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Σημείωμα του Επιμελητή Σύνταξης

Πολιτισμικές Ιστορίες στη Μουσικοθεραπεία

Γιώργος Τσίρης

Σύμφωνα με την Έκθεση Παγκόσμιου Πολιτισμού της UNESCO (2000), οι πολιτισμοί δεν είναι καθορισμένα, δεσμευμένα και κρυσταλλωμένα δοχεία. Αντιθέτως είναι «διασυννοριακές δημιουργίες, που ανταλλάσσονται μέσω του κόσμου [...]. Πρέπει τώρα να θεωρήσουμε τον πολιτισμό ως μία διαδικασία παρά ως ένα ολοκληρωμένο προϊόν¹» (UNESCO 2000: 15, στο Thomson 2005: 11). Μία παρόμοια άποψη υιοθετείται από τον Stige (2002) στο βιβλίο του *Culture-Centered Music Therapy*. Ο Stige γράφει ότι ο πολιτισμός δεν είναι μία σταθερή οντότητα. Αντίθετα, θεωρεί τον πολιτισμό ως κάτι εύκαμπτο, ως «συνεχώς αναπτυσσόμενους τρόπους ζωής και πρακτικές δημιουργίας νοήματος, που κυμαίνονται από το ατομικό στο τοπικό ως το παγκόσμιο επίπεδο κοινωνικής οργάνωσης¹» (Stige 2002: 1). Από αυτή την προοπτική, η συνεχής ροή του πολιτισμού, ως μία ενσωματωμένη καθημερινή εμπειρία, αποτελείται από τις διακριτικότητες και τις συνθετικότητες των ατομικών και συλλογικών ιστοριών ζωής. Το άρθρο και οι συνεντεύξεις που περιλαμβάνονται σε αυτό το τεύχος του *Approaches*, απεικονίζουν αυτά τα διάφορα επίπεδα 'πολιτισμικών ιστοριών', καθώς επίσης και την αμοιβαία αλληλεπίδρασή τους.

Στο άρθρο *Music Therapy and Culture: An Essential Relationship?* (Μουσικοθεραπεία και Πολιτισμός: Μία Ουσιώδης Σχέση;) η Daisy Morris διερευνά το ρόλο του πολιτισμού στη μουσικοθεραπευτική πράξη. Έχοντας ως αφετηρία τα επιχειρήματα του Aigen (2001) σχετικά με τη μουσική, τον πολιτισμό και τη θεραπεία, η Morris συζητά πώς η θεραπευτική μας συνείδηση και η δεκτικότητά μας ως μουσικοθεραπευτές συσχετίζονται με την πολιτισμική μας επίγνωση. Εξερευνά πώς το μουσικοθεραπευτικό έργο μπορεί να επηρεαστεί από τα πολιτισμικά υπόβαθρα και ιστορίες τόσο του θεραπευτή όσο και του πελάτη,

καθώς επίσης και από το ευρύτερο πολιτισμικό πλαίσιο μέσα στο οποίο λαμβάνει μέρος η θεραπεία.

Η ενότητα συνεντεύξεων του *Approaches*, που εγκαινιάζεται σε αυτό το τεύχος, αρχίζει με μία συνέντευξη της Pauline Etkin η οποία εστιάζει στην ανάπτυξη πολιτικών και πρακτικών στη μουσικοθεραπεία. Η Etkin, από την οποία είχα την τιμή να πάρω αυτή τη συνέντευξη, αντλεί υλικό από την πλούσια προσωπική της εμπειρία στο Nordoff Robbins στο Λονδίνο. Συνοφαινει με δημιουργικό τρόπο ιστορικά γεγονότα με πολιτικο-οικονομικές πτυχές, ενώ φέρνει στο προσκήνιο προσωπικές ιστορίες που συχνά μένουν στο παρασκήνιο. Η Etkin αναφέρεται σε πτυχές της εξέλιξης της μουσικοθεραπείας στο Ηνωμένο Βασίλειο, καθώς και στο ρόλο του Nordoff Robbins σε αυτή την εξέλιξη, ενώ συζητά την πιθανή σημασία αυτών για την ανάπτυξη του επαγγέλματος της μουσικοθεραπείας σε άλλες χώρες, όπως στην Ελλάδα, όπου η μουσικοθεραπεία βρίσκεται σε αρχικά στάδια.

Η επόμενη συνέντευξη είναι της Diane Austin από την Ευαγγελία Παπανικολάου. Αυτή η συνέντευξη εξερευνά τη χρήση και τη σημασία της φωνής στη μουσικοθεραπεία, και ειδικότερα το καινοτόμο μοντέλο ψυχοθεραπείας το οποίο έχει αναπτύξει η Austin: Φωνητική Ψυχοθεραπεία (Vocal Psychotherapy). Αυτή η εξερεύνηση αναφέρεται στο πρόσφατο βιβλίο της Austin (2008) *The Theory and Practice of Vocal Psychotherapy: Songs of the Self* αντλώντας στοιχεία από την προσωπική ιστορία της ζωής της, αλλά και από την εκτενή της κλινική εμπειρία ως φωνητική ψυχοθεραπεύτρια.

Το τεύχος αυτό του *Approaches* ολοκληρώνεται με δύο νέες ενότητες: i) Νέες Δημοσιεύσεις στην Ελλάδα, και ii) Προσεχή Δρώμενα. Και οι δύο ενότητες αφορούν τα πεδία της μουσικοθεραπείας και της ειδικής μουσικής παιδαγωγικής, ενώ αντλούν υλικό από τη διεθνή κοινότητα με έμφαση

¹ Ελεύθερη μετάφραση από το αρχικό κείμενο.

στην Ελλάδα. Αυτές οι ενότητες αποσκοπούν στην προσφορά χρήσιμων πληροφοριών και στην ενημέρωση του αναγνωστικού κοινού για σχετικά νέα και εξελίξεις. Αυτό συνδέεται άμεσα με το όραμα του *Approaches* (Τσίρης 2009) για πρόοδο του επιστημονικού διαλόγου, για γόνιμη σύνδεση πρακτικής, θεωρίας και έρευνας, καθώς επίσης και για έγκυρη ενημέρωση του κοινού μέσω της ελεύθερης παροχής των άρθρων και του υλικού του *Approaches*.

Το *Approaches*, όπως πολλά άλλα ηλεκτρονικά επιστημονικά περιοδικά (π.χ. *Voice: A World Forum for Music Therapy*, βλ. Stige 2009), ακολουθεί το ευρύτερο διεθνές πρότυπο της Ανοικτής Πρόσβασης. Αυτή η ανοικτή πρόσβαση στα επιστημονικά περιοδικά είναι ζωτικής σημασίας για την ερευνητική και δημόσια πρόοδο (COPE 2010) ειδικά κατά τη διάρκεια της πρόσφατης οικονομικής ύφεσης που τόσο η Ελλάδα, όσο και άλλες ευρωπαϊκές, αλλά όχι μόνο, χώρες αντιμετωπίζουν. Αυτή η ύφεση έχει επιφέρει ήδη προκλήσεις στην παροχή υπηρεσιών υγείας και εκπαίδευσης, καθώς επίσης και στους πόρους χρηματοδότησης για έρευνα και δημοσιεύσεις. Το *Approaches* ελπίζει να υποστηρίξει αποτελεσματικά το έργο των επαγγελματιών και των ερευνητών του χώρου της μουσικοθεραπείας και της ειδικής μουσικής παιδαγωγικής μέσα από την προώθηση ενός πολιτισμού όπου η βασισμένη σε τεκμήρια πρακτική (*evidence-based practice*) εξισορροπείται με τα βασισμένα στην πρακτική τεκμήρια (*practice-based evidence*).

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Editorial

Cultural Stories in Music Therapy

Giorgos Tsisiris

According to the *World Culture Report* of UNESCO (2000), cultures are not fixed, bounded and crystallized containers. Instead they are “transboundary creations, exchanged through the world [...]. We must now regard culture as a process rather than as a finished product” (UNESCO 2000: 15, as cited in Thomson 2005: 11). A similar view is adopted by Stige (2002) in his seminal book *Culture-Centered Music Therapy*. Stige writes that culture is not a fixed entity. In contrast, he thinks of culture as something flexible, as “continuously developing ways of life and practices of meaning-making, ranging from the individual to the regional to the global level of social organization” (Stige 2002: 1). From this perspective, the constant flow of culture, as an embodied everyday experience, is made up by the subtleties and complexities of individual and collective life histories. The article and interviews included in this issue of *Approaches*, illustrate these various levels of ‘cultural stories’, as well as their mutual interaction.

In the article *Music Therapy and Culture: An Essential Relationship?* Daisy Morris explores the role of culture in music therapy practice. Taking Aigen’s (2001) premises on music, culture and therapy as a starting point, Morris discusses how our therapeutic awareness and receptiveness as music therapists interrelates with our cultural awareness. She explores how music therapy work can be affected by both the therapist’s and the client’s cultural backgrounds and histories, as well as the wider cultural framework within which therapy takes place.

The interview section of *Approaches*, which is inaugurated in this issue, starts with an interview of Pauline Etkin who reflects on the development of policies and practices in music therapy. Etkin, whom I had the honour to interview, draws on her rich personal experience in Nordoff Robbins, London. She interweaves creatively historical facts with politico-economic aspects, while she brings in

the foreground personal stories which often stay ‘behind the scenes’. Etkin reflects on aspects of the music therapy development in the UK, as well as Nordoff Robbins’ role in this development, while she discusses their potential relevance to the development of music therapy profession in other countries, such as Greece, where music therapy is in its initial stage.

The next interview is with Diane Austin who was interviewed by Evangelia Papanikolaou. This interview explores the use and significance of voice in music therapy, and more particularly the pioneering voice-based model of psychotherapy that has been developed by Austin: Vocal Psychotherapy. This exploration reflects on Austin’s (2008) recent book *The Theory and Practice of Vocal Psychotherapy: Songs of the Self* by drawing on her own personal life history, but also from her extensive clinical experience as a vocal psychotherapist.

This issue of *Approaches* concludes with two new sections: i) New Publications in Greece, and ii) Upcoming Events. Both sections are dedicated to the fields of music therapy and special music education, while they draw from the international community with an emphasis on Greece. These sections aim to provide useful information and raise the readership’s awareness of relevant news and developments. This raise of awareness is linked directly with *Approaches*’ vision (Tsisiris 2009) for advancement of scientific dialogue, for fertile connection of practice, theory and research, as well as for reliable public update through the free dissemination of its articles and resources.

Approaches, like many other online peer-reviewed journals (e.g. *Voices: A World Forum for Music Therapy*, see Stige 2009), follows the wider international movement of Open Access publishing. This open access to scholarly journals is vital to research progress and public advancement (COPE 2010), especially during the recent economic downturn that both Greece and other European, but

not only, countries face. This downturn has already brought consequent challenges on healthcare and educational services, as well as on the funding resources for research and publishing. *Approaches* hopes to support effectively the work of practitioners and researchers in the fields of music therapy and special music education by promoting a culture where *evidence*-based practice is balanced with *practice*-based evidence.

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Music Therapy and Culture: An Essential Relationship?

Daisy Morris

Abstract

Whilst being interviewed by Brynjulf Stige for the *Nordic Journal of Music Therapy* (volume 10, issue 1), Kenneth Aigen said “I do not think it is reasonable to think that we could automatically work with someone from a very different culture” (Aigen 2001: 90). Standing alone, this passage spoken by Aigen may give a negative impression. This paper will aim to put the above statement in context and think carefully about what Aigen might be suggesting. Through an honest and open exploration of the questions the statement raises, a realistic and more optimistic dialogue which was hidden beneath the words is unearthed. Through the deconstruction of Aigen’s statement this paper investigates our attitudes as music therapists towards culture and music and the preconceptions and assumptions which may arise. This paper will stress how a willingness to explore and broaden not only our attitudes towards culture, but also the confines of our musical ability, can result in an expansion of our knowledge, awareness and receptiveness. This, in turn, could lead to a practice of music therapy which is more fruitful and

successful, one in which we are clinically open and prepared for whatever our clients might bring to or need from their sessions.

Keywords: music therapy, culture, musical resources, identity

Daisy Morris is a second year student on the Masters of Music Therapy programme at Nordoff Robbins, London, UK. She is currently on placement one day a week at Open House; a community mental health setting run by Mind in Tower Hamlets (M.I.T.H), London, an affiliation of the national mental health charity ‘Mind’. Daisy has a degree in music (BA hons) from the University of Newcastle upon Tyne and then continued with a classical music training at Prague Conservatory of Music. She worked in London in arts management and administration for several years before deciding to train as a music therapist.

Email: morrisdaisy@hotmail.com

Introduction

This paper was originally written during my first year of the Masters of Music Therapy Programme at Nordoff Robbins, London. It was to be, and still is, a critical essay. For the purposes of the paper, I found and examined a statement that I considered thought-provoking and challenging. Reading the article *Music, Meaning and Experience as Therapy*, a transcription of a conversational interview with Kenneth Aigen, conducted by Brynjulf Stige and published on the *Nordic Journal of Music Therapy* (volume 10, issue 1, 2001), I came across the following passage which raised questions I had not yet fully considered during training:

“Music is not unique in (the) sense that sharing a cultural reference point between therapist and client facilitates therapy. I do not think it is

reasonable to think that we could automatically work with someone from a very different culture” (Aigen 2001: 90).

My initial response to the passage was confused as I struggled to get to grips with what Aigen was saying. I had to re-read the passage, even out loud, several times. My overriding impression of Aigen’s statement was that, apart from appearing provocative, it was pessimistic; suddenly my romantic and perhaps naive belief that music could unfailingly connect people in any situation was challenged.

Aigen’s words were spoken in conversation, and what I find to be slightly rambling phrasing and perhaps ambiguous use of certain words is not only difficult to make sense of, but holds an underlying

negative tone. It is thus open to misinterpretation, in particular the second sentence:

“I do not think it is reasonable to think that we could automatically work with someone from a very different culture” (Aigen 2001: 90).

This sentence seems to suggest we should not be surprised if cultural issues stand in our way or indeed make it impossible to work with a certain client.

This paper sets out to understand in greater depth what Aigen is saying with the aim of opening up further discussion with regards to cultural implications in music therapy. I must clarify however, that this paper, as a critical essay, represents my personal perspective on Aigen's statement rather than focusing on any personal issues related to my clinical work or training. The ideas and arguments I will explore stem from my personal reaction to Aigen's words and are supported by further literature in the field to illuminate the argument.

In context and coming to an understanding

In order to understand fully Aigen's passage it must be looked at in context. Stige and Aigen are discussing the 'objective' qualities of music - an idea developed by Zuckerkandl¹ (1956) in relation to western tonal music. Aigen (2001: 87) talks about how he rebelled against the idea that “specific components of music have specific and literal meanings”, but instead was drawn to Zuckerkandl's ideas that there are “properties of music that are 'objective' and that there are 'forces in music'” (Aigen 2001: 87).

Stige asks how this concept of objective qualities relating to western tonal music will enable music therapists to “meet clients from other cultures, with other conventions and maybe other ways of hearing music?” (Aigen 2001: 90). Aigen does not hide the fact that this may be difficult and likens it to not sharing the same language.

Here the meaning of the word “unique”, which is used in the original passage, is made clearer: relationships and communication are easier if there is a common cultural background and music is no exception to this. Like any other art form, music

may well speak more immediately to people with a common cultural background despite the frequently held belief that it is a medium which contains a ‘universal language’². However, Aigen goes on to explain that despite such difficulties, music is:

“transpersonal with objective qualities [...] it holds up the possibility for cross-cultural connection. Because you have got this objective entity within which people from very different backgrounds can now meet” (Aigen 2001: 90).

In order to put Aigen's initial passage in context and come to an understanding, it is necessary to focus also on the use of the word “work”. We would perhaps be misconstruing the word “work”, taking it in a literal, mechanical sense, when by “*work with*”, Aigen perhaps means make progress, develop and grow.

In his book *Paths of Development in Nordoff-Robbins Music Therapy*, Aigen (1998) writes extensively about his understanding of the concept of work:

“Therapy is never just about creating relationship, spontaneous relating in the moment, or the expression of emotions; there is always an element where the will is focused on, where the capacity for work is assessed because the ability to work is essential to self-actualisation. Moreover, work is tied to a human social context” (Aigen 1998: 286).

These words are interesting in the light of Aigen's (2001) original passage in that here he stresses the need for developing the capacity to work as essential to self-actualization and recognises this is something that needs to be developed and adapted. Being able to work with someone does not necessarily come easily and the degree to which we are able to usefully work is an important factor in the growth of our own self. We can compare the phrase “human social context” to the original passage (Aigen 1998: 286), where we are urged to consider how easy or difficult this context might be.

In the original passage, Aigen seems to be acknowledging that there might be cultural barriers to mutual understanding which make knowledge of and openness to the culture and background of our client important. We cannot simply launch

¹ Further information regarding Zuckerkandl's ideas of objective qualities of music, can be found in his book *Sound and Symbol* (1956). Also, a reference on his influence on Nordoff and Robbins' approach to music and music therapy practice can be found in the book *Healing Heritage: Paul Nordoff Exploring the Tonal Language of Music* (Robbins & Robbins 1998).

² Similarly, Tsiris (2008) explores in his article on aesthetic experience and transformation in music therapy, some aspects of Aigen's interview (2001) and he clarifies that music's transpersonal and objective qualities do not imply universality. From this perspective, objective qualities take place on an “individual level through intra- and inter-personal processes of negotiating values” (Tsiris 2008: online).

ourselves into clinical work without giving these issues some thought. How such knowledge is acted upon (if at all) is vital.

A shared cultural background enhances the ease with which we can communicate in so many aspects of life that it would be unreasonable to believe that music is an exception to this. But what ultimately allows music, more than anything else, to cross barriers of language and identity are the 'objective' qualities that lie within it, which are able to reach out to our psyche, regardless of our cultural background; an idea that I will develop further later on in this paper.

Assumptions and preconceptions

As music therapists it is vital that we examine both our own cultural identity and our attitudes to cultural differences. Pavlicevic writes about how we must be:

“sensitive to the cultural, social and musical norms [...] be informed and sensitive when selecting music for sessions. For many cultural groups there may be religious or cultural associations (and sensitivities) around certain music” (Pavlicevic 2003: 67).

On a similar note, in their article *The Greatest Distance between People is not Space but Culture*, Kenny and Stige (2008) quote the psychologist Pamela Hays who created a framework known as A.D.D.R.E.S.S.I.N.G, useful for therapists in addressing their capacity to work in a multicultural context. Great importance is placed on the therapists' openness to consider their own identity as much as they set out to understand that of their client. The therapist must address two categories of cross-cultural awareness:

“The first category concerns the therapists' personal self-exploration and growth; key to this process is a growing understanding of the influence of culture on one's own belief system and worldview. The second category consists of the therapist's self-education about clients' cultures, which usually leads to a deeper understanding of clients” (Hays 2001, as cited in Kenny & Stige 2008: online).

As well as acknowledging our clients' culture, it is equally important as music therapists to look inwardly at ourselves, to acknowledge our own cultural identity. This inward and outward awareness should enable us to work with our clients more empathically and ethically. As Brown writes:

“Due to this changing, culturally rich climate, music therapists need to consider and examine their own world view and those of their clients [...] Practising 'culturally centered' therapy requires a music therapist to take another step towards this awareness. It calls for examination and sensitivity to one's own world view and a willingness to be open to others, recognising that both differences and similarities exist” (Brown 2002: online).

For many people, this search for a culturally sensitive approach to music therapy may dilute the therapeutic setting and the music itself. Many place great importance on the belief that music is a universal medium, recognised and accessible to all. However, this may involve some risks. There could be a danger in assuming that in music it is possible to accept or relate to anything. Increasingly it seems this opinion is being swept aside and being replaced with a more culturally centered approach.

“Perceiving music as a universal language may give some practitioners a false sense of safety, believing that multicultural concerns are not necessarily an issue for music therapy” (Brown 2002: online).

It is interesting and stimulating to consider cultural differences, but there is perhaps a corresponding danger here in that we could place too much emphasis on this, and lose the spontaneous connectivity of music.

Sensitive search into our client's culture and background may help rid us of preconceptions which can dictate how successful or otherwise we are in our work as music therapists. As Aigen (2001) is suggesting in his passage, how we work with a client from a different culture, how we develop with them is not dependent on a closed view that music is 'unique'. On the other hand, any assumptions we may form in advance of working with a client must be put aside. The knowledge and understanding we have garnered should not be imposed on the client. Therapy encounters are commonly seen to be based on being fresh and open in response. We should set aside our knowledge and be open to it being fed back to us anew by the client, or not, as the case may be.

“Music therapists must have a musical cultural understanding, a deep respect for the individual or idiosyncratic and sometimes subcultural representation of music [...]. If the client is allowed to maintain her own cultural position, music may become a catalyst for the rewriting of preverbal experiences” (Ruud 1998: 25).

Nordoff and Robbins spoke of the “inadvisability of rigidly imposing nationalistic preferences in music therapy” (Robbins & Robbins 1998: 134). They refer to this view as “so terribly narrow, that you give a child born in Russia only Russian folk music - or that kind of music - as therapy” (Robbins & Robbins 1998: 136).

Music therapists must not place themselves on a pedestal, believing themselves to be all-understanding. Therapy is more mutual, more a case of “therapist and client together negotiating their own musical culture” (Pavlicevic 1997: 41).

At its simplest level, does the act of offering therapy not imply the taking of profound interest in someone? It is this interest in the identities brought by our clients to the sessions that we learn how to adapt, and at what level, to their needs and possibilities. This is not always going to be easy:

“It is not always possible to adjust completely to a client's culture, enculturation and acculturation are usually a long and complex process. In such cases, the interest and respect communicated may be more important than the degree of success of adjusting to the specific cultural codes” (Stige 2002: 41).

To summarise: knowledge and understanding of our clients is necessary, but what we do with it should be dictated by our clients’ reactions and initiatives, to which it is the therapist’s responsibility to respond.

Objective qualities and being prepared

As the *Association of Professional Music Therapists* (APMT) requires of all music therapy training courses in the UK, the Masters programme at Nordoff Robbins teaches a module known as “Musical Resources”. Students are taught a wide range of musical idioms in order that they achieve relevant musical skills and an understanding and appreciation of the qualities of many world-wide genres. The Nordoff Robbins training in New York, USA, where Aigen himself trained, also recognises this module as an important element of the training.

“We try to really learn these different scales and idioms, and learn what they are in themselves; develop our relationship to all of them, so that we can understand it from the inside and then direct it clinically” (Aigen 2001: 92).

In order to meet our clients as closely and effectively as possible we must be open to different sounds and to hear almost every sound musically. Through this we can begin to absorb aspects of

culture, character and personality, and draw closer to our client. In this way, our understanding of a culture stretches beyond its identity in terms of race, religion, gender and politics: we become attuned to the sounds, rhythms and sonorities of the music within that culture.

In his book *Culture Centered Music Therapy*, Stige (2002) writes about two different ways in which music therapists can relate to culture. He describes these as “culture centered” and “culture specific” music therapy. He defines culture centered music therapy as an “awareness about music therapy *as* culture” (Stige 2002: 42). More relevant to this paper is culture specific music therapy, which is an acknowledgment of:

“[...] the fact that a client comes to music therapy with a cultural identity, as does the therapist, and that music therapy therefore may not be considered a 'culture-free' enterprise. Our implication could be that therapists, in showing respect for clients and their culture, adjust their way of working to each client, for instance by choice of musical styles” (Stige 2002: 41).

In learning and becoming familiar with musical idioms from around the world we can acquire resources available to use as and when they are needed, whilst remaining aware that these resources may be used in the most unexpected situations with the least likely clients.

In the interview between Stige and Aigen (2001), Aigen talks about Nordoff and Robbins’ idea that there are musical archetypes which transcend culture. He goes on to talk about how Nordoff and Robbins used a style of music with a client for whom it held no earlier meaning:

“Their idea was that if you can find a music where there are no prior associations, and you are now using this music to create a self, help a person descend into human consciousness and evolve, the music you are creating will now be associated with this process of development [...]” (Aigen 2001: 91).

This is interesting in comparison to Ruud's (1998) passage quoted earlier in this paper where he expresses the importance of allowing the client to maintain their own “cultural position”. Ruud continues by supporting that this can subsequently form a catalyst through which the client's

“emotional life is not only expanded and enriched [...] as a verbal entity it is given a form that may be a starting point for reflection and subsequent action. She can then act from an expanded base of experience because she has

found new categories through which to treat her inner life” (Ruud 1998: 25).

This use of musical archetypes that transcend culture by Nordoff and Robbins could also be seen as imposing a certain style of music on a client which, as discussed, has its dangers. In their work with individuals, their early sessions would frequently find them discovering an idiom which ‘worked’ and engaged the child and they would often bring the same music to later sessions. Moreover, Nordoff and Robbins used pre-composed children’s songs to connect with their clients from session to session. Although this could be seen as approaching the sessions with a pre-formed decision to play a certain piece, or in a certain style, it was the child, in those first meetings, who inspired Nordoff and Robbins to match and support him or her using a particular idiom. Every tonality and rhythm that emerged in their sessions grew out of the child and was mutually developed between therapists and client as the therapy progressed. Nordoff and Robbins’ great ability to be open and attuned to their clients, delicately exploring many different idioms with their clients led them to realise that “many (children) react strongly to one or another of the archetypal forms of music originating in different cultures [...]” and that “the ability to improvise in all these styles is called for if the therapy is to attain its widest scope” (Nordoff & Robbins 1971: 54).

Aigen (2001) reminds us in his passage that a cultural reference point may well be likely to facilitate the therapeutic process. However, we should not presume that a musical idiom will suit a certain client because we believe we have a knowledge of what their musical identity consists of. We cannot jump straight in automatically presuming that therapy with a particular client will be easy because they are from a similar cultural background or because we believe we are able to play in their cultural ‘style’. Even when a meeting of musical cultural identity does not arise with a client, their experience can still be valuable.

Conclusion

Aigen appears unafraid to admit that there may be problems when culture and identity become entangled in the therapy process, but he also puts forward the possibility that the objective qualities in music can override our subjective opinions and attitudes. There is something immediate about music that makes it accessible to all. We are only letting cultural differences matter as much as our client needs us to. Culture can create difficulties,

but it need not and we must be careful not to let it become a scapegoat for any difficulties we might encounter with a client. Difficulties may arise in any area but if we maintain an openness, an awareness and a willingness to learn and embrace worldwide musical idioms we can offer our clients a wider and ultimately richer experience.

This paper has mainly explored theories, and therefore the question posed in its title (*Music therapy and culture: an essential relationship?*) remains largely open. It would be interesting and enlightening to investigate the subject further through clinical experience, and perhaps this paper will encourage practitioners to do so. A recent example of such a practical quest on music therapy and culture is presented by Dunbar (2009) through a case study article of her music therapy work with an elderly refugee. In studying further a number of clients of various backgrounds and nationalities, and how cultural differences are addressed, if at all, in the therapist’s work with them, we could learn more about culture’s role in music therapy, and how close the relationship between them needs to be.

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Interview



On Developing Policies and Practices in Music Therapy: Personal Reflections from the Experience of Nordoff Robbins in London

Pauline Etkin

Interviewed by Giorgos Tsiris

Note from the interviewer:

It is my pleasure to initiate the interview section of Approaches: Music Therapy & Special Music Education, by presenting here my interview with Pauline Etkin which was given at the Nordoff Robbins Centre in London, UK on the 5th of January 2009.

Based on Etkin's experience of being the Chief Executive Officer of Nordoff Robbins, in addition to her rich diverse experience in the field of music therapy on a practical and policy level; this interview focuses on the development of policies and practices in music therapy – an issue that will hopefully be of interest especially for countries, such as Greece, where music therapy is in its initial stage.

The interview was recorded, transcribed verbatim and then edited. Some footnotes have also been added to the original text in order to provide some useful additional information and suggest some sources through which the reader can find further information with regards to the issues discussed in the interview.

I would like to warmly thank Professor Helen Odell-Miller who, based on her personal major contribution to the development of music therapy in the UK, offered her support in the editing process of this interview.

This interview will hopefully encourage further constructive dialogue and reflections on related topics, and inspire the conduction of interviews with other significant figures in music therapy both on national and international level.

Pauline Etkin is the Chief Executive Officer of Nordoff Robbins music therapy Charity. Trained as a music therapist in the UK (Nordoff Robbins programme) and has worked for 25 years with children and adults. Previously worked as teacher and Senior Lecturer at a teacher training college in South Africa; Partner for Health Professions Council (HPC); Advisory Council Member of the Association of Professional Music Therapists (APMT); Head of Training at Nordoff Robbins (1993-2003) and expanded the course into a two-year Masters Degree programme.

Email: petkin@nordoff-robbins.org.uk

Giorgos Tsiris is a music therapist, qualified at Nordoff Robbins, London. He currently works as music therapist at St. Christopher's hospice and research assistant at the Research Department of Nordoff Robbins, London. Giorgos is also a graduate of the Department of Special Education, University of Thessaly (Greece) and he has worked as a special educator in primary schools in Greece. He is the founding Editor-in-Chief of the online peer-reviewed journal *Approaches: Music Therapy & Special Music Education*, <http://approaches.primarymusic.gr> (supported by GAPMET), as well as a joint coordinator (together with Dr. Julie Sutton) of the Research Network of APMT.

Email: giorgos.tsiris@gmail.com

Introduction

Giorgos: Hello Pauline and thank you very much for accepting our invitation to have this interview!

Pauline: Hello... it is my pleasure!

Giorgos: I would like us in this interview to focus on the development of policies and practices in music therapy based on your experience in Nordoff Robbins, but also having in mind how all these would may apply to other countries and in particular in Greece.

Pauline: Ok!

Personal journey into music therapy

Giorgos: Let's start from your own personal background and journey into music therapy...

Pauline: My journey into music therapy was very much about being in the right place at the right time and being passionate about music and also about children, particularly those who struggled in life due to a variety of reasons. I was a teacher of five to six year old children and later a lecturer at a Teachers Training College in South Africa where I lectured in Music and Early Childhood didactics. I constantly explored using music in different ways to help children to communicate with each other and also to use music as an outlet for their feelings. Additionally, I explored ways to get them to listen to music and to this end I used a variety of games and techniques. I was invited to lecture nationwide at schools and other settings within South Africa and parts of South-West Africa about some of my techniques for developing music listening and appreciation in children.

On one particular day, I was invited to visit a Day Centre for handicapped adults and talk about an education topic. However, in the course of my discussions with the Director of the Centre, she asked me to speak about music therapy and I stated that I knew nothing about this topic but would be fascinated to learn more as I had always felt there was a therapeutic power to music. She suggested I telephoned a man who could give me more information and it turned out that it was someone at the South African Rights Organisation and they offered me a scholarship to train on the Nordoff Robbins music therapy training course with Sybil Beresford-Peirse in London! Naturally, I jumped at the offer and the rest is history...

Here I am in London twenty-six years later having tried to establish something in South Africa, but finding that the timing was not right, firstly working for five days with Sybil and now heading the Nordoff Robbins music therapy developments together with an amazing team of therapists, tutors, supporters and staff.

Giorgos: Fantastic! Let's move now from your personal journey to the history of music therapy development in the UK and explore some of its aspects on the basis of your experience.

Pauline: Well, I can talk to you about some aspects of the history of music therapy in the UK. For example, I can talk to you about State Registration. I was involved with that from near the beginning of these negotiations, so, I can give you an idea of some of the history. If you want more details about professional developments in the UK¹ you will probably need to speak to people like Tony Wigram, Helen Odell-Miller and Amelia Oldfield.

Giorgos: Ok.

APMT and BSMT

Pauline: As you know, the Guildhall was the very first training program and it was out of the Guildhall training program that the British Society for Music Therapy² (BSMT) was developed in 1958. It was Juliette Alvin who developed the BSMT which is more of the public relations and the publicity of the profession in this country, and she worked with Denize Christophers who was the administrator and continued to be central to the BSMT for many years only recently retiring. The BSMT was not just for music therapists, but for anybody interested in music therapy. In 1976 the Association for Professional Music Therapists³ (APMT) was developed. That was the professional body that represented music therapists and professional aspects of music therapy and membership was open to only trained music therapists.

¹ For some other historical perspectives on the development of music therapy in the UK, see Odell-Miller (2001), Bunt (2000) and Wigram (2000).

² The British Society for Music Therapy (BSMT) was founded in 1958 under the name of "Society for Music Therapy and Remedial Music". The BSMT is currently a Registered Charity. For more information: www.bsmt.org

³ For more information: www.apmt.org

The BSMT and the APMT have worked in parallel since 1976 and each of them have had a slightly different remit. The APMT has been about the professionalism of music therapy and providing a service to qualified music therapists about employment, and guidelines for practice and the BSMT has been about the publicising of music therapy. So, the BSMT runs conferences, sometimes jointly with the APMT, they run introductory sessions about music therapy, they have a book store where they sell various music therapy and related books and they send out information about music therapy, particularly for those who are interested in training, or not trained as music therapists.

The APMT disseminates information about music therapy training and is the organisation that works at standardizing salaries for music therapists, advertising music therapy posts, supporting music therapists professionally and giving guidance on various matters such as supervision and continuous professional development. It organizes discussion and support groups or networks and provides professional advice to music therapists by preparing documents on ethics, child protection, setting up private practice and more. So, the APMT is for music therapists and still remains crucial for music therapists to be members of this organisation.

Health Professions Council registration

Giorgos: And what about APMT's role in the process of music therapy becoming a registered profession?

Pauline: In 1997 Parliament passed a bill to State Register Music Therapists, and together with Art and Drama therapy under the umbrella of "Arts Therapies", the first music therapists were registered in 1999 by the Council for Professions Supplementary to Medicine (CPSM). A group of people were involved in that process and those of us from music therapy in addition to me included Tony Wigram, Sarah Hoskyns, Helen Odell-Miller and others.

When State Registration came into place in 1997, it was under the auspices of the CPSM. The role of the CPSM was primarily to protect the public. The CPSM later went through changes becoming the Health Professions Council (HPC) changing the function from "State Registration" to "Registration" of members and approval of training courses. The HPC⁴ protects the title of Arts Therapies (Music, Art and Drama Therapy) as "Registered professions" together with thirteen

other professions therefore registering more than two hundred thousand professionals at present. No one can therefore call themselves a music therapist in the UK unless they have completed an approved training program.

The remit of the HPC, is purely about protecting the public. The HPC does not fight for the rights of music therapists, but ensures that the public get qualified, registered, professional practitioners who are working responsibly and ethically. It has an Investigation and Disciplinary Department so that the public can complain about irresponsible practitioners. The HPC will investigate the complaint and the registered member could be 'struck-off' the register and no longer permitted to practice, or required to do further training and supported work prior to re-joining the register. The organisation which actually supports music therapists is the APMT.

The Agenda for Change

Giorgos: Yes, and the APMT is the organisation that negotiated on the introduction of "Agenda for Change".

Pauline: Yes, this is right.

Giorgos: Would you like to tell me a bit more about the "Agenda for Change" and APMT's contribution?

Pauline: Right, the National Health Service (NHS) – which is the largest employer of music therapists in the UK – undertook an extensive employment review. This included a review of salaries for the health professionals that it employs and it resulted in the "Agenda for Change" document. The salary review included different bandings for salary scales according to the different professional expertise.

The APMT negotiated the salary banding for arts therapists which included music therapists. Judith Nockolds as Chair of the APMT at that time was very instrumental in assisting with the classification of Arts Therapies at a high banding which reflects the nature of the work that we undertake. There are inevitably pros and cons to it, but at long last music therapists gained recognition for the level of professional clinical and research work undertaken and for the amount of training that all of us have gone through. It is now possible to become a consultant music therapist and also to be rewarded not only for managerial expertise, but most importantly for clinical expertise. However, this meant that we were quite expensive to employ and this did create some challenges to employment...

⁴ For more information: www.hpc-uk.org

Giorgos: Hm... because they were expensive to employ?

Pauline: Exactly, because they were expensive. So, you know, we have become quite a costly profession to employ.

The role of Nordoff Robbins

Giorgos: Having talked about some of the aspects of the development of music therapy in the UK, I would like us now to focus on the role of the Nordoff Robbins⁵ in this development.

Pauline: Right. It is an interesting one, isn't it? Because I think that in the early days when it was only the Guildhall and Nordoff Robbins music therapy training, and Nordoff Robbins was housed at Roehampton, there were two very powerful women in charge of these two organisations. They were Juliette Alvin and Sybil Beresford-Peirce. Each of them had very distinct ideas of what they thought music therapy was and in the beginning there was quite a lot of division... Then, when Nordoff Robbins moved the training program away from Roehampton and into its own first Centre, there were three training programs. Elaine Streeter became the Head of training at Roehampton, taking the programme through a transition in the curriculum and the way it trained the students. The 'separateness' between the three programs continued... I suppose this is the best way to put it, although eventually all three Heads of training agreed on standards and content for basic training with the APMT, which led to the first career structure for music therapists in the UK under the Whitley Council in 1982. This was led together with Art Therapists by Di Waller and Tony Wigram primarily, with Leslie Bunt and Helen Odell-Miller.

Giorgos: What was the role of Nordoff Robbins in this situation?

Pauline: Nordoff Robbins kept to itself initially with Sybil Beresford-Peirce keeping Nordoff Robbins quite separate from the rest of the music therapy profession because she wanted to develop the identity of Nordoff Robbins. This had advantages and disadvantages.

It is something that I have thought a lot about over the years and something which I suppose I would always want to urge people to think very carefully about when developing something in another country. I feel that it is advantageous to try to develop more collaboratively, than separately. I

think in a small profession which is just starting out, together we have much more 'teeth' than if you have little fragments all over the place. This was proven when we did start to come together more as a profession within the UK. Additionally we joined hands with art therapy for the first negotiations on pay and career structure with the National Health Service, in the UK, in 1982 which I have already mentioned, and later with drama therapy. By doing this, we had much more authority and were then able to get the State to recognise the professions and to register arts therapists, while still retaining our separate identity. The challenge is: to find ways of collaborating whilst maintaining an identity which is your own rich identity. It is something that we have managed to achieve and we continue to do this by communicating with each other on many different levels and via different forums.

So, I suppose in the early stages, there was quite a lot of division and Nordoff Robbins didn't contribute enormously to those early stages of the development. Sybil developed the *International Association of Nordoff-Robbins Music Therapists* (IAN-RMT) and it became much more focused upon looking at Nordoff Robbins in this country and internationally whilst also gaining more interest for the work of Paul Nordoff and Clive Robbins.

When we moved into this centre in London, I was determined that we would of course keep the richness of our own identity, but that we would be part of the broader music therapy profession. So, I opened up the Centre to the APMT and the BSMT for their meetings and conferences here. I opened up our library as a Reference Library to people wishing to use it and I encouraged Nordoff Robbins music therapists to become more involved in the profession.

More Nordoff Robbins graduates became involved in committees with Nigel Hartley and Helen Patey both being Chairs of the BSMT and then later on Nigel for a short while becoming Chair of both the BSMT and the APMT simultaneously. Subsequently, Judith Nockolds became Chair of the APMT. All of them contributed to the associations in different ways and Nordoff Robbins therapists and employees became an integral part of the profession with Nordoff Robbins as an employer giving them the time needed to contribute. Helen Patey later became Chair of the APMT Courses Liaison Committee and later I took over from her becoming Chair for three years. I was on the APMT Executive Committee for quite a long time and I was also Chair of the APMT Supervision Committee. I know that not everybody enjoys being part of a committee, but if you don't have people who are prepared to contribute to associations and committees, eventually you have an organisation

⁵ For a detailed historical account of the development of Nordoff Robbins, see Simpson (2007, 2009).

which is not fully representing the people that it is meant to represent...

The APMT additionally has an Advisory Council comprising members who have been in key positions within the APMT and profession and these members have various skills or experience and members are referred to them for specific advice and support. I am a member of this Advisory body and occasionally I am asked to look at issues or documents. For example, the APMT and BSMT are going through an amalgamation process and last year I looked at some of the documents concerning this which was very exciting and interesting for me.

Recent developments and current function of Nordoff Robbins

Giorgos: Would you like to tell me briefly what is the current function of the Nordoff Robbins Centre in London? What are the aspects of its function and what are also some of its recent developments?

Pauline: Well, the Charity has always had three strands to it which are: i) the provision of music therapy services, ii) the training of future generations of music therapists and iii) research into music therapy and related disciplines.

Initially, Nordoff Robbins was primarily London based. We had our Centre in London, which housed the music therapy clinical work and the training program. There was very little research in the beginning, but there were embryonic types of research in the use of the Rating Scales, the Nordoff Robbins Scales of Assessment⁶, which Paul Nordoff and Clive Robbins developed out of their initial research into the approach.

At that time we had one outreach project that we supported which was at Queen Mary's in Carshalton on the outskirts of London and we employed only Nordoff Robbins graduates. We then developed a further outreach project at Great Ormond Street Hospital. Over the past eighteen years however we have expanded enormously. The first area of expansion was when I became Head of training...

Giorgos: That was in 1993, right?

Pauline: Yes, in 1993... I had always felt that the course needed to be two years as I felt that one year was insufficient for the training process of music therapists and also, Nordoff Robbins focused only on work with children and I felt that this needed expanding.

Together with an enthusiastic committee and very much supported by City University, the validating university, I developed the one year program into a two year Master's Degree. I employed Gary Ansdell and Rachel Verney to assist with the development of the adult-work curriculum as both of them had extensive experience working and teaching in Germany at our sister Nordoff Robbins course at Herdecke and Gary had excellent research experience.

The program remained a Diploma course with an exit route, but we expected most people to go on to complete the Masters and most people did. The Master's was a taught one lasting two years full-time and it included a variety of modules, including research methodology.

In 1995 we had the first intake of students undertaking the two-year masters program and we later gave other graduates an opportunity to upgrade their Diplomas to Master's Degrees.

Giorgos: So, were the students practicing with children in their first year of training and with adults in the second year?

Pauline: Yes, and it remains like that. However, eventually we dropped the Diploma completely and the program became a Master's Degree only and a Master's Degree became the point of entry into the HPC for all the Arts Therapies.

Giorgos: Would you like to mention anything else that was included in your input of expanding the Nordoff Robbins training program into a two years Master's?

Pauline: One of the things that I introduced and I am particularly enthusiastic about was personal music therapy for the students. I felt so strongly that if you are trained to be a therapist you need to have therapy in the medium that you are training in. Additionally it was and remains important for people undertaking a therapy training to have personal psychotherapy, so that they can undertake the most responsible work with clients.

However, I felt that psychotherapists have psychotherapy, which is the medium and approach that they are going to practice in and my thinking was: "why aren't music therapists having music therapy?" So, I set that up, and Nigel Hartley and Sarah Caird, were the two music therapists who pioneered personal music therapy for the students. Feedback over the years from students confirms that they found this incredibly valuable.

The other thing that I was very pleased to include in the curriculum was presentation skills. I thought that it was crucial. In what remains a pioneering profession, (and you will find this in

⁶ For more information, see Nordoff and Robbins (1977, 2007).

Greece), the therapists' presentation skills are very important as you try to inform and convince others such as health professionals, managers, employers and the public in general about what music therapy is and its importance to people who we all know benefit greatly from music therapy. In addition, it assisted students with developing integrated presentations combining theoretical thinking with practice. In this module we assisted students in developing a range of presentation skills accessible to different audiences.

Giorgos: What about the development of the clinical services of Nordoff Robbins?

Pauline: Our strategic plan of ten years ago was to expand our music therapy services nationwide, and also expand the range of clinical work. Nordoff and Robbins used to work primarily with children with learning disabilities and autism and then with adults with learning disabilities⁷. However, during the past years we have expanded enormously including working with people within neuro-rehabilitation, psychiatry, and with people with dementia. Additionally, we are now working UK wide with services being developed by Rachel Verney and her team in many Regions across the UK. Partnerships are being developed and this continues to grow.

Giorgos: And do you still employ only Nordoff Robbins trained music therapists?

Pauline: Here at the Centre we still employ only Nordoff Robbins trained therapists. In our regional developments we employ music therapists who have been qualified from other training courses working in a variety of setting such as schools, hospitals, hospices, residential care services and day centres. We also have another two Units which we have funded or partly funded; one at the BRIT School for Performing Arts and Technology in Croydon and one at the Mary Hare School for the Deaf in Newbury.

Partnerships and teamwork

Giorgos: Do you identify any key element that underlines this expansion of services?

Pauline: I feel that partnerships have been key to these developments. We have developed numerous partnerships and I think this is a very important direction. We have developed partnerships with shared funding, our partners hosting our services or

providing the venues and partnerships in terms of service provision.

As an example we have a collaboration with a big private health provider, which provides homes for people initially with Alzheimer's or with other forms of dementia and now including people who have Parkinson's or other neurological difficulties. They have commissioned us to help them acquire, but also to manage music therapists within their residential homes. There are other partnerships such as the aforementioned with the Mary Hare School where we half funded the building of a music therapy unit. We continue to have a very positive relationship with them and also with the BRIT School which hosts our Unit on their premises.

So, I think the work towards partnerships is an important development within Nordoff Robbins now.

Giorgos: But I guess partnerships have also their 'tricky' areas, especially when you are a Charity and you need funding in order to develop your services. Am I right?

Pauline: Absolutely [*laughs*]... there is always the chance that both you and your 'partner' (if they too are charities) apply to the same charitable funding streams but, as with everything, communication, openness and trust are core to developing these partnerships.

Giorgos: Earlier in our discussion, you talked about the significance of team-working and respecting both individuality and collectivity. Now you mention partnerships, while I also remember Helen Patey⁸ talking in her emotive farewell speech, about how important is team-working for the development of policies and practices in music therapy. This seems to be something very important...

Pauline: It is crucial. No man is an island. You know, we really need to work with our colleagues, but what I have learnt through running the Charity, is that it is important to put agreements in place. You know, we start with good will, but good will can sometimes go 'skew' [*laughs*]...

I learnt this very early on when we formed a partnership with an organisation in another part of the country and the person in charge there was the most wonderful man - absolutely wonderful. And we had what we call a 'gentlemen's agreement'.

⁸ Helen Patey (1946-2008) was Assistant (later Deputy) Director of Nordoff Robbins Centre, London. She also served as Chair of the BSMT, Chair of the APMT's Courses Liaison Committee, and as a representative of the UK on the Education Commission of the World Federation of Music Therapy (WFMT) (see Pavlicevic 2008).

⁷ For more information, see Nordoff and Robbins (1971, 1992).

We put couple of things down on paper, but it was very much a ‘gentlemen’s agreement’. For three years it worked wonderfully. Then, that person retired and a new Head came in who wasn’t very interested about the partnership and things began to deteriorate within the relationship with the responsible person constantly focusing on the ‘letter of the law’ within the agreement enquiring “Tell me where this is written?” In the end we severed relationships with that organisation and when we moved to another we put a very clear agreement in place right from the start.

So, I suppose partnerships and team-working is a little bit like a marriage; you have to know what are you entering into for... each of you I mean... and you have to know what the terms of agreement are. If you do that when you are still friends and things are still fresh, when things sometimes become a little rough, (you know, for example if funding is limited or there are complaints), then with a thorough agreement already in place, you have really got the basis of something to refer to and to work from. So, I think the parameters or boundaries of the team-work or the partnership should be very clearly defined.

Giorgos: Yes, and I think the key is also to respect the individuality of each person, organisation or colleague...

Pauline: Absolutely. In terms of team-work I don’t think that it is important to always agree. As a matter of fact I think tension and not agreeing can sometimes be a good, creative thing. You know, through this tension something can bounce off into new areas, but I think you need always to respect each other... no matter what... and always listen and be honest.

The art and central tenant of Nordoff Robbins music therapy is listening in a creative and open way. And I think that is the art of a good partnership and of a good team-work; it is to listen, to give the person the respect of listening to them and really listening and hearing what they say. And then maybe saying, “I really hear you but in this respect I think differently or my way of doing things is different”.

Developing training programs and policies in music therapy

Giorgos: As you said before, you were the Head of training for a decade (from 1993 to 2003) and during this decade many significant developments took place within Nordoff Robbins. I would like you to tell me more specifically what were some of the steps that you took in order to develop further the training program, as I think that this would be

of a great interest for Greece, as well as for other countries where there is no official music training recognised by the European Music Therapy Confederation yet (EMTC 2010).

Pauline: Sure. I think partnership is again a key element – and we come back to our discussion about partnership and team-work.

Drawing from my experience at Nordoff Robbins training program, I would like first of all to give the credit to Sybil Beresford-Peirce. I think that due to her unrelenting high standards and tenacity she could be a very difficult woman to work with. She was very aristocratic and autocratic, but at the same time she was a very determined, visionary and extremely wise person. The reason that she wanted to be at The Roehampton Institute was for the training to be within an educational institution. When she left and we moved the Charity into our own building, she realised that she still needed the training program to be authenticated and to be accredited by an institution. So, she approached City University.

Giorgos: So that was an important step...

Pauline: That was a very crucial step, because she gave the Charity an academic partner. City University (which validates the training at Nordoff Robbins) used to organise and deliver its own programs and degrees at the University and it had no system of validating or accrediting external organisations’ programs. Therefore, validating the Nordoff Robbins program was a first step for them and a very crucial step both for them and for us. Validating the Nordoff Robbins training program was an innovative and pioneering thing for them to undertake and opened the door for them to thereafter validate many other institutions and organisations’ courses such as the Guildhall School of Music and Drama, and the Laban Dance / Movement Therapy training course and many more. Back to Nordoff Robbins, in 1981 the Nordoff Robbins Music therapy Diploma course was the start of City University’s validation processes and they have continued to validate our courses since then and to be extremely supportive particularly Steve Stanton who is now Dean of Validation at City University and has supported us since 1981.

Therefore, when I took over the training first of all and then developed it into the two year course we already had an academic and most supportive partner.

Giorgos: How would you relate this to the Greek reality?

Pauline: I think in Greece it is important to find an academic partner to validate or accredit a training course, either a music conservatoire, or a university, or within any higher educational institution.

Additionally, you need to think where you feel you would be a more comfortable fit and form a partnership there: whether the needs of music therapy are best served within music, within education, within humanities, within a university, within a conservatoire, etc. You have also to think also about the government...

Giorgos: Actually, music therapy was recognised officially by the Greek State only recently with the ratification of the latest Special Education Law⁹ in October 2008.

Pauline: Ah, that is a very significant step! Well, let me tell you a story, which is a slight side-step, but still relevant to this topic...

When I went back to South Africa, after I had trained as music therapist, I went back to my Teacher Training College which was amalgamating with another college and as it was therefore closing, they suggested that I should go and work at a school for children with physical difficulties as a music therapist.

So, I applied for registration as a music therapist to an organisation which is a little bit like the CPSM was here. This organisation was called the "Medical and Dental Association". They agreed to register me, but they agreed only to register me as a subsection of occupational therapy, i.e. as an occupational therapy aid which was similar to foot care technicians who make foot aids for occupational therapists. I thought about this and I actually said no to this as it would have affected ALL future arts therapists who wished to register and would have been a 'low grading' and not as a profession in our own rights.

So, I suppose that would be something that I would strongly advise. If the government recognises music therapy you should fight for it to be recognised on its own right, and not as a subsection of occupational therapy or of some other profession.

Later, when Professor Mercédès Pavlicevic went to South Africa to start a training program in Pretoria University she could negotiate with the Medical and Dental Association and music therapy became recognised as a profession in its own right; whereas if I had accepted it as a sub-section we would have never been able to change it - we would have been stuck in that little box.

But coming back to talk about training programs, I mentioned earlier that a committee assisted in developing the two-year Masters Degree program and I felt that it was crucial to have academic and University representation on that committee.

Giorgos: Had the APMT formed the Courses Liaison Committee at that time?

Pauline: Yes, at that time the APMT had the Courses Liaison Committee and part of the purpose of the committee was to support people in starting new training programs - that was before State Registration.

Giorgos: What was exactly the purpose of this committee at that time?

Pauline: Well, I think that Tony Wigram, Chair of the APMT at that time, (I think it was mainly him), worked very hard to bring together the training programs. So, he developed a subcommittee of the APMT, which was called the "Courses Liaison Committee". This included the course Heads; the Heads of the initial three training programs: The Guildhall, Roehampton and Nordoff Robbins, as well as representatives of the APMT. So, I think it was Juliette Alvin and then later on Maggie Pickett who was the Head of training of the Guildhall, Elaine Streeter Head of Roehampton and Sybil Beresford-Peirce from Nordoff Robbins.

I think it was quite a challenge for Tony, but he started to try and bring the training programs together in order to facilitate collective thinking about training in this country and looking at the similarities and the differences between music therapy and other fields of practice closely related to music therapy, such as special music education.

Giorgos: So, did Nordoff Robbins also have the support of the APMT in developing its training program?

Pauline: Yes, the APMT developed a Basic Module of Training and they were helpful in assisting the development of new training programs in general.

Giorgos: What are the things that would be required to take a Greek music therapy program forward?

Pauline: Firstly, the consideration of whether you want it to have a particular emphasis or, to be a generic training?

⁹ For details, see Official Journal of the Hellenic Republic (2008).

Giorgos: So, do you mean with no emphasis on a specific approach?

Pauline: Yes, without any emphasis on a specific approach. You would need to decide whether you wish it to be improvisatory-based or is it going to have more behavioural roots, or Guided Imagery roots, etc... In this country all training courses are improvisatory-based and all music therapists have to be trained musicians.

Giorgos: Most music therapists in Greece have been qualified in the UK, in improvisatory-based training programs. From this perspective, it would make sense to develop a training program which is based on people's own training and experience.

Pauline: Yes, absolutely. In the UK, all the training programs are improvisatory-based, but of course the focus of their thinking or their belief is subtly different and this too is important. So, choosing whether to have a particular emphasis or be more generic is the first issue to consider.

The second is to liaise with a university or college, as we discussed earlier.

The third is to think whether you have got efficient, qualified and experienced therapists to teach on a potential course, but also to supervise. I think you are getting to the point in Greece that you have now enough qualified and experienced therapists to undertake such a venture.

Giorgos: What about the role of placements in a training program?

Pauline: Placements are very important for the training programs, at least of those that I have seen in this country.

I am saying this based on my experience. I am an education and assessor partner for the HPC now. This means that if somebody wants to set up a training program, I might be one of the people to evaluate the curriculum of the training program. As an assessor partner, I am involved in a similar process that takes place when someone from another country wants to be registered.

So, on the basis of my experience I know that the thing that makes training programs difficult to deliver is usually not the curriculum, but the clinical placements; if there are not enough placements, then there is not sufficient possibility for clinical practice and supervision which is core to the learning of a music therapist.

Giorgos: But what about also the role of supervision in placements?

Pauline: Oh yes... this is crucial as well. The placement supervisors have a significant role. In many of the training programs the placement supervisor doesn't have to be a music therapist. It can be somebody who is prepared to take responsibility to support the student music therapists on site and what the students do is then to go back to the training course for their clinical supervision.

In Nordoff Robbins we have some placements with music therapists responsible for overseeing the placement as well as some with other professionals undertaking placement supervision, and clinical supervision happening back on site in the London Centre and at the Royal Northern College of Music (RCNM) which hosts our course in Manchester. This is a new masters training program which started in 2009 and is also validated by City University but hosted at the RNCM.

So, it is crucial to have people who will have practical responsibility for placements, and then have enough clinical supervisors as well as a variety of placements.

So, I suppose the issue of placements and supervision is a basic one for the establishment of any music therapy training course. It would be helpful for the Greek music therapy community to have some advisors and perhaps get a committee together to assist with drawing up a curriculum for a training program, perhaps including some experienced advisors and trainers maybe from England or Germany or the USA.

The APMT Supervision Committee

Giorgos: Earlier on in our discussion you mentioned also the APMT Supervision Committee. How did this start and what is exactly its role?

Pauline: When the APMT Supervision Committee started, all of the training programs in the UK were one year post-graduate diploma training programs. There was a real feeling of needing more support when people went out to start work. So, the profession developed a supervision scheme where a register of experienced supervisors would be developed and the APMT made it a requirement for newly qualified therapists to undertake thirty-two hours of supervision, in their first year of work with an APMT approved supervisor. The rationale behind it was actually to help people to be supported in their first year of work, but also help them to offer more of a safe practice.

Giorgos: I think that this issue of supervision would be of great interest for the Greek music therapy community and the Hellenic Association of

Certified Professional Music Therapists as some therapists are newly qualified and the profession is still developing in initial stages. I also know that some music therapists do peer-supervision or have supervision with other professionals, like child psychologists.

Pauline: Right... What we insisted in this country was that music therapists had to have supervision with music therapists at first. They could have it with other professionals too, but they had to have someone who was a qualified music therapist in the early stages of their working profession. So, this is why we started this register. I think it was a very good idea to have the register, but inevitably good ideas also have big problems, don't they?

Giorgos: hm...

Pauline: It was difficult because people were interviewed by their colleagues in order to become members of the register of supervisors and this inevitably created some difficulties as interviews inevitably were subjective to the interviewers approach.

Giorgos: So, what is the situation with the Supervision Committee right now?

Pauline: The APMT still has the Supervision Register, but it has changed with one of the changes being that there will be no interviews necessary anymore for inclusion on the register. Inclusion is based on other experiential criteria with people having to have a certain number of years experience and having to submit something in writing. They then can become included in the list of supervisors. So, if you have a list of supervisors all around the country who are able to offer different types of supervision, then newly qualified therapists know immediately what availability there is in their region.

Giorgos: And what is currently the situation with the music therapists in the UK who have supervision with other professionals who are not music therapists?

Pauline: There are lots of therapists that have supervision with other professionals as well, such as psychiatrists, psychologists, neurologists or psychotherapists. I personally think however, that when people first qualify they want to go to an experienced music therapist. When they are more experienced and they are working within particular settings (like psychiatric settings or neuro-rehabilitation settings, etc.) they may then want to go to psychiatrists or psychotherapists.

Funding and the demand for evidence

Giorgos: Focusing now our discussion on funding, I remember Tony Wigram (2000) said in one of his interviews that music therapy is at a critical point because it has to provide evidence of its effectiveness in order to get financial aid. I would like your opinion about the current situation in the UK concerning funding and financial aids.

Pauline: Maybe I am not the most appropriate person to speak to about this issue as the funding that I am most involved in is that obtained via charitable events and Trusts... However, I would perhaps make one point and that is that I feel that in the UK we are in a very exciting, but also worrying transition.

There has been a lot of focus on the arts and health over the last couple of years within the UK and there is a very big Arts and Health movement which government has invested quite a lot of money into. There are many people who are providing music services now with the same client groups that we do in music therapy, such as community musicians and orchestras to name just two. To date we have always been able to define ourselves as different in that: (a) we have professional training which leads to a professional qualification, and (b) we have got a body of research and we undertake evidence gathering in the form mostly of qualitative, rather than quantitative research.

However, increasingly community musicians are looking at forming training programs; increasingly they are beginning to look to research as are other musicians as well and they are working in the same areas that we are and therefore they very often offer a similar product but often cheaper...

Giorgos: I see...

Pauline: So, I think music therapy is in a vulnerable position at the moment. However, Nordoff Robbins is finding that people still want music therapists and they still want to have a music therapist working within their organisation, but it is not always very easy from a funding perspective. Especially now with the economy as it is, I think it is tough throughout the profession, certainly as a Charity, not only as Nordoff Robbins, but all Charities are finding it very difficult and they are becoming extraordinarily proactive.

Giorgos: Do you believe that the current financial climate increases the need for music therapy to prove its effectiveness?

Pauline: Not yet, but I think this will be the case. Even if I have never worked within the NHS, I think the demand within the NHS and increasingly elsewhere is to prove clinical effectiveness and to be reflexive practitioners.

Giorgos: Also the presentation skills that you referred to previously seem to interweave with what you are saying now...

Pauline: Absolutely, yes... and there is something about being able to draw from the theory and the research available to qualify substantially what you are saying.

Approaches and partnerships

Giorgos: Pauline, as we are approaching gradually the end of our interview, I would like us to focus on the Greek reality. As you know, *Approaches* is the first journal in Greece which is dedicated both to music therapy and special music education, and it is actively supported by the Greek Association of Primary Music Education Teachers (GAPMET).

When we were developing the philosophy of *Approaches*, we defined some basic principles that penetrate our vision. Two main principles were:

i) to have a clear definition of music therapy and special music education as two distinct fields, but also acknowledge and explore their potential overlaps, and ii) to respect the different approaches and perspectives within these two fields. However, many times people ask “why didn’t you develop a ‘clearly’ defined music therapy journal and you rather preferred to dedicate in both fields?” So, I would like your perspective on this issue.

Pauline: I think it is a lovely idea to start with a partnership. It comes back to our idea of team-work and partnership. I think it is a lovely idea because you are starting in a cohesive and collaborative way which is: you are working together to define what it is that each of you, or each strand, can offer and some of that I would imagine - and that is not my expertise - would be quite similar and some vastly different.

I would imagine that with Special Music Education (and I can only tell you from my experiences in South Africa which is over twenty years ago) that things were much more skill-based and also there was an end purpose, whereas with music therapy, of course skills do emerge, but it is much more of a process. Now I am not saying that special music education is not a process, but it is a process to reach the end or I found this when I was teaching. With music therapy on the other hand, it

is a process sometimes without a real idea of what the end is going to be.

So, I think it is very good that you come together and develop a partnership. In this framework, I think that the mutual respect is crucial because in my experience there have been occasions in this country where there has been tension between musicians working in a school and music therapists. I think that defining what the different thoughts or the different remits are, but also offer an opportunity for learning from each other can be very empowering and very clarifying for both - I think this is great!

I think exploring what the similarities and the differences are, is really important. In the UK, there has been a government initiative within education during the past years which has been called the “Music Manifesto”. And the idea of that was not for the government to put lots of money into music, but to actually promote music in all schools - so every child would have a right to access music.

The problem with the Music Manifesto was that it excluded music therapy at first. They came and asked Nordoff Robbins to sign up to it (and this links to our discussion earlier regarding Nordoff Robbins contribution), but we refused to sign up to it until they put music therapy on the agenda as well. Mark Jeffrey who was what they called “the Manifesto Champion”, was very passionate about music therapy because he had seen some music therapy work and he was very moved by it. However, it hadn’t been explicit in the Manifesto that music therapy and the most profoundly disabled children have an equal right to music, as well as the most able children. So, they did say children with special needs, but were not explicit about music therapy having input with children who were struggling to access music within the classroom.

A small committee, including music therapists was formed to address this omission and this is where it is relevant with *Approaches*’ vision of collaboration. The UK Manifesto committee is one which is actually looking at what the different groups of music providers are offering and what the differences and the similarities are. So, this now includes community musicians, orchestras who are providing community services in schools, music therapists and special music educators. So, *Approaches* is actually starting with this collaboration which I feel is extremely positive.

As musicians, we need to clarify what it is that we are all doing which is defining us as something separate, yet all using and talking about the power of music. I think it is important. It is actually essential, that right in this formative stage - because in Greece you are still in a quite formative, but also in a pioneering stage - to start with collaborative

clarifying of where you are working together, where you go separate ways, and so on.

Some reflections on developing music therapy in Greece

Giorgos: In 2004 the Hellenic Association of Certified Professional Music Therapists¹⁰ was established. I would like your thoughts regarding the potential role of the Association in Greece, generally for the development of music therapy in the country, but particularly for the development of a training course as we discussed earlier on.

Pauline: Well, I think in the UK we started the other way around than it happens now in Greece¹¹. The training programs in the UK started first and then leading music therapists from these trainings formulated the APMT. My understanding is that The Guildhall School of Music and Drama started the first music therapy training program in the UK, and then therapists who graduated from there started developing music therapy organisations. As I said, Juliette Alvin started the BSMT and I think it was three of her graduates who then started the APMT with Angela Fenwick as the first Chair. What you are thinking about in Greece, is the other way around and actually I think that can be very positive!

I think that the Hellenic Association of Certified Professional Music Therapists can develop maybe a small course or education committee within the association which actually begins to work to draw together ideas for what universities to approach, what curricula, what modules of the curriculum you want to include as being core to the training program.

I think if you have already got the Hellenic Association in place, it is a perfect platform from which to come together. I think it is crucial for all music therapists living and working in Greece to join it. Of course, there will be some disagreements - this is inevitable, but I think it is a shame if this becomes a barrier... because you only can effect change if you are in the body of an organisation. You know, if you are sitting on the outside of an organisation throwing stones at it because you don't

like what they are doing, it is not having an impact. But if you go in to the organisation and you begin to talk about the things you are not happy about, there is the possibility that you can begin to make changes.

Giorgos: And I think also we come back to what you said earlier that the most important skill for music therapists is listening. This skill can be used both in our therapeutic practice, but also on a professional level; listening and respecting each other, even if we may disagree.

Pauline: Absolutely, and I think also to have an organisation which then has sub-committees, so the APMT at the moment has got quite a lot of sub-committees. It has got for example, the Courses Liaison Committee, it has the Supervision Committee and a Continuous Professional Development Committee and it also has various special interest groups or networks. Also, I think as a professional organisation the Hellenic Association needs to draw up a Code of Ethics, a Code of Practice, a Code of Professional Competences, etc. I think these are the things that a professional organisation can do which then they can feed into the development of a training program, because if you have a code of professional competences that you need to have in order to be a music therapist, you are then able to address how the training courses teach these competences.

That is what Tony Wigram developed initially with the "Basic Model of Music Therapy Training" which I mentioned earlier and to which all the training programs contributed. This document included the basic core criteria of what the requirements for a music therapy training program should include.

Now because we already had this, when it came to apply for State Registration music therapy was already in a very positive place to provide what was needed for this process. So, the Hellenic Association could perhaps begin this process and think about what the basic core competences that a music therapist must have as the minimum criteria in order to be a responsible, safe practitioner because that is what it is all about: being able to practice safely for the benefit of our clients.

Closing

Giorgos: Thank you very much, Pauline. In closing this interview, would you like to mention any overall thoughts?

Pauline: Well, just to say that my overall final thoughts are that in order to develop things in

¹⁰ For further information about the Hellenic Association of Certified Professional Music Therapists, visit: www.musictherapy.gr.

¹¹ For a study regarding the development of music therapy in both countries (Greece and UK) and its connection to the development of their two peer-reviewed journals correspondingly (*Approaches* and *British Journal of Music Therapy*), see Tsisiris and Procter (2009).

Greece, everyone needs to think broadly, collaboratively and creatively. But also to say very, very good wishes and good luck to what you all are trying to do. I think that is a big venture and if I can help in any way I will do so!

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Interview

From Out of Our Voices

Diane Austin

Interviewed by Evangelia Papanikolaou

Note from the interviewer:

Diane Austin's new book "The Theory and Practice of Vocal Psychotherapy: Songs of the Self"¹ (2008) which was published recently, has been an excellent opportunity to learn more about the use of voice in therapy, its clinical applications and its enormous possibilities that offers within a psychotherapeutic setting. This interview focuses on introducing some of these aspects based on Austin's work, and on exploring her background, motivations and considerations towards this pioneer music-therapeutic approach. The interview has been edited by Diane Austin and Evangelia Papanikolaou and took place via a series of emails, dated from September to December 2009.

Dr. Diane Austin DA, LCAT, ACMT is the Director of the Music Psychotherapy Center in New York City where she offers a two year training program in Vocal Psychotherapy. Dr. Austin has maintained a private practice in music/vocal psychotherapy for over twenty years, supervises creative arts therapists and is an Associate Adjunct Professor in the Music Therapy Department at New York University. She has lectured and taught internationally and published extensively on the use of the voice and music psychotherapy.

Email: diane@dianeastin.com

Evangelia Papanikolaou studied music at the Hellenic Conservatory (Athens), Music Therapy (MA) and Neuroscience & Immunology at Roehampton University (Surrey, GB) and has been trained in Guided Imagery and Music (GIM). She has worked in London and now in Athens, in the fields of neurology, speech and language difficulties, psychiatry and emotional difficulties, using a combination of improvisation, vocal and receptive techniques. She runs music therapy workshops and seminars, she is visiting lecturer at the National Kapodestrian University and Aegean University in Greece, member of the editorial board of *Approaches: Music Therapy & Special Music Education* and founding President of the Hellenic Association of Certified Professional Music Therapists.

Email: papaniev@otenet.gr

¹ For a detailed review of Diane Austin's (2008) book *The Theory and Practice of Vocal Psychotherapy: Songs of the Self*, see Tsiris (2010).

Evangelia: Hello Diane!

Diane: Hello!

Evangelia: First of all, could you please tell us few things about the beginnings of your career as a music therapist? How did it all start?

Diane: I remember acting and singing in my first musical in high school and thinking “This is it... this is the career I want to pursue!” After graduating, I attended Emerson College in Boston, USA where I majored in Theatre Arts.

After college I moved to New York and worked in musical theatre but I soon grew disillusioned. I was tired of playing roles and other people. I was really looking for myself. I entered Jungian analysis and loved it - well, not all of it. Analysis is a painful process but I loved what I was discovering about myself and others. The world of dreams and symbols was fascinating and the theories were intriguing.

I quit theatre and started singing in nightclubs and then began writing my own songs. Song-writing and of course, singing was very therapeutic for me, but it was hard to make a living. Both jobs and salary were unpredictable. I started teaching voice to augment my income. One day after a particularly emotional lesson, I began to think that many of the people who came to me for singing lessons were really looking for permission to feel. The majority of the students I worked with were not looking to become singing stars. They were looking for their feelings and ultimately for themselves. And this interested me. I wasn't interested in teaching voice. I was interested in helping people express their feelings and learn more about themselves, their issues, their vocal and creative blocks.

I remember the day I told my therapist that when I taught voice I felt like I was doing therapy. He asked me if I had ever heard of music therapy. I hadn't. In fact I couldn't believe such a thing existed. My two passions-combined! I wasted no time and in 1986 I graduated from New York University with a Master of Arts in Music Therapy. I worked with a wide variety of people with various clinical needs: blind, autistic and developmentally delayed children, psychiatric adults, women in prison, battered women and children and adolescents in foster care. The voice was my primary instrument and singing proved effective with every population.

I gradually realized I wanted to work in more depth, to be qualified to practice the kind of psychotherapy I was benefiting from, to integrate the ideas and theories of depth psychology with

the practice of music therapy, the voice in particular. I knew that my personal therapy and supervision would not be enough to begin a private practice with adults as a primary therapist, so I pursued Institute training and later a Doctorate in Music Therapy. I began my own practice while I was studying at the Institute for Depth Psychology. My doctoral studies helped me to integrate psychological theories and ideas with the practice of music psychotherapy and the voice in particular.

Evangelia: What does “listening to” mean to you?

Diane: Listening is essential to our work. It takes discipline and practice to free the mind of preconceived ideas and biases. Listening means taking something in with my whole self-hearing, seeing, sensing, feeling, intuiting. I need to be emotionally, spiritually and psychologically present in order to do this.

In my book *The Theory and Practice of Vocal Psychotherapy: Songs of the Self* I talk about “layers of listening”. These layers refer to the multiple facets of the listening process. When clients talk, move, make music or are silent, I listen and gather information from what they say and don't say, the sound of their voices speaking or singing, the music they play and their body language and other non-verbal communication.

I process this information on a variety of levels: I listen to my thoughts, I listen to my feelings in response to the material, as well as to feelings evoked by the clients and their music (counter-transference), I listen to my body and my physical sensations and I listen to my reactions that emerge in the form of imagery and intuitive hunches.

Listening is different from hearing. I might be talking to my husband and he is distracted. I tell him he's not listening to me and he says he is, and that he can repeat every word I've said. I say, “You hear me, but you are not really listening to me. I don't feel listened to”. I think many music therapists were not really listened to as children. Perhaps that is why we are so sensitive to this issue.

Evangelia: Having talked about your view on listening, I would like you to talk about what does “playing” mean to you?

Diane: Playing is about being spontaneous - not thinking, not judging - being in the moment and allowing whatever wants to emerge to emerge. It could be making funny sounds and movements,

improvising with the voice or other instruments, letting a song sing you, talking freely, flowing, taking chances.

All playing is a kind of free associating - not censoring oneself, allowing space for one's authentic self to be revealed. A person has to feel safe enough to play and playing is not always painless. It may bring feelings and images and sensations into consciousness that are not always comfortable to feel. In order to play with another you need to trust them. Many music (and other) therapists I have had as clients or students have experienced difficulty playing because they had to grow up too fast, become little adults, caretakers. Sometimes parents are out of control so to survive the child becomes controlling, not just of others but also of themselves and their feelings. Playing and the spontaneity it elicits, is threatening because one never knows what might emerge - there is a fear of losing control. Miller (1981) and Winnicott (1971) write beautifully on this subject.

Evangelia: So, it seems that “playing” already offers excellent opportunities for therapeutic work. Then, how and what exactly made you ‘shift’ to voice work in particular?

Diane: My voice has always been my primary instrument whether I was working with developmentally delayed children, psychiatric patients, adolescents in foster care or ‘normal’ adults. When I was at New York University working on my Master’s Degree, there was very little written about voice work in music therapy and the one article I remember was about the “therapeutic voice lesson” by Florence Tyson (1981) that was very similar to what I had been doing for years.

I think during that time I felt like other vocalists in the program did - that the voice wasn't as important as piano or guitar. Some of my music therapy students and clients today who are vocalists still feel this way when they start school; undervalued and unsure of how to work using the voice clinically.

So it wasn't a ‘shift’ really, it was a ‘coming out’. I had support from the Head of my department, Barbara Hesser and other colleagues to present and write about my work. Then, when I began teaching Clinical Vocal Improvisation at New York University, everything started to fall into place. I finally felt like I had come home. I began to see by watching the transformative effect deep breathing, sounding, singing and vocally improvising had on the students in my class, what a powerful instrument the voice is – how it can enable people to access, express and process their

feelings, ultimately helping them connect to their authentic selves and relate more meaningfully to others.

Evangelia: Could you please talk a bit more regarding the client groups that you are working with?

Diane: I work primarily with people in the arts, as well as music and other creative arts therapists. Most of my clients have heard me lecture or have been in one of my vocal workshops or have read my work. Then there is ‘word of mouth’ - for example, one client referred a friend of hers to me, a social worker who had been in analytic treatment for years but who still suffered from depression and anxiety. Singing combined with verbal processing proved extremely helpful in alleviating her symptoms. I have also worked with singers and other musicians with psychosomatic symptoms that other therapists have referred to me.

I have written and spoken about trauma, especially developmental trauma, quite a bit so a person who knows about my work may refer a friend or colleague who needs treatment for physical, sexual or emotional abuse or has symptoms associated with growing up in a household where there was drug or alcohol abuse, neglect and/or violence.

I have clients who have graduated from New York University, and our Music Therapy Department is highly multicultural, so I am fortunate to work with many music therapists and people from around the world. Right now I have some clients from Greece and others from Korea, Hong Kong, Japan, Israel, Ireland and England. This is very exciting to me, to learn about other cultures and to hear their music.

Evangelia: Your new book is entitled and entirely devoted to “Vocal Psychotherapy”, a term inspired by you. What is Vocal Psychotherapy exactly?

Diane: Vocal Psychotherapy is the use of the breath, sounds, vocal improvisation, songs and dialogue within a client-therapist relationship to promote intra-psychic and interpersonal growth and change. Vocal Psychotherapy can be used with clients who suffer from a variety of symptoms many of which result from unmet childhood needs, as well as clients with histories of emotional, physical and sexual abuse, addiction, or developmental arrests associated with being children of alcoholics or dysfunctional families. A combination of singing, vocal

improvisation and talking can be used in different stages of the healing process to resource and support the client and to retrieve, experience and integrate feelings, images and memories from the unconscious while providing a powerful reparative experience.

Evangelia: Why does Vocal Psychotherapy work so well and perhaps more effectively compared to other music therapy methods?

Diane: It works because when we sing, our voices and our bodies are the instruments. We are intimately connected to the source of the sound and the vibrations. We breathe deeply to sustain the tones we create and our heart rate slows down and our nervous system is calmed. When we sing we produce vibrations that nurture the body and break up and release blockages of energy, releasing feelings and allowing a natural flow of vitality and a state of equilibrium to return to the body.

It works because using the voice to sing songs, to vocally improvise, to make sounds and tone, and so on, enables us to connect with our feelings, our sensations and images and associations from the unconscious world. Singing helps us to integrate body-mind-spirit. The self is revealed through the sound and characteristics of the voice. The process of finding one's voice, one's own sound is a metaphor for finding one's self. There are many other reasons singing is emotionally, physically, psychologically and spiritually healing, but that is a whole chapter in my book.

Evangelia: I can see in your book you refer to specific techniques such as "vocal holding" and "free associative singing". Could you please tell us a bit more about these?

Diane: "Vocal holding techniques" is the name ascribed to a method of vocal improvisation I have been developing and refining since 1994 (Austin, 1996, 1998, 1999a, 1999b, 2001). Vocal holding techniques involve the intentional use of two chords in combination with the therapist's voice in order to create a consistent and stable musical environment that facilitates improvised singing within the client therapist relationship. The client's voice, feelings, and emerging aspects of the self are all held within this musical matrix.

Vocal holding techniques also support a connection to self and other and can be used to promote a therapeutic regression in which unconscious feelings, sensations, memories and associations can be accessed, processed and integrated. This method is especially useful in

working through developmental injuries and arrests due to traumatic ruptures in the mother-child relationship and/or empathic failures at crucial developmental junctures (Austin 2001).

Vocal holding techniques are not meant to be a prescription or recipe and are not necessarily used in the order that follows. In the initial "vocal holding" phase the client and I sing in *unison*. Singing together on the same notes can promote the emergence of a symbiosis - like transference and counter-transference. The second stage, *harmonizing*, creates the opportunity for the client to experience a sense of being separate yet in relationship. *Mirroring* occurs when a client sings her own melodic line and I respond by repeating the client's melody back to her. This musical reflection provides encouragement and validation. *Grounding* occurs when I sing the tone or root of the chords, and provide a base for clients' vocalizations. They can then improvise freely and return to 'home base' whenever they want to check in.

"Free associative singing" is the term I use to describe a technique that can be implemented when words enter the vocal holding process. It is similar to Freud's technique of free association (1938) in that clients are encouraged to verbalize whatever comes into their head with the expectation that by doing so, they will come into contact with unconscious images, memories and associated feelings. It differs from Freud's technique in that the client is singing instead of speaking, but more significantly, the therapist is also singing and contributing to the musical stream of consciousness by making active verbal and musical interventions.

In its simplest form free associative singing involves clients singing a word or phrase and my mirroring or repeating the words and melody back to them. The vocal holding techniques of singing in unison, harmonizing and grounding add additional and various kinds of support and containment.

There are clients for whom free associative singing is not appropriate. The client needs to have enough ego strength to be able to regress without becoming disoriented or overwhelmed by unconscious material.

Evangelia: How do you facilitate those who are not responding well to the vocal approach, those unwilling or unable to participate?

Diane: I would never force them to sing. I believe the clients' needs should come first, not any particular method or technique. I often begin sessions with deep breathing exercises; I might

spend more time working with the breath especially if there is resistance to singing because of anxiety.

Some clients would rather play an instrument. I have a client now who played piano for over a year and I sometimes sang with her. Recently, she began to sing while she played and was deeply moved by the power of the sounds. I believe her singing paralleled her developing sense of self and her newfound ability to speak out when something bothered her.

Some clients bring in song recordings and we listen to them together and discuss the meaning of the music and the lyrics. Some prefer to talk and may eventually become interested in singing or playing.

I am patient and every client is unique. I use whatever creative intervention works to establish the therapeutic relationship and aid in the clients' development. I think it is also important to discern if it is resistance to singing that can then be worked through or if this particular client responds better to another instrument or modality.

Evangelia: Would you tell us a bit about the resistance of the therapist's self?

Diane: Sometimes therapists can be resistant to verbally processing the music or the dynamics between client and therapist. They can use the music defensively as a resistance to going deeper into the therapeutic process. This can be due to their lack of knowledge and training in verbal processing. Not knowing what else to do and feeling an urge to offer a response, these therapists may decide to sing songs, vocally improvise or play music when the clients would be better served by talking about their problems and being listened to and supported, questioned, challenged and helped to find words for their feelings and needs.

Then there can be situations when not playing music demonstrates a therapist's resistance to the therapeutic process. One reason for this may be that therapists lack confidence in their ability to understand and make meaning from the music being offered by the client in the session. Music psychotherapists² may also avoid singing and playing because they do not feel musically competent. This defence may be triggered particularly when the clients are more musically proficient than the therapists and the therapists

feel threatened or, as in the clients' resistance, the therapists may be afraid of criticism.

Evangelia: What happens in a session "without" music?

Diane: For me, the whole session is a musical improvisation even if we are talking the entire hour! I think most experienced music therapists are aware of the information they receive about clients from the affect, tone, inflections, tempo and dynamics of the voice. Listening is fundamental and unique to our work. We depend upon our abilities to listen to music and words with our whole selves and this ability is an essential aspect of being an effective vocal psychotherapist.

I usually make audio recordings of all of my clinical sessions. I have learned through the years that I can receive quite a bit of 'self-supervision' from listening to the sound of the client's and my own speaking voice, as well as his/her singing voice and my own. Besides, sometimes clients need to talk. I believe you can speak and be fully present and embodied just as the opposite is also true; you can sing and/or play and be disconnected from yourself and others.

Evangelia: Are there any current applications of Vocal Psychotherapy in other clinical populations within other areas, such as the medical field, psychiatry, or neurology?

Diane: Certainly there are aspects of vocal music therapy in all clinical work because singing is such a vital part of all music therapy whether you are working with autistic children, cancer patients, paediatric pain management, psychiatric patients etc. As for Vocal Psychotherapy I have trained other music therapists in my model, some of them are currently working with a variety of populations. They use or adapt interventions from Vocal Psychotherapy depending on whether they are practicing supportive, re-educative or more in depth music/vocal psychotherapy. One vocal psychotherapist I taught has been doing free associative singing with a dementia patient and having successful results.

Evangelia: You have inspired many music therapists from around the world. Are there any people who have inspired your own voice work?

Diane: When I was singing professionally, the great jazz singers inspired me. I heard how many vocal possibilities existed within a song and learned the joy of singing spontaneously. I

² Note from the interviewer: Some further information with regards to the different use of the terms "music psychotherapy" and "music therapy" between USA and Europe can be found in Tsiris's (2010) review of Diane Austin's book.

particularly loved the playful, creativity of Bobby McFerrin and admired Carmen McRae's phrasing. She could use the music to take the lyrics to another dimension.

When I began coaching singers and giving therapeutic voice lessons, before I knew anything about music therapy, I was inspired by songwriters, especially Stephen Sondheim. His music and lyrics have a psychological depth and wisdom that are profound and touch me deeply. I believe such depth only comes from suffering and much later in my life I learned about his traumatic childhood. I think writing music was his own music therapy. For me and for many of my clients singing his songs was, and still is extremely therapeutic.

While studying at New York University, the two music therapists that affected me the most were Florence Tyson and Mary Priestley. Later, I found Paul Newham's books that were equally inspiring. I also took a workshop once with a remarkable woman, Kristen Linklater. She primarily does voice work with actors. It was the most exciting workshop I have ever taken. She combined vocal technique with exercises influenced by theatre games to peel away defences, access feelings and enable participants to find their natural voices.

Evangelia: As a pioneer in vocal music therapy, do you feel you have a greater responsibility to the music therapy community beyond your own clinical work?

Diane: Great question! I have presented and written so much about using the voice in psychotherapy because I want to spread the word that the voice is not only a primary instrument, but is a powerful instrument capable of helping people connect to themselves and others in great depth. I also want this work to live on after I'm around, so training others in Vocal Psychotherapy has become very important to me. This is an in-depth form of music psychotherapy and you need advanced training to practice it (besides your own personal psychotherapy). I would like to train music therapists from other parts of the world who have expressed interest. So far, I have only been able to give week-long trainings in other parts of the world, so the model and methods are out there. Now I have to find a way to make the training accessible in some other format than once a week for nine months. This limits the training to people in or near New York City.

Evangelia: Despite voice being our inner instrument with a powerful role as a therapeutic

tool, do you believe its place within music therapy training courses is sufficient and respected?

Diane: No, I don't. Very few music therapy training programs have courses in vocal improvisation or the use of the voice in music psychotherapy. Many students who use the voice as their primary instrument still feel undervalued and unacknowledged. I even see it at New York University with the first year students. They are often amazed to learn that they can run an entire music therapy session using only their voices.

Evangelia: Could you please tell us about any current and future developments concerning practice, as well as training in Vocal Psychotherapy?

Diane: Actually, I am piloting a distance training program in Vancouver, B.C. this summer. It would entail two weeks of experiential learning, one in the summer and one in the winter, and then once a month didactic sessions held via video-conference, Skype or webcam. It will be a two-year certificate program. I am a very 'hands on' teacher so it will be a new challenge for me. Fortunately, I have a lot of support in Vancouver since I have taught several short intensives there and colleagues approached me with this idea.

Evangelia: Are there any plans to 'spread the word' in Europe?

Diane: I have led many short intensives in parts of Europe and all over Asia and I love working with different cultures. In fact, I will be teaching in Malaysia and then Sweden in the spring and I'm very excited about it!

Evangelia: Approaching the end of our interview, I would like to make two personal questions...

Diane: Ok!

Evangelia: What kind of music do you like to listen to privately, while you are not working, and what is its role in your life?

Diane: My favourite music is Brazilian and I love jazz, soul and Sting (I don't know what category he fits into). I still sing in public occasionally - parties, weddings and special occasions for friends. I get great pleasure from that. I also keep CD's in my office to listen to in between clients for relaxation and inspiration.

Evangelia: I was intrigued by your Amazon parrot mentioned in the biographical note of your book. Could you please tell us more about him?

Diane: He is a twenty-six year old Blue Fronted Amazon parrot that I love very much. He is playful, like most Amazons, and great company. He often sits on my shoulder when I write and edits my work (only kidding)! He does talk and sings sometimes but usually off key...!

Evangelia: Thank you so much Diane! This interview is the fruit of a fertile collaboration. I hope it will inspire many music therapy colleagues to start thinking and feeling ‘from out of their voices’.

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Μεταφρασμένες Περιλήψεις Άρθρων

Translated Abstracts of Articles

Μουσικοθεραπεία και Πολιτισμός: Μία Ουσιώδης Σχέση;

Daisy Morris

Περίληψη: Στην συνέντευξή του από τον Brynjulf Stige για το *Nordic Journal of Music Therapy* (τεύχος 10, αριθμός 1), ο Kenneth Aigen είπε “δεν πιστεύω πως είναι λογικό να σκεφτόμαστε ότι θα μπορούσαμε να δουλέψουμε αυτομάτως με κάποιον από έναν πολύ διαφορετικό πολιτισμό” (Aigen 2001: 90). Από μόνο του, αυτό το απόσπασμα που ειπώθηκε από τον Aigen δίνει πιθανόν μία αρνητική εντύπωση. Αυτό το άρθρο αποσκοπεί στο να πλαισιώσει την παραπάνω δήλωση και να σκεφτεί προσεκτικά το τί πιθανόν προτείνει ο Aigen. Μέσα από μία γνήσια και ανοιχτή αναζήτηση των ερωτημάτων που διεγείρει αυτή η δήλωση, ένας ρεαλιστικός και περισσότερο αισιόδοξος διάλογος ο οποίος ήταν κρυμμένος πίσω από τις λέξεις αποκαλύπτεται. Μέσα από την αποδόμηση της δήλωσης του Aigen αυτό το άρθρο διερευνά τις στάσεις μας ως μουσικοθεραπευτές προς τον πολιτισμό και τη μουσική, καθώς και τους προϋδεασμούς και τις υποθέσεις που πιθανόν προκύπτουν. Αυτό το άρθρο θα επισημάνει πώς η θέληση για αναζήτηση και διεύρυνση όχι μόνο των στάσεών μας προς τον πολιτισμό, αλλά και των ορίων της μουσικής μας ικανότητας, δύναται να καταλήξει στη διεύρυνση της γνώσης, της συνειδητοποίησης και της δεκτικότητάς μας. Αυτό, κατά συνέπεια, μπορεί να οδηγήσει σε μία πρακτική της μουσικοθεραπείας η οποία είναι περισσότερο καρποφόρα και επιτυχημένη, και στην οποία είμαστε κλινικά ανοιχτοί και προετοιμασμένοι για οτιδήποτε οι πελάτες μας πιθανόν φέρουν στις συνεδρίες τους ή χρειάζονται από αυτές.

Λέξεις κλειδιά: μουσικοθεραπεία, πολιτισμός, μουσικές δυνατότητες, ταυτότητα

Η **Daisy Morris** είναι δευτεροετής φοιτήτρια στο μεταπτυχιακό πρόγραμμα μουσικοθεραπείας του Nordoff Robbins, Λονδίνο, Ηνωμένο Βασίλειο. Κατά την παρούσα περίοδο κάνει πρακτική άσκηση μία ημέρα την εβδομάδα στο Open House - ένα πλαίσιο κοινοτικής ψυχικής υγείας το οποίο διοργανώνεται από το Mind in Tower Hamlets (M.I.T.H), Λονδίνο, το οποίο υπάγεται στο ενθικό ίδρυμα ψυχικής υγείας ‘Mind’. Η Daisy έχει πτυχίο στη μουσική (BA hons) από το Πανεπιστήμιο του Newcastle upon Tyne και συνέχισε με ένα πρόγραμμα κλασσικής μουσικής εκπαίδευσης στο Conservatory of Music της Πράγας. Έχει εργαστεί στο Λονδίνο στη διαχείριση και διοίκηση τεχνών για αρκετά χρόνια πρώτου αποφασίσει να εκπαιδευτεί ως μουσικοθεραπεύτρια.

Email: morrisdaisy@hotmail.com

Αναπτύσσοντας Πολιτικές και Πρακτικές στη Μουσικοθεραπεία: Προσωπικοί Αναστοχασμοί από την Εμπειρία του Nordoff Robbins στο Λονδίνο

Pauline Etkin

Μία συνέντευξη από τον Γιώργο Τσίρη

Σημείωμα από τον Γιώργο Τσίρη: Με χαρά εγκαινιάζω την ενότητα συνεντεύξεων του *Approaches: Μουσικοθεραπεία & Ειδική Μουσική Παιδαγωγική*, παρουσιάζοντας την συνέντευξή μου με την Pauline Etkin η οποία πραγματοποιήθηκε στο κέντρο του Nordoff Robbins στο Λονδίνο του Ηνωμένου Βασιλείου, στις 5 Ιανουαρίου 2009.

Με βάση την εμπειρία της Etkin ως Διευθύντρια του Nordoff Robbins, καθώς και την πλούσια ποικιλόμορφη εμπειρία της στο χώρο της μουσικοθεραπείας σε πρακτικό και πολιτικό επίπεδο, αυτή η συνέντευξη εστιάζει στην ανάπτυξη πολιτικών και πρακτικών στη μουσικοθεραπεία - ένα ζήτημα που παρουσιάζει ενδιαφέρον ειδικά για χώρες, όπως την Ελλάδα, όπου η μουσικοθεραπεία βρίσκεται σε αρχικά στάδια της εξέλιξής της.

Η συνέντευξη ηχογραφήθηκε και μεταγράφηκε κατά λέξη, ενώ στη συνέχεια ακολούθησε μία διαδικασία επιμέλειας. Μερικές υποσημειώσεις έχουν προστεθεί ακόμη στο αρχικό κείμενο προκειμένου να προσφέρουν ορισμένες πρόσθετες χρήσιμες πληροφορίες και να προτείνουν μερικές πηγές μέσω των οποίων ο αναγνώστης μπορεί να βρει συμπληρωματικές πληροφορίες σχετικά με τα θέματα που αναπτύσσονται στη συνέντευξη.

Θα ήθελα να ευχαριστήσω θερμά την Καθηγήτρια Helen Odell-Miller η οποία, βάσει της προσωπικής της σημαντικής συμβολής στην ανάπτυξη της μουσικοθεραπείας στο Ηνωμένο Βασίλειο, πρόσφερε την υποστήριξή της στη διαδικασία επιμέλειας αυτής της συνέντευξης.

Ελπίζω αυτή η συνέντευξη να ενθαρρύνει περαιτέρω επικοινωνητικούς διαλόγους και συλλογισμούς πάνω σε σχετικά ζητήματα, καθώς και να εμπνεύσει τη διεξαγωγή συνεντεύξεων με άλλα σημαντικά πρόσωπα του χώρου της μουσικοθεραπείας σε εθνικό και διεθνές επίπεδο.

Η **Pauline Etkin** είναι η Διευθύντρια του μουσικοθεραπευτικού ιδρύματος Nordoff Robbins. Εκπαιδεύτηκε ως μουσικοθεραπεύτρια στο Ηνωμένο Βασίλειο (στο πρόγραμμα του Nordoff Robbins) και έχει εργαστεί για 25 χρόνια με παιδιά και ενήλικους. Προηγουμένως εργαζόταν ως δασκάλα και λέκτορας σε ένα κολλέγιο κατάρτισης εκπαιδευτικών στη Νότια Αφρική. Είναι συνεργάτης του Health Professions Council (HPC); μέλος του Συμβουλευτικού Συμβουλίου της Association of Professional Music Therapists (APMT); Επικεφαλής του εκπαιδευτικού προγράμματος του Nordoff Robbins (1993-2003) το οποίο επέκτεινε σε διετές μεταπτυχιακό πρόγραμμα.

Email: petkin@nordoff-robbins.org.uk

Ο **Γιώργος Τσίρης** είναι μουσικοθεραπευτής, καταρτισμένος από το Nordoff Robbins, Λονδίνο. Εργάζεται ως μουσικοθεραπευτής στο Christopher's Hospice και βοηθός έρευνας στο Τμήμα Έρευνας του Nordoff Robbins, Λονδίνο. Ο Γιώργος είναι επίσης απόφοιτος του Τμήματος Ειδικής Αγωγής του Πανεπιστημίου Θεσσαλίας και έχει εργαστεί ως ειδικός παιδαγωγός σε σχολεία πρωτοβάθμιας εκπαίδευσης στην Ελλάδα. Είναι ο ιδρυτικός Επιμελητής Σύntαξης του ηλεκτρονικού επιστημονικού περιοδικού *Approaches: Μουσικοθεραπεία & Ειδική Μουσική Παιδαγωγική*, <http://approaches.primarymusic.gr> (με την υποστήριξη της ΕΕΜΑΠΕ), καθώς και κοινός συντονιστής (μαζί με την Dr. Julie Sutton) του Δικτύου Έρευνας της APMT.

Email: giorgos.tsiris@gmail.com

Έξω από τις Φωνές μας

Diane Austin

Μία συνέντευξη από την Ευαγγελία Παπανικολάου

Σημείωμα από την Ευαγγελία Παπανικολάου: Το νέο βιβλίο της Diane Austin (2008) *The Theory and Practice of Vocal Psychotherapy: Songs of the Self* που δημοσιεύθηκε πρόσφατα, αποτελεί μία εξαιρετική ευκαιρία περαιτέρω μάθησης σχετικά με τη χρήση της φωνής στη θεραπεία, τις κλινικές της εφαρμογές και τις τεράστιες δυνατότητες που προσφέρει εντός ενός ψυχοθεραπευτικού πλαισίου. Αυτή η συνέντευξη εστιάζει στην εισαγωγή ορισμένων από αυτές τις πτυχές βασιζόμενη στο έργο της Austin, καθώς επίσης και στη διερεύνηση του προσωπικού της υπόβαθρου, των κινήτρων και των σκέψεών της προς αυτήν την πρωτοποριακή μουσικοθεραπευτική προσέγγιση.

Η συνέντευξη έχει επιμεληθεί από τη Diane Austin και την Ευαγγελία Παπανικολάου, ενώ έλαβε μέρος μέσω μιας σειράς μηνυμάτων ηλεκτρονικού ταχυδρομείου (email) που χρονολογούνται από το Σεπτέμβριο μέχρι το Δεκέμβριο του 2009.

Η Δρ. **Diane Austin**, DA, LCAT, ACMT είναι η Διευθύντρια του Κέντρου Μουσικής Ψυχοθεραπείας στη Νέα Υόρκη όπου προσφέρει ένα διετές εκπαιδευτικό πρόγραμμα στη Φωνητική Ψυχοθεραπεία. Η Δρ. Austin διατηρεί ιδιωτική πρακτική στη μουσική/φωνητική ψυχοθεραπεία για περισσότερα από είκοσι χρόνια, εποπτεύει θεραπευτές δημιουργικών θεραπειών μέσω τεχνών και είναι επίκουρη καθηγήτρια στο Τμήμα Μουσικοθεραπείας του Πανεπιστημίου της Νέας Υόρκης. Δίνει διαλέξεις και διδάσκει διεθνώς, ενώ έχει δημοσιεύσει εκτενώς σχετικά με τη χρήση της φωνής και τη μουσική ψυχοθεραπεία.

Email: diane@dianeastin.com

Η **Ευαγγελία Παπανικολάου** σπούδασε μουσική στο Ελληνικό Ωδείο Αθηνών, Μουσικοθεραπεία (ΜΑ) και Νευροεπιστήμες & Ανοσολογία στο Πανεπιστήμιο του Roehampton (Surrey, Ηνωμένο Βασίλειο) και έχει εκπαιδευθεί στη μέθοδο Guided Imagery and Music (GIM). Έχει εργαστεί στο Λονδίνο και τώρα στην Αθήνα, στους χώρους της νευρολογίας, προβλημάτων ομιλίας και γλώσσας, ψυχιατρικής και συναισθηματικών δυσκολιών, χρησιμοποιώντας έναν συνδυασμό αυτοσχεδιασμού, φωνητικών και δεκτικών τεχνικών. Διεξάγει εργαστήρια και σεμινάρια μουσικοθεραπείας, είναι εξωτερική συνεργάτης στο Εθνικό Καποδιστριακό Πανεπιστήμιο και στο Πανεπιστήμιο Αιγαίου, μέλος του συντακτικής ομάδας του περιοδικού *Approaches: Μουσικοθεραπεία & Ειδική Μουσική Παιδαγωγική* και ιδρυτική Πρόεδρος του Ελληνικού Συλλόγου Πτυχιούχων Επαγγελματιών Μουσικοθεραπευτών.

Email: papaniev@gmail.com



Νέες Δημοσιεύσεις στην Ελλάδα

New Publications in Greece

Επιμέλεια: Γιώργος Τσίρης

Editor: Giorgos Tsiris

Η ενότητα *Νέες Δημοσιεύσεις στην Ελλάδα* του *Approaches* στοχεύει στην ενημέρωση του αναγνωστικού κοινού για την τρέχουσα ελληνική βιβλιογραφία σχετικά με το πεδίο της μουσικοθεραπείας ή / και με το πεδίο της ειδικής μουσικής παιδαγωγικής.

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

Η ενότητα αυτή θα συνεχίσει να δημοσιεύεται στον πρώτο αριθμό κάθε τεύχους του περιοδικού *Approaches* (δηλ. σε κάθε ανοιξιάτικο τεύχος). Συγγραφείς, ερευνητές και άλλοι ενδιαφερόμενοι είναι ευπρόσδεκτοι να στείλουν σχετικές δημοσιεύσεις στον Επιμελητή Σύνταξης (Γιώργος Τσίρης, giorgos.tsiris@gmail.com) ώστε να συμπεριληφθούν στο επόμενο ανοιξιάτικο τεύχος του περιοδικού.

The section *New Publications in Greece* of *Approaches* aims to raise the awareness of the readership for the current Greek literature regarding the field of music therapy and/or the field of special music education.

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

This section will continue to be published in the first issue of each volume of the journal *Approaches* (i.e. in each spring issue). Authors, researchers and any interested party are welcome to send relevant publications to the Editor-in-Chief (Giorgos Tsiris, giorgos.tsiris@gmail.com) so that they are included in the next spring issue of the journal.



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**Πρακτικά συνεδρίων με
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Προσεχή Δρώμενα

Upcoming Events

Επιμέλεια: Γιώργος Τσίρης & Εργίνα Σαμπαθιανάκη

Editors: Giorgos Tsisiris & Ergina Sampathianaki

Η ενότητα *Προσεχή Δρώμενα* του *Approaches* 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 στα ελληνικά δρώμενα, 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 στην Διαχειρίστρια Συνδέσμων και Δρώμενων (Εργίνα Σαμπαθιανάκη, ergina.sampathianaki@googlemail.com) ή στον Επιμελητή Σύνταξης του *Approaches* (Γιώργος Τσίρης, giorgos.tsisiris@gmail.com).

The section *Upcoming Events* of *Approaches* 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 Greek events, where a wider range of events is included, i.e. 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 offered: <http://approaches.primarymusic.gr>

Relevant information for publication on *Approaches* can be sent to the Links and Upcoming Events Manager (Ergina Sampathianaki, ergina.sampathianaki@googlemail.com) or to the Editor-in-Chief of *Approaches* (Giorgos Tsisiris, giorgos.tsisiris@gmail.com).

Experiential Seminar for Dance-Movement Therapy

Title: Interpersonal Relationships: Verbal and Non-Verbal Communication

Date: 6 June 2010

Place: Athens, Greece

Organizers: Ekfrasis

Information: www.dimitrioszaxos.com/seminars.php



Music Technology: Solutions to Challenges

Title: The interface between music, engineering, special needs and neuroscience

Date: 11-12 June 2010

Place: London, UK

Organizers: Royal Hospital of Neurodisability

Information: pdenning@rhn.org.uk





Title: 1st International Conference on Spirituality and Music Education (SAME)
Date: 18-20 June 2010
Place: Birmingham, UK
Organizers: Spirituality and Music Education (SAME)
Information: www.spirituality4mused.org/conference.html



IV Latin American Congress of Music Therapy

Title: Music Therapy Research and Practice
Date: 30 July - 1 August 2010
Place: Bogotá, Colombia
Organizers: Colombian Association of Music Therapy (ACOLMUT)
Information: <http://musicoterapia-clam.org/>



29th ISME World Conference

Title: Harmony and the World Future
Date: 2-6 August 2010
Place: Beijing, China
Organizers: International Society for Music Education (ISME), China Conservatory of Music (CCM) & Chinese Society for Music Education (CSME)
Information: www.isme.org/2010



Title: Denmark's Intuitive Music Conference

Date: 5-8 August 2010
Place: Svendborg, Denmark
Organizers: Carl Bergstrøm-Nielsen & Henrik Ehland Rasmussen
Information: www.intuitivemusic.dk/intuitive/dimc.htm



1st World Congress of Clinical Neuromusicology

Title: Special Education and Rehabilitation: Science and/or Practise
Date: 28-29 August 2010
Place: Salzburg, Austria
Organizers: The International Society for Clinical Neuromusicology
Information: www.salk.at/DMS/2-20100517-162928.pdf



9th European GIM Conference

Title: Music, Imagery and Psychotherapy
Date: 13-16 September 2010
Place: Alava, Spain
Organizers: Instituto Musica, Arte y Proceso, Patxi del Campo & Esperanza Torres Serna
Information: www.agruparte.com/instituto-map/proximos-eventos/9th-european-gim-conference-2010.html



NATO Advanced Research Workshop

Title: Music Therapy against the Negative Effects of Terrorism
Date: 15-16 September 2010
Place: Ankara, Turkey
Organizers: NATO Security through Science Programme
Information: www.musictherapy2010arw.com/



36th National Australian Music Therapy Association Conference

Title: With Music in Mind
Date: 18-19 September 2010
Place: Melbourne, Australia
Organizers: Australian Music Therapy Association
Information: www.austmta.org.au/news-and-events/national-conference



International Conference

Title: Research, Educational Strategies and Practice in Special Education

Date: 8-10 October 2010

Place: Athens, Greece

Organizers: Pan-Hellenic Psychological Association

Information: www.psy.gr/first



1st International Conference

Title: Special Education and Rehabilitation- Science and/or Practise

Date: 22-24 October 2010

Place: Sombor, Serbia

Organizers: Association of Special Educators and Rehabilitators of Vojvodina / Department of Special Education and Rehabilitation of People with Motor Disorders, Faculty of Special Education, University of Belgrade/ Association of Special Educators and Rehabilitators of Sombor

Information: www.defektolozisrbije.org, www.defektoloji.org



1st National Symposium for the Arts In End of Life Care

Title: End of Life Care and Everyday Life: Why the Arts Matter

Date: 5-6 November 2010

Place: London, UK

Organizers: St Christopher's Hospice

Information: education@stchristophers.org.uk, www.stchristophers.org.uk/symposium



60th Anniversary of Music Therapy Conference

Title: Rock Out of the Past and Roll into the Future with Music Therapy

Date: 17-21 November 2010

Place: Cleveland, Ohio, USA

Organizers: American Music Therapy Association (AMTA)

Information: www.musictherapy.org/conference/confindex.html



13th World Congress of Music Therapy

Title: Music Therapy in Eastern and Western Philosophy

Date: July 5-9, 2011

Place: Seoul, South Korea

Organizers: World Federation of Music Therapy (WFMT)

Information: www.wfmt.info/WFMT/World_Congress_2011.html



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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 (Ανοιξη 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

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>

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

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>