



APPROACHES

An Interdisciplinary Journal of Music Therapy

Ένα Διεπιστημονικό Περιοδικό Μουσικοθεραπείας

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EDITORIAL

Companionship

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This issue marks the 15th anniversary of *Approaches*. Since the publication of its first issue in 2009, *Approaches* has developed and expanded in several directions as a peer-reviewed, bilingual journal (Tsiris, 2022; Tsiris & Carr, 2015). Issues of accessibility, power and translation have been at the heart of our ethos as an open access journal as well as our commitment to cross-cultural and interdisciplinary dialogue in music therapy. Such dialogue has been possible thanks to the companionship and dedicated work of all authors, reviewers, and editorial team members who have contributed to date. As we honour this anniversary, I warmly thank all and each of them, as well as all those who strive to deepen our understanding of music and its role in human life and wellbeing.

I would like to pay particular tribute to Professor Colwyn Trevarthen who died on 1st July 2024 at the age of 93. A true pioneer in interdisciplinary thinking, Colwyn made an immense contribution to our understanding of early childhood demonstrating how a newborn human being has an innate capacity to initiate and build dialogic relationships. His research shed a light on how an infant seeks companionship – including a sense of playfulness – and the vital role of musicality and rhythm in early communication (Trevarthen, 1999, 2012). Colwyn's work has been hugely influential within the field of music therapy (Stensæth & Trondalen, 2012; Trondalen, 2019). In the late 1980's, Colwyn served as supervisor of the first female doctoral researcher in music therapy in the UK. That researcher was the late Professor Mercédès Pavlicevic who in turn influenced the music therapy field internationally – from her early theory of Dynamic Form (Pavlicevic, 1991) to her later contribution to the development of Community Music Therapy (Pavlicevic & Ansdell, 2004, 2009).

In 2009, the landmark publication of *Communicative Musicality: Exploring the Basis of Human Companionship*, co-edited by Colwyn Trevarthen and Stephen Malloch, explicated the highly interdisciplinary reach of Colwyn's work including his contribution to understanding the origins and psychobiology of musicality, its role in healing, childhood learning as well as in performance. Colwyn had close links to the Greek community too, and served as Honorary Doctor of Psychology at the University of Crete. In 2016, a Greek collective volume (Kugiumutzakis, 2016) regarding the psychology of fetuses, infants and young children was published, paying tribute to Colwyn and making an important contribution to the development of Greek literature regarding intersubjectivity, and mother-

infant communication. Colwyn continued sharing his knowledge and passion throughout his life, and I, alongside colleagues and students at Queen Margaret University in Edinburgh, were fortunate to enjoy his annual input to the MSc Music Therapy programme.

In the opening article of this issue, Vasiliki Reraki draws on Trevarthen's work to explore the role of repetition and variation in human interaction. She investigates the meanings of the repetition-variation schema in parent-infant communication and searches for analogies in therapeutic improvisation and collaborative music performance. The issue continues with Taru-Anneli Koivisto's exploration of healthcare musicians and musico-emotional work in end-of-life care, while Naomi Thompson and Helen Odell-Miller focus on an audit of music therapy in acute health service settings for people with dementia in the UK, including adaptations made due to Covid-19. Responding to an ongoing dialogue around terminology in music therapy (Rizkallah, 2021; Sundararaj, 2021), Marianne Rizkallah's article explores how the terms we use to describe the person participating in therapy (e.g., patient, client, companion) can fundamentally affect how the therapeutic relationship is viewed, and she defends the use of the term "patient," regardless of clinical presentation.

Jana Halmo writes about music therapy in Slovakia, its roots and current situation in the country. Pui-Sze Cheung and Triona McCaffrey bring international perspectives regarding the use of customised playlists to support childbirth at public maternity hospitals in Ireland and Hong Kong. Drawing on their research in Sweden, Katarina Lindblad and Ulrik Volgsten explore how music listening can support older men's sense of wellbeing and identity, and the role of affect attunement.

The issue also includes a number of reviews engaging critically with recent book publications within and around the field of music therapy. Such reviews have become a key feature of *Approaches* promoting critical engagement with new emerging knowledge and fostering interdisciplinary dialogue. Our editorial team seeks to identify reviewers who bring their own practice and research expertise and who are often juxtaposed – disciplinary, professionally and/or culturally – with the focus of each book aiming to surface. A similar ethos underpins the conference reports, generating reflective accounts of professional events that foster the sharing of knowledge and build a sense of companionship among colleagues in the field. The motto of the 2022 European music therapy conference – *music therapy in progress: please disturb* (see Stella Hadjineophytou's conference report in this issue) – seems a fitting reminder not only of the ever-changing landscape of the field but also of the need to radically engage with issues of social justice, diversity, equity and inclusion across disciplinary boundaries. I warmly encourage you to keep this motto in mind as you peruse the contents of this issue, and perhaps revisit some of the journal's publications from the last 15 years.

REFERENCES

- Derrington, P., Tsiris, G., Annesley, L., & Flower, C. (2022). Guest editorial by the emtc2022 chairs. *British Journal of Music Therapy*, Online Special Edition, 4-5.
- Kugiumutzakis, G. (Ed.). (2016). «Το συν- της συγκίνησης: Ψυχολογία εμβρύων, βρεφών και νηπίων [in Greek]. Crete University Press.
- Malloch, S., & Trevarthen, C. (Eds.). (2009). *Communicative musicality: Exploring the basis of human companionship*. Oxford University Press.
- Pavlicevic, M. (1991). *Music in communication: Improvisation in music therapy*. [Doctoral thesis, University of Edinburgh]. <https://era.ed.ac.uk/handle/1842/20099>
- Pavlicevic, M., & Ansdell, G. (Eds.). (2004). *Community music therapy*. Jessica Kingsley Publishers.
- Pavlicevic, M., & Ansdell, G. (2009) Between communicative musicality and collaborative musicing: A perspective from community music therapy. In S. Malloch & C. Trevarthen (Eds.), *Communicative musicality: Exploring the basis of human companionship* (pp. 357-376). Oxford University Press.

- Rizkallah, M. (2021). Integrative health through music therapy: Accompanying the journey from illness to wellness (Hanser). *Approaches: An Interdisciplinary Journal of Music Therapy*, 13(2), 284-286. <https://doi.org/10.56883/ajjmt.2021.148>
- Stensæth, K., & Trondalen, G. (2012). Dialogue on intersubjectivity: Interview with Stein Bråten and Colwyn Trevarthen. *Voices: A World Forum for Music Therapy*, 12(3). <https://doi.org/10.15845/voices.v12i3.682>
- Sundararaj, M. (2021). Response to Rizkallah's review of the book 'Integrative health through music therapy: Accompanying the journey from illness to wellness'. *Approaches: An Interdisciplinary Journal of Music Therapy*, 13(2), 298-299. <https://doi.org/10.56883/ajjmt.2021.152>
- Trevarthen, C. (1999). Musicality and the intrinsic motive pulse: Evidence from human psychobiology and infant communication. *Musicae scientiae*, 3(1_suppl), 155-215. <https://doi.org/10.1177/10298649000030S109>
- Trevarthen, C. (2012). Communicative musicality: The human impulse to create and share music. In D. Hargreaves, D. Miell & R. MacDonald (Eds.), *Musical imaginations: Multidisciplinary perspectives on creativity, performance, and perception* (pp. 259-284). Oxford University Press.
- Trondalen, G. (2019). Musical intersubjectivity. *The Arts in Psychotherapy*, 65. <https://doi.org/10.1016/j.aip.2019.101589>.
- Tsiris, G. (2022). Expanding the scope of open access journals: The 'Approaches PLUS' initiative. *Approaches: An Interdisciplinary Journal of Music Therapy*. *Approaches: An Interdisciplinary Journal of Music Therapy*, 14(2), 186-187. <https://doi.org/10.56883/ajjmt.2022.103>
- Tsiris, G., & Carr, C. (2015). Key changes and developments. *Approaches: An Interdisciplinary Journal of Music Therapy*, 7(2), 194-196. <https://doi.org/10.56883/ajjmt.2015.358>

ΣΗΜΕΙΩΜΑ ΣΥΝΤΑΞΗΣ

Συντροφικότητα

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ΒΙΟΓΡΑΦΙΑ ΣΥΓΓΡΑΦΕΑ

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Το παρόν τεύχος σηματοδοτεί τη 15η επέτειο του *Approaches*. Από τη δημοσίευση του πρώτου τεύχους του το 2009, το *Approaches* έχει εξελιχθεί και επεκταθεί προς διάφορες κατευθύνσεις ως δίγλωσσο περιοδικό με κριτές (Τσίρης, 2022· Τσίρης & Carr, 2015). Ζητήματα προσβασιμότητας, εξουσίας και μετάφρασης έχουν βρεθεί στην καρδιά του ήθους μας ως περιοδικού ανοικτής πρόσβασης, καθώς και της δέσμευσής μας για διαπολιτισμικό και διεπιστημονικό διάλογο στη μουσικοθεραπεία. Αυτός ο διάλογος έχει καταστεί εφικτός χάρη στη «συντροφικότητα» και την αφοσιωμένη εργασία όλων των συγγραφέων, των κριτών και των μελών της συντακτικής ομάδας που έχουν συμβάλει μέχρι σήμερα. Καθώς τιμούμε αυτή την επέτειο, εκφράζω θερμές ευχαριστίες σε όλους και όλες ξεχωριστά, καθώς και σε όλους εκείνους που αγωνίζονται για την εμβάθυνση της κατανόησής μας για τη μουσική και τον ρόλο της στην ανθρώπινη ζωή και ευημερία.

Θα ήθελα να αποτίνω ιδιαίτερο φόρο τιμής στον Καθηγητή Colwyn Trevarthen που απεβίωσε την 1η Ιουλίου 2024 σε ηλικία 93 ετών. Πραγματικός πρωτοπόρος της διεπιστημονικής σκέψης, ο Colwyn συνέβαλε καθοριστικά στην κατανόηση της πρώιμης παιδικής ηλικίας, καταδεικνύοντας πώς ένα νεογέννητο ανθρώπινο ον έχει την έμφυτη ικανότητα να δημιουργεί και να οικοδομεί διαλογικές σχέσεις. Η έρευνά του έριξε φως στον τρόπο με τον οποίο ένα βρέφος αναζητά τη συντροφικότητα – συμπεριλαμβανομένης της αίσθησης του παιχνιδιού – και στον ζωτικό ρόλο της μουσικότητας και του ρυθμού στην πρώιμη επικοινωνία (Trevarthen, 1999, 2012). Το έργο του Colwyn έχει ασκήσει έντονη επιρροή στο πεδίο της μουσικοθεραπείας (Stensæth & Trondalen, 2012· Trondalen, 2019). Στα τέλη της δεκαετίας του 1980, ο Colwyn διετέλεσε επόπτης της πρώτης γυναίκας που εκπόνησε διδακτορική έρευνα στη μουσικοθεραπεία στο Ηνωμένο Βασίλειο. Αυτή η ερευνήτρια ήταν η αείμνηστη Καθηγήτρια Mercédès Pavlicevic, η οποία με τη σειρά της επηρέασε το πεδίο της μουσικοθεραπείας διεθνώς – από την αρχική της θεωρία για τη Δυναμική Φόρμα (Pavlicevic, 1991) έως τη μεταγενέστερη συμβολή της στην ανάπτυξη της Κοινοτικής Μουσικοθεραπείας (Pavlicevic & Ansdell, 2004, 2009).

Το 2009, η δημοσίευση ορόσημο του *Επικοινωνιακή Μουσικότητα: Διερευνώντας τις Βάσεις της Ανθρώπινης Συντροφικότητας* [*Communicative Musicality: Exploring the Basis of Human Companionship*],

σε συνεπιμέλεια των Colwyn Trevarthen και Stephen Malloch, κατέδειξε την άκρως διεπιστημονική εμβέλεια του έργου του Colwyn, συμπεριλαμβανομένης της συμβολής του στην κατανόηση της προέλευσης και της ψυχοβιολογίας της μουσικότητας, του ρόλου της στη θεραπεία, στην παιδική μάθηση, καθώς και στην επιτέλεση. Ο Colwyn είχε επίσης στενούς δεσμούς με την ελληνική κοινότητα και διετέλεσε επίτιμος διδάκτορας ψυχολογίας στο Πανεπιστήμιο Κρήτης. Το 2016 εκδόθηκε ένας ελληνικός συλλογικός τόμος (Κουγιουμτζάκης, 2016) για την ψυχολογία των εμβρύων, των βρεφών και των νηπίων αποτίνοντας φόρο τιμής στον Colwyn και συμβάλλοντας σημαντικά στην ανάπτυξη της ελληνικής βιβλιογραφίας σχετικά με τη διυποκειμενικότητα και την επικοινωνία μητέρας-βρέφους. Ο Colwyn συνέχισε να μοιράζεται τη γνώση του καθ' όλη τη διάρκεια της ζωής του, και εγώ, μαζί με συναδέλφους και φοιτητές στο Πανεπιστήμιο Queen Margaret του Εδιμβούργου, είχα την τιμή να απολαμβάνω την ετήσια συμβολή του στο μεταπτυχιακό πρόγραμμα μουσικοθεραπείας.

Στο εναρκτήριο άρθρο αυτού του τεύχους, η Βασιλική Ρεράκη αντλεί από το έργο του Trevarthen για να διερευνήσει το ρόλο της επανάληψης και της παραλλαγής στην ανθρώπινη αλληλεπίδραση. Διερευνά τις σημασίες του σχήματος επανάληψης-μεταβολής στην επικοινωνία γονέα-βρέφους και αναζητά παραλληλισμούς στον θεραπευτικό αυτοσχεδιασμό και στη συνεργατική μουσική επιτέλεση. Το τεύχος συνεχίζεται με τη διερεύνηση της Taru-Anneli Koivisto για τους μουσικούς της υγείας και το μουσικο-συναισθηματικό έργο στη φροντίδα στο τέλος της ζωής, ενώ οι Naomi Thompson και Helen Odell-Miller επικεντρώνονται σε μια αξιολόγηση της μουσικοθεραπείας σε υγειονομικά πλαίσια οξέων περιστατικών για άτομα με άνοια στο Ηνωμένο Βασίλειο, συμπεριλαμβανομένων των προσαρμογών που έγιναν λόγω της Covid-19. Απαντώντας σε έναν συνεχιζόμενο διάλογο γύρω από την ορολογία στη μουσικοθεραπεία (Rizkallah, 2021; Sundararaj, 2021), το άρθρο της Marianne Rizkallah διερευνά πώς οι όροι που χρησιμοποιούμε για να περιγράψουμε το άτομο που συμμετέχει στη θεραπεία (π.χ. ασθενής, πελάτης, σύντροφος) μπορούν να επηρεάσουν θεμελιωδώς τον τρόπο με τον οποίο αντιμετωπίζεται η θεραπευτική σχέση, και υπερασπίζεται τη χρήση του όρου «ασθενής», ανεξάρτητα από την κλινική εικόνα.

Η Jana Halmo γράφει για τη μουσικοθεραπεία στη Σλοβακία, τις ρίζες της και την υφιστάμενη κατάσταση στη χώρα. Οι Pui-Sze Cheung και Triona McCaffrey παρουσιάζουν διεθνείς προοπτικές σχετικά με τη χρήση προσαρμοσμένων λιστών αναπαραγωγής μουσικής για την υποστήριξη του τοκετού σε δημόσια μαιευτήρια στην Ιρλανδία και στο Χονγκ Κονγκ. Με βάση την έρευνά τους στη Σουηδία, οι Katarina Lindblad και Ulrik Volgsten εξετάζουν τον τρόπο με τον οποίο η μουσική ακρόαση μπορεί να υποστηρίξει την αίσθηση ευημερίας και ταυτότητας των ηλικιωμένων ανδρών και τον ρόλο του συναισθηματικού συντονισμού.

Το τεύχος περιλαμβάνει επίσης έναν αριθμό κριτικών ανασκοπήσεων σχετικά με πρόσφατες δημοσιεύσεις βιβλίων εντός και γύρω από τον χώρο της μουσικοθεραπείας. Τέτοιου είδους βιβλιοκριτικές έχουν καθιερωθεί ως βασικό μέρος του *Approaches*, προωθώντας μια κριτική εμπλοκή με τη νέα αναδυόμενη γνώση και ενισχύοντας τον διεπιστημονικό διάλογο. Η συντακτική μας ομάδα επιχειρεί να εντοπίζει κριτές οι οποίοι φέρνουν τη δική τους πρακτική και ερευνητική εμπειρία και οι οποίοι συχνά βρίσκονται σε αντιδιαστολή – επιστημονικά, επαγγελματικά και/ή πολιτισμικά – με την εστίαση που επιδιώκει να φέρει στην επιφάνεια το εκάστοτε βιβλίο. Ένα παρόμοιο ήθος διέπει τις εκθέσεις των συνεδρίων, δημιουργώντας αναστοχαστικές αναφορές επαγγελματικών εκδηλώσεων που προωθούν την ανταλλαγή γνώσεων και δημιουργούν μια

αίσθηση συντροφικότητας μεταξύ συναδέλφων στον χώρο. Το σύνθημα του Ευρωπαϊκού Συνεδρίου Μουσικοθεραπείας του 2022 – *μουσικοθεραπεία σε εξέλιξη: παρακαλώ ενοχλήστε* (βλ. την αναφορά του συνεδρίου της Στέλλας Χατζηνεοφύτου στο παρόν τεύχος) – φαίνεται να είναι μια εύστοχη υπενθύμιση, όχι μόνο του συνεχώς μεταβαλλόμενου τοπίου του πεδίου, αλλά και της αναγκαιότητας ριζικής ενασχόλησης με θέματα κοινωνικής δικαιοσύνης, διαφορετικότητας, ισότητας και ένταξης πέρα από επιστημονικά σύνορα. Σας προτρέπω θερμά να κρατήσετε κατά νου αυτό το σύνθημα καθώς μελετάτε τα περιεχόμενα αυτού του τεύχους και ίσως επισκεφθείτε εκ νέου κάποιες από τις δημοσιεύσεις του περιοδικού από τα τελευταία 15 χρόνια.

BIBΛΙΟΓΡΑΦΙΑ

- Derrington, P., Tsirir, G., Annesley, L., & Flower, C. (2022). Guest editorial by the emtc2022 chairs. *British Journal of Music Therapy*, Online Special Edition, 4-5.
- Κουγιουμουτζάκης, Γ. (Επιμ.). (2016). *Το συν- της συγκίνησης: Ψυχολογία εμβρύων, βρεφών και νηπίων*. Πανεπιστημιακές Εκδόσεις Κρήτης.
- Malloch, S., & Trevarthen, C. (Eds.). (2009). *Communicative musicality: Exploring the basis of human companionship*. Oxford University Press.
- Pavlicevic, M. (1991). *Music in communication: Improvisation in music therapy*. [Doctoral thesis, University of Edinburgh]. <https://era.ed.ac.uk/handle/1842/20099>
- Pavlicevic, M., & Ansdell, G. (Eds.). (2004). *Community music therapy*. Jessica Kingsley Publishers.
- Pavlicevic, M., & Ansdell, G. (2009) Between communicative musicality and collaborative musicing: A perspective from community music therapy. In S. Malloch & C. Trevarthen (Eds.), *Communicative musicality: Exploring the basis of human companionship* (pp. 357-376). Oxford University Press.
- Rizkallah, M. (2021). Integrative health through music therapy: Accompanying the journey from illness to wellness (Hanser). *Approaches: An Interdisciplinary Journal of Music Therapy*, 13(2), 284-286. <https://doi.org/10.56883/ajjmt.2021.148>
- Stensæth, K., & Trondalen, G. (2012). Dialogue on intersubjectivity: Interview with Stein Bråten and Colwyn Trevarthen. *Voices: A World Forum for Music Therapy*, 12(3). <https://doi.org/10.15845/voices.v12i3.682>
- Sundararaj, M. (2021). Response to Rizkallah's review of the book 'Integrative health through music therapy: Accompanying the journey from illness to wellness'. *Approaches: An Interdisciplinary Journal of Music Therapy*, 13(2), 298-299. <https://doi.org/10.56883/ajjmt.2021.152>
- Trevarthen, C. (1999). Musicality and the intrinsic motive pulse: Evidence from human psychobiology and infant communication. *Musicae scientiae*, 3(1_suppl), 155-215. <https://doi.org/10.1177/10298649000030S109>
- Trevarthen, C. (2012). Communicative musicality: The human impulse to create and share music. In D. Hargreaves, D. Miell & R. MacDonald (Eds.), *Musical imaginations: Multidisciplinary perspectives on creativity, performance, and perception* (pp. 259-284). Oxford University Press.
- Trondalen, G. (2019). Musical intersubjectivity. *The Arts in Psychotherapy*, 65. <https://doi.org/10.1016/j.aip.2019.101589>.
- Τσίρης, Γ. (2022). Επεκτείνοντας το αντικείμενο των περιοδικών ανοικτής πρόσβασης: Η πρωτοβουλία «Approaches PLUS». *Approaches: Ένα Διεπιστημονικό Περιοδικό Μουσικοθεραπείας*, 14(2), 188-189. <https://doi.org/10.56883/ajjmt.2022.103>
- Τσίρης, Γ., & Carr, C. (2015). Σημαντικές αλλαγές και εξελίξεις. *Approaches: Ένα Διεπιστημονικό Περιοδικό Μουσικοθεραπείας*, 7(2), 191-193. <https://doi.org/10.56883/ajjmt.2015.358>

ΑΡΘΡΟ

Προσεγγίζοντας το χρονικό σχήμα της «επανάληψης-παραλλαγής»: Από την οικοδόμηση μουσικού χρόνου στη συγκρότηση ενός ρυθμικού πλαισίου για το συμπαθητικό μοίρασμα συγκινήσεων

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ΠΕΡΙΛΗΨΗ

Όπως καταδεικνύουν μελέτες της αναπτυξιακής ψυχολογίας και της μουσικής ψυχολογίας, η επανάληψη και η παραλλαγή παίζουν καθοριστικό ρόλο στη λειτουργία των ανθρώπινων αλληλεπιδράσεων συμμετέχοντας στη ρυθμική οικοδόμηση και στο μοίρασμα μουσικών και πρωτο-μουσικών διυποκειμενικών εμπειριών. Τόσο οι παιγνιώδεις διάλογοι μητέρας-βρέφους όσο και οι θεραπευτικοί διάλογοι θεραπευτή-θεραπευόμενου αλλά και η συνομιλία δύο μουσικών που αυτοσχεδιάζουν, θεμελιώνονται πάνω στην κοινή πρόβλεψη σταθερών μουσικών και συμπεριφορικών μοτίβων από τη μία, και στη διαχείριση απροσδόκητων συμβάντων από την άλλη. Η παρούσα εργασία εξετάζει τη σημασία του σχήματος επανάληψη-παραλλαγή στη μουσική αντίληψη και δημιουργία, διερευνά τα νοήματά του στην επικοινωνία γονέα-βρέφους και αναζητά παραλληλισμούς στον θεραπευτικό αυτοσχεδιασμό και στη μουσική συνεργατική επιτέλεση. Η συγκριτική ανασκόπηση μελετών που ερευνούν όψεις της δυναμικής των διαπροσωπικών σχέσεων μας οδηγεί τελικά να υποστηρίξουμε πως μέσα από τη ρυθμική εμπειρία της επανάληψης-παραλλαγής κατασκευάζεται ο κοινός χρόνος των συγκινησιακών αφηγήσεων, πάνω στον οποίο θεμελιώνεται κατά κύριο λόγο η ανθρώπινη επικοινωνιακή μουσικότητα.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

επανάληψη-παραλλαγή, μουσικότητα, ανθρώπινες αλληλεπιδράσεις, συγκινήσεις, διυποκειμενικότητα, αυτοσχεδιασμός

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ΒΙΟΓΡΑΦΙΑ ΣΥΓΓΡΑΦΕΑ

Η Βασιλική Ρεράκη είναι μουσικολόγος, ψυχολόγος και πιανίστα. Είναι κάτοχος διδακτορικού διπλώματος στη μουσική ψυχολογία από το Πανεπιστήμιο Paris-IV Sorbonne. Τα ερευνητικά της ενδιαφέροντα και οι δημοσιευμένες εργασίες της εστιάζουν κυρίως σε πτυχές της ανθρώπινης επικοινωνιακής μουσικότητας, καθώς και σε εμπειρίες προφορικότητας και αυτοσχεδιασμού. Έχει διδάξει μουσική ψυχολογία και μουσική παιδαγωγική στην ανώτατη εκπαίδευση (ΑΠΘ, Τμήμα Μουσικών Σπουδών - ΕΛΜΕΠΑ, Τμήμα Μουσικής Τεχνολογίας και Ακουστικής). [vassiliki_reraki@yahoo.gr]

ΕΙΣΑΓΩΓΗ

Εστιάζοντας εδώ σε μία από τις βασικές συνιστώσες του μουσικού φαινομένου, στο σχήμα επανάληψη-παραλλαγή, θα επιχειρήσω από τη μία πλευρά να καταδείξω τη σημασία του για την αντίληψη και τη δόμηση του μουσικού χρόνου και από την άλλη να ερμηνεύσω τη λειτουργία του

αναζητώντας παραλληλίες σε προ-λεκτικές συμπεριφορές του ανθρώπινου όντος και κυρίως σε αυτό που ονομάστηκε *πρώιμη μουσικότητα*. Θα μελετήσω λοιπόν πώς η *επανάληψη-παραλλαγή* συνιστά ένα μηχανισμό μέσω του οποίου οργανώνεται η διάρκεια και συγκροτείται ο ρυθμός και η περιοδικότητα, στο πλαίσιο μουσικών και πρωτο-μουσικών διυποκειμενικών συμπεριφορών. Με άλλα λόγια, αναλύοντας αρχικά την επανάληψη μέσα από το πρίσμα της εμπειρίας του ακροατή και του μουσικού, θα επιχειρήσω στη συνέχεια αξιοποιώντας θεωρητικά εργαλεία από την Αναπτυξιακή και τη Μουσική Ψυχολογία και ανασκοπώντας ευρήματα μελετών εστιασμένων στο φαινόμενο των ανθρώπινων αλληλεπιδράσεων, να περιγράψω πώς το αρχετυπικό αυτό σχήμα παραπέμπει σε διαδικασίες συγκρότησης του εαυτού και της επικοινωνίας με τον Άλλο. Πρόκειται συγκεκριμένα για διαδικασίες που λαμβάνουν χώρα στα πρώτα στάδια της ανάπτυξης μας (βρεφική ηλικία) και ως τέτοιες αποτελούν και το θεμέλιο της ανθρώπινης μουσικής ικανότητας (Dissanayake, 2009· Imberty, 2004a).

Η ΕΠΑΝΑΛΗΨΗ – ΠΑΡΑΛΛΑΓΗ ΣΤΗ ΜΟΥΣΙΚΗ ΠΡΑΞΗ

Αναμφισβήτητα η *επανάληψη* αποτελεί μια δομική σταθερά που συναντάμε σε όλα σχεδόν τα μουσικά ιδιώματα και σε κάθε είδους μουσική πράξη σε διάφορες μορφές. Είτε πρόκειται για μία σονάτα της κλασικής περιόδου, είτε για μία μινιμαλιστική σύνθεση του Steve Reich ή για έναν αυτοσχεδιασμό βασισμένο σε έναν παραδοσιακό σκοπό, ο δημιουργός (συνθέτης, ερμηνευτής, αυτοσχεδιαστής) κάνει χρήση της *επανάληψης* θεμάτων ή της μίμησης ρυθμικών και μελωδικών σχημάτων, μοτίβων και φράσεων προκειμένου να χτίσει μία χρονικά οργανωμένη μουσική δομή. Η επανάληψη δεν αποτελεί μόνο μηχανισμό γένεσης μουσικού χρόνου αλλά συμμετέχει και στην πρόσληψη του μουσικού έργου από τον ακροατή. Καθώς τέμνει τον χρόνο σε όμοιες ή λίγο-πολύ παραλλαγμένες φράσεις ή ενότητες, εγκαθιστά στη ροή του μια συνέχεια, μια συνοχή ανάμεσα στο τώρα, το πριν και το μετά, διευκολύνει τη νοητική αναπαράσταση του συνόλου του έργου, μειώνει το μνημονικό φορτίο, δημιουργεί την αίσθηση του ρυθμού και της περιοδικότητας. Όπως χαρακτηριστικά σημειώνουν οι Deliège και El Ahmadi (1989, σελ. 89), «η χρήση της επανάληψης δεν είναι σημάδι έλλειψης έμπνευσης αλλά πηγή συνοχής: μία ισορροπία ανάμεσα σε αναγνωρίσιμα και μη αναγνωρίσιμα στοιχεία που δημιουργούν έναν χρονικό ορίζοντα ο οποίος μοιράζεται ισότιμα σε ζώνες προσδοκίας και ικανοποίησης της προσδοκίας». Χάρη στην επανάληψη ο ακροατής καθίσταται ικανός για μια σειρά γνωστικών και συγκινησιακών διεργασιών που οδηγούν τελικά στην κατανόηση και στη νοηματοδότηση της ακρώμενης μουσικής: εντοπίζει σημεία αναφοράς στο κομμάτι, διακρίνει τα όρια του «όμοιου» και του «διαφορετικού», αναγνωρίζει με σχετική ευκολία κάτι που το έχει ξανακούσει, προβλέπει την εξέλιξη της μουσικής μορφής και αναμένει την εμφάνιση του περιοδικού συμβάντος αντλώντας ικανοποίηση όταν επιβεβαιώνεται η προσδοκία του. Αν στο σημείο αυτό δεχτούμε ότι η μουσική είναι η *τέχνη του χρόνου* και συνάμα ότι ο ακροατής δεν είναι απλά δέκτης ηχητικών ερεθισμάτων αλλά κάποιος που μέσα από την ακρόαση βιώνει, αναβιώνει και αναπαριστά ή/και κατασκευάζει την ψυχολογική σχέση του με τον χρόνο, τότε μπορούμε να δούμε την επανάληψη όπως και ο

Michel Imberty (2005), ως μια λειτουργία που αντιστοιχεί σε μία θεμελιώδη ψυχολογική αρχή: «την ανάγκη του ανθρώπινου όντος να μπορεί να προβλέπει και ταυτόχρονα να μπορεί να αξιολογεί τις προβλέψεις του μέσα στο χρόνο» (σελ. 189).

Ωστόσο, η επανάληψη θεωρείται δημιουργική όταν εμπεριέχει το στοιχείο της παραλλαγής όταν δηλαδή δε συνιστά μια απλή αντιγραφή αλλά μια νέα και ταυτόχρονα αναγνωρίσιμη εκδοχή του πρωτότυπου. Πράγματι, αν ανατρέξουμε σε πλήθος μουσικών έργων στα οποία κυριαρχεί η επανάληψη μοτίβων ή θεμάτων θα δούμε ότι σπάνια πρόκειται για μια πιστή αναπαραγωγή. Αντίθετα παρατηρούμε ότι συχνά το όμοιο εμπλουτίζεται με λιγότερη ή περισσότερη «δόση» διαφορετικού έτσι ώστε να προκαλεί ενδιαφέρον και ένταση: με αυτόν τον τρόπο η αίσθηση σταθερότητας που προκύπτει από το ξαναειπωμένο, συμπληρώνεται από τη γοητεία και την πρόκληση του καινούριου. Χαρακτηριστικό παράδειγμα της απομάκρυνσης από μια χρονική σταθερότητα και της επιστροφής σε αυτήν στα πλαίσια μιας μουσικής εκτέλεσης, συνιστά αυτό που κάνουν κάποιες φορές οι μουσικοί προκειμένου η ερμηνεία τους να γίνει περισσότερο εκφραστική και να προκαλέσει συγκίνηση: παρεκκλίνοντας ελαφρώς από τον αυστηρό ρυθμό του μετρονόμου, επιβραδύνοντας ή επιταχύνοντας, ξαναβρίσκουν αργά ή γρήγορα –ανάλογα και με τα όρια ελευθερίας που κάθε μουσικό είδος επιβάλλει– τον αρχικό σταθερό παλμό. Είναι χαρακτηριστικό ότι ο ακροατής δεν εκπλήσσεται ιδιαίτερα από αυτές τις μικρές ρυθμικές παραλλαγές. Θα λέγαμε μάλιστα ότι προσδοκά την εμφάνισή τους μέσα στη ροή του κομματιού (Gratier, 2009). Ο Leonard Meyer (1956), στο σύγγραμμά του *Emotion and Meaning in Music* αναλύει το φαινόμενο της *παρέκκλισης* (deviation) όπως την ονομάζει, π.χ. από έναν αυστηρό ρυθμό, υπογραμμίζοντας τη σημασία της για την πρόκληση αισθητικής απόλαυσης και συγκίνησης στον ακροατή. Από μία άλλη οπτική, ο μουσικοπαιδαγωγός και συνθέτης François Delalande (1976, 1984), εκκινώντας από μία ιδέα του Pierre Schaeffer, συνδέει τις απαρχές της μουσικής με τη χρήση της *επανάληψης-παραλλαγής*. Ο άνθρωπος του Νεάντερταλ σύμφωνα με την υπόθεση του Schaeffer (1966), ανακαλύπτει τη μουσική χτυπώντας μια κολοκύθα - γενικά χρηστικό αντικείμενο για την προετοιμασία φαγητού - με επαναληπτικές και παραλλαγμένες χειρονομίες. Αυτό ακριβώς το στοιχείο, δηλαδή η *επανάληψη-παραλλαγή* που επιτελείται με κάποια πρόθεση, διαφοροποιεί ριζικά τον απλό θόρυβο που προέρχεται από το χτύπημα σε ένα αντικείμενο από τον (μουσικό) ήχο που προέρχεται από το χτύπημα στο ίδιο αντικείμενο, νοούμενο αυτή τη φορά ως ένα μουσικό όργανο (Delalande, 1976, 1984).

Αυτός ο διάλογος όμοιου-διαφορετικού, αποτελεί επομένως μια από τις θεμελιώδεις αρχές οργάνωσης του μουσικού χρόνου αλλά και, όπως θα δούμε παρακάτω, συνιστά τον καμβά πάνω στον οποίο υφαίνονται οι πρώτες μορφές της ανθρώπινης επικοινωνίας (Gratier & Apter-Danon, 2009· Imberty, 2004β· Stern, 2002). Αξίζει να σημειωθεί εδώ ότι η επανάληψη ως αρχή ρυθμικής οργάνωσης χρονικών μοτίβων, νοηματοδοτεί και νοηματοδοτείται κυρίως μέσα σε πλαίσια και συνθήκες αλληλεπίδρασης. Όπως εύστοχα παρατηρούν οι Gratier και Apter-Danon (2009), «η επανάληψη και η παραλλαγή είναι ζωτικής σημασίας για κάθε αλληλεπίδραση γιατί αποτελούν το βασικό σκελετό πάνω στον οποίο δομείται η εμπειρία του μοιράσματος ενός κοινού υπαρξιακού χρόνου» (σελ. 309). Η μουσική πράξη είναι –σύμφωνα με μια θέση η οποία τις τελευταίες δεκαετίες συναντά όλο και περισσότερους υποστηρικτές– πρωτίστως μια διαδικασία

επικοινωνίας και «ανταλλαγών».¹ Πάνω σε αυτή τη θεωρητική προοπτική και η ίδια η ακρόαση μπορεί να ιδωθεί ως μια εμπειρία «διαλόγου», συνεργασίας και αμοιβαίας συν-κίνησης μεταξύ μουσικού και ακροατή, ειδικά σε πλαίσια αυτοσχεδιαστικών πρακτικών και ζωντανών επιτελέσεων όπου ο ακροατής συμμετέχει στις περισσότερες περιπτώσεις ενεργά στη μουσική δημιουργία.

ΕΠΙΚΟΙΝΩΝΙΑΚΗ ΜΟΥΣΙΚΟΤΗΤΑ: ΡΥΘΜΟΙ ΚΑΙ ΑΦΗΓΗΣΕΙΣ ΣΤΗΝ ΠΡΩΙΜΗ ΕΠΙΚΟΙΝΩΝΙΑ

Όπως ειπώθηκε παραπάνω, οι σύγχρονες θεωρήσεις της Μουσικολογίας αλλά και της Μουσικοθεραπείας (Ansdell, 1997· Cross, 2010· Gratier, 2007α· Imberty, 2005· Small, 1998) αντιμετωπίζουν τη μουσική πράξη εν γένει ως διαδικασία που προϋποθέτει την αλληλεπίδραση, τον εμπρόθετο συντονισμό, την ενσώματη συμμετοχή. Τα χαρακτηριστικά και η φύση της αλληλεπίδρασης - είτε πρόκειται για μουσική είτε για μη μουσική επικοινωνία - μελετώνται σήμερα τόσο από ψυχολόγους όσο και από μουσικολόγους μέσα από το πρίσμα της θεωρίας της επικοινωνιακής μουσικότητας (communicative musicality). Η θεωρία που πρωτοδιατυπώθηκε από τους Malloch και Trevarthen (2009) περιγράφει και ερμηνεύει το μοίρασμα προθέσεων, κινήτρων και συγκινήσεων ανάμεσα σε δύο πρόσωπα που εκούσια συναντιούνται και συνδιαλέγονται με στόχο την από κοινού δημιουργία μιας ρυθμικής αφήγησης (Malloch, 1999). Η ανταλλαγή δεν πραγματοποιείται απαραίτητα σε επίπεδο λεκτικό. Μάλιστα, οι κινήσεις, οι χειρονομίες, τα βλέμματα και οι εκφράσεις του προσώπου έχουν εδώ τον πρώτο λόγο στο βαθμό που αποτυπώνουν το συγκινησιακό περιεχόμενο των προθέσεων των ατόμων που αλληλεπιδρούν.

Το πιο σημαντικό ερευνητικό παράδειγμα που στηρίζει την υπόθεση της *επικοινωνιακής μουσικότητας* αποτελεί μέχρι σήμερα η μελέτη της πρώιμης επικοινωνίας μητέρας-βρέφους. Χρησιμοποιώντας ως εργαλεία την παρατήρηση σε φυσικό περιβάλλον, τις μικροαναλύσεις και τα φασματογραφήματα, οι ερευνητές μελετούν τη δυαδική αυτή επικοινωνία περιγράφοντάς την ως ένα ιδιαίτερο είδος ρυθμικού αυτοσχεδιασμού βασισμένου στην ανταλλαγή πολυτροπικών σημάτων, καθώς και εκφραστικών, κινητικών και φωνητικών μιμήσεων (Trevarthen & Aitken, 2003). Οι δύο σύντροφοι που επικοινωνούν δυαδικά παρομοιάζονται συχνά στη σχετική βιβλιογραφία ως μουσικοί ή χορευτές που αυτοσχεδιάζουν (Gratier, 2001· Imberty, 2005· Malloch & Trevarthen, 2009· Stern, 1977). Μια τέτοια αναλογία εστιάζει κυρίως στην ικανότητα των προσώπων να μοιράζονται μια κοινή αίσθηση του χρόνου, να συντονίζονται ρυθμικά και συναισθηματικά, κάτι που αποτελεί προϋπόθεση και θεμέλιο μιας μουσικής ή/και χορευτικής επιτέλεσης. Πολύ πριν τη διατύπωση της θεωρίας της *επικοινωνιακής μουσικότητας*, ο ψυχαναλυτής Daniel Stern (1985) συμπύκνωσε τους μηχανισμούς και τις διεργασίες μοιράσματος συγκινησιακών και χρονικών διυποκειμενικών εμπειριών μεταξύ μητέρας και βρέφους στην έννοια της *συναισθηματικής* εναρμόνισης (affect attunement) η οποία γνώρισε και συνεχίζει να γνωρίζει σημαντική απήχηση σε πολλούς τομείς των ανθρωπιστικών σπουδών. Πρόκειται για μια

¹ Η αντίληψη ότι η μουσική είναι *πράξη* και *αλληλεπίδραση* είναι κυρίαρχη στο έργο θεωρητικών όπως ο Small (εισηγητής του όρου *musicking*) και ο Cross. Βλέπε για παράδειγμα, Small (2010) και Cross (2010).

ιδιαίτερη μορφή διυποκειμενικότητας² σύμφωνα με την οποία οι δύο σύντροφοι χωρίς να αντιγράφουν απαραίτητα ο ένας μια έκφραση ή μια κίνηση του άλλου, συνταιριάζουν και αντιστοιχίζουν τα δυναμικά και τα χρονικά χαρακτηριστικά της συμπεριφοράς τους (*ένταση, χρονικότητα, μορφή*) στα οποία αποτυπώνεται το μοίρασμα μιας κοινής συγκίνησης. Για παράδειγμα, μια φωνοποίηση της μητέρας και μια χειρονομία του παιδιού, αν και διαφορετικές εκδηλώσεις συμπεριφοράς ξετυλίγονται παράλληλα συν-δημιουργώντας ένα κοινό χρονικό περίγραμμα (Stern, 1985).

Η συναισθηματική εναρμόνιση αναδεικνύεται, επομένως, σε θεμελιώδη διαδικασία τόσο για τη δυάδα μητέρα-βρέφος όσο και για τα δρώντα υποκείμενα που συνεργάζονται στο πλαίσιο μιας μουσικής επιτέλεσης. Και στις δύο περιπτώσεις απαιτείται, για την ανάδειξη ενός κοινού νοήματος, μία συνεργατική οικοδόμηση προθέσεων και συγκινήσεων εκφρασμένης μέσα από τη σύγκλιση πολυτροπικών χειρονομιών. Και στις δύο επικοινωνιακές εμπειρίες τα άτομα που αλληλεπιδρούν, επιδιώκουν να κατασκευάσουν και να μοιραστούν έναν κοινό παλμό. Άλλωστε οι πρόσφατες ανακαλύψεις της νευροφυσιολογίας σχετικά με την ύπαρξη και λειτουργία των κατοπτρικών νευρώνων (βλέπε για παράδειγμα: Rizzolatti & Sinigaglia, 2008) ενισχύουν την υπόθεση του αμοιβαίου συντονισμού δύο προσώπων και τη συνδέουν με την εγγενή ικανότητα του είδους μας να αναγνωρίζουμε, να κατανοούμε και να μοιραζόμαστε τις προθέσεις και τις συγκινήσεις του άλλου.

Είναι χαρακτηριστικό ότι οι ερευνητές που μελετούν την επικοινωνία ενήλικα-βρέφους, στην πλειονότητά τους χρησιμοποιούν όρους και μεταφορές δανεισμένες από τη μουσική φιλολογία για να αναφερθούν στη διαδικασία της αλληλεπίδρασης. Για παράδειγμα, στο κλασικό για τη γραμματεία της Αναπτυξιακής Ψυχολογίας έργο *The First Relationship*, ο Daniel Stern (2002) σημειώνει ότι στις παρατηρήσεις που ο ίδιος διεξήγαγε, «η αλληλεπίδραση μητέρας-βρέφους έμοιαζε σαν ένας εξεζητημένος χορός που η ίδια η φύση έχει χορογραφήσει» (σελ. 3). Σε ένα άλλο σημείο του ίδιου έργου γράφει ότι «οι συμπεριφορές, οι σκέψεις, τα συναισθήματα και οι πράξεις που αναπτύσσονται μέσα στην αλληλεπίδραση, έχουν μια μουσική ποιότητα» (Stern, 2002, σελ. 13). Για τον Trevarthen (2007) από την άλλη, η έμφυτη ικανότητα του ανθρώπινου όντος να αποκρίνεται σε συντρόφους που του δείχνουν ενδιαφέρον είναι θεμελιωδώς μουσική. Μέσα σε αυτό το πλαίσιο σκέψης, δε μας εκπλήσσει το ότι ο όρος *μουσικότητα της συμπεριφοράς* χρησιμοποιήθηκε για να περιγράψει αυτή την ιδιαίτερη μορφή πρώιμης επικοινωνίας, και άλλες μορφές διυποκειμενικής εμπειρίας και εμπρόθετου συντονισμού στον χρόνο. Για παράδειγμα, ανάμεσα σε μαθητή και δάσκαλο, θεραπευτή και θεραπευόμενο, καλλιτέχνη και θεατή, ανάμεσα σε δύο συνομιλητές ακόμη και μεταξύ αναγνώστη και συγγραφέα (Gratier, 2007β· Imberty, 2007· Malloch & Trevarthen, 2009· Papousek & Papousek, 1981). Παρατηρούμε, λοιπόν, μέσα από αυτό το πρίσμα, την έννοια της μουσικότητας να διευρύνεται. Μουσικότητα δεν νοείται μόνο η ικανότητα τού ανθρώπινου όντος για αντίληψη και δημιουργία μουσικής αλλά και/κυρίως η παρόρμησή του να επικοινωνεί και να αλληλεπιδρά με άλλα άτομα μέσω κινητικών και φωνητικών ανταλλαγών,

²Ο Stern αναφέρεται εδώ στη θεωρία της έμφυτης διυποκειμενικότητας του Trevarthen (2002) σύμφωνα με την οποία «διυποκειμενικότητα είναι η ψυχολογική ικανότητα να έχεις και να μοιράζεσαι σκοπούς, ενδιαφέροντα και συγκινήσεις, να είσαι έτοιμος να ανταλλάξεις αυτά τα εγγενή ψυχολογικά γεγονότα με άλλα πρόσωπα κι έτσι να κατακτάς νέες ιδέες και νέους στόχους» (σελ. 88).

να συνδιαλέγεται αρμονικά, να μοιράζεται μια κοινή ρυθμική αφήγηση και κατ' επέκταση κοινές προθέσεις και συγκινήσεις. Γράφουν σχετικά οι Malloch και Trevarthen:

Είναι προφανές ότι όταν συζητάμε για επικοινωνιακή μουσικότητα χρησιμοποιούμε τις λέξεις «μουσικότητα» και «μουσικό» με έναν πολύ ιδιαίτερο τρόπο. Όταν μιλάμε για τη μουσικότητα της αλληλεπίδρασης μητέρας-βρέφους δεν εννοούμε αυτό που γενικά καταλαβαίνουμε ως μουσική, κάτι που αφορά γνωστούς συνθέτες και ερμηνευτές. [...] Ως μουσικότητα ορίζουμε την έκφραση της ανθρώπινης επιθυμίας για πολιτισμική μάθηση, την έμφυτη ικανότητα μας να κινηθούμε, να θυμηθούμε και να σχεδιάσουμε μαζί με άλλους, γεγονός που καθιστά δυνατή την αντίληψη και παραγωγή μιας ατελείωτης ποικιλίας «δραματικών» χρονικών αφηγήσεων. (Malloch & Trevarthen, 2009, σελ. 4, ελεύθερη μετάφραση)

Επιστρέφοντας στο διαπροσωπικό παιχνίδι μητέρας-βρέφους έτσι όπως αποτυπώνεται στις μελέτες των αναπτυξιακών ψυχολόγων (π.χ. Beebe & συν., 1985· Mazokoraki & Kugiumutzakis, 2009· Parousek & Parousek, 1981) διαπιστώνουμε ότι στον πυρήνα της επικοινωνιακής μουσικότητας βρίσκεται η ρυθμικότητα της επικοινωνίας όπως εκφράζεται μέσα από τις επαναλήψεις και τις παραλλαγές στον παιγνιώδη διάλογο μητέρας-βρέφους. Στο βιβλίο *The First Relationship*, ο Stern (2002) σημειώνει ότι «ένα από τα θεμελιώδη, κοινά χαρακτηριστικά στην πρώιμη επικοινωνία είναι η επαναληπτικότητα της συμπεριφοράς της μητέρας και συγκεκριμένα στις φωνοποιήσεις, στις εκφράσεις του προσώπου, στις κινήσεις του σώματος» (σελ. 104). Με αυτόν τον τρόπο ευνοείται η δημιουργία έντασης και ενδιαφέροντος στο παιδί που προβλέπει και περιμένει με ανυπομονησία την έλευση του επόμενου όμοιου ερεθίσματος. Δε θα πρέπει να δούμε την επανάληψη σαν μια παιδαγωγική μέθοδο καθώς η μητέρα δεν προσπαθεί να διδάξει κάτι στο παιδί της. Αντίθετα χρησιμοποιεί τον μηχανισμό αυτό για να προσελκύσει και να διατηρήσει την προσοχή του βρέφους, για να παίξει και να διασκεδάσει μαζί του. Επειδή όμως η υπερβολική επανάληψη κουράζει το βρέφος ακριβώς όπως και έναν ενήλικα, η μητέρα εισάγει προοδευτικά και με μεγάλη προσοχή καινούργια στοιχεία παρεκκλίνοντας ελαφρώς από το αρχικό μοντέλο δράσης, κάνοντας δηλαδή χρήση της *παραλλαγής*. Τί παραλλάζει; Πιο συχνά παραλλάζει το τέμπο, τη δυναμική και τα εκφραστικά στοιχεία. Η μητέρα ρυθμίζει με αυτό τον τρόπο τη συγκινησιακή κατάσταση του παιδιού της ικανοποιώντας από τη μια την προσδοκία του (με την επανάληψη) και εξάπτοντας το ενδιαφέρον του από την άλλη (με την παραλλαγή). Εδώ ο Stern (2002) χρησιμοποιώντας μουσική ορολογία υποστηρίζει ότι η μητέρα κατασκευάζει *θέμα με παραλλαγές* όπου το θέμα, δηλαδή οι εκφωνούμενες λέξεις, είναι το σταθερό σημείο αναφοράς και καθεμία παραλλαγή (συνήθως χρονική ή δυναμική) επιβάλει κάθε φορά μία επανα-ανάγνωση του θέματος, με μοναδικό περιορισμό να διατηρεί τα ουσιαστικά του στοιχεία, ώστε να παραμένει αναγνωρίσιμο από τα βρέφη που μοιάζουν να είναι απαιτητικοί συνεργάτες σε αυτό τον ιδιότυπο αυτοσχεδιασμό. Ούτε περισσότερο (δηλαδή πολύ πέρα από τα γνώριμα αγαπημένα σχήματα) ούτε λιγότερο (χωρίς εμβόλιμα νέα στοιχεία) φαίνεται να είναι ο χρυσός κανόνας μητέρας-βρέφους για την ποιοτική αλληλεπίδραση. Πάντως, ενώ τα βρέφη φαίνονται σχεδόν πάντα έτοιμα να επικοινωνήσουν και να παίξουν με ζωηράδα, κέφι και ενδιαφέρον, δε συμβαίνει το ίδιο με όλες τις μητέρες. Στα παραδείγματα των μητέρων με κατάθλιψη (Marwick & Murray, 2009) ή των

Ξεριζωμένων από τη χώρα τους μητέρων (Gratier, 2001) των οποίων η συμπεριφορά δε δείχνει σαφή επικοινωνιακή πρόθεση, διαρρηγνύεται ο ρυθμός της αμοιβαίας συγκίνησης καθώς το βρέφος δεν αναγνωρίζει τα προσδοκώμενα φωνητικά και κινητικά σήματα. Σε αυτές τις περιπτώσεις, όπως έχει διαπιστωθεί από σχετικές έρευνες, χαρακτηριστική είναι η έλλειψη εκφραστικότητας, προβλεψιμότητας, δημιουργικότητας στο διάλογο και αυτοσχεδιαστικής παιγνιώδους διάθεσης. Η «συνομιλία» γίνεται άκαμπτη και κουραστικά επαναληπτική.

Η αυθόρμητη χρήση του σχήματος *επανάληψη-παραλλαγή* από τη μητέρα και η επιτυχής ανταπόκριση από το βρέφος, φαίνεται να ικανοποιούν σημαντικές ψυχολογικές λειτουργίες. Μέσα από το καθημερινό παιγνίδι ρουτίνας και εκπλήξεων ισχυροποιείται ο δεσμός αγάπης και εμπιστοσύνης ανάμεσα στη δυάδα, καλλιεργείται ένα αίσθημα αυτοπεποίθησης στο βρέφος και παράλληλα, σύμφωνα με τη Gratier (2009), αναπτύσσεται μια αίσθηση του ανήκειν στη γονεϊκή κουλτούρα. Επίσης, η κυκλική εναλλαγή προσδοκίας-ικανοποίησης και έντασης-λύσης της έντασης, συγκροτεί σιγά - σιγά την αίσθηση της *χρονικότητας*. Το υποκείμενο αρχίζει να βιώνει την έννοια των σταθερών σημείων αναφοράς και της προβολής τους στο μέλλον καθώς και την παρέκκλιση από τη σταθερότητα. Η *χρονικότητα*, όμως, είναι ένα σύνολο εμπειριών που το παιδί μπορεί να μοιραστεί και τη μοιράζεται με τον πρώτο σημαντικό Άλλο που σχετίζεται μαζί του: τη μητέρα³. Η επικοινωνιακή συναλλαγή μητέρας-βρέφους θέτει κατά συνέπεια τα θεμέλια για τη διαδικασία συγκρότησης διαπροσωπικών σχέσεων. Μέσα από την πρώτη αυτή εμπειρία διυποκειμενικής διάρκειας ανοίγει ο δρόμος για την κοινωνικοποίηση και την επαφή με τον συμβολικό κόσμο.

ΑΡΧΕΤΥΠΙΚΕΣ ΕΜΠΕΙΡΙΕΣ ΕΠΑΝΑΛΗΨΗΣ ΚΑΙ ΜΗΤΡΙΚΗ ΦΩΝΗ: ΕΝΑ «ΘΕΡΑΠΕΥΤΙΚΟ» ΠΛΑΙΣΙΟ ΓΙΑ ΤΗΝ ΨΥΧΙΚΗ ΑΝΑΠΤΥΞΗ ΤΟΥ ΠΑΙΔΙΟΥ

Οι ψυχολόγοι που ασχολήθηκαν με τη σημασία της μητρικής φωνής στην πρώιμη αλληλεπίδραση (βλέπε, για παράδειγμα: Gratier, 2009· Imberty, 2005· Stern, 1985) κάνουν συχνά λόγο για τη *μητρική ηχώ*, συνδέοντάς τη με έννοιες που εισηγήθηκε ο ψυχαναλυτής Didier Anzieu (1976) όπως *ηχητικό περίβλημα* (*enveloppe sonore*) και *ηχητικός καθρέφτης* (*miroir sonore*).

Το *ηχητικό περίβλημα* όπως περιγράφεται από τον Anzieu (1976), αποτελεί έναν ψυχικό χώρο που προστατεύει το βρέφος από το περιβάλλον του και ταυτόχρονα δημιουργεί και μια ενότητα βρέφους-περιβάλλοντος καθώς μέσω του ηχητικού περιβλήματος οικοδομούνται οι πρώτες μορφές αλληλεπίδρασης και ανταλλαγών. Πιο συγκεκριμένα, φαίνεται πως το βρέφος αμέσως μετά τη γέννησή του αλλά και πριν από αυτή κατακλύζεται από ένα σύνολο αδιαφοροποίητων ήχων και θορύβων που προέρχονται από το περιβάλλον του αλλά και από το ίδιο του το σώμα δημιουργώντας ένα περίβλημα, αρχικά ανομοιογενές και α-χρονικό. Μέσα σ' αυτό το λίγο-πολύ «χαοτικό» σύμπαν, η φωνή της μητέρας αποτελεί την πρώτη ηχητικά διακριτή οντότητα και το πρώτο ουσιαστικά προστατευτικό στοιχείο του περιβλήματος. Δύο ψυχολογικές λειτουργίες αποδίδονται στη μητρική φωνή: *του ηχητικού καθρέφτη* και της *ηχούς*. Η μητρική φωνή λειτουργεί

³ Αξίζει να υπογραμμίσουμε εδώ και τον σημαίνοντα ρόλο που φαίνεται να παίζει εκτός από τη μητέρα και ο πατέρας στην πρώιμη επικοινωνία. Είναι χαρακτηριστικό άλλωστε, ότι τις τελευταίες δεκαετίες πληθαίνουν οι μελέτες που διερευνούν τη μιμητική επικοινωνία της δυάδας πατέρα-βρέφους (Κουγιουμουτζάκης, 2016).

ως ηχητικός καθρέφτης αντικατοπτρίζοντας και ενισχύοντας τις φωνητικές εμπειρίες του παιδιού. Γράφει ο Anzieu (1976):

Προτού το βλέμμα και το χαμόγελο της θηλάζουσας μητέρας προβάλλουν στο παιδί μία εικόνα του ίδιου, -εικόνα που γίνεται αντιληπτή οπτικά και την οποία το παιδί εσωτερικεύει προκειμένου να ενδυναμώσει τον Εαυτό του και παράλληλα να οικοδομήσει το Εγώ του -, το μελωδικό λουτρό (η φωνή της μητέρας, τα τραγούδια της, η μουσική που ακούγεται στο σπίτι) παρέχει στο παιδί έναν πρώτο ηχητικό καθρέφτη. Ο ηχητικός καθρέφτης λειτουργεί βασικά όταν το μωρό κλαίει (και η μητέρα με τις αποκρίσεις της προσπαθεί να το ηρεμήσει), όταν βγάζει μικρές φωνούλες χωρίς νόημα και τέλος μέσω των φωνητικών του παιχνιδισμάτων. (Anzieu, 1976, σελ. 175)

Παράλληλα η μητρική φωνή γίνεται αντιληπτή και σαν ηχώ καθώς μιμείται τις φωνοποιήσεις του παιδιού επαναλαμβάνοντας ή παραλλάσσοντάς τες.⁴ Το ακουστικό φαινόμενο της ηχούς δε συνίσταται απλώς στην ανάκλαση των ηχητικών κυμάτων. Μια φράση σε ηχώ, ξαναγυρίζει στον πομπό ελαφρώς παραμορφωμένη καθώς στην πραγματικότητα αυτό που επαναλαμβάνεται είναι οι τελευταίοι ήχοι. Η μητρική φωνή, οριοθετώντας και συμπληρώνοντας το ηχητικό περίβλημα προεκτείνει έτσι στο χρόνο τη φωνή του βρέφους, την κάνει να διαρκεί περισσότερο, να αντηχεί στο χώρο έστω και λίγο παραλλαγμένη. Με την ηχώ εγκαινιάζεται μια πρώτη μορφή αναπαράστασης του χρόνου: το βρέφος βιώνει μια πρώτη αίσθηση ενός φαινομένου που αφενός διαρκεί, αφετέρου στα πλαίσια αυτής της διάρκειας εμφανίζεται ως μια πρώτη παραλλαγή. Παράλληλα όμως αναπτύσσεται και μια πρώτη αντίληψη της σχέσης του υποκειμένου με τον κόσμο που τον περιβάλλει: η φωνή που αντηχεί είναι εσωτερική και εξωτερική ταυτόχρονα, είναι δική του αλλά και του Άλλου, ενός άλλου που προστατεύει και μεταδίδει αισθήματα αγάπης και ασφάλειας. Σύμφωνα με τον Imberty (2005), η μητρική ηχώ αποτελεί ένα πρώτο ηχητικό φαινόμενο οικοδόμησης σχέσεων ανάμεσα στο υποκείμενο και στον κόσμο, συνιστώντας παράλληλα την πρώτη εκδήλωση της *συναισθηματικής εναρμόνισης* και του διαπροσωπικού δεσμού. Η μητρική φωνή είναι αυτή που σκιαγραφεί επίσης τα όρια ενός *μεταβατικού χρόνου* –με τη σημασία που έδωσε στην έννοια *μεταβατικό* ο Winnicott– προστατεύοντας το βρέφος από το άγχος του αποχωρισμού. Η Castarède (2001) σημειώνει σχετικά ότι «οι αμοιβαίες φωνοποιήσεις δημιουργούν έναν μεταβατικό χώρο όπου αναπτύσσεται η ψυχική υγεία του παιδιού, προϋπόθεση για αυτό που ο Winnicott ονομάζει ένα 'υγιές άτομο'» (σελ. 24). Η ψυχική λειτουργία της μητρικής φωνής φαίνεται να είναι καθοριστική για τη μετέπειτα ανάπτυξη του υποκειμένου και κυρίως για τη διαμόρφωση της ψυχικής του υγείας τόσο στην παιδική ηλικία όσο και στην ενήλικη ζωή. Ο Anzieu (1976) αναφέρεται σε *παθογενείς ηχητικούς καθρέφτες* (*miroirs sonores pathogènes*) επισημαίνοντας ότι πρόκειται για τις περιπτώσεις όπου η μητρική φωνή δεν είναι προστατευτική, αρμονική, ήρεμη και προβλέψιμη, όταν με άλλα λόγια η μητέρα δε βρίσκεται σε συναισθηματική εναρμόνιση με το βρέφος.

⁴ Σύμφωνα με τους ερευνητές της βρεφικής συμπεριφοράς, η αλληλεπίδραση μητέρας-βρέφους στηρίζεται στις μιμήσεις φωνοποιήσεων, εκφράσεων του προσώπου και χειρονομιών. Το βρέφος κατέχοντας πρωταγωνιστικό ρόλο σε αυτή την αλληλόδραση, μιμείται αλλά κυρίως προκαλεί τις μιμήσεις της μητέρας επιθυμώντας να επικοινωνήσει μαζί της. Είναι αξιοσημείωτο πως πολύ συχνά η πρωτοβουλία για την έναρξη των μιμητικών δράσεων προέρχεται από το ίδιο το βρέφος (Imberty, 2004).

Προκειμένου λοιπόν ο ηχητικός καθρέφτης να λειτουργεί προστατευτικά για τον βρεφικό εαυτό αλλά και να συμβάλλει στην ομαλή οικοδόμηση του Εγώ, οφείλει να είναι –με πρωτοβουλία της μητέρας ή του/της μουσικοθεραπευτή/τριας π.χ. στις περιπτώσεις πρόωρων βρεφών όπου η μουσικοθεραπευτική διαδικασία λειτουργεί υποστηρικτικά ως ηχητικό καθρέφτισμα και συγκινησιακό περίβλημα– ένα πεδίο συναλλαγής και μοιράσματος θετικών συγκινήσεων, δομημένο από επαναλαμβανόμενα μοτίβα και μικρές παραλλαγές (Boucheix, 2017).

Αυτό το πρωτοτυπικό σχήμα ακουστικής απόλαυσης, το αίσθημα της ενότητας και του προστατευτικού περικαλύμματος που γεννά η μητρική φωνή και κυρίως οι φωνητικές αλληλεπιδράσεις αρμονίας και συμπάθειας⁵ στη βρεφική ηλικία συνιστούν κατά τη Castarède (2001) ένα αντικείμενο που χάθηκε για πάντα και γίνεται πλέον αντικείμενο νοσταλγίας και ως τέτοιο θα το ξαναβρούμε στη μουσική και στο τραγούδι. Έτσι, στη μουσική πράξη αλλά και στη μουσικοθεραπευτική πρακτική το ενήλικο άτομο αναζητά την επικοινωνία, τη συμβιωτική σχέση, το διυποκειμενικό μοίρασμα, τον μεταβατικό χώρο και χρόνο που παραπέμπουν στην πρώιμη αλληλεπίδραση με τη μητέρα. Γράφει χαρακτηριστικά η Castarède (2001), συμπυκνώνοντας με θαυμαστό τρόπο τη σχέση μουσικής ακρόασης και ασυνείδητων ψυχικών διεργασιών:

Το να αντιλαμβάνεσαι μια μουσική φράση σημαίνει να την ανακαλύπτεις ξανά και ξανά δηλαδή να τη γεύεσαι μέσα σ' αυτό το ατέρμονο πήγαινε – έλα της επιθυμίας και της νοσταλγίας, της παρουσίας και της απουσίας, της απώλειας και της επανένωσης, όλων αυτών των ταλαντεύσεων δηλαδή που αναφέρονται στα πρώτα χρόνια της ζωής του παιδιού. (Castarède, 2001, σελ. 27)

ΕΠΙΛΟΓΟΣ: Η ΕΠΑΝΑΛΗΨΗ ΩΣ ΑΡΧΗ ΡΥΘΜΙΣΗΣ ΤΩΝ ΣΥΓΚΙΝΗΣΕΩΝ ΣΤΙΣ ΑΝΘΡΩΠΙΝΕΣ ΑΛΛΗΛΕΠΙΔΡΑΣΕΙΣ

Στρέφοντας ξανά το βλέμμα στις βασικές συνιστώσες της πρώιμης επικοινωνίας μητέρας-παιδιού, αναγνωρίζουμε για μία ακόμη φορά τη σημασία της ρυθμικής οργάνωσης στην εκδίπλωση της αλληλόδρασης. Η τελευταία, ως δυναμική και ευέλικτη διεργασία αυτοσχεδιαστικού διαλόγου ανάμεσα σε μια επικοινωνούσα δυάδα, συνιστά ουσιαστικά όπως υπογραμμίστηκε πολλές φορές παραπάνω, ανταλλαγή συγκινήσεων μεταξύ προσώπων που επιθυμούν τη χαρούμενη και παιγνιώδη επικοινωνία. Πώς οργανώνεται αυτός ο διάλογος; Μέσω μιας διαρκούς διαπραγμάτευσης, «παρατήρησης» και πρόκλησης της συγκινησιακής κατάστασης του επικοινωνούντος συντρόφου. Στο σημείο αυτό η χρήση της επανάληψης και της παραλλαγής παίζει αναμφισβήτητα έναν θεμελιώδη ρόλο. Η μητέρα επαναλαμβάνει λόγου χάρη φράσεις οικείες στο βρέφος προκειμένου να το γαληνέψει ή να το κοιμίσει ενώ προσθέτει ρυθμικά και δυναμικά στοιχεία, όπως κρεσέντο, επιτάχυνση, επιβράδυνση, όταν επιθυμεί να ενδυναμώσει το διαπροσωπικό δέσιμο και να πυροδοτήσει την προσοχή του βρέφους. Η επικοινωνιακή μουσικότητα ορίζεται εδώ από την εναλλαγή έντασης και χαλάρωσης, προσδοκίας και έκπληξης,

⁵ Οι όροι *συμπάθεια* (*sympathy*) και *συμπαθητικό μοίρασμα* που χρησιμοποιούνται στην παρούσα εργασία, βασίζονται στην ορολογία και στις εννοιολογήσεις του Colwyn Trevarthen. Στη θεωρία του η *συμπάθεια*, συνιστώσα της διυποκειμενικότητας, δηλώνει την έμφυτη τάση ενός ανθρώπου να συμμερίζεται τα αισθήματα και τις συγκινήσεις των συνανθρώπων του καθώς και να συμπάσχει με αυτούς (Κουγιουμουτζάκης, 2016).

καθώς τα δύο πρόσωπα μοιράζονται κίνητρα και εμπειρίες. Σε ένα τέτοιο πλαίσιο η συναισθηματική ασφάλεια, η εμπειρία «του να είμαστε μαζί» (being with),⁶ το αίσθημα της αμοιβαίας αναγνώρισης, γεννιούνται από μία λεπτή ισορροπία ανάμεσα στην εκπλήρωση της προσδοκώμενης «μουσικής» συμπεριφοράς και στην ανανέωση του ενδιαφέροντος που επιφέρει η εμφάνιση του απροσδόκητου συμβάντος.

Ωστόσο, μια τέτοιου είδους διαλογική διαπραγμάτευση χρόνου και συγκίνησης δε συμβαίνει μόνο στην επικοινωνία του βρέφους με τον φροντιστή του. Όπως υπογραμμίζουν ορισμένοι μελετητές της επικοινωνιακής μουσικότητας, παρόμοιες συμπεριφορές παρατηρούνται και σε άλλες μορφές πρόσωπο-με-πρόσωπο αλληλεπίδρασης, όπου είναι κυρίαρχη η μη λεκτική επικοινωνία. Οι Gratier (2001), Imberty (2005), Schögler (1999) και Stern (1982), παρομοιάζουν τους εκφραστικούς διαλόγους ενός ντουέτου της τζαζ που αυτοσχεδιάζει, με τον αμοιβαίο κατοπτρισμό και τις συγχρονισμένες κινήσεις στη συναλλαγή γονέα-βρέφους. Όπως μας πληροφορούν οι σχετικές μελέτες πάνω στη τζαζ (Schögler, 1999), κατά την επιτέλεση οι μουσικοί υιοθετούν εξαρχής έναν κοινό σταθερό και ταυτόχρονα εύκαμπτο ρυθμικό παλμό αλλά και διαπραγματεύονται μαζί τα εκφραστικά ρυθμικά ολισθήματα και τις λεπτές χρονικές ή δυναμικές διακυμάνσεις που αποτελούν χαρακτηριστικό γνώρισμα της αισθητικής αυτού του μουσικού ιδιώματος. Η μετάβαση από την επανάληψη στην παραλλαγή και η διαδρομή από την απομάκρυνση στην επαναφορά στον αρχικό παλμό, πραγματοποιούνται συνεργατικά. Αυτή η ευέλικτη, από κοινού διαχείριση του ρυθμού, το ελεγχόμενο ξεπέραςμα των ορίων αλλά και η επιστροφή εντός τους, η αίσθηση ότι μπορώ με ασφάλεια να εξερευνήσω άγνωστα μονοπάτια αφού κάποιος άλλος δίπλα μου, ευαίσθητος συνάνθρωπος-μουσικός, με ακούει με προσοχή, προβλέπει και «διαβάζει» τις προθέσεις μου και τις υποστηρίζει, δημιουργεί ένα αμοιβαίο αίσθημα συμφωνίας απαραίτητο στη τζαζ επιτέλεση όπως και σε άλλου είδους ομαδικές αυτοσχεδιαστικές επιτελέσεις. Οι μουσικοί της τζαζ, όταν αναφέρονται στη διαδικασία εύρεσης ενός κοινού ρυθμού, στο συγχρονισμό και στις συγκινήσεις που προκαλούνται από αυτή την εμπειρία, λένε «being in the groove» (Monsoon, 1996). Είναι χαρακτηριστικό, όπως αναφέρει ο Schögler (1999), ότι η κορύφωση της επικοινωνιακής συγκίνησης και συνάμα η πιο συγχρονισμένη εκτέλεση, επιτελούνται εκείνες τις στιγμές κυρίως όταν μέσα στη μουσική εξέλιξη προετοιμάζεται και προτείνεται από τον ένα μουσικό στον άλλο μια αλλαγή, μια παρέκκλιση από τη σταθερότητα.

Εμπειρίες μουσικών διαλόγων και αμοιβαίας ρύθμισης συγκινήσεων μέσα σε συνθήκες αυτοσχεδιασμού είναι θεμελιώδους σημασίας και στο πλαίσιο της μουσικοθεραπείας. Η επικοινωνιακή μουσικότητα είναι από τη φύση της «θεραπευτική» και χαρακτηριστικά γνωρίσματα της (όπως η επανάληψη-παραλλαγή μοτίβων στην εξέλιξη της αλληλόδρασης, το συμπαθητικό μοίρασμα συγκινήσεων, ο συντονισμός κινήσεων και φωνήσεων δύο προσώπων) εντοπίζονται μέσα στη θεραπευτική σχέση όπου γίνεται χρήση του αυτοσχεδιασμού ως θεραπευτικού εργαλείου. Η ρυθμική ποιότητα της επικοινωνίας αποδεικνύεται και εδώ εξαιρετικά σημαντική. Τεχνικές όπως οι εναλλαγές σειράς στη μουσική ή κινητική επιτέλεση, η μίμηση, το καθρέφτισμα, φαίνονται να επιτελούν θεμελιώδεις θεραπευτικούς ρόλους

⁶ Σχετικά με τις εμπειρίες κοινωνικών γεγονότων που βιώνουν τα βρέφη όπως αυτή του να είναι μαζί με έναν άλλο (being with), βλέπε Stern (1985).

διευκολύνοντας άτομα με επικοινωνιακές δυσκολίες, όπως για παράδειγμα παιδιά με αυτισμό, να βιώσουν καθοδηγούμενες εμπειρίες διαλόγου, δημιουργικής πρόβλεψης και διαχείρισης χρόνου και συγκινήσεων. Μία από τις τυπικές διαταραχές των παιδιών που ανήκουν στο φάσμα του αυτισμού είναι η τάση τους να εκδηλώνουν στερεοτυπικές συμπεριφορές. Αναζητώντας την αίσθηση της ασφάλειας μέσα στην επανεμφάνιση της ίδιας συμπεριφοράς, η μουσική τους έκφραση και η συμμετοχή τους σε έναν μουσικοθεραπευτικό διάλογο χαρακτηρίζεται πολύ συχνά από ακαμψία και επαναληπτικότητα. Ένας θεραπευτικός αυτοσχεδιασμός όμως που οικοδομείται από τον/την θεραπευτή/τρια με βάση το μοντέλο της επανάληψης-παραλλαγής, αποτελεί ταυτόχρονα και ένα μαθησιακό πλαίσιο διαχείρισης και εξοικείωσης όχι μόνο με προβλέψιμα γεγονότα αλλά και με νέες, δημιουργικές εμπειρίες (Wigram & Elefant, 2009). Όπως στη μουσική έτσι και στη ζωή, σταθερότητα και μεταβολή συνυπάρχουν και εναλλάσσονται και στην προσπάθεια μας να μεταβούμε ομαλά από τη μία κατάσταση στην άλλη, έχουμε την ανάγκη να δημιουργήσουμε (ήδη από τη βρεφική ηλικία) πλαίσια αλληλουχιστήριξης, κοινών αφηγήσεων και συνεργατικότητας. Στον αυτισμό όπου η διυποκειμενικότητα είναι εξασθενημένη (Trevanthen, 2002), ο μουσικός διάλογος παιδιού-θεραπευτή/τριας και οι ρυθμικές ποιότητες με τις οποίες αυτός διαμορφώνεται, μπορούν να αναδειχθούν σε μια αποτελεσματική οδό για την ενεργοποίηση των συνεργατικών κινήτρων και τη βελτίωση των επικοινωνιακών δεξιοτήτων του παιδιού.

Είδαμε παραπάνω με ποιο τρόπο το παιχνίδι βρέφους-γονέα, η συνεργατική μουσική επιτέλεση, και ο μουσικός διάλογος στη θεραπευτική μεθοδολογία συνιστούν και τα τρία, όψεις μη-λεκτικής επικοινωνίας και μοιράσματος ανάμεσα σε δύο πρόσωπα που προσπαθούν, το καθένα με τη δική του ιδιότητα και ίσως το καθένα σε διαφορετικό βαθμό, να συναντήσουν τις προθέσεις και τα κίνητρα του άλλου. Στο πλαίσιο αυτής της προσπάθειας αναπροσαρμόζουν στη διάρκεια της αλληλόδρασης τη συμπεριφορά τους, τις χειρονομίες, τις φωνήσεις και τους ρυθμούς τους προκειμένου να εναρμονιστούν συγκινησιακά, να θεραπεύσουν και να θεραπευτούν.

Αναζητώντας, στη διάρκεια αυτής της εργασίας, τα νοήματα και τις αποχρώσεις της επανάληψης και της παραλλαγής, το ενδιαφέρον μου εστιάστηκε πρωτίστως στους ρυθμικούς διαλόγους που διέπουν ποικίλες ανθρώπινες επικοινωνιακές εκφράσεις όπου η μουσικότητα της συμπεριφοράς αναδεικνύεται ισχυρή: από τα βρεφικά παιχνίδια στη μητρική ηχώ και από τους διαλόγους της τζαζ στη θεραπευτική πρακτική. Η ανασκόπηση αυτή, περνώντας μέσα από τα ερμηνευτικά μονοπάτια της αναπτυξιακής ψυχολογίας, και της ψυχολογίας της μουσικής έδειξε πώς μέσα στη δυναμική της ανθρώπινης συμπάθειας, η επανάληψη και το συμπληρωματικό της στοιχείο, η παραλλαγή, σμιλεύουν τις δράσεις και τις συγκινήσεις, νοηματοδοτούν το χρόνο και τη διάρκεια.

BIBΛΙΟΓΡΑΦΙΑ

- Ansdell, G. (1997). Musical elaborations: What has the New Musicology to say to music therapy? *British Journal of Music Therapy*, 11(2), 36-44. <https://doi.org/10.1177/135945759701100202>
- Anzieu, D. (1976). L'enveloppe sonore du Soi. *Nouvelle revue de psychanalyse*, 13, 161-179.
- Beebe, B., Jaffe, J., Feldstein, S., Mays, K., & Alson, D. (1985). Inter-personal timing: The application of an adult dialogue model to mother-infant vocal and kinesic interactions. Στο F. M. Field & N. Fox (Επιμ.), *Social perception in infants* (σσ. 249-268). Ablex.
- Boucheix, S. (2017). Une musicothérapie de l'enveloppe: Résonance entre enveloppe sonore, sensorielle et psychique en service de néonatalogie. *Revue Française de Musicothérapie*, 36, *Essai théorico-clinique*. <http://revel.unice.fr/rmusicotherapie/index.html?id=3324>

- Castarède, M. F. (2001). L'enveloppe vocale. *Psychologie Clinique et Projective*, 27, 17-35. <https://www.cairn.info/revue-psychologie-clinique-et-projective-2001-1-page-17.htm>
- Cross, I. (2010). La nature évolutionnaire de la signification musicale. In I. Deliege, O. Vitouch & O. Ladining (Επιμ.), *Musique et Evolution* (pp. 157-169). Mardaga. <https://doi.org/10.3917/mard.delie.2010.01.0155>
- Delalande, F. (1976). Trois idées clés pour une pédagogie musicale d'éveil. *Pédagogie musicale d'éveil, Cahiers recherche /musique, no 1*, INA/GRM.
- Delalande, F. (1984). *La musique est un jeu d'enfant*. Buchet/Chastel.
- Deliège, I., & El Achmadi, A. (1989). Mécanismes d'extraction d'indices dans le groupement. Etude de perception sur la Sequenza VI pour alto solo de Luciano Berio. *Contrechamps*, 10, 85-104. <https://doi.org/10.4000/books.contrechamps.1946>
- Dissanayake, E. (2009). Root, leaf, blossom, or bole: Concerning the origin and adaptive function of music. Στο S. Malloch & C. Trevarthen (Επιμ.), *Communicative musicality: Exploring the basis of human companionship* (σσ. 17-30). Oxford University Press.
- Gratier, M. (2001). Harmonies entre mère et bébé. Accordage et contretemps. *Enfances et Psy*, 13(1), 9-15. <https://doi.org/10.3917/ep.013.0009>
- Gratier, M. (2007a). Musicalité, style et appartenance dans l'interaction mère-bébé. Στο M. Imberty & M. Gratier (Επιμ.), *Temps, geste et musicalité* (σσ. 69-100). L'Harmattan.
- Gratier, M. (2007β). Η ανακάλυψη και η ανάπτυξη των ριζών. Στο Γ. Κουγιουμουτζάκης (Επιμ.), *Συμπαντική αρμονία, μουσική και επιστήμη* (σσ. 295-331). Πανεπιστημιακές Εκδόσεις Κρήτης.
- Gratier, M. (2009). Du rythme expressif à la narrativité dans l'échange vocal mère-bébé, *Champ Psychosomatique*, 2(54), 35-46. <https://doi.org/10.3917/cpsy.054.0035>
- Gratier, M., & Apter-Danon, G. (2009). The improvised musicality of belonging: Repetition and variation in mother-infant vocal interaction. Στο S. Malloch & C. Trevarthen (Επιμ.), *Communicative musicality: Exploring the basis of human companionship* (σσ. 301-327). Oxford University Press.
- Imberty, M. (2004a). Le bébé et le musical. Στο J.J. Nattiez (Επιμ.), *Musiques, une encyclopédie pour le XXIe siècle* (σσ. 506-526). Actes Sud.
- Imberty, M. (2004β). La musique et l'inconscient. Στο J.J. Nattiez (Επιμ.) *Musiques, une encyclopédie pour le XXIe siècle* (σσ. 390-418). Actes Sud.
- Imberty, M. (2005). *La musique creuse le temps*. L'Harmattan.
- Imberty, M. (2007). Introduction: Du geste temporel au sens. Στο M. Imberty & M. Gratier (Επιμ.) *Temps, geste et musicalité* (σσ. 7-32). L'Harmattan.
- Κουγιουμουτζάκης, Γ. (2016). Στα υπόγεια του σώματος, του νου και της κοινωνίας. Στο Γ. Κουγιουμουτζάκης (Επιμ.), *Το συν-της συγκίνησης. Ψυχολογία εμβρύων, βρεφών και νηπίων* (σσ. 465-512). Πανεπιστημιακές Εκδόσεις Κρήτης.
- Malloch, S.N. (1999). Mothers and infants and communicative musicality. *Musicae Scientiae, Special Issue*, 29-57. <https://doi.org/10.1177/10298649000030S104>
- Malloch, S., & Trevarthen, C. (Επιμ.). (2009). *Communicative musicality: Exploring the basis of human companionship*. Oxford University Press.
- Marwick, H., & Murray, L. (2009). The effects of maternal depression on the 'musicality' of infant-directed speech and conversational engagement. Στο S. Malloch & C. Trevarthen (Επιμ.), *Communicative musicality: Exploring the basis of human companionship* (σσ. 281-300). Oxford University Press.
- Mazokopaki, K., & Kugiumutzakis, G. (2009). Infant rhythms: Expressions of musical companionship. Στο S. Malloch & C. Trevarthen (Επιμ.), *Communicative musicality: Exploring the basis of human companionship* (σσ. 185-208). Oxford University Press.
- Meyer, L. (1956). *Emotion and meaning in music*. University of Chicago Press.
- Monsoon, I. (1996). *Saying something: jazz improvisation and interaction*. University of Chicago Press.
- Papousek, M., & Papousek, H. (1981). Musical elements in the infant's vocalizations: their significance for communication, cognition and creativity. Στο L.P. Lipsitt (Επιμ.), *Advances in infancy research* (σσ. 163-224). Ablex.
- Rizzolatti, G., & Sinigaglia, C. (2008). *Mirrors in the brain: How our minds share actions and emotions* (F. Anderson, Μτφρ.). Oxford University Press.
- Schaeffer, P. (1966). *Traité des objets musicaux*. Seuil.
- Schögler, B. W. (1999). Studying temporal co-ordination in jazz duets: Rhythms, musical narrative, and the origins of human communication. *Musicae Scientiae, Special Issue, 1999-2000*, ESCOM, 75-91. <https://doi.org/10.1177/10298649000030S106>
- Small, C. (1998). *The meanings of performing and listening*. Wesleyan University Press.
- Small, C. (2010). Μουσικοτροπώντας: Τα νοήματα της μουσικής πράξης (Δ. Παπασταύρου & Σ. Λούστας, Μτφρ.). Ιανός.
- Stern, D.N. (1977/2002). *The first relationship*. Harvard University Press.
- Stern, D.N. (1982). Some interactive functions of rhythm changes between mother and infant. Στο M. Davis (Επιμ.), *Interaction rhythms: Periodicity in communicative behavior* (σσ. 101-117). Human Sciences Press.
- Stern, D.N. (1985/2000). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. Basic Books.
- Trevarthen, C. (2002). Autism, sympathy of motives and music therapy. *Enfance*, 54, 86-99. <https://doi.org/10.3917/enf.541.0086>
- Trevarthen, C., & Aitken, K. J. (2003). Intersubjectivité chez le nourrisson: Recherche, théorie et application clinique. *Médecine et Hygiène-Devenir*, 4(4), 309-428. <https://doi.org/10.3917/dev.034.0309>
- Trevarthen, C. (2007). Επικοινωνιακή μουσικότητα: Πώς αναπτύσσεται το νόημα στο ρυθμό και στη συμπάθεια. Στο Γ. Κουγιουμουτζάκης (Επιμ.), *Συμπαντική αρμονία, μουσική και επιστήμη* (σσ. 353-410). Πανεπιστημιακές Εκδόσεις Κρήτης.
- Wigram, T., & Elephant, C. (2009). Therapeutic dialogues in music: Nurturing musicality of communication in children with autistic spectrum disorder and Rett syndrome. Στο S. Malloch & C. Trevarthen (Επιμ.), *Communicative musicality: Exploring the basis of human companionship* (σσ. 423-445). Oxford University Press.

Approaching the temporal schema of “repetition-variation”: From the construction of musical time to the constitution of a rhythmic framework for sympathetic sharing of emotions

Vasiliki Reraki

ABSTRACT

As studies in developmental and music psychology demonstrate, repetition and variation play a significant role in processes of human interaction since they are involved in rhythmic construction and sharing of musical and proto-musical intersubjective experiences. Mother-infant playful dialogues, as well as therapeutic dialogues and “conversations” between two improvising musicians, are based on common prediction of repetitive music and behavioral patterns on one hand and on negotiation of unexpected events on the other hand. The present work, after exploring the significance of the *repetition-variation schema* in music perception and creation, investigates its meanings in parent-infant communication and searches for analogies in therapeutic improvisation and collaborative music performance. The comparative review of research studies which investigate aspects of dynamics in interpersonal relationships, leads us finally to argue that the common time of emotional narratives - a fundamental basis of human communicative musicality - is constructed through the rhythmic experience of *repetition-variation*.

KEYWORDS

repetition-variation, musicality, human interactions, emotions, intersubjectivity, improvisation

ARTICLE

In defence of working with “patients” in music therapy

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ABSTRACT

How music therapists consider people who come for therapy, and how people who come for therapy perceive themselves during sessions, is of paramount importance and central to our work. More than an argument about terminology or semantics, this paper will propose that the term used fundamentally affects how the therapeutic relationship is viewed, during and around music therapy, by both the therapist and the person receiving therapy. It is a commentary in response to a book review (Rizkallah, 2021) that generated a reply (Sundararaj, 2021). This paper will argue that using the word “patient” to describe the person receiving therapy, regardless of clinical presentation, allows for a more honest appraisal of the therapeutic relationship than any other term. It includes discussion of the etymology of the terms commonly used to refer to people coming for therapy and uses existing literature to explore thoughts around terminology and how it relates to power dynamics within sessions.

KEYWORDS

patient,
client,
service user,
therapeutic
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To be a patient is to be a solipsist: for a while, the world revolves around you.
(Nicholas Crisp)

When I'm with my children I'm a mother; when I'm in a shop I'm a customer; when
I'm on the underground I'm a commuter; when I see my psychiatrist I'm a patient.
(Anonymous)

INTRODUCTION

It seems difficult to agree on a word, or group of words, that music therapists consider appropriate to use with the person or people they are working with. On a concrete level, this is probably representative of the multitude of work environments music therapists work in. As well as this, perhaps it illustrates the many different presentations of all the people that come to music therapy, and with motivations and aims so varied the work may feel very different from one person or workplace to the next. It

places the profession arguably in a unique position through having to keep in mind a significant number of theoretical models, cultural connotations, translational issues, and appropriate potential interventions.

I think there is another consideration, however the words we use to describe the people that come to music therapy betray a sense of how the therapeutic relationship is considered, and how varied that can be. In this article I will attempt to argue that some of the newer terms adopted more widely, specifically “client,” “service user,” and “companion,” do not illustrate the therapeutic relationship adequately enough compared to using the word “patient.” The purpose of writing this article is not a wish for standardisation, or an attempt at narrow theoretical superiority, but an exhortation to consider the implications of the language we use, and how it represents what is really happening in each session.

While I think the arguments I will outline are relevant to music therapists working across the spectrum of theories, it is important to acknowledge that my background is predominantly psychodynamic. I trained at the Guildhall School of Music and Drama, a psychodynamically oriented music therapy training, and took a further course in psychodynamic psychotherapy at the Tavistock Centre. My team and I at North London Music Therapy primarily work in a private practice clinic setting with people who are verbal and neurotypical and able to refer themselves for mental health concerns that can be managed within the community. My own musical background stems from living in the UK for the entirety of my life so far (although I hold dual nationality) and therefore is predominantly Western, mostly based around popular music from the second half of the 20th Century onwards.

While I think my arguments can be extrapolated out to all of music therapy, it is probably the remit of a further article to examine the particular therapeutic manifestations and the implications for language in those with physical and/or learning difficulties.

BACKGROUND

In a recent book review for this journal (Rizkallah, 2021), I took issue with Suzanne Hanser’s use of the term “companion” to describe the person or persons in the room with their therapist. Hanser (2018) suggests that a patient’s “inner healer” may come from within: “When the healer comes from within, the music therapist is a guide or facilitator to accompany the person’s journey from illness to wellness, and the person is a companion on that journey” (p. 69).

This was further expounded on in a response to my review:

Integrative medicine [...] views the patient and the practitioner as partners within the therapeutic process (Maizes et al., 2009). [...] It is true that there is a power differential between therapist and client, and maintaining a professional relationship requires strict parameters. However, Hanser urges the music therapist to “empower” the client to identify their own inner strength and resources as they enter into the therapeutic relationship. [...] the idea of a “companion” and “muse” as proposed by Hanser [could] be appropriate [in some patients], as such an approach is more likely to elicit the intended therapeutic outcome of empowering the individual seeking treatment. (Sundararaj, 2021, p.299)

Sundararaj unfortunately offers no evidence as to his claim of how referring to a patient and treating them as a companion or muse is more likely to elicit an “intended therapeutic outcome” of empowerment. Hanser and I agree that the patient has the best resources from within themselves to make the most use of their therapy. I am also of the opinion, though, that it does not follow that the patient should arrive at therapy already knowing how to make use of their resources. It is not just the content of their experiences that our patients find difficult, but *how to think about them* (Bion, 1962). The therapist ought to exist in a state of mind where link making and thinking about and between patient experiences is possible at a “good enough” level. It is this aspect of the therapist’s role that affords them their power and privilege within a therapeutic situation.

I therefore think that someone existing in the role of patient during their therapy session should not be held responsible for managing the process of link making without significant support:

Calling one’s patient a ‘companion’ does not allow the patient the space to be held (in the Winnicottian sense) by their therapist who manages the boundary of the session in order that the patient feel safe enough to express themselves in whatever way they see fit. (Rizkallah, 2021, p. 285)

There is a difference between power and empowerment, which I will discuss later in this article, but I would suggest that we do not need to pretend there needs to be equality within a therapeutic relationship in order that a patient be empowered. Empowerment is a desirable positive outcome for all patients within therapy; I would argue that empowerment enables someone to access their inner resources well enough without needing regular therapy. That does not mean, however, that striving for equality in the therapeutic relationship is necessarily the best approach to enable empowerment.

MY POSITION

In Crisp’s quote at the beginning of this article, he refers to being a patient as being a solipsist. Solipsism suggests selfishness: “The belief that only your own experiences and existence can be known” (Cambridge Dictionary, 2020). When we are patients in a Western medical sense, the implication is that we defer, or perhaps acquiesce, to the superior knowledge and expertise of doctors, nurses, and other medical staff. To be clear, here superiority does not come with a value judgement; rather the acknowledgment that someone who is medically trained would have greater knowledge of medicine than someone who is not medically trained.

When we are patients in a psychotherapeutic or music therapy sense, Crisp’s idea of solipsism may in fact become a more liberated view. Those working psychodynamically in music therapy already know the importance and potency of the transference relationship and the projections as part of it. This method of working acknowledges fully the individual world view of the patient - and respects it, not seeking to change or adapt it, but to illuminate its idiosyncrasies through words and music. Other therapeutic models too acknowledge the need of the patient to express not only themselves and their difficult feelings but their world view and how their experiences and culture have shaped them.

There is no reason to push onto patients any further responsibility when all they are required to do as part of their therapy is to bring themselves to their sessions and express themselves in whatever

way they are able to and see fit. The therapist bears ultimate responsibility for time, space, boundary, privacy, the holding, and the understanding of all that is brought to the session, and the illumination of it to patients in musical and verbal ways that are safe, meaningful, and easy to understand. This does not mean that patients do not also hold responsibility – they manage their own regular attendance and as full presence in sessions as possible, and they bring their own experience to their sessions - but that it is not ultimately their responsibility to maintain the space.

Accessing parts of ourselves that we do not like or find challenging is painful; the violent language of splitting, projecting and so on employed by psychoanalysis goes some way to illustrate the pain that patients feel. When any kind of therapy works well it offers challenge, perspective and change; change involves loss, and loss involves pain, grief and mourning (Freud, 1917). It is the therapist's responsibility to lead in facilitating this challenge and alternative perspective, in order that the patient feels it within themselves and can then effect change within themselves.

This imbalance of responsibility also illuminates the imbalance of power, where the therapist has many more variables within their direct control, as described above. This cannot be avoided. The therapist in their professional role would also always have more knowledge and expertise than their patient in terms of knowledge of theory, technique and, often, musical ability – it is the definition of each role. As Barrington (2008) writes: "Music therapists will have gained specialist knowledge through training, qualification and practice. They will become experts. This is indisputable" (p. 70).

The problem is not that there is a power dynamic within the therapeutic relationship but the fact that therapists often seem to ignore it or perhaps wish it away with other language. We create new euphemisms – most popularly "client" or "service user" – that suggest more of an illusion of equality in a relationship that is inherently unequal. Sinason (2010) has written about a very similar topic in detail in the context of considering the euphemisms to describe disabled people, suggesting that what is felt as a desire or need to do this is driven by guilt that the therapist cannot truly sit with their patient's pain. The creation and utilisation of euphemisms seems to be a practice that repeats itself over time.

I think there is further cause for consideration in music therapy because of the musical expertise demanded in the therapist and not in the patient. Darnley-Smith and Patey (2003) emphasise how the therapist's expertise enables the patient's participation: "[...] a variety of musical instruments [...] are chosen by the therapist in order that the *client* [emphasis added] is able to make sounds without needing prior knowledge or skill" (p. 41). The majority of people who attend music therapy, regardless of musical ability, have not attended music therapy before; and, even if the patient is a professional musician, the type of music making most often used in UK music therapy (clinical improvisation) is unique to the setting and not widely practised outside of the therapy room. The democracy of music therapy is to be applauded – anyone can access the service by the rules of its parameters – but at the same time it could be argued that it leaves patients feeling unable to speak the language. This is an initial concern often reported within the service I run before sessions have begun and, conversely, can be a significant barrier for access as the feeling of vulnerability can sometimes overwhelm potential patients. This vulnerability, and what I would call an acknowledgement of the power dynamic within therapy, is something that patients seem to acknowledge and that therapists could benefit from considering, both professionally and with their patients.

ARTICLE APPROACH

I will attempt to argue that using the word “patient” to describe the person or persons in the room with the therapist is the most honest word that we currently have in our lexicon to describe the nature of the relationship between the therapist and the person that has come for therapy. I will consider this idea in order to be able to suggest that using the word “patient” sufficiently alters our stance as therapists towards the person we are working with – and similarly their stance towards their therapist – in a way that is more effective, helpful and appropriate than using any other term. I will not attempt to argue that “patient” will continue to be the most desirable word for such persons, but I will discuss how more modern euphemisms do not adequately describe the nature of the relationship that takes place within therapy. I will briefly address previous criticisms levelled at the word “patient,” with specific reference to the ambivalence surrounding music therapy’s connections to the medical model of care. As this article originated in a criticism of integrative medicine, I will also consider the term “companion” from an integrative standpoint and offer an alternative view.

There may be an assumption in the reader that the theory I am proposing only applies to verbal patients who can make use of the spoken medium. I would suggest that using “patient” as described above is appropriate for people who come to therapy with diagnoses across the whole medical spectrum, of any age, and with any level of cognition and/or language. However, I think the particular manifestations of the therapeutic relationship experienced when working with non-verbal patients could usefully be written about in a further article.

ETYMOLOGY AND CURRENT DEFINITIONS

The three phrases most commonly used in the UK to describe those who come to therapy are service user, client and patient. I shall briefly examine the origins of all three phrases and also the term companion as it is this term that prompted the thinking behind this article.

“Service user” has been adopted in the last two decades or so as an attempt at a more neutral title (Health and Care Professions Council [HCPC], 2020). The word “service” comes from the Old French *servise* and/or the Latin *servitium* – both of which mean slavery. In music therapy terms, perhaps it demonstrates an attempt to overtly aim for “patient-led” work, as the therapist, the provider of the service, is linguistically placed in a subservient position compared to the user of the service. What it does not determine, though, is who defines the service. The service could not happen without the patient’s attendance, but it would not even have been provided if it was not for the therapist’s maintenance. As Sinason (2010) suggested happens with difficult language, by placing the “service user” in a dominant position linguistically the reality of the situation has been euphemised.

Interestingly, in two UK healthcare studies where patients are asked to state preferences as to which term they prefer, “service user” most often comes out as least preferred (Costa et al., 2019; Simmons et al., 2018). In the same studies the most commonly preferred word is, in fact, “patient,” although Simmons et al. (2018) distinguish between contexts – “patient” is preferred when speaking with psychiatrists and nurses but is “equally preferable to ‘client’ for social workers and occupational therapists” (p. 22).

The original meaning of the term “client” is “a person under the protection and patronage of another” and has its roots in the Latin *cliens*, perhaps akin to *clinare* – to lean (Merriam Webster, n.d.) – or *cluens* – to heed – which in itself is a variant of *cluere* – to hear or obey (Google, n.d.). The original meaning of “client” provides a more explicit description of the power imbalance within a professional relationship (although not explicitly a therapeutic one) but seems to exploit it, referring to patronage with its implication that the patron has the resources with which to patronise and therefore has the majority share of power within the relationship (because that person might also take away said resources and end the relationship). It is unclear how we have arrived at the modern definition of “client,” which is “a person or organisation using the services of a lawyer or other professional person or company” (Google, n.d.). If we were to take the modern definition on its own then, by its own defining, the argument is very similar to the one for “service user” which has its flaws, as discussed above; but, as with “service user”, the word “client” has been euphemised over time, with its origins of patronage and potential for misrepresentation of – or abuse within – a relationship edited out.

“Companion” comes from the Old French *compaignon*, meaning one who breaks bread with another. *Compaignon* is based on the Latin *com* - come together with - and *panis* - bread (Google, n.d.). In the sense that Hanser (2016) defines the use of “companion” in music therapy), then using a word that has origins in breaking of bread achieves her aim. This depends, though, on a patient who is able to acknowledge and manage all of their inner painful feelings throughout therapy, especially the parts of themselves that they do not like or do not wish to acknowledge, which is not often the case.

In an explanation of Analytic Music Therapy, Bruscia (as cited in Darley-Smith & Patey, 2003) writes that the music in music therapy is “programmatically or ‘referential’ in that the music symbolises or refers to something outside of itself” (p. 28). When patients do not want to acknowledge aspects of themselves in therapy, these parts of themselves can be denied or split off, often quite violently (Britton, 1989), as Bruscia illustrates can happen musically also. Winnicott (1958) writes of the anger that exists in all of us and how we can harness it as a “life force” to discover the parts of ourselves we cannot bear (p. 216). People who come to therapy arguably need space to feel every emotion; of course a patient can feel angry at a therapist they also feel they have “broken bread” with, but the therapist – who holds a greater share of the power dynamic within sessions by virtue of their role, training and demanded musical expertise – is not equal with the patient and, in pretending to be so by using this term, denies the reality of the therapeutic relationship.

“Patient” comes from the Latin *patiens*, meaning to suffer, or bear (Google, n.d.). It does not refer to the relationship in the room; rather the state of the person requiring medical attention or therapy. I would argue it is a more realistic understanding of the other person in the room with their therapist: to know they suffer, and to know that they do not wish to continue suffering, to no longer bear the load they experience as their own. It fits with the modern definition of “patient,” which (similarly to “client” or “service user”) is “a person receiving or registered to receive medical treatment” (Google, n.d.) but its synonyms – convalescent, invalid, *sufferer* – set it apart from the other definitions we have considered.

The reason I believe “patient” is more appropriate than any other term, even though the modern definitions for all of the terms except for “companion” are remarkably similar, is because its synonyms emphasise the state of mind of the person receiving treatment, whether medical or musico-/psychotherapeutic. The focus is on the person receiving treatment, and that they feel they need help.

I feel this illustrates both the vulnerability of the person who comes to therapy and the potential for this vulnerability to be exploited because of the amount of variables within therapy directly in the therapist's ultimate control (e.g., time, space, setting, musical ability demanded in the therapist and not the patient). I feel it is the most accurate description of what actually happens within a music therapy session. This direct reference to the person coming for therapy, in a way that can be extrapolated out to help us consider session content and meaning, is absent in all of the other definitions.

AN OVERVIEW OF EXISTING LITERATURE

In the music therapy literature alone there were dozens of papers identified as including content related to power dynamics (Annesley et al., 2020; Arnason, 2006; Austin, 1996; Baker, 2014; Barrington, 2008; Bodry, 2018; Bodry & Schwantes, 2021; Bruscia, 2018; Cobbett, 2009, 2016; de Nora, 2006; Edwards & MacMahon, 2015; Fairchild & Bibb, 2016; Flower, 2019; Foster, 2007; Hadley, 2008; Hadley & Edwards, 2004; Haire & MacDonald, 2019; Halstead & Rolsvjord, 2017; Hardy & Monypenny, 2019; Harris, 2019; Hence, 2015; Hernandez-Ruiz, 2005; Hinshelwood, 2001; LaCom & Reed, 2014; Matsumura McKee, 2010; McCaffrey et al., 2018; Meadows, 2008; Medcalf & Skewes McFerran, 2016; Metell, 2019; Metell & Stige, 2016; Metzner, 2004; Miyake, 2014; Procter, 2005, 2008; Rogers, 1992; Rolsvjord, 2004, 2006a, 2006b, 2016; Ruck, 2010; Scrine, 2016, 2018; Short, 2017; Small, 1998; Stige, 1998; Streeter, 1999; Sutton, 2020; Thompson & McFerran, 2015; Turry, 2005). As this paper is not a systematic literature review, I will not analyse all papers in great detail; instead, I shall focus on a handful of articles that have particularly informed my thinking in this paper.

Music therapy's professionalism and potential for power

Barrington (2008) and Procter (2008) concern themselves with the state of the profession at the time. While Barrington argues the case for the professionalisation of music therapy, drawing a succinct distinction between *standards* and *standardisation* (praising the former while being wary of the latter), both talk of power only inasmuch of the potential for the relational power dynamic to be abused. I would argue that my position is different; while Barrington suggests there could be an illusion of power, I would say quite plainly that the therapist has more power in the therapeutic situation, and this should be worked with. Procter (2008) writes, "it could be argued that [professionalism] is a means of disempowering the client on the basis that the professional knows best" (p. 79). I agree that this is a significant risk, and therefore one that should be laid open and thought about instead of being denied and euphemised.

Power vs empowerment

Many papers talked about the desire for patients to feel empowered, and the increased necessity of empowerment for patients from disadvantaged or challenging backgrounds (a small sample from many includes Baker [2014] and Rolsvjord [2004, 2006, 2016]). This suggests that the patient's

background, gender, race, class and so on as well as their status of seeking help may sometimes place the patient in a feeling of a position of absence of power, or powerlessness.

Rolsvjord (2004) sets out a basic premise of empowerment philosophy as a guide to approaching music therapy practice but comes from a starting point of presuming that music therapists are acting as “professional helpers” (p. 100) which I do not feel necessarily follows. She distinguishes between “power over” which she terms as “traditional patriarchal patterns of power” and “power to,” or “a form based on values connected with collaboration, mutuality and respect” (Rolsvjord, 2004, p. 102), and talks about nurturing and developing of strengths. She suggests this happens through “a transfer of definitional power from the expert therapist to a client with ability to empower himself,” but with the inference that there must therefore be a need to encourage equal relationships (Rolsvjord, 2004, p. 104). What this avoids is that the power is never fully transferred - the therapist will remain in the expert position by nature of the role regardless of how empowered the patient has enabled themselves to feel. Rolsvjord quotes Stige (1998) who emphasises a need for shared responsibility within therapy; but shared responsibility is not the same as an equal relationship and should not suggest that therapist and patient have equal responsibilities. If the belief holds that the therapist has more power through expertise within the therapeutic relationship by nature of the role, then the therapist also has more responsibility. Of course, the patient has their own experience which they bring to their therapy, but it is not the patient’s responsibility to immediately understand how to think about their experience – it is the therapist’s responsibility to lead the facilitation of that thinking.

A patient does not feel empowered by having something done to them - doing something to someone places the power firmly in the hands of the doer. The patient can therefore only experience empowerment through their own thoughts and actions (Bruscia, 2018). It is a small but important distinction. As therapists we can create space, allow room, provide perspective (whether musical or verbal) but we cannot empower others; only the patient can feel empowered and empower themselves. If as therapists we feel we can empower, I would argue it is only to satisfy our desire to retain an outward appearance as the expert, or being “in control,” which we never are.

It could be argued that there exists in the therapist a discomfort with the idea of holding power, or a desire to be rid of the difficult feeling. So long as we feel we have done everything within our power to build up our patient’s reserves, we are absolved from the guilt and shame we feel as the potent individuals in this situation, in being the holder of the knowledge, expertise, time and space. At the same time, holding the power of leading facilitation of thinking, whether verbally or musically, does not mean that the therapist is all-knowing, although this idea may be projected onto the therapist; indeed, the therapist aims for a “not-knowing” stance in the words and music.

Problems with the term “patient”

There seems to be a strand of theory that seems distrustful of the medical model, which I wonder may account for some of the dismay at using the word “patient” and its medical connotations. Music sociologist De Nora (2006) suggests that music therapy “may be able to take on an empowered theoretical role, as an equal partner in medical dialogue” (p. 86), with the suggestion that as music therapy provides a more holistic view of a patient than by purely using the medical model it should be considered on an equal footing to medical intervention. This ignores the power that is afforded by the

vast wealth of evidence surrounding Western medicine and the structures that necessarily keep evidence as the top priority in decision making. Guidance from the Department of Health (DoH) in England states that using evidence-based medicine has

a number of advantages [...] it ensures care is clinically and cost effective, it ensures that high standards are maintained, that care is provided based on the best evidence possible and that the best outcomes for people are achieved. (DoH, 2021, p.3)

It seems inarguable that all healthcare service providers would want to offer the highest quality treatments possible and that a rigorous set of records would be useful in order to do so. It seems naïve to demand that service providers speak the language of music therapy. Music therapists are professionals, just like all medical workers (here we have more equal professional relationships where colleagues have all been trained in their particular areas of expertise); even though music therapists often have to translate the language of our work into the language that all the other medical professionals speak, that does not mean that medical language and processes do not have rigour, or use.

Outside of music therapy, issues with the overt reference to the relational power dynamic can also be found. According to Neuberger (1999), “the patient [...] is truly passive – bearing whatever suffering is necessary and tolerating patiently the interventions of the outside expert.” While it can be argued that a patient may suffer or bear things done to them, I do not think it follows that this renders patients entirely passive. Suffering does not erode autonomy, specifically around decision making; instead it gives more to consider as part of that process. A patient may experience their autonomy being diminished, but this creates a responsibility for the medical professional (in this case, as referred to by Neuberger) to enable facilitation of the patient’s autonomy, much in the same way the responsibility also appears within music therapy and all therapies. It also does not absolve the “expert” of their own suffering and the consequences of their actions.

CONCLUSION

This paper is not an attempt to place the term “patient” on a pedestal of the ideal name for the individuals in a room with their therapist. It is not necessarily the best word, ultimately. I do not know that there is a perfect word. The term “patient” does hold medical connotations, which can feel antithetical to certain parts of the music therapy community, and the uncomfortable lens at which the power dynamic within both medicine and therapy is exposed through the etymology and application of the word may not feel useful to all.

What I do suggest, though, is that the newer attempts at terminology do not adequately illustrate the manner in which the therapeutic relationship is initially set up and carried out, and do not achieve it as successfully as the term “patient” does. I feel this is only further emphasised when we add in the extra layer of musical ability and utilisation, or lack of. The power dynamic in favour of the therapist during therapy is inevitable as the therapist bears ultimate responsibility for the time, space and boundary around the session and therefore has more variables around a session which are ultimately

in the therapist's control. This takes into account the therapist's theoretical and musical expertise, neither of which is demanded in the patient.

Using "patient" rather than any other term represents the therapeutic relationship more authentically than any other term, allowing for fuller and more real conversations about the nature of the therapeutic relationship. It allows the patient to simply be a patient: becoming in touch with the suffering (that is inherent in the etymology of the word) that has brought them to therapy, receiving understanding from their therapist with verbal and musical facilitation to think through their suffering and experience new dimensions within the therapeutic relationship as a result – without the responsibility or burden of any other aspect of therapy. To deny a patient's suffering is to be blind to the reason they have arrived at therapy and the true weight of their experience. Saying a patient suffers is not the same as placing a value judgement on the patient; rather, it is a simple acknowledgement of their pain.

REFERENCES

- Annesley, L., McKeown, E., & Curtis-Tyler, K. (2020). Parents' perspectives on their children's music therapy: A synthesis of qualitative literature. *British Journal of Music Therapy* 34(1), 39-52. <https://doi.org/10.1177/1359457520907636>
- Arnason, C. (2006). Woman to woman: A music therapist's experience of working with a physically challenged and non-verbal woman. *British Journal of Music Therapy*, 20(1), 13-21. <https://doi.org/10.1177/135945750602000104>
- Austin, D. S. (1996). The role of improvised music in psychodynamic music therapy with adults. *Music Therapy*, 14(1), 29-43. <https://doi.org/10.1093/mt/14.1.29>
- Baker, F. A. (2014). An investigation of the sociocultural factors impacting on the therapeutic songwriting process. *Nordic Journal of Music Therapy*, (23)2, 123-151. <https://doi.org/10.1080/08098131.2013.783094>
- Barrington, A. (2008). Challenging the profession. *British Journal of Music Therapy*, 22(2), 65-72. <https://doi.org/10.1177/135945750802200204>
- Bion, W. (1962). The psychoanalytic study of thinking. *International Journal of Psychoanalysis*, 43, 306-311.
- Bodry, K. (2018). *Clinical applications of feminist theory in music therapy: A phenomenological study* [Unpublished Masters thesis, Appalachian State University, Boone, NC]. <https://library.appstate.edu/>
- Bodry, K., & Schwantes, M. (2021). Clinical applications of feminist music therapy: An overview of the literature. *Nordic Journal of Music Therapy*, 30(2), 106-130. <https://doi.org/10.1080/08098131.2020.1753230>
- Britton, R. (1989). The missing link: Parental sexuality in the Oedipus complex. In R. Britton, M. Feldman & E. O'Shaughnessy (Eds.), *The oedipus complex today: Clinical Implications* (pp. 82-94). Karnac Books.
- Cobbett, S. (2009). Including the excluded: Music therapy with adolescents with social, emotional and behavioural difficulties. *British Journal of Music Therapy*, 23(2), 15-24. <https://doi.org/10.1177/135945750902300203>
- Cobbett, S. (2016). Context and relationships: Using the systemic approach with music therapy in work with children, adolescents and their families. *British Journal of Music Therapy*, 30(2), 65-73. <https://doi.org/10.1177/1359457516662474>
- Costa, D.S.J., Mercieca Bebbler, R., Tesson, S., Seidler, Z., & Lopez, A.L. (2019). Patient, client, consumer, survivor or other alternatives? A scoping review of preferred terms for labelling individuals who access healthcare across settings. *BMJ Open* 9(3), e025166. doi:10.1136/bmjopen-2018-025166
- Darnley-Smith, R., & Patey, H. (2003). *Music therapy*. Sage.
- De Nora, T. (2006). Evidence and effectiveness in music therapy problems, power, possibilities and performances in health contexts (A discussion paper). *British Journal of Music Therapy*, 20(2), 81-99. <https://doi.org/10.1177/135945750602000203>
- Edwards, J., & MacMahon, O. (2015). Music therapy and medical ethnomusicology: Distinctive and connected. *Voices: A World Forum for Music Therapy*, 15(3). <https://doi.org/10.15845/voices.v15i3.821>
- Fairchild, R., & Bibb, J. (2016). Representing people in music therapy research and practice: A balancing act. *Voices: A World Forum for Music Therapy*, 16(3). <https://doi.org/10.15845/voices.v16i3.878>
- Flower, C. (2019). *Music therapy with children and parents: Toward an ecological attitude* [Doctoral thesis, Goldsmiths, University of London]. <https://research.gold.ac.uk/id/eprint/26132/>
- Foster, N. (2007). "Why can't we be friends?" An exploration of the concept of 'friendship' within client-music therapist relationships. *British Journal of Music Therapy*, 21(1), 12-22. <https://doi.org/10.1177/135945750702100103>
- Freud, S. (1917). Mourning and melancholia. The standard edition of the complete psychological works of Sigmund Freud, Volume XIV (1914-1916): On the history of the psychoanalytic movement; Papers on metapsychology and other works (pp. 237-258).
- Google (2022). Define client. [online] <https://www.google.com/search?q=define+client&oq=define+client&aqs=chrome..69i57j0i512l9.1279j1j9&sourceid=chrome&ie=UTF-8> [Accessed 25 January 2022].
- Google (2022). Define companion. [online] <https://www.google.com/search?q=define+companion&oq=define+companion&aqs=chrome..69i57j0i512l9.2024j1j9&sourceid=chrome&ie=UTF-8> [Accessed 25 January 2022].

- Google (2022). Define patient. [online] <https://www.google.com/search?q=define+patient&oq=define+patient&aqs=chrome..69j0i512j69i60j69i61j69i60l4.1895j1j7&sourceid=chrome&ie=UTF-8> [Accessed 25 January 2022].
- Hadley, S. (2008). Beginning dialogues: A response to "Feminist perspectives in music therapy: An essay response" by Anthony Meadows. *British Journal of Music Therapy*, 22(1), 45-49. <https://doi.org/10.1177/135945750802200107>
- Hadley, S., & Edwards, J. (2004). Sorry for the silence: A contribution from feminist theory to the discourse(s) within music therapy. *Voices: A World Forum for Music Therapy*, 4(2). <https://doi.org/10.15845/voices.v4i2.177>
- Haire, N., & MacDonald, R. (2019). Humour in music therapy: A narrative literature review. *Nordic Journal of Music Therapy*, 28(4), 273-290. <https://doi.org/10.1080/08098131.2019.1577288>
- Halstead, J., & Rolsvjord, R. (2017). The gendering of musical instruments: what is it? Why does it matter to music therapy? *Nordic Journal of Music Therapy*, 26(1), 3-24. <https://doi.org/10.1080/08098131.2015.1088057>
- Hardy, S., & Monypenny, J. (2019). Queering queer spaces: Journey of a creative arts program for trans, non-binary, and gender creative youth. *Voices: A World Forum for Music Therapy*, 19(3). <https://doi.org/10.15845/voices.v19i3.2687>
- Harris, B. (2019). Queer as a bell: Music and the psychotherapeutic relationship. *Voices: A World Forum for Music Therapy*, 19(3). <https://doi.org/10.15845/voices.v19i3.2674>
- HCPC (2020). <https://www.hcpc-uk.org/education/resources/education-standards/service-user-and-carer-involvement/>
- Hernandez-Ruiz, E. (2005). Postmodernism and music therapy. *Voices: A World Forum for Music Therapy*, 5(3). <https://doi.org/10.15845/voices.v5i3.230>
- Hinshelwood, R.D. (2001). Role-relations and power-relations. In R.D. Hinshelwood (Ed.), *Thinking about institutions: Milieux and madness* (pp. 47-53). Jessica Kingsley Publishers.
- LaCom, C., & Reed, R. (2014). Destabilizing bodies, destabilizing disciplines: Practicing liminality in music therapy. *Voices: A World Forum for Music Therapy*, 14(3). <https://doi.org/10.15845/voices.v14i3.797>
- Matsumura McKee, N. (2010). Finding power and privilege as a violinist and music therapist. *Voices: A World Forum for Music Therapy*, 10(2). <https://doi.org/10.15845/voices.v10i2.162>
- McCaffrey, T., Carr, C., Solli, H. P., & Hense, C. (2018). Music therapy and recovery in mental health: Seeking a way forward. *Voices: A World Forum for Music Therapy*, 18(1). <https://doi.org/10.15845/voices.v18i1.918>
- Meadows, A. (2008). Feminist perspectives in music therapy. *British Journal of Music Therapy*, 22(1), 35-44. <https://doi.org/10.1177/135945750802200106>
- Medcalf, L., & Skewes McFerran, K. (2016). A critical interpretive synthesis of music therapy case studies: Examining therapeutic boundary themes in the context of contemporary practice. *British Journal of Music Therapy*, 30(1), 22-35. <https://doi.org/10.1177/1359457516639556>
- Metell, M. (2019). How we talk when we talk about disabled children and their families: An invitation to queer the discourse. *Voices: A World Forum for Music Therapy*, 19(3). <https://doi.org/10.15845/voices.v19i3.2680>
- Metell, M., & Stige, B. (2016). Blind spots in music therapy: Toward a critical notion of participation in context of children with visual impairment. *Nordic Journal of Music Therapy*, 25(4), 300-318. <https://doi.org/10.1080/08098131.2015.1081265>
- Metzner, S. (2005). Following the tracks of the other therapeutic improvisations and the artistic perspective. *Nordic Journal of Music Therapy*, 14(2), 155-163. <https://doi.org/10.1080/08098130509478136>
- Miyake, H. (2014). Bio-political Perspectives on the expression of people with disabilities in music therapy: Case examples. *Voices: A World Forum for Music Therapy*, 14(3). <https://doi.org/10.15845/voices.v14i3.800>
- Neuberger, J. (1999). Do we need a new word for patients? *British Medical Journal*. 318:7200, 1756-1758. <https://doi.org/10.1136/bmj.318.7200.1756>
- Procter, S. (2005). Parents, children and their therapists: A collaborative research project examining therapist-parent interactions in a music therapy clinic. *British Journal of Music Therapy*, 19(2), 45-58. <https://doi.org/10.1177/135945750501900203>
- Procter, S. (2008). Premising the challenge: A response to Alison Barrington's article "Challenging the profession". *British Journal of Music Therapy*, 22(2), 77-82. <https://doi.org/10.1177/135945750802200206>
- Rogers, P. (1992). Issues in working with sexually abused clients in music therapy. *Journal of British Music Therapy*, 6(2), 5-15. <https://doi.org/10.1177/135945759200600202>
- Rizkallah, M. (2021). Book review "Integrative health through music therapy: Accompanying the journey from illness to wellness" (Hanser). *Approaches: An Interdisciplinary Journal of Music Therapy*, 13(2), 284-286. <https://approaches.gr/rizkallah-br20200203>
- Rolsvjord, R. (2006). Whose power of music? A discussion on music and power-relations in music therapy. *British Journal of Music Therapy* 20(1), 5-12. <https://doi.org/10.1177/135945750602000103>
- Rolsvjord, R. (2004). Therapy as empowerment. *Nordic Journal of Music Therapy*, 13(2), 99-111. <https://doi.org/10.1080/08098130409478107>
- Rolsvjord, R. (2016). Five episodes of clients' contributions to the therapeutic relationship: A qualitative study in adult mental health care. *Nordic Journal of Music Therapy*, 25(2), 159-184. <https://doi.org/10.1080/08098131.2015.1010562>
- Rolsvjord, R. (2006). Therapy as empowerment: Clinical and political implications of empowerment philosophy in mental health practises of music therapy. *Voices: A World Forum for Music Therapy*, 6(3). <https://doi.org/10.15845/voices.v6i3.283>
- Ruck, W. (2010). 'In my beginning is my end': Preliminary exploration into the framework and efficacy of endings in the music therapy process when working with adults with a learning disability. *British Journal of Music Therapy*, 24(1), 30-41. <https://doi.org/10.1177/135945751002400106>
- Scrine, E. (2016). Enhancing social connectedness or stabilising oppression: Is participation in music free from gendered subjectivity? *Voices: A World Forum for Music Therapy*, 16(2). <https://doi.org/10.15845/voices.v16i2.881>
- Scrine, E. (2018). *Music therapy as an anti-oppressive practice: Critically exploring gender and power with young people in school*. [Doctoral thesis, University of Melbourne, Australia]. <https://minerva-access.unimelb.edu.au/handle/11343/225677>
- Short, H. (2017). It feels like Armageddon: Identification with a female personality-disordered offender at a time of cultural, political and personal attack. *Nordic Journal of Music Therapy*, 26(3), 272-285. <https://doi.org/10.1080/08098131.2016.1226380>

- Simmons, P., Hawley, C., Gale T., & Sivakumaran, T. (2010). Service user, patient, client, user or survivor: Describing recipients of mental health services. *The Psychiatrist*, 34(1), 20-23. <https://doi.org/10.1192/pb.bp.109.025247>
- Sinason, V. (2010; first published 1992). *Mental handicap and the human condition* (revised edition). Free Association Books.
- Stige, B. (1998). Perspectives on meaning in music therapy. *British Journal of Music Therapy*, 12(1), 22-27. <https://doi.org/10.1177/135945759801200103>
- Streeter, E. (1999). Finding a balance between psychological thinking and musical awareness in music therapy theory – A psychoanalytic perspective. *British Journal of Music Therapy*, 13(1), 5-20. <https://doi.org/10.1177/135945759901300103>
- Sundararaj, M. (2021). Response to Rizkallah's review of the book "Integrative health through music therapy: Accompanying the journey from illness to wellness." *Approaches: An Interdisciplinary Journal of Music Therapy*, 13(2), 298-299. <https://approaches.gr/sundararaj-120200719/>
- Sutton, J. (2020). Improvisation: Our controversial discussions. *Nordic Journal of Music Therapy*, 29(2), 97-111. <https://doi.org/10.1080/08098131.2019.1636849>
- Thompson, G., & McFerran, K. S. (2015). "We've got a special connection": Qualitative analysis of descriptions of change in the parent-child relationship by mothers of young children with autism spectrum disorder. *Nordic Journal of Music Therapy*, 24(1), 3-26. <https://doi.org/10.1080/08098131.2013.858762>
- Turry, A. (2005). Music psychotherapy and community music therapy: Questions and considerations. *Voices: A World Forum for Music Therapy*, 5(1). <https://doi.org/10.15845/voices.v5i1.208>
- Winnicott, D. W. (1958). *Collected papers: Through paediatrics to psychoanalysis*. Routledge.

Ελληνική περίληψη | Greek abstract

Προς υπεράσπιση της εργασίας με «ασθενείς» στη μουσικοθεραπεία

Marianne Rizkallah

ΠΕΡΙΛΗΨΗ

Το πώς οι μουσικοθεραπευτές θεωρούν τους ανθρώπους που έρχονται για θεραπεία, και το πώς οι άνθρωποι που έρχονται για θεραπεία αντιλαμβάνονται τους ίδιους τους εαυτούς τους κατά τη διάρκεια των συνεδριών, είναι υψίστης σημασίας και βρίσκεται στο κεντρικό της δουλειάς μας. Πέρα από ένα επιχείρημα σχετικά με την ορολογία ή τη σημασιολογία, αυτό το άρθρο θα προτείνει ότι ο όρος που χρησιμοποιείται επηρεάζει θεμελιωδώς το πώς θεωρείται η θεραπευτική σχέση, κατά τη διάρκεια και γύρω από τη μουσικοθεραπεία, τόσο από τον θεραπευτή όσο και από τον άνθρωπο που λαμβάνει θεραπεία. Πρόκειται για μια ανταπόκριση σε μια βιβλιοκριτική (Rizkallah, 2020) η οποία προκάλεσε μια απάντηση (Sundararaj, 2020). Αυτό το άρθρο θα πραγματευτεί ότι το να χρησιμοποιείται η λέξη «ασθενής» για την περιγραφή του ανθρώπου που λαμβάνει θεραπεία, ανεξαρτήτως κλινικής εικόνας, επιτρέπει μια πιο ειλικρινή εκτίμηση της θεραπευτικής σχέσης σε σύγκριση με οποιονδήποτε άλλον όρο. Συμπεριλαμβάνει συζήτηση για την ετυμολογία των όρων που χρησιμοποιούνται συχνά για την αναφορά σε ανθρώπους που έρχονται για θεραπεία και χρησιμοποιεί την υπάρχουσα βιβλιογραφία για να διερευνήσει σκέψεις σχετικά με την ορολογία και το πώς αυτή σχετίζεται με τις δυναμικές ισχύος στο πλαίσιο των συνεδριών.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

ασθενής, πελάτης, χρήστης υπηρεσιών, θεραπευτική σχέση, δυναμικές ισχύος

ARTICLE

Healthcare musicians and musico-emotional work: An in-depth case study within the context of end-of-life care

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ABSTRACT

The purpose of this in-depth case study is to explore the work of musicians in end-of-life care. In this study, a healthcare musician is considered to be a professional who has both an academic degree in music and in-service training in music and healthcare settings. In addition to working with healthcare personnel, they often collaborate with music therapists to provide integrated healthcare services for the best patient care. In the study, six musicians who had experience in end-of-life care settings were interviewed. Their reflections on their socially engaged work were analysed through the emerging theoretical lens of emotional work. This resulted in the identification of three themes beyond that of pure performativity in music professionalism, relating to the emotional work in end-of-life care. Furthermore, the emotional processes that were encountered, which were deeply social in nature, were conceptualised as musico-emotional work. This other-centred work aligns with music therapy research, and is an essential part of music therapists' end-of-life work. In conclusion, the similarities between music therapists and musicians, as well as the interprofessional potential of their cooperation, are reflected upon.

KEYWORDS

emotional work,
healthcare,
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One of the growing trends in research on music professionals is the exploration of their work as part of a particular worldwide professional transformation, a phenomenon called expanding professionalism (Westerlund & Gaunt, 2021). This professional approach features a conception of artists as a 21st century “professional decision-maker practitioner who works responsively with clients and other practitioners” (Edwards, 2010, p. 1). In this view, musicians' capability to expand their professional practices beyond artistic expertise and excellence is emphasised. This allows artists, as well as institutions, to respond in relevant ways to rapid societal changes (Väkevä et al., 2017; Westerlund & Gaunt, 2021).

Increasingly there are musicians working with diverse populations in healthcare contexts. These types of roles correlate with writings on 'socially engaged music practitioners' (Dons, 2019; Preti, 2009; Sugrue & Solbrenke, 2014). Their socially innovative approaches, entailing interprofessional possibilities and ethical challenges, call for further empirical research (Batt-Rawden & Storlien, 2019; Koivisto & Tähti, 2020; Siljamäki, 2021). In this study, this phenomenon is explored through reflections upon musicians, sometimes referred to as health musicians (e.g., Bonde, 2011; Ruud, 2012) or hospital musicians (*Musique et Santé*, 2021; Preti, 2009). Here, the concept of a healthcare musician is utilised to signify the working context. The concept helps to emphasise the inclusive wellbeing approach in their work (De Wit, 2020; Dons, 2019; Siljamäki, 2021) rather than the direct health benefits which may also occur (Fancourt & Finn, 2019; Hoover, 2021). Within this study, a healthcare musician is a professional who has an academic degree in music as well as in-service training in music and healthcare settings. They have their own artistic identity, which may often intertwine with diversified professional approaches such as music education, ethnomusicology, or community music (De Wit, 2020; Dons, 2019; Ruud, 2012). Healthcare musicians may come from diverse professional backgrounds, including musicians from any genre, music educators, or community musicians (Preti, 2009; Preti & Welch, 2013).

In addition to working in collaboration with healthcare personnel, musicians often work with music therapists to provide integrated healthcare services for the best patient care (Hoover, 2021; Zhang et al., 2018). In this study, a music therapist is understood to be a healthcare professional, bound by the same laws and regulations as other healthcare professionals when providing healthcare services. This notion does not exclude the understanding of music therapists as being highly sensitive and transformative music professionals, or as possessing their own artistic identity as musicians (Ansdell & DeNora, 2016; Ansdell & Stige, 2015; Moss, 2014). A clear articulation of music agency helps healthcare professionals to understand these overlapping professions in a relevant and fruitful way (Bonde, 2019). For example, in relation to an artistically or pedagogically oriented healthcare musician who is not a clinician, in this view a music therapist possesses more medically informed knowledge and practices (Bonde, 2019; Zhang et al., 2018).

In many countries, end-of-life care is developing at a fast pace to support healthcare systems in providing good quality end-of-life care and bereavement support (MacLeod & Block, 2019; WHO, 2016). In the Finnish healthcare system, wherein this study is conducted, the field of end-of-life work is also evolving rapidly. This study explores healthcare musicians' work in end-of-life care, which includes the following diversified working contexts: palliative care, hospices, and/or the general wards of hospitals. Music therapy research has accumulated extensive knowledge on palliative care and end-of-life care overall over recent decades (e.g., Clements-Cortés & Klinck, 2016; Gallagher, 2011; Hilliard, 2005). Beyond the field of music therapy, this study also draws on educational research (Preti & Welch, 2013; Moss & O'Neill, 2009) into understanding musicians' work. This represents an effort to strengthen interdisciplinary knowledge, which could help to reconstruct higher music education and the in-service training of music professionals overall. There is also great potential in social prescribing – a way for local agencies to refer people to holistic workers – as a non-medical referral tool (Bickerdike et al., 2017; Clements-Cortés & Yip, 2020). According to Bickerdike et al. (2017), strengthening this social prescribing tool requires more insight-driven and systematic research into mapping arts-based practitioners' work.

Altogether six musicians were interviewed who had experience in musical end-of-life work in diverse care and healthcare contexts. As this case was non-medical and educational in nature, the descriptive evaluations of the effects and impacts of music work were excluded. The focus was on investigating musicians' reflections on their socially engaged and responsible work beyond clinical and medical interpretations or discourses. Epistemologically, this study adopted a reflexive frame (Alvesson & Sköldbberg, 2018; Guillemin & Gillam, 2004; Subramani, 2019), wherein the ethical aspects of end-of-life care, the research methodology, and theory construction intertwined and created the potential for critical perspectives. The author's professional identity, consisting of experience not just as interdisciplinary researcher but also as a music therapist and music educator in diverse working contexts, served as an insight-driven competence when analysing and interpreting the rich data from the interviews.

SOCIAL AND EMOTIONAL UNDERSTANDINGS OF MUSICIANS' END-OF-LIFE WORK

The use of music to support individuals and communities through the process of dying is embedded in many cultural traditions. In Western music, which the musicians of the study mostly utilised, musical keening, traditional lamentation, and classical performative requiems have been developed as vocal responses to the passing souls (Walter, 2012). A clinically developed approach to performance for a dying person is called music thanatology (Freeman et al., 2006). More recently, music therapy has been successfully elaborating music practices in collaboration with institutionalised end-of-life care. For instance, research has been conducted on the benefits of music therapy for pain reduction, anxiety, and mourning (e.g., Clements-Cortés & Klinck, 2016; Gallagher, 2011; Gallagher et al., 2018; Schmid et al., 2018). There is promising research on experiences of utilizing everyday music in end-of-life care, such as group singing and listening to music (DeNora, 2012; Young & Pringle, 2018), as well as to support the mourners (Fancourt et al., 2019). There is some data specifically on musicians working in end-of-life settings, but research in this area has remained scarce so far (De Wit, 2020; Dons, 2019; Fancourt & Finn, 2019).

From a socio-emotional perspective, end-of-life music work requires emotional understanding. Emotional understanding emphasises comprehending and seeking to understand one's professional work through emotional processes (Denzin, 1984; Hargreaves et al., 2001; Lynch et al., 2016; Swanson, 1989). This leads to better interaction and decision-making (Denzin, 1984; Hargreaves et al., 2001; Humphrey et al., 2015) in socially engaged working situations. Specific research on emotion regulation has classed emotions at work as a burden (Grandey et al., 2015; Humphrey et al., 2015). These apparently burdensome emotions have been presented as hard to manage, creating stress and pressure (Goleman, 2005). From the educational viewpoint, emotional stress, workload, and the emotional processes are something music professionals should not misinterpret or try to push aside (Meyer, 2009; Sonke, 2021). Instead, these processes could be seen as something to be learned from, and the learning processes could be developed as a holistic working approach (Hargreaves et al., 2001; Kurki, 2017; Meyer, 2009). Reflecting on emotional processes is also important for musicians' self-care, and can assist in recognizing own professional boundaries (Preti & Welch, 2013; Sonke, 2021).

For this study, emotional work is primarily considered an emotional process (Denzin, 1984; Hochschild, 2012). As a free flow of emotional experiences, emotional processes are regarded as an important part of professional reflection (Meyer, 2009), entailing decision-making, personal growth, and learning between patients, their families, and professionals (Jasper et al., 2013). According to Hargreaves et al. (2011), these kind of ethically and practically valuable professional processes could manifest as an emotional investment. Lynch et al. (2016) describe these 'investments' by conceptualizing them as other-centred work. In end-of-life music making, other-centred work may become a key to understanding the emotional work, described as "emotionally engaged work that has as its principal goal the survival, development and/or well-being of the other" (Lynch et al., 2016, p. 42). This does not deny the power structures or differences that may lie between people, which are numerous in healthcare overall, but acknowledges the 'reality' within the care relationships (Lynch et al., 2016). Perspective of emotional processes at work may help to understand emotions as a process, which includes embodied, implicit, and intuitive knowledge (Jesper et al., 2013). Meyer relates this kind of emotional work as professionals being "constantly engaged in emotional processes that help them understand with others, and guide these interactions" (Meyer 2009, p. 74).

RESEARCH TASK

As part of a multiple case study (Creswell, 2013; Yin, 2003), this in-depth case study (Stake, 1995) explores the professional practices of healthcare musicians in 'real-life contexts' (Yin, 2003). These contexts include Finnish hospitals, and other public services in the healthcare system. The purpose of this study was to explore healthcare musicians' emotional work in end-of-life care, as reflected on by the musicians themselves. The research questions were:

1. How do healthcare musicians reflect on their end-of-life work with the patients, their families, and healthcare personnel?
2. According to the musicians' reflections and experiences, what kind of professional and emotional work is involved in end-of-life care?

METHOD

Participants

For this case study interview data taken from a larger multiple-case database was utilised, comprising ten interviews of six healthcare musicians. The interviewees were recruited during the research process from the collaborating research hospitals and cultural institutions, using a purposeful sampling strategy (Creswell, 2013). The eligibility criteria were: 1) a professional degree in music or music-related areas; 2) in-service training in the field of the arts and health; 3) several years of experience practicing music in healthcare and/or care settings; and 4) working experience in end-of-life care (e.g., eldercare hospital, children's hospital, palliative care wards of a general hospital, and/or hospice care units).

The musicians in the study were all very experienced in their own professional musical genre(s). After their in-service training, they had been working for approximately one to six years in various

healthcare environments. Some of them were supervisors or trainers of other healthcare musicians and healthcare professionals. They mostly worked as part-time healthcare musicians in addition to their other work. Their funding (i.e., salaries) was provided variously by foundations, cities, or culture organisations. All of them worked in a highly independent manner in the healthcare units. Collaborative contracts were usually made with healthcare stakeholders, but supervision or other support was not provided through them, or by any other institutions. Some musicians had formed their own working groups, or shared general information in a supervisory dialogue with a colleague. Some had a supportive team provided by cultural or other organisations, such as a symphony orchestra. For more detailed information on the recruited research participants, see Table 1 (Description of participants).

Musician (A-F): Context ¹	Sex: Age ²	Education, Programme	Professional position
A: 1, 2, 3a	F: 55-60	M.Mus, Music Education (Healthcare musician ³)	Lecturer of Music (Voice, string instruments)
B: 2, 3a	M: 55-60	M.Mus, Classical Music (Healthcare musician ³)	Orchestra musician Healthcare musician (French horn, percussions)
C: 1, 3c	F: 40-45	M.Mus, Folk Music (Healthcare musician ³)	Vocal musician Pedagogue (Voice, Finnish kantele)
D: 3a, 3c	F: 55-60	Church Music ⁴ , Vocal Arts ⁴	Healthcare musician (Voice, piano, percussions)
E: 3b	F: 35-40	M.Mus, Music Education (Care musician ³)	Music teacher (Voice, guitar, wind instruments)
F: 3b, 3c	F: 45-50	M.Mus, Church Music (Community musician ³)	Parish community musician (Voice, piano, guitar)

Table 1: Description of participants

¹ Working context: 1 = Research hospital 1 (Eldercare hospital), 2 = Research hospital 2 (Children's hospital), 3a = Palliative and hospice care, 3b = Eldercare hospital, 3c = Healthcare contexts generally.

² Female, Male, Other.

³ In-service training and/or degree in healthcare music, care music, or community music.

⁴ Equivalent to master's degree.

RESEARCH PROCESS AND ETHICS

As the leading researcher of the project, the author utilised her professional background as a music therapist, community musician, music educator, and health promotion expert in developing the design of this study. As Yin (2003) emphasises, “you cannot start as a true *tabula rasa*” (Yin, 2003, p. 75) when elaborating case study research. By ignoring implicit knowledge, a researcher may get ‘lost’ during the case study process. Instead, one may use a pre-existing theoretical orientation in explicit decision-making – such as choosing the contexts, participants, and developing data collection methods – within the fieldwork (Alvesson & Sköldberg, 2018).

During the research process the author came to understand her strong expertise in working within boundaries of different disciplines and organisations, and that one must not assume that other researchers or practitioners necessarily share the same experience. At the same time, it became explicit how the musicians of this study related in a very responsible manner to their professional and ethical boundaries, although they were simultaneously practitioners and learners in new working contexts. Their dedication to develop their work helped to facilitate the research process in an ethically rigorous way (Guillemin & Gillam, 2004; Subramani, 2019).

The research procedure followed the ethical guidelines of the Finnish Advisory Board of Research Integrity (TENK, 2019). The ethical statement for the research project was approved by the Research Ethics Committee of the University of the Arts Helsinki, and the research permits for the two collaborating hospitals were obtained by the organisations in charge of the hospitals’ administrations. Before the interviews, the participants were provided with an informed consent form and notified of ethical considerations. To ensure the reliability and validity of this qualitative case study, and to strengthen the evidence overall, every stage of the study has been reported as openly as possible.

Data

A robust evidence base (Herriott & Firestone, 1983; Stake, 1995) for the multiple case study was generated by recording multiple sources of material for the case study database – participant observations, interviews, professional narratives written by healthcare musicians, the researcher’s diary, and literature reviews – in addition to collecting grey literature and other varieties of practical documentation.

The semi-structured, one-on-one interviews were adapted to the working context of each participant. Discussions included end-of-life music work and associated professional and interprofessional themes: professional tasks and work in somatic end-of-life care; the objectives, aims, and meanings of music work; implementation of interprofessional and/or intersectoral collaboration; the possibilities and challenges of the music work; and the imagined future of the music work in healthcare. The author had worked with healthcare musicians A and B during the previous stages of the multiple case study, and empirically observed their work in a children’s hospital and eldercare hospital. Their interviews, which were conducted in Fall 2018, supplied the grounding body of the empirical material for this study. The interview data was complemented with interviews with four other musicians, whose work was not observed within the project. The interviews were recorded and transcribed, and a member check was conducted after the analysis accordingly.

Analysis of the data

The method of analysis followed the reflexive frame in trying to understand the in-depth case through significant “reflexive moments” (Subramani, 2019, p. 2) wherein music practice, methodology, ethics, and theory intertwine. In this case study this refers to the critical reflexivity of the researcher, and to the experiences of the interviewed musicians. This led to understanding the case study as a unique entity with an emerging theme (Stake, 1995): emotional work. Combining the thematic analysis approach of Braun and Clarke (2006) and the theoretical framework of emotional work (Denzin, 1984; Hargreaves et al., 2001; Hochschild, 2012; Jasper et al., 2013) served the purpose of giving depth to the case. Interpreting the subjectivity of the case as an opportunity, rather than an obstacle (Guillemin & Gillam, 2004; Subramani, 2019), unfolded possibilities for reflection and a broader professional analysis reaching beyond the scope of the unique case.

The analytic process started with the data immersion. First, the meaningful situations, problematic issues, and emerging emotional themes in the musicians’ end-of-life music work were entered. Secondly, the analysis was structured by moving reflexively between deductive and inductive analytic circles. During this stage, tables were used to code the thematic categories. Thirdly, three emerging thematic categories were identified through this analytic process. The data were then coded into all three categories, which were utilised to construct emerging emotional and ethical reflections on end-of-life music work. Finally, the data was condensed from the emerging thematic categories with further analytic cycles, which led to constructing a synthesizing category, as presented in the Discussion section.

RESULTS

Based on the musicians’ reflections on their work in end-of-life care, three emerging categories were identified in this study: 1) Supporting end-of-life patients in and through music practices; 2) Sharing musical and emotional space with patients, families, and healthcare personnel; and 3) Engaging as a music professional in holistic emotional processes.

Supporting end-of-life patients in and through music practices

When the healthcare musicians began working in end-of-life care, many of them experienced the working environment as desolate – the opposite of the energetic, growth-emphasizing, and recreational contexts in which musicians and music educators often work. This context was contradictory in many ways. The music making situations were filled not only with grief and sorrow, but also moments of happiness, joy, humour – and hope:

The patient may have hope within the process of dying in the near future. If you know you have very little time left, you may hope that you could spend the day without pain and suffering. Hope in this case may be a wish that a friend would visit and hold your hand. My work as a musician includes the presence of hope, when I facilitate and create wellbeing in-the-near-future, within that very moment. (Healthcare Musician A)

The healthcare musicians received feedback on their musical visits indicating that they brought pleasure, gratitude, and consolation to the whole ward community. The musical situations included diverse singing repertoires; for instance folk, classical, and popular music. Instruments – for example the Finnish kantele, percussion instruments, piano, or xylophone – were played softly by the healthcare musicians, and sometimes by the patients and their families. According to the musicians, the end-of-life patients and their families had various musical preferences depending on their age, life experiences, and personality (e.g., spiritual, pop, rock, classical, or children’s music). The patients’ musical preferences were familiar to them, and sometimes reminded them of earlier meaningful life experiences, for example weddings or other celebrations. If the musicians did not know the preferred music, they would learn the new piece together, listen to it together, or find a new piece similar to the requested one.

The musicians experienced their work as unique, including very special features of music making. They became familiar with a musical world full of qualities that do not exist anywhere else, rooted deeply within end-of-life care:

When a person knows she will have five days left, there is no fantastic life for her. But, on the other hand, we may have a musical memory lane together, just like in Sibelius’s Valse Triste: a woman thinks about her younger years, dancing and so on. The music ends like a morendo, dying and fading away. It is somehow a beautiful thought – trying to create beauty as well as you can in the situation. (Healthcare Musician B)

Sharing musical and emotional space with patients, families, and healthcare personnel

According to the musicians’ reflections on their end-of-life music practices, the focus was on wellbeing in the moment, where including the families and friends of the patient was an important part of the musical interaction. In its simplest form, bedside music was extremely quiet, and fading vocal sounds or humming was used to support the breath of a patient. Sensitive tones or slow-paced chords on an instrument created a soundscape and space where the person could rest. The frailer the person was, the softer, plainer, and lower the sounds were. Even extremely quiet sounds, or musical landscapes that were too lengthy, could make the patient experience the music as physically painful. This kind of understanding, incorporating a holistic musical, embodied, and emotional sensitivity towards the person in very fragile health, was seen as crucial knowledge for supporting end-of-life patients with music practices:

I rather seldom use musical instruments when a patient is already very tired and physically fading away from life; songs with a slow pace are enough. Overall, I am aware of my boundaries. I may sing and be present for a short moment, but I won’t save or heal anybody with my music practices. I give my time to the patient, listen to their life stories, show empathy and kindness. (Healthcare Musician A)

Encountering terminally ill people of all ages urged healthcare musicians to build reciprocal social relationships in and through music making situations. This not only meant playing music for people, but also engaging socially with them when playing, listening to, and singing the music favoured and selected by the patients and their families together. Oftentimes the musical pieces led to conversations and shared emotional processes, wherein the musicians had to (re)orientate their professional work:

Dying is part of our life. If you become familiar with it, not just as a professional, but also in your own life, it may lead to patients feeling more secure during the music making – not just with their own lives, but also in relation to their family life. (Healthcare Musician A)

The musicians in this study reflected on their professional competence in end-of-life music work as an ability to confront mutually shared emotional experiences with the patients and their families. In some situations, healthcare musicians offered a practical way for families and friends to share emotional processes and communicate through music making with their loved ones. The incurable and progressed conditions of some patients had already largely excluded them from interaction with others. Through shared music making they could still communicate with words, gestures, and bodily expressions. These musical connections could soothe the emotional puzzlement of families and friends themselves. Musicians reflected this to support the understanding that emotional processes do not disappear with the progression of the disease, even though some of the visible, physical faculties of a dying person might fade away.

Engaging as a music professional in holistic emotional processes

Healthcare musicians considered their end-of-life music practices primarily as a way to be in contact with an individual person who happens to be in the middle of the holistic process of dying. They understood the concept of dying overall as bringing into existence a series of individual sensations, emotions, and perceptions throughout the period. This understanding was the same whether the musical situation was shared with a new-born, a child, an adult, or an aging person. The musicians felt that they generally had not been supported in their previous education or in-service training to implement music work: “In my opinion, I have not had the support in my education to confront the end-of-life stage, or to engage in my music work with the process of dying” (Healthcare Musician A). On the other hand, some emphasised the support of *all* of the education and lifelong learning they had been part of: “As a healthcare musician, everything I have learned during my life, whether it was music education, interaction skills, or living life itself – all of this learning and education has helped me in my work” (Healthcare Musician E).

According to the musicians’ reflections, emotional work in end-of-life care was not just a professional tool, but was also regarded as a holistically embodied process. This process intertwined with the relationships and contexts in which the musical work took place. Sometimes both the celebration of life and the *morendo* of life – the slow fading away – was very concretely and simultaneously present in the music work:

To make music with a person at the end of their life is an open and pure situation, which you cannot experience anywhere else. I can speak with a person today, and I know she will probably not be there tomorrow. What may happen during the day is that when I play, at the same time, men in black walk into the hospice ward, and they take away a bed with a curtain on it. And at that very moment, I am playing my French horn there in the distance, in the hallway. (Healthcare Musician B)

Healthcare procedures such as patient safety and aspects of hygiene regarding infection prevention and control, and the patients' overall rights and responsibilities, were important factors to be aware of and take into consideration. In musical care within such places as eldercare homes and other facilities, touching and soothing are usually part of the practice. Within the healthcare environment, however, physical contact was not seen as quite so important, in part because of the hygiene protocols. Instead, the music itself was seen as a symbolic way for people within the ward to be touched and cared for.

DISCUSSION AND CONCLUSION

In this in-depth case study, professional healthcare musicians' work in diverse end-of-life care contexts was explored. As described earlier, the musicians engaged in their work through holistic emotional processes. These emotional processes were manifested in their own performative work and music and were also deeply social in nature. As a framework for this phenomenon, I introduce the concept of *musico-emotional work*, drawing from the socio-emotional understanding of emotions (Swanson, 1989). Musico-emotional work is thus an important part of music professionals' work, intertwined with a socially and ethically responsible approach to their work. Within this concept, the processual nature of emotions is emphasised. Instead of being a separate or subordinate part of our thinking and learning, the emotional work is an on-going, fruitful, and transformative process. Musico-emotional understandings create opportunities for other-centred, interprofessional reflection and reciprocal learning for music and healthcare professionals.

Socio-emotional growth – here, experiencing and sharing emotional processes with end-of-life patients, their families, and the personnel – transforms musicians' mastery of music. Reaching beyond the traditional bounds of performative musicianship, they engage with a continuous *flow of musico-emotional knowledge*. To create beauty, support wellbeing in the moment, nurture reciprocal social relations, and share emotional processes entails both relative and contextual competence. This competence, which reaches beyond performative music professionalism, depends on the social, emotional, and musical focus that manifests in a specific musical situation. It requires the musician's ability "to read the room" (Hoover, 2021, p. 60), a delicate understanding of when, where, and how to make the music available for the patients. Through recognizing ethical conflicts – for example how to support the wellbeing of a dying person, or how to simultaneously be a professional musician and a compassionate end-of-life companion – musico-emotional understanding can improve the quality of contemporary societal and institutional care. This approach to musical care, as a part of emotional understanding (Hargreaves et al., 2001), can also help to build up a larger ecosystem of culture and wellbeing in healthcare (Koivisto et al., 2020; Moss, 2014).

In this study, musicians related to the burdensome experiences that occur when working in end-of-life contexts. Rewarding and meaningful work in healthcare may expose music professionals to work-related stress, workload pressure, and even burnout (Preti, 2009; Preti & Welch, 2013; Sonke, 2021). Socially engaged work (Sugrue & Solbrekke, 2014) in healthcare brings forward a spectrum of emotional work that could be better addressed in higher music education. Focusing on how professional identity is created through emotional experiences and processes already in the early stages of studies (Meyer, 2009) could help future music professionals to conduct their work in diversified contexts. It is important to understand that musico-emotional knowledge – emotions aroused in and through music – entails ethically complex emotional processes that more traditional professional literature has suggested should be suppressed (Denzin, 1984; Goleman, 2005; Humphrey et al., 2015; Meyer, 2009).

Based on these results, professional support – for instance in the form of supervision, reflective workshops, or collegial working groups – should be understood as a natural part of future music professionals' work in healthcare contexts. A stronger focus on opportunities to experience culturally diverse working contexts overall, such as working in social care, immigration services, occupational health, or care homes (Siljamäki, 2021; Westerlund & Gaunt, 2021), would support music students in their later careers. In-service training and low threshold mentor programs could be established to strengthen healthcare music practices. “Emotionally empty” (Meyer, 2009, p. 90) grey literature, such as texts on the strategies, visions, and curriculums of institutions, could be revised to support the global changes in artistic work. In addition to separate courses and programs, there should be a consideration to include discussions on the socially engaged artistic practice throughout *all* music programs. Many types of these innovations could be implemented simply through reallocating existing resources through social innovations (Väkevä et al., 2017), which would not necessarily require significant additional funding. Encouraging visiting teachers and lecturers, exchanging musicians and healthcare professionals between organisations, and sharing visions and programming could all be a part of such an effort.

The results of this study align with the work of music therapists and end-of-life music therapy research (e.g., Aldridge, 1998; Gallagher, 2011; Hilliard, 2005; Schmid et al., 2018). Musicians' reflections on the themes embedded in professional end-of-life work – emotional, comforting, connecting, reflective, musical – are an essential part of music therapy in many contexts. Both professions seem to have shared goals in end-of-life care; to increase the beauty (aesthetics) of the healthcare environment, as well as to decrease suffering and cultural deprivation (Clements-Cortés & Klinck, 2016; Moss, 2014). Musicians may in some circumstances contribute to the therapeutic and clinical benefits of the arts, as music therapists do, but this did not seem to be the primary goal for the musicians in this study. The wellbeing of the healthcare personnel seems to be equally emphasised in both professions, as does individualising the patient experience. Professionally, it seems that wellbeing, social justice facilitation, and the socio-emotional understanding of music making are emphasised in both end-of-life care frameworks, for both music therapists and musicians. Hence, there is an interprofessional opportunity – or perhaps obligation – to acknowledge and support both professions as providing musical, cultural, health, and care services, and as public services available to the whole healthcare sector.

Limitations, and future research

Aside from the generalisability of case study research, which is typically marginal, there are a number of intriguing implications that are beyond the scope of this qualitative case study and its methodology. The gatekeeping practices of some healthcare units limited access to the research sites, which in turn prohibited the researcher from conducting participant observations in hospice and palliative wards with some musicians. The urgent nature of the work and the pressure on healthcare professionals in the healthcare organisations hindered the practical exploration of the topic in hospitals. The combination of medical and non-medical research contexts and traditions created potential bias, but was, at the same time, an interesting theme to explore within this study.

This study has been an attempt to illuminate the growing number and role of music professionals, such as healthcare musicians, in the field of arts and health. Encouraging research and theory development to reach beyond the traditional aspects of performativity in music professionalism may help to develop reciprocal discussions between musicians and music therapists. By collaborating and codeveloping ‘music in healthcare’ together, music therapists and musicians could strengthen humanistic, artistic, and cultural understanding broadly in health and wellbeing services. One goal could be to further develop and more rigidly evaluate musicians’ and other arts practitioners’ work in healthcare, which could be the social prescription for a non-medical referral tool in primary healthcare (Bickerdike et al., 2017; Clements-Cortés & Yip, 2020; Moss, 2014). Another issue that could strengthen collaboration and research between music therapists and other music professionals in this area is the better facilitation of arts-based research in healthcare institutions. This should include cultural recording as a part of healthcare documentation and making such documentation available to researchers (Koivisto et al., 2020). As such, patients’ rights to reasonable self-determination, integrity, and a meaningful and high-quality end-of-life experience as much as possible should be advanced.

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REFERENCES

- Aldridge, D. (Ed.). (1998). *Music therapy in palliative care*. Jessica Kingsley Publishers.
- Alvesson, M., & Sköldböck, K. (2018). *Reflexive methodology. New vistas for qualitative research* (3rd ed.). Sage.
- Ansdell, G., & Stige, B. (2015). Community music therapy. In J. Edwards (Ed.), *The Oxford handbook of music therapy* (pp. 595–621). Oxford University Press.
- Ansdell, G., & DeNora, T. (2016). *Musical pathways in recovery: Community music therapy and mental wellbeing*. Routledge.
- Batt-Rawden, K. B., & Storlien, M. H. S. (2019). Systematic use of music as an environmental intervention and quality of care in nursing homes: A qualitative case study in Norway. *Medicines*, 6(1), 12. <https://doi.org/10.3390/medicines6010012>
- Bickerdike, L., Booth, A., Wilson, P. M., Farley, K., & Wright, K. (2017). Social prescribing: Less rhetoric and more reality. A systematic review of the evidence. *BMJ Open*, 7(4). <https://bmjopen.bmj.com/content/7/4/e013384>
- Bonde, L. O. (2011). Health musicing – music therapy or music and health? A model, empirical examples and personal reflections. *Music & Arts in Action*, 3(2), 120–140. <https://musicandartsinaction.net/index.php/maia/article/view/healthmusicingmodel>
- Bonde, L. O. (2019). Five approaches to music as health promotion. *Biomedical Journal of Scientific & Technical Research*, 15(3), 11349–11350. <https://doi.org/10.26717/BJSTR.2019.15.002696>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://psycnet.apa.org/doi/10.1191/1478088706qp063oa>
- Clements-Cortés, A., & Klinck, S. (2016). *Voices of the dying and bereaved: Music therapy narratives*. Barcelona Publishers.

- Clements-Cortés, A., & Yip, J. (2020). Social prescribing for an aging population. *Activities, Adaptation & Aging*, 44(4), 327–340.
- Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Sage.
- DeNora, T. (2012). Resounding the great divide: Theorising music in everyday life at the end of life. *Mortality*, 17(2), 92–105.
- Denzin, N. (1984). *On understanding emotion*. Jossey-Bass.
- De Wit, K. (2020). *Legacy: participatory music practices with elderly people as a resource for the well-being of healthcare professionals*. [Doctoral dissertation, The University of Performing Arts Vienna]. Hanze University of Applied Sciences Digital Archive. <https://research.hanze.nl/en/publications/legacy-participatory-music-practices-with-elderly-people-as-a-res>
- Dons, K. (2019). *Musician, friend and muse: An ethnographic exploration of emerging practices of musicians devising co-creative musicking with elderly people*. [Doctoral dissertation, Guildhall School of Music and Drama]. Hanze University of Applied Sciences Digital Archive. https://research.hanze.nl/files/26799985/Dissertation_Dons_July_2019_after_corrections_.pdf
- Edwards, A. (2010). *Being an expert professional practitioner: The relational turn in expertise*. Springer.
- Fancourt, D., & Finn, S. (2019). *What is the evidence on the role of the arts in improving health and well-being? A scoping review*. Health Evidence Synthesis (HEN) report 67. WHO Regional Office for Europe.
- Fancourt, D., Finn, S., Warran, K., & Wiseman, T. (2019). Group singing in bereavement: Effects on mental health, self-efficacy, self-esteem and well-being. *BMJ Supportive & Palliative Care*. <https://doi.org/10.1136/bmjspcare-2018-001642>
- Finnish National Board on Research Integrity (TENK). (2019). *The ethical principles of research with human participants and ethical review in the human sciences in Finland*. <https://tenk.fi/en/advice-and-materials/guidelines-ethical-review-human-sciences>
- Freeman, L., Caserta, M., Lund, D., Rossa, S., Dowdy, A., & Partenheimer, A. (2006). Music thanatology: Prescriptive harp music as palliative care for the dying patient. *American Journal of Hospice and Palliative Medicine*, 23(2), 100–104. <https://doi.org/10.1177/104990910602300206>
- Gallagher, L. M. (2011). The role of music therapy in palliative medicine and supportive care. *Seminars in Oncology*, 38(8), 403–406. <https://doi.org/10.1053/j.seminoncol.2011.03.010>
- Gallagher, L. M., Lagman, R., & Rybicki, L. (2018). Outcomes of music therapy interventions on symptom management in palliative medicine patients. *American Journal of Hospice and Palliative Medicine*, 35(2), 250–257. <https://doi.org/10.1177/1049909117696723>
- Goleman, D. (2005). *Emotional intelligence*. Bantam.
- Grandey, A. A., Rupp, D. E., & Brice, W. N. (2015). Emotional labor threatens decent work: A proposal to eradicate emotional display rules. *Journal of Organizational Behaviour*, 36(6), 770–785. <https://doi.org/10.1002/job.2020>
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and ‘ethically important moments’ in research. *Qualitative Inquiry*, 10(2), 261–280. <https://doi.org/10.1177/1077800403262360>
- Hargreaves, A., Earl, L., Moore, S., & Manning, S. (2001). *Learning to change: Teaching beyond subjects and standards*. Jossey-Bass.
- Herriott, R. E., & Firestone, W. A. (1983). Multisite qualitative policy research: Optimizing description and generalizability. *Educational Researcher*, 12(2), 14–19.
- Hilliard, R. E. (2005). Music therapy in hospice and palliative care: A review of the empirical data. *Evidence-Based Complementary and Alternative Medicine*, 2(2), 173–178.
- Hochschild, A. R. (2012). *The managed heart: Commercialization of human feeling* (3rd ed.). University of California Press.
- Hoover, S. A. (2021). *Music as care: Artistry in the hospital environment*. Routledge.
- Humphrey, R. H., Ashforth, B. E., & Diefendorff, J. M. (2015). The bright side of emotional labor. *Journal of Organisational Behaviour*, 36(6), 749–769. <https://doi.org/10.1002/job.2019>
- Jasper, M., Rosser, M., & Mooney, G. (2013). *Professional development, reflection and decision-making in nursing and healthcare*. John Wiley & Sons.
- Koivisto, T.-A., & Tähti, T. (2020). Professional entanglements: A qualitative systematic review of healthcare musicians’ work in somatic hospital wards. *Nordic Journal of Music Therapy*, 28(5), 416–426. <https://doi.org/10.1080/08098131.2020.1768580>
- Koivisto, T.-A., Lehtikoinen, K., Lapio, P., Lilja-Viherlampi, L.-M., & Salanterä, S. (2020). *Culture and the arts in hospitals and other health service organisations*. ArtsEqual Policy Brief 1/2020. Helsinki: ArtsEqual.
- Kurki, K. (2017). *Young children’s emotion and behaviour regulation in socio-emotionally challenging situations*. [Doctoral dissertation, University of Oulu]. Jultika University of Oulu repository. <http://urn.fi/urn:isbn:9789526216973>
- Lynch, K., Baker, J., Lyons, M., Feeley, M., Hanlon, N., Walsh, J., & Cantillon, S. (2016). *Affective equality: Love, care and injustice*. Springer.
- MacLeod, R. D., & Block, L. (Eds.). (2019). *Textbook of palliative care*. Springer. https://doi.org/10.1007/978-3-319-31738-0_2-11
- Meyer, D. K. (2009). Entering the emotional practices of teaching. In P.A. Schutz & M. Zembylas (Eds.), *Advances in teacher emotion research: The impact on teachers’ lives* (pp. 73–91). https://doi.org/10.1007/978-1-4419-0564-2_
- Moss, H., & O’Neill, D. (2009). What training do artists need to work in healthcare settings? *Medical Humanities*, 35(2), 101–105. <https://doi.org/10.1136/jmh.2009.001792>
- Moss, H. (2014). *Aesthetic deprivation: The role of aesthetics for older patients in hospital*. [Doctoral dissertation, Trinity College]. Trinity College Dublin Theses & Dissertations. <https://hdl.handle.net/2262/79578>
- Musique et Santé. (2021). *Advocating and working for the development of live music in hospitals and institutions for disabled persons*. <http://www.musique-sante.org/en>
- Preti, C. (2009). *Music in hospitals: Anatomy of a process*. [Doctoral dissertation, University of London].
- Preti, C., & Welch, G. F. (2013). Professional identities and motivations of musicians playing in healthcare settings: Cross-cultural evidence from UK and Italy. *Musicae Scientiae*, 17(4), 359–374. <https://doi.org/10.1177/1029864913486664>
- Ruud, E. (2012). The new health musicians. In R. A. R. MacDonald, R. G. Kreutz & L. Mitchell. (Eds.), *Music, health, and wellbeing* (pp. 87–96). Oxford University Press.
- Schmid, W., Rosland, J. H., von Hofacker, S., Hunskaar, I., & Bruvik, F. (2018). Patient’s and health care provider’s perspectives on music therapy in palliative care—an integrative review. *BMC Palliative Care*, 17(1), 1–9. <https://doi.org/10.1186/s12904-018-0286-4>. PMID:29463240
- Siljamäki, E. (2021). *Plural possibilities of improvisation in music education: An ecological perspective on choral improvisation and wellbeing*. [Doctoral dissertation, University of the Arts Helsinki]. Taju University of the Arts repository.

https://taju.uniarts.fi/bitstream/handle/10024/7330/HAN21_060_978-952-329-240-6_e-versio%281%29.pdf?sequence=1&isAllowed=y

- Sonke, J. (2021). Training for new jobs. Professionalizing the role of the musician in healthcare. In S. A. Hoover (Ed.), *Music as care: Artistry in the hospital environment* (pp. 62–93). Routledge.
- Stake, R. E. (1995). *The art of case study research*. Sage.
- Subramani, S. (2019). Practising reflexivity: Ethics, methodology and theory construction. *Methodological Innovations*, 12(2), 2059799119863276. <https://doi.org/10.1177%2F2059799119863276>
- Sugrue, C., & Solbrette, T. D. (2014). *Professional responsibility: New horizons of praxis*. Routledge.
- Swanson, G. E. (1989). On the motives and motivation of selves. In D. D. Franks & E. D. McCarthy (Eds.), *The sociology of emotions: Original essays and research papers* (pp. 9–32). Greenwich.
- Väkevä, L., Westerlund, H., & Ilmola-Sheppard, L. (2017). Social innovations in music education: Creating institutional resilience for increasing social justice. *Action, Criticism & Theory for Music Education*, 16(3), 129–147. <https://doi.org/10.22176/act16.3.129>
- Walter, T. (2012). How people who are dying or mourning engage with the arts. *Music and Arts in Action*, 4(1), 73–98.
- Westerlund, H., & Gaunt, H. (Eds.) (2021). *Expanding professionalism in music and higher music education – A changing game*. Routledge.
- World Health Organisation. WHO. (2016). *Planning and implementing palliative care services: A guide for programme managers*. WHO. <https://apps.who.int/iris/handle/10665/250584>
- Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Sage.
- Young, L., & Pringle, A. (2018). Lived experiences of singing in a community hospice bereavement support music therapy group. *Bereavement Care*, 37(2), 55–66. <https://doi.org/10.1080/02682621.2018.1493646>.
- Zhang, J. W., Doherty, M. A., & Mahoney, J. F. (2018). Environmental music in a hospital setting: Considerations of music therapists and performing musicians. *Music & Medicine*, 10(2), 71–79.

Ελληνική περίληψη | Greek abstract

Οι μουσικοί της υγείας και το μουσικο-συναισθηματικό έργο: Μία εις βάθος μελέτη περίπτωσης μέσα στο πλαίσιο της φροντίδας στο τέλος της ζωής

Taru-Anneli Koivisto

ΠΕΡΙΛΗΨΗ

Ο σκοπός αυτής της λεπτομερούς μελέτης περίπτωσης είναι η διερεύνηση του έργου των μουσικών στη φροντίδα στο τέλος της ζωής. Σε αυτήν τη μελέτη, μουσικός της υγείας [healthcare musician] θεωρείται ένας επαγγελματίας που κατέχει ακαδημαϊκό τίτλο σπουδών μουσικής και ενδο-υπηρεσιακή εκπαίδευση εντός εργασιακών πλαισίων μουσικής και υγείας. Πέρα από τη συνεργασία με υγειονομικό προσωπικό, συχνά συνεργάζονται με μουσικοθεραπευτές για την προσφορά ενοποιητικών υπηρεσιών υγείας για την καλύτερη φροντίδα των ασθενών. Στη μελέτη πραγματοποιήθηκαν συνεντεύξεις με έξι μουσικούς με εργασιακή εμπειρία σε πλαίσια φροντίδας ατόμων στο τέλος της ζωής. Οι αναστοχασμοί τους ως προς την κοινωνική διάσταση της δουλειάς τους αναλύθηκαν μέσα από το αναδυόμενο θεωρητικό πρίσμα του συναισθηματικού έργου. Αυτό οδήγησε στην ταυτοποίηση τριών θεματικών πέρα από την αμιγώς επαγγελματική διάσταση της μουσικής εκτέλεσης, οι οποίες συσχετίζονται με το συναισθηματικό έργο της φροντίδας στο τέλος της ζωής. Επιπρόσθετα, οι συναισθηματικές διαδικασίες που προέκυψαν, που ήταν εκ φύσεως βαθιά κοινωνικές, νοηματοδοτήθηκαν ως μουσικο-συναισθηματικό έργο. Αυτή η επικεντρωμένη στον άλλον εργασία συμβαδίζει με την έρευνα στο πεδίο της μουσικοθεραπείας και αποτελεί βασικό τμήμα του μουσικοθεραπευτικού έργου με άτομα στο τέλος της ζωής. Συμπερασματικά, παρατίθενται σκέψεις σχετικά με τις ομοιότητες μεταξύ μουσικοθεραπευτών και μουσικών, καθώς και με το διεπαγγελματικό δυναμικό της συνεργασίας τους.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

συναισθηματικό έργο, φροντίδα υγείας, μουσικοί, μουσικοθεραπεία, φροντίδα στο τέλος της ζωής

ARTICLE

An audit of music therapy in acute National Health Service (NHS) settings for people with dementia in the UK and adaptations made due to COVID-19

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ABSTRACT

Music therapy research and practice is growing in the field of dementia in residential and community settings. However, less is known about the prevalence and practice of music therapy in acute inpatient settings for people living with dementia. An online survey was distributed to the membership of the British Association for Music Therapy (BAMT) in the UK. Descriptive statistics were generated for quantitative data and thematic analysis was conducted on qualitative data. Fifteen music therapists responded (12.1% of BAMT members working in dementia care). The majority (80%) of respondents were employed by NHS Trusts, and most therapists spent half to one day on acute wards per week. Results showed similarities in patterns of working and theoretical approaches, with live, interactive, instrumental music making used by all and many drawing upon psychodynamic and person-centred approaches to inform their work. Techniques used included singing precomposed songs and instrumental improvisation. All respondents worked during the COVID-19 pandemic, with much variation between NHS Trusts. The challenges and positive aspects of working during the pandemic included a negative impact on staff and patients' physical and psychological wellbeing, and a raised profile of the arts therapies, respectively. Further research is needed to evaluate the impact of music therapy on people living with dementia in acute NHS settings and raise awareness of how music therapy could help wards to meet the needs of service users as specified in the National Institute for Health and Clinical Excellence (NICE) guidelines.

KEYWORDS

music therapy,
dementia,
acute NHS inpatients,
audit,
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INTRODUCTION

There is a growing body of evidence supporting the efficacy of music therapy to treat the Behavioural and Psychological Symptoms of Dementia (BPSD).¹ Research conducted in care homes found that individual music therapy improved wellbeing and reduced agitation for people living with dementia (Hsu et al., 2015; Ridder et al., 2013). These findings are reflected in the inclusion of music therapy as an activity to promote wellbeing for people living with dementia in the NICE guidelines, which provide recommendations for health and care practice in England, with relevance to the devolved nations and internationally (NICE, 2019). Music is also listed as a meaningful activity in the Standards of Care for Dementia in Scotland, whilst art therapy is included as a non-drug-based intervention (Scottish Government, 2011). In addition, music therapy has been found to support both healthcare staff and relatives (Hsu et al., 2015), a benefit that is currently being explored further in the community in the HOMESIDE Project (Baker et al., 2019) and Together in Sound (Molyneux et al., 2020).

Some evidence suggests that music therapy can also be of benefit for people living with dementia on acute wards to alleviate BPSD and isolation, improve engagement in activities and support cognitive function (Bruer et al., 2007; Cheong et al., 2016; Gold, 2014; Melhuish, 2013; Odell-Miller, 1995; Suzuki et al., 2004; Svansdottir & Snaedal, 2006). Studies looking at biomarkers support these findings, with changes in heart rate and levels of neurotransmitters and neurohormones indicating that service users were less stressed and more relaxed following music therapy (Kumar et al., 1999; Okada et al., 2009; Suzuki et al., 2004).

A survey of music therapists in the UK in 2018 found that 142 respondents worked with people living with dementia (Schneider, 2018). Nineteen percent (27) of these worked in hospital inpatient settings, with 42% working in residential care. Seventy-two percent delivered both group and individual sessions whilst 17% delivered only group sessions and 11% delivered only individual sessions. Most were employed part-time. The role of training and working alongside other professionals and family members was highlighted. Raising awareness within the public and the NHS of the potential for music therapy to benefit people living with dementia was seen as the greatest need for the development of music therapy for this population, with 17% indicating a need for a greater evidence base. In a response article, Odell-Miller (2018) highlighted the opportunity and need for music therapists to demonstrate to healthcare providers and families how music therapy can help meet the NICE guidelines for people living with dementia, in particular by reducing agitation and aggression and supporting healthcare staff and relatives. This survey gives a helpful overview of music therapy with people living with dementia in the UK in 2018 and how this work can become more widely embedded in dementia care. However, a greater understanding of current music therapy practice for people living with dementia in acute settings would help to inform practice and research in this setting.

In the UK, NHS Trusts, also known as NHS Foundation Trusts, are part of the NHS and subject to the same standards of care, but decision-making is devolved from central government to local organisations and communities (Mid Cheshire Hospitals NHS Foundation Trust, 2022). Acute wards in the NHS admit people living with dementia usually when their symptoms are difficult to control, their

¹ The term 'behavioural and psychological symptoms of dementia' is used throughout the article to align with the current research literature. The authors acknowledge that these symptoms, such as agitation, aggression, apathy, psychosis, and depression, can be both a symptom of the condition and/or an expression of an unmet need.

behaviours are harder to accommodate in care homes, and they need more intensive medical and psychiatric care. Also, people living with dementia are admitted to hospital if they need a place of safety, but each NHS Trust would only provide this service uniquely and on a short-term basis, as the emphasis in England is on community and home care (for more information see here <https://www.england.nhs.uk/mental-health/dementia/>).

At the time of writing, the NHS is under considerable additional pressure due to the COVID-19 pandemic. People living with dementia have been identified as being vulnerable to complications from COVID-19 due to their age and other comorbidities as well as difficulties adhering to guidance such as social distancing (Mok et al., 2020). Whilst most research has taken place in the community and residential care facilities, there have been worrying trends in the UK of hospitals refusing admission to patients, mass signing of 'do not attempt resuscitation' orders and an increase in antipsychotic prescriptions (Alzheimer's Society, 2020; Gonzalez-Suarez et al., 2020; Liu et al., 2021). Research by Livingston et al. (2020) found that inpatient psychiatric wards for people living with dementia had higher rates of infection and deaths than general hospitals and reduced access to testing, Personal Protective Equipment (PPE) and medical support. Research conducted with people living with dementia and their caregivers in the community found a music therapy group to be helpful and to enable social interaction during this challenging time (Molyneux et al., 2020). However, no research, to our knowledge, has looked at the impact of music therapy on people living with dementia in acute inpatient settings during the pandemic.

The following research questions were formulated to address this gap in the literature. The fourth question was included owing to the timing of the research during the COVID-19 pandemic.

1. What is the prevalence of music therapy in inpatient settings for people living with dementia in the NHS?
2. How are music therapy posts for inpatient dementia care structured?
3. What theoretical approaches and techniques do music therapists use in inpatient dementia care?
4. How are music therapists impacted by COVID-19? What challenges and positive aspects came from working during the pandemic?

Ethical approval for this study was given by the Arts Humanities and Social Sciences Faculty Ethics Board at Anglia Ruskin University in March 2021.

METHODS

An online survey was created using the software 'online survey'. The survey consisted of 12 multiple choice and free text questions generating both quantitative and qualitative data (Appendix 1). Questions related to the distribution of music therapy, approaches and techniques used, and how music therapists' work had been impacted by the COVID-19 pandemic. The researchers define 'approaches' as the theoretical orientation of the therapist, whilst 'techniques' refer to what the therapists did during the interventions (Odell-Miller, 2007). The survey was distributed to all members of the British Association for Music Therapy (BAMT) via email in March 2021. All practising music

therapists working on NHS acute wards for people living with dementia were asked to participate, with a two-week deadline given. The study was conducted in the UK and therefore all respondents were qualified to practise in the UK.² The survey generated quantitative and qualitative results. Statistical analysis of quantitative data was conducted using Microsoft Excel to create descriptive statistics. Thematic analysis (Braun & Clarke, 2006, 2019) was conducted to describe and summarise the short written responses to open questions. Following familiarisation with the dataset, an iterative coding process was conducted within each response, with codes then grouped across responses to create overarching themes and subthemes. Responses to each question were analysed across responses but analysis between responses to different questions was not conducted. All literature cited by respondents was read in full by the lead author where an electronic copy was available and a summary of content was created to enable comparisons between texts. For four papers an electronic copy was not available. These were categorised along with the rest of the literature based on their titles, abstracts, journal and any available information found online. A table of all literature and their categorisation is provided in Appendix 2.

RESULTS

Fifteen music therapists responded to the online survey, 12.1% of the 124 BMT members working in dementia care in February 2022. Where relevant, examples of quotes from respondents are included following the description of the related findings.

Distribution and structure of music therapy posts

Twelve (80%) of the respondents were employed directly by the NHS Trust. Three respondents were funded by a music organisation, a residential care home or self-employed (Figure 1). Music therapy had been on the ward for an average of 14 years (SD 10.8), ranging from 10 months to over 30 years. Music therapists worked on average 10.8 hours per week (SD 9.9). Some respondents provided allocated time each week to the ward and others delivered sessions upon receipt of a referral.

Patterns of work varied between respondents. All music therapists delivered group sessions, with one respondent stating this ran for an hour and another for up to 90 minutes. Eleven (73%) also delivered individual sessions, ranging from one to four in a day. The timing of the sessions varied with some offering groups in the morning and others in the afternoon. All who elaborated ran open groups in communal areas of the ward, and some (three respondents, 20%) stated that they co-facilitated groups with other staff members, including arts therapists, occupational therapists, physiotherapists, and ward staff. Other activities mentioned included supporting staff (three respondents, 20%) and relatives (one respondent, 7%) as well as completing administrative tasks and supervision. One respondent (7%) used an evaluation tool (Music in Dementia Assessment Scales, McDermott et al., 2014) to evaluate the outcomes of their work. Examples of working patterns were:

² Practicing music therapists in the UK must be legally registered with the Health and Care Professions Council (HCPC). Registration is obtained on completion of a two year full-time or three year part-time masters level training course. For music therapists trained outside of the UK, registration can be obtained through an application process overseen by HCPC assessors.

Two hours on the ward each morning/afternoon, writing up notes in between, offering staff support sessions during handover (P4)

Open ward-based group session with time for individual work one morning or afternoon (P6)

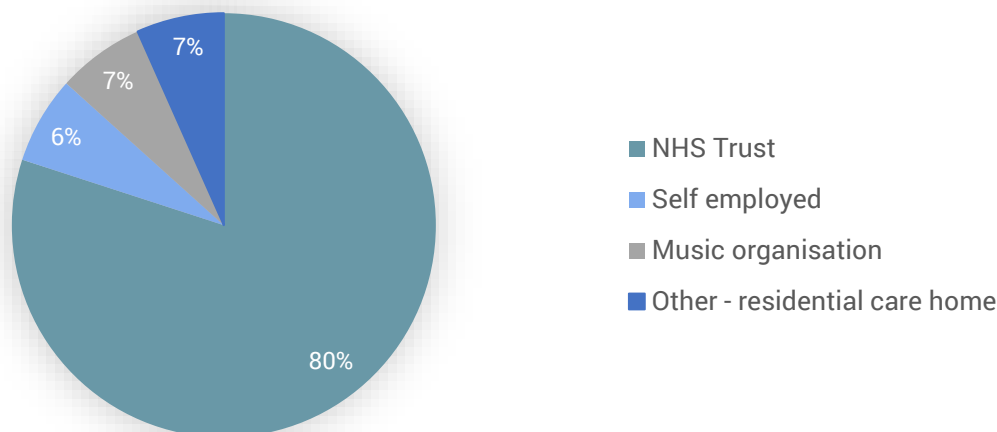


Figure 1: Types of employment for music therapists

Theoretical approaches and techniques used

All respondents used live, interactive, instrumental music making in their practice. In addition, respondents drew on a combination of one or more psychological approaches and theories to inform their work, such as psychodynamic, and music therapy approaches, such as the Nordoff Robbins approach. Nine respondents (60%) used a psychodynamic, psychoanalytic, or psychotherapeutic approach to inform their work, with some referencing child development and attachment theorists (Bowlby, Stern, Trondalen, Trevarthen, Winnicott).³ Darnley-Smith (2019, p.144) defines a psychodynamic approach to working with people living with dementia as when 'the moment-by-moment process of relating through music is considered as central to the work'. Four (27%) of these respondents combined this with a person-centred approach, with Kitwood (1997) referenced by some. Others combined psychodynamic thinking with a recovery model (Anthony, 1993), Nordoff Robbins approach, neuroscience and affective neuroscience, and systemic thinking. Two respondents (13%) referred to only one theoretical approach each, one using a person-centred approach and another using the recovery model (Anthony, 1993).

Four respondents (27%) referenced 14 articles, books and book chapters (Appendix 2). Three (21.4%) of these referred to music therapy and music interventions in acute settings for people living with dementia, three (21.4%) referred to music therapy with people living with dementia in residential care settings, two (14.2%) were key texts for psychological approaches to care, and six (42.8%) referred to other psychotherapy and arts therapies texts with people living with dementia.

³ Where names of psychologists were mentioned without reference to a specific text these have been listed as written by respondents.

A dominant theme was that music therapists used techniques flexibly to meet the needs of the client and to prioritise client choice in the moment. Aspects of live, interactive music making mentioned frequently included singing precomposed songs, improvisation, and instrumental playing. Other activities included listening to pre-recorded music and activities to support cognition and movement. The following quotes demonstrate examples of techniques used by respondents.

We use improvised and precomposed music, individually tailored according to the presenting needs of the patient (P13)

Singing familiar songs, encouraging participants to engage in singing as well as playing the musical instruments (P2)

Response to COVID-19

Patterns of working during the COVID-19 pandemic varied between NHS Trusts and at different times during the pandemic. All music therapists were able to work at some points during the pandemic, whether online, face-to-face or a combination of the two. Six respondents (40%) worked both online and face-to-face. Three respondents (20%) worked face-to-face throughout with another three (20%) working either face-to-face or pausing service delivery (Figure 2).

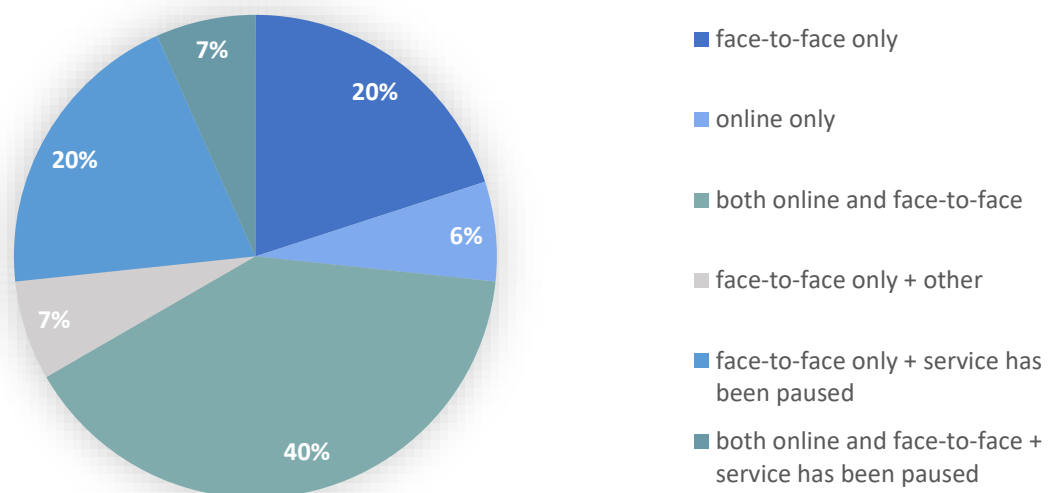


Figure 2: Methods of working during the COVID-19 pandemic

Music therapists made various adjustments to their working pattern due to COVID-19, with some techniques needing to be altered to adhere to the introduction of infection control measures and/or working online (Table 1). Some of these differed between NHS Trusts. Whilst the content of sessions varied, respondents stated that they drew on the same theoretical approaches to understand their work as before the pandemic.

Adjustments made when working face-to-face during COVID-19
Introduction of infection control measures such as PPE, social distancing and cleaning
Increased collaboration with ward staff
No groups at all or smaller groups only
Increased use of precomposed song to maintain interaction between and with PwD
Working with PwD in self-isolation
Reduction in singing
Reduction in use of instruments
Adjustments made when working online during COVID-19
Increase in receptive music therapy
Reduction in simultaneous music making due to limitations of technology
Increased collaboration with ward staff
Sending recordings of meaningful songs to ward staff to use with the PwD
Creating personalised playlists

Table 1: Adjustments made when working face-to-face and online during COVID-19

Challenges experienced by music therapists in this setting during the COVID-19 pandemic came under four themes, whilst positive outcomes came under three themes (Figure 3).

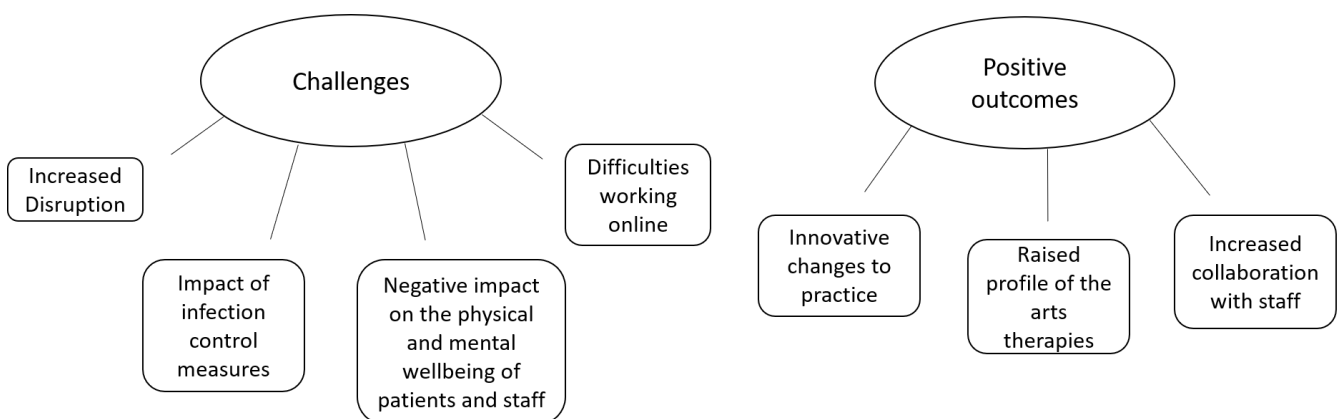


Figure 3: Challenges and positives of delivery of music therapy during COVID-19

The first challenge experienced by music therapists as a result of the pandemic was increased disruption to the therapists’ working pattern, both online and on the wards, with patients moving locations and areas of the ward being reallocated for other purposes, such as isolation. Secondly, infection control measures impacted the therapists’ ability to play and sing and made it more challenging to communicate with patients. Thirdly, working remotely was not possible for all respondents as patients struggled to engage in online sessions and the music therapist was reliant on staff and technology being available on the ward for sessions to take place. For those who did

establish an online provision, technical difficulties, access to resources and difficulties engaging all patients were still present. Finally, the respondents reported that the pandemic had a negative impact on the physical and psychological wellbeing of patients and staff, including the music therapists, with higher rates of experiences of illness and death, both professionally and personally, and high levels of anxiety. The quotes below provide examples of the challenges experienced during the pandemic.

The patients did not engage with online sessions as it was too abstract and removed. The social and human nature was lost. (P5)

Increased level of patient deaths and grief (both personal and professional) in the staff team (P8)

All but two (87%) respondents identified positive changes as a result of COVID-19. Of those that did not comment, one was on leave during the pandemic, and another did not feel there were any positive changes to report.

Positive changes came under three themes (Figure 3). Firstly, increased collaboration with staff when working face-to-face enabled music therapists to adapt to the changing needs of the ward throughout the pandemic. Working online also increased this collaboration, as music therapists worked closely with staff who were on the wards to facilitate the sessions. However, this reliance on staff availability was sometimes a barrier to sessions taking place, as outlined above. Secondly, a raised profile of the arts therapies was identified by those working face-to-face, where NHS Trusts classed music therapy as essential to patient care. This was also commented upon by respondents delivering sessions remotely, as ward staff became more aware of the importance of the arts therapies to support wellbeing, and the delivery of sessions gave, as one respondent stated, a “feeling of togetherness” between staff and the therapist (P2). Finally, the pandemic led to innovative changes to practice such as: working online, for example, online meetings; increased use of certain musical techniques in response to infection control measures, such as using more improvisation-based activities to reduce the use of singing; increased flexibility, such as adjusting techniques to align with changing guidance; and personal lifestyle changes, for example, establishing new routines with more time for self-care and reflection. Some respondents felt that these changes could be incorporated into long-term service delivery. The following quotes show some of the positive changes experienced during the pandemic.

I have felt valued and appreciated by the fact that our work has continued during this time and that we have been seen as essential. (P7)

To have worked virtually with individuals has been hugely unexpected. It's very different obviously but rewarding to have been able to maintain therapeutic relationships in this way. (P14)

DISCUSSION

Findings from this survey suggest that, whilst few music therapists work in acute inpatient care with people living with dementia, there are similarities in practice between different NHS Trusts with access

to the interventions. Whilst music therapy services had been on the wards represented for varying lengths of time, the services appeared to be valued and all were able to continue in some format throughout the COVID-19 pandemic.

The low number of respondents (12% of BAMT members working in dementia care) reflects the specialist nature of the work. The number is lower than the 27 (19% of respondents working in dementia care), who appeared to be working in NHS settings in 2018 (Schneider 2018), and could point to phenomena such as survey saturation, or a reduction in music therapy in NHS settings owing to the recent expansion and changes in provision in care homes for people living with dementia in the UK. It also suggests there are acute wards supporting this client group in the NHS without access to music therapy. With research demonstrating the benefit of music therapy for people living with dementia in community, residential care and inpatient settings by reducing the BPSD as well as providing support for healthcare staff and relatives (Hsu et al., 2015; Molyneux et al., 2020), service providers, alongside music therapists, need to look at ways to increase access to these interventions. Results from this survey suggest ways music therapists and other stakeholders could work towards greater access to interventions.

The challenges faced by people living with dementia during the COVID-19 pandemic, along with healthcare staff and relatives, have been well documented (Alzheimer's Society., 2020; Gonzalez-Suarez et al., 2020; Livingston et al., 2020; Liu et al., 2021; Mok et al., 2020). It is therefore pertinent that all music therapy services included were able to continue during the pandemic and were reported to be helpful and valued by staff and service users. The flexibility of approach described by the respondents could have contributed to this, as therapists adapted in a variety of ways to continue working both face-to-face and online. Therapists were open about the challenges of working during this time with infection control measures and online work impacting their ability to communicate with the people living with dementia.

The negative impact on the psychological and physical wellbeing of staff and patients was also highlighted by some respondents. However, the majority of respondents identified positive outcomes from the pandemic, such as a raised profile of the arts therapies and increased collaboration between multidisciplinary teams. This suggests that the increased attention to and need for interventions to support mental health wellbeing during the COVID-19 pandemic could have led to increased awareness among ward staff of the role of music therapy with this client group during a very difficult time. This supports findings from an online community music therapy group that reduced isolation during a time when established support networks were unavailable (Molyneux et al., 2020).

Findings from this study suggest two areas for further research. Firstly, whilst few respondents referred to literature, the lack of citations directly relating to music therapy in this setting suggests further that there is a gap in the research. This is supported by previous research where a need for more evidence of the benefits of music therapy for people living with dementia was reported by music therapists (Schneider, 2018). In addition, wards reported upon in the current survey tended to receive half to one day of music therapy a week, which aligns with most studies in this setting to date. However, given that most effects from sessions will likely have a short-term impact on this client group (Bruer et al., 2007), it would be useful to explore the impact of more frequent music therapy sessions on the quality of life and wellbeing of the service users and healthcare staff in acute settings.

Secondly, the similarities in approaches to practice and techniques used across responses

suggest it is possible to create a manual or toolkit for a music therapy intervention that could support the embedding of music-based interactions on acute wards for people living with dementia. A manual would need to outline potential activities that could be undertaken and their purpose whilst maintaining the ability of the music therapist to use their clinical judgement to respond flexibly in the moment (Carr et al., 2021; Rolvsjord et al., 2005). In line with music therapy research taking place in community and residential care, it would be important to incorporate training for staff and relatives to use music independent of the therapist (Baker et al., 2019; Hsu et al., 2015; Molyneux et al., 2020). This resource could be used by music therapists and stakeholders to clearly demonstrate to service providers how music therapy, and music-based interactions, could be of benefit to people living with dementia in acute settings, thus helping to raise awareness about music therapy in the public domain and the NHS (Odell-Miller., 2018; Schneider, 2018).

LIMITATIONS

The sample of 15 is small and so potentially may not reflect the opinion of all music therapists working in this setting, especially as 27 music therapists stated that they worked in inpatient settings with people living with dementia in 2018 (Schneider, 2018). Whilst it is possible the pandemic might have impacted numbers employed in this setting, which could account for the low numbers of self-employed and freelance music therapists who responded, it is still likely that other therapists met the inclusion criteria who are not represented. It is possible that some therapists stopped working due to the pandemic and so did not respond. The short two-week data collection period also could have contributed to the small sample. In addition, the survey was only circulated to members of BAMT, so further Health and Care Professions Council (HCPC) practising music therapists in the UK not part of this membership might not have received the invitation. The survey did not collect data on the geographical area of practice, which could have provided useful insights into any differences in healthcare provision and practice across the UK. Another limitation is the use of an online survey which, whilst allowing for better access to the survey, does not provide in-depth data such as that gathered from interviews.

CONCLUSION

Although few music therapists seem to work in this setting, music therapy is well-established and valued on some inpatient wards for people living with dementia in the NHS. Most wards received half to one day of music therapy a week. Open groups were a priority, often using precomposed songs played live in an interactive and improvisatory manner to meet the needs of the service users in the moment. All respondents were able to work either online or in person at some point during the COVID-19 pandemic. Challenges communicating with people living with dementia, due to working online or the impact of PPE, were prevalent, but there were some positive changes identified by the respondents, such as a raised profile of the arts therapies and increased collaboration with staff to deliver the interventions. Further research is needed to deepen our understanding of the impact of current music therapy practice on patients and staff on these wards, demonstrating to service providers how this could help them to meet the needs of those in their care. This could inform the design of an increased

music therapy intervention on wards, including training for staff and relatives to embed music in their interactions with people living with dementia.

REFERENCES

- Alzheimer's Society. (2020). Worst hit: Dementia during coronavirus. <https://www.alzheimers.org.uk/sites/default/files/2020-09/Worst-hitDementia-during-coronavirus-report.pdf>
- Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, 16(4), 11. <https://doi.org/10.1037/h0095655>
- Baker, F. A., Bloska, J., Braat, S., Bukowska, A., Clark, I., Hsu, M. H., Kvamme, T., Lautenschlager, N., Lee, Y. C., Smrokowska-Reichmann, A., Sousa, T. V., Stensaeth, K. A., Tamplin, J., Wosch, T., & Odell-Miller, H. (2019). HOMESIDE: home-based family caregiver-delivered music and reading interventions for people living with dementia: Protocol of a randomised controlled trial. *BMJ Open*, 9(11), e031332. <https://doi.org/10.1136/bmjopen-2019-031332>
- Bowel, S., & Bamford, S.M (2018) *What would life be without a song or a dance, what are we? Commission on Music and Dementia. Published by the International Longevity Centre (ILC) in collaboration with the Utley Foundation.*
http://www.ilcuk.org.uk/index.php/publications/publication_details/what_would_life_be_without_a_song_or_dance_what_are_we
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp0630a>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589-597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Bruer, R. A., Spitznagel, E., & Cloninger, C. R. (2007). The temporal limits of cognitive change from music therapy in elderly persons with dementia or dementia-like cognitive impairment: A randomized controlled trial. *Journal of Music Therapy*, 44(4), 308-328. <https://doi.org/10.1093/jmt/44.4.308>
- Carr, C., Feldtkeller, B., French, J., Havsteen-Franklin, D., Huet, V., Karkou, V., ... & Sandford, S. (2021). What makes us the same? What makes us different? Development of a shared model and manual of group therapy practice across art therapy, dance movement therapy and music therapy within community mental health care. *The Arts in Psychotherapy*, 72(101747). <https://doi.org/10.1016/j.aip.2020.101747>
- Cheong, C. Y., Tan, J. A. Q., Foong, Y. L., Koh, H. M., Chen, D. Z. Y., Tan, J. J. C., ... & Yap, P. (2016). Creative music therapy in an acute care setting for older patients with delirium and dementia. *Dementia and Geriatric Cognitive Disorders Extra*, 6(2), 268-275. <https://doi.org/10.1159/000445883>
- Darnley-Smith, R. (2019). Music as mirror in the care of elderly people with dementia. In *Psychodynamic Approaches to the Experience of Dementia* (pp. 144-155). Routledge.
- Dementia Quality Standard (2019, June 28). NICE Guidance. <https://www.nice.org.uk/guidance/qs184/chapter/Quality-statement-5-Activities-to-promote-wellbeing>
- Gonzalez-Suarez, A., Livingston, G., & Comas-Herrera, A. (2020, May 28). Updated report: The impact of the COVID-19 pandemic on people living with dementia in UK. LTC Responses to COVID-19. <https://ltccovid.org/2020/06/01/updated-report-the-impact-of-the-covid-19-pandemic-on-people-living-with-dementia-in-uk/>
- Gold, K. (2014). But does it do any good? Measuring the impact of music therapy on people with advanced dementia:(Innovative practice). *Dementia*, 13(2), 258-264. <https://doi.org/10.1177/1471301213494512>
- Hsu, M. H., Flowerdew, R., Parker, M., Fachner, J., & Odell-Miller, H. (2015). Individual music therapy for managing neuropsychiatric symptoms for people with dementia and their carers: A cluster randomised controlled feasibility study. *BMC Geriatrics*, 15(1), 1-19. <https://doi.org/10.1186/s12877-015-0082-4>
- Kitwood, T. M. (1997). *Dementia reconsidered: The person comes first*. Open university press.
- Kumar, A. M., Tims, F., Cruess, D. G., & Mintzer, M. J. (1999). Music therapy increases serum melatonin levels in patients with Alzheimer's disease. *Alternative Therapies in Health and Medicine*, 5(6), 49.
- Liu, K., Howard, R., Banerjee, S., Comas-Herrera, A., Goddard, J., Knapp, M., ... & Burns, A. (2021). Dementia wellbeing and COVID-19: review and expert consensus on current research and knowledge gaps. <https://doi.org/10.1002/gps.5567>
- Livingston, G., Rostampour, H., Gallagher, P., Kalafatis, C., Shastri, A., Huzzey, L., ... & Marston, L. (2020). Prevalence, management, and outcomes of SARS-CoV-2 infections in older people and those with dementia in mental health wards in London, UK: A retrospective observational study. *The Lancet Psychiatry*, 7(12), 1054-1063. [http://dx.doi.org/10.1016/S2215-0366\(20\)30434-X](http://dx.doi.org/10.1016/S2215-0366(20)30434-X)
- McDermott, O., Orgeta, V., Ridder, H. M., & Orrell, M. (2014). A preliminary psychometric evaluation of Music in Dementia Assessment Scales (MiDAS). *International Psychogeriatrics*, 26(6), 1011-1019. <https://doi.org/10.1002/gps.3895>
- Melhuish, R. (2013). Group music therapy on a dementia assessment ward: An approach to evaluation. *British Journal of Music Therapy*, 27(1), 16-31. <https://doi.org/10.1177/135945751302700103>
- Mid Cheshire Hospitals NHS Foundation Trust (2022). <https://www.mcht.nhs.uk/members/what-is-a-foundation-trust/>
- Mok, V. C., Pendlebury, S., Wong, A., Alladi, S., Au, L., Bath, P. M., ... & Scheltens, P. (2020). Tackling challenges in care of Alzheimer's disease and other dementias amid the COVID-19 pandemic, now and in the future. *Alzheimer's & Dementia*, 16(11), 1571-1581. <https://doi.org/10.1002/alz.12143>
- Molyneux, C., Hardy, T., Lin, Y. T., McKinnon, K., & Odell-Miller, H. (2020). Together in sound: Music therapy groups for people with dementia and their companions—moving online in response to a pandemic. *Approaches: An Interdisciplinary Journal of Music Therapy*, 1-17.
- Odell-Miller, H. (1995). Approaches to music therapy in psychiatry with specific emphasis upon a research project with the elderly mentally ill. In T. Wigram., B. Saperston & R. West (Eds.), *The art and science of music therapy: A handbook* (pp. 83-111). Routledge.
- Odell-Miller, H. (2007). *The practice of music therapy for adults with mental health problems: The relationship between diagnosis and clinical*

- method* [Doctoral dissertation, University of Aalborg, Denmark]. <https://vbn.aau.dk/en/publications/the-practice-of-music-therapy-for-adults-with-mental-health-probl>
- Odell-Miller, H. (2018). Response to Justine Schneider's article 'Music therapy and dementia care practice in the United Kingdom: A British Association for Music Therapy membership survey'. *British Journal of Music Therapy*, 32(2), 70-73. <https://doi.org/10.1177/1359457518805995>
- Okada, K., Kurita, A., Takase, B., Otsuka, T., Kodani, E., Kusama, Y., ... & Mizuno, K. (2009). Effects of music therapy on autonomic nervous system activity, incidence of heart failure events, and plasma cytokine and catecholamine levels in elderly patients with cerebrovascular disease and dementia. *International Heart Journal*, 50(1), 95-110. <https://doi.org/10.1536/ihj.50.95>
- Ridder, H. M. O., Stige, B., Qvale, L. G., & Gold, C. (2013). Individual music therapy for agitation in dementia: An exploratory randomized controlled trial. *Aging & Mental Health*, 17(6), 667-678. <https://doi.org/10.1080/13607863.2013.790926>
- Rolvsjord, R., Gold, C., & Stige, B. (2005). Research rigour and therapeutic flexibility: Rationale for a therapy manual developed for a randomised controlled trial. *Nordic Journal of Music Therapy*, 14(1), 15-32. <https://doi.org/10.1080/08098130509478122>
- Schneider, J. (2018). Music therapy and dementia care practice in the United Kingdom: A British Association for Music Therapy membership survey. *British Journal of Music Therapy*, 32(2), 58-69. <https://doi.org/10.1177/1359457518799854>
- Scottish Government (2011). *Standards of care for dementia in Scotland: Action to support the change programme, Scotland's National Dementia Strategy*. <https://www.gov.scot/publications/standards-care-dementia-scotland-action-support-change-programme-scotlands-national-dementia-strategy/>
- Suzuki, M., Kanamori, M., Watanabe, M., Nagasawa, S., Kojima, E., Ooshiro, H., & Nakahara, D. (2004). Behavioral and endocrinological evaluation of music therapy for elderly patients with dementia. *Nursing & Health Sciences*, 6(1), 11-18. <https://doi.org/10.1111/j.1442-2018.2003.00168.x>
- Svansdottir, H. B., & Snædal, J. (2006). Music therapy in moderate and severe dementia of Alzheimer's type: A case-control study. *International Psychogeriatrics*, 18(4), 613-621. <https://doi.org/10.1017/S1041610206003206>

APPENDIX 1: QUESTIONNAIRE

Questionnaire: Music therapy in acute NHS dementia services

Question 1

Do you give consent for the information you provide to be used for the specified purposes?

- Yes
- No

Question 2

Are you employed by the Trust directly?

- Yes
- No

Question 3

If you are not employed by the NHS, please identify which type of organisation you are employed by?

- Music therapy organisation
- Music organisation
- Hospital charity
- Self-employed
- Other (If you selected Other, please specify)

Question 4

How many hours a week are you employed to work on the acute dementia ward?

- 3.5 hours
 - 7.5 hours
 - 15 hours
 - 22.5 hours
 - 30 hours
 - 37.5 hours
- Other (If you selected Other, please specify)

Question 5

If known, for how long has music therapy been delivered on the acute dementia ward(s)?

Question 6

How would you describe your music therapy approach? Please specify according to use of music (e.g. mainly improvised and/or precomposed music) and theoretical approach. If possible, refer to the literature. Bullet points are fine.

Question 7

Do you work in individual or group sessions?

- Individual
- Group
- Both

Question 8

Ideally, what would your pattern of work be on an average day, outside of the COVID-19 pandemic?

Question 9

How has the music therapy service been delivered during the COVID-19 pandemic?

- Online only
- Face-to-face only
- Both online and face-to-face
- Service has been paused
- Other (If you selected Other, please specify)

Question 10

Please specify any ways that you have adapted your approach due to the COVID-19 pandemic. This might include changes in theoretical approaches and/or practical set up of the service.

Question 11

Are there any particular challenges that you have experienced due to the COVID-19 pandemic?

Question 12

Have there been any positive changes to come out of working in this setting during the COVID-19 pandemic?

APPENDIX 2: LITERATURE CITED BY RESPONDENTS AND CATEGORY ALLOCATION

Reference	Category
Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. <i>Psychosocial Rehabilitation Journal</i> , 16(4), 11. https://doi.org/10.1037/h0095655	Key psychological text
* Byers, A. (1995). Beyond marks: on working with elderly people with severe memory loss. <i>Inscape</i> , 1, 13-18.	Art therapy with people living with dementia
Canete, M., Stormont, F., & Ezquerro, A. (2000). Group-analytic psychotherapy with the elderly. <i>British Journal of psychotherapy</i> , 17(1), 94-105. https://doi.org/10.1111/j.1752-0118.2000.tb00563.x	Psychotherapy with people living with dementia
*Froggatt, A. (1988). Self-awareness in early dementia. <i>Mental health problems in old age: A reader</i> , 131-136.	Psychotherapy with people living with dementia
Hsu, M. H., Flowerdew, R., Parker, M., Fachner, J., & Odell-Miller, H. (2015). Individual music therapy for managing neuropsychiatric symptoms for people with dementia and their carers: A cluster randomised controlled feasibility study. <i>BMC Geriatrics</i> , 15(1), 1-19. https://doi.org/10.1186/s12877-015-0082-4	Music therapy with people living with dementia in a residential care setting
Iyemere, K. (2017, April 07). Restorative Art and Recovered Moments. BAAT Blog. https://www.baat.org/About-BAAT/Blog/120/Restorative-Art-and-RecoveredMoments .	Art therapy with people living with dementia
Kitwood, T. M. (1997). <i>Dementia reconsidered: The person comes first</i> . Open university press.	Key psychological text
*Mackie, I., & Bredin, K. Psychotherapeutic Care for Dementia Sufferers.	Psychotherapy with people living with dementia
Odell-Miller, H. (1995). Approaches to music therapy in psychiatry with specific emphasis upon a research project with the elderly mentally ill. In T. Wigram., B. Saperston & R. West (Eds.), <i>The art and science of music therapy: A handbook</i> (pp. 83-111). Routledge.	Music therapy with people living with dementia in acute settings
Raglio, A., Bellelli, G., Traficante, D., Gianotti, M., Ubezio, M. C., Villani, D., & Trabucchi, M. (2008). Efficacy of music therapy in the treatment of behavioral and psychiatric symptoms of dementia. <i>Alzheimer Disease & Associated Disorders</i> , 22(2), 158-162. https://doi.org/10.1097/WAD.0b013e3181630b6f	Music therapy with people living with dementia in a residential care setting
Ridder, H. M. O., Stige, B., Qvale, L. G., & Gold, C. (2013). Individual music therapy for agitation in dementia: An exploratory randomized controlled trial. <i>Aging & Mental Health</i> , 17(6), 667-678. https://doi.org/10.1080/13607863.2013.790926	Music therapy with people living with dementia in residential care setting
Sung, H. C., Chang, S. M., Lee, W. L., & Lee, M. S. (2006). The effects of group music with movement intervention on agitated behaviours of institutionalized elders with dementia in Taiwan. <i>Complementary Therapies in Medicine</i> , 14(2), 113-119. https://doi.org/10.1016/j.ctim.2006.03.002	Music interventions with people living with dementia in acute settings
Svansdottir, H. B., & Snædal, J. (2006). Music therapy in moderate and severe dementia of Alzheimer's type: A case-control study. <i>International Psychogeriatrics</i> , 18(4), 613-621. https://doi.org/10.1017/S1041610206003206	Music therapy with people living with dementia in acute settings
*Wald, J. (1983). Alzheimer's disease and the role of art therapy in its treatment	Art therapy with people living with dementia

*It was not possible to obtain full copies of these articles. The article title, abstract, journal and any information found online were used to categorise these.

Μια αξιολόγηση της μουσικοθεραπείας σε πλαίσια οξέων περιστατικών του Εθνικού Συστήματος Υγείας (NHS) για άτομα με άνοια στο Ηνωμένο Βασίλειο και προσαρμογές που έγιναν λόγω της COVID-19

Naomi Thompson | Helen Odell-Miller

ΠΕΡΙΛΗΨΗ

Η μουσικοθεραπευτική έρευνα και πράξη αναπτύσσεται στο πεδίο της άνοιας σε οικιστικά και σε κοινοτικά πλαίσια. Ωστόσο, λιγότερα είναι γνωστά για την επικράτηση και την πρακτική της μουσικοθεραπείας σε πλαίσια νοσηλείας οξέων περιστατικών ατόμων που ζουν με άνοια. Ένα ηλεκτρονικό ερωτηματολόγιο προωθήθηκε στα μέλη του Βρετανικού Συλλόγου Μουσικοθεραπείας [British Association for Music Therapy, BAMT] στο Ηνωμένο Βασίλειο. Πραγματοποιήθηκε περιγραφική στατιστική ανάλυση στα ποσοτικά δεδομένα που προέκυψαν και θεματική ανάλυση στα ποιοτικά δεδομένα. Ανταποκρίθηκαν 15 μουσικοθεραπευτές (12,1 % του συνόλου των μελών του BAMT που εργάζονται στην φροντίδα ατόμων με άνοια). Η πλειονότητα (80%) των συμμετεχόντων είχαν θέση εργασίας σε φορείς του Βρετανικού Εθνικού Συστήματος Υγείας [National Health Service, NHS], και οι περισσότεροι εξ αυτών απασχολούνταν μισή έως μία ημέρα την εβδομάδα σε νοσηλευτικές πτέρυγες οξέων περιστατικών. Από τα αποτελέσματα φάνηκαν ομοιότητες σε μοτίβα τρόπων εργασίας και θεωρητικών προσεγγίσεων, με τη ζωντανή, διαδραστική, οργανική μουσική δημιουργία να χρησιμοποιείται από όλους, και με πολλούς να αντλούν από ψυχοδυναμικές και ατομοκεντρικές προσεγγίσεις για να ενημερώνουν το έργο τους. Στις τεχνικές που χρησιμοποιούνται περιλαμβάνονται το τραγούδι προϋπάρχοντων κομματιών και ο αυτοσχεδιασμός με μουσικά όργανα. Όλοι οι συμμετέχοντες εργάζονταν κατά τη διάρκεια της πανδημίας COVID-19, με μεγάλες διαφοροποιήσεις ανάμεσα στους φορείς του NHS. Οι προκλήσεις και οι θετικές πτυχές της εργασίας κατά τη διάρκεια της πανδημίας περιλάμβαναν την αρνητική επίπτωση στο σωματικό και ψυχολογικό ευ ζην των επαγγελματιών υγείας και των ασθενών, και ένα ενισχυμένο προφίλ των θεραπειών μέσω τεχνών αντίστοιχα. Περαιτέρω έρευνα απαιτείται για να αξιολογηθεί ο αντίκτυπος της μουσικοθεραπείας σε άτομα που ζουν με άνοια σε οξέα πλαίσια νοσηλείας στο NHS και για να υπάρξει ευαισθητοποίηση στο πώς η μουσικοθεραπεία μπορεί να βοηθήσει νοσηλευτικές πτέρυγες ώστε να ανταποκριθούν στις ανάγκες των χρηστών των υπηρεσιών που παρέχουν όπως αυτές ορίζονται στις κατευθυντήριες γραμμές του Εθνικού Ινστιτούτου Υγείας και Κλινικής Αριστείας [National Institute for Health and Clinical Excellence, NICE].

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, άνοια, οξέα περιστατικά νοσηλείας στο Βρετανικό Εθνικό Σύστημα Υγείας (NHS), αξιολόγηση, COVID-19

ARTICLE

Music therapy in Slovakia: Contexts and current practice

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ABSTRACT

Music therapy has its own historical roots in today's Slovakia. As early as the 18th century, information about music healing had already appeared. Nowadays, music therapy is becoming more widespread in our country. Therefore, it is deemed important to clarify music therapy as a contemporary profession and to focus on current events. This article focuses on the historical underpinnings of music therapy as well as the current situation, legislation and personalities who strongly influenced the development in this area, as well as organisations and providers who played an important role in music therapy developments in Slovakia. The article also provides basic information about my own research, presenting findings of a survey questionnaire and two brief interviews with music therapy experts in Slovakia.

KEYWORDS

Slovakia,
music therapy,
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INTRODUCTION

Music therapy is increasingly utilised for children and adults with health problems in day care centres, nursing homes, hospitals and elsewhere. Although music therapy is also practised in Slovakia, its position is unclear. It has not received legal recognition as a profession and therefore it is not regulated, and it cannot be studied as a separate discipline. Nevertheless, this form of therapy, and its elements, are frequently used.

This study provides information about the state of music therapy in Slovakia. It focuses on its historical basis, the personalities involved in contemporary music therapy, the approach and the available literature in the Slovakian language. It draws attention to the current situation in surrounding countries that border Slovakia, including information on music therapy in Poland, Ukraine, Hungary, Austria and the Czech Republic. This article also presents the findings of a survey questionnaire and of two interviews. The questionnaire was distributed to music therapists via

email across Slovakia. The aim was to obtain information about the current state of music therapy activities in Slovakia. My survey is complemented by interviews with Mária Habalová from the Department of Therapeutic Education at Comenius University and Matěj Lipský, a music therapy lecturer in Slovakia.

CONTEXTS OF MUSIC THERAPY IN SLOVAKIA

History

The roots of music therapy in Slovakia go back to the 18th century. The Slovak physician and scholar, Ignác Romuald Ambro (1748–1787), applied music in therapy, and this was documented in his manuscript *De salutari musices in medicina usu*. Ambro studied medicine and music in Vienna. He was a poet and a composer, a natural scientist and a technician. Unfortunately, his manuscript was lost and has not yet been found (Mátejová & Mašura, 1992).

Another prominent personality, this time from the field of education, was Štefan Majer (1813–1893). He pursued awareness-raising activities in Esztergom. He focused on the need to educate in sound, i.e., music, to which he called attention to in his course book for teachers *Népeveléstan* (Buda, 1845). At this early point in time, Majer had already noticed the beneficial effects of music, especially on children with disabilities, visual impairments and attention deficit disorders as well as those developing slow. These children, he claimed, pay double the attention when perceiving music (Mátejová & Mašura, 1992).

Major advances in music therapy can be traced to the beginning of the 20th century. From the 1940s to 1960s, it was introduced into practice in several psychiatric facilities and neurological departments, including the Psychiatric Facility in Pezinok, led by Karol Matulay, Ondrej Kondáš, Jozef Török and Jozef Pogády, and the Psychiatric Clinic in Bratislava, headed by Ján Molčan. A more systematic attitude in music therapy characterised the Healthcare Facility for Emotionally Disturbed Children in Ľubovňa. Thanks to Veronika Wohlandová-Bednárová, in 1967, the Clinic of Psychology and Education in Bratislava started to apply rhythmic and instrumental elements of music therapy in the treatment of people suffering from neurosis.

In 1968, music therapy began to be used in a coherent way in Bratislava in the Educational and Psychological Counselling Facility under the guidance of Zlatica Mátejová and Silvester Mašura. They applied music therapy with children with minor brain dysfunction, neurosis, behavioural disorders, speech disorders (e.g., stuttering, dysphasia, delayed speech development) and intellectual disabilities. In applying music therapy, they collaborated with the psychologists of the facility (Mátejová & Mašura, 1992).

In Slovakia, the Institute of Special and Therapeutic Education [Inštitút špeciálnej a liečebnej pedagogiky] was established in 1967 in the Faculty of Arts at Comenius University in Bratislava. In 1974, the institute was transferred to Trnava as a division of the university and, subsequently, a department of special education and a department of therapeutic education were established. In 1986, the department was transferred back to Bratislava, and, in 1982, the department of therapeutic education merged with the department of special education.

The curriculum of therapeutic education included lectures on art therapy, bibliotherapy, music therapy, psychomotor therapy, play therapy and occupational therapy. Lectures on music therapy in

therapeutic education and on special music education were delivered by Zlatica Mátejová, one of the founders of music therapy in education in Slovakia (Mátejová & Mašura, 1992). In 1993 and 1994, specialised qualifications in music therapy could be gained by completing a music therapy course under the aegis of the Slovak Association for Psychotherapy (Zelevová, 2002).

Key figures of the present

The pioneers of music therapy in Slovakia, including Zlatica Mátejová and Silvester Mašura, were followed by a new generation, who further developed the field. Elena Amtmannová, who worked in the field of education and social affairs for many years, also conducted music therapy courses in which she focused on early intervention and incentive programmes for children. Additionally, Amtmannová was active in publishing as she was the editor-in-chief of the specialised journal *Review of Therapeutic Education [Revue liečebnej pedagogiky]*. Her work can be found in various other journals, such as her article *Muzikoterapia či hudobná výchova [Music Therapy or Music Education]* in the journal *Predškolská výchova [Preschool Education]* and her publication *Muzikoterapia v liečebnej pedagogike [Music Therapy in Therapeutic Education]* (Amtmannová, 2003).

Another Slovak specialist in social work, Zuzana Vitálová, has also been focusing on music therapy. In 1999, she wrote a book called *Muzikoterapia [Music Therapy]* (Vitálová, 1999), in which she presented information from medical and musical settings and from her extensive experience in using music therapy for improving people's quality of life. Vitálová wrote about her own experience offering music therapy in nursing homes and she worked in the Visegrád Therapeutic Centre in 1975, where regular therapeutic and cultural/musical meetings were held (Vitálová, 1999). Her university coursebook which was also accessible to general readership, *Úvod do muzikoterapie a jej využitie v sociálnej práci [Introduction to Music Therapy and its Use in Social Work]* was published in 2007 (Vitálová, 2007).

Certain approaches based on music therapy appeared in social work, which Peter Ondrejkočič classified among the sociotechnical approaches or therapeutic methods for mental disorders (Moravčíková, 2013). Besides Ondrejkočič, music therapy was also mentioned in connection with the sociotechnical approach and therapeutic methods for mental disorders by Martina Miková. However, this kind of music therapy has not been defined further, adding to the diversity of the discipline and also complicating the establishment of clinical music therapy as a separate discipline in Slovakia (Rusnáková, 2016). Despite efforts to introduce music therapy into the education of social workers in Slovakia, there is wariness, to a certain extent, about the direct use of the term 'music therapy' because of the unclear professional and legislative definition of the term (Moravčíková, 2013).

Currently, clinical psychologist and lecturer of music therapy courses, Jaroslava Gajdošíková-Zeleiová is focusing on music therapy in Slovakia. She has authored several publications in the field of music therapy, moving music therapy a step closer to obtaining a professional concept. Her publications provide information for the professional and general readership, and she has also published university textbooks. Her best-known publications are *Muzikoterapia – dialóg s chvením, Východiská, koncepty, princípy a praktická aplikácia [Music Therapy – Dialogue with Vibration: Starting Points, Concepts, Principles and Practical Application]* (Zelevová, 2002) and *Psychodynamické aspekty muzikoterapie [The Psychodynamic Aspects of Music Therapy]* (Zelevová, 2012). Under the aegis of the *Profesijný a kariérny rast pedagogických zamestnancov [Professional and Career Growth of Employees]*

in Education] project, financed by the European Social Fund, the Metodicko-pedagogické centrum [Methodology and Pedagogy Centre] issued a text mapping the good practices in education and the teaching experience of Zuzana Jabczunová under the title *Využitie muzikoterapie na 1. stupni základnej školy* [Utilisation of Music Therapy in Lower Primary Education]. In this text, the author describes the integration of some elements of music therapy into the regular teaching process in primary schools, from year one to year four (Jabczunová, 2014).

Despite music therapy proving to be a suitable approach for addressing various problems, the field of study is absent from universities in Slovakia. Music therapy as a course is offered by the Department of Therapeutic Education in the Faculty of Education at Comenius University in Bratislava, where Mária Habalová teaches music therapy. There are also semesters of music therapy, conducted by Margaréta Osvaldová, in the Department of Special Education at the same university, and Jaroslava Gajdošíková Zeleiová teaches music therapy in the Department of School Education in the Faculty of Education at Trnava University. However, courses conducted in Slovakia by foreign music therapists including Matěj Lipský, Jiří Kantor, Jana Weber, Wolfgang Mastnak and others, are of key importance to people interested in pursuing music therapy as a profession.

Czech instructors often collaborate with Anton Gúth, founder of *Etnobubnová škola – Rytmika* [Ethnodrum School – Rhythm], who focuses on percussion; he organises musical projects and rhythm workshops as well as courses and concerts in Slovakia and abroad (Náš tím, Rytmika, www.rytmika.sk/n-t-m-0). He studied social work, music education and music therapy and received training in the field of teamwork and team management. Additionally, he is the founder and specialist guarantor of the association *Zvuky cez ruky* [Sounds by Hands], which focuses on organising meetings, lectures, seminars, exhibitions and concerts and on enabling self-realisation and spending one's free time creatively. The association organises training seminars, workshops, courses and cultural and sports events; it promotes the comprehensive development of people with special needs; it supports innovative projects; it organises international exchanges; it collaborates with legal entities and individuals with a similar focus; it promotes and performs voluntary, humanitarian and social work; and it pursues publishing activities and other activities that serve general beneficial purposes (O nás, *Zvuky cez ruky*, www.zvukycezruky.sk/home). Gúth has joined the *Muzikoterapie v mezinárodném kontextu* [Music Therapy in International Contexts] educational project at Palacký University in Olomouc as one of its lecturers.

Organisations and providers of music therapy in Slovakia

In Slovakia, music therapy is mostly provided in the field of social work, in welfare and family services, and it is used in psychiatric facilities (Kropajová, 2013). Music can be used for diagnostic purposes when it becomes a means of communication between therapist and client. In a therapeutic sense, it is used in psychiatry, paediatrics and child psychiatry. It is used for the treatment of neurosis, stuttering, developmental delays and mental disabilities. Music therapy can be applied in re-education and education, for the moral redress of juvenile delinquents and in the treatment of extreme alcoholism. Music therapy can also be found in the field of surgery and palliative care, where it diverts patients' attention away from pain and preoperative anxiety (Döményová, 2012). Techniques of music therapy can also be found in special education and social pedagogy (Kropajová, 2013).

Moreover, music therapy is provided by educational institutions. However, it is important to point out that music therapy, as such, falls under the category of therapy and psychotherapy, and, according to the legislative definition, teachers are not authorised to pursue therapeutic educational or therapeutic activities (Kropajová, 2013).

In Slovakia, music therapy is practised by psychologists, psychotherapists, special educators, medical educators, music educators, social educators and social workers. Obviously, this is different in other European countries. If a music therapy course is available in a country then therapy is provided by trained music therapists. Moreover, the profession of music therapy is usually greatly facilitated by dedicated music therapy associations or other professional associations that include music therapy. Both of these key factors are absent in Slovakia and, thus, the spectrum of professionals providing music therapy services is wide.

The Slovak music therapy practice includes people who have obtained university level music therapy education abroad, who have completed a long-term music therapy course available in Slovakia or who have completed semesters dedicated to music therapy at Slovak universities. However, there are no bachelor's or master's programmes solely dedicated to music therapy in Slovakia.

In Slovakia, music therapy is provided by social care facilities, schools, nurseries for children with health problems and hospitals. The *Denné centrum Radosť* day care centre for senior citizens in Prešov under the *Barlička* civic association provides music therapy through games for memory training – improving memory and concentration skills, developing concentration and prompt reaction, and improving vocabulary and cognitive skills. They promote their clients' social interaction and community building through music (Barlička civic association, www.barlicka.com/muzik.html). Music therapy is also provided by the *Centrum sociálnych služieb – JUH* [Social Services Centre – SOUTH, www.csstrencin.sk/hlavna-stranka/muzikoterapia/muzikoterapia.html?page_id=7550] in Trenčín. Clients can also experience it in the *Domove dôchodcov a domove sociálnych služieb Kremnica* (https://dsskremnica.sk/?page_id=1402) retirement and nursing home, where this type of therapy is provided internally by a social rehabilitation instructor and externally by volunteers, music therapists and music teachers. Seniorville Trenčín offers regular music therapeutic meetings for its clients (<https://www.seniorville.sk/prevadzky/seniorville-trencin/sluzby/aktivita-v-zariadeni/>).

The *Stacionár svätej Heleny* [Saint Helen Day-care Centre, <http://www.svatahelena.sk/index.php/aktivita/muzikoterapia>] is a daytime nursing facility for retired people, which also offers an opportunity to attend music therapy sessions. The *Domov sociálnych služieb a rehabilitačné stredisko Rosa* [Rosa Nursing Home and Rehabilitation Centre, <https://www.domovrosa.sk/str.php?p=1016>] uses it to give scope for regular musical activities, and they even rehearse a small musical programme with the clients several times a year. The facility regards public performance as beneficial for its clients because it often gives them a profound experience.

In 2016, the non-profit organisation *Depaul Slovakia* carried out a project which interconnected music and the homeless in Bratislava. The intention was to support the identity and integrity of homeless individuals via interactions between the community and homeless people. The project promoted skills to understand oneself and one's environment, to respect oneself and others, to experience the meaningfulness of existence, to be resilient to stress and to accept an adequate value system and system of rules. The main benefit of the project was the opportunity it gave to communicate and express one's needs. Each musical gathering ended with sharing. They entailed

playing popular songs and finding a common rhythm together as well as intuitive playing, where every client had the feeling that they could play (Muzikoterapia, Depaul, The Street is Not a Home, <https://depaul.sk/>).

The *Špecializovaný liečebný ústav Marína* [Marina Specialised Medical Facility] in Kováčová, focusing on the rehabilitation of patients with physical disabilities, has been providing music therapy since May 2018. Music therapy in Marina is sponsored by the Drumbľa civic association, and this type of therapy is provided to the clients of the facility free of charge (Muzikoterapia v Maríne, Marína, Specialised Therapeutic Institute, www.marinakovacova.sk/muzikoterapia-v-marine/). The president of the Drumbľa civic association and the founder of the *Drumbľa – komunitné centrum* [Drumbľa Community Centre], Miro Randuška, is also a music therapist. Randuška was a member of the *Slovak Music Therapy Association*, and he is a member of the Music Therapy Association of the Czech Republic and of the EMTC. Additionally, he is a special education–psychopedia graduate and he studied music therapy at *TUL* in Liberec where he was trained by Jitka Pejřimovská and Jana Procházková. Randuška also underwent training in vibroacoustic music therapy at *Boehme Music* as well as *DrumCircle* facilitator training. Drumbľa focuses mainly on providing active music therapy to children with physical disabilities, young people suffering from addictions, family music therapy, team building, stress management and education. The activities of this civic association also include organising and delivering lectures, trainings, courses, creative workshops and therapies, consultancy, information gathering, processing, publishing, distribution and exchange of information, and publications on methods and techniques for the prevention of mental and physical disorders and diseases. The association focuses on well-rounded, harmonious personality development, on research and educational activities for specialists and the lay public, and on organising and intermediating various activities (Komunitné centrum, Drumbľa, <https://www.drumbla.sk/index.php?page=38&menu=38&submenu=&act=19>).

Music therapy is also provided to children with autism spectrum disorders (ASD) in *Prima škôlka* [Prima Nursery] in Iljušinova Street (Muzikoterapia, Prima Nursery, www.primaskolka.sk/muzikoterapia.phtml?id3=96652) and in the consultancy and education centre in the field of autism under the *F84* civic association (Muzikoterapia, F84 – Consultancy and Education Centre in the Field of Autism, www.f84.sk/menu/view/64). Both of these centres for individuals with ASD are situated in Bratislava. Music therapy is also available in the Special Primary School for Pupils with Physical Disabilities in Detva, where this type of therapy is integrated into the educational process of children with special educational needs. It is used for stimulating skills in which they experience deficiencies (Muzikoterapia, Special Primary School for Pupils with Physical Disabilities, https://www.szstpdetva.sk/index.php?option=com_content&view=article&id=154:muzikoterapia&catid=44:aktivityskoly&Itemid=56).¹

In *Detský domov Ružomberok* [Ružomberok Orphanage], music therapy is used for children of preschool age to develop their communication and social skills and to enrich their emotional world through musical physical activities (Horváthová, 2019). The *Špeciálna základná škola s materskou školou internátna* [Special Primary and Nursery Boarding School] in *Liptovský Ján* also provides scope

¹ Muzikoterapia [Music Therapy]. [Online]. Special primary school for pupils with physical disabilities. https://www.szstpdetva.sk/index.php?option=com_content&view=article&id=154:muzikoterapia&catid=44:aktivityskoly&Itemid=56

for music therapy for its pupils (Muzikoterapia, Special Primary and Nursery Boarding School in Liptovský Ján, <https://szsilj.sk/muzikoterapia/>).

The *Súkromná nemocnica* [Private Hospital] in Košice – Šaca, a member of the AGEL Group, provides music therapy at its Newborn Care Department. They have had very positive experiences with this type of therapy (Novorodenecké oddelenie, Muzikoterapia, Košice–Šaca Hospital, <https://www.nemocnicasaca.sk/pracoviska/lozkova-cast/novorodenecke/muzikoterapia.html>).

The *Advaita Life* civic association offers *Applied Intensive Music Therapy* based on the results achieved through the activities of the association. In the field of music therapy, this association collaborates with therapeutic centres and non-profit organisations in Slovakia, the Czech Republic and Switzerland. Their method is based on a positive approach (for example strengthening positive experiences, creating new synapses in the brain, reducing anxiety, practicing social skills etc.) that helps children to develop self-esteem and trust. By promoting positive conduct through appreciation and rewards and using improvisational musical games on musical instruments selected in a targeted way, the clients can experience joy, express their emotions and reduce aggressive behaviours and anger. Their concentration skills are stimulated and developed through musical exercises, and their communication skills are trained through vocalised vowels and syllables and through a gradual formation of new, functional words, thanks in part to individually created songs that fit the skills and needs of the individual child. The relaxation musical techniques decrease anxiety levels, and frequential therapy stimulates the cerebral hemispheres, which, according to Advaita Life (<https://advaita-life-o-z.reservio.co>) promotes good sleep. Family therapy is an inseparable part of the work with children, and it helps to build children's self-confidence, for which parents form the pillars. Regular evaluation of the therapeutic process, individual consultations without the presence of the child and the formation of parental groups are of key importance in this type of therapy (Aplikovaná Intenzívna Muzikoterapia, Inak obdarení, aj tak sa to dá, <https://www.inakobdareni.sk/rubriky/category/terapie-vyskusali-sme/article/aplikovana-intenzivna-muzikoterapia.xhtml>).

Legislation and music therapy

In Slovakia, music therapy is currently legally addressed by Act No. 448/2008 Coll. on Social Services and in the Amendment of Act No. 455/1991 Coll. on Trade Licensing (Trade Licensing Act). In particular, Article 61 Section 8 of the act says:

If the conditions [these are not specified] of the provider of social services make it possible, the provider may perform music therapy, art therapy, equine-assisted therapy, canine-assisted therapy, bibliotherapy, hydrotherapy, aromatherapy and activity therapy to improve the quality of the social services he provides.²

Music therapy also appears in Decree No. 101/2006 Coll. of the Ministry of Health of the Slovak Republic, which talks about the minimum material and technical equipment required by natural spas and spa treatments, and which regulates the indications according to the natural medicinal waters

² Act No. 448/2008 Coll. on Social Services and on the Amendment and Supplementation of Act No. 455/1991 Coll. on Trade Licensing (Trade Licensing Act), as amended, Common Provisions for the Provision of Social Services, Article 61, Section 8, Part 165, p. 3860.

and climatic conditions suitable for their treatment. A special group in Slovak legislation is the profession of medical teachers, who can also perform music therapy and other types of therapy in their practice (Act no. 84/2016 Z. z. 40; Act no. 138/2019, Z. z. §27).

The fact that, in Slovakia, the music therapy profession is not treated or clearly defined in legislation makes it difficult to draw the line between alternative therapists and real therapists. Unprofessional approaches may result in a negative impact on clients, who often do not benefit from them in any way or may even suffer negative consequences.

Music therapy and neighbouring countries

Music therapy, classed among the expressive art therapies, is now frequently used in the developed countries of the North as an educational, psychotherapeutic and medical intervention. It has a solid standing, with professional status, license and professional standards. I will present some information about music therapy in neighbouring countries below to provide a context, as Slovak music therapy does not exist in isolation. Slovak music therapists study music therapy in the surrounding countries, and those interested in music therapy attend conferences, workshops and courses in Slovakia and neighbouring countries. Slovak music therapy has the greatest connection with the Czech music therapy community.

In Ukraine, music therapy can be studied in Zaporizhia, Kiev, Lviv and Dnipro. In 2000, a programme called *Sociopsychological Rehabilitation with Music* was launched in collaboration between Запорізький національний університет (Faculty of Social Education and Psychology at the Zaporizhzhya National University) and the Faculty of Music Therapy at the Hochschule Magdeburg-Stendal. Thomas Wosch visited Ukraine and delivered seminars, lectures and online courses for both universities. The project acquired funds from the Ministry of Education of Ukraine. Contrary to Slovakia, students of psychology and education earn a certificate in basic music therapy after completing their studies, which is deemed an adequate qualification (Ivannikova, 2004). Similar to Slovakia, various courses that are not under the aegis of any academic institution are run in Ukraine, too. The leader of one of these courses was Oksana Zharinova-Sanderson, a native of Ukraine; she studied music therapy in England and works in a centre for victims of abuse in Berlin. Additionally, she has conducted several workshops in a psychiatric hospital in Lviv with music therapists, most of them qualified psychotherapists. Although several efforts and trends in education in the field of music therapy have appeared in Ukraine, the country does not have its own formalised music therapy teaching programme. Also, like Slovakia, it does not have a music therapy association or organisation that provides music therapy (Ivannikova, 2004).

In Hungary, music therapy features in the standard classification of occupations, but it is not regulated by law or a regulatory body, nor do the state authorities have to keep a national register of music therapists. The Hungarian Government regulates the educational standards in this field, that is, the accreditations of the universities and the recognition of professional associations and of music therapists, even those trained abroad. Although students from abroad have the right to study and continue their studies in Hungary, the music therapy curriculum is not fully compliant with the standards of the European Music Therapist Register (not currently active) coordinated by the European Music Therapy Confederation (EMTC). There are two postgraduate courses in the country,

one at the *Liszt Ferenc Academy of Music* in collaboration with the Faculty of Medicine and another at *Eötvös Loránd University* in Budapest (Ivannikova, 2004). Besides these postgraduate courses, university degrees in this field can also be earned at the *University of Sopron*, the *University of Debrecen* and the above-mentioned *Eötvös Loránd University* (Varga & Kollár, 2015). Music therapy is classified as a health service in the field of alternative medicine. It is provided by healthcare professionals or professionals in related disciplines. Similar to Slovakia, the lack of regulation by the state is harmful to the profession. Although regular meetings and conferences are held where qualified music therapists meet and exchange their professional experiences, the state and professional associations do not regulate the work of music therapists. The growing number of qualified music therapists, however, provides scope for music therapy to receive state recognition as a healthcare profession (Varga & Kollár, 2015).

In Central Europe, music therapy as a profession has only received legislative treatment in Austria so far. Protection of the professional title 'music therapist' is what also strengthens and regulates the profession. In Europe, in addition to Austria, music therapy is treated by law in Latvia and the United Kingdom (UK). In Latvia, the state recognises music therapy as a healthcare profession (the state of art therapy in Latvia, European Federation of Art Therapy, <https://www.arttherapyfederation.eu/latvia.html>). In the UK, music therapy is an established allied health profession, which is delivered by Health and Care Professions Council (HPCP) registered music therapists (British Association for Music Therapy [BAMT]).

In 2019, there were 245 qualified music therapists registered by the Ministry of Health in Austria. Most of them are employed by hospitals and other institutions. The Austrian Association of Music Therapists, *Österreichischer Berufsverband der Musiktherapeutinnen* (ÖBM), was established in 1984 and has been representing the interests of music therapists working in Austria and strengthening the position of music therapy in the country ever since. ÖBM is a member of the World Federation of Music Therapy (WFMT), EMTC and the Austrian consortium of the association of acknowledged healthcare professionals (*Austrian Gesundheits – berufekonferenz*) (Brandes et al., 2019). The *Wiener Institut für Musiktherapie* (WIM), a private institute whose members pursue practical clinical as well as theoretical and scientific activities, came into being in 1997 (Geretsegger, 2012). It was established by Elena Fitzthum, Dorothea Oberegelsbacher and Dorothee Storz (Viennese Institute for Music Therapy, Wiener Institut für Musiktherapie, <https://www.wim-musiktherapie.at/english/the-institute/>). Besides the ÖBM, the *Berufsverband für (Ethno-) Musiktherapie* (BfEM) was established in 2010. It is headed by Gerhard Tucek (Geretsegger, 2012).

In Austria, there are three academic music therapy programmes in Vienna, Graz and Krems respectively. Today, music therapy is practised in several sectors of healthcare. According to a survey conducted by ÖBM (Öppinger and Schmidtmayr) in 2012, music therapy is used in Austria mainly for adults with mental health problems and learning disabilities and the second most numerous group is adults with psychiatric and psychosomatic disorders, followed by children and adolescents with developmental disorders, behavioural disorders and psychiatric diagnoses. The fourth most numerous group comprises people with mental or physical disabilities and, lastly, people in hospice care (Geretsegger, 2012).

The Czech Republic has a long-standing tradition in the field of music therapy. Its application stems from the country's heritage of musical culture, folklore, special education and music education.

The psychotherapeutic influence of Christoph Schwabe became its fundamental building block. Music therapy has been used in the Czech Republic in psychiatric practice and in the social sphere ever since the 1970s. It was pioneered by Jitka Vodňanská and Jozef Krček. Prominent personalities in Czech music therapy include Markéta Gerlichová, Katarína Grochalová, Matěj Lipský, Marcela Litovová, Štěpánka Lišková, Jitka Pejřimovská, Lenka Počtová, Tomáš Procházka, Jana Procházková, Dana Pšeničková, Zdeněk Šimanovský, Libuše Turčeková, Zdeněk Vilímek, Jitka Schánilcová Vodňanská and Jana Weber (Czech Republic, the EMTC). There are two major organisations that focus on music therapy in the Czech Republic and Muzikoterapeutická asociace České republiky [Czech Music Therapy Association (CZMTA)] is the largest organisation that represents music therapy as a profession (Music Therapy Association of the Czech Republic, www.czmta.cz/poznej-asociaci/o-asociaci). Currently, it is presided over by Tomáš Procházka. CZMTA has several honorary members, including prominent names in music therapy such as the late Clive Robbins, Michiyo Yoshimura, Wolfgang Mastnak, Gennady Chamzyryn and Eliáš Nemirow. The other organisation is the Asociace muzikoterapie ČR [Music Therapy Association of the Czech Republic] that falls under the umbrella of the International Association of Art Therapies (MAUT). MAUT is headed by Marie Beníčková and the Music Therapy Association of the Czech Republic by Petr Škranc. In the Czech Republic, music therapy can also be studied in academic institutions in the form of short courses. Moreover, CZMTA is trying to create a bachelor's and a master's programme at *Charles University* in Prague in collaboration with Wolfgang Mastnak (O asociaci, Music Therapy Association of the Czech Republic, www.czmta.cz/poznej-asociaci/o-asociaci). Music therapy can also be studied at *Akademie Alternativa*, but CZMTA distances itself from the education provided by this institute, and it clearly states this on its homepage (Garantované kurzy semináře, Music Therapy Association of the Czech Republic, www.czmta.cz/poznej-asociaci/garantovane-kurzy-seminare).

Those interested in studying music therapy can attend courses organised by CZMTA. They can also opt for a course called *Celostní muzikoterapie Lubomíra Holzera* [Lubomír Holzer's Holistic Music Therapy] at the Faculty of Arts at Palacký University in Olomouc (Evropská Asociace Celostní Muzikoterapie, European Association of Holistic Music Therapy, <https://www.muzikoterapie.art>). CZMTA, however, also objects to this form of study. It thinks its structure and qualification are inadequate and do not meet the level and form of professional standards commonly used in Europe. (Stanovisko rady CZMTA k prezentaci studijního programu Celostní muzikoterapie na ICV FF UP Olomouc, Music Therapy Association of the Czech Republic, www.czmta.cz/aktuality/179-stanovisko-rady-czmta-k-prezentaci-studijniho-programu-celostni-muzikoterapie-na-icv-ff-up-olomouc). The structure and the staff of the training conflict with the EMTC's Code of Ethics (Stanovisko rady CZMTA k prezentaci studijního programu Celostní muzikoterapie na ICV FF UP Olomouc, Music Therapy Association of the Czech Republic, www.czmta.cz/aktuality/179-stanovisko-rady-czmta-k-prezentaci-studijniho-programu-celostni-muzikoterapie-na-icv-ff-up-olomouc). Nevertheless, a course called *Muzikoterapie v mezinárodním kontextu* [Music Therapy in the International Context], conducted by members of the CZMTA, is also taught at Palacký University. The training takes place on weekends and is for special educators, psychologists, healthcare professionals and social workers. This training is instructed by Jiří Kantor and Jana Weber. A master's programme in music therapy is under preparation in the Faculty of Education at Palacký University (Muzikoterapie v mezinárodním kontextu, Svatava

Drličková, Muzikoterapie–Muzikofiletika–Artefiletika, <https://www.svatavadrlickova.cz/aktualne/37-muzikoterapie-v-mezinarodnim-kontextu>). *Muzikoterapie v mezinárodním kontextu* is an opportunity for Slovaks interested in music therapy and the course can complement the education of Slovak therapists. Art therapy specialisation is taught at Jan Amos Komenský University in Prague, which includes all forms of creative art therapies. This course of study takes three semesters and is meant for special educators and psychologists (Arteterapie – Umělecká kreativní terapie, Jan Amos Komenský University Prague, www.ujak.cz/studium/celozivotni-vzdelavani/kvalifikacni-vzdelavani/artetarapie-umelecka-kreativni-terapie/). Music therapy as a separate discipline can be studied at the Akademii sociálního umění Tabor [Tabor Academy of Social Arts] (Muzikoterapie, Akademie Tabor, www.akademietabor.cz/studium/studijni-programy/muzikoterapie-lecive-sily-v-hudbe-studium).

Music therapy in Slovakia and the current situation

Having summarised the situation in our neighbouring countries, I now focus on the current situation in Slovakia. In 2011, Slovenská asociácia muzikoterapie, o. z. [Slovak Association for Music Therapy, a civic association] was established with the aim of bringing together experts in the field and all those interested in music therapy. It aimed to achieve a professional profiling of music therapy in Slovakia. Its activities promoted the development of the theory and practice of music therapy in various sectors, and it focused, in a targeted way, on achieving State recognition of the music therapy profession at a national level (Kropajová, 2013). In 2012, it became a member of the EMTC, but it was dissolved in 2013. One of the founders and representatives of this association was Jaroslava Gajdošíková Zeleiová. Martina Krušínská was its vice president for the scientific field/commission, and Eva Králová was vice president for foreign relations (Kropajová, 2013). Although the Slovak Association for Music Therapy was part of EMTC, no information can be found about Slovak music therapy on its website (<https://www.emtc-eu.com/history-of-music-therapy-in-europe>). The website (accessed July 2021) contains information about the history of music therapy with respect to music therapy associations and education in Europe, but Slovakia does not appear in the table. It contains information only about the member states of the confederation.

After the dissolution of this association, no other association came into being in Slovakia that would connect the professionals in this field. Marián Šperka, who is working on the professionalisation of this type of therapy in Slovakia along with other Slovak music therapists, is now trying to create a new association (M. Šperka, personal communication, 16. October 2018). To a certain extent, the *Muzikoterapeutická asociace České republiky* [Music Therapy Association of the Czech Republic], under which education takes place in Slovakia, is also helpful to those interested in pursuing music therapy as a profession. It admits Slovak graduates among its guaranteed members. Currently, CZMTA has 200 members, 10 of whom are from Slovakia (P. Žufničková, personal communication, 14. April 2019).

As Jaroslava Gajdošíková-Zeleiová mentions in her study *Muzikoterapia a psychoprofylaxia* [Music Therapy and Psychoprophylaxis]:

Unfortunately, the conditions for a complex understanding and study of music therapy are not yet adequately developed in Slovakia; besides populist scientific articles in periodicals, only a few books have been published on this topic in

Slovak (Mátejová, Mašura 1980 and 1992, Mátejová, 1993, Vitálová, 1999, Zeleiová, 2002). An overall mapping of the situation in Slovakia, and an overview of the modern global trends, especially in the field of psychotherapy, are absent. (Gajdošíková-Zeleiová, 2008, p. 82)

From a legislative aspect, music therapy has no clearly defined rules in Slovakia. If we were to follow the statutes of WFMT (https://www.wfmt.info/Musictherapyworld/modules/emtc/emtc_statutes.php) and the EMTC (<https://www.emtc-eu.com/bylaws>), we should bear in mind their respective rules and bylaws. That, however, is often ignored. Alena Rusnáková aptly describes the situation – we are unable to find the gauge that would refer to us specifically in terms of international and European standards for qualification criteria. She also says there are very few qualified music therapists in Slovakia, and they are being trained in this field abroad. This stems from a lack of accredited music therapy courses in Slovakia. Because of this, social workers and other professionals active in the helping professions often resort to an intuitive use of music in the therapeutic process (Rusnáková, 2016).

In his chapter *The Future of Music Therapy Theory*, Even Ruud writes about the trends that may influence the development of music therapy in the future. He describes the fact that the boundaries between music therapy and new trends that use ‘folk medicine’ are being blurred and that this may lead to various conflicts and tensions. He also points out the possibility of the emergence of new diagnoses (for example, a new type of mental disorder) that may bring about new approaches to music therapy. Furthermore, he calls attention to constructs of feminist ideology and gender equality, which can affect music therapy as a discipline (Ruud, as cited in Dileo, 2016).

Although the music therapy profession has received legislative recognition only in Austria among our neighbouring countries, there are associations in other neighbouring countries actively working on its legislative definition. Naturally, the appearance of music therapy as a discipline in universities would be an important step for education in the field of music therapy. However, this is absent in Slovakia, so the harmful effects of unprofessional approaches cannot be prevented. This is why people qualified in the field should come together, establish organisations and submit a proposal for the legislative recognition of music therapy as a profession.

RESEARCHING THE PRACTICE OF MUSIC THERAPY IN SLOVAKIA

Survey mapping music therapists’ activities in Slovakia

As stated above, the situation in Slovakia in the field of music therapy has been mapped only to a small extent. This is partly because of the absence of music therapy organisations. Since there are no music therapy courses in universities, there are no graduates of music therapy, either. Nevertheless, 60 people have currently completed Matěj Lipský’s 200-hour course in music therapy.

In 2002, Jaroslava Zeleiová conducted research on music therapy in Slovakia (Zeleiová, 2002). Subsequent pieces of research on music therapy activities took place after 2010 in universities in the form of bachelor’s and master’s theses throughout Slovakia (Döményová, 2012; Knotková, 2014; Kropajová, 2013; Lebedová, 2014; Tužáková, 2014 etc.). To give an idea of the findings, I will present some basic information from these surveys below. Adriana Knotnová’s thesis from 2014 reveals that

44 nursing homes in four regions of Slovakia (Bratislava, Trnava, Nitra and Trenčín) provide music therapy to their clients. The main goals of music therapy in nursing homes include relaxation, the development of communication skills and creativity. Therapists also aim to improve their clients' quality of life. Her survey shows that these facilities employ mostly people with a bachelor's or a master's degree (Knotková, 2014). Klára Tužáková's thesis focused on music therapy in nursing homes in the other four regions of Slovakia (Žilina, Banská Bystrica, Prešov and Košice). Her research reveals that music therapy is provided in 52 facilities (Tužáková, 2013). Denisa Döményová's research from 2012 shows that, out of the 40 selected primary schools in major Slovak towns, music therapy was used only in seven schools; diagnostic centres did not include this type of therapy at all. Among re-education centres and therapeutic educational nursing homes, elements of music therapy were provided in two re-education centres and in one sanatorium. The interventions were conducted in the form of extracurricular activities by schoolteachers and special educators. In one school, music therapy was part of after-school care, and the children were guided by a psychologist. In re-education centres, the therapy was conducted by social and therapeutic educators. In the therapeutic educational facility, it was performed by a therapeutic educator (Döményová, 2012). Tamara Lebedová's master's thesis research (2014) shows that 60% of music therapists in psychiatric facilities were female and that music therapy was provided by clinical psychologists, social workers and special educators. The duration of their practice, according to this survey, was 6 to 10 years. The EMTC conditions for the music therapy profession were low in this particular research.

The research also revealed that music therapy was provided mainly by the employees of the respective psychiatric facilities, who had the conditions and the means to perform music therapy. As for their approach, the respondents stated that they had an individual approach for each patient. The therapy was attended by children, adults and seniors with diagnoses such as neurosis, psychosis, psychosomatic disorders, affective disorders, depression, addictions, and personality disorders. In their interventions, the therapists used Orff instruments, the guitar, the piano and the accordion. The therapists recorded the course of the therapy either in writing, video or audio recordings. Each respondent stated that they had met patients who responded to music therapy in a negative way or who did not accept it at all; music therapy is a contraindication for them. (Lebedová, 2014). Lebedová further compared her findings with the results of Zeleiová's research from 2002. Because of the wide scope, complexity and outdatedness of her research, however, I am not going to compare my results with those from this 2002 publication.

Aim and method

In this paper, I focus on the descriptions of the current situation of music therapy in Slovakia based on the survey responses of individuals who are engaged in music therapy in Slovakia. This research was subject to the code of ethics of the Music Therapy Association of the Czech Republic. The respondents' anonymity was maintained throughout, and the names and personal data of the respondents were not published or presented during the research.

The research focuses on the current situation of people who practise music therapy in Slovakia, what education they have and whether music therapy is their primary profession. I also ask questions about their clients, including who attends music therapy, how often and in what form. Finally, the research focuses on the approaches, forms and documentation of the therapy itself. As such,

my research questions were:

Research question 1: Who practises music therapy in Slovakia?

Research question 2: Who attends music therapy?

Research question 3: How does music therapy take place?

I formulated my research questions to address the insufficient amount of information about the field of music therapy in Slovakia. I focused on individual areas that are indicative of the current state of music therapy as a profession without legal recognition. The aim of my research was to draw a picture of the current situation of the practice of music therapy in Slovakia.

I chose a survey questionnaire based on the assumption that I would be able to reach as many respondents as possible in a relatively short period of time. To achieve this, a survey questionnaire seemed to be the most effective approach. My sampling criteria were that respondents were to be active in this type of therapy. My goal was to orient myself in the issue and then describe it.

The creation of my questionnaire was preceded by a study of the literature, the setting of the above-mentioned goals, and the implementation of pre-research. I considered the following questions: Are the answer instructions clear? Are the questions linguistically correct? Are the questions easy to understand? Are some questions redundant? Are the items logically arranged? The questionnaire was created with the help of a music therapist, a musicologist and a special pedagogue. The questionnaire consisted of 16 questions. The aim of these questions was to obtain some basic information on the educational and working profiles of the individuals who practise music therapy. I also mapped the parameters of music therapy sessions provided by the respondents.

I sent out a questionnaire to all parts of Slovakia to gain information on the activities of people practising music therapy in Slovakia today. I contacted 65 individuals, 53 of whom had completed Matěj Lipský's course. I focused on people who took music therapy courses. Subsequently, I targeted people who perform music therapy in various specialised facilities. The intention was to obtain information on the provision of this type of therapy. It was also an attempt to find out something about the competence of music therapists and the clientele that seeks it. My survey findings do not represent Slovakia as a whole and it can be regarded as a qualitative survey.

I supplemented my findings with interviews with individuals dealing with pertinent music therapy issues in Slovakia. For the interviews I selected personalities who significantly influence what is happening in the field of music therapy. I contacted several people who educate students in this area, but I received answers from only two people. Interviews with Mária Habalová and Matěj Lipský complement the overall picture of the current state of music therapy in Slovakia.

Survey findings

The first question referred to the occupation of respondents. They replied in combinations, as follows: therapeutic educators trained also in the field of social work (two respondents); psychologist and therapeutic educator (one respondent); special educator and social worker (one respondent); and music therapist, music teacher and musician (one respondent); also, there were two special educators, three psychologists, two therapeutic educators, two social workers, a teacher and a tutor. One respondent identified as a specialist employee and another respondent stated administrative worker as their profession. The respondents also included a university lecturer. Only two respondents

clearly stated music therapist as their occupation.

Occupations	
Specialist educator	2
Psychologist	3
Therapeutic educator	2
Social worker	2
Teacher	1
Tutor	1
Music therapist	2
Administrative worker	1
University lecturer	1
Specialist employee	1

Table 1: Occupations stated in the questionnaire

Combinations of occupations	
Therapeutic educator and social worker	2
Psychologist and therapeutic educator	1
Special educator and social worker	1
Music therapist and music teacher	1

Table 2: Combinations of occupations stated in the questionnaire

Respondents reported that they have been practising music therapy in the range of 1 to 25 years. On average, therapeutic activities had been pursued for 6.7 years (Table 3).

The next question looked into education in the field of music therapy (Table 4). Only one respondent replied that they had no education in the field. The majority of respondents had completed the longer course of music therapy organised by Czech music therapists in Slovakia. They stated several courses, workshops, supervisions and conferences that they had attended.

Using music therapy in practice	
1-5 years	15
6-10 years	1
11-15 years	1
16-20 years	0
21-25 years	3

Table 3: Music therapy practice in years

Education in the field of music therapy	Respondents
Course conducted by Matěj Lipský	19
Course conducted by Markéta Gerlichová	3
Course and workshops conducted by Zdeněk Šimanovský	2
Technical University of Liberec, Faculty of Education: Lessons by Jitka Pejřimovská and Jana Procházková	2
Course conducted by Jaroslava Gajdošíková-Zeleiová	1
Examination in expressive therapies from a department of therapeutic education	4

Table 4: Education in the field of music therapy

Question 6 referred to the clients. The scope of music therapy was very wide; their clients included typical clients, such as children with learning disorders, attention deficit or speech disorders; children from orphanages; children in palliative care; children treated at paediatric oncology departments; neglected children; children with emotional or psychosomatic problems; children and adults suffering from addictions; young people with mental or multiple disabilities; adolescents with behavioural disorders; adults with mental disabilities; adults with mental disorders; clients in rehabilitation; adults with Down syndrome; clients in a vegetative state; victims of domestic violence; and seniors with dementia, schizophrenia or physical disabilities.

With regards to the age range of clients who attend music therapy sessions, respondents stated having clients ranging from babies to 92 years of age. Twenty respondents replied to this question, but two did not specify an age range; one replied, 'the whole range,' and the other replied, 'children and adults.' The data are summarised in Table 5.

The duration of a session depends on several factors. Most sessions, however, last for 60 minutes. The longest session indicated by a respondent lasted for two hours and the shortest for 10 minutes (Table 6).

Age range	
Under 18	9
Children and adults	2
Adults and seniors	1
Seniors	2
Whole age range	6

Table 5: Age range of clients

Duration of music therapy sessions	
30 minutes	5
45 minutes	4
60 minutes	8
1-2 hours	2

Table 6: Duration of music therapy sessions

Once a week, was the most frequent answer to the question about the frequency of music therapy sessions. There were also answers such as twice a week, three times a week, every day and even once a month. Some respondents emphasised that they adjusted the frequency of the sessions according to the needs of the client or to the treatment protocol. Another question referred to the gender of clients and sought to identify the gender ratio of clients. The answers show that music therapy is attended by more women than men. Twenty respondents answered this question, and one of them answered only part of the question that referred to the number of their clients (18), but they did not indicate their gender ratio. Another respondent indicated two regular and two occasional clients but did not indicate their gender, either. All other respondents stated the gender ratio of their clients. In percentages, the data can be expressed as follows (Figure 1).

Fourteen respondents answered the question *Do you keep records (i.e., individual notes for the practitioners own processing of the work) of your music therapy?* affirmatively. One respondent replied 'partly.' Five respondents answered negatively, and one did not answer this question (Figure 2).

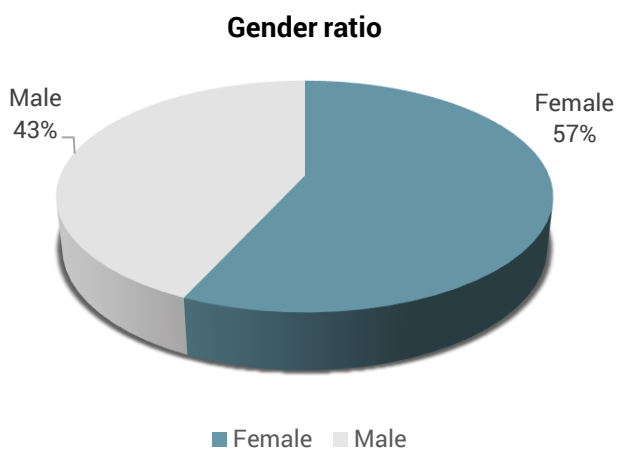


Figure 1: Gender ratio of the clients

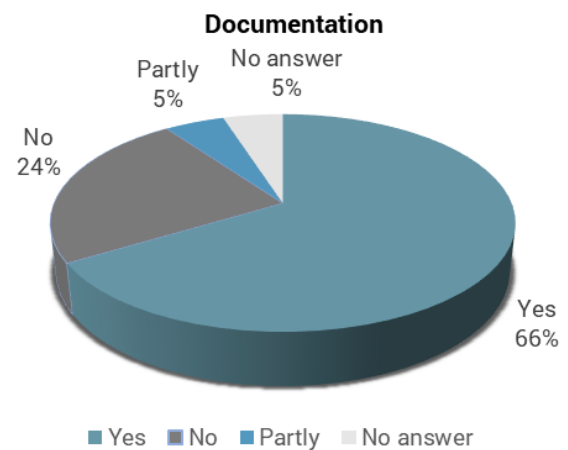


Figure 2: Music therapy documentation

The next question referred to music therapy goals. I asked them if they set music therapy goals. Eighteen respondents answered affirmatively, and three answered negatively.

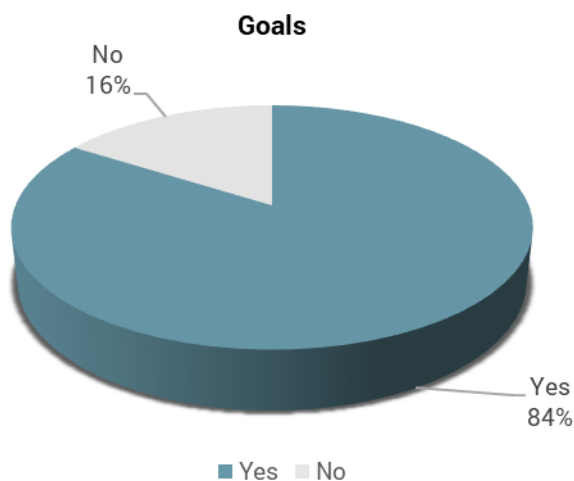


Figure 3: Setting of music therapy goals

For the question of form of music therapy, the respondents could mark several possibilities – *individual, pair, group, community, family*. One respondent did not answer this question. Most of the respondents stated both group and individual sessions. The answers are depicted in Figure 4.

In the next question, there were three answers to choose from regarding type of music therapy: *active, receptive* or *combined*. No respondent indicated the receptive form. Five respondents stated that they used the active form, and others chose the answer 'combined' (Figure 5).

The subsequent questions focused on the course and contents of the therapy. The answers revealed that the most frequently used instruments for music therapy were percussion instruments and instruments used in the Orff approach. The penultimate question was: *Do you sing with your clients?*

Only one respondent answered negatively. Nineteen respondents answered the question *Do you use improvisation in your therapy?* affirmatively. Two respondents stated that they did not use improvisation often. I can thus conclude that all respondents use improvisation in some form or another.

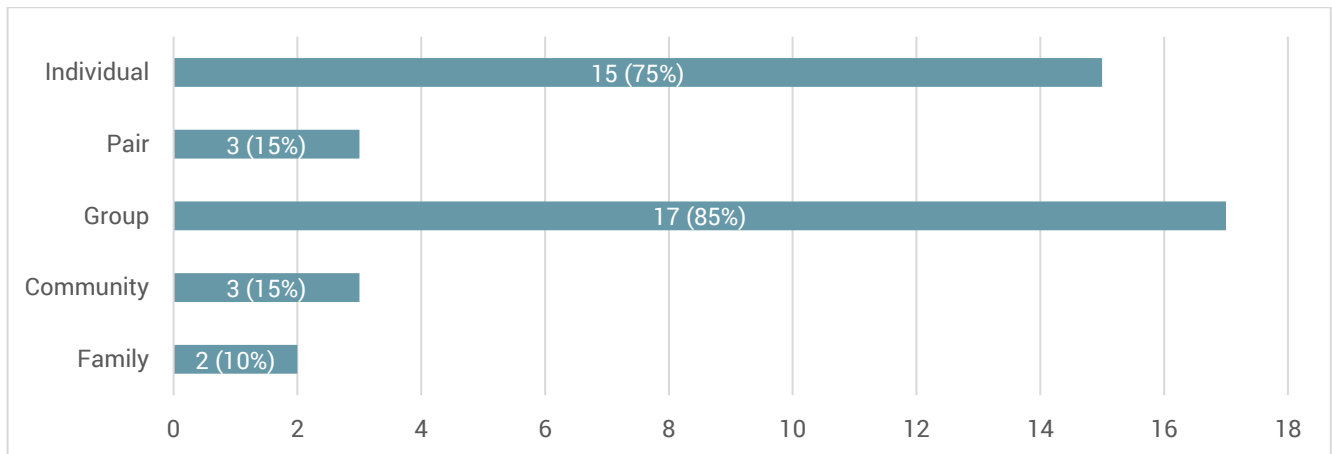


Figure 4: Forms of music therapy used

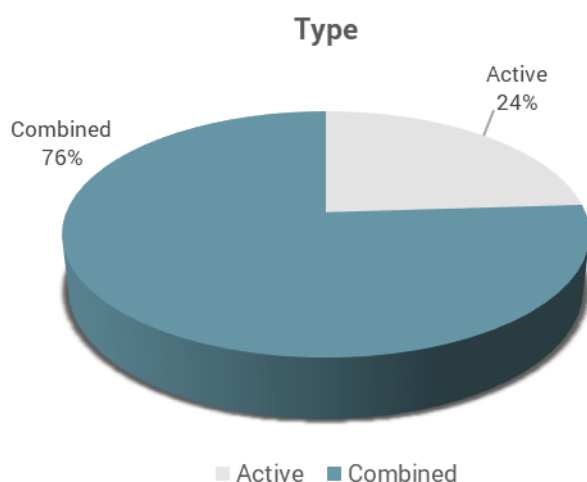


Figure 5: Ratio of the use of active, receptive and combined music therapy

Interviews with two prominent experts in the field of music therapy in Slovakia

To obtain a clearer picture of the situation of music therapy in Slovakia, I conducted two interviews. The interviews were conducted in 2019 and took place by e-mail. Prior to publication, they were checked by the respondents themselves. One presents the views on Slovak music therapy of Mária Habalková who lectures on music therapy and early intervention at the Department of Therapeutic Education at Comenius University in Bratislava. Her insights are particularly valuable for educational activities in the field of music therapy. My questions were also answered by Matěj Lipský whose courses have had a major influence on the development of music therapy in Slovakia, as my survey revealed.

Interview with Mária Habalová

1. How did you get interested in music therapy?

I came across music therapy during my studies at the Department of Therapeutic Education. I come from a family where both my parents are musicians, I attended the primary school of arts and sang in choirs. So, music has been part of my life (as a hobby) ever since my childhood. When I was deciding about my future, I saw my place in helping others. I heard about therapeutic education from my friends who were studying it at that time. As a graduate of a secondary school of healthcare, I came to like the interconnectedness of this field (healthcare, social affairs and education). And it was there, during my studies, that I learnt more about music therapy.

2. How does the teaching of music therapy take place at the Department of Therapeutic Education in the Faculty of Education at Comenius University?

At the Department of Therapeutic Education, music therapy is taught along with other forms of art therapy and other approaches (e.g., art therapy, drama therapy, bibliotherapy, psychomotor therapy, play therapy, family therapy). The students get an introduction to each of the different forms of therapy for a semester, which is compulsory (2 classes per week). Subsequently, they can choose at least two, but even more, therapies (as an elective subject) from this set which they want to focus on in their further studies. If they choose music therapy, they take the Music Therapy 2 and Music Therapy 3 courses over the next two semesters. Both of these are in-person subjects – two lessons in the form of lectures and one as a seminar. They can continue studying music therapy in the master's programme for two more semesters (seminars – Music Therapy in Institutional Care and Music Therapy in Clinical Practice courses). In the state examination, they choose the therapies which they focused on during their studies, and they take a state examination that covers the two therapies.

3. Do you currently work as a music therapist? What is your target group?

I do not work as a music therapist at present. Last academic year, when I was still on parental leave, I attended a children's centre where I conducted a music programme for children, addressing the development of their social skills, cooperation, attention, memory, etc. Previously (before my parental leave), I worked with children with learning disabilities in a children's centre and in Prof. Karol Matulay's Institute. There, I used music therapy (combined with other therapies and approaches) as part of a therapeutic and educational intervention. The target group I focused on in my practice included children aged 6–7 years old.

4. What do you think about the current situation in the field of music therapy in Slovakia?

I think the situation is very unclear. The music therapy profession is not treated legislatively, and there is no supervision by a professional organisation that defines the criteria (professional, personal, etc.) for practicing music therapy. There are some courses and some studies (of various quality and contents) offered that anyone can apply to, regardless of one's education and specialisation. There is no supervision of these courses, nor of their outcomes or of the practice of the various 'qualified music therapists.'

5. In Slovakia, there is not a professional association for music therapists. Do you think it is possible to function and grow professionally in this field without such an organisation?

I do not think it is possible. The current situation is proof of this.

6. What do you see as the biggest deficit in the field of music therapy in Slovakia?

The absence of a professional organisation, qualification standards and ethical requirements for the professional training of music therapists.

7. What do you see as the path for Slovak music therapy in the future?

This may be a long-term vision. Connecting practising music therapists in a network, establishing an association or society of music therapy in Slovakia and linking it to international organisations; introducing qualification standards and ethical requirements for the professional training of music therapists and complying with these standards and requirements; introducing the possibility of supervision over practicing professionals; creating scope for professional discourse and for the exchange of information and experience; raising awareness for professionals and the lay public about the possibilities of music therapy (organising conferences and specialised meetings, publishing activities, Facebook, internet pages).

Interview with Instructor Matěj Lipský

1. Why did you decide to conduct music therapy courses in Slovakia?

It was more than 10 years ago. I was contacted by the non-profit organisation *Artea* to collaborate to conduct a few weekend courses. This revealed the lack of education in practical music therapy in Slovakia. That is why we agreed on creating a similar course, just like the 200-hour one in the Czech Republic which prepares graduates for practice. However, it does not make them music therapists because I try to comply with the standards of the CZMTA, according to which supervision, practice and initial higher education are also required for professional recognition.

2. What do you think about the current situation in the field of music therapy in Slovakia?

The situation has improved over the last 10 years. We have already organised three rounds of this longer course, so several graduates of ours are already practising. Music therapy is being taught at universities in Bratislava and in Trnava thanks to Zlatica Mátejová and her colleagues, such as Jaroslava Zeleiová. An association was established in Slovakia which no longer exists, so there is no professional aegis whatsoever now. Nevertheless, there are more and more skilful people practising out there, and this makes me happy.

3. In Slovakia, there is no association that would represent the music therapist profession. Do you think it is possible to function and grow professionally in this field without such an organisation?

Practically, yes; professionally, probably not. As I have already mentioned, an association lays down certain standards for the profession, and, unless music therapy is defined by the law (which it is not, neither in Slovakia nor in the Czech Republic), organisations, clients and their guardians or caregivers are left with no other choice but to turn to civic organisations that deal with this field.

4. Do you see the fruits of your labour in Slovakia?

I am very happy that most students, graduates of our course, are practising music therapy (some are even teaching it) at a high standard, which I am convinced is mainly due to monitoring and feedback. I thank them for this a lot. I firmly believe they would be skilful even without the education we provide. But, nevertheless, I think it was an important milestone in their professional growth.

5. Are you planning further professional activities in Slovakia besides conducting these longer courses?

Along with some other instructors (Jana Weber, Wolfgang Mastnak, Jiří Kantor and Jiří Pazour), we are planning to announce the fourth longer course. Eleven candidates have applied so far; and it will be launched with 15 students. I firmly believe this will happen, and it will be launched. I also have an idea that, along with some other instructors teaching music therapy in Slovakia, we will try to promote the establishment of a professional organisation. As of now, most of our graduates work under the aegis of CZMTA.

6. What do you see as the biggest deficit in the field of music therapy in Slovakia?

The fact that the association ceases to exist, and that practical music therapy is absent in universities. And also, the popularisation of this discipline in the media.

7. What do you see as the path for Slovak music therapy in the future?

Just like in the Czech Republic, there will be more and more music therapists, and they will establish an organisation, and perhaps, even a field of study at universities. Of course, it will be inevitable to link it to European and international federations.

Results

I evaluated my survey through a quantitative descriptive analysis of the open-ended questions. In research question 1, *Who does music therapy in Slovakia?*, I found the following:

In the occupation box, most respondents marked one of the helping, psychological or teaching professions. Some respondents stated a combination of these occupations. The questionnaire revealed that the therapists who answered my questions had some education in the field of music therapy. They received their education mainly in a longer course led by Czech professional instructors, mainly by Matěj Lipský (as the respondents' answers reveal, 83% of them had completed his course). Many respondents were aware of a need to keep improving in this field, so they had also gone through psychotherapy training. Amongst those who did not have this type of education, one respondent stated their interest in undergoing such training in the future. From respondents' answers, I may conclude that education under the aegis of an educational institution in this field is clearly absent in Slovakia.

I evaluated research question 2, *Who participates in music therapy in Slovakia?*, as follows: I found that music therapy is provided to people of various age groups, to people with physical disabilities and to people in hospitals and nursing homes. There is a high demand for music therapy, and the demand keeps growing. The fact that music therapy is becoming increasingly popular can be seen in the

growing demand for music therapy courses and education in this area. Music therapy is also appearing increasingly more on offer for clients in various centres and organisations. Moreover, the therapy is attended by more women than men, in a 57% to 43% ratio. Adding up the numbers, the results gave a 242:183 ratio of females to males.

I received the following information regarding research question 3, *How does music therapy take place in Slovakia?*: Although the therapists who took part in my survey worked mainly in individual and group settings, other forms also take place in Slovakia. Interestingly, no respondent uses a purely receptive form of music therapy. They mostly stated that they combine active and receptive forms of music therapy. The average duration of a session is 60 minutes, and takes place once a week. As many as 67% of respondents stated that they are keeping records of their music therapy sessions, and 86% of respondents set music therapy goals. Besides playing musical instruments, music therapists in Slovakia also use vocal techniques, the most intimate and innermost human expression, to a large extent. Improvisation played a major role as well.

Conclusions from the survey and reflections from the interviews

From the survey questionnaire, I obtained information about the state of music therapy in Slovakia. A total of 21 responses were received, which represented a 32.3% response rate. I found out who practises music therapy in my country, who attends music therapy and how the sessions take place. From my questionnaire and interviews with experts, together with the collected information, I came to the following conclusions:

Interviews with Matěj Lipský and Mária Habalová point out that Slovak music therapy is developing. This profession is being formed, gradually improved and professionalised in Slovakia. Although several statements of experts in the interview point to the pitfalls that Slovak music therapy has, in the end I see that music therapists are constantly increasing their professionalism. It is evident that cooperation with CZMTA is beneficial for the development of Slovak music therapy. Czech lecturers and courses help in the education and professionalisation of this field. The possibility of membership of the CZMTA is very important, as well.

Respondents sought education through courses organised by non-academic institutions. I believe if music therapy education were to be available in academic institutions in Slovakia, there would be demand for it because of the great interest in this field.

Music therapy in Slovakia is practised more by women than men and it is provided in various centres and organisations. I see room for improvement in public awareness; for instance, potential clients should be able to choose a therapist. A database of music therapists could be created for this purpose, where those interested in this type of therapy could find out what the therapist specialises in. With a database, the client could choose the therapist according to his needs.

The fact that there is no organisation in Slovakia to facilitate the functioning of the music therapy profession is probably clear from these interviews. It is also understandable from the answers of the two experts Mária Habalová and Matěj Lipský that the situation in Slovakia is unclear. Music therapy is, however, a part of the therapies taught at the Therapeutic Department at Comenius University in Bratislava. Thanks to the long-term music therapy course held there, individuals in Slovakia are prepared for practice in this area. For those interested in this type of profession, the offering by the

Therapeutic Department at Comenius University or studies in psychology and pedagogical disciplines seem to be the most suitable alternatives for studying for the profession via academia.

AFTERWORD

Slovak music therapy has great potential. It is an increasingly sought-after form of therapy. The community of therapists and clients trying to find this type of therapy keeps growing.

As of now, the providers include educational institutions, budgetary organisations run by self-governing regions and healthcare facilities. Music therapy is also provided by civic associations and individuals. Since music therapy keeps growing in Slovakia, further steps are inevitable in this field. On the one hand, conditions for studying music therapy at universities have yet to be created, and the structure of and the rules for Slovak music therapy have yet to be defined in compliance with the requirements of ECMT and WFMT. Finally, a law should be drafted that would define this profession legislatively. For these goals, a music therapy association should be recreated to provide a foundation for professionals in this field. This would result in a higher standard of music therapy, and the boundaries between professional and unprofessional approaches would be clearly drawn. Moreover, further research should be conducted to generate more data and I think that it should be focused on the various approaches and methods of music therapy that are used in Slovakia. It is also important to focus on the clientele that is seeking music therapy.

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REFERENCES

- Act No. 448/2008 Coll. on Social Services and on the Amendment and Supplementation of Act No. 455/1991 Coll. on Trade Licensing (Trade Licensing Act), as amended, Common Provisions for the Provision of Social Services, Article 61, Section 8, Part 165, p. 3860.
- Advaita Life o.z. (2021). *Služby*. <https://advaita-life-o-z.reservio.com>
- Akademie Tabor (2019). *Muzikoterapie*. www.akademietabor.cz/studium/studijni-programy/muzikoterapie-lecive-sily-v-hudbe-studium
- Amtmannová, E. (2003). *Muzikoterapia v liečebnej pedagogike*. Pedagogická Fakulta Univerzity Komenského.
- Arts services directory (2019). *British Association for Music Therapy [BAMT]*. <https://www.artsprofessional.co.uk/services/supplier/british-association-music-therapy-bamt>
- Barlička Civic Association (2019). *Prostriedky liečebnej rehabilitácie – muzikoterapia*. www.barlicka.com/muzik.html
- Brandes, V.; Taghian, Z., & Fischer, C. (2019). *Music medicine and music therapy in Austria*. <http://www.cujcr.com/downloads/Individual%20Articles/6/vol6%20Vera%20Brandes,%20Zahra%20Taghian,%20Claudia%20Fischer.pdf>
- Centrum sociálnych služieb - JUH (2019). *Muzikoterapia*. www.csstrencin.sk/hlavna-stranka/muzikoterapia/muzikoterapia.html?page_id=7550
- Depaul (2019). *Muzikoterapia*. <https://sk.depaulcharity.org/depaul-slovensko/naše-aktivity/naše-zariadenia/muzikoterapia>
- Dileo, Ch. (2016). *Envisioning the future of music therapy*. Temple University.
- Domov dôchodcov a domov sociálnych služieb Kremnica (2019). *Muzikoterapia*. https://dsskremnica.sk/?page_id=1402
- Döményová, D. (2012). *Možnosti muzikoterapie na Slovensku (príp. vo vybranom kraji)*. Bachelor's Thesis. Trnava University, Trnava.
- Drličková, S. (2019). *Muzikoterapie v mezinárodnom kontextu, Muzikoterapie – Muzikofiletika – Artefiletika*. <https://www.svatavadrlickova.cz/aktualne/37-muzikoterapie-v-mezinarodnim-kontextu>
- Drumbľa (2019) *Komunitné centrum*. <https://www.drumbľa.sk/index.php?page=38&menu=38&submenu=&act=19>
- European Music Therapy Confederation (2019). *Music therapy in Europe*. <https://www.emtc-eu.com/history-of-music-therapy-in-europe>
- Evropská Asociace Celostní Muzikoterapie (2019). *Evropská Asociace Celostní Muzikoterapie*. <https://www.muzikoterapie.art>
- F84 – Consultancy and Education Centre in the Field of Autism (2019). *Muzikoterapia*. www.f84.sk/menu/view/64
- Gajdošíková-Zeleiová, J. (2008). Muzikoterapia a psychoprofylaxia. *School and Health*, 21(3), 81–92.
- Geretsegger, M. (2012). *Music therapy in Austria*. Proceedings of Bridging Nations and Ideas: 2012 World Music Therapy Association Presidential Reports at the Seoul Summit Meeting (pp. 43-53). Korean Music Therapy Association. https://www.oebm.org/media/mt-austria_oct12.pdf

- Horváthová, L. (2019). *Muzikoterapia DeD Ružomberok*. (PowerPoint slides) Metodické dni - Malá Lučivná. https://www.cdr-rk.sk/e_download.php?file=data/editor/79sk_1.ppt&original=Muzikoterapia.ppt
- Inak obdarení, aj tak sa to dá (2019). *Aplikovaná Intenzívna Muzikoterapia*. <https://www.inakobdareni.sk/rubriky/category/terapie-vyskusali-sme/article/aplikovana-intenzivna-muzikoterapia.xhtml>
- Ivannikova, M. (2004). Ukrainian music therapy – Does it have a chance to exist? My personal journey of becoming a music therapist in Ukraine. *Voices*, 4(3). <https://voices.no/index.php/voices/article/view/1627/1387>
- Jabczunová, Z. (2014). *Využitie muzikoterapie ma 1. Stupni základnej školy; Osvedčená pedagogická skúsenosť edukačnej praxe*. Methodology and Pedagogy Centre, Ševčenkova 11, 850 01 Bratislava.
- Jan Amos Komenský University Prague (2019). *Arteterapie - Umělecká kreativní terapie*. www.ujak.cz/studium/celozivotni-vzdelavani/kvalifikacni-vzdelavani/arteterapie-umelecka-kreativni-terapie/
- Marína, špecializovaný liečebný ústav (2019). *Muzikoterapia v Maríne*. www.marinakovacova.sk/muzikoterapia-v-marine/
- Muzikoterapeutická asociace České republiky (2019). *Garantované kurzy semináře*. www.czmta.cz/posnej-asociaci/garantovane-kurzy-seminare
- Muzikoterapeutická asociace České republiky (2019). *O asociaci*. www.czmta.cz/posnej-asociaci/o-asociaci
- Knotková, A. (2014). *Vývoj muzikoterapie na Slovensku*. Master's thesis. Comenius University in Bratislava, Bratislava.
- Košice – Šaca Hospital (2019). *Novorodenecké oddelenie, Muzikoterapia*. <https://www.nemocnicasaca.sk/pracoviska/lozkova-cast/novorodenecke/muzikoterapia.html>
- Kropajová, I. (2013). *Možnosti muzikoterapie na Slovensku*. Master's thesis. Trnava University, Trnava.
- Lebedová, T. (2014). *Muzikoterapeutická prax pri liečbe psychiatrických diagnóz na Slovensku*. Bachelor's thesis. University of Ss. Cyril and Methodius in Trnava, Trnava.
- Mátejová, Z., & Masura, S. (1992). *Muzikoterapia v špeciálnej a liečebnej pedagogike*. Slovenské pedagogické nakladateľstvo Bratislava.
- Moravčíková, A. (2013). Muzikoterapia a iné hudobné prístupy v pregraduálnej príprave sociálnych pracovníkov a pracovníčiek. In B. Balogová, M. Skyba, & Denisa Šoltéssova (Eds.), *Pregraduálna príprava sociálnych pracovníkov, pracovníčok, a sociológov, sociologičiek a možností ich uplatnenia v praxi*. Department of Social Studies, Faculty of Public Administration, Pavol Jozef Šafárik University in Košice, Košice. <https://www.pulib.sk/web/kniznica/elpub/dokument/balogova7/subor/Moravcikova.pdf>
- Príma škôlka (2019). *Muzikoterapia*. www.primaskolka.sk/muzikoterapia.phtml?id3=96652
- Rusnáková, A. (2016). Prístupy muzikoterapie v socioterapii. *Journal Socioterapie*, 11(1–2), 39–42.
- Rytmika, hudba je nástroj (2019). *Náš tím*. www.rytmika.sk/n-t-m-0
- Seniorville Trenčín (2019). *Aktivity v zariadení, Seniorville Trenčín*. <https://www.seniorville.sk/prevadzky/seniorville-trencin/sluzby/aktivity-v-zariadeni/>
- Stacionár svätej Heleny (2019). *Muzikoterapia*. Retrieved from <http://www.svatahelena.sk/index.php/aktivity/muzikoterapia>
- Špeciálna základná škola pre deti s telesným postihnutím (2019). *Muzikoterapia*. https://www.szstpdetva.sk/index.php?option=com_content&view=article&id=154:muzikoterapia&catid=44:aktivitaskoly&Itemid=56
- Špeciálna základná škola s materskou školou internátna Liptovský Ján (2019). *Muzikoterapia*. <https://szsilj.sk/muzikoterapia/>
- The European Music Therapy Confederation (2019). *Czech Republic*. <https://www.emtc-eu.com/czech-republic>
- Tužáková, K. (2013). *Vývoj muzikoterapie na Slovensku*. Master's thesis. Comenius University in Bratislava, Bratislava.
- Varga, Á., & Kollár, J. (2015). Hungary, country report on professional recognition of music therapy. *Approaches: Music Therapy & Special Music Education, Special Issue*, 7(1), 155–156.
- Vitálová, Z. (1999). *Muzikoterapia*. Slovenská spoločnosť Franza Schuberta.
- Vitálová, Z. (2007). *Úvod do muzikoterapie a jej využitie v sociálnej práci*. St. Elisabeth University of Health Care and Social Work.
- Wiener Institut für Musiktherapie (2019). *Viennese Institute for Music Therapy*. <https://www.wim-musiktherapie.at/english/the-institute/>
- Zariadenie sociálnych služieb Rosa (2019). *Muzikoterapia a hudobné*. <https://www.domovrosa.sk/str.php?p=1016>
- Zeľiová, J. (2002). *Muzikoterapia – dialóg s chvením: Východiská, koncepty, princípy a praktická aplikácia*. Institute of Musicology, Slovak Academy of Sciences.
- Zeľiová, J. (2012). *Psychodynamické aspekty muzikoterapie*. Trnava University.
- Zvuky cez ruky (2019). *O nás*. www.zvukycezruky.sk/home

Ελληνική περίληψη | Greek abstract

Η μουσικοθεραπεία στη Σλοβακία: Πλαίσια και τρέχουσες πρακτικές

Jana Halmo

ΠΕΡΙΛΗΨΗ

Η μουσικοθεραπεία έχει τις δικές της ρίζες στη σημερινή Σλοβακία. Πληροφορίες για τις θεραπευτικές ιδιότητες της μουσικής είχαν ήδη εμφανιστεί από τον 18^ο αιώνα. Σήμερα, η μουσικοθεραπεία διαδίδεται όλο και περισσότερο στη χώρα μας. Ως εκ τούτου, κρίνεται σημαντικό να αποσαφηνιστεί η μουσικοθεραπεία ως

σύγχρονο επάγγελμα και να εξεταστούν οι σύγχρονες πρακτικές της. Το παρόν άρθρο επικεντρώνεται στο ιστορικό πλαίσιο της μουσικοθεραπείας καθώς και στην τρέχουσα κατάσταση, τη νομοθεσία και τις προσωπικότητες που έχουν επηρεάσει σημαντικά την ανάπτυξη του πεδίου, καθώς και σε οργανισμούς και παρόχους που διαδραματίζουν σημαντικό ρόλο στις εξελίξεις της μουσικοθεραπείας στη Σλοβακία. Το άρθρο επίσης παραθέτει βασικά στοιχεία που απορρέουν από τη δική μου έρευνα και παρουσιάζονται αποτελέσματα από ένα ερωτηματολόγιο και δύο σύντομες συνεντεύξεις με έμπειρους μουσικοθεραπευτές στη Σλοβακία.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Σλοβακία, μουσικοθεραπεία, ιστορία, παρόν, έρευνα

ARTICLE

Investigating the suitability of customised playlists for childbirth in Ireland and Hong Kong

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ABSTRACT

The aim of this study was to explore the experience of two couples using customised playlists to support childbirth at the public maternity hospitals in Ireland and in Hong Kong. Two couples participated in a pre-delivery meeting with a music therapist one month before their infant's due birth date. During this meeting, the couples were assisted in setting up customised playlists and received recommendations on strategies and relaxation techniques to use with the playlists. Data collection was performed through semi-structured interviews with the participants two weeks after the childbirth. The interviews were then examined through Thematic Content Analysis (Braun & Clark, 2006). Three final themes arose included: (1) feasibility of using customised playlists during childbirth; (2) preferred music selection; and (3) perceived benefits of the playlists. The feasibility of using playlists was affected by the adaptability of the playlists to the changeable birth situations and the uncertain feedback and restriction from hospital staff. The suitability of original music selection and the meaning of songs were highlighted. Participants reported that the birthing playlists promoted relaxation and better sleep; provided spiritual support; and diverted attention from discomfort and disturbances.

KEYWORDS

music therapy,
music,
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INTRODUCTION

Childbirth is a significant psychological experience for both women and their birth partners. Maximising the likelihood of a positive childbirth experience is considered important for the well-being of the childbearing family (Karlsdottir et al., 2018). Growing evidence suggests that music is a cost-effective, multi-functional, and adverse-free aid in enhancing the childbirth experience (Wulff et al.,

2017). The use of music in childbirth ranges from music listening initiated by women (Stevens, 1992), pre-recorded music offered by medical personnel (Xavier & Viswanath, 2016), individualised playlists prepared by music therapists in accordance to the women's preferences to music (Browning, 2000), live music interventions by music therapists (Mohr, 2019), and Music Therapy-Assisted Childbirth (MTACB) program (Clark, 1986; Clark et al., 1981; Gonzalez, 1989). A MTACB program is facilitated by a qualified music therapist and consists of a series of consultations or sessions offered in the last trimester of pregnancy to provide guidance on selecting and using music for different needs during labour and offer training on using music with relaxation and breathing techniques (Allison, 1991; Browning, 2000, 2001; Clark et al., 1981; Gonzalez, 1989; Hanser et al., 1983). Sometimes, the music therapist attends the labour to manage the music programme and support the woman as a secondary coach (Allison, 1991; Browning, 2000, 2001; Clark et al., 1981; Hanser et al., 1983).

There is a growing body of research carried out by various clinicians including obstetricians, nurses, and midwives that highlight the positive effects of music listening in childbirth (McCaffrey et al., 2020; Wulff et al., 2017). In the last decade, many clinical trials have demonstrated that listening to music during childbirth can significantly reduce perceived pain (Hosseini et al., 2013; John & Angeline, 2017; Labrague et al., 2013; Liu et al., 2010; Simavli et al., 2014a; Xavier & Viswanath, 2016), relieve anxiety (John & Angeline, 2017; Liu et al., 2010; Simavli et al., 2014b; Xavier & Viswanath, 2016), promote satisfaction (Simavli et al., 2014b), reduce the need of medication (García González et al., 2018), and shorten the duration of the birth process (Ajori et al., 2013; García González et al., 2018; Hosseini et al., 2013; Palompon et al., 2011).

Various theories about the role and impact of music listening have been discussed in the literature. The 'entrainment mechanism' suggests that sedative music helps to create an inner state of greater relaxation and well-being by altering the heart rate, breathing pattern, and producing slower and more uniform brain waves which results in lower muscle tension and lower blood pressure (García González et al., 2018; Macdonald et al., 2003). In terms of pain relief, it is suggested that, under the gate control theory, the impulses triggered by music auditory stimulus assist in closing the 'gate' located in the dorsal horn of the spinal cord and override the pain signals carried by smaller nerve fibres (Phumdoung & Good, 2003; Wang & Tian, 2021). Also, when a listener finds music pleasant, the brain releases endorphins which can reduce the perception of pain (Tabarro et al., 2010).

Previous studies on music listening during childbirth employed a wide range of music. An integrative review of music listening studies in childbirth noted that some studies exclusively employed instrumental music, others a combination of both instrumental and vocal music, with a majority of studies catering for women's music preferences (McCaffrey et al., 2020). Although use of soft, soothing or relaxing music has generally been recommended in neurological literature to promote relaxation (Krout, 2007; McCaffrey et al., 2020), other studies indicate that consideration of individual preferences are key when using music to aid relaxation. Indeed, it has been noted that painful stimuli can be tolerated significantly longer when listening to chosen rather than prescribed relaxing music (Mitchell & MacDonald, 2006). Listening to preferred music, including both relaxing and stimulative music, has also been shown to lower levels of tension and state-anxiety when compared to listening to unpreferred sedative music (Jiang et al., 2013). In addition to promoting relaxation during childbirth,

it has also been suggested that music listening may also impact the progression of labour. Studies illustrated that a faster pace could stimulate body movement and muscular activities (Metcalf, 2016; Terry et al., 2019). Music with a more driving melody, percussions, strong rhythm, and increased volume has been suggested to encourage pushing and contribute to faster progress (Livingston, 1979; Palompon et al., 2011). One randomised clinical trial (RCT) showed that the pain and duration of labour of women during the active and second stage of labour was lower in the fast music group than the slow music and control group (Ajori et al., 2013). Another study compared slow and fast music during the second stage of labour and found that women in the slow music condition had a slower delivery than those who were in the fast music condition (Palompon et al., 2011).

This study was informed by previous research into music listening during childbirth both within and beyond the field of music therapy. It also embraced central principles of MTABC where the development of rapport with the therapist and the provision of guidance to women and their partners about use of music during childbirth was central. However, unlike MTABC, a music therapist was not present during childbirth. Therefore, this study employed a hybrid approach in supporting women and their partners who wished to use music listening during childbirth to prepare suitable playlists that were based on best available evidence. Specifically, this involved a qualitative exploration of how women and their partners experienced the use of customised playlists during childbirth. It aimed to 1) explore the experience of women and their birth partners in using customised playlists during childbirth at a public maternity hospital; and 2) to investigate the suitability of this type of approach.

MATERIALS AND METHODS

Methods

This qualitative study was conducted to explore the experiences of women and their partners who wished to use music listening to support childbirth. This research was completed by the first author who provided one pre-delivery meeting to the couples to inform the design and use of customised playlists for childbirth. Following childbirth, participants took part in a semi-structured interview that was analysed using Thematic Content Analysis (Braun & Clarke, 2006). This study was approved by the University Research Ethics Committee where the researcher carried out the study.

A social media recruitment campaign was done in collaboration with midwives in Ireland (as the researcher's country of residence) and Hong Kong (as the researcher's country of origin) who posted details about this study on their business Facebook Page. A notice about this study was also posted on other social media pages such as the 'Local Birth Gathering' (Hong Kong) and 'Positive Birth Ireland' (Ireland). Carrying out the recruitment campaign across two countries aimed to explore the experiences of using customised playlists during childbirth in two different cultural contexts and healthcare settings. Criteria for study inclusion were that: (a) the pregnant woman and her birth partner were over 18 years old; (b) the woman had an estimated due date (EDD) between January to February 2018 and (c) both the woman and her birth partner were willing to participate. Pregnant women were not excluded from the study based on their intention to have a natural or caesarean delivery.

The prospective participants communicated their interest via e-mail. Upon contact, potential participants were provided with a detailed study information sheet and an opportunity to ask questions about possible research involvement. Once the inclusion criteria were met, potential participants were asked to provide their informed consent to take part in the study. Two married couples including one from Hong Kong who were expecting their first child and a couple from Ireland who were expecting their third child were recruited to this study.

Each woman and her birth partner were asked to fill out a sheet with identification data and information about musical preferences before the pre-delivery meeting one month before their estimated date of childbirth. This sheet asked questions about the couples' likes and dislikes of music/sound/instruments; names of their preferred music/song; music that was meaningful to them; and music that they can connect to their infant. This information was used to inform the design of customised playlists that were set up on an ad-free *Spotify* account for participants to use without cost.

Playlist creation

The customised playlists were grouped into three main categories – 1) gentle instrumental; 2) vocal songs with positive lyrics; and 3) rhythmic music (see Table 1). These categories were designed to meet various needs in different stages of labour as employed in previous studies. The playlists designed for the study participants included all the chosen songs listed on their music preferences sheet, with careful selection of suitable song versions to avoid recordings with noisy environments including live concert versions, recordings with sudden changes of volume/tempo/mood, or recordings with elements that were stated unpleasant by the participants. The playlists also included the addition of gentle instrumental versions of the preferred songs. Categories 1 and 2 were designed for the first stage of labour where relaxation is paramount. Livingston (1979) suggested that the music for the first stage of labour needs to be harmonious and soothing, without sudden dynamic changes from soft to loud, and meet individual tastes to achieve relaxation and cue breathing. Participants were recommended to choose stronger and faster music in the categories as the labour progressed. Category 3, which contained only rhythmic music, was designed with the purpose to encourage movement and pushing. It is recommended that music for pushing should be rhythmic to help provide the women with energy to “push the baby out” (DiCamillo, 1999, 2021). To aid selecting their choice of music, various playlists such as ‘movie soundtracks’, ‘pop songs’, ‘Christian songs’, or ‘classical music’ were set up under each category.

Customised playlists were then presented to each couple during a 50-minute pre-delivery meeting designed with reference to Clark's (1986) practical guide. The purpose of this meeting was to ensure that the couples a) became familiar with the customised playlists, b) knew which types of music to be used for different stages of labour, and c) were provided with information on music use for relaxation. Participants were advised that when using the customised playlist during childbirth they should choose music that they preferred and considered to match their emotional or physical needs at that time. This principle was similar to the iso principle as described in a case study on flexibly using therapeutic playlists for mood management (Heiderscheit & Madson, 2015), which demonstrated that increased flexibility with the playlist resulted in more opportunities to use the playlist.

The participants were also advised to skip any music that appeared to be unsuitable or cause discomfort. A digital booklet¹ containing information on relaxation techniques, including progressive muscle relaxation and visualisation exercises, were provided to participants to be used in conjunction with customised playlists. Pregnant participants were recommended to practice relaxation with the music daily in order to become familiar with the customised playlist and to elicit a conditioned response that paired relaxation with the playlists. Upon conclusion of the pre-delivery meeting, participants were reminded that they were welcome to contact the researcher by email or text should they have any further query about their music selections or wish to update the researcher with decisions around the childbirth process.

Categories	Content
1. Gentle instrumental music	<ul style="list-style-type: none"> • Slow tempo (bpm = 60-80); no percussion; no lyrics • Relaxing/ meditation music, Classical, light jazz, soundtrack or instrumental version of playlist 2 and nursery rhymes • e.g. Schubert's 'Traumerei' and the 'Feather theme' from Forrest Gump
2. Songs with positive lyrics	<ul style="list-style-type: none"> • Slow to medium tempo (bpm = 60-100); may include percussion • Songs with positive themes such as encouragement, brave, love, hope • e.g. 'The prayer'. 'You raise me up'
3. Rhythmic music	<ul style="list-style-type: none"> • Fast tempo (bpm = 100-120) • Instrumental or with relevant and positive lyrics • e.g. 'This is the day'. 'You make me brave', 'Nothing is impossible'. 'Waltz for Debby'

Table 1: The features of the three music categories

Interviews

Semi-structured interviews were carried out two weeks after childbirth to explore participant experiences of using the customised playlists during childbirth. The interview with the couple from Hong Kong was conducted through *Facetime*, and the interview with the couple from Ireland was conducted in-person at their home. The interviews lasted between 40 to 60 minutes and were audio-recorded.

Seven questions were set to guide the interview. According to the six types of interview questions in Patton's (2002) qualitative research method, the questions can be categorised into four main types: Experience and behaviour, opinions and values, feelings, and sensory.

Audio-recordings of two interviews were transcribed verbatim. The interview in Cantonese was translated into English by the first author who is a native Cantonese speaker. Both interviews were analysed using Braun and Clarke's (2006) Thematic Content Analysis which allowed an inductive approach to explore the research questions. The themes were derived from the data rather than the interview questions. Phrases in the transcripts were identified, labelled and coded. These codes were

¹ Please see here: https://www.hannibalregional.org/resources/3d1fea4d-9b84-4df0-93bd-d8774e90726c/Hannibal_Regional_Babybook_chapter4_LaborCoping.pdf

then combined into larger categories which were further defined, refined and renamed in consultation with the second author until three final major themes with smaller sub-themes were agreed upon.

Question types	Interview questions
Experience/behaviour	1. Can you describe the childbirth experience?
Sensory and feeling	2. How did you feel about the music in different processes?
Opinion/values	3. Which type of music did you find more appropriate and why?
Experience/behaviour	4. Did you encounter any difficulty in using the program? 5. Did you use any other pain-relief strategy or medication? 6. How often did you listen to the playlist and practice the strategies before the labour?
Opinion/values	7. Were there any positive or negative experiences between you and your birth partner in the preparation and practice of the program?

Table 2: Interview questions

FINDINGS

Demographics

Demographic information taken from the interviews revealed that both couples were all above 30 years old and employed. In both cases, their infants were born full term. The woman from Hong Kong had a normal vaginal delivery and gave birth to a female infant. The woman from Ireland gave birth to a male infant by an elective caesarean delivery upon the recommendation by her consultant obstetrician at the end stages of her pregnancy.

Participants	Content	Place of residence	Location of the childbirth	Mode of birth	Parity (Birth order)
Mandy	32	Hong Kong	A public maternity hospital in Hong Kong	Natural	Primipara (First child)
Samuel	33	Hong Kong			
Denise	37	Ireland	A national maternity hospital in Ireland	Caesarean	Third child (First time Caesarean)
Edwin	40	Ireland			

Table 3: Demographic characteristics of participants *pseudonyms were used to protect the anonymity of the interviewees

Themes

Following analysis of interviews with two couples, three major themes and several sub-themes were derived. These were labelled: “feasibility of using customised playlists during childbirth,” “preferred music selection,” and “perceived benefits of the customised playlists” (see Table 4).

Major themes	Sub-themes
1. Feasibility of using customised playlists during childbirth	<ul style="list-style-type: none"> • Adaptability to changeable birth situations • Uncertain feedback and restriction from hospital staff
2. Preferred music selection	<ul style="list-style-type: none"> • Suitability of original music selection • Meaning of the songs has an important role
3. Perceived benefits of the customised playlists	<ul style="list-style-type: none"> • Assist relaxation and better sleep • Provide spiritual support • Divert attention from discomfort and disturbances

Table 4: Major themes and sub-themes

Theme 1: Feasibility of using customised playlists during childbirth

This theme was derived from the participants’ feelings about, or experiences of, using the customised playlists during childbirth. The sub-themes on the feasibility included the adaptability of the customised playlists to the changeable birth situations and the uncertain feedback and restriction from hospital staff.

Adaptability to changeable birth situations

Both couples experienced unforeseeable situations that resulted in the adjustment of the playlists or the listening mode. Both couples used suitable playlists designed to meet most of their needs after follow-up discussion and preparation. Mandy was told in a clinical appointment that she had to turn off her mobile phone or iPad while in the labour ward. To adhere to these hospital rules, the researcher transferred the customised playlists onto three CDs. As a result, Mandy listened to the customised playlists using a Discman and headphones instead of using the iPad speaker during her pregnancy. Due to this change of music listening mode, Mandy had to adapt to the new device and could not use the rhythmic music for delivery:

After I arrived at the delivery room, I wanted to continue to listen (to the CD), but the doctor said I needed to take off the headphones or I could not hear their instructions. So, I was not allowed to listen to music, and I never got to play CD3.

Denise and Edwin also adjusted their plans in using the customised playlists. Denise was recommended to have an elective caesarean delivery instead of natural delivery ten days before the EDD. They chose to listen to the gentle instrumental category only during the caesarean delivery.

Uncertain feedback and restriction from hospital staff

Both couples reported that before childbirth, they both experienced some uncertainty about using the playlists. They explained that despite making several enquiries in the month before delivery, no clinical staff member could guarantee that use of music listening would be possible during childbirth. The uncertainty that arose as a result was evidenced by Edwin's comment:

By the time we went in...we brought it back again that there is music that helps her to sleep, that calms her down, can we take it in. And she said that thing shouldn't be a problem anyway... but the initial idea was that maybe there is a chance that she can't listen to it.

Both couples reported some resistance and restrictions surrounding listening to their playlists at the labour ward and at the delivery room in the hospital. Although a CD player was provided in the labour ward at the Hong Kong public maternity hospital, Mandy was not allowed to play her CDs openly on the hospital CD player due to copyright issues. She could only listen to the prepared CDs through headphones. Mandy described such restrictions below:

I asked if they could play my CDs, they said I could only listen to their CD because they have bought the copyrights of the music... They would not allow me to change their CD... I was glad that I prepared my own music...or I won't be able to listen to it.

Denise and Edwin also experienced resistance around listening to music during the birth process in Ireland. They reported that a member of the medical staff rejected the idea of playing Christian music on the grounds that they held a different religious belief. Edwin explained that this member of staff later agreed that music could be played on the premise that the Christian music was instrumental.

He was a bit resistant about some of the songs we are going to play. He didn't know it was just going to be instrumental so when he got to know it was going to be instrumental, he was fine.

Theme 2: Preferred music selection

The concept of preferred music selection played a salient role in both interviews. Both couples considered the suitability of their original music choices that were featured in the final playlists. They also highlighted the importance of using music that held a special personal significance or meaning to them.

Suitability of original music selection

Denise explained that her original preferences accounted for the use of Christian music. Compared with the original song version of her choices, she found the gentle instrumental versions more suitable to her childbirth experience: "They [instrumental versions of Christian music] are all good...I really enjoyed all of them."

However, Mandy thought that a few of her chosen songs were irrelevant and not appropriate during the childbirth even though she did not report such concern during preparation for childbirth. She added that classical music and Christian music were more appropriate for use in her childbirth experience: "I remembered some of them were not suitable. E.g. the song from Faye Wong and some other pop songs. I found classical and Christian music was suitable and appropriate...when I was in pain, the Christian music was very touching."

Meaning of the songs has an important role

Both couples mentioned the meaning of the songs was very important during childbirth. Mandy and Samuel explained the importance of listening to music that featured meaningful lyrics. In this case, such music offered a sense of support and strength during the childbirth experience: "The lyrics made me feel that I was not alone and gave me encouragement... the lyrics gave me support, strengthened me." Denise and Edwin explained that they benefited from the meaning of the Christian music featured on their playlist even when instrumental versions were used. Denise said, "though I can't hear the lyrics, I just got attuned to it as it was playing." Edwin added, "we know the lyrics in the instrumental... she can just focus the words on her own mind. She can think of the words as it's playing, you got the comfort as well."

Theme 3: Perceived benefits of the playlists

Perceived benefits of using the music playlists were reported by the participants, including assisting relaxation and sleep during contraction and the waiting time at the labour ward, providing spiritual and psychological support, and diverting attention from discomfort and disturbance.

Assist relaxation and better sleep

Both women reported using the playlists to assist with sleep during their time on the ward. When Denise was alone on the ward, she was worried about the long waiting time and being hungry due to her fasting in advance of her caesarean delivery, and Edwin described that "she put on her headphone, listened to it and fell asleep." Mandy also described using the playlists to help her rest during contractions and in doing so, she had more energy stored for pushing her infant through the birth canal:

What I think most useful is that some tunes really help me to sleep... when I was in the hospital, I could fall in sleep within 2-3 tunes... even when I had the labour pain, I could sleep with the music. I awoke when I had the contraction but could sleep again right after the pain... it's important that I could rest during the contraction. I could save energy for the delivery.

Mandy also noted that these periods of relaxation, as supported by the music, helped her progress her labour quicker: "It helps me relax. When I can relax, dilation is faster. That's the main reason for the progress."

Though the use of playlists with relaxation techniques before birth was intended to elicit a conditioned response by pairing the feeling of relaxation with the playlists rather than address other needs during pregnancy, both women reported the playlists helped them relax which in turn helped them fall asleep during pregnancy. Mandy explained how after a particularly poor night's sleep, she would listen to the playlists to help her relax and prepare for rest: "As I didn't always sleep well, I would listen to the music after breakfast, then I could sleep... for about two hours." Edwin also noted how the playlists helped with Denise's relaxation and sleep during pregnancy: "When she was very low and a bit uncomfortable sleeping or unable to go to sleep, she put it and off she is going."

Provide spiritual support

Both couples reported that the music playlists offered them spiritual support during childbirth. They specifically explained that their choice of Christian music helped foster a sense of connection with their faith. Edwin described how the musical connection to his spirituality put him at ease: "It kind of helps you... trying to off-load whatever frustration, whatever pain you are going through, that God will take charge... The words kind of calm you down and tell you there's nothing you need to worry about."

Mandy also explained that Christian music was supportive during childbirth, especially when she was alone at the ward and in discomfort:

When I was in pain, the Christian music was very touching. When I listened to the music, I felt that God was with me. And it was my only support, as I no longer had the phone to connect with friends/family. The lyrics made me feel that I was not alone, and the lyrics encouraged me. I even became teary during some songs as it was so moving...The Christian songs touched my heart a lot.

Divert attention from discomfort and disturbances

Both women experienced stress, anxiety, and different forms of pain or discomfort during childbirth. Denise had been fasting for her caesarean delivery and was worried about the delayed procedure. She used the playlists to comfort her, and Edwin noted how music helped Denise during this time: "it distracted her from the stress... she had a tough time with the hunger... so it's kind of took her mind off the hunger as well."

Mandy described experiencing a lot of pain during a long labour. This discomfort was only added to by the busy and tense nature of the clinical environment where staff need to quickly move in and out of the ward. All the while she used music to help her focus on her relaxation during the first stage of labour:

What the music helped me most was help me to bear the long duration of the painful labour...the time felt easier to pass... the staff came in and out all the time... when I listened to music through the headphone, I was more focused on the music and would not pay attention to them. You know, sometimes the more you hear, the more you are worried. And you know the ward was very busy and tense. It was better with the music... it was good that it helped me to focus, and not paying attention to the surrounding. I can focus to breathe, to pray... I find this really helpful... I feel that to focus is quite important... when I can focus, the breathing is better... and less painful...

DISCUSSION

The findings from this study suggest that a) the feasibility of using customised playlists was impacted by the changeable birth situations, hospital policy, and hospital staff's reaction, b) the suitability of original music selection and the meaning of songs were important to participants and, c) the music promoted relaxation and better sleep while also providing spiritual support and diverting attention from discomfort and disturbances.

A key study outcome was that both couples could successfully use customised playlists to match their needs despite the changes to the birth situation. This suggests that customised playlists containing a wide range of music may be applied to both vaginal and caesarean deliveries. It also suggests that the practicalities of music listening during childbirth was by and large supported by clinical staff. However, there was some resistance by hospital staff based on grounds of copyright and religious beliefs featured in the music. Firstly, it was surprising to find that no medical staff at the public maternity hospital in both regions could guarantee the use of playlists before the childbirth. This finding raises the need for the involvement of a music therapist to have a respectful discussion around clinical staff's readiness to support birth preferences of the couples, particularly when sensitive religious issues are at play. Overall, these practical issues highlighted some important considerations for future practice and research especially for instances when music is self-prepared and not directly provided through the hospital. There has been little discussion around these issues in the literature, supposedly because many of the music listening studies to date have had direct input from clinical staff or MTACB programmes, where the music therapist has been present to negotiate these practical issues on behalf of the woman and the birth partner.

It is important to point out that the copyright and religious issues were only raised when the woman wished to play the music openly in a shared healthcare setting instead of listening through headphones. The use of such devices for music listening has received mixed views in the literature, with many studies having employed headphones for music listening during childbirth (Gokyildiz Surucu et al., 2018; Labrague et al., 2013; Liu et al., 2010; Palompon et al., 2011; Simavli, Kaygusuz, et al., 2014; Xavier & Viswanath, 2016). These studies claimed that the main function of headphones was to block environmental noises, which was a function also reported by one participant in this study. On the other hand, the same participant was prohibited to use headphones during delivery as it was thought to hinder her from following instructions from the attending clinicians. Palompon et al.'s (2011) study has cited similar concerns, specifically that the wearing of headphones might block clinicians' verbalisations to guide the childbirth process in the second stage of labour. It is noteworthy that none of the MTACB studies to date have mentioned the use of headphones. The potential benefits and limits of using headphones in the music therapy context require further research.

The findings on the perceived function of the customised playlists are consistent with previous literature on the topic of music listening during childbirth. Benefits of using the playlists, including enhanced relaxation and focus, in addition to diverting attention from discomfort, were reported by both women participants in this study, regardless of natural or caesarean delivery. These findings support those of earlier similar studies (Allison, 1991; Browning, 2000; Hanser et al., 1983; Tabarro et al., 2010; Wulff et al., 2017). The participant who had a natural delivery also reported benefits such as faster progress and reduction of pain and anxiety resulting from enhanced relaxation. Pain and anxiety

reduction have also been reported in other music listening studies (John & Angeline, 2017; Liu et al., 2010; Wulff et al., 2017; Xavier & Viswanath, 2016). Additionally, the use of music listening has also been implied to hasten the progress of childbirth as reported in two studies including one RCT (Gokyildiz Surucu et al., 2018; Hosseini et al., 2013). The findings from this study also indicate that daily listening of the playlist prior to childbirth may also have had positive effects on pregnancy-associated sleep problems. This is consistent with previous studies whereby music interventions brought about a significant improvement in women's sleep quality as measured by the Pittsburgh Sleep Quality Index (Liu et al., 2016; Shobeiri et al., 2016). This finding suggests that the practice of listening to customised playlists during pregnancy can have an impact both on experience of childbirth as well as on physical health benefits during pregnancy. It also suggests that introducing such playlists at an earlier stage of pregnancy may have additional benefits to pregnant women.

The findings on music preference brought new insights into music selection. Aspects such as musical elements, familiarity, musical associations, and cultural context should come into consideration when selecting music. Although previous studies concerning music use during childbirth suggest preferred and sedative music for the most therapeutic outcome during contractions and caesarean delivery (Laopaiboon et al., 2009; Livingston, 1979; McCaffrey et al., 2020; Wulff et al., 2017), findings in this study suggested otherwise. One participant reported she did not enjoy the sedative music played in the labour ward and found some of her favourite songs unhelpful because of the irrelevance of the lyrics. A second participant found instrumental versions of her selected songs to be more relaxing than her chosen original lyrical versions, adding that she could still benefit from the meaning of the songs even without the lyrics featured. This finding highlights the importance of familiarity with the music in advance of childbirth while also accounting for individual preferences. Furthermore, it raises the question of preferred music's relevance to the childbirth experience. Rossetti (2014) discussed the importance to understand the correlation of specific music elements and their combined effects on emotional and physiological response in choosing music for individual clinical goals. A strategy to help negate this scenario could be for the music therapist to recreate a soothing version of a song that may not otherwise be deemed relaxing in its original musical format. This is similar to the premise of using 'songs of kin' with premature babies, whereby parents' music is adapted into a suitable soothing version to be played in the NICU (Loewy, 2015).

All participants discussed the importance of their musical choices in connecting them with their faith and spirituality. Findings highlighted that music preference can be influenced by religion, spiritual needs can be exhibited during childbirth, and seeking spiritual support can be an important coping strategy in the childbirth experience. The feeling of uncertainty and having a low sense of control in childbirth were shared by all participants and might explain their need for spiritual support and protection. Few studies mention the importance of such religious music or spiritual support in childbirth (Olson, 1998; Tabarro et al., 2010) and other medical situations (Good et al., 2000). Tabarro et al. (2010) reported that a participant started praying and gained strength when Ave Maria was played during labour. Good et al. (2000) pointed out that spiritual music resulted in feelings of relaxation, safety, peace, and spirituality in some psychiatric patients, adding that music is important in many cultures for religious and therapeutic purposes. Olson (1998) described how music validated the importance of spiritual needs at difficult times in a patient's life, and that religious influences of music should be considered in bedside musical care assessment. It may be interesting for future

research to include larger samples with different religious backgrounds and investigate the possible correlation between music preferences, spirituality and childbirth experience.

Limitation

The main limitation of this study design was the low number of participants who partook in using the customised playlists. This raises the difficulty in any replication or generalisation of the findings. The comparison of two cases from different geographical locations might bring unnecessary stereotyping - a subjective perception or a single experience of the participants as the representation of a population. The researchers are aware that while insights of some cultural or regional difference might be gained, the findings might not be extrapolated. Another limitation is that the probability of bias in reporting the results of this study is high. It is possible that participant accounts of the programme were influenced by the multiple roles of the first author in this study. The first author designed the playlists, conducted the interviews and translated the Cantonese interviews into English. Future research may enlist an objective third party to carry out such interviews and the translation. Finally, only women and their birth partners' responses to the customised playlists were explored in this study. Therefore, it is recommended that future research considers the infant's needs and responses to music during labour and birth. For example, further instructions should be given on monitoring the infant's reaction to the music to avoid overstimulation or unpleasant reactions.

This study explored the experiences of participants who used customised playlists for childbirth at public maternity hospitals. In doing so, it revealed some practical issues surrounding such music use. Future research that aims to investigate the outcome of a MTACB programme would benefit from consultation with maternity hospital staff including obstetricians, midwives, nurses, and anaesthetists. Such input into the design of a protocol is warranted in an outcome study.

CONCLUSION

The aim of this study was to explore the experience of women and their birth partners in using customised playlists during childbirth. The findings revealed some issues around the feasibility of using customised playlists in a public hospital. These included the adaptability of the playlists to the changeable birth situations, and the hospital staff's understanding and perspectives of using music. The findings also highlighted some important considerations concerning music selection in terms of the suitability of original music selection and the importance of the meaning of songs. Lastly, the findings supported many of the benefits of using music listening during late-stage pregnancy and childbirth as reported in the literature. The results of this study can be used to inform clinicians about various aspects that warrant consideration when using music listening during late-stage pregnancy and childbirth. These specifically relate to music selection, the extension of music listening to the prenatal period, mode of music listening and consideration of hospital rules that might impose upon women's wishes to use self-prepared music in the hospital setting. Future research could also consider home births where a non-medical environment may potentially afford greater flexibility in the use of music during labour. This study highlights that music use leading up to and during childbirth

warrants further investigation in terms of women and their birth partner's music preferences, spirituality and overall childbirth experience.

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REFERENCES

- Ajori, L., Nazari, L., Marefat, S., & Amiri, Z. (2013). Effect of music on pain and duration of labor. *SSU_Journals*, 20(5), 555–561. <http://jssu.ssu.ac.ir/article-1-2220-en.html>
- Allison, D. (1991). Music therapy at childbirth. In K. E. Bruscia (Ed.), *Case studies in music therapy* (pp. 529–546). Barcelona Publishers.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Browning, C. A. (2000). Using music during childbirth. *Birth: Issues in Perinatal Care*, 27(4), 272–276. <https://doi.org/10.1046/j.1523-536x.2000.00272.x>
- Browning, C. A. (2001). Music therapy in childbirth: Research in practice. *Music Therapy Perspectives*, 19(2), 74–81. <https://doi.org/10.1093/mtp/19.2.74>
- Clark, M. E. (1986). Music therapy-assisted childbirth: A practical guide. *Music Therapy Perspectives*, 3(1), 34–41. <https://doi.org/https://doi.org/10.1093/mtp/3.1.34>
- Clark, M. E., McCorkle, R. R., & Williams, S. B. (1981). Music Therapy-Assisted Labor and Delivery. *Journal of Music Therapy*, 18(2), 88–100. <https://doi.org/10.1093/jmt/18.2.88>
- DiCamillo, M. (1999). *A Bio-psycho-social model of music therapy assisted childbirth: An integrative approach to working with families*. [Doctoral Dissertation, Pepperdine University.]
- DiCamillo, M. (2021). *Sound Birthing Music*. <https://soundbirthingmusic.com/>
- García González, J., Ventura Miranda, M. I., Requena Mullor, M., Parron Carreño, T., Alarcón Rodríguez, R., García González, J., Parron Carre, T., & Alarcón Rodríguez, R. (2018). Effects of prenatal music stimulation on state/trait anxiety in full-term pregnancy and its influence on childbirth: a randomized controlled trial. *The Journal of Maternal-Fetal & Neonatal Medicine*, 31(8), 1058–1065. <https://doi.org/10.1080/14767058.2017.1306511>
- Gokyildiz Surucu, S., Ozturk, M., Avcibay Vurgec, B., Alan, S., & Akbas, M. (2018). The effect of music on pain and anxiety of women during labour on first time pregnancy: A study from Turkey. *Complementary Therapies in Clinical Practice*, 30, 96–102. <https://doi.org/10.1016/j.ctcp.2017.12.015>
- Gonzalez, C. E. (1989). The Music Therapy-Assisted Childbirth program: A study evaluation. *Pre- and Peri-Natal Psychology Journal*, 4(2), 111–124. <https://psycnet.apa.org/record/1990-29279-001>
- Good, M., Picot, B. L., Salem, S. G., Chin, C.-C., Picot, S. F., & Lane, D. (2000). Cultural differences in music chosen for pain relief. *Journal of Holistic Nursing*, 18(3), 245–260. <https://doi.org/10.1177/089801010001800306>
- Hanser, S. B., Larson, S. C., & O'Connell, A. S. (1983). The effect of music on relaxation of expectant mothers during labor. *Journal of Music Therapy*, 20(2), 50–58. <https://doi.org/https://doi.org/10.1093/jmt/20.2.50>
- Heiderscheit, A., & Madson, A. (2015). Use of the iso principle as a central method in mood management: A music psychotherapy clinical case study. *Music Therapy Perspectives*, 33(1), 45–52. <https://doi.org/10.1093/mtp/miu042>
- Hosseini, S. E., Bagheri, M., & Honarparvaran, N. (2013). Investigating the effect of music on labor pain and progress in the active stage of first labor. *European Review for Medical and Pharmacological Sciences*, 17(11), 1479–1487. <https://www.europeanreview.org/wp/wp-content/uploads/1479-1487.pdf>
- Jiang, J., Zhou, L., Rickson, D., & Jiang, C. (2013). The effects of sedative and stimulative music on stress reduction depend on music preference. *The Arts in Psychotherapy*, 40(2), 201–205. <https://doi.org/10.1016/j.aip.2013.02.002>
- John, N., & Angeline, A. (2017). Effectiveness of music therapy on anxiety and pain among mothers during first stage of labour in selected hospitals at Kollam. *International Journal of Nursing Education*, 9(2), 24–29. <https://doi.org/10.5958/0974-9357.2017.00030.7>
- Karlsdottir, S. I., Sveinsdottir, H., Kristjansdottir, H., Aspelund, T., & Olafsdottir, O. A. (2018). Predictors of women's positive childbirth pain experience: Findings from an Icelandic national study. *Women and Birth*, 31(3), e178–e184. <https://doi.org/10.1016/j.wombi.2017.09.007>
- Krout, R. E. (2007). Music listening to facilitate relaxation and promote wellness: Integrated aspects of our neurophysiological responses to music. *The Arts in Psychotherapy*, 34(2), 134–141. <https://doi.org/10.1016/j.aip.2006.11.001>
- Labrague, L. J., Rosales, R. A., Rosales, G. L., & Fiel, G. B. (2013). Effects of soothing music on labor pain among Filipino mothers. *Clinical Nursing Studies*, 1(1), 35. <https://doi.org/10.5430/cns.v1n1p35>
- Laopaiboon, M., Lumbiganon, P., Martis, R., Vatanasapt, P., & Somjaiwong, B. (2009). Music during caesarean section under regional anaesthesia for improving maternal and infant outcomes. *Cochrane Database of Systematic Reviews*, 2, 1–24. <https://doi.org/10.1002/14651858.CD006914.pub2>
- Liu, Y.-H., Chang, M.-Y., & Chen, C.-H. (2010). Effects of music therapy on labour pain and anxiety in Taiwanese first-time mothers. *Journal of Clinical Nursing*, 19(7–8), 1065–1072. <https://doi.org/10.1111/j.1365-2702.2009.03028.x>

- Liu, Y.-H., Lee, C. S., Yu, C.-H., & Chen, C.-H. (2016). Effects of music listening on stress, anxiety, and sleep quality for sleep-disturbed pregnant women. *Women & Health, 56*(3), 296–311. <https://doi.org/10.1080/03630242.2015.1088116>
- Livingston, J. C. (1979). Music for the childbearing family. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 8*(6), 363–367. <https://doi.org/10.1111/j.1552-6909.1979.tb00978.x>
- Loewy, J. (2015). NICU music therapy: song of kin as critical lullaby in research and practice. *Annals of the New York Academy of Sciences, 1337*(1), 178–185. <https://doi.org/10.1111/nyas.12648>
- Macdonald, R. A. R., Mitchell, L. A., Dillon, T., Serpell, M. G., Davies, J. B., & Ashley, E. A. (2003). An empirical investigation of the anxiolytic and pain reducing effects of music. *Psychology of Music, 31*(2), 187–203. <https://doi.org/10.1177/0305735603031002294>
- McCaffrey, T., Cheung, P. S., Barry, M., Punch, P., & Dore, L. (2020). The role and outcomes of music listening for women in childbirth: An integrative review. *Midwifery, 83*, 102627. <https://doi.org/10.1016/j.midw.2020.102627>
- Metcalf, T. (2016). The contribution of different musical variables to the effect of background music on motor behavior. *Psychomusicology: Music, Mind, and Brain, 26*(2), 132–138. <https://doi.org/10.1037/pmu0000137>
- Mitchell, L. A., & MacDonald, R. A. R. (2006). An experimental investigation of the effects of preferred and relaxing music listening on pain perception. *Journal of Music Therapy, 43*(4), 295–316. <https://doi.org/https://doi.org/10.1093/jmt/43.4.295>
- Mohr, S. (2019). *Music therapy assisted childbirth in the United States: A critical literature review*. [Master's thesis, Lesley University.] DigitalCommons@Lesley. https://digitalcommons.lesley.edu/expressive_theses/131/
- Olson, S. L. (1998). Bedside musical care: applications in pregnancy, childbirth, and neonatal care. *JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing, 27*(5), 569–575. <https://doi.org/10.1111/j.1552-6909.1998.tb02624.x>
- Palompon, D. R., Ysmael, F., Elizon, L., Bejoc, J., Gonzaga, J., & Cañeda, H. (2011). Music on the second stage of labor among women in their first pregnancy. *Asian Journal of Health, 1*(1), 217–229. <https://doi.org/10.7828/ajoh.v1i1.165>
- Patton, M. Quinn. (2002). *Qualitative research and evaluation methods* (3rd ed.). Sage Publications.
- Phumdoung, S., & Good, M. (2003). Music reduces sensation and distress of labor pain. *Pain Management Nursing, 4*(2), 54–61. [https://doi.org/10.1016/S1524-9042\(02\)54202-8](https://doi.org/10.1016/S1524-9042(02)54202-8)
- Rossetti, A. (2014). Towards prescribed music in clinical contexts: More than words. *Music and Medicine, 6*(2), 70–77. <https://doi.org/10.47513/mmd.v6i2.182>
- Shobeiri, F., Khaledi, S., Masoumi, S. Z., & Roshanaei, G. (2016). The effect of music therapy counseling on sleep quality in pregnant women. *International Journal of Medical Research & Health Sciences, 5*(9), 408–416. <https://www.ijmrhs.com/medical-research/the-effect-of-music-therapy-counseling-on-sleep-quality-in-pregnant-women.pdf>
- Simavli, S., Gumus, I., Kaygusuz, I., Yildirim, M., Usluogullari, B., & Kafali, H. (2014). Effect of music on labor pain relief, anxiety level and postpartum analgesic requirement: A randomized controlled clinical trial. *Gynecologic & Obstetric Investigation, 78*(4), 244–250. <https://doi.org/10.1159/000365085>
- Simavli, S., Kaygusuz, I., Gumus, I., Usluogullari, B., Yildirim, M., Kafali, H., Usluogullari, B., Yildirim, M., & Kafali, H. (2014). Effect of music therapy during vaginal delivery on postpartum pain relief and mental health. *Journal of Affective Disorders, 156*, 194–199. <https://doi.org/10.1016/j.jad.2013.12.027>
- Stevens, K. M. (1992). My room—not theirs! A case study of music during childbirth. *Australian College of Midwives Incorporated Journal, 5*(3), 27–30. [https://doi.org/10.1016/S1031-170X\(10\)80062-5](https://doi.org/10.1016/S1031-170X(10)80062-5)
- Tabarro, C. S., Campos, L. B. de, Galli, N. O., Novo, N. F., & Pereira, V. M. (2010). Effect of the music in labor and newborn. *Revista Da Escola de Enfermagem Da USP, 44*(2), 445–452. <https://doi.org/10.1590/S0080-62342010000200029>
- Terry, P. C., Karageorghis, C. I., Curran, M. L., Martin, O. V., & Parsons-Smith, R. L. (2019). Effects of music in exercise and sport: A meta-analytic review. *Psychological Bulletin, 146*(2), 91–117. <https://doi.org/10.1037/bul0000216>
- Wang, C., & Tian, F. (2021). Music intervention to orthopedic patients: A possible alternative solution to control pain. *Computational and Mathematical Methods in Medicine, 2021*, 1–4. <https://doi.org/10.1155/2021/1234686>
- Wulff, V., Hepp, P., Fehm, T., & Schaal, N. (2017). Music in obstetrics: An intervention option to reduce tension, pain and stress. *Geburtshilfe Und Frauenheilkunde, 77*(09), 967–975. <https://doi.org/10.1055/s-0043-118414>
- Xavier, T., & Viswanath, L. (2016). Effect of music therapy on labor pain among women in active labor admitted in tertiary care hospital Kochi. *International Journal of Integrative Medical Sciences, 3*(11), 444–448. <https://doi.org/10.16965/ijims.2016.145>

Ελληνική περίληψη | Greek abstract

Διερευνώντας την καταλληλότητα των προσαρμοσμένων λιστών αναπαραγωγής για τον τοκετό στην Ιρλανδία και στο Χονγκ Κονγκ

Pui-Sze Cheung | Triona McCaffrey

ΠΕΡΙΛΗΨΗ

Στόχος της παρούσας μελέτης ήταν η διερεύνηση της εμπειρίας δύο ζευγαριών που χρησιμοποίησαν προσαρμοσμένες λίστες αναπαραγωγής [playlists] για την υποστήριξη του τοκετού σε δημόσια μαιευτήρια στην Ιρλανδία και στο Χονγκ Κονγκ. Τα δύο ζευγάρια συμμετείχαν σε μία συνάντηση με τη μουσικοθεραπεύτρια ένα μήνα πριν από την ημερομηνία γέννησης του βρέφους τους. Κατά τη διάρκεια αυτής

της συνάντησης, τα ζευγάρια βοηθήθηκαν στη δημιουργία εξατομικευμένων λιστών τραγουδιών και τους προτάθηκαν στρατηγικές και τεχνικές χαλάρωσης τις οποίες μπορούσαν να χρησιμοποιούν με αυτές τις λίστες. Η συλλογή δεδομένων έγινε μέσω ημι-δομημένων συνεντεύξεων με τους συμμετέχοντες, δύο εβδομάδες μετά τον τοκετό. Στη συνέχεια οι συνεντεύξεις αναλύθηκαν βάσει της Θεματικής Ανάλυσης Περιεχομένου (Braun & Clarke, 2006). Οι τρεις τελικές κατηγορίες που προέκυψαν περιλαμβάνουν (1) την εφικτότητα χρήσης προσαρμοσμένων λιστών αναπαραγωγής κατά τον τοκετό, (2) την προτιμώμενη επιλογή μουσικής, και (3) τα αντιλαμβανόμενα οφέλη από τη χρήση των λιστών. Η εφικτότητα της χρήσης των λιστών αναπαραγωγής επηρεάστηκε από την προσαρμοστικότητα των λιστών στις μεταβαλλόμενες συνθήκες της γέννας και στην αβέβαιη ανατροφοδότηση και τον περιορισμό από το προσωπικό του νοσοκομείου. Επισημάνθηκε η καταλληλότητα των αρχικών μουσικών επιλογών και το νόημα των τραγουδιών. Οι συμμετέχοντες ανέφεραν ότι οι λίστες αναπαραγωγής για τον τοκετό ενίσχυσαν αισθήματα χαλάρωσης και καλύτερο ύπνο, παρείχαν πνευματική στήριξη και αποσπάσαν την προσοχή από τη δυσφορία και τις ενοχλήσεις.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, μουσική, λίστες αναπαραγωγής, γέννα, τοκετός

ARTICLE

“Medicine for the soul” – Older men’s identity performance and affect attunement through music listening

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ABSTRACT

The wellbeing of older men is an understudied, yet urgent research topic. After retirement, men may lose their social networks and professional identity, which can lead to loneliness, depression, and a heightened risk for suicide. These problems are worsened by a reluctance amongst many men to seek help. Existing social support systems are oftentimes not customised to older men’s needs and interests. Previous studies suggest that music can play a significant role for the social and emotional wellbeing of older men. Therefore, a music listening group was set up to explore how music listening can serve as a wellbeing resource for older men. Eight men 64-86 years old met to listen to and discuss music of their own choice, with a trained music therapist (first author) as the group leader. Focusing on the participants’ identity performances, a deductive thematic analysis was conducted, guided by Goffman’s dramaturgical perspective of frontstage-backstage, Stern’s theories on vitality affect, and masculinity theory. The participants performed their identities mainly in line with traditional masculinities in their verbal frontstage performances, revealing ambivalent masculine identities, while using music to connect to, experience and express other, more “sentient” backstage identities which surpass traditional norms. The music chosen was characterised by the participants’ curiosity and openness to learning about new music. The results have implications for music therapy in highlighting the wellbeing needs of older men and music’s many aesthetic and wellbeing potentials for this hitherto understudied group.

KEYWORDS

older men,
music listening,
loneliness,
wellbeing,
masculinities,
performed identities

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INTRODUCTION

With the increase of an ageing population all over the Western world, many music therapists will find themselves working with older people. Therefore, more knowledge is needed about wellbeing in old age (Segall, 2020). Particularly with regards to the wellbeing of older men, there is a lack of research both in gerontology, studies on men and masculinities, and studies on music and wellbeing (Lindblad, 2021; Lindblad & de Boise, 2020). Since men often identify with their occupations, retirement can imply a loss of meaning and position, which can lead to loneliness, depression and ultimately even suicide (Addis, 2008; Branney & White, 2018; Holwerda et al., 2012). Also, many men tie their identities to their bodies, which means that bodily changes connected to ageing such as loss of strength, sexual potency and hair, can be experienced as threats to the masculine identity (Calasanti & King, 2016; Jackson, 2016; Thompson, 2019). Engagement in meaningful activities and interests can be important ways for older men to redefine their masculine identity and improve wellbeing (Arber et al., 2003; Athanasiadis et al., 2017; Jackson, 2016). However, there is a reluctance amongst many men to seek help or participate in social support groups (Addis, 2008; Emslie et al., 2006; Featherstone et al., 2007; Holwerda et al., 2012). Social activities and support groups, both with and without music, are mostly attended by women (Clift et al., 2010; Cohen, 2009; Creech et al., 2013; Featherstone et al., 2007; Robinson et al., 2017). The hesitance amongst men to seek help is theoretically understood as tied to norms of masculinity not to show weakness or vulnerability or appear as feminine or a “sissy” (Holwerda et al., 2012; Robertson et al., 2016; Seidler, 2006, 2007). Therefore, learning more about the needs and interests of older men is crucial in order to develop social activities that men may find helpful and conducive to their masculine sense of identity.

At the same time, engagement with music is observed as a ubiquitous and effective means to increase engagement with life and enhance wellbeing for older people. Older people have reported that the main reasons why they listened to music was because it was beautiful, gave them pleasure and for entertainment (Laukka, 2007). When comparing the functions of music listening in the lives of younger and older adults, Groarke and Hogan (2016) found that whereas younger adults emphasised affect regulation and social connection, older adults more often listened alone, experiencing transcendence and indirect social connection and a sense of cultural, collective belonging also to those physically absent; dear ones, those who like the same kind of music, or others with whom they identified. Thus, music listening can be invaluable as a substitute for social contact in times of loneliness and isolation, and serve as a surrogate for social relatedness (Elvers et al., 2018).

Music can afford a sense of vitality, of “being alive,” through evoking a wide range of emotional nuances (Ruud, 2017). This may be particularly important for (older) men who are often socialised into suppressing emotions, sometimes leading to detachment from emotional life, which is detrimental for mental health (Rowan, 1997; Seidler, 2006). Different kinds of engagement with music – singing, dancing, playing and listening – have been noted to support the wellbeing of older men in offering an “asylum,” where they can connect to, experience and express their emotional lives

without jeopardising their frontstage performances of traditional masculinity (Hays & Minichiello, 2005; Lindblad, 2021). An active interest in music can also generate a sense of cultural belongingness and enhanced self-esteem through cultivating and sharing knowledge about music (de Vries, 2010; Lindblad, 2021).

This article is based on a research study which was previously presented elsewhere (Lindblad, 2021), regarding a music listening group with eight socially vulnerable older men, who met 16 times to listen to music of their own choice and discuss self-defined topics in connection to the music listening. In the previous article, which focused on the communication patterns in the group, an unexpected discrepancy was noted between how the participants presented and performed their identities during the group sessions, and what they disclosed about themselves in individual follow up interviews. In short, while the discussions in the group were focused on facts about the music and the artists, and a general avoidance of self-disclosure, the interviews were more intimate and personal, revealing both positive and negative life experiences connected to music. Many described childhood experiences of parental alcoholism, suicide and emotional deprivation, and how they had taken their refuge in music. They also attested to having life challenges of their own around loneliness and in some cases anxiety and depression. Very little of this was revealed during the group sessions, which were generally light-hearted and filled with laughter and jokes. This discrepancy called for further analysis from the point of view of performed identities.

Music, identity and wellbeing

In the research field of music and health, authors have noted that positive musical experiences can support wellbeing through strengthening a positive self-identity (Ansdell, 2013; Batt-Rawden, 2010; Croom, 2015; DeNora, 2013, 2017; Lilliestam, 2013; MacDonald et al., 2017; Ruud, 2013). Importantly, "identity" is not a fixed trait but a constant process, "exchangeable, tradable and stealable," as DeNora (2017, p. 47) puts it. Each person has access to multiple identities, performed differently in different contexts (Barrett, 2017; Blumer, 1969; Frith, 1996), and also developing and changing throughout the life course.

The terms "identity" and "self" are defined differently in different scientific traditions and contexts, and sometimes used interchangeably. Some differentiate between social and personal identities (Schwartz et al., 2011) whereas others claim that this division is false since there are no individual positions outside of a social context (Frosh et al., 2003). In connection to music and wellbeing, some authors use the combined concept "sense of self-identity" (Baker & Ballantyne, 2013; Hays & Minichiello, 2005; MacDonald et al., 2017; Ruud, 2013).

Music can strengthen a personal sense of "this is me" and a cultural, collective sense of "this is us" (Hesmondhalgh, 2008, 2013). Identities are shaped both by how people define themselves, and how they are defined by others (Frosh et al., 2003). Identities are performed through people's actions, "we 'do' who we are" (Aldridge, 2005, p. 39), which means that musical engagement can offer an opportunity to perform alternative identities:

This shift from my being a patient to considering myself a creative artist is itself a health generating performance of self and closely related to the generation of personal identity (Aldridge, 2005, p. 4).

A person's musical tastes and sense of musicality can be parts of their expressed identity, for instance being someone who likes heavy metal or opera, or someone who likes to sing in the shower (MacDonald et al., 2017). The idols of the teen ages play a considerable role in the formation of identity (Frith, 1996), but also amongst older people music can strengthen wellbeing through evoking memories, which can contribute to forming a personal life history, thus supporting a sense of continuity and strengthening both individual and collective identities (Elliott & Silverman, 2017; Frith, 1996; Ruud, 2012, 2013, 2017; Trevarthen & Malloch, 2017; Volgsten & Pripp, 2016). However, memories are not always experienced as positive in old age, since they can be reminders of painful past experiences or that life is no longer what it used to be (DeNora, 2000; Hesmondhalgh, 2013). Therefore, it is important to note that wellbeing in old age can also be supported by the discovery of *new* music, which enhances personal growth through forming new associations and new memories (Groarke & Hogan, 2016; Lamont, 2017).

Although it is more common to describe playing instruments and singing as expressions of someone's self-identity (Frith, 1996; MacDonald et al., 2017), musical preferences of recorded music can also be regarded as narrative expressions of a person:

Clearly, people have always expressed, "performed," and "composed" their first-person narratives through songs and the texts of choral music. The same applies to instrumental musics that are open to a vast range of emotional – personal interpretations. This interpretive openness allows listeners to feel and embody themselves in the sounds, spaces, performers, and relationships of instrumental musics that, in turn, mirror, portray, validate, invalidate, *and otherwise express their first-person narratives* (Elliott & Silverman, 2017, p. 29, italics added).

This intersubjective process between the listener and the music can be theoretically understood as similar to the affect attunement that occurs between an infant and a parent, as described by Stern (2000). The process has been characterised as "proto-musical," meaning that music is social at its roots (Volgsten, 2012, 2019a, 2019b; Volgsten & Pripp, 2016). Constituted by variations in intensity, rhythm, shape, sound and timing, the dynamic forms of vitality in music interacts with the flow of experience of the listener in a "mediated quasi-interaction" (Volgsten, 2019b), both confirming and challenging the sense of self in a "me – not-me" process similar to the parent's affective interaction with the infant. In a similar vein, music's role in music therapy has been suggested to "hold, shape, and structure inner experiences" in ways similar to a mother's care for a child (Wärja, 1999). Thus, it is through the interactive, dynamic process of attuning affectively to the similarities and differences of the affective qualities in the music, that the music can be experienced as an expression either of "me" (DeNora, 2000, 2013; Ruud, 2013), or "you" or an "other" (Volgsten, 2012, 2019a, 2019b; Volgsten & Pripp, 2016), or an intersubjective sense of "self-and-other" (Elliott & Silverman, 2017). Importantly, it is not only music that is previously known to the person that can afford these experiences (Gabrielsson, 2008, 2010; Grocke & Wigram, 2007).

Purpose and research question

In this article we explore how music may relate to older men's performed identities in different types of situations, individually and collectively, and what implications this might have for their wellbeing. The specific research question is: *What types of identities are formed, performed and transformed by older men with an active interest in music, individually and in group settings?*

METHOD

The group started as an offspring of an ongoing research project with life history groups at a daycentre for older, socially and economically vulnerable, people. Since mostly women attended those groups, the centre had an interest in learning more about how to attract men into social support groups. It was assumed that music might serve that purpose. Thus, the group had the double aim to offer the male guests at the centre a social activity with music, and to generate empirical materials for the research study.

Participation

The participants were eight men 64-86 years old, living in Sweden, recruited from the day centre (five) and also from an open psychiatric centre (three), since not enough participants had initially volunteered. Educational background varied from elementary school to bachelor studies. One was married, two had relationships living apart together, two were divorced with no new relationship, one was a widower, two were never married. Three had no children, five had children and grandchildren.

All participants shared an interest in music, covering different styles and genres and ranging from seeing it as an everyday diversion to lifesaving. Two had previously sung in a choir, three had played the piano, two had played the guitar. One still sang in a choir and one continued to play the piano regularly. Several had been keen on social dancing. None of them were or had been professional musicians (see Table 1 for further information about all participants).

Procedure

The group was framed as a "life history group with music" and led by a trained music therapist (first author). The setting was supportive rather than therapeutic, with the idea of giving the participants agency by letting them form the sessions in accordance with their interests. Therefore, there was neither a fixed manual for the sessions, nor specific themes or instructions. The only instructions given were that the participants could choose any piece of music they wanted, from any genre, and say something about why that piece was important to them.

Since potentially sensitive topics around mental health and/or social vulnerability were expected to be raised, ethical approval was applied for and granted by the regional ethical review board of Uppsala, Sweden (Dnr. 2017/191). The participants were informed about confidentiality and their right to withdraw at any time. Written informed consent was given by all participants. All names in the article are pseudonyms. Both during the group, and after it was finished, the group leader was available for personal counselling, actively offering personal support (which, however, was politely declined).

After eight sessions, an evaluative focus group was conducted covering questions on how the participants had experienced being in the group. After having ended the entire group process,

individual follow up interviews were carried out with all participants, covering questions about missing information such as details about their former occupation and family situations, and previous and current engagement with music outside of the group.

Name, year of birth	Education / former occupation	Background	Current family	Musical engagement and tastes
Arne, 1939	Seven years of elementary school. Three years practical education.	Grew up in the countryside. Both parents worked at a mansion with farming.	Widower. One daughter and grandchildren.	No active music making. Used to go out dancing. Liked country and western, Swedish songs and some light classics, such as Vivaldi and Vienna waltzes. Chose e.g: Waylon Jennings: <i>Good Hearted Woman</i> , Johnny Cash: <i>Riders in the Sky</i> and Antonio Vivaldi: <i>The Spring</i> .
Carl, 1944	Self-employed dentist.	Grew up in an estate owned by his parents. One sister.	Married since 50 years. Two sons. Grandchildren.	Still played the piano at home, classically inspired improvisations. Vast repertoire, mainly classical music. Chose, for example, Norah Jones: <i>Sunrise</i> , Jacques Loussier Trio: <i>Bach Prelude in C major</i> , R Strauss: <i>Morgen</i> with Jessye Norman, Bernstein: <i>Somewhere</i> from <i>West Side Story</i> , and Beethoven: <i>Violin Concerto</i> .
David, 1942	Worked as economist, 15 years as "house husband," later self-employed.	Born in the USA. Father state official. Mother housewife, engaged in charity work. One sister.	Divorced. Two children, grandchildren.	Still sang in a choir. Chose mainly American jazz, such as Duke Ellington: <i>Take the "A" Train</i> , Count Basie: <i>April in Paris</i> , Les Paul & Mary Ford: <i>How High the Moon</i> , but also João Gilberto: <i>Desafinado</i> and F Sartori: <i>Con te partiro</i> with Andrea Bocelli.
Lasse, 1945	Language teacher, later self-employed in sales.	Grew up in a small town. Father typographer, mother housewife. One brother.	Divorced. One son. No grandchildren. Love relationship: living apart together.	Used to played the piano and go out dancing. Vast repertoire, all genres, preferred slow "sentimental" music. Chose e.g. Ch Chaplin: <i>Smile</i> with Judy Garland, Metallica: <i>Unforgiven III</i> , M Jarre: <i>Lara's theme</i> from <i>Doctor Zhivago</i> , Quincy Jones & Harry Arnolds orch: <i>Midnight Sun Never Sets</i> and Massenet: <i>Méditation</i> from <i>Thaïs</i> .
Palle, 1931	Seven years of elementary school plus lower engineering education.	Grew up in the countryside. Father electrician, mother seamstress. One brother (dead).	Divorced. No children. Living alone.	Used to go out dancing. Preferred Swedish songs, Frank Sinatra and big band jazz. Chose e.g. Frank Sinatra: <i>Fly me to the moon</i> and <i>New York, New York</i> , and <i>Misty</i> with Sarah Vaughan.
Simon, 1947	Worked as a doctor's secretary.	Grew up in big city. Father manager, mother housewife. One sister.	No current relationship. One sister.	Used to play the piano and the guitar, and composed songs earlier in his life. Extensive repertoire, all genres. Chose music that cheered him up or comforted him, such as Vocal Point: <i>Nearer, o God, to Thee</i> , Mad Hatters: <i>Feeling good</i> , Beethoven: <i>Szene am Bach</i> from Symphony no 6 or D Shostakovich: <i>Waltz no 2</i> .

(Table 1 continued)

Ulf, 1946	Educated journalist, lawyer, periodically worked in those areas.	Grew up in villa suburb. Father postman and hobby painter. Mother secretary.	Divorced. Children and grandchildren. Current love relationship.	Used to sing in a choir and play some guitar. Liked music in a general way, did not define any specific taste. Chose e.g. Jefferson Airplane: <i>Somebody to love</i> , J Strauss: <i>Emperor's Waltz</i> , Screamin' Jay Hawkins. <i>I put a spell on you</i> , C Orff: <i>Carmina Burana</i> , and Trad: <i>O Come, o Come Immanuel</i> .
Åke, 1954	University exams in mathematics and Roman and Slavic languages. Periodically worked as a university lecturer.	Father chief physician, mother teacher in English and Swedish. Three and a "half" siblings.	Never married, no children, no current love relationship.	No active music making. Had recently started to listen to classical music and used to explore the internet for new discoveries. Chose, for example, Schubert: <i>Op 100 E flat major</i> , middle movement, G Mahler: <i>Adagietto</i> from Symphony no 5, Vladimir Vysotsky: <i>Koni Priveredlivye</i> , Leo Ferré: <i>C'est extra</i> and R Wagner: <i>Prelude to Tannhäuser</i> .

Table 1: Participant profiles

Material and analysis

The materials consist of the transcripts from the group sessions, the focus group and the individual follow up interviews. It also includes a written form that the participants filled in four times about their self-rated wellbeing, including questions about stress, anxiety and loneliness, but also positive experiences such as feeling hopeful, relaxed or content. The written forms were not analysed separately but only used for triangulation, checking for significant divergences from the information given in the group sessions and interviews. Since the first author was the group leader and thereby also a participant observer (Creswell, 2013), the materials also contain field notes from the sessions.

All the sessions and interviews were audio recorded and transcribed verbatim, including notes of sighs, silences, laughter and similar non-verbal expressions. The analysis was thematic (Braun & Clarke, 2006), deductively emerging from the results in the previous article which focused on communication patterns (Lindblad, 2021). Due to the discrepancy noted in the former analysis between how the participants performed their identities collectively and individually, in this article we were specifically looking for aspects of identity performance, using three theoretical perspectives: i) Symbolic interactionism, particularly Goffman's (1959) dramaturgical perspective on "frontstage" and "backstage," with DeNora's (2013) expanded understanding of the backstage position in relation to music where she suggests a third position where the hidden aspects of the self can come to the fore through musical expression; ii) The concepts of affect attunement and vitality affects (forms of vitality) as outlined by Stern (2000, 2010), and adapted to musical communication (Volgsten, 2012, 2019a, 2019b); iii) Theories on men and masculinities, particularly regarding norms of masculinity not to show emotions of weakness and vulnerability (Featherstone et al., 2007; Galasiński, 2004; Seidler, 2006, 2007).

RESULTS

The participants' music listening practices in everyday life were mostly solitary, and they all

motivated their participation in the group with an expressed desire to share their interest in music with others. Some of them emphasised that not being able to share this significant interest of theirs added to a feeling of loneliness, while others described music as a rewarding substitute for friendships, offering company, solace and support in their lives.

Developing musical tastes and expanding knowledge

Initially, the participants seemed to both seek a connection with each other and position themselves as individuals by comparing which artists they liked, which concerts they had attended in the past and which radio programs they used to listen to. They identified each other from the point of view of their musical tastes, noting who liked pop or blues and who preferred classical music or jazz. Since many of them were musically omnivorous, these musical identities were not clear-cut.

Importantly, their tastes and preferences were not only tied to the past but changing and expanding. For instance, Carl, who was brought up with classical music in an upper class family, bought Beethoven's *Violin Concerto* as his first record when 16 years old and had not heard of the Beatles until past 20. As a grown-up, he had turned more towards liking popular music, and presented himself to the group with Norah Jones as his first choice. Conversely, Arne and Palle, who were brought up as neighbours and childhood friends in working class families in the countryside, described how they used to despise classical music in their youth. Arne often returned to a narrative about how his tastes had changed towards an increased liking of classical music:

When you heard it on the radio when you were young, you just: "What is that awful noise, turn it off!" [laughter in the group]. And they played the *violin* and stuff like that – real loud! But with age when I have become more grown up, and, if you can say that, more mature, I started to like it more. There is a lot of nice music, I think, although I am quite ignorant in that field. Totally ignorant, one might say. But I like Vienna waltzes and such music a lot, especially the dances. That's damned nice, I think.

In this quote, it is interesting to note how Arne reinforces how ignorant he is about classical music although he likes it, seemingly as a way to safeguard not to lose face in potential future discussions. Knowledge about the music, artists and musicians seemed to be a highly valued asset in the group and the participants recurrently positioned themselves in terms of who knew the most. They frequently turned to the group leader with factual questions, and sometimes seemed to compete with the group leader in telling and presenting facts. Some chose rare pieces or artists that they wanted the others to learn about, and one admitted that choosing was particularly challenging because he put a demand on himself to choose pieces that were "special."

In contrast to what had been expected, the participants rarely presented their choices with personal stories tied to the music, but mostly focused on facts about the music and/or the artists. On rare occasions when personal stories were revealed, they were mostly not acknowledged by the others who instead commented on the music, often in positive terms such as "how beautiful" or just "wow," but sometimes also with negative or dismissive comments such as "I hate female voices," or "I could definitely live without this music".

Mannish boys

The participants revealed conflicting and ambivalent attitudes towards men in general, alternately talking about men with a diminishing and condescending attitude, idealising artists' and composers' traditionally masculine behaviours such as living hazardously, drinking, showing physical strength and seducing women, and discussing different positions with regards to the ongoing #metoo movement. On the one hand, some of them talked admiringly about how Mick Jagger still jumps around on stage despite being past 70 and drinking a bottle of whisky a day, or how Jussi Björling was "a devil at arm wrestling." On the other hand, they expressed concern and empathy towards stories of tragic fates such as alcohol or drug problems, suicide and violent deaths of artists, problems which many of them could identify with personally.

In a discussion on why more men are not interested in going out dancing, the participants noted that men are "cowardly as hell," fat, overweight, with beer bellies and just sit at home watching sports. These descriptions seemed to refer to "the others," men in general, since many of the participants had been keen dancers both as students and later in life. Recurrently, they discussed the bands and the dance halls, comparing experiences from the role play of inviting a girl to dance, the hopes and disappointments. This was often related in a cheerful tone, as funny stories:

Carl: Yeah, and then you invited her to dance. And then you felt, sort of – it needed to be a slow piece! [laughter] - and then you pushed a little, to see if there was any response [yes!], squeezed the hand a little, if you got a squeeze back, aha, then you were on the right track [laughter], and then you thought: How shall this end? It evokes memories, it does.

Palle: Yes, that's exactly how it was!

Ulf: I was rather cock sure when I was young, so I always went for the prettiest girl. If I didn't get her, I went home and cried [U laughs, common laughter]. So once I thought I'd go for the second prettiest instead, but when I told her "I want to dance with you because you are the second prettiest girl here tonight" [laughter]...

Åke: What did she answer to that?

Ulf: She looked at me: "I won't dance with you and if you think carefully you will know why". [...] I never did that again, I was totally destroyed, and went home and cried – alone [laughter].

Here, the participants present themselves as virile and courting, keeping their masculine pride even when being rejected. The first quote is of particular note in its sensuous and embodied choice of words. Frequently, the participants described their musical experiences with references to the body, such as the pleasure of listening "with the entire body" to music on a loud volume, in the car or at home, sometimes also singing along with the music. Ulf once chose a heavy blues with Screamin' Jay Hawkins, *I Put a Spell on You*, which was appreciated by most participants for its power, although experienced by Åke as expressive of hatred and threat. Also, listening to loud, high climactic tones by the opera tenors Luciano Pavarotti, Andrea Bocelli or Jussi Björling, generated comments such as "beautiful," "mighty" or "powerful as hell".

Occasional allusions to sex were made, such as after having listened to Ravel's *Bolero*, which many of them seemed to have listened to in previous, sexually charged, situations hinted at more or less overtly:

Carl: Unfortunately, I get bad associations to this... I saw a film once, which was basically a couple making love to this music, no more, no less, from beginning to end.

[laughter]

Group leader: And that was a bad association?

Carl: Well, it disturbs me because it takes the focus from the music.

Ulf: Yeah... no... I used to fall asleep well to this one, because we used to put it on at bedtime.

Simon: ...and..?

[silence]

Arne: Was it possible to sleep to this piece?

Ulf: No. That was exactly the point. [Simon laughs]. You slept well afterwards. [...]

Arne: I have a lot of nice experiences with this piece, from the time I was young and married [laughs].

Group leader: Ok...? But do you guys mean that you have used it while actually...?

Arne: [interrupts] Yes, yes, used it, I used to listen to it the first time then, yes. [...]

Carl: It's like a schoolbook in training, then, how one can learn to "hold it in" [common laughter].

There was a bewilderment to this whole passage, seemingly filled both with embarrassment and an urge to position oneself as sexually active or perhaps formerly sexually active.

With regards to women and the #metoo movement, they noted with concern that Leonard Cohen had been a "womaniser." In connection to listening to the French schlager *Je t'aime*, they commented that the male singer and composer Serge Gainsbourg would probably "go to jail these days" for his behaviour towards women. Furthermore, the story in Puccini's *Turandot*, where Calaf reassures *Turandot* that he will not force himself upon her, rendered comments that he had "the right attitude for our times." Some of the participants showed concern regarding how to behave towards women and be a "gentleman," whether it was still allowed to open a door for a woman, or to give her a hug. Notably, these discussions were actualised through the music chosen during the group sessions, giving the participants opportunities to collectively reflect upon and re-evaluate their masculinities in relation to women, taking different stands and trying different positions.

Every man is an island

The issue of loneliness was rarely discussed in the group, only in the individual follow up interviews. However, a shared experience of outsider-ship was actualised once, through the memories evoked by listening to Roy Orbison. While some remembered the shame from being a poor, working class boy in a middle class school without enough money to buy records or go to concerts with friends, others

had the opposite experience from being a middle or upper class boy in a working class community, describing the bullying and sense of alienation deriving from the differences in manners, values, and interests. Although their class backgrounds varied, they shared the experience of being an outsider and not part of the community. This is important in relation to the issue of loneliness in old age, since it suggests that it may have been a lifelong issue, rather than simply an effect of retirement.

In the individual follow up interview with Simon, he elaborated on his experiences of loneliness, describing himself as an “outsider” even in his own family; a shy and sensitive boy who took his refuge to music, playing the piano and the guitar by himself, composing over a hundred songs and listening to all kinds of music. For him, music had been literally lifesaving in times of deep depression and suicide attempts. Due to nine years of severe bullying in school, he had become wary of people and lived a lonely life. With age he had reconciled with his life history. In the group, he made some attempts to share personal stories, but when the group did not respond to his narratives, he settled with presenting his choices with short comments such as: “I like this piece,” “it cheers me up” or “it comforts me.” Interestingly, he emphasised in the interview that what he had particularly valued about the group, was the possibility to *express* himself emotionally, which contrasted with other social situations with men. In other words, he regarded the music he chose as emotional expressions of himself. However, he lamented the lack of responsiveness from the other participants.

Also, for Carl, music was a lifeline, the best therapy he could wish for and even his “best friend.” However, although he longed for someone to share his interest with, he described interaction with other people as unreliable and disturbing for him. In the interview he narrated how this affected his relationship with his wife:

We cannot meet, like you and I can, talking about music, there is not the same contact. When I play the piano, I feel alone. She is jealous of my grand piano. She wants to be the best at everything, and here I know something that she doesn't know. So when I play, she comes in and says: “you can't sit here and just indulge yourself, come and do something useful,” and then she bangs the lid on my fingers. That has happened several times. Quite brutal. And it makes me feel really alone against... sort of... music is almost the only thing that keeps me alive.

Thus, this is an example of how music can also increase the experience of loneliness in relation to other people.

In some cases, certain music was affectively related to a significant other. For instance, Lasse, who chose *Unforgiven III* by Metallica, had discovered this band through his only son who was now grown-up and busy making a career in IT, which made his father proud but also sad since they rarely got to see each other. A different father and son narrative was told by Åke in the individual follow up interview, where he elaborated on his “emotionally barren” childhood and parents incapable of showing empathy and emotional warmth. On rare occasions his father would read bedtime stories, whereas his mother hardly ever gave him a hug. He remembered his father smoking in the living room while listening to Bach and Mozart, and playing Puccini's *Tosca* to dinner. Recounted with a marked sigh, the first records that Åke bought when moving into an apartment of his own years later

was music by Bach and Mozart, adding with a self-ironic laughter, “maybe I bought Puccini, too”.

However, in the group, Åke mainly presented himself with French and Russian music, since he had positive memories tied to these countries. For instance, he once chose *Koni Priveredlivye* with Vladimir Vysotsky, a song which gave him “goose bumps all over,” about a man who whips his horses in full speed towards an abyss, while begging them to slow down. Musically, the song is in minor key, with an energetic, trotting underlying rhythm, whereas the voice is hoarse and intense. The multi-layered expression of both vitality and desperation seemingly conveys the paradox of an urgent sense of life in light of approaching death. More than expressing urgency and desperation, the song also carried positive connotations for Åke about Russia and the former eastern bloc where he had travelled, lived and worked. Notably, the mood in the group was vitalised and energetic after this song, observed in cheerful comments such as “very macho!” and “he sounds as if he’s had too much vodka,” thus suggesting that the group attuned more to the vital rhythm and affective energy of the piece, than to the message of the lyrics. Thereby, this is an example of how the same piece of music can afford different experiences in different persons, depending on what the listener attunes to, and whether there are personal, biographical connotations to the piece or not.

Soul brothers

There was a preference in the group for slow pieces which were experienced as peaceful and relaxing, such as Satie’s *Gymnopedie no 1*, Chaplin’s *Smile*, Garner’s *Misty*, Strauss’ *Morgen*, the Beatles’ *Yesterday* and Elgar’s *Chanson de Matin*. The participants reacted to such pieces with sighs and comments such as “how soothing,” “wonderful,” that they were “touched,” often with references to “the soul” or “the heart.” Thereby, they presented more emotional identities than is normally associated with traditional masculinities and the norm not to show emotions. With regards to the level of emotional stress and anxiety that many of them accounted for in the interviews and written forms, it is interesting to note how they appreciated attuning to peaceful and relaxed moods, thereby using the music for affect regulation and potentially fulfilling psychological needs.

However, also in these cases there was an ambivalence in that they seemed to distance themselves from their emotional reactions, either by describing the music as “beautiful” rather than their own emotions or diminishing their reactions by referring to them as “sentimentality.” For instance, after having played *Midnight Sun Never Sets*, Lasse commented that the tune evoked memories but that he did not want to elaborate on them. When the group leader asked why, he disclosed that he so easily became “sentimental,” which he found awkward to be in the group. In his former professional life in the corporate world “sentimentality” was never accepted, but met with an attitude of: “Hey, talk about discounts instead!”

One piece which all experienced as beautiful was *Méditation* from Massenet’s opera *Thaïs* (with violinist Joshua Bell), chosen by Lasse. This piece conveyed a peaceful sense of deep joy and satisfaction in the group, visible in their relaxed faces and audible in their tones of voice and tempo of speech:

David: So beautiful!

Åke: How beautiful! ‘Twas really beautiful.

Arne: What an excellent choice by Lasse.
Group leader: Excellent choice by Lasse...
Åke: Yes, very good indeed.
Lasse: Yeah - unbelievable.
Arne: Medicine, I would say, balm for the soul, this...
Åke: Yes, really. One gets tears in the eyes. No, this was great. I had never heard it.
Arne: This, this music could cure any types of worries.
Åke: Yes, that's absolutely correct.

The musical properties of this piece are characterised by a slow and surging tempo in major key, and a lyrical and tender melody line from a solo violin soaring upwards over the harp and orchestra accompaniment. The mood could be described as "romantic," "longing," "tender" or even "sentimental." Seen from the perspective of men and masculinities, it is interesting that although the participants were reluctant to share their emotional experiences verbally, they allowed themselves to openly experience and express emotionality in connection to this piece.

DISCUSSION

The research question about how the participants formed, performed and transformed their identities can be summarised in two themes: "Ambivalent masculine identities" and "sentient musical identities." From the point of view of performed identities, the examples presented in this article show that the participants expressed ambivalence with regards to "how to be a man," while indirectly performing more emotional identities through slow and "soulful" music, although verbally distancing themselves from their reactions.

Ambivalent masculine identities

Seen from the dramaturgical perspective of Goffman (1959), the participants seemed to have understood the group setting primarily as a formal frontstage situation, where they used the group as an "audience," acting out their frontstage, masculine personae, mainly through jokes and discussions connected to the music, while avoiding the sharing of inner, personal experiences. Joking and focusing on facts, rather than "talking about emotions," has been identified as common ways for men to socialise with other men (Featherstone et al., 2007; Robertson et al., 2016). Addis (2008) suggests that this type of socialising amongst men may be acknowledged as a coping strategy since it focuses on resources rather than problems.

Often, the participants described their reactions to the music, for instance labelling the music as "beautiful" or themselves as "sentimental," which is similar to what was identified by Galasiński (2004) as indirect and distanced ways for men to talk about emotions. Generally, the participants were less interested in discussing memories than expected. This avoidance to share personal memories may be understood as tied to the frontstage performance of the masculine norm not to expose oneself, or as a coping strategy since many of their memories were painful and nothing they wished to revive (DeNora 2000; Hesmondhalgh 2013).

These findings contrast with the often repeated idea that music evokes memories, and that this is inherently good for older people. The participants in the group were mostly not “living in the past” but open to developing their musical tastes and expanding their knowledge. Tunes like The Platters’ *The Great Pretender*, Otis Redding *Stand By Me* and Roy Orbison *Pretty Woman* seemed to be appreciated since they generated an atmosphere of vitality and energy in the “now,” in the group, which was expressed in how the participants rocked and moved and smiled. This is similar to Larsen (2015), where older men described that music from their youth made them reconnect to experiences of youthfulness and vitality in the “now,” rather than serving as nostalgic reminders of old times. Also, as previously noted, a lot of the music that they chose and appreciated was new to them, which they found stimulating and inspiring. Thus, this study suggests a wider understanding of how music can promote wellbeing in old age, supporting continuous personal growth and identity transformation, rather than reinforcing the construction of old age as a period for reminiscence and nostalgia (also noted by Groarke & Hogan, 2016 and Lamont, 2017).

Sometimes, the focus on knowledge had the character of competition and “show off,” which is previously described as prevalent characteristics in interactions between men (Seidler, 2006, 2007). However, sharing one’s knowledge has also been identified as a way for older men to redefine their identity after leaving their professional arenas, acting as mentors, supporting and educating others (Erikson et al., 1986; Levant et al., 2020; Van den Hoonaard, 2010). Thus, the participants’ interest, curiosity and engagement with knowledge about music could be seen as resources that support agency, self-esteem and a positive self-identity, which might be particularly important for men after retirement (Athanasiadis et al., 2017).

The participants frequently referred to the body when describing their musical experiences, either describing embodied memories from dances (Carl), talking about “chills all over” (Åke), or comparing the embodied, empowering experience from for instance the heavy blues by Screamin’ Jay Hawkins, the powerful voice of Vladimir Vysotsky, or the high, climactic tones of opera tenors. Similarly, the heroic stories about the fitness and strength of Mick Jagger and others may have served as empowering identification objects. Also, in the many discussions about dances and the indirect, joking hints to sexuality in connection to listening to Ravel’s *Bolero*, the participants seemed to strengthen their identities as (formerly) sexually active, vital, courting and attractive. Since men often tie their self-identity to their bodies, and the decline of the ageing body can be experienced as a threat to the self-identity of older men (Calasanti & King, 2016; Jackson, 2016; Thompson & Whearty, 2004), having positive experiences in and of the body can contribute to forming and strengthening a positive sense of masculine self-identity.

Sentient musical identities

According to Goffman (1959), the backstage is a place of recovery where people can “drop the front” and relax. While the group did not seem to have been experienced as such a place, the interviews appeared to be more of a relaxed backstage situation. Previous studies have observed that men might be more comfortable to expose personal matters with one person than with a group (Emslie et al., 2006; Van den Hoonaard, 2010), and that building safety in groups with men takes time (Featherstone et al., 2007).

However, through their musical choices, the participants did express more personal, backstage identities, although indirectly, which is similar to how DeNora (2013) describes how music can allow “hidden” backstage positions to come to the fore. This notion is in line with the idea of “performed identity,” and that “we ‘do’ who we are” (Aldridge, 2005, p. 39), exemplified by for instance Simon’s comment in the interview, that he had valued the possibility to express himself emotionally. Importantly, many of these personal, backstage identities were both formed and performed through slow and “beautiful” pieces, thereby seemingly expressing “sentient” positions (in this context referring to emotions as well as embodied and aesthetic experiences of “being alive”), which are not normally associated with traditional masculinity.

Theoretically, the participants can be understood to have formed and transformed their identities in intersubjective affect attunement with the music, both confirming a sense of “me” through music that was well known to them and expanding from what was formerly “me” into a new, transformed sense of “me” through the encounters with music that was new to them. For instance, the encounter with Massenet’s *Méditation* was like that with an unknown stranger, since most of them had never heard the piece before. This is an important observation, because it adds knowledge to the often repeated notion that it is the music that is known to a person that is most likely to afford wellbeing (see, for instance, Lilliestam, 2013). Contrarily, this example supports what Gabrielsson (2008) found, where 46% of strong musical experiences derived from music that was previously unknown to the person.

In the group, affect attunement with the music seems to have occurred in three different ways. First, by presenting music that they had previously attuned to, the participants thereby turned the piece into a personal, emotional expression, as described by Simon. Second, by presenting music that someone dear to them has also appreciated, the music could be understood as an expression of the affect attunement with that other person, as in the case of Lasse and his son. Third, through attuning directly with the affective shapes and dynamic forms of vitality in the music as an “other,” there was an expansion to a new, transformed sense of “me” (Elliott & Silverman, 2017; Stern, 2010; Volgsten, 2012). Of course, there was also a fourth possibility, namely where there was no attunement at all, such as in those instances when a piece of music was disliked.

Critical reflections of the study

Although not uncommon in music therapy research, the double roles as a group leader and researcher (first author) contained several challenges such as role confusion (Titon, 1986). To enhance the credibility of the study and counteract the inevitable bias inherent in these double roles, the first author undertook continuous, critical self-reflexivity and the analysis took form through ongoing discussions with both authors. Tentative conclusions were also discussed with the participants in member checking (Adams, 2016).

Furthermore, to contextualise the situation of being a woman leading a group with men, the first author engaged in self-inquiry regarding gender aspects and expectations. Many of the processes in the group contrasted with the author’s preconceptions and were often surprising and confusing, which generated an experience of being an “outsider” in relation to the group (further elaborated in Lindblad, 2021). Yet, the position as an “outsider” also offered possibilities to see and

reflect upon that which was surprising and different, which added new knowledge and understanding to the topic.

Implications, limitations and future research

This article describes how older men in a music listening group perform their identities mainly in line with traditional masculinity scripts in their verbal frontstage performances, while using music to connect to, experience and express other, more “sentient” backstage aspects of their selves. This has implications for music therapists and other health care professionals and volunteers working with older men, who may consider to:

1. Attend to how norms of masculinity may influence identity performance and help-seeking behaviour amongst older men.
2. Acknowledge older men’s desire to experience and express “sentient” backstage aspects of their selves and attune to self and others affectively in and through music – also when the men themselves do not display these desires verbally.

We suggest that practitioners acknowledge that for some, old age can be a period of continuous growth, development, and identity transformation, rather than merely a time for reminiscence. Older men’s interest, curiosity, and engagement with knowledge about music could be used as resources. Doing so may strengthen competence, agency, self-esteem, and a positive self-identity, which is important for older men who might experience a sense of loss in those areas after leaving their professional arenas.

This study is to be regarded as “basic research” (Wheeler & Murphy, 2016), and was not intended as an intervention study. Thus, the article does not make any evaluative claims regarding the efficacy of a music listening group for the wellbeing of older men. Given the openness with which the participants shared their personal stories in the individual interviews, which contrasted with their hesitance to engage in self-disclosure in the group, more research is needed to design, test, and evaluate how a music listening group for older men may be structured in order to be supportive.

CONCLUDING REMARKS

In this article, we have described how eight older men with life issues around loneliness form, perform and transform aspects of their identities verbally and through collective music listening. While verbally performing mainly from a frontstage position of mostly conventional aspects of masculine identity, the participants exposed more personal, “sentient” backstage aspects of their selves in and through the music they chose and cherished. In doing so, they performed identities that were both in line with and surpassed traditional norms of masculinity.

It is important to note that the participants were not primarily interested in music from their youth but had an open attitude and attuned affectively also to music that was new to them. This observation widens the understanding of how music can support wellbeing in old age, not only through evoking memories and connecting to biographical narratives, but also through affect attunement with the sounding music itself.

This article has presented a knowledge base for music therapists and other health care workers and volunteers to build upon when designing support groups for older men that both acknowledge them in their frontstage performances, while also being attentive of their indirect communications of backstage identities. We suggest that music is a means with which this could be achieved.

REFERENCES

- Adams, B. (2016). Evaluating interpretivist research. In B. L. Wheeler & K. Murphy (Eds.), *Music therapy research* (3rd ed.) (pp. 1378-1403). Barcelona Publishers.
- Addis, M. E. (2008). Gender and depression in men. *Clinical Psychology: Science and Practice*, 15(3), 153-168. <https://doi.org/10.1111/j.1468-2850.2008.00125.x>
- Aldridge, D. (2005). *Music therapy and neurological rehabilitation: Performing health*. Jessica Kingsley Publishers. <http://www.loc.gov/catdir/toc/ecip0510/2005009443.html>
- Ansdell, G. (2013). *How music helps in music therapy and everyday life*. Ashgate.
- Arber, S., Davidson, K., & Ginn, J. (2003). *Gender and ageing: Changing roles and relationships*. Open University Press.
- Athanasiadis, C., Gough, B., & Robertson, S. (2017). What do counsellors need to know about male depression? *British Journal of Guidance & Counselling*, 46(5), 596-604. <https://doi.org/10.1080/03069885.2017.1346232>
- Baker, F. A., & Ballantyne, J. (2013). "You've got to accentuate the positive": Group songwriting to promote a life of enjoyment, engagement and meaning in aging Australians. *Nordic Journal of Music Therapy*, 22(1), 7-24.
- Barrett, M. (2017). From small stories. Laying the foundations for narrative identities in and through music. In R. MacDonald, D. Hargreaves, & D. Miell (Eds.), *Handbook of musical identities* (pp. 63-78). Oxford university press.
- Batt-Rawden, K. B. (2010). The benefits of self-selected music on health and well-being. *The Arts in Psychotherapy*, 37(4), 301-310. <https://doi.org/10.1016/j.aip.2010.05.005>
- Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. University of California Press.
- Branney, P., & White, A. (2018). Big boys don't cry: Depression and men. *Advances in Psychiatric Treatment*, 14(4), 256-262. <https://doi.org/10.1192/apt.bp.106.003467>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp0630a>
- Calasanti, T., & King, N. (2016). Firming the floppy penis. *Men and Masculinities*, 8(1), 3-23. <https://doi.org/10.1177/1097184x04268799>
- Clift, S., Hancox, G., Morrison, I., Hess, B., Kreutz, G., & Stewart, D. (2010). Choral singing and psychological wellbeing: Quantitative and qualitative findings from English choirs in a cross-national survey. *Journal of Applied Arts & Health*, 1(1), 19-34. <https://doi.org/10.1386/jaah.1.1.19/1>
- Cohen, G. (2009). New theories and research findings on the positive influence of music and art on health with ageing. *Arts & Health*, 1(1), 48-62. <https://doi.org/10.1080/17533010802528033>
- Creech, A., Hallam, S., Varvarigou, M., McQueen, H., & Gaunt, H. (2013). Active music making: A route to enhanced subjective well-being among older people. *Perspectives in Public Health*, 133(1), 36-43. <https://doi.org/10.1177/1757913912466950>
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Sage Publications.
- Croom, A. M. (2015). Music practice and participation for psychological well-being: A review of how music influences positive emotion, engagement, relationships, meaning, and accomplishment. *Musicae Scientiae*, 19(1), 44-64. <https://doi.org/10.1177/1029864914561709>
- De Vries, P. (2010). Everyone deserves music: The role of music in the lives of two older Australians. *International Journal of Community Music*, 3(2), 245-254. https://doi.org/10.1386/ijcm.3.2.245_1
- DeNora, T. (2000). *Music in everyday life*. Cambridge University Press.
- DeNora, T. (2013). *Music asylums: Wellbeing through music in everyday life*. Ashgate.
- DeNora, T. (2017). Music-ecology and everyday action: Creating, changing, and contesting identities. In R. MacDonald, D. Hargreaves, & D. Miell (Eds.), *Handbook of musical identities* (pp. 46-62). Oxford University Press.
- Elliott, D. J., & Silverman, M. (2017). Identities and musics. Reclaiming personhood. In R. MacDonald, D. Hargreaves, & D. Miell (Eds.), *Handbook of musical identities* (pp. 27-45). Oxford University Press.
- Elvers, P., Fischinger, T., & Steffens, J. (2018). Music listening as self-enhancement: Effects of empowering music on momentary explicit and implicit self-esteem. *Psychology of Music*, 46(3), 307-325. <https://doi.org/10.1177/0305735617707354>
- Emslie, C., Ridge, D., Ziebland, S., & Hunt, K. (2006). Men's accounts of depression: Reconstructing or resisting hegemonic masculinity? *Social Science & Medicine*, 62(9), 2246-2257. <https://doi.org/10.1016/j.socscimed.2005.10.017>
- Erikson, E. H., Erikson, J. M., & Kivnick, H. Q. (1986). *Vital involvement in old age: The experience of old age in our time*. Norton.
- Featherstone, B., Rivett, M., & Scourfield, J. (2007). *Working with men in health and social care*. Sage Publications.
- Frith, S. (1996). Music and identity. In S. Hall & P. Du Gay (Eds.), *Questions of cultural identity* (pp. 108-127). Sage.
- Frosh, S., Phoenix, A., & Pattman, R. (2003). Taking a stand: Using psychoanalysis to explore the positioning of subjects in discourse. *British Journal of Social Psychology*, 42(1), 39-53. <https://doi.org/10.1348/014466603763276117>
- Gabrielsson, A. (2008). *Starka musikupplevelser: Musik är mycket mer än bara musik*. Gidlund.
- Gabrielsson, A. (2010). Strong experiences with music. In P. Juslin & J. Sloboda (Eds.), *Handbook of music and emotions. Theory, research, applications* (pp. 547-574). Oxford University Press.

- Galasiński, D. (2004). *Men and the language of emotions*. Palgrave Macmillan.
- Groarke, J. M., & Hogan, M. J. (2016). Enhancing wellbeing: An emerging model of the adaptive functions of music listening. *Psychology of Music*, 44(4), 769-791. <https://doi.org/10.1177/0305735615591844>
- Grocke, D., & Wigram, T. (2007). *Receptive methods in music therapy: Techniques and clinical applications for music therapy clinicians, educators and students*. Jessica Kingsley Publishers. <http://www.loc.gov/catdir/toc/ecip075/2006038059.html>
- Hays, T., & Minichiello, V. (2005). The meaning of music in the lives of older people: A qualitative study. *Psychology of Music*, 33(4), 437-451. <https://doi.org/10.1177/0305735605056160>
- Hesmondhalgh, D. (2008). Towards a critical understanding of music, emotion and self-identity. *Consumption, markets and culture*, 11(4), 329-343. <https://doi.org/10.1080/10253860802391334>
- Hesmondhalgh, D. (2013). *Why music matters*. Wiley Blackwell.
- Holwerda, T. J., Beekman, A. T., Deeg, D. J., Stek, M. L., van Tilburg, T. G., Visser, P. J., Schmand, B., Jonker, C., & Schoevers, R. A. (2012). Increased risk of mortality associated with social isolation in older men: Only when feeling lonely? Results from the Amsterdam Study of the Elderly (AMSTEL). *Psychological Medicine*, 42(4), 843-853. <https://doi.org/10.1017/S0033291711001772>
- Jackson, D. A. (2016). *Exploring aging masculinities: The body, sexuality and social lives*. Springer.
- Lamont, A. (2017). Musical identity, interest, and involvement. In R. MacDonald, D. Hargreaves, & D. Miell (Eds.), *Handbook of musical identities* (pp. 176-196). Oxford University Press.
- Laukka, P. (2007). Uses of music and psychological well-being among the elderly. *Journal of Happiness Studies*, 8(2), 215-241. <https://doi.org/10.1007/s10902-006-9024-3>
- Levant, R. F., Webster, B. A., Stanley, J. T., & Thompson, E. H. (2020). The Aging Men's Masculinity Ideologies Inventory (AMMI): Dimensionality, variance composition, measurement invariance by gender, and validity. *Psychology of Men & Masculinity*, 21(1), 46-57. <https://doi.org/10.1037/men0000208>
- Lilliestam, L. (2013). Music, the life trajectory and existential health. In L. O. Bonde, E. Ruud, M. S. Skånland, & G. Trondalen (Eds.), *Musical life stories. Narratives on health musicking. NMH-publikasjoner 2013:5* (pp. 17-38). Centre for Music and Health Publication Series.
- Lindblad, K. (2021). "No, I guess it's kind of sensitive" – Communication patterns in a music listening group with older men. *Nordic Journal of Music Therapy*, 1-16. <https://doi.org/10.1080/08098131.2020.1856171>
- Lindblad, K., & de Boise, S. (2020). Musical engagement and subjective wellbeing amongst men in the third age. *Nordic Journal of Music Therapy*, 29(1), 20-38. <https://doi.org/10.1080/08098131.2019.1646791>
- MacDonald, R. A. R., Hargreaves, D. J., & Miell, D. (Eds.), (2017). *Handbook of musical identities*. Oxford University Press.
- Robertson, S., Gough, B., Hanna, E., Raine, G., Robinson, M., Seims, A., & White, A. (2016). Successful mental health promotion with men: The evidence from "tacit knowledge." *Health Promotion International*, 33(2), 334-344. <https://doi.org/10.1093/heapro/daw067>
- Robinson, M., Hanna, E., Raine, G., & Robertson, S. (2017). Extending the comfort zone: Building resilience in older people with long-term conditions. *Journal of Applied Gerontology: The Official Journal of the Southern Gerontological Society*, 733464817724042. <https://doi.org/10.1177/0733464817724042>
- Rowan, J. (1997). *Healing the male psyche: Therapy as initiation*. Routledge.
- Ruud, E. (2012). The new health musician. In R. MacDonald, G. Kreutz, & L. Mitchell (Eds.), *Music, health, and wellbeing* (pp. 87-96). Oxford University Press.
- Ruud, E. (2013). *Musikk og identitet*. Universitetsforlaget.
- Ruud, E. (2017). Music, identity and health. In R. MacDonald, D. Hargreaves, & D. Miell (Eds.), *Handbook of musical identities* (pp. 589-601). Oxford University Press.
- Schwartz, S. J., Luyckx, K., & Vignoles, V. L. (Eds.), (2011). *Handbook of identity theory and research*. Springer.
- Segall, L. (2020). Exploring music therapists' attitude toward wellness for successful ageing and its inclusion in music therapy training curricula. *Approaches: An Interdisciplinary Journal of Music Therapy*, 12(2), 185-199. <https://approaches.gr/segall-a20190226/>
- Seidler, V. J. (2006). *Transforming masculinities: Men, cultures, bodies, power, sex and love*. Routledge.
- Seidler, V. J. (2007). Masculinities, bodies, and emotional life. *Men and Masculinities*, 10(1), 9-21. <https://doi.org/10.1177/1097184X07299636>
- Stern, D. N. (2000). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. Basic Books.
- Stern, D. N. (2010). *Forms of vitality: Exploring dynamic experience in psychology, the arts, psychotherapy, and development*. Oxford University Press.
- Thompson, E. H. (2019). *Men, masculinities, and aging: The gendered lives of older men*. Rowman & Littlefield.
- Thompson, E. H., & Whearty, P. M. (2004). Older men's social participation: The importance of masculinity ideology. *The Journal of Men's Studies*, 13(1), 5-24. <https://doi.org/10.3149/jms.1301.5>
- Titon, J. (1986). Stance, role, and identity in fieldwork among folk baptists and pentecostals. *American Music*, 3, 16. <https://doi.org/10.2307/3052114>
- Trevarthen, C., & Malloch, S. (2017). The musical self: Affections for life in a community of sound. In R. A. R. MacDonald, D. J. Hargreaves, & D. Miell (Eds.), *Handbook of musical identities* (pp. 155-175). Oxford University Press.
- Van den Hoonaard, D. K. (2010). *By himself: The older man's experience of widowhood*. University of Toronto.
- Volgsten, U. (2012). The roots of music: Emotional expression, dialogue and affect attunement in the psychogenesis of music. *Musicae Scientiae*, 16(2), 200-216. <https://doi.org/10.1177/1029864912440778>
- Volgsten, U. (2019a). Fantasy control: Implications for distributed imagination and affect attunement in music and sound. In M. Grimshaw-Aagaard, M. Walther-Hansen, & M. Knakkegaard (Eds.), *The Oxford handbook of sound & imagination* (pp. 229-251). Oxford University Press.
- Volgsten, U. (2019b). The feeling of music: Affect, attunement, and resonance. In C. Antenor Ferreira (Ed.), *Music, speech, and mind* (pp. 1-22). Associação Brasileira de Cognição e Artes Musicais - ABCM. <http://urn.kb.se/resolve?urn=urn:nbn:se:oru:diva-78815>
- Volgsten, U., & Pripp, O. (2016). Music, memory and affect attunement: Connecting kurdish diaspora in Stockholm. *Culture Unbound: Journal of Current Cultural Research*, 8(2), 144-164. <https://doi.org/10.3384/cu.2000.1525.1608144#sthash.6qVTi4S4.dpuf>
- Wheeler, B. L., & Murphy, K. (Eds.). (2016). *Music therapy research* (3rd ed.). Barcelona Publishers.

Wärja, M. (1999). Music as mother. The mothering function of music through expressive and receptive avenues. In S. Levine & E. Levine (Eds.), *Foundations of expressive arts therapy. Theoretical and clinical perspectives* (pp. 171-194). Jessica Kingsley Publishers.

Ελληνική περίληψη | Greek abstract

“Φάρμακο για την ψυχή” – Η διαδραμάτιση της ταυτότητας και ο συναισθηματικός συντονισμός ηλικιωμένων ανδρών μέσω της μουσικής ακρόασης

Katarina Lindblad | Ulrik Volgsten

ΠΕΡΙΛΗΨΗ

Η ευημερία των ηλικιωμένων ανδρών, παρόλο που δεν έχει μελετηθεί εκτενώς, παραμένει ένα σημαντικό πεδίο έρευνας. Μετά τη συνταξιοδότηση, οι άνδρες μπορεί να χάσουν τις κοινωνικές τους επαφές και την επαγγελματική τους ταυτότητα, κάτι που μπορεί να οδηγήσει σε μοναξιά, κατάθλιψη και αυξημένο κίνδυνο αυτοκτονίας. Αυτά τα προβλήματα επιδεινώνονται λόγω της διστακτικότητας πολλών ανδρών να ζητήσουν βοήθεια. Τα υπάρχοντα συστήματα κοινωνικής υποστήριξης συχνά δεν είναι προσαρμοσμένα στις ανάγκες και στα ενδιαφέροντα των ηλικιωμένων ανδρών. Προηγούμενες μελέτες προτείνουν ότι η μουσική μπορεί να παίξει σημαντικό ρόλο στην κοινωνική και συναισθηματική ευημερία των ηλικιωμένων ανδρών. Επομένως, δημιουργήθηκε μια ομάδα μουσικής ακρόασης για να διερευνηθεί ο τρόπος με τον οποίο η μουσική ακρόαση μπορεί να χρησιμεύσει ως πηγή ευημερίας για τους ηλικιωμένους άνδρες. Οκτώ άνδρες ηλικίας 64-86 ετών συναντήθηκαν για να ακούσουν μουσική της επιλογής τους και να συζητήσουν για αυτήν, με μία εκπαιδευμένη μουσικοθεραπεύτρια (την πρώτη συγγραφέα) ως συντονίστρια της ομάδας. Εστιάζοντας στη διαδραμάτιση των ταυτοτήτων των συμμετεχόντων, πραγματοποιήθηκε επαγωγική θεματική ανάλυση, βασισμένη στη δραματουργική προοπτική του Goffman για το προσκήνιο-παρασκήνιο, στις θεωρίες του Stern για το αίσθημα ζωτικότητας, και στη θεωρία της αρρενωπότητας. Οι συμμετέχοντες διαδραμάτισαν τις ταυτότητές τους κυρίως σε συνάρτηση με παραδοσιακές αρρενωπότητες στις λεκτικές τους αποδόσεις στο προσκήνιο, αποκαλύπτοντας αμφιθυμικές αρρενωπές ταυτότητες, ενώ χρησιμοποιούσαν τη μουσική για να συνδεθούν, για να βιώσουν και για να εκφράσουν άλλες, πιο «αισθανόμενες» ταυτότητες στο παρασκήνιο οι οποίες υπερβαίνουν τα παραδοσιακά πρότυπα. Η μουσική που επιλέχθηκε χαρακτηριζόταν από την περιέργεια και την ανοικτότητα των συμμετεχόντων ως προς το να γνωρίσουν νέα μουσική. Τα αποτελέσματα έχουν εφαρμογές στη μουσικοθεραπεία επισημαίνοντας τις ανάγκες ευημερίας των ηλικιωμένων ανδρών και τις πολλές δυνατότητες αισθητικής και ευημερίας που ενέχει η μουσική για αυτήν τη μέχρι στιγμής ελλιπώς μελετημένη πληθυσμιακή ομάδα.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

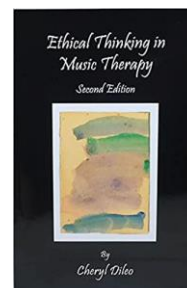
ηλικιωμένοι άνδρες, μουσική ακρόαση, μοναξιά, ευημερία, αρρενωπότητες, διαδραματιζόμενες ταυτότητες

BOOK REVIEW

Ethical thinking in music therapy (2nd ed., Dileo)

Reviewed by Anastasia Canfield

Creative Remedies LLC, USA



Title: Ethical thinking in music therapy (2nd ed.) **Author:** Cheryl Dileo **Publication year:** 2021

Publisher: Jeffrey Books **Pages:** 550 **ISBN:** 10.0977027864

REVIEWER BIOGRAPHY

Anastasia Canfield is a board-certified music therapist, mental health counsellor, and play therapist in Colorado. She owns and operates Creative Remedies, which serves people across the age spectrum who are Neurodivergent and/or have experienced trauma. Anastasia has taught Continuing Music Therapy Education courses on the topic of cultural competence and ethics, combating impostor syndrome, and the neurobiology and neurochemistry of music processing. Ethics is a research interest area as well as a primary focus of her private practice's music therapy internship program. She is a performer and educator in addition to her work as a therapist and business owner. [anastasia.mtbc@gmail.com]

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Ethical Thinking in Music Therapy, second edition, by Cheryl Dileo is a thorough text spanning over 550 pages from cover to cover. It is expanded from the first edition, which was a little over 300 pages and originally published in 2000. The second edition has been updated to reflect ethical concerns and dilemmas that are relevant in its publication year of 2021. It is an essential text for any music therapist, music therapy educator, or music therapy student to have readily accessible when an ethical concern arises.

The book is geared toward music therapy professionals, students, and educators, particularly those in the U.S. It may be relevant for other helping professionals or musicians in healthcare to further understand the American Music Therapy Association (AMTA) Scope of Practice (Certification Board for Music Therapists [CBMT], 2010), Standards of Practice (AMTA, 2013a), and Code of Ethics (AMTA, 2013b) of music therapy, but it is not intended for these audiences. It may also serve as an advocacy and education tool for music therapy professionals, students, and educators; an ethical code is a major aspect of what sets apart a qualified music therapist from those who have not completed such a training. However, it is important to note that this book does not necessarily aim to speak to ethical issues beyond the U.S., since it works from the AMTA documents mentioned above and discusses these from the cultural and societal perspectives and issues prevalent in the U.S.

Ethical Thinking in Music Therapy begins with an explanation of general ethical approaches, comparisons of ethical codes across several different helping professions, and what it means to be a “virtuous music therapist” (Dileo, 2021, p. 47). After this, the author discusses the ethics of

multiculturalism in music therapy. Multiculturalism is an important topic that many music therapists would benefit from further guidance in navigating, as our field remains overwhelmingly white, cisgendered, heterosexual, colonial and non-disabled. This text serves as a guide for the dominant culture to begin to gain awareness of the oppressive stance the field has taken for many years. Dileo also explores ethical considerations for the individual music therapist in many contexts including workplaces such as hospitals, private practices, and agencies. Some relevant laws, policies, and ethical codes are referenced throughout. The ethics of research, education and supervision, financial practices, confidentiality and its limits, telehealth, and online presence are examined too. Throughout each section of the book, the author is careful to explain that some of these issues do not have clear music therapy ethical codes to cite so she references codes from other similar fields such as psychology, counselling, and medicine. This is important because some ethical dilemmas music therapists face are not clearly represented in the AMTA (2013) Code of Ethics and CBMT (2010) Standards of Practice and Competencies. Dileo goes above and beyond what has previously been published about music therapy ethics and offers useful critical thinking exercises such as mock-ethical dilemma scenarios, further learning opportunities, and written as well as online resources to access. The ethical dilemma scenarios are relevant and timely; her exploration of ethical issues in online presence span advertising, telehealth, and other business ventures, and she emphasizes throughout the book the importance of cultural competence in all facets of music therapy.

There are numerous strengths I can identify in *Ethical Thinking in Music Therapy* as a music therapist, music therapy business owner, and music therapy internship supervisor. The content is in-depth and thorough as well as realistic and timely for the 21st century music therapy profession. The author emphasises frequent consultation (the sharing of experience or advice between two professionals in an informal setting), supervision, meetings with attorneys where necessary, and familiarity with U.S. state and federal law. These deepen public trust in music therapy practice and bring validity to the music therapy profession. This may be applicable to other countries or nations to some extent, but it is not intended to speak from international perspectives. Dileo is clear and realistic about the potential risks of unethical behaviour, even if it is encouraged by an employer or agency. She also discusses the ethical implications that burnout and compassion fatigue may induce. This is an important discussion that I believe is not addressed enough due to the U.S. cultural standards of occupational productivity, which stems from the expectation of a 40(+) hour work week. It is difficult, verging on impossible, to quantify this from a social capital perspective, and can lead to therapists' desperation and reliance on insurance reimbursement, grants, or other funding sources to have some level of financial stability. This does not reflect the emotional investment and toll on the clinician. Logistically, music therapy is difficult work to quantify since there is often significant preparation required to provide creative, unique, and evidence-based interventions. In other words, to be an ethical, virtuous, and evidence-based music therapist, the unpaid workload can be immense. It can diminish work-life separation and opportunities for the therapist to engage in their own self-care – something that is necessary for the intense work of holding space for others.

Despite these positives there are some areas of the book that deserve critical engagement. The major drawbacks that were, at times, distracting while reading this book were the numerous typing errors throughout. The content is rich and important, but the typing errors took some focus away from that. Also, while the book clearly states that the ethical considerations are from a music therapy

perspective, perhaps more explanations about music therapy practice were needed should the text be utilised by other professions. This leads me to believe that this would not be a text that could be collaboratively consumed across a treatment team, for example.

I wondered as I was reading if I would come across ethical considerations for situations in which music therapy is misrepresented or how to confront individuals claiming to provide music therapy who are not trained to do so. Addressing media misrepresentations of music therapy was briefly discussed, but further recommendations or considerations were not, particularly on a micro level such as with an individual or with an agency. In addition, although burnout was referenced as an ethical issue, I felt there could be further discussion about unethical practices that are influenced by or adjacent to burnout as well as a responsibility of the field to make the profession more viable (e.g. benefits, insurance reimbursement, licensure, and pay rate), which is an important aspect in preventing burnout. Lastly, the author suggests the completion of an ethical decision tree as a guide to making thorough and ethical decisions where dilemmas arise; I felt more guidance was needed on this important task. AMTA offers an ethical decision tree but I wondered if a consideration of those from other helping professions might be of use. The ethical decision tree used may depend on the specific ethical dilemma, the identities of those involved (e.g. a feminist ethical decision-making model, a multicultural decision-making model, etc.). It would also be useful to see recommendations of how to use the decision tree effectively in everyday professional contexts.

In conclusion, I highly recommend this book for U.S.-based music therapists, particularly those who identify with the dominant culture. It sheds light on current and relevant issues that have arisen in several contexts in the U.S. such as concerns about safe spaces, cultural competence, and the increased prevalence of telehealth. There may be some information that music therapists in other countries can glean from this book as well, but I do not feel it is primarily intended for those audiences as there are nuances and cultural differences which may make it inapplicable or contraindicated.

REFERENCES

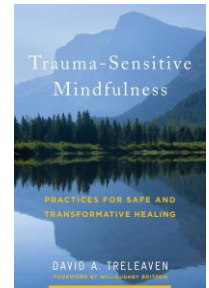
- American Music Therapy Association. (2013a). *AMTA standards of clinical practice*. <http://www.musictherapy.org/about/standards/>
- American Music Therapy Association. (2013b). *AMTA code of ethics*. <http://www.musictherapy.org/about/ethics/>
- Certification Board for Music Therapists. (2010). *CBMT scope of practice*. Certification Board for Music Therapists. <https://www.cbmt.org/resources/>

BOOK REVIEW

Trauma-sensitive mindfulness: Practices for safe and transformative healing (Treleaven)

Reviewed by **Özgür Salur**

Müzik Terapi Akademisi, Turkey



Title: Trauma-sensitive mindfulness: Practices for safe and transformative healing **Author:** David A. Treleaven

Publication year: 2018 **Publisher:** W.W. Norton & Company **Pages:** 238 **ISBN:** 9780393709780

REVIEWER BIOGRAPHY

Özgür Salur, MA, is the Turkish delegate to the European Music Therapy Confederation. He teaches music therapy and mindfulness courses at Özyeğin, Işık and Marmara Universities in Turkey, and is a lecturer for the Arts Therapies and Rehabilitation Program at the Istanbul University Medical School. He is a board member of the Turkish Music Therapy Association and a professional member of the World Federation of Music Therapy. He received Mindfulness-Based Cognitive Therapy teacher-training from the Oxford Mindfulness Centre and is currently presenting, teaching and writing about music therapy and mindfulness in Turkey and internationally. [o@ozgursalur.com]

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Meditating on the banks of a river one day, Siddhartha overheard a musician teaching a student how to tune a sitar. "Tighten the strings too much," the teacher said, "and it will cause them to snap. Leave them too loose, however, and they will cease to make a sound. (p.87)

Nowadays, with its explosive popularity and disconnection from its Buddhist roots, mindfulness can often be promoted as a no-risk, easily grasped self-help method (Mayo Clinic, 2020; Pal et al., 2018). The Oxford Mindfulness Centre (2022) defines mindfulness as: "To be aware of your own experience, moment to moment, without judgement" and shares that "it enables anyone who practices it to live a more attentive, appreciative and vibrant life." However, instead of helping the client to establish a steady practice, therapists might see mindfulness techniques as benign stress-reduction tools to add to their therapy practice (Pollak et al., 2014).

We see similar claims from some non-music therapists when they use music in their practice and label their work as music therapy. Interestingly, the multidimensional path to become a certified mindfulness teacher is very similar to the path to become a certified music therapist; it requires formal courses, seminars, workshops, internships under supervision and essential self-experience.

Given that, *Trauma-sensitive Mindfulness: Practices for Safe and Transformative Healing* aims to support any facilitator who is interested in using mindfulness techniques and meditative interventions in their practice to develop a safer "trauma-sensitive" relationship with the client. As a music therapist

and a mindfulness teacher, I believe that this safe, kindness-based relationship is crucial in any kind of therapeutic setting, and could be beneficial to music therapy practice too.

Treleaven, a trauma professional and a mindfulness facilitator, starts by emphasizing that although many people who practice meditation and mindfulness techniques regularly experience benefits, for some people who have experienced trauma, these practices can trigger traumatic stress with symptoms including flashbacks, heightened emotional arousal, and dissociation. An estimated 90% of the global population has experienced a traumatic event, and 8-20% of these people suffer from posttraumatic stress disorder proceeding the traumatic event. This means that there is a high probability that some of the clients we are working with might have a history of trauma. Fortunately, research shows that mindfulness can be a great support for trauma survivors by strengthening body awareness, boosting attention, and increasing the ability to regulate emotions (Hölzel et al., 2011; Tang et al., 2015).

Treleaven claims, “the question thus becomes: how can we minimize the potential dangers of mindfulness to trauma survivors while leveraging its potential benefits at the same time?” (p.xvii). The book addresses this issue by providing an inclusive framework including tailored modifications to accompany people’s practice, suggesting that by doing this, “we can help ourselves and our clients to face and integrate traumatic stress” (p. 43).

The content of the book includes daily life stories about the widespread impact of trauma, the signs and symptoms of trauma in clients, and knowledge about trauma-sensitive policies, procedures, practices, and a trauma-sensitive workplace. It mentions potential paths for recovery and strategies for the facilitator to actively resist client re-traumatization. Furthermore, self-reflective influential quotes provide useful tips for practitioners, such as, “[t]rauma-informed mindfulness involves tempering our enthusiasm” (p. 66).

The author states that the book may be used by practitioners from a range of professions. I believe it could also be useful for music therapists. As a music therapist with no specialization in trauma, reading the book provided me with many insights into how I may improve my work with this population. For example, it drew my attention to specific verbal expressions that clients may use which could indicate disassociation. It also suggests being flexible about the meditation posture one advises clients to adopt, using whatever posture supports the client’s window of tolerance. In this respect, I found the book complementary to my trauma-based work.

Treleaven does not only talk about individual trauma, but also mentions systemic trauma, the impacts of oppression and how a facilitator can be mindful of these issues while serving the client. In his words,

depending on our social identity, we are more likely to be aware of experiences that restrict our choices and freedom versus those experiences that lend us advantage... the work here is to ensure that we’re not perpetuating dynamics of oppression in our work and are attempting to create safety for our students and clients. (p. 193)

One critique of the text is that the author uses cases based solely in his own American culture, although he does actively give explanations for the context. This makes it difficult for non-American readers to comprehend some of the specific societal traumatic issues. It might have been useful to

make more of an open acknowledgement of this, or to have included a chapter by another author with experience working in a different country outside the USA.

This easy-to-read book provides much useful information on aspects of trauma and how therapists can be mindful of these during their work. David A. Treleaven says: “Just as mindfulness is learned through the dedicated application of it—with increasing skill, depth, and sensitivity over time—trauma-sensitive practice is an ongoing orientation to practice and a commitment to be a continual learner” (p. 203). I believe that this book is a great start for that learning journey.

Music therapists who currently use meditative/mindfulness techniques, or may be thinking of developing these in the future in their work, can benefit from this book in many different ways. The text has the potential to be one of the required readings of a mindfulness-based music therapy program in the future.

REFERENCES

- Hölzel, B. K., Lazar, S. W., Gard, T., Schuman-Olivier, Z., Vago, D. R., & Ott, U. (2011). How does mindfulness meditation work? Proposing mechanisms of action from a conceptual and neural perspective. *Perspectives on Psychological Science*, 6(6), 14-21. <https://doi.org/10.1177/1745691611419671>
- Mayo Clinic. (2020, September 15). *Can mindfulness exercises help me?* Mayo Clinic. <https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/mindfulness-exercises/art-20046356>.
- Oxford Mindfulness Centre. (2022). *What is mindfulness?* Oxford Mindfulness Centre. <https://www.oxfordmindfulness.org/learn-mindfulness/what-is-mindfulness/>
- Pal, P., Hauck, C., Goldstein, E., Bobinet, K., & Bradley, C. (2018). *5 simple mindfulness practices for daily life*. Mindful. <https://www.mindful.org/take-a-mindful-moment-5-simple-practices-for-daily-life/>
- Pollak, S. M., Pedulla, T., & Siegel, R. D. (2014). *Three ways to bring mindfulness into therapy*. Greater Good Magazine. https://greatergood.berkeley.edu/article/item/three_ways_bring_mindfulness_therapy
- Tang, Y.-Y., Hölzel, B. K., & Posner, M. I. (2015). The neuroscience of mindfulness meditation *Nature Reviews Neuroscience*, 16(5), 213-225. <https://doi.org/10.1038/nrn3954>

BOOK REVIEW

Foundations in music psychology: Theory and research (Rentfrow & Levitin, Eds.)

Reviewed by Michael Bonshor

University of Sheffield, United Kingdom



Title: Foundations in music psychology: Theory and research **Editors:** Peter Jason Rentfrow & Daniel J. Levitin
Publication year: 2019 **Publisher:** Massachusetts Institute of Technology **Pages:** 951 **ISBN:** 9780262039277

REVIEWER BIOGRAPHY

Michael Bonshor, BA (Hons), MA, PhD, is programme director for the University of Sheffield's MA Music Psychology in Education, Performance and Wellbeing. He has published research on music and wellbeing, musical leadership and group dynamics, managing performance anxiety, and confidence building for performers. Michael's research interests are informed by his professional background in performing, conducting, and teaching. In his workshops in business, education, and community settings, Michael brings together research findings and practical applications of performance psychology. His book, *The Confident Choir: A Handbook for Leaders of Group Singing*, was published by Rowman & Littlefield International. [m.bonshor@sheffield.ac.uk]

Publication history:

Submitted 27 Dec 2021

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First published 31 Jan 2022

Music psychology is often viewed as a relatively new field of study, as it has only become widely recognised beyond academic circles since the early 1970s. However, as in music therapy, some of the fundamental concepts, including the use of music for enhanced wellbeing, originated in ancient Greece, where music was seen as praxial, "skilled, intentional, action that is judged as "good" according to the benefits it provides to specific groups of people in specific contexts" (Elliott & Silverman, 2012, p. 29). As early as the nineteenth-century, William James was formulating psychological theories about the relationship between emotions and music. His observation that activities (including singing) can stimulate as well as express emotion (James, 1890) has had an impact on how modern researchers view the contribution of music to mental health. Contemporary psychological research "contributes to the understanding of music by characterizing the processing mechanisms of the listener" (Deutsch, 2013, p. 26). This growing understanding of why and how music affects us can be helpful in developing creative, educational, and therapeutic applications.

Foundations in Music Psychology, is a well-structured introduction to some of the main topics in what is now a burgeoning field of research. Parts 1 and 2 explain many of the basic principles underpinning music perception and cognition, including the way in which the human brain processes pitch, rhythm and timbre. Part 3 also provides introductory material on the role of music in our lives, from an evolutionary and cross-cultural angle. Part 4 focuses on various aspects of musical training, ability and performance, including an evaluation of the role of musical assessment and a discussion

of concepts of musical ability. Finally, part 5 explores the social and emotional effects of musical experiences in everyday life.

The individual chapters cover some of the topics that are of perennial interest to musicians and non-musicians alike, including exploring the contrasting phenomena of amusia (Quintin, Lense and Tramo) and absolute pitch (Levitin). Jakobson and Cuddy's chapter on music training and transfer effects provides a raft of strong arguments in favour of musical education and training, including the intrinsic value of musical participation as well as the more commonly cited extramusical benefits, such as improving listening and language related skills, prosocial behaviour, emotional expression, and behavioural regulation.

For readers specifically interested in the relationship between music psychology and music therapy, the chapter by Etoile and Roth provides a comprehensive summary of the development and application of a wide range of theoretical frameworks and practical therapeutic approaches. References to music therapy research are threaded throughout other chapters, including Annabel Cohen's contribution which thoroughly explores the physical, psychological, and social aspects of singing before discussing the benefits to wellbeing and therapeutic applications of voice work. A welcome inclusion, which is not often featured in music psychology publications, is McGarry, Sternin and Grahn's discussion of music and movement, including the use of music in gait interventions, the role of dance therapy, and using music as a motivational adjunct to physical exercise.

This edited volume would provide a firm foundation for researchers with a special interest in the complex relationship between brain functioning and the functions of music. Each chapter begins with concise definitions related to the topic under discussion and some useful background to the relevant research. However, the title of the book, in some ways, belies the academic level of the content. The book would be an invaluable reference for anyone already researching, teaching or studying topics in music psychology, as it provides detailed information on a broad spectrum of fundamental topics. The content, though, is not purely foundational, as some of the more technical sections in each chapter would not be easily accessible to newcomers to the discipline.

There are a few additions which would enhance the accessibility of this book for all potential readers. Whilst there are some helpful illustrations in most chapters, more use of diagrams, charts and tables would further improve the reading experience. A glossary of terms would also be useful, as most chapters contain swathes of specialised vocabulary. This is understandable, given the nature of the topics under consideration, but some of this terminology is likely to be unfamiliar even to seasoned researchers or practitioners. In some places, footnotes could also be used judiciously to reduce the density of the main body of the text.

There are also a few surprising omissions and rectifying these would add to the impact and accessibility of the book. Firstly, there is no editorial foreword or general introduction to the discipline of music psychology. This would have helped to contextualise the content, to clarify the purpose of the book, and to identify the intended audience. Secondly, all contributors were obviously selected for their expertise in their specialisms, and it would have been helpful to include authors' biographies to contextualise their writing.

The above reservations aside, *Foundations in Music Psychology* is a weighty tome, with 951 pages in total, comprising 21 chapters full of insights from scholars with wide-ranging experience in relevant research, theory, and praxis. The editors have adopted a truly interdisciplinary approach, drawing on

the contributors' combined expertise in areas including music psychology, music cognition, music therapy, musicology, musical evolution, education, public health, social psychology, and neuroscience. This publication highlights the potential for future collaborative research and sharing of ideas, and it is to be hoped that this interdisciplinary work might be a catalyst for developing innovative practical resources and strategies in music education, performance and therapy.

REFERENCES

Deutsch, D. (Ed.). (2013). *Psychology of music*. Elsevier.

Elliott, D. J. & Silverman, M. (2012). Why music matters: Philosophical and cultural foundations. In R. MacDonald, G. Kreutz & L. Mitchell (Eds.), *Music, health and wellbeing* (pp. 24-39). Oxford University Press.

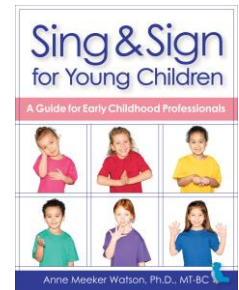
James, W. (1890). *The principles of psychology*. Henry Holt & Co. Inc.

BOOK REVIEW

Sing & sign for young children: A guide for early childhood professionals (Meeker Watson)

Reviewed by Beth Pickard

University of South Wales, UK



Title: Sign & sign for young children: A guide for early childhood professionals **Author:** Anne Meeker Watson **Publication year:** 2022
Publisher: Brookes Publishing **Pages:** 192 **ISBN:** 978-1-68125-497-5

REVIEWER BIOGRAPHY

Dr Beth Pickard is a senior lecturer, music therapist and researcher at the University of South Wales. Beth's research and practice, informed by Critical Disability Studies, explores how disability is socially constructed, interpreted and represented across disciplines and pedagogy. Beth is a passionate ally, activist and advocate of social justice and anti-oppressive practice. [beth.pickard@southwales.ac.uk]

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It was a pleasure to review this resource, as a UK-based music therapist and researcher with experience of using sign language in my practice. I studied some basic British Sign Language (BSL) and trained in SignAlong (SignAlong, 2022) to support my practice with children, young people and adults who have learning disabilities. Therefore, my engagement with sign is distinct than the main intention of this book, which is to teach sign through song and play to typically developing, hearing infants. It feels pertinent to state that American Sign Language (ASL) and BSL are independent and distinct languages. As such, readers are encouraged to engage with a sign language relevant to their own culture, in order that the potential for engagement between hearing children and d/Deaf¹ children in their respective communities, as Meeker Watson (2022) proposes, remains.

The introduction to the book's author, Anne Meeker Watson, PhD MT-BC, provides an impressive summary of international experience in the field of music and the early years. An accessible, evidence-based rationale for signing with young children is presented: "teaching hearing children to sign is an extension of the types of nonverbal communication they already use to get your attention: facial expression, gesturing, making noise, crawling, toddling toward an object of desire, and more" (Meeker Watson, 2022, p. xix).

The sub-section 'What Science Says About Signing and Singing with Young Children' references

¹ I use the phrase "d/Deaf" intentionally to acknowledge the two representations and experiences of deafness and Deafness. A lower case "d" is typically used to reference the audiological experience of deafness, or the partial or complete absence of hearing. A capital "D" is typically used to denote someone who identifies as a member of the Deaf community, and all the cultural connotations of that context (National Deaf Children's Society, 2022). I have used Meeker Watson's original wording when she refers to deaf/deafness, throughout.

research for those interested to pursue empirical evidence (Brandt et al., 2012; Colwell et al., 2014). This elevates this text over other examples which are lighter on their evidence-based foundation (for example Smith & Gilbert, 2010).

While this interesting chapter provides a robust and convincing rationale for utilising sign language with hearing infants, I would be interested to see a section evidencing the potential of this approach for neurodivergent people of all ages. There was a brief reference to this notion: “adding key signed words allows youngsters to communicate with their peers who are deaf or utilise signs as an alternate form of communication due to autism, Down syndrome, or other language disorders” (Meeker Watson, 2022, p. xxxiv). Further encouraging this application could enrich the inclusive potential of the approach. It would also be interesting to consider how the approach could be a rich resource for groups with both hearing *and* d/Deaf children.

Several of the concepts discussed in the opening chapters: attachment, joint attention, communicative musicality, motherese (parentese) and self-regulation, will be familiar to music therapists. While this book is aimed at early childhood professionals, who may or may not have the same knowledge of these concepts, this could be a powerful bridge into signing for music therapists as this language will be familiar, even if signing is not. The impressive breadth of accompanying resources ensures music therapists and early childhood professionals can access the approach with confidence.

In discussing the selection of signs for this publication, it was interesting to read that many early years settings in the United States of America teach ASL to children from birth to two years of age (Meeker Watson, 2022, p. xx). In the UK, sign-supported communication systems, such as Makaton or SignAlong, are often used with young children rather than BSL. Meeker Watson (2022, p. xxi) presents a great rationale for this, suggesting that knowledge of ASL “may come in handy at play centres or on the playground with peers who are deaf or hard of hearing”, enabling wider inclusion beyond the classroom. This echoes the British Deaf Association’s (2022) recent statement, advocating for teaching of BSL to hearing *and* d/Deaf children, describing it as “a natural, rich, visual language that will enable them to communicate with the Deaf community for the rest of their lives”. Meeker Watson (2022, p. xv) acknowledges Nicki Hjelmstad Hutchinson, interpreter, and Charles Golladay, Deaf educator, for their input, as well as Robin Olson, ASL interpreter and early educator. It would have been great to see some further context about d/Deaf culture and the origins of ASL, as the British Deaf Association (2022) has recently acknowledged this is often missing in the development of signing systems and resources. In a similar vein, I would be interested in a d/Deaf practitioner’s review of this book, which would bring insights and perspectives that I am not able to offer.

I appreciated the discussion of potential for practitioners to learn their country’s respective sign language themselves (Meeker Watson, 2022, p. xxxv). This increases the potential for adults as well as children to communicate more inclusively in their communities, as well as assuring the accuracy and understanding of the signs performed. This would also support the development of wider repertoire to enable flexibility and spontaneity. I appreciated the clarification which accompanied certain sign descriptions if they were performed any differently by the d/Deaf community. However, I do wonder whether giving sign approximations throughout sets an expectation that young children cannot master or work towards accurate signing, which is not necessarily true.

In the main body of the book, the wealth of resources provide for a breadth of holistic educational experiences. The clear structure of the resources presented and warm, supportive tone enables easy engagement and navigation. While there is an acknowledgement that this resource is not intended to replace or substitute the expertise of a speech and language therapist (Meeker Watson, 2022, p.xxxvi), there is quite prescriptive guidance offered on some topics such as feeding and “picky eating” (Meeker Watson, 2022, p. 2). This felt as though it could be straying into other specialisms. The expanse of imaginative accompanying activities readily makes for several months of playful sessions. The inclusion of an inventory of related picture books is a particularly thoughtful addition, as is the suggestion of providing loans of book bags to ensure that all families can access relevant resources. The phrasing of ‘caring adult’ is inclusive of a myriad of different family structures. One limitation of the Pictorial Sign Dictionary is that without the full sign description, movements which are integral to the sign’s accuracy are missed. I felt the book ended a little abruptly after such careful positioning and context at the outset.

Overall, this is a rich resource for American practitioners to develop a creative, playful singing and signing provision with young children. The model could be developed for other contexts and cultures, through collaboration with d/Deaf children and adults. The resource would be enriched by context about d/Deaf culture. However, the therapeutic context and nurturing approach shines through and provides for an informed approach, written in accessible language. I enjoyed the opportunity to learn from this resource, and my one-year-old son thoroughly enjoyed moving along to the music and practicing his signs in turn!

REFERENCES

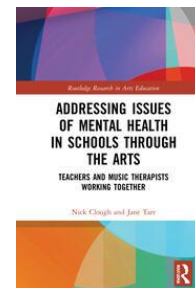
- Brandt, A., Gebrian, M., & Slevc, L. (2001). Music and early language acquisition. *Frontiers in Psychology*, 3(327). 1-17. <https://doi.org/10.3389/fpsyg.2012.00327>
- British Deaf Association (2022). BDA statement on ‘sign systems’ and the oppression of BSL [Online]. https://bda.org.uk/bda-statement-sign-systems/?utm_source=rss&utm_medium=rss&utm_campaign=bda-statement-sign-systems
- Colwell, C., Memmott, J., & Meeker-Miller, A. (2014). Music and sign language to promote infant and toddler communication and enhance parent-child interaction. *International Journal of Music Education*, 32(3), 333-345. <https://doi.org/10.1177/0255761413491214>
- Meeker Watson, A. (2022). *Sing & sign for young children: A guide for early childhood professionals*. Paul H. Brookes Publishing Co.
- National Deaf Children’s Society (2022), ‘Glossary: D’ [Online]. <https://www.ndcs.org.uk/information-and-support/glossary/glossary-d/>
- SignAlong (2022). SignAlong: The communication charity [Online]. <https://signalong.org.uk/>
- Smith, C., & Gilbert, V. (2010). *Let’s sign: Songs for children*. Co-Sign Communications.

BOOK REVIEW

Addressing issues of mental health in schools through the arts: Teachers and music therapists working together (Clough & Tarr)

Reviewed by Eleni Tsolka

Metropolitan College, Greece



Title: Addressing issues of mental health in schools through the arts: Teachers and music therapists working together **Authors:** Nick Clough & Jane Tarr **Publication year:** 2022 **Publisher:** Routledge **Pages:** 326 **ISBN:** 9780367145309

REVIEWER BIOGRAPHY

Eleni Tsolka is a qualified music therapist since 2015. She has also completed Level 3 seminars in BMGIM (Guided Imagery and Music) method and Tier 1 and 2 in NICU music therapy. She is also a primary school and special school teacher and lecturer at the MSc Music Therapy programme at Metropolitan College in Athens, Greece. As a music therapist, she has worked with children facing social, emotional and behavioural difficulties, with people on the autistic spectrum and refugees in Greece, Palestine and the UK. She is also a member of the Greek Association of Certified Professional Music Therapists (ESPEM). Her work has been presented and published in various music therapy conferences and scientific journals and she has contributed a chapter in the book *Intersectionality in the Arts Psychotherapies*. [tsolka45@gmail.com]

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Addressing Issues of Mental Health in Schools Through the Arts: Teachers and Music Therapists Working Together authored by Nick Clough, teacher trainer, researcher and community musician, and Jane Tarr, music therapist based in the UK. It is a timely, informative and thought-provoking book and constitutes a very welcome addition to both the music therapy and education literature. With over 300 pages and 15 contributors, this book emphasises the importance of creative, interactive, safe and inclusive teaching for vulnerable young people with social, emotional and mental health concerns. At the heart of the discussion are the possible effective strategies and measures that teachers can implement in educational settings using arts-based interventions, as complementary to those provided by specialists outside the classroom. The goal is to enhance the inclusion of vulnerable children in the learning environment and process.

Through an ERASMUS+ funded project referred to as the LINK project (Learning in a New Key: engaging vulnerable young people in school education), inter-professional interventions and Participatory Action Research (PAR) were used in new and adapted pedagogical approaches to improve the inclusion and the wellbeing of vulnerable children and young people in the classroom. A team of experienced teachers working with vulnerable learners, music/arts therapists and teacher trainers from the UK, Portugal, Italy and Poland came together for a two-year period, under the

coordination of Nick Clough to design and conduct participatory interventions and research. The provision of such interventions in the classrooms was named by the project team as “music/arts based therapeutic teaching practice” (p.2) The authors state that “the main message of this book is [...] that inter-professional collaboration between teachers and music/arts therapists can create the secure non-verbal and relational spaces required in classrooms to support their [vulnerable young people’s] recovery and learning” (p. xxv).

This book differs from others. It presents an innovative research design which provided the opportunity for teachers and music/arts therapists to work collaboratively in the classroom setting, share skills, explore new knowledge and adopt new approaches. Teachers had the opportunity to develop insights into trauma and attachment theory, extending their psychological knowledge which broadened their understanding of the different factors that impact children’s mental health. Moreover, they learned and explored ways where non-verbal music approaches can be used in the classroom with young people. Experiences focused on drama, dance and movement and visual art were also introduced.

The book is divided into 11 chapters, with the first describing the process of the whole project to give an underpinning rationale for the work. Chapter 2 discusses the process through which PAR led to professional learning as well as to music/arts based therapeutic teaching as a new professional term. Ethical procedures, as well as validity and implications of findings, are also presented. The reference to the term reflexive products meaning research instruments which had originally been used in Nick Clough’s previous work (Monro & Clough, 2007) as well as the metaphor of the inter-professional talk and reflections during the enquiries in the manner of “scripts of different scenes in a play” (p.39), is of particular interest.

In the following chapters 3-9, the design of the actual participatory action enquiries is reported together with reflections and discussions. These chapters use a similar structure in the descriptions of the differing projects. Research questions are presented in the introduction section followed by a summary description and a series of six drawings representing the critical classroom episode described in the chapter.

Then follows a narrative account of the session where a full description is provided together with key features. Reflections of music therapists who work as teacher trainers in the classrooms as well as those of the teacher trainers working alongside them in the classroom are given. A ‘Framework of Competences’ (p.34), designed to capture the impact of the intervention on young people and teachers’ enhanced skills, knowledge and values respectively has been devised and is shown for each chapter. In the summary section, the authors attempt to answer the research questions using the related reflections presented above. A ‘Complementary Materials’ section is given at the end of each chapter that leads to Chapter 11 where all complementary materials are extensively explored.

In chapters 8 and 9 authors explore and illustrate the value of PAR and the development of such a research tool in the school setting. A specific textual outcome called ‘A Framework for Musicking Experiences in the Classroom’ in Chapter 8 could be of great interest and use to teachers wanting to incorporate and explore musical activities in the classroom. On the other hand, Chapter 9 provides examples of reflexive products as well as documentation that stimulated reflection and further action and enhanced ongoing professional learning. Chapter 10 then summarises the findings of the enquiries.

The central idea of this book is a critical stance aimed at the use of music by teachers at classroom level. It aims for the inclusion of children and young people with social, emotional and mental health issues in the classroom setting. In my opinion, this book's strength is the fact that teachers and therapists worked equally and collaboratively in the classroom. They learned from each other and created new knowledge together. As a music therapist and a teacher myself, I found this book extremely useful as it can be used both by music therapists to create new job opportunities in schools and by the teachers or school managers to ask for skill sharing projects in the classroom settings.

I did feel, however, that despite the seemingly clear structure, the inter-chapter references and large number of illustrations and tables impacted the flow of the book. Sometimes it was quite confusing to work out what was referring to which part of the project. Nevertheless, it should be recognised that fitting two years of PAR with a large number of participants in a book can be a challenging project.

In summary, I find this book to be timely as children and young people need further support to overcome the effects of COVID-19. The book is of use for both teachers to develop and incorporate new teaching strategies and music therapists to think more actively beyond 1-1 or small group music therapy sessions. It is also innovative as it relates to the clear gap in music therapy literature in terms of inter-professional work between teachers and music therapists in the classroom context. I hope that this book inspires other such projects in this field of work.

REFERENCES

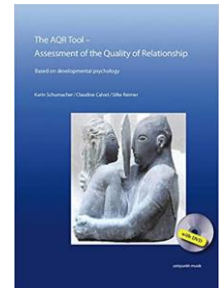
- Kolb, D.A. (1976). On management and the learning process. *California Management Review*, 18(3), 21-31.
- Monro, F., & Clough, N. (2007). Treading lightly. *Royal Society of Arts Journal*, 3, 25-29.
- Schostak, J.F. (2002). *Understanding, designing and conducting qualitative research in education: Framing the project*. Buckingham: Open University Press.

BOOK REVIEW

The AQR tool – Assessment of the quality of relationship (Schumacher & Calvet)

Reviewed by **Gustavo Gattino**

University of Aalborg, Denmark



Title: The AQR tool – Assessment of the quality of relationship **Authors:** Karin Schumacher & Claudine Calvet **Publication year:** 2019
Publisher: Reichert Verlag **Pages:** 84 **ISBN:** 978-3954903887

REVIEWER BIOGRAPHY

Gustavo Schulz Gattino, PhD, is a music therapist and Associate Professor in the Department of Communication and Psychology at Aalborg University (Denmark). He is a teacher of the Bachelor, Master and PhD music therapy programs at the same university. He is accredited as a music therapist by the Portuguese Association of Music Therapy (APMT) and the country representative of Denmark in the European Music Therapy Confederation (EMTC). Dr Gattino is the editor of the Portuguese Journal of Music Therapy (RPM). He is a member of the International Music Therapy Assessment Consortium (IMTAC) and also a member of the Publications Commission of the World Federation of Music Therapy (WFMT) [gattino@hum.aau.dk]

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This book refers to the most updated English version of the Assessment of the Quality of Relationship (AQR) tool. The AQR is a tool that helps assess the quality of the relationship between the client and the therapist. The assessment can answer whether the therapist's intervention is appropriate to the client's stage of development from a developmental psychology point-of-view. The AQR is applied mainly to children with autism spectrum disorder. There is a further development of the AQR for use with people with severe multiple disabilities, dementia, borderline personality disorder, and in psychosomatic medicine and neurorehabilitation. This tool was created in partnership between music therapist Karin Schumacher and psychologist Claudine Calvet.

The current version of the AQR (published in 2019) also involves collaboration with music therapist Silke Reimer, who provided the opportunity to further explore studies related to the attunement phenomena between client and music therapist. It is possible to see a substantial improvement in terms of theoretical development as well as minor modifications that facilitate the application and understanding of the AQR when comparing the current version to previous versions published in 1999 (Schumacher & Calvet-Kruppa) and 2007 (Schumacher & Calvet).

The current version of the AQR provides more detail on the construction of the instrument, as well as on the theoretical background that supports the rationale as well as understanding of different concepts and developmental milestones of the tool. These developments facilitate the interpretation of the different scores for each scale. This current version contains several excellent features,

including a detailed manual on applying and interpreting the different AQR scales and scores, and a DVD with a book that contains the forms for the four scales of the AQR. The DVD includes video examples (referring to different cases) to explain how to interpret the four AQR scales and their scores considering the different levels (modus) of the quality of the relationship.

One of the main differences in this new book version is the graphic visualization of successful attunement, which is assumed when both child and therapist act on the same relational modus (level of the quality of the relationship) referred to as an AQR match, which is rated as 1 = match or 0 = mismatch. Also, the book discusses essential considerations about the AQR training. The book does not state whether the training is offered in languages other than German, nor does it explain clearly how a therapist would apply or interpret the four AQR scales without the training. The authors clarify that the training is essential but do not detail precisely how therapists are limited in using the AQR if they do not take the training.

As with any manual or guide that includes a music therapy assessment tool, there are strengths and weaknesses (just a few points to consider) in this current version of the AQR. One of the main strengths of this book is the accessible language used to explain the assessment tool and each of the scales and instrument scores. The book lays out a chronological order of contents that allows the reader to become familiar with the instrument in general, going through a deepening of the different concepts related to the construct "relationship quality" to analyse the different scales more through their respective scores. As the Modi (levels of the quality of relationship) are practically the same for all the scales, the music therapist has a more direct understanding of what will be assessed, analysed (explored) and interpreted (understood). Similarly, the accompanying videos provide explicit knowledge of each Modus with regards to their interpretation in applying the different scales. In other words, there are specific ways to interpret each modus when considering a particular AQR scale. All assessment tools in music therapy should have videos that explain each score variation within the same scale. The videos on the DVD are straightforward and clear in what they intend to communicate to the reader. Another strength is the proposal of graphical visualizations for each of the different scales, which would allow a clear and objective analysis of what was assessed throughout the application of the AQR.

A few possible weaknesses include the absence of data on the instrument's validity and reliability, the lack of a case description applying the AQR, and the difficulty of interpreting the existence of attunement by the match or mismatch of music therapist and client in the same Modus. The authors do not clearly state information on reliability or evidence of the validity of the AQR compared to other assessment instruments. Although the studies by Mössler et al. (2019; 2020) were underway at the time of publication of the book, it is important to note that these are probably the first studies to show any evidence for the use of the AQR in comparison to other instruments. Validity evidence is fundamental to verify the degree to which empirical evidence and theoretical foundations support the appropriateness and adequacy of any conclusions drawn from the use of a particular type of assessment tool (AERA, APA, NCME, 2014).

Regarding the absence of a case study, it would be interesting to see how the AQR is applied in practice, with examples of possible difficulties and strengths in applying the instrument to facilitate concrete insights on how the tool is used. Some assessment tool manuals such as the Individualized Music Therapy Assessment Profile (IMTAP) (Baxter et al., 2007) and Music Therapy Social Skills

Assessment Documentation Manual (MTSSA) (Rook et al., 2014) include different cases to exemplify the use of the assessment tools.

One last gap I identified refers to the interpretation of attunement by the presence of a match or mismatch considering the level of the quality of relationship presented by the music therapist and client. According to Mössler et al. (2020), the interpretation of a match or mismatch concerning the different Modi in the AQR scales might reduce the understanding concerning the attunement between music therapist and client. In this study, Mössler et al. (2020) showed that in less than 50% of the assessed sessions, 101 children with autism spectrum disorder aged 4-7 years had a match where music therapist and client were in the same Modus. Thus, the understanding that attunement only happens in this situation of "matching the same modus" might reduce or underestimate the relevance of the AQR scores. Agreeing with Mössler et al. (2020), I understand that being in the same Modus (level of the quality of the relationship) does not represent a certainty about the level of attunement. The therapist may be experiencing a different Modus than the client because the therapist might have a clear intention or objective to help the client achieve different kinds of interactions or responses. In this example, mismatching could potentially be needed. Thus, the criticism here is not in comparing the level of relationship between the client and the music therapist but in how this comparison is interpreted.

In summary, I strongly recommend music therapists who serve clients with different neurodevelopmental conditions use this book as well as all those interested in familiarising themselves with an assessment tool in music therapy that presents a consistent and high standard of quality. This standard of quality is reflected in the construction and presentation of the instrument, in the characterization and detailing of the construct presented, and in the explanation of how to apply and understand the different scores of the scale. Also, this book is recommended because it presents relevant possibilities for both quantitative and qualitative analyses and interpretations regarding the various qualities of the therapeutic relationship in the music therapy process.

REFERENCES

- American Educational Research Association, American Psychological Association, National Council on Measurement in Education, Joint Committee on Standards for Educational and Psychological Testing (U.S.A.). (2014). *Standards for educational and psychological testing*. American Educational Research Association.
- Baxter, H., Berghofer, J., MacEwan, L., Nelson, J., Peters, K., & Roberts, P. (2007). *The individualized music therapy assessment profile*. Jessica Kingsley Publishers.
- Mössler, K., Gold, C., Aßmus, J., Schumacher, K., Calvet, C., Reimer, S., Iversen, G., & Schmid, W. (2019). The therapeutic relationship as predictor of change in music therapy with young children with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 49(7), 2795-2809. <http://dx.doi.org/10.1007/s10803-017-3306-y>
- Mössler, K., Schmid, W., Aßmus, J., Fusar-Poli, L., & Gold, C. (2020). Attunement in music therapy for young children with autism: Revisiting qualities of relationship as mechanisms of change. *Journal of Autism and Developmental Disorders*, 50(11), 3921-3934. <https://doi.org/10.1007/s10803-020-04448-w>
- Rook, J., West, R., Wolfe, J., Ho, P., Dennis, A., & Nakai-Hosoe, Y. (2014). *Music therapy social skills assessment and documentation manual (MTSSA): Clinical guidelines for group work with children and adolescents*. Jessica Kingsley Publishers.
- Schumacher, K., & Calvet-Kruppa, C. (1999). The "AQR"—an analysis system to evaluate the quality of relationship during music therapy: Evaluation of interpersonal relationships through the use of instruments in music therapy with profoundly developmentally delayed patients. *Nordic Journal of Music Therapy*, 8(2), 188-191. <https://doi.org/10.1080/08098139909477974>
- Schumacher, K., & Calvet, C. (2007). The "AQR-instrument" (assessment of the quality of relationship) – an observation instrument to assess the quality of a relationship. In T. Wosch & T. Wigram (Eds.), *Microanalysis in music therapy: Methods, techniques and applications for clinicians, researchers, educators and students* (pp. 79-91). Jessica Kingsley Publishers.

LETTER TO THE EDITOR

Response to Gattino's review of the book 'The AQR tool – Assessment of the quality of relationship'

Karin Schumacher

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AUTHOR BIOGRAPHY

Karin Schumacher, Prof. Dr. rer. sc. mus. has been working since 1974 as a music therapist and child/adolescent psychotherapist with children on the autistic spectrum, and since 1984 as a professor of music therapy, founding and continuing the development of the training for music therapy at the Berlin University of the Arts. Her research focus is on music therapy and infants, especially the development and assessment of interpersonal relationship skills. Together with Claudine Calvet, she developed the AQR Tool, an observation tool to assess the quality of relationship. [schumaka@gmx.de]

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I am writing this letter to add some facts and answers to questions asked in Gattino's review of 'The AQR Tool – Assessment of the Quality of Relationship' which was published in *Approaches* (Gattino, 2022). The book, *'The AQR Tool – Assessment of the Quality of Relationship. Based on Developmental Psychology'*, was authored by three authors. Two of us, Claudine Calvet and I, developed the tool, and Silke Reimer's role as the third author was very relevant for the revised publication. Reimer added some important ideas, especially for the accompanying DVD. The following themes made in Gattino's review needed to be commented on: reliability, case study, certification courses, research, and references.

Reliability: The reliability of the AQR tool was mentioned in the book (see page 10). This reliability could therefore be proven by 84 raters from four different cities (Vienna, Berlin, Munich and Sjövig) who were first trained and then did this work. The result of this examination of reliability, carried out by an independent statistician, showed an Intraclass-Correlation (ICC) higher than 0.74, which meant that the reliability was very good (Stallmann, 2006). The validity has not been done because we could not find a comparative tool for assessing the quality of relationship for the first three years of life. This is perhaps an area that could be addressed in the future.

Case study: There were two publications (one with DVD) where you could find a case study analysed with the help of the AQR Tool. In German, readers could find a book (Schumacher, 2017). This book was about the three years of work with an autistic boy called Max, which was published in 1994 before the AQR Tool was developed. In 2016, I re-examined the film material from this work with Max

and analysed it with the help of the AQR. This book is published again in German, now with a DVD and is entitled *Musiktherapie bei Kindern mit Autismus, Musik-Bewegungs- und Sprachspiele zur Behandlung gestörter Sinnes- und Körperwahrnehmung* (2017). In English, readers could find another case study in an article (Schumacher, 2014). This article described the application of the AQR Tool in music therapy work with Steven.

Certification courses: Our training course lasts ninety (90) hours over five weekends and is only for experienced music therapists. Over the past 16 years of running this course, we found that it was necessary to teach practitioners how to use the AQR Tool. Developmental psychology forms the basis of this tool, and it is often not taught in the curriculum of different music therapy training programmes. This knowledge is not only valuable for work with children with social-emotional difficulties, including children with autism, but also for other areas of music therapy clinical practice. In these courses, all participants have to demonstrate how they work and how well they understood the book. To read is one thing, but to show how one practices and explains their interventions indicates if one has understood this tool. The danger of applying this tool without a deep understanding of developmental psychology and supervision is that one might obtain superficial and imprecise results regarding the quality of relationship. Over the last years, I have offered introductions in English and other languages, with the help of translators from many countries including France, Italy, Russia, Ukraine, and Hungary. Colleagues in Japan and Korea were particularly interested, and we have now introduced certification courses in their countries. My impression was and is that we need more time for this complex and important question: Does the therapeutic relationship have a good quality? In other words, does the therapist reach his or her client with their music therapeutic intervention through an appropriate assessment of the state of development? The most common mistake, in my experience, was to expect the capacity for joint attention and the attempt to enter into dialogue with a client who does not have the ability to do so.

Research: The research work with Karin Mössler showed whether the music therapeutic intervention has reached the patient, that means whether a “shared moment” can be observed. Through the Covid-19 pandemic we stopped our plan to give a course in English, but we will see what is possible in the future. At the moment, we offer courses in Berlin, Munich, Vienna, and Zürich. The newest are in Korea and Japan, where colleagues were very interested to profit from our knowledge and to teach the AQR Tool in their countries.

References: The latest revised summaries of the AQR Tool can be found in English (Schumacher et al., 2018) and in German (Schumacher et al., 2021). Two articles mentioned in Gattino’s book review (i.e., Schumacher & Calvet-Kruppa, 1999; Schumacher & Calvet, 2007) are outdated.

REFERENCES

- Gattino, G. S. (2022). Book review: The AQR tool – Assessment of the quality of relationship (Schumacher & Calvet). *Approaches: An Interdisciplinary Journal of Music Therapy*, 1-3. <https://approaches.gr/gattino-br20220228/>
- Schumacher, K. (2014). Music therapy for pervasive developmental disorders, especially autism: A case study with a theoretical foundation and an evaluation tool. In J. De Backer & J. Sutton (Eds.), *The music in music therapy. Psychodynamic music therapy in Europe: Clinical, theoretical and research approaches* (pp. 109–125). Jessica Kingsley Publishers.
- Schumacher, K. (2017). *Musiktherapie bei Kindern mit Autismus, Musik-Bewegungs- und Sprachspiele zur Behandlung gestörter Sinnes- und Körperwahrnehmung*, with DVD in collaboration with C. Calvet und S. Reimer. Reichert.

- Schumacher, K., & Calvet-Kruppa, C. (1999). The "AQR – an analysis system to evaluate the quality of relationship during music therapy: Evaluation of interpersonal relationships through the use of instruments in music therapy with profoundly developmentally delayed patients. *Nordic Journal of Music Therapy*, 8(2), 188-191.
- Schumacher, K., & Calvet, C. (2007). The "AQR-instrument" (Assessment of the Quality of Relationship): An observation instrument to assess the quality of a relationship. In T. Wosch & T. Wigram (Eds.), *Microanalysis in music therapy. Methods, techniques and applications for clinicians, researchers, educators and students* (pp. 79–91). Jessica Kingsley Publishers.
- Schumacher, K., Calvet, C., & Reimer, S. (2018). The AQR Tool - Assessment of the quality of relationship. In S. L. Jacobsen, G. Schulz-Gattino & Eric G. Waldon (Eds.), *Music therapy assessment: Global perspectives and contemporary issues* (pp. 197–214). Jessica Kingsley Publishers.
- Schumacher, K., Calvet, C., & Reimer, S. (2021). EBQ – Einschätzung der Beziehungsqualität. In H.-H. Decker-Voigt & E. Weymann (Eds.), *Lexikon Musiktherapie* (3rd ed., pp. 123-127). Hogrefe.
- Stallmann, M. (2006). Zwischenmenschliche Beziehungsfähigkeit: Ergebnisse der Reliabilitätsprüfung eines neu entwickelten Instrumentes zum Wirkungsnachweis der Musiktherapie. In B. Müller-Oursin (Ed.), *Ich wachse, wenn ich Musik mache: Musiktherapie mit chronisch kranken und von Behinderung bedrohten Kindern* (pp. 75–104). Reichert.

CONFERENCE REPORT

The 12th European Music Therapy Conference: 'music therapy in progress: please disturb'

Stella Hadjineophytou

Nordoff Robbins Music Therapy, UK

CONFERENCE DETAILS

The 12th European Music Therapy Conference
'music therapy in progress: please disturb'
8-12 June 2022, Edinburgh, United Kingdom

AUTHOR BIOGRAPHY

Born in London, UK, **Stella Hadjineophytou** is a registered music therapist working with Nordoff Robbins Music Therapy charity in the southwest of Scotland, facilitating music therapy in recovery settings, care homes, and a range of educational institutions. Stella is an editorial board member of *Approaches: An Interdisciplinary Journal of Music Therapy*. [stella.hadjineophytou@nordoff-robbins.org.uk]

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INTRODUCTION

The 12th European Music Therapy Conference was hosted by the British Association for Music Therapy (BAMT) between 8-12 June 2022 in Edinburgh, Scotland. This event marked the 30th anniversary of European Music Therapy Confederation (EMTC) conferences as well as the first hybrid EMTC conference following the Covid-19 pandemic and was consequently attended by over 750 delegates both online and in-person. The venue was Queen Margaret University (QMU), which offers the only music therapy training course in Scotland. The conference theme was 'music therapy in progress: please disturb', accompanied by an invitation to "shoogie", a Scots term meaning to "shake up" (Dowling et al., 2022). I was hopeful that this would encourage constructive challenges to the profession.



12TH EUROPEAN MUSIC THERAPY CONFERENCE, EDINBURGH 2022

Photograph 1: Conference logo

OPENING CEREMONY

Arriving delegates were welcomed at the entrance by music therapist Rory Campbell playing the Highland bagpipes. Inside the venue, a jazz trio accompanied the excitable hubbub of chatter and laughter. Introductory speeches were heard from conference co-chairs Philippa Derrington, Giorgos Tsiris, Luke Annesley, and Claire Flower, as well as BAMT Chief Executive Andrew Langford and EMTC president Esa Ala-Ruona. Afterwards there was a rousing performance from Health in Harmony, a choir formed of care workers based in the Scottish Borders.



Photograph 2: Rory Campbell welcoming delegates



Photograph 3: Health in Harmony performing at the opening ceremony¹

PROGRAMME

The theme of 'disturbing' was reflected in the programme of workshops, roundtables, and presentations, and the organisers created additional spaces for meditation, music-making, art-making, and exhibitions. There were three refreshingly varied spotlight presentations. Brendan McCormack opened with a call for artistic creativity to inform the research of person-centred practice, illustrating with examples of poetry and imagery. Drawing on collective experience, Nate Holder and Jamal Glynn proved the need for revised music therapy frameworks to accommodate minoritised communities, and



Photograph 4: Brendan McCormack's keynote

¹ ©Diffraction Industries.

I found Glynn's account of training on a UK music therapy course as a steel pan player to be incredibly illuminating. Irish singer Karan Casey closed the conference with a discussion of singing as a performance of social justice. The final moments saw everyone singing the Scottish/Irish folk song "Wild Mountain Thyme," creating a sense of unity in the room just moments before we dispersed (see also the related podcast episode: Casey & Annesley, 2022).

The programme of parallel sessions was rich and stimulating. I was inspired by Francis Myerscough and Tory Williams' fantastic presentation charting the evolution of their Phoenix Song Project – which facilitates music therapy groups for transgender and nonbinary communities – into a co-produced, community-led organisation. They described how this helps to champion lived experience, subvert power dynamics, and challenge pathologised perceptions of trans people. I was encouraged to consider how I might facilitate co-led communities in my own work.

The Nordic Journal of Music Therapy (NJMT) offered a useful workshop on "Strategies for success in peer-reviewed publications," in which delegates learned about the journal's submission process and expressed aspirations for research. I was impressed with how co-editor Grace Thompson led the workshop with accessible language that catered for new and experienced authors alike, and I hope that NJMT consider replicating this workshop in more accessible spaces.



Photograph 5: Nate Holder and Jamal Glynn's keynote



Photograph 6: The conference co-chairs Philippa Derrington, Claire Flower, Luke Annesley and Giorgos Tsiris at the closing ceremony

Ludwika Konieczna-Nowak gave a memorable presentation on “asynchronous online music therapy” with a teenager with attachment trauma. Konieczna-Nowak recounted how messaging applications were initially used to overcome practical limitations concerning internet access and facilities, but that the temporal and physical space inherent in online communication aided the development of a trusting therapeutic relationship. Delegates queried the management of boundaries and Konieczna-Nowak provided well-considered explanations – the whole room felt quite “shoogled”!

I was keen to attend a roundtable which brought together the editors of four open access journals to tackle the topic of “Decolonising music therapy: What’s the role of open access journals?”. There was spirited debate on issues of accessibility regarding language (the primary publication language often being English), education (expectations to write in a particular style), disability (considering access to visual or written materials), and finance (authors and editors are not paid for their time and contributions). A notable comment came from Andeline dos Santos (co-editor-in-chief of Approaches), who suggested that open-access journals engage with the communities they foster by offering opportunities for individuals to be proactive in the “meaning-making” of the journal.

ACCESSIBILITY

In a statement published prior to the conference, the organisers pledged to make this event as accessible as possible. This was my first in-person conference, and any apprehension faded quickly as I felt instantly comfortable and welcomed. I noted a sizable student population in attendance, and I commend the decision to engage QMU music therapy trainees as volunteers. The hybrid format was a triumph in circumventing matters of travel, illness, and personal circumstance. Presentation recordings were initially available for a month; this was later extended to three months, which I hope becomes standard practice for future conferences. The livestream management was impressively handled by the QMU volunteers although occasionally connectivity issues impacted the timings and/or audio of the presentations I attended. There was the option for live captioning, and the limited seating at the opening ceremony might have been better positioned to optimise viewing for disabled delegates.



Photograph 7: Open jam night



Photograph 8: QMU music therapy trainees volunteering at the conference

I consider the financial cost of the EMTC conferences (and of course many other music therapy conferences) to be another important issue of accessibility. At EMTC 2022, a face-to-face ticket was £450 (student price £200) if purchased during the “early bird” period, rising to £550 (student price £300) thereafter, which did not include the “Night at the Museum” social event (£66 extra). Whilst it is encouraging to see such substantial discounts offered to students, when compounded with the cost of travel, accommodation, and leave

from work, these ticket prices exclude financially disadvantaged voices and favour those individuals supported by academic affiliation or salaried jobs. I hope to see the profession collectively responding to this issue at conferences to come.



Photograph 9: Gala dinner at the National Museum of Scotland

REFLECTIONS

This conference was a wonderful opportunity for friendship and growth. I was left feeling saturated and exhausted, yet simultaneously inspired and energised. Thank you to the organisers for their tremendous efforts and for curating an excellent programme. As I consider my attendance at future conferences, I hope continued focus on accessibility will help to diversify and nourish our profession. We can look forward to the upcoming 17th World Congress of Music Therapy in Vancouver in July 2023, as well as the 2024 UK BAMT conference and the 2025 EMTC conference in Germany!

Note

Photographs 2, 3, 6, and 8 ©Diffraction Industries.

REFERENCES

- Casey, K., & Annesley, L. (Host). (2022, June 23). Does singing songs make a difference? (No. 63) [Audio podcast episode]. In *Music Therapy Conversations*. British Association of Music Therapy. <https://www.bamt.org/DB/podcasts-2/karan-casey>
- Dowling, M., Hussey, C., Maclean, E., & Tsiris, G. (Eds.). (2022). Abstracts of the 12th European Music Therapy Conference. *British Journal of Music Therapy*, Online Special Edition, 1-315. <https://journals.sagepub.com/page/bjmb/abstractsofthe12theuropeanmusictherapyconference>
- Queen Margaret University Edinburgh (2022). *The 12th European Music Therapy Conference*. <https://www.qmu.ac.uk/conferences-and-events/emtc-2022/>

CONFERENCE REPORT

The 2nd Music Therapy Charity conference: “Music therapy in the UK”

Jonathan Tang

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CONFERENCE DETAILS

The 2nd Music Therapy Charity conference:

“Music therapy in the UK”

29-30 October 2022, London, UK

AUTHOR BIOGRAPHY

Jonathan Tang is currently a PhD candidate at the University of Sheffield. He has worked as a music therapist in medical, special education, and mental health settings in Singapore and the US. His research interests include the intersections between culture, music, and health, as well as diversity, equity, and inclusion. [jwltang1@sheffield.ac.uk]

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INTRODUCTION

“Music Therapy in the UK” was the 2nd Music Therapy Charity (MTC) conference jointly organised by the Research Committee of the MTC and the Music Therapy Department at the Guildhall School of Music and Drama in London, UK. This two-day conference, albeit short, was packed with so much and left me wanting for more.

The conference comprised an impressive range of workshops and research presentations. To name a few, Sarah Gail Brand led a workshop on improvised music making in music therapy and musical performance. Kris Hutchison and Ann Sloboda both facilitated clinical work discussions, with the aim of tapping into the collective expertise of the group to deepen and advance clinical practice. Research presentations were given by recipients of grants awarded by the MTC. They featured a broad range of topics including working with parents of premature babies by Elizabeth Coombes, disability and ethics in music therapy research by Tara Roman, vocal interplay with an autistic child by Tina Warnock, and a Person Attuned Musical Interactions (PAMI) manual in dementia care by Bryony Waters. In addition to these more ‘academic’ offerings, we were treated to delightful live performances by staff and students of the Guildhall School of Music and Drama. The diversity of content is testament to the mission of the MTC, which is to support music therapy training and academic music therapy research.

THEMES THAT THREAD THROUGHOUT THE CONFERENCE

Two themes appeared to thread throughout the workshops and presentations: the importance of collaborative co-produced research and the transdisciplinary nature of our work. Co-production as well as Patient and Public Involvement (PPI) are buzzwords in contemporary healthcare research (Bagley et al., 2016; Price et al., 2022; Staley, 2015). This ensures that research is relevant and impactful for various stakeholders involved. It was heartening to see that both experienced and early career researchers within our profession are taking similar steps by involving the public and patients in the research process. In their keynote sessions, both Catherine Carr and Tracey McConnell highlighted how involving multiple stakeholders (e.g., family members and informal carers) facilitates high quality research through mutual learning. In his research, Joon Oh focused on elevating the voices of migrant workers and young people from multicultural backgrounds in South Korea, with the aim of developing appropriate music therapy programmes that reflect their needs and experiences. These are just some examples of co-produced research that is happening in our profession in the UK and internationally.

The second theme that emerged for me was the highly transdisciplinary nature of our work. I use transdisciplinary as opposed to multidisciplinary and interdisciplinary because it captures the holistic approach that not only integrates distinct disciplines but also creates a common conceptual-theoretical-empirical structure for research (Fawcett, 2013; Twyford & Watson, 2008). For example, Giorgos Tsiris called for a critical reconsideration and engagement with spirituality in music therapy research that goes beyond siloed understandings of spirituality within academic disciplines. Additionally, Claire Flower, in her keynote, challenged the implicit divide between practice and research to advocate for practitioners and researchers to 'dance' together. During the conference, we also celebrated the launch of Neta Spiro's hot off the press co-edited book, *Collaborative Insights: Interdisciplinary Perspectives on Musical Care Throughout the Life Course* (Spiro & Sanfilippo, 2022). Each chapter was coauthored by at least one practitioner and one researcher, suggesting the importance of integrating multiple perspectives to understand the multifaceted role of music in health and well-being. Taken together, the opportunity for researchers, practitioners, and the public to work together, sharing power and responsibility to create and generate research knowledge is very exciting and I cannot wait for what the future will bring.

REFLECTIONS FOR THE FUTURE

Towards the end of the conference, the MTC Research Committee members facilitated an open dialogue with delegates on future funding priorities. This reflected the aforementioned collaborative and transdisciplinary nature of our work, as well as the openness of the Charity. I felt that it was a good opportunity to share ideas and I appreciated them for having this time and space for discussion.

In the same vein, I would like to share my reflections of this conference. The conference featured innovative research that was important for advancing our profession. For me, however, what was lacking was diversity in representation and research. Most presenters appeared to be white and female. While this might reflect the current demography of the music therapy profession in the UK, I hope to see more practitioners and researchers from diverse ethnic and marginalised communities apply for these grants. Furthermore, I hope that future grants can be directed toward topics that support diversity, equity, and inclusion, as well as social justice and anti-oppressive music therapy

research and practice (Baines, 2021; Leonard, 2020). The BAMT Diversity Report (Langford et al., 2020) highlighted several areas for consideration, of which diversity, representation, and equality were mentioned. This is an area that I am particularly passionate about because of my own positionality as a person of colour in the UK. The recent special edition on equality, diversity, inclusion, and belonging in the *British Journal of Music Therapy* is an excellent start (Millard, 2022), but much more empirical research is needed for us to practice music therapy in an ethical, anti-oppressive manner that best serves our clients and their families.

In conclusion, I would like to thank the organising committee, in particular the conference chair Rachel Darnley-Smith and the MTC administrator Nicola Barton, for organising such a wonderful event! Kudos to everyone involved and I look forward to future events organised by the MTC. My participation in the conference was supported by the Arts & Humanities Research Council (grant number AH/R012733/1) through the White Rose College of the Arts & Humanities.

REFERENCES

- Bagley, H. J., Short, H., Harman, N. L., Hickey, H. R., Gamble, C. L., Woolfall, K., Young, B., & Williamson, P. R. (2016). A patient and public involvement (PPI) toolkit for meaningful and flexible involvement in clinical trials – a work in progress. *Research Involvement and Engagement*, 2(1), 15. <https://doi.org/10.1186/s40900-016-0029-8>
- Baines, S. (2021). Anti-oppressive music therapy: Updates and future considerations. *The Arts in Psychotherapy*, 75, 101828. <https://doi.org/10.1016/j.aip.2021.101828>
- Fawcett, J. (2013). Thoughts about multidisciplinary, interdisciplinary, and transdisciplinary research. *Nursing Science Quarterly*, 26(4), 376–379. <https://doi.org/10.1177/0894318413500408>
- Langford, A., Rizkallah, M., & Maddocks, C. (2020). *BAMT Diversity Report*. British Association for Music Therapy. <https://www.bamt.org/resources/diversity-report>
- Leonard, H. (2020). A problematic conflation of justice and equality: The case for equity in music therapy. *Music Therapy Perspectives*, 38(2), 102–111. <https://doi.org/10.1093/mtp/miaa012>
- Millard, E. (Ed.). (2022). Special edition: Equality, diversity, inclusion and belonging [Special issue]. *British Journal of Music Therapy*, 36(1).
- Price, A., Clarke, M., Staniszewska, S., Chu, L., Tembo, D., Kirkpatrick, M., & Nelken, Y. (2022). Patient and Public Involvement in research: A journey to co-production. *Patient Education and Counseling*, 105(4), 1041–1047. <https://doi.org/10.1016/j.pec.2021.07.021>
- Spiro, N., & Sanfilippo, K. R. M. (Eds.). (2022). *Collaborative insights: Interdisciplinary perspectives on musical care throughout the life course*. Oxford University Press.
- Staley, K. (2015). 'Is it worth doing?' Measuring the impact of patient and public involvement in research. *Research Involvement and Engagement*, 1(1), 6. <https://doi.org/10.1186/s40900-015-0008-5>
- Twyford, K., & Watson, T. (Eds.). (2008). *Integrated team working: Music therapy as part of transdisciplinary and collaborative approaches*. Jessica Kingsley Publishers.

CONFERENCE REPORT

Key Changes Music Therapy Annual Conference “Just when we thought it was safe...”

Lisa Margetts

University of Roehampton; Autism Unlimited, UK

CONFERENCE DETAILS

Key Changes Music Therapy Annual Conference

“Just when we thought it was safe...”

26 November 2022, Winchester, UK

AUTHOR BIOGRAPHY

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INTRODUCTION

This is an exciting time for the profession of music therapy. Many new areas of research and practice are being developed and avenues being found to respond to people seeking support amidst challenging geopolitical, social, and economic circumstances. Together with the impact of the global pandemic, these conditions continue to test services with the potential to generate uncertainty and anxiety. The Key Changes 2022 Annual Conference theme, *Just when we thought it was safe...*, was born from the charity's therapy team's shock and dismay upon learning of the ongoing, and as yet unresolved, process of change for the MA in Music Therapy programme at University of Roehampton, London. As

a former Senior Lecturer for the programme for seven years, this sense that one of the foundations of the profession in the UK has been shaken is one I share. Through a rich and varied programme of paper presentations, workshops and sensitively placed reflective spaces, the conference offered both a



Photograph 1: Margetts raising awareness of her book *Intercultural Music Therapy Consultation Research: Shared Humanity in Collaborative Theory and Practice* (2002, published by Routledge), at the Key Changes conference.

celebration of innovative clinical work and a rare, welcome forum to acknowledge, express and explore strategies in response to contemporary challenges.

CONFERENCE PROCEEDINGS

The substantial Key Changes Music Therapy team provides music therapy services to a wide range of client groups across the county of Hampshire, UK. The enlivening musical opening, a consistent element of these annual conferences for over 20 years, literally surrounded delegates with resonant rhythmic drumming by members of that team. In the following introduction and welcome, Jim Squire, Chair of Key Changes, then urged us all to 'indulge' in the rich material to follow.

The morning session comprised three presentations of clinical work in contemporary areas, which highlighted the efficacy and importance of collaborative working with parents and fellow professionals. The first, presented by Minna Harman, was entitled "The Song is Ended but the Melody Lingers on: The Development of a Music Therapy Group". The recovery of a special school class of six children with complex needs following the non-Covid-19 passing of a member immediately following the first lockdown of the pandemic was movingly described. Space, and gentle, responsive support, offered by the therapist to both class staff and children in their own timeframe, was fundamental to the gradual assimilation of this loss.

In the second presentation, "Some Sing to Remember, Some Sing to Forget: Music Therapy with People Experiencing Homelessness in Swansea During the Pandemic," Jo Humphreys considered individual and open group sessions provided as part of a 'move-on project' in a hostel in collaboration with Nordoff-Robbins Music Therapy. The inspiring journey of one young, talented rapper from individual sessions to developing capacity to thrive in a group vividly illustrated the potential of music to create and support a sense of community.

The third paper was "George's Lullaby: A Case Study of the Use of Music Therapy to Support Parents and their Infant on a Palliative Pathway", presented by Kirsty Ormston. Based at Noah's Ark, Great Ormond Street Hospital, this poignant case history described the therapist's end-of-life support for a family whose infant son had a life-limiting condition. Central to being with this family in this time of trauma was the empowerment of the baby's parents to musically connect with him and each other at the end of his short life.

Planned space in which to hold and process the profound emotional impact of these moving stories as a group through musical improvisation was indeed welcome. The afternoon began with the opportunity to continue to reflect on how we, as music therapists, both view and undertake self-care in response to work which, while rewarding and nourishing, can also take an emotional and physical toll. Entitled "But what about me?", and led by Leigh Warren-Thomas, this discussion forum was framed by the ethical imperative of self-care in terms of fitness to practice, as stated by HCPC Standards of Proficiency 2023. The group explored aspects relating to the prioritisation of wellbeing including expectations of oneself and those perceived from employers, practical obstacles and mitigating strategies.

The fourth session was entitled "Music Therapy and Biodiversity: Adapting Practice and Thinking Around Climate Emergency" and presented by Elizabeth Coombes and Rebecca Sayers. Prompted, in part, by an increase in anxieties brought by clients around climate change that included the

provenance of instruments, delegates were challenged to actively consider issues of sustainability in all areas of practice. Balancing an ideal response with professional realities such as geography, transportability and durability of instruments, local employment availability, and economy provided timely discussion points.

Against the emotive backdrop of the recent consultation process and ongoing uncertainty for the arts therapies programmes at the University of Roehampton, Emeritus Professor of Dramatherapy, Anna Chesner, then delivered a thought-provoking Keynote: "Being with Change." This concept, Chesner argued, creates ambivalence as there are changes that we embrace and those that need to be resisted. Physical as well as emotional ways in which our response to organisational change are experienced, particularly when processes go against our ethos as therapists, were discussed and group experiential exercises further explored their embodiment. In summary, Chesner drew together ways in which we as music therapists can equip and support ourselves to weather the storms of change through taking care of our health, artistry, and creativity, and by maintaining professional solidarity.

CONCLUSION

Having had the privilege of presenting my own clinical work and research at several of these events over the years, I have been consistently struck by the accessibility, relevance and inclusivity of the content. The spirit of this conference was no exception. While different experiences of a sense of professional 'teetering on the edge' (as described in the conference programme), were central, there also prevailed a tangible warmth and joy in being able to meet face-to-face again as part of a music therapy community.

