves and others. They were using their faith as part of their healing. The upbeat Christian songs seemed to be a way of expressing their hopes and faith in the future. Although they knew local and national pop songs and did bring other songs to the group, Christian songs dominated the majority of the sessions.

As a Christian I understood perfectly how the message of hope and forgiveness can help to heal the children. Thanks to international Christian songwriters I was also familiar with a lot of the songs that the children sang. As a music therapist, I understood how the songs themselves and the improvisation that came out of them helped to heal the children as they socialised together and became creative and expressive people. My colleague, Jantina, is not a Christian and I asked her opinion on how she felt about not being able to share this common theme of the sessions. Was this a part of the children that she was not able to share? She told me that she did not think it made much difference on the surface since she could still join in with the music-making. But it led me to thinking about a therapist’s relationship with her clients: Is it important to retain the traditional therapist blank screen, or is it okay to be a bit more open with clients? I found that being a foreigner opened me up to all sorts of inquisitiveness from the local people. I was living amongst the people I worked with and met them regularly on the street. It was not always possible to be a closed book when my clients knew which restaurant I ate my *goat and beans* at, who my friends were, where I lived (and the rent I paid) and which church I worshipped at. It was for this reason I decided that a ‘blank screen’ was pointless so I showed a little more of myself in sessions than I would when working in the UK. I

think therefore that because the children knew a bit about this foreigner (including the important aspect of a shared faith) they were more trusting and open with me. I also hoped that by openly sharing with the children what they already knew about me that this would quell any more curiosity in other areas of my life.

With a few of the groups we suggested that the children might like to write a song to express what they had been discussing in recent weeks. Composing music was difficult and time-consuming. The language was a barrier to composing words because although the children wrote in Acholi, they had difficulty understanding what we were suggesting for them to do in the first place. In order to present song-writing as a less daunting task, we offered a harmonic or rhythmic framework that the children could simply add words and a tune to. With one group of teenage girls who were particularly fluent in English, we offered them a Zimbabwean pop tune that would have had a familiar lilt to it. We played them the chord sequence a few times and encouraged them to start writing the words on a theme they had chosen inspired by recent events: separation and loss – see example 1. They began with what seemed like a very sad and negative line. One girl began by saying ‘lit’ (pain) should be the title. The other girls offered the next few lines and they manipulated them to fit into a form that they were happy with. The original reference was to Jantina and I leaving Uganda and the groups’ sessions ending. However, upon discussion we also related the subject of the song to people in the children’s pasts that had left abruptly, without being able to say goodbye. Separation was particularly difficult for this group since all of them had been abductees and had experienced the sudden loss of many people and ways of life. One girl’s sister died during this period but she could not afford to go to the burial. We mourned with her as a group and offered her encouragement during this grieving period.

The rest of the song focuses on the faith the children have that they will see their deceased loved ones again and that those who leave them to go to another town or country will come back and visit or at least remember the children. The final line is about letting go of people and saying a healthy goodbye and refers not only to Jantina and I, but to their lost loved ones and current friends, since they were all leaving school that year. To the children, without their faith in God and hope in the future, this song might seem negative, with only a vague plea that the leaving person might come back and visit. However, with their faith in God they can say goodbye with more optimism that they and their loved ones will be okay.

Even though this song was composed with only one group, a week after this song-writing session, I returned to the school to hear a whole class of 40 children singing the song! The original group had taken such ownership of the song that it will remain with them to help them and their friends through difficult times in the future.

<p><u>Lit, lit, lit</u></p> <p>Lit, lit, lit ojonewekowa Kara wunucito, dwo limo wa Rubangabenkonyowuudwogoilimowa Rubangabenkonyuwotmaber</p> <p><i>English translation:</i></p> <p><u>Pain, pain, pain</u></p> <p>Oh it's painful that you leave us Even if you go, please come back and visit May God bless you, please come back and visit May God give you a safe journey</p>
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**Table 1:** Example of song

### Other methods of psychological care in Uganda

Christianity is not the only belief system that needs consideration when working in Uganda. There are traditional tribal beliefs and practices that often merge with other beliefs, and the boundaries of religions are not always clearly defined. The table presented here (see table 2) shows how Ugandan counsellors are taught to divide up psychological problems whilst taking into account traditional beliefs and practices. If the problem is a *natural negative life event*, as in column one, then the counsellor is taught to do the things in that column, for example; providing emotional support and reassurance, encouraging expression, and engaging in group activities. This is most similar to counselling in the UK.

However, if the psychological problem is deemed to be an *outcome of a person's actions or omission of actions*, the counsellor is taught to encourage the person to fulfil personal obligations towards clan spirits, such as customary rituals or sacrifices. Tribal spiritual healers can be sought and advice from them should be taken. Finally in this column, a participation in drama is recommended, most probably with other members of the tribe. This column is often recommended for children who have carried out atrocities as child soldiers, since it is believed that the spirits of the people they killed are still around and are the ones causing the psychological problems because they were not buried properly or with the correct rituals. In rural areas, ex-child soldiers suffering from

psychological problems are encouraged to take this route for healing.

Natural negative life events	Outcome of personal actions and omissions	The result of actions by one's enemies
Provide emotional support, encourage expression of grief over loss, e.g. mourning rituals	Fulfil personal obligations and responsibilities to the family and clan spirits	Cast out evil spirits
Give supportive company; do not leave alone	Performance of customary rituals	Sacrifice animal prescribed by the evil spirits
Reassure the person, e.g. that they are not alone and it was not their fault	Offer sacrifice to ancestral spirits	Plant medicinal products to keep evil spirits away
Engage in group activities	General behaviour conforming to prescription made by healer	Wearing of medicinal products to protect health against the evil
Give material assistance	Participation in drama (to encourage release of emotional tension)	Participation in drama (to encourage release of emotional tension)

**Table 2:** Methods of care for psychological problems in Ugandan healthcare (Ovuga 2006)

The final column suggests possible healing remedies for people suffering psychological problems due to *actions of their enemies*. A spiritual healer needs to be sought so that they can cast out evil spirits, or sacrifice an animal. Medicinal products should be worn or planted, and, rather surprisingly, participation in a drama is recommended again!

As a foreign therapist trying to understand and respect local cultures I respected any child's decision to take any of the recommendations in the second or third columns even if I did not believe them myself. If this was the case, I would not have dissuaded them from getting in touch with someone more able to help them in these different pathways.

### Cultural aspects of music

The musical content of each session depended on the group but usually consisted of an improvised fusion of western-style music, Ugandan pop-music and Acholi traditional-style music. For example the hello/goodbye song was composed by me but the improvised game-songs were made up in the moment and created a fusion of the complex African rhythms found in traditional songs and more simple 4/4 rhythms and harmonies from the West.

Traditional cultural songs about warriors and finding wives existed but were not often used in music therapy, only in the traditional dance classes at school. In music therapy sessions it seemed that

the children preferred to bring songs which reflected the Christian aspect of their culture rather than the traditional. This could be for a number of reasons; perhaps because as a white person I was automatically viewed as both a Christian and someone they need to impress, or because music therapy groups were not seen as part of the curriculum whereas traditional dance was. Maybe the words of hope and salvation in the Christian songs provided the children with inspiration and they wanted to share this with the group, or simply they just liked the songs?

Finally, on some occasions the children brought 'playground' games and songs to the session and the occasional football chants when it was match day.

The groups that I worked with in Uganda were far more likely to move than groups in the UK. By this I mean standing up, moving places, dancing or doing action games. Having sung a lot with the children in IDP camps, I noticed that it was very difficult to get them to stay still when singing. For the Acholi culture, singing involves moving. Indeed, there is no word in Acholi that means just 'music' but the word for singing intrinsically includes dancing, playing instruments and so on. Usually, the warm-up drum game brought about movement. It came naturally to the children and they are not afraid of getting up, joining in and expressing themselves vocally as well as physically. Most of the dancing involved the children moving in circles, which is derived from the traditional dances that are mostly danced in lines or circles.

Ugandans live their lives outside. There is little privacy; meetings are often held under mango trees, people are always hanging around and interested in what is going on. When we started our sessions at SOS we met in an open-sided tent, the only space available at the time, where we had a 'mother' on hand to shoo away the crowds of children to maintain some sort of privacy. There is an irony that whilst trying to keep the boundaries of our current group safe we were watching the mothers chase away the 94 other children with a stick! The boundaries we managed were very different to the way we might approach them in the UK. We had to cope with the occasional intruder partly because it happened so often that we would never get on with the session if we kept stopping to shoo them away and partly because if it rained it was necessary for all the children to get under cover! During one session with a group of teenage girls, stormy rain started coming into the tent so we moved to the next-door tent that offered better cover. Just as we were getting going again, the rain became so heavy that a group of boys decided to join us. Although it looked to an outsider like utter chaos, we were still

able to maintain a feeling of membership and boundary simply because we had been together for ten weeks and our relationship as a group was fairly well cemented.

I mentioned earlier that the children brought along pre-composed songs such as children's songs, football chants and Christian songs. These often provided a framework for the sessions, helping the children to be creative and improvise. For example one pre-composed song would fade out and lead to a section of free improvisation (in this case, where no one is designated as 'in charge' and ideas are taken up by group members without prior arrangement or discussion). Often a new pre-composed song would arise, sometimes in a different guise. This was a very useful way of working with these children not only because many of them lacked creativity due to their pasts, but also because the way of rote-learning at school did not leave the children with very much scope for creativity or imagination. The pre-composed songs enable the children to improvise other aspects of music and play while the familiar structure of the song acts as a container.

### Exploring emotions

In Acholi, the greeting used most often is "kopengo", meaning literally "what is there?" and the answer is always "kope", literally "there is nothing". I understand that greetings are often meaningless in their literal sense (like the English "alright?") but this seems particularly stark in its coldness.

This says a lot about the way that people talk to each other in Uganda. It seemed to me that people do not easily open up to their friends and they always expect people to get on with their lot rather than talk about it excessively. Perhaps people do not share their emotions with each other because so many of them are sharing the same war traumas and this risks re-traumatisation. They do not want to seem as though they are moaning about something when the person they are sharing with may have suffered much worse.

However, in order that the children I worked with felt able to share feelings amongst themselves in a controlled and safe environment where any re-traumatisation could be dealt with in the group, I led some emotion-exploration games in the music therapy groups. It worked particularly well with a group of young teenage boys. I first offered them a drum that they were encouraged to beat in a variety of emotions. For example they could beat very fast and say that they were excited, or very lethargically to show that they were tired or sad. After passing the drum around in this manner, we then chose one emotion at a time and acted it and played it on instruments as a group. The boys found this really

good fun and were not shy in acting out and playing even the more vulnerable emotions such as fear or sadness. The benefit of doing this was that after we had finished acting out the emotion, we came together and discussed times when we had felt that emotion. Apart from some of the more obvious and light-hearted answers such as “I am happy when I am playing football” we found that the boys were willing to share their fear of being married (“I am scared when someone wants to marry me” one boy stated), their sadness at losing their mothers (the boys were orphans) and other emotions relating to friendships that they valued and achievements that they were proud of. Sharing their emotions was quite contrary to how they had been brought up in the Ugandan culture, but they all expressed pleasure at being able to take the time to share what was going on in their emotional lives.

The government has understood how important it is for the traumatised people in the north to take part in counselling and there are a large number of counselling courses and government books available to teachers, social workers and child-carers. Most schools have a member of staff and a room allocated to counselling the children, and mothers at children’s homes are encouraged to have regular 1:1 time with their children. Counselling in Uganda takes into account both modern methods and traditional culture and books about counselling usually include a section about this, as table 2 demonstrates.

## Conclusion

In conclusion, I found that there are, obviously, important differences in the musical and religious cultures of my country and theirs: The English used in Uganda is like learning to speak a foreign language because of the different dialect; the way of making music is considerably different to the ‘sit down and listen’ culture that we have in concert halls. But there are similarities too. We have some shared aspects of pop music – the guitar is common in pop songs of the UK and Uganda and chord structures are often the same I IV V chords as we are used to. The traditional music is the most different but it is possible to get a grip on it and study the musical features in order to use them in the sessions. The roots of faith are the same although the current practice of Christianity in the UK today is different to the way faith is expressed in Uganda. Once I had an idea of these similarities and differences, I could arm myself with local knowledge of the culture and learn how to play music in the local way, and get on with leading the group, relishing the fusion of sound that came about.

With groups consisting of a British woman, a Dutch woman and children from Acholi and Langi

tribes, the music and activity that was made in the groups was not only a mix of African meets European, it was more than that. It was a fusion of western classical, western pop, Ugandan pop, Acholi traditional, songs learned in captivity, English style of dancing and many different African styles of dancing. As a therapist working in a foreign culture, I found that as long as I took into account the local ways of making music, there was nothing wrong with adding a bit of myself into the mix to add to the fusion. As long as the music retained some sense of familiarity for the children, it was exciting and fresh for them to make a new mix that symbolised in some way the new direction that their lives were taking.

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## Book Review

# **Music Therapy with Children and their Families**

Amelia Oldfield & Claire Flower (Editors)

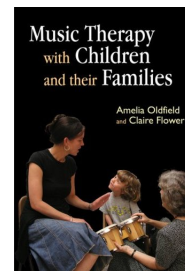
Reviewed by Claire Hope

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*Music Therapy with Children and their Families*

Edited by Amelia Oldfield and Claire Flower

London: Jessica Kingsley Publishers (2008)  
206 pp, ISBN: 978 1 84310 581 7



**Claire Hope** currently works part-time at Nordoff Robbins London Centre and at a special needs school in North London for children on the autistic spectrum. She sets up and runs projects in children's centres for parents and babies/toddlers. Claire is an experienced workshop leader and also teaches on the ten-week Introductory Course at Nordoff Robbins.

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This book is the first to focus on music therapists working directly with families and covers a range of clinical settings, approaches and theories. It confirms that involving family members in a child's music therapy can be beneficial for everyone and explores how this area of music therapy practice has developed and expanded in recent years, demonstrating the increasing need for clinicians to work flexibly and inclusively when working with children.

The editors, Amelia Oldfield and Claire Flower, who have both contributed chapters, have produced a lively and inspiring addition to the music therapy literature. The first chapter sets the scene for the book, with Oldfield describing the process of setting up family work and includes parents' thoughts.

Oldfield and Flower are highly experienced and established UK music therapists, who have documented, published and presented their work

extensively. They have chosen contributors who work in a variety of contexts, portraying different approaches, perspectives and possibilities of working with family members. These include therapy in child development and music therapy centres, special needs and mainstream schools and in community settings, with mothers, fathers, grandparents, siblings and carers. The book includes work with children who are adopted, those with autism, toddlers with learning difficulties, children who have experienced trauma and teenagers in care. Including the editors, the authors are Kay Sobey, Tiffany Drake, Helen Loth, Rachel Bull, Jasenka Horvat, Nicky O'Neill, Sarah Howden, Emma Davies, Colette Salkeld and Joy Hasler.

Although theoretical stances differ between chapters, the common threads throughout the book are the focus on and the role of musical play, theories of attachment and 'holding' throughout the

group process. Yet each chapter provides a comprehensive theoretical approach and a detailed account of the work involved, enabling the reader to selectively engage in aspects of music therapy theory. As is customary in music therapy literature, many of the authors use case studies to illustrate the process, as well as the effectiveness of the work and consistently offer engaging and lively material.

All chapters focus on music's potential to communicate, encourage interaction and develop awareness of relationship. By musically meeting, matching, reflecting and mirroring the infant's (client's) vocalisations and gestures, the music therapist can tune into the parent's response to their infant, offering support by modelling and facilitating the parent - baby/child bond. A central theme of empowering parents and carers by using these clinical techniques resonates throughout the book.

Using musical terms to describe early interaction and bonding with an attachment figure is well established in music therapy theory. Communication and relationship between the parent and infant is based on gesture, dynamics, melody and rhythm, essentially all musical qualities, which developmental researchers and psychologists (Malloch 2000; Stern 1985; Trevarthen & Malloch 2000) have long written about, making music therapy an ideal medium for working with parents and babies/children. It is recognised that a strong attachment between caregiver and infant will go on to help the infant's future emotional well-being and ability to form relationships. Drake explores this most fully in chapter two quoting the Department of Health's acknowledgement that parents may need support to bring up their children in a way "[...] that promotes positive health and development and emotional well-being" (Department of Health 2004: 65).

Attachment theories emerge at various points, particularly in chapters eight and nine when the therapists are working with adopted children. Naturally, here the focus of the work is to develop the bond between the adoptive mother and adopted child. However there is also an increased inclusion of parents as active participators within a group. Loth in chapter three writes about multiple family therapy groups and the possibilities of forming relationships between mother/carer - child, child - child, child - therapist, child - another mother, and mother - mother. Each possible relationship provides a different way of interacting by using a variety of musical approaches and activities. This particular setting can offer help for families to share their difficulties and concerns about their child, but also recognise their child's achievements and potential. Many of the contributors (Flower;

Horvat; Loth) explain that music therapy focuses on the healthy aspects of each child, which offers parents/carers a different perspective of their child. This is portrayed clearly in chapter seven, in which Davies touchingly shows how effective music therapy can be in consolidating the father-child relationship.

Music therapy can play an important role for parents of children with conditions such as autism, trauma, learning difficulties or emotional behavioural disorders where families can potentially experience more stress or the impact of a child's condition can lead to a disruption of the natural bonding cycle. Most writers in this book convey the need for structured musical activities as well as free improvisation and at times song-writing and story-telling, with the aim to help foster relationships, develop positive interaction and playful experiences within a contained and supported framework.

Some of the writers (Bull; Drake; O'Neill) address the difficulties and challenges that may arise from this complex work. It is important to consider and support each relationship within the therapy and to allow space and opportunity for these inter-relationships to grow and develop as changes in dynamics or issues with attendance may arise. Bull addresses these issues in chapter four describing a music therapy group for mothers and their children with autism within their school. Bull runs the group and is supported by a teacher who attends each week acting as a co-therapist. Part of this work included attending joint supervision and time was set aside for additional support work for parents. The time and resources allowed for this project is encouraging, portraying the school's understanding and value of music therapy.

It is also interesting to note the diversity of referral processes, at times identifying the need for individual work with a client that arose from observing them in a group situation, but also beginning with one-to-one therapy and then introducing a family member into the room. The focus of the therapy shifts to the relationship between caregiver and client and the therapist often writes about their role as facilitator withdrawing from direct interaction. Howden's in-depth and moving case study in chapter six explores the move from individual therapy with a six-year-old girl, who has experienced trauma, to involving her mother at a later stage of the therapy.

Many authors cover the shift in dynamics and change in the therapist's stance. Flower illustrates this clearly in chapter ten using diagrams that show how the therapist's focus shifts according to the needs of the child and family. This last chapter presents a very moving account of Flower's work



with families and their fatally ill child. Like Oldfield, Flower includes the families' thoughts in the process of the therapy, which provide the reader with valuable insights into a parent's perspective.

Therapists working with children will always consider the child's background and family context, which informs and influences the way they work. However, practising clinicians may increasingly find themselves in a situation wanting to or needing to incorporate family members into their work. This book will provide inspiration, practical guidance and support in developing a flexible approach. It is an invaluable addition to music therapy literature, which I would recommend to practising clinicians, student music therapists, and health professionals who work with families. It will encourage therapists to initiate different working approaches and demonstrates an increased need to work flexibly according to the needs of each client and their family.

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## Book Review

# **Resource-Oriented Music Therapy in Mental Health Care**

Randi Rolvsjord

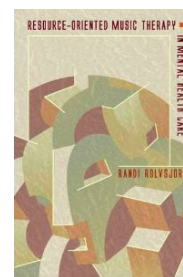
Reviewed by Simon Procter

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*Resource-Oriented Music Therapy in Mental Health Care*

Randi Rolvsjord

Gilsum, NH: Barcelona Publishers (2010)  
282 pp, ISBN: 978-1-891278-55-6



**Simon Procter** is a music therapist working within non-medical mental health services in London, UK. He is Director of the national Nordoff Robbins training programme for musicians wishing to train as music therapists – the Master of Music Therapy (Nordoff Robbins): Music, Health, Society – with teaching bases in London and Manchester. He is also a member of the Sociology of the Arts (SocArts) group at Exeter University, led by Professor Tia DeNora.

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This book is a significant one for music therapy. Under the banner of “resource-oriented music therapy”, it brings together aspects of theory, practice and empirical research in a concerted challenge to the ‘therapist knows best’ attitude which has been so much a feature of music therapy’s claims to state-sanctioned professionalisation, its attempts to ally itself with the social cachet of psychotherapy, and its manualising responses to the demand for Evidence-Based Practice. Since it goes against standard wisdom in this way, Rolvsjord’s book will not be universally welcomed: this is, however, precisely why her voice is such an important one. Furthermore, despite the second half of the title, much in this book is applicable far beyond mental health services – Rolvsjord is fundamentally concerned with what constitutes health and well-

being, with human dignity and human rights, and with the human relationship to music.

Rolvsjord is deservedly renowned in music therapy for allowing the voices of her clients to speak clearly through her writing, for her commitment to empowerment philosophy and for providing one of the few coherent approaches to integrating feminist theory within music therapy thinking. Her publications to date reflect all of these aspects most effectively: what this book does for the first time is pull these perspectives together with a unified narrative and within a single cover, centred on two detailed case studies. One of the real strengths of Rolvsjord’s work is its rootedness in the quietly but assuredly radical Norwegian tradition of music therapy originally articulated by Even Ruud and developed by, amongst others,

Trygve Aasgaard, Brynjulf Stige and Rolvsjord herself.

The book is divided into three parts, each of which in itself constitutes a reason for this book being on the reading list of any music therapy training programme.

Part One – “*Frames and Descriptions*” presents a literature review of the various contexts which impact upon the provision of music therapy within mental health services. What sets this apart from other books on music therapy and mental health is that it specifically outlines a critical stance: Rolvsjord identifies the “medical model” which lies at the heart not only of psychiatry itself but also of psychotherapy and by implication of all approaches to music therapy based on some form or other of psychotherapy. She emphasises the unavoidably problematic nature of working within such a milieu and urges music therapists to develop their consciousness of this. She specifically addresses the politics of mental health care and various notions of what constitutes therapy. She directs the reader’s attention to the concepts of empowerment and positive psychology (all too often ignored in psychotherapeutic circles) and the role of music itself. From this she draws together a provisional theoretical formulation of resource-oriented music therapy.

Part Two – “*Case Studies*” presents the stories of two women’s engagement with the author in individual music therapy within mental health services. What stood out for me here was the tone of the story-telling. Whereas music therapists often seem to be squeezing the story into what they consider to be a professionally appropriate theoretical container (i.e. one which reinforces their sense of professional identity), here I had a real impression of the clients not only shaping their therapy but forming the telling of the case studies. It is not only the content of these case studies, therefore, that is resource-oriented, but also the form. Rolvsjord comes across as a courageous therapist, prepared to be led by her clients, unafraid to encounter difficulties with them, and in particular able to seek out and celebrate with them their strengths, resources and potentials, as musicians and as women, rather than setting the agenda by framing it in terms of the needs, deficits and the pathologies with which they had previously been labelled. In turn, therefore, this part of the book reveals Rolvsjord’s own resources as key to her working in this way.

The case studies both feature a central role for songwriting and singing: perhaps it is just a coincidence that these two clients (also similar in being young women) wished to work this way? Or perhaps it has something to do with the therapist and her own set of resources, skills and potentials?

This is in no way a criticism: it is evident that the clients were able to make very effective use of their therapist’s resources. And it neatly makes the point that, contrary to what proponents of Evidence-Based Practice may wish to believe, no two music therapists will ever come with identical skill sets or experiences. Consequently no two music therapists are alike (unlike pills – arguably) and so each client is faced with the task of working with each therapist, just as much as the other way around. Indeed, the work of “individual” therapy is surely the work of two people together working out how to make use of their pooled resources.

Part Three – “*Working Resource-Oriented*” permits a rubbing-off between Parts One and Two, and as such points to the ethnographic influence on Rolvsjord’s thinking and research practices. Rolvsjord reflects with a real sense of integrity on the work she has experienced with her two clients and allows this to guide her towards a recontextualisation of the theoretical points drawn out earlier from the literature. Here, her influences from the field of music sociology are particularly clear: she focuses in successive chapters on the client’s craft and then on the therapist’s craft. I found myself cheering aloud at this point: the whole notion of craft is one much explored within non-therapy literatures and yet therapy tends to ignore it, as though allowing space for this might compromise either the magical ‘science’ of the Randomised Control Trial (how do you standardise and replicate craft?) or the priestly cult of Jung or Klein or whomever the nominated source of theoretical authority may be. In particular, models of music therapy derived from psychotherapy, because of the medical model at their heart, inevitably consign the ‘patient’ to the ‘ill’ role – in need of the expert’s wise intervention. How then can the client be described as exercising craft? Yet in my experience, and in the experience which Rolvsjord describes in Part Two, this is exactly what people do in music therapy and it is in the exercising of this craft (for which read resource-fulness), that change and strengthening occurs. Wellness is as much a social and aesthetic craft as making music. This is a challenging way of talking, because it may be felt to denigrate the power and expertise of the therapist. As Rolvsjord suggests, however, these two concepts need not be equated: the therapist does need expertise to work in this way, but the cultivation of medical-style power, although seductive, is likely to inhibit the process.

Rolvsjord concludes with a multi-dimensional reflection on the therapeutic relationship, incorporating aspects of respect, democratic participation, *mutual* empowerment, and the value of self-disclosure on the part of the therapist. These are all powerful notions, finely argued, which,

because of their transgression of the ‘rules’ of psychotherapy, will irritate many. As a colleague of mine recently spluttered when I raised the idea of empowerment within music therapy, “How about empowering these people to realise that they are properly ill and what they need is proper therapy with a proper therapist?”

Ultimately, of course, Rolvsjord’s manifesto is a properly political one: music therapy, like every other facet of interactional human endeavour, is a political act. Music therapists, therefore, have a choice: to work in ways which collaborate with and support the status quo (which is unquestionably amongst the root causes of much of the suffering we claim to be seeking to alleviate within mental health services), or, as Even Ruud (1998: 5) puts it, “to work toward alleviating structural forces blocking possibilities of action”— i.e. to take it upon ourselves to challenge the status quo. For me, this recalls the century-old dilemma within European socialism: can a fair society be produced simply by socialists taking over the structures of government which not only reflect capitalist thinking but actually mirror its values and exist to perpetuate them, or is it necessary to abandon those structures entirely, building quite different structures in their place? Likewise, can feminist insights and empowerment theory really be brought to bear within such a key structure of the establishment as the medical model (including its psychotherapeutic manifestation), which is founded upon the hegemonic and reinforces power differentials? In music therapy terms I would describe Rolvsjord as a socialist (my description, not hers, and meant very much as a compliment) – highly aware of the injustices inflicted by the status quo, and highly skilled in articulating them. At many stages along the way I found myself cheering her points and applauding her insights. She is a natural spokesperson for those of us within music therapy who are uncomfortable with unquestioning collusion with psychiatry and psychotherapy and who believe that the apparently predominant professional aspiration in many quarters to portray music therapy as a form of medical treatment is naive, simplistic, ignorant and outdated, uninformed as it is by critical theory, feminist perspectives, the experiences of psychiatric survivors or even a basic grasp of people’s “everyday” relationships with music.

And yet... although Rolvsjord is very clear that “viewing therapy as empowerment results in a conceptualization of music therapy very different from that derived from medical or psychoanalytical discourse” (p. 43) and that “a resource-oriented approach to music therapy might imply more than adding some positive or friendly element to existing models” (p. 11), I nevertheless sense in her writing

an intriguing reluctance to finally let go of psychotherapy. She draws a distinction between “psychotherapeutic” music therapy practice and “non-psychotherapeutic” work, positioning her work firmly within the former. She seems uncomfortable with Community Music Therapy, particularly with its apparent positioning of itself as an alternative to “clinical” music therapy, yet in many ways the thinking and drawing on related disciplines that Rolvsjord achieves so outstandingly in this book seem very close to those which also characterise Community Music Therapy. I am left with a sense that Rolvsjord seems concerned to protect the individual format of therapy (which of course is the norm in psychotherapy and assures the therapist role a certain quality of professional privilege). This felt to me like a concern not to lose the legitimacy of the psychotherapeutic form, and might perhaps be argued to conflict to some extent with Rolvsjord’s assertion that a resource-oriented approach is not simply there to lend the medical model a more acceptable face.

This ultimate resort to the safety of the clinical norm is also suggested by the introduction to the case studies, where I was surprised to be introduced to the clients (before I had read their stories) by ‘factual’ information about them, including their ‘histories’ (with their ICD diagnoses) and their courses of music therapy described much as would be found in any other textbook. Just for a moment it seemed that all this resource-orientedness still needed the “clinical” to feel respect-able. Were its own resources not enough?

Like a committed trade unionist on the fringes of a rally being addressed by an eloquent socialist politician, I very much like what I hear, but I want it to go just that little bit further. Like a socialist politician mindful of the consequences of incurring the wrath of the establishment, Rolvsjord appears anxious that losing psychotherapy’s approbation might somehow devalue music therapy. Yet Rolvsjord herself, in the introduction to her book, describes the semi-detached relationship with things medical that music therapy enjoys (even within psychiatric hospitals) in Norway, and the ways in this relationship aids music therapy in offering its possibilities to people within medical settings. Her description seems to me to reflect well the realities of practice in many other places too (for example within the UK’s National Health Service), even though professional discourse may strive strenuously to suggest otherwise. So Rolvsjord’s ultimate return to the medical fold is perhaps a missed opportunity to offer affirmation to music therapists who find themselves in these semi-detached relationships and worry that their practice should somehow resemble the professional discourse more closely.

That said, Rolvsjord is a canny politician, and an eloquent spokesperson for this field of music therapy. Her erring on the side of conservatism should aid her in engaging with those whom she seeks to influence: in this she deserves tremendous success since her message is a timely one. The awarenesses she seeks to highlight should be at the centre of every student's training: her book is already on my students' reading list. The extent to which music therapists hearken to her call will have considerable influence on what – if anything – music therapy has to offer to people in years to come.

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Procter, S. (2010). Review of the book "Resource-Oriented Music Therapy in Mental Health Care" by Randi Rolvsjord. *Approaches: Music Therapy & Special Music Education*, 2(2): 65-68. Retrieved from <http://approaches.primarymusic.gr>




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## Μεταφρασμένες Περιλήψεις Άρθρων

### Translated Abstracts of Articles

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#### Δημιουργία Ενός Ασφαλή Χώρου στην Επιθετικότητα: Μουσικοθεραπεία στην Παιδοψυχιατρική

Marieke Degryse

**Περίληψη:** Εργαζόμενος κανείς ως μουσικοθεραπευτής σε μία ψυχιατρική μονάδα για παιδιά με μαθησιακές δυσκολίες, έρχεται συχνά αντιμέτωπος με επιθετικότητα. Τα περισσότερα από αυτά τα παιδιά έχουν διαταραχές προσκόλλησης και σοβαρά προβλήματα συμπεριφοράς. Με ποιά μέσα μπορεί να υπάρξει η μουσική στη μουσικοθεραπεία σε αυτό το συγκεκριμένο πλαίσιο εργασίας; Μπορεί να γίνει λόγος για μία τραυματική φύση στη μουσική και το σώμα; Αυτό το άρθρο θα παρουσιάσει μία μελέτη περίπτωσης, όπου η εύρεση ενός ασφαλή χώρου εντός της μουσικοθεραπείας είναι μείζονος σημασίας. Η εκμάθηση και ακρόαση τραγουδιών μπορεί να είναι ένας αναγκαίος τρόπος διασφάλισης ελέγχου για το άτομο, απόκτησης αυτοπεποίθησης και δημιουργίας ενός χώρου για παλινδρόμηση. Μέσω αυτής της διαδικασίας εξεύρεσης ενός ασφαλή και πλαισιωμένου χώρου εντός της μουσικοθεραπείας, προκύπτει η δυνατότητα παιχνιδιού μέσω διάφορων τεχνικών, προσφέροντας ελευθερία για εξερεύνηση και μία μορφή ελέγχου και προβλεψιμότητας. Η μελέτη περίπτωσης καταλήγει με τη σημασία του παιχνιδιού μέσω του οποίου το τραυματικό υλικό μπορεί να αφομοιωθεί μέσω της μουσικής. Ακόμη, επισημαίνεται περιληπτικά ο ρόλος των τραγουδιών στη μουσικοθεραπεία με αυτήν την πληθυσμιακή ομάδα.

**Λέξεις κλειδιά:** μουσικοθεραπεία, παιδοψυχιατρική, μαθησιακές δυσκολίες, επιθετικότητα, τραύμα, παιχνίδι

Η **Marieke Degryse** αποφοίτησε το 2000 ως πτυχιούχος ψυχολογίας και ολοκλήρωσε το μεταπτυχιακό της στη μουσικοθεραπεία το 2005 στο Βέλγιο. Έχει εργαστεί ως μουσικοθεραπεύτρια με παιδιά και ενήλικες με μαθησιακές δυσκολίες και συνέβαλε για 18 μήνες στο μουσικοθεραπευτικό κέντρο *Musers* στο Mostar (Βοσνία και Ερζεγοβίνη), όπου εργάστηκε με παιδιά με ειδικές ανάγκες σε ένα μετα-πολεμικό περιβάλλον. Κατά την παρούσα περίοδο εργάζεται στο *Fioretti*: το παιδοψυχιατρικό τμήμα του νοσοκομείου St. Guislain στη Ghent (Βέλγιο).

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## Πίστη και Μουσική: Μία Προσωπική Αναζήτηση της Επίπτωσης της Θρησκευτικής Πίστης στη Μουσικοθεραπεία, σε Ένα Πλαίσιο Διαπολιτισμικής, Ομαδικής Μουσικής Δημιουργίας

Bethan Lee Shrubsole

**Περίληψη:** Τον Ιούλιο του 2008 ιδρύθηκε το *Music for Peaceful Minds (MPM)*, μία περιπατητική μουσικοθεραπευτική υπηρεσία στη μετα-πολεμική βόρεια Ουγκάντα. Μέχρι σήμερα, το MPM υπηρετεί τέσσερα σχολεία και δύο ορφανοτροφεία με έναν ειδικά εκπαιδευμένο περιοδεύων μουσικό σύμβουλο από την Ουγκάντα. Κάθε εβδομάδα διεξάγονται μουσικοθεραπευτικές ομάδες και η κάθε ομάδα αποτελείται από έξι παιδιά τα οποία παραπέμπονται από το προσωπικό των ορφανοτροφείων ή των σχολείων. Οι μεικτού ή ομοίου φύλου ομάδες διεξάγονται κατά τη διάρκεια μίας εκπαιδευτικής περιόδου (10-12 εβδομάδες). Τα παιδιά χωρίζονται σύμφωνα με τις ηλικίες τους σε ομάδες των 4-11 και 12-18 χρονών. Αυτό το άρθρο αποτελεί μία κλινική μελέτη βασιζόμενη στην προσωπική μου εμπειρία ως μουσικοθεραπεύτρια στην Ουγκάντα το 2008. Δεν πρόκειται για ένα θεωρητικό ή ερευνητικό κείμενο και επομένως δεν περιέχει μία λεπτομερειακή επισκόπηση της βιβλιογραφίας. Θα εξετάσω διάφορες θρησκευτικές πτυχές του έργου μίας αγγλίδας θεραπεύτριας στη βόρεια Ουγκάντα, εστιάζοντας στη μουσική που δημιουργήθηκε στις συνεδρίες. Θα θέσω ερωτήσεις σχετικά με το πόσο σημαντικό είναι για μία μουσικοθεραπεύτρια να μοιράζεται έναν κοινό πολιτισμό, πίστη ή μουσικό υπόβαθρο με άτομα με τα οποία εργάζεται, και το πώς ο γλωσσικός περιορισμός μπορεί να επηρεάσει τη θεραπεία.

**Λέξεις κλειδιά:** σύγκρουση, πολιτισμός, θρησκεία, μουσική, θεραπεία, μετατραυματική αγχώδης διαταραχή, τραύμα

Η **Bethan Lee Shrubsole** άρχισε να ενδιαφέρεται για το πώς η μουσικοθεραπεία μπορεί να βοηθήσει τους ανθρώπους που έχουν επηρεαστεί από πόλεμο και σύγκρουση, ύστερα από την επίσκεψή της στο Κόσοβο το 2000. Το ενδιαφέρον της την οδήγησε στη βόρεια Ουγκάντα όπου αναγνώρισε την ανάγκη θεραπευτικής αποκατάστασης ολόκληρων κοινοτήτων που είναι τραυματισμένες από τον πόλεμο. Εκπαιδεύτηκε ως μουσικοθεραπεύτρια στο Anglia Ruskin University και αποφοίτησε το 2008. Τον Ιούλιο του 2008 ίδρυσε τον κοινοτικά-βασισμένο οργανισμό *Music for Peaceful Minds*, ο οποίος έχει προσφέρει μουσικοθεραπεία σε περισσότερα από διακόσια παιδιά σε γενικά και ειδικά σχολεία και ορφανοτροφεία στο Gulu της βόρειας Ουγκάντα.

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## Νέες Διεθνείς Δημοσιεύσεις (2009-2010)

## New International Publications (2009-2010)

Επιμελήθηκαν από τους Δώρα Παυλίδου & Γιώργο Τσίρη

Compiled by Dora Pavlidou & Giorgos Tsirir

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.

Η ενότητα αυτή θα συνεχίσει να δημοσιεύεται στο δεύτερο αριθμό κάθε τεύχους του *Approaches*. Σχετικές πληροφορίες προς δημοσίευση στο *Approaches* μπορούν να στέλνονται στη Διαχειρίστρια Συνδέσμων και Δρώμενων (Δώρα Παυλίδου, [dorapavlidou@gmail.com](mailto:dorapavlidou@gmail.com)).

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 will continue to be 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)).



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## Προσεχή Δρώμενα

### Upcoming Events

Επιμελήθηκαν από τους Εργίνα Σαμπαθιανάκη & Γιώργο Τσίρη

Compiled by Ergina Sampathianaki & Giorgos Tsisiris

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.

Η ενότητα αυτή περιλαμβάνει ανακοινώσεις για σημαντικά συνέδρια και συμπόσια που διεξάγονται σε διεθνές επίπεδο. Ιδιαίτερη έμφαση δίνεται στο ελληνικό προσκήνιο, όπου συμπεριλαμβάνεται ένα μεγαλύτερο εύρος δρώμενων, όπως συνέδρια, συμπόσια, σεμινάρια και βιωματικά εργαστήρια από τους χώρους της μουσικοθεραπείας και της ειδικής μουσικής παιδαγωγικής, καθώς και από άλλα σχετικά πεδία.

Η ενότητα αυτή λειτουργεί συμπληρωματικά με την αντίστοιχη ιστοσελίδα του *Approaches* όπου προσφέρεται μία πιο πλήρης λίστα με δρώμενα: <http://approaches.primarymusic.gr>

Σχετικές πληροφορίες προς δημοσίευση στο *Approaches* μπορούν να στέλνονται στη Διαχειρίστρια Συνδέσμων και Δρώμενων (Εργίνα Σαμπαθιανάκη, [ergina.sampathianaki@gmail.com](mailto:ergina.sampathianaki@gmail.com)).

The section *Upcoming Events* aims to raise the awareness of readership for upcoming conferences and seminars related to the fields of music therapy and special music education.

This section includes announcements of major conferences and symposiums that take place internationally. Particular emphasis is given on the Greek scene, where a wider range of events is included, such as conferences, symposiums, seminars and workshops from the fields of music therapy and special music education, as well as from other related fields of practice.

This section complements the relevant webpage of *Approaches* where a fuller list of events is provided: <http://approaches.primarymusic.gr>

Relevant information for publication on *Approaches* can be sent to the Links and Upcoming Events Manager (Ergina Sampathianaki, [ergina.sampathianaki@gmail.com](mailto:ergina.sampathianaki@gmail.com)).

#### 6<sup>th</sup> Pan-Hellenic Scientific Conference of Special Education



**Title:** From the Detection and Diagnosis to the Support of Students (Children) with Disabilities and Special Education Needs

**Date:** 4-5 December 2010

**Place:** Piraeus, Greece

**Organisers:** Pan-Hellenic Scientific Association for Special Education (ΠΕΣΕΑ)

**Information:** [www.pesea.gr](http://www.pesea.gr)

#### Research Symposium 2011



**Title:** Fourth Biennial Symposium for Research in Music Teaching and Learning

**Date:** 31 March – 2 April 2011

**Place:** University of Texas, USA

**Organisers:** The Federation of North Texas Colleges and Universities and the Division of Music Education at the University of North Texas

**Information:** <http://music.unt.edu/musiced/researchSymposium2011.php>

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



**Date:** 12-16 April 2011  
**Place:** University of Exeter, UK  
**Organisers:** RIME  
**Information:** <http://education.exeter.ac.uk>

### **35<sup>th</sup> Conference of the Canadian Association for Music Therapy**



**Title:** Music Therapy: Return to the Centre  
**Date:** 5-7 May 2011  
**Place:** Winnipeg, Canada  
**Organisers:** Canadian Association of Music Therapy  
**Information:** [www.musictherapy.ca/conference.htm](http://www.musictherapy.ca/conference.htm)

### **International Conference**



**Title:** Arts and Education: Creative Ways into Languages  
**Date:** 6-8 May 2011  
**Place:** Athens, Greece  
**Organisers:** Department of Primary Education, University of Athens and the Greek Association of Primary Education Teachers (GAPMET)  
**Information:** [www.primarymusic.gr](http://www.primarymusic.gr)

### **3<sup>rd</sup> Norwegian Music Therapy Conference**



**Date:** 19-22 May 2011  
**Place:** Bergen, Norway  
**Organisers:** Norwegian Music Therapy Association (NMTA)  
**Information:** [www.musikkterapi.no/callforpaper](http://www.musikkterapi.no/callforpaper)

### **3<sup>rd</sup> International Music Therapy Research Conference**



**Title:** Improvisation – Exploring the Art & Science of Clinical Practice  
**Date:** 25-28 May 2011  
**Place:** Waterloo, Canada  
**Organisers:** Manfred & Penny Conrad Institute for Music Therapy Research, Wilfried Laurier University  
**Information:** [www.musictherapyconference2011.org](http://www.musictherapyconference2011.org)

### **International Musicological Conference**



**Title:** Crossroads: Greece as an Intercultural Pole of Musical Thought and Creativity  
**Date:** 6-10 June 2011  
**Place:** Thessaloniki, Greece  
**Organisers:** Department of Music Studies, Aristotle University of Thessaloniki in collaboration with the IMS Regional Association for the Study of Music on the Balkans  
**Information:** [www.mus.auth.gr/cms/?q=node/305](http://www.mus.auth.gr/cms/?q=node/305)

### **Music and Neurosciences IV**



**Title:** Learning and Memory  
**Date:** 9-12 June 2011  
**Place:** Edinburgh, Scotland  
**Organisers:** Mariani Foundation for Pediatric Neurology  
**Information:** [www.fondazione-mariani.org](http://www.fondazione-mariani.org)



### **9<sup>th</sup> Music Medicine Symposium 2011 of ISMM**



**Date:** June 9-12, 2011

**Place:** Minnesota, USA

**Organisers:** International Society for Music in Medicine (ISMM) in conjunction with the Augsburg College Faculty of Music / Music Therapy

**Information:** [www.musicmedicine.net](http://www.musicmedicine.net)

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



**Title:** Music Therapy in Eastern and Western Philosophy

**Date:** 5-9 July 2011

**Place:** Seoul, South Korea

**Organisers:** World Federation of Music Therapy (WFMT)

**Information:** [www.wfmt.info/WFMT/World\\_Congress\\_2011.html](http://www.wfmt.info/WFMT/World_Congress_2011.html)



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<http://approaches.primarymusic.gr>

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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 (Άνοιξη και Φθινόπωρο) σε ηλεκτρονική μορφή και είναι ελεύθερα προσβάσιμο από τον κάθε ενδιαφερόμενο. Πρόκειται για μία πρωτοποριακή δράση για τα ελληνικά δεδομένα η οποία υποστηρίζεται ενεργά από την Ένωση Εκπαιδευτικών Μουσικής Αγωγής Πρωτοβάθμιας Εκπαίδευσης (ΕΕΜΑΠΕ).

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

Σας προσκαλούμε να συμβάλετε στην ανάπτυξη του *Approaches* αποστέλλοντας το άρθρο σας προς δημοσίευση (τα άρθρα μπορούν να είναι γραμμένα στην ελληνική ή αγγλική γλώσσα), ή μοιράζοντας τις ιδέες σας μαζί μας. Αποστολή άρθρων προς δημοσίευση γίνεται μέσω email στον Επιμελητή Σύνταξης: Γιώργος Τσίρης, [giorgos.tsiris@gmail.com](mailto:giorgos.tsiris@gmail.com)

Για περισσότερες πληροφορίες σχετικά με τις προδιαγραφές υποβολής άρθρων, την κατοχύρωση πνευματικών δικαιωμάτων, καθώς και τη φιλοσοφία του περιοδικού, επισκεφτείτε τον ιστοχώρο του *Approaches*: <http://approaches.primarymusic.gr>

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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 (spring and autumn) 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*.

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

For further information regarding the guidelines for submissions, copyrights, as well as the philosophy of the journal, please visit the website of *Approaches*: <http://approaches.primarymusic.gr>