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Editorial team

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EDITORIAL

Images of "gatekeeping"

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An increased attention to anti-oppressive practices has informed critical explorations of 'gatekeeping' in the music therapy profession, including issues pertaining to academic education, supervision, and ethics (Gombert, 2022; Hicks, 2020; Hsiao, 2014; Wetherick, 2024). Gatekeeping practices, as Fansler et al. (2019) write, become established based on which knowledges are regarded as acceptable or unacceptable. Such knowledges depend on

> understandings about health and illness, disabled and enabled, therapist and "client," teacher and student, "appropriate" behaviors, "inappropriate" language (including censorship of participants, minoritized music therapists, and musics within music therapy practice, as well as the elevation of "standard English" in academic contexts), who is "at risk," what is normal, and so on. These understandings lead us to construct academic requirements/curricula, standards of practice, professional competencies, codes of ethics, research standards, and so on, which all work to reinforce the borders that have been constructed in the development of the profession. (Fansler et al., 2019)

These layers of gatekeeping shape our professional discourse and underpin the behind-the-scenes processes of academic publishing too. Indeed, journal editors and peer reviewers are often perceived as 'gatekeepers' holding the power to legitimise research findings and influence the construction of knowledge and future professional directions in a field. Such power is not neutral.

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It involves highly complex processes coloured by sociocultural influences, disciplinary assumptions and, at times, competing professional agendas and power dynamics.

In this editorial, we take a step sideways to share our views and experiences of 'gatekeeping' as editors of *Approaches* as it completes its 15th anniversary. Each of us reflects creatively, drawing on images of gates, sounds, and metaphors. We invite you, the reader, to engage with these reflections as invitations, opening a space to consider your respective experiences too.

Andeline's invitation

Image 1: Open-and-closing door

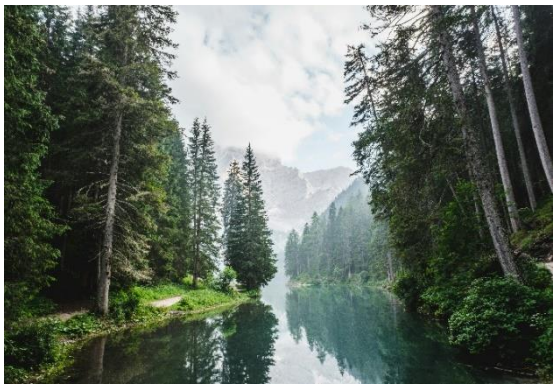

Image 2: The river

Image 3: Beehive

A gate can be multiple things at the same time.

Doors can be both open and closed. I do value methodological rigour as I have been taught to understand it. I admit to loving the order and shiny perceived excellence of it. Crucially, I also value humility. Many perspectives may go against my understanding of "how things should be." My own framework is and will always be remarkably incomplete. I may be confronted with views that surprise me in terms of how groundbreaking they are, as they shake my foundations, or they may simply be different in the rich ordinariness of another's lived experience in a different place, with people I have never met, ideas I have not encountered, and music I have not previously heard.

The left half of the door stays open (Image 1). It must. It wants to. Cool breezes blow through. An open-and-shut door. That works. Doesn't it?

Perhaps a "gate" could be a river (Image 2). As a new researcher, I stood on one side of the river—amidst the spiky trees—and gazed over at the "experts" on the other side. The water in between us was icy. The speed. The depth. I had a raft, but it didn't seem sturdy enough. I could try calling out to ask those on the other side how they got there… but no… who am I to call out to them?

Somehow (I'm still not quite sure how), I woke up one day on the other side of the river. I would love to see if there are any travellers waiting on the bank I stood on before. I have a dingy I can share. A rope bridge I can throw over to help them across.

I also walk through the forest to explore. Through the trees I see… a new river…

I don't experience being a solitary bee (Image 3), deciding who is allowed in the beehive. Welcoming ideas, celebrating studies, asking questions about conclusions, and inviting additional critique are part of a collective effort. We influence each other and work together as an editorial team.

A beehive may generate more honey than a solo bee, but also sorer stings. I believe in the wisdom of collaborative approaches, but I know that “group-think” and collective power always need rigorous examination.

As I explored these three images through improvisation at my piano, I was drawn to dwell in the tension they each held. The music wanted to pull me between bright, open, extrovert friendliness and tighter, squarer, more rigid musical shapes. How to resolve this? Or what is this overlapping zone that may require recognition rather than resolution? In music therapy, we know all about multi-textured music that can hold groundedness and flexibility, order and playfulness, a sturdy ostinato and a flighty melody, and a repeated 12-bar structure with improvisational surprises inside. That’s often where the reality of experience and relationship lies most realistically.

Nicky ’s invitation

One reason I was keen to join the editorial team of *Approaches* was to support new researchers and writers. In my role as an associate editor, I find the notion of being a ‘gatekeeper’ of knowledge discomforting and valuable to explore.

Three images came quickly to mind (hand drawn and found) and I used solo improvisation in an iterative process of arts-based reflexivity (Schenstead, 2012) or *thinking through improvisation* (Haire, 2022) to further deepen my explorations.

Image 4: A spider’s web

Image 5: Air through strings

Image 6: Gate lines

Spun from silk, a spider’s web is sticky (Image 4). Often the long threads spun between branches are not visible to humans and if you happen to move through one, the thread is broken and some of it will likely remain on your clothes or body; though I find that the sensation of this is the thing that stays with me. The gately hammock spiders create to catch insects seems a transient kind of barrier with a deadly purpose and maybe somewhat removed from academic human ecology. I enjoy its coherence and threads of connection but the experience of finding yourself in the midst of a web you were not aware existed, and the invisible/visible lines, remind me of my experience of academic rules, habits, and hierarchies of knowing. In my initial response improvisation, I explored the feel of a sticky gate.

Image 5 came out of a notion of a vibration of air caused by a bow on a string. I was thinking about the ways string instruments are constructed and the tension a string holds in order to sound. Each string is comfortable resonating at a different pitch. Is a taut string kind of like a gateway? That idea led me to try and play this out using my violin and I found myself exploring modes and scales; my

own internal gates that formed an intangible sonic scaffolding. I embody these in how I sound and play within specific technical and cultural musical parameters. Towards the end of my response improvisation, I found myself trying to outrun these modes. How much do we make our own gates? What body-mind processes ensure they are kept? And how do they change in relation to other persons?

Image 6 seems to me a 'typical' gate, one that I might find if I went for a walk in a farmland near where I live. Touch is involved, again, to move through the gate and, in the countryside, these kinds of gates are cared for often by farmers but also members of the public. There is a trust that walkers will close gates and maintain boundaries so that livestock are safe, for example. The gates identify a place, often signifying ownership of that place. They offer material notions of structure and open/closed access.

Image 6 also made me think of a stave for western classical notation. In my response improvisation, I found myself drawn into repetitive rhythmic motifs and it felt difficult to move away from these or alter them quickly. In improvising, I was surprised by how strong my internalised gates were and how these gates seemed to form and reform depending on my thinking or experience in the moment.

In my role as an associate editor, there is something about identifying which gates – visible or invisible – we are held by and/or moving through with individual authors. There are times when gates help identify the field of knowing in which we are situated and enable us to make sense of that knowing. One way I am dealing with my discomfort around 'gatekeeping' is to enact my editorial role in a dialogic way. Working towards a notion of gate-caring in academic journal work that depends on a shared process might be one way of addressing this personal discomfort and of acting with integrity in understanding the various and multiple gates that exist in many forms in an academic context.

Lucy's invitation

The idea of being a gatekeeper – that this may be one way to see the editorial role – feels uncomfortable to me. The process of preparing this editorial invited me to think about my own experiences of publication – as an author, a reviewer, and an associate editor – and the different ways these experiences and roles have prompted me to view the overall publication process. I was prompted to think of whose voices are centred, what stories get told and in what languages, what types of knowledge and expertise are emphasised, and what gets lost along the way.

Image 7: Drawing by Lucy

I used my loop pedal to do a vocal improvisation, developing layer upon layer of sound in response to these prompts, until it was noisy and chaotic and encompassing. From inside the sound, my mind played on the idea of structural gatekeeping. The way that systems are set up – at the macro-level of global academia, all the way across to our own internalised understandings of what is worthy

and 'correct' – and how these systems themselves create gates that can both facilitate and limit access to academic spaces. I thought of the kinds of gates reflected in Image 7, a picture I drew myself. I remembered this gate and stile design from pictures I had seen as a kid. I was interested then, as I am now, in the way the step and the gate provide a way over a fence and into the landscape beyond – though only for some. For those who can get up onto the step, and know how to open the gate, and feel entitled to enter to space beyond...

As an editor, I am still discovering my 'gatekeeper' role and still figuring out how I feel about it, but I think the learning I draw from this picture is that for some, a gate like this is just what they need. Others may need time, support, more information, or a different type of gap in the fence to make their way across.

Giorgos' invitation

Reflecting on my experiences of gatekeeping as a founding editor of *Approaches*, I thought of Image 8 – an original artwork by the late Mercédès Pavlicevic, a dear colleague, mentor, and friend. Resembling elements of ancient Greek culture, the image depicts an androgynous figure holding a lyre. In describing her artwork, I remember Mercédès reflecting on the lyre not only as a musical instrument but also as a possible 'gate' through which one can enter different worlds. The symbols and metaphors of this painting hold deep meanings including music's role as a gate, the role of the 'gate-keeper' (musician), and their cultural context.

Image 8: Artwork by Mercédès

Since its establishment as a peer-reviewed journal, *Approaches* has been shaped by three key drivers: our commitment to open access publishing, our identity as a bilingual (English-Greek) publication, and our interdisciplinary dialogue.

Firstly, our commitment to open access publishing seeks to keep our 'door' open and break down barriers to knowledge dissemination. Gates do not pre-exist. Gates are made. They are made by people, over time, in particular spaces and for certain purposes. Gates serve a purpose. Depending on their purpose (and their aesthetic design), gates may be solid or you may be able to see through them. Some gates may have a lock, others may not. Being able to unlock a door comes with privilege, and I often wonder who may be left out, why and how.

Secondly, our identity as a bilingual journal is grounded on a critical engagement with the role of language in knowledge construction. Perhaps like the playing of the lyre, the complexities of translation heighten the need for cultural sensitivity and sharpen questions around dominant voices in the field that often prioritise the use of English. As a young person living in Athens, I had first-hand experience of the dearth of Greek music therapy publications and their disconnection from contemporary developments in the dominant English literature. Creating the conditions for bridging these gaps became later an ethical commitment in my vision as a founding editor of *Approaches*. More recently, this has led to the creation of the *Music Therapy Dictionary* (Tsiris et al., 2024) where my

co-editors and I utilise translational dilemmas as openings for collaborative deepening of meanings within particular sociocultural contexts.

Thirdly, our commitment to interdisciplinary dialogue has been at the heart of *Approaches*. Such dialogue is not only about welcoming perspectives from 'other' disciplinary spaces. Crucially, it is about actively seeking opportunities for critical and collaborative engagement with our current gate-*making* and gate-*holding* practices. Such opportunities involve creating spaces for people – including those who may be perceived as 'outsiders' – to be part of our editorial team, to serve as reviewers, and to co-edit special editions. Indeed, this interdisciplinary ethos has shaped the composition of our editorial board since the inception of *Approaches*. In the androgynous keeper of the lyre, I recognise my early endeavours to generate a creative and constructive space where colleagues from different professional fields and sociocultural contexts could come together. I felt this was particularly crucial for the Greek music therapy community where competing agendas and priorities, alongside the lack of professional regulation, could generate a sense of interdisciplinary suspicion and limit collaboration. Building on our endeavour for interdisciplinary dialogue which spans the past 15 years, I hope *Approaches* continues to challenge traditional notions of gatekeeping and facilitate spaces for collaborative gate-*making*, gate-*questioning,* and gate-*holding.*

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ΣΗΜΕΙΩΜΑ ΣΥΝΤΑΞΗΣ

Εικόνες «θυροφύλαξης»

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Μια αυξημένη προσοχή προς τις αντι-καταπιεστικές πρακτικές έχει τροφοδοτήσει κριτικές αναζητήσεις σχετικά με τη «θυροφύλαξη» (gatekeeping) στο επάγγελμα της μουσικοθεραπείας, συμπεριλαμβανομένων των ζητημάτων που αφορούν την ακαδημαϊκή εκπαίδευση, την εποπτεία και την δεοντολογία (Gombert, 2022· Hicks, 2020· Hsiao, 2014· Wetherick, 2024). Οι πρακτικές θυροφύλαξης, όπως γράφουν οι Fansler et al. (2019), καθιερώνονται με γνώμονα το ποιες γνώσεις θεωρούνται αποδεκτές ή μη αποδεκτές. Τέτοιες γνώσεις εξαρτώνται από

> κατανοήσεις σχετικά με την υγεία και την ασθένεια, τα άτομα με αναπηρία και τους ικανούς, τον θεραπευτή και τον «πελάτη», τον εκπαιδευτικό και τον μαθητή, τις «κατάλληλες» συμπεριφορές, την «ακατάλληλη» γλώσσα (συμπεριλαμβανομένης της λογοκρισίας των συμμετεχόντων, των μειονοτικών μουσικοθεραπευτών και των διαφορετικών ειδών μουσικής στο πλαίσιο της μουσικοθεραπευτικής πράξης, καθώς και της ανάδειξης της «καθιερωμένης αγγλικής γλώσσας» στα ακαδημαϊκά πλαίσια), το ποιος βρίσκεται σε «κίνδυνο», το τι είναι φυσιολογικό και ούτω καθεξής. Αυτές οι αντιλήψεις μας οδηγούν στην κατασκευή ακαδημαϊκών προδιαγραφών/προγραμμάτων σπουδών, προτύπων πρακτικής, επαγγελματικών προσόντων, κωδικών δεοντολογίας, ερευνητικών κριτηρίων και ούτω καθεξής, τα οποία όλα λειτουργούν για την ενδυνάμωση των ορίων

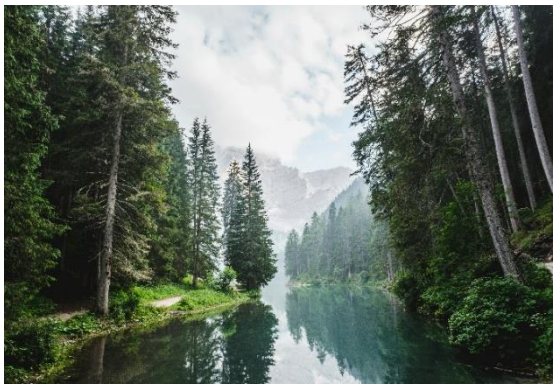
> που έχουν κατασκευαστεί κατά την ανάπτυξη του επαγγέλματος. (Fansler et al., 2019)

Αυτά τα στρώματα θυροφύλαξης διαμορφώνουν τον επαγγελματικό μας λόγο και στηρίζουν επίσης τις παρασκηνιακές διαδικασίες των ακαδημαϊκών εκδόσεων. Πράγματι, οι συντάκτες των περιοδικών και οι κριτές θεωρούνται συχνά ως «θυροφύλακες» που έχουν τη δύναμη να επικυρώνουν ερευνητικά αποτελέσματα και να επηρεάζουν την οικοδόμηση της γνώσης και των μελλοντικών επαγγελματικών κατευθύνσεων σε ένα πεδίο. Αυτή η δύναμη δεν είναι ουδέτερη. Περιλαμβάνει εξαιρετικά πολύπλοκες διαδικασίες που χρωματίζονται από κοινωνικοπολιτισμικές επιρροές, επιστημονικές παραδοχές και, ενίοτε, ανταγωνιστικές επαγγελματικές ατζέντες και δυναμικές εξουσίας.

Σε αυτό το σημείωμα σύνταξης, κάνουμε ένα βήμα στο πλάι για να μοιραστούμε τις απόψεις και τις εμπειρίες μας γύρω από τη «θυροφύλαξη» ως συντάκτες του *Approaches* καθώς συμπληρώνει τη 15η επέτειό του. Η καθεμία/καθένας παραθέτει έναν δημιουργικό αναστοχασμό αντλώντας εικόνες από διαφορετικές θύρες (πύλες ή πόρτες), ήχους και μεταφορικές έννοιες. Καλούμε εσάς, τους αναγνώστες, να εκλάβετε αυτούς τους αναστοχασμούς ως προσκλήσεις, ανοίγοντας έναν χώρο όπου μπορείτε να αναλογιστείτε και εσείς τις δικές σας εμπειρίες αντίστοιχα.

Η πρόσκληση της Andeline

Εικόνα 1: Πόρτα που ανοίγει και κλείνει



Εικόνα 2: Το ποτάμι

Εικόνα 3: Κυψέλη

Μια πόρτα μπορεί να είναι πολλά πράγματα ταυτόχρονα.

Οι πόρτες μπορεί να είναι τόσο ανοιχτές όσο και κλειστές. Δίνω αξία στη μεθοδολογική αυστηρότητα, όπως έχω μάθει να την αντιλαμβάνομαι. Ομολογώ ότι μου αρέσει η τάξη και η αστραφτερή αντιληπτή υπεροχή της. Καθοριστικώς, εκτιμώ επίσης την ταπεινότητα. Πολλές προοπτικές ίσως έρχονται σε αντίθεση με την αντίληψή μου για το «πώς πρέπει να είναι τα πράγματα». Το δικό μου πλαίσιο είναι και πάντα θα είναι εξαιρετικά ελλιπές. Ίσως να έρθω αντιμέτωπη με απόψεις που με εκπλήσσει το πόσο πρωτοποριακές είναι, καθώς κλονίζουν τα θεμέλιά μου, ή μπορεί απλώς να είναι διαφορετικές μέσα στην πλούσια καθημερινότητα της βιωμένης εμπειρίας κάποιου άλλου σε ένα διαφορετικό μέρος, με ανθρώπους που δεν έχω γνωρίσει ποτέ, ιδέες που δεν έχω συναντήσει και μουσική που δεν έχω ακούσει στο παρελθόν.

Το αριστερό μισό της πόρτας παραμένει ανοιχτό (Εικόνα 1). Πρέπει να μείνει έτσι. Το επιθυμεί. Δροσερό αεράκι φυσάει από μέσα της. Μια πόρτα που ανοίγει και κλείνει. Λειτουργεί. Έτσι δεν είναι;

Ίσως μια «θύρα» θα μπορούσε να είναι ένας ποταμός (Εικόνα 2). Ως νέα ερευνήτρια, στάθηκα στη μία πλευρά του ποταμού – ανάμεσα στα αγκαθωτά δέντρα – και κοίταξα τους «ειδικούς» στην άλλη όχθη. Το νερό ανάμεσά μας ήταν παγωμένο. Η ταχύτητα. Το βάθος. Είχα μια σχεδία, αλλά δεν έμοιαζε αρκετά ανθεκτική. Θα μπορούσα να προσπαθήσω να φωνάξω για να ρωτήσω αυτούς στην άλλη πλευρά πώς έφτασαν εκεί... αλλά όχι... ποια είμαι εγώ για να τους φωνάξω;

Κατά κάποιο τρόπο (ακόμα δεν είμαι απόλυτα σίγουρη για το πώς), ξύπνησα μια μέρα στην άλλη όχθη του ποταμού. Θα ήθελα πολύ να δω αν υπάρχουν κάποιοι ταξιδιώτες που να περιμένουν στην όχθη στην οποία στεκόμουν πριν. Έχω μια φουσκωτή βάρκα που μπορώ να μοιραστώ. Μια σχοινένια γέφυρα που μπορώ να ρίξω για να τους βοηθήσω να διασχίσουν.

Περπατώ επίσης μέσα στο δάσος για να εξερευνήσω. Μέσα από τα δέντρα βλέπω... ένα νέο ποτάμι...

Δεν βιώνω την εμπειρία μιας μοναχικής μέλισσας (Εικόνα 3), αποφασίζοντας ποιος επιτρέπεται να μπει στην κυψέλη. Το να καλωσορίζεις ιδέες, να γιορτάζεις τις μελέτες, να θέτεις ερωτήματα σχετικά με τα συμπεράσματα και να προσκαλείς πρόσθετη κριτική αποτελούν μέρος μιας συλλογικής προσπάθειας. Επηρεάζουμε ο ένας τον άλλον και συνεργαζόμαστε ως συντακτική ομάδα.

Μια κυψέλη μπορεί να παράγει περισσότερο μέλι από ό,τι μια μεμονωμένη μέλισσα, αλλά και πιο επώδυνα τσιμπήματα. Πιστεύω στη σοφία των συνεργατικών προσεγγίσεων, αλλά γνωρίζω ότι η «ομαδική σκέψη» και η συλλογική δύναμη χρειάζονται πάντα αυστηρή εξέταση.

Καθώς εξερευνούσα αυτές τις τρεις εικόνες αυτοσχεδιάζοντας στο πιάνο μου, είχα την τάση να σταθώ στην ένταση που εμπεριείχε η καθεμιά τους. Η μουσική ήθελε να με τραβήξει ανάμεσα στη φωτεινή, ανοιχτή, εξωστρεφή φιλικότητα και στα πιο σφιχτά, τετραγωνισμένα, άκαμπτα μουσικά σχήματα. Πώς να το επιλύσω αυτό; Ή ποια είναι αυτή η αλληλοκαλυπτόμενη ζώνη που ίσως απαιτεί περισσότερο αναγνώριση παρά επίλυση; Στη μουσικοθεραπεία γνωρίζουμε καλά την πολυδιάστατη μουσική που δύναται να εμπεριέχει θεμελίωση και ευελιξία, τάξη και παιγνιώδη διάθεση, ένα στιβαρό οστινάτο και μια φευγάτη μελωδία, και μια επαναλαμβανόμενη δωδεκάμετρη δομή με αυτοσχεδιαστικές εκπλήξεις εντός της. Εκεί συχνά έγκειται η πιο ρεαλιστική πτυχή της πραγματικότητας της εμπειρίας και της σχέσης.

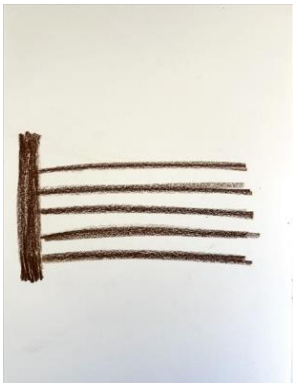
Η πρόσκληση της Nicky

Ένας λόγος για τον οποίο επιθυμούσα να ενταχθώ στη συντακτική ομάδα του *Approaches* ήταν η υποστήριξη νέων ερευνητών και συγγραφέων. Στον ρόλο μου ως αναπληρώτρια συντάκτρια, βρίσκω την έννοια του «θυροφύλακα» της γνώσης άβολη και πολύτιμη για διερεύνηση.

Τρεις εικόνες ήρθαν γρήγορα στο νου μου (που ζωγράφισα και βρήκα), και χρησιμοποίησα ατομικό αυτοσχεδιασμό σε μια επαναληπτική διαδικασία αναστοχαστικότητας βασισμένης στις τέχνες (Schenstead, 2012) ή *σκέψης μέσω αυτοσχεδιασμού* (Haire, 2022) για να εμβαθύνω περαιτέρω τις εξερευνήσεις μου.

Εικόνα 4: Ένας ιστός αράχνης

Εικόνα 5: Ο αέρας μέσω των χορδών



Εικόνα 6: Οι γραμμές της θύρας

Φτιαγμένος από μετάξι, ο ιστός της αράχνης είναι κολλώδης (Εικόνα 4). Συχνά τα μακριά υφάδια μεταξύ των κλαδιών δεν είναι ορατά στους ανθρώπους, και αν τύχει να περάσετε μέσα από ένα, το υφάδι σπάει και πιθανότατα μέρος αυτού θα παραμείνει στα ρούχα ή το σώμα σας – αν και παρατηρώ ότι η αίσθησή του είναι εκείνο που μου μένει. Η σχοινοειδής αιώρα που δημιουργούν οι αράχνες για να πιάσουν έντομα φαίνεται ένα παροδικό είδος φραγμού με θανάσιμο σκοπό, και ίσως κάπως απομακρυσμένο από την ακαδημαϊκή ανθρώπινη οικολογία. Απολαμβάνω τη συνοχή και τα νήματα της σύνδεσης, αλλά η εμπειρία τού να βρίσκεσαι στη μέση ενός ιστού που δεν γνώριζες ότι υπήρχε, και οι αόρατες/ορατές γραμμές μου θυμίζουν την εμπειρία μου με ακαδημαϊκούς κανόνες, συνήθειες και ιεραρχίες γνώσης.

Η Εικόνα 5 προέκυψε από την ιδέα μιας δόνησης του αέρα που προκαλείται από τη δοξαριά σε μια χορδή. Σκεφτόμουν τον τρόπο με τον οποίο κατασκευάζονται τα έγχορδα όργανα και την ένταση που κρατάει μια χορδή προκειμένου να ηχήσει. Η κάθε χορδή έχει την άνεση να αντηχεί σε διαφορετικό τονικό ύψος. Μήπως μια τεντωμένη χορδή είναι κάτι σαν μια είσοδος; Αυτή η ιδέα με ώθησε να δοκιμάσω να παίξω χρησιμοποιώντας το βιολί μου και βρήκα τον εαυτό μου να εξερευνά μουσικούς τρόπους και κλίμακες – τις δικές μου εσωτερικές πύλες που σχηματίζουν μια άυλη ηχητική σκαλωσιά. Ενσωματώνω αυτές τις πύλες στον τρόπο με τον οποίο ακούγομαι και παίζω εντός συγκεκριμένων τεχνικών και πολιτισμικών μουσικών παραμέτρων. Προς το τέλος του αυτοσχεδιασμού μου, βρήκα τον εαυτό μου να προσπαθεί να ξεπεράσει αυτούς τους μουσικούς τρόπους. Κατά πόσο κατασκευάζουμε τις δικές μας πύλες; Ποιες διαδικασίες σώματος-νου διασφαλίζουν τη διατήρησή τους; Και πώς αλλάζουν σε σχέση με άλλους ανθρώπους;

Η Εικόνα 6 μου φαίνεται μια «τυπική» πύλη, μια πόρτα φράχτη που θα μπορούσα να βρω αν πήγαινα βόλτα σε μια αγροτική περιοχή κοντά στο μέρος όπου κατοικώ. Απαιτείται το άγγιγμα, και πάλι, για να περάσει κανείς μέσα από την πόρτα, και στην ύπαιθρο αυτού του είδους οι πόρτες φροντίζονται συχνά από τους αγρότες αλλά και από μέλη του κοινού. Υπάρχει εμπιστοσύνη ότι οι περιπατητές θα κλείνουν τις πόρτες και θα διατηρούν τα όρια, ώστε να είναι, για παράδειγμα, ασφαλή τα ζώα. Οι πόρτες προσδιορίζουν έναν τόπο, σηματοδοτώντας συχνά την ιδιοκτησία του τόπου αυτού. Προσφέρουν υλικές έννοιες σχετικά με τη δομή και την ανοικτή/κλειστή πρόσβασης.

Η Εικόνα 6 με έκανε επίσης να σκεφτώ ένα πεντάγραμμο δυτικής κλασικής σημειογραφίας. Κατά τον αυτοσχεδιασμό που έκανα ανταποκρινόμενη στην εικόνα, ένιωσα να προσελκύομαι σε επαναλαμβανόμενα ρυθμικά μοτίβα και δυσκολεύτηκα να απομακρυνθώ από αυτά ή να τα αλλάξω

γρήγορα. Αυτοσχεδιάζοντας, ξαφνιάστηκα από το πόσο ισχυρές ήταν οι εσωτερικευμένες πύλες μου και πώς αυτές οι πύλες έμοιαζαν να σχηματίζονται και να αναμορφώνονται ανάλογα με τη σκέψη ή την εμπειρία της στιγμής.

Στο ρόλο μου ως αναπληρώτρια συντάκτρια, υπάρχει κάτι που αφορά τον προσδιορισμό των θυρών – ορατών ή αόρατων – που μας κρατούν ή/και μέσα από τις οποίες κινούμαστε με τους επιμέρους συγγραφείς. Υπάρχουν περιπτώσεις που οι θύρες βοηθούν στον εντοπισμό του πεδίου γνώσης εντός του οποίου τοποθετούμαστε και μας επιτρέπουν να κατανοήσουμε αυτή τη γνώση. Ένας τρόπος με τον οποίο αντιμετωπίζω τη δυσφορία μου σχετικά με τη «θυροφύλαξη» είναι να ασκώ τον συντακτικό μου ρόλο με διαλογικό τρόπο. Ενεργώντας προς μια έννοια θυρο-φροντίδας στο έργο των ακαδημαϊκών περιοδικών, η οποία εξαρτάται από μια κοινή διαδικασία, θα μπορούσε να είναι ένας τρόπος για την αντιμετώπιση αυτής της προσωπικής δυσφορίας και για την δράση με ακεραιότητα ως προς την κατανόηση των διαφορετικών και πολλαπλών πυλών που υπάρχουν σε πολλές μορφές εντός ενός ακαδημαϊκού πλαισίου.

Η πρόσκληση της Lucy

Η ιδέα του να είσαι θυροφύλακας – πως αυτή η ιδέα μπορεί να είναι ένας τρόπος να καταλάβεις τον ρόλος του συντάκτη – μου είναι κάτι άβολο. Η διαδικασία προετοιμασίας αυτού του σημειώματος σύνταξης με ώθησε να σκεφτώ τις δικές μου εμπειρίες δημοσιεύσεων – ως συγγραφέας, κριτής και αναπληρώτρια συντάκτρια – και τους διαφορετικούς τρόπους με τους οποίους οι εμπειρίες και οι ρόλοι αυτοί με έχουν παρακινήσει να δω τη συνολική εκδοτική διαδικασία. Με ώθησαν να σκεφτώ ποιανού οι φωνές είναι στο επίκεντρο, ποιες ιστορίες αφηγούνται και σε ποιες γλώσσες, ποιοι τύποι γνώσης και εμπειρογνωμοσύνης τονίζονται και τι χάνεται στην πορεία.

Εικόνα 7: Σχέδιο της Lucy

Χρησιμοποίησα ένα πετάλι επανάληψης φράσης (loop pedal) για να κάνω έναν φωνητικό αυτοσχεδιασμό, αναπτύσσοντας το ένα ηχητικό στρώμα μετά το άλλο ως ανταπόκριση σε αυτές τις προτροπές, μέχρι να γίνει θορυβώδες και χαοτικό και πλήρες. Εντός του ήχου, ο νους μου έπαιξε με την ιδέα της δομικής θυροφύλαξης. Ο τρόπος με τον οποίο εγκαθίστανται τα συστήματα – στο μακρο-επίπεδο του παγκόσμιου ακαδημαϊκού χώρου, έως και τις δικές μας εσωτερικευμένες αντιλήψεις για το τι αξίζει και τι είναι «σωστό» – και πώς αυτά τα ίδια τα συστήματα δημιουργούν θύρες που μπορούν τόσο να διευκολύνουν όσο και να περιορίσουν την πρόσβαση σε ακαδημαϊκούς χώρους. Σκέφτηκα τα είδη των θυρών που αντικατοπτρίζονται στην Εικόνα 7, μια ζωγραφιά που σχεδίασα μόνη μου. Θυμήθηκα αυτό το σχέδιο πόρτας και στύλου από εικόνες που είχα δει ως παιδί. Με ενδιέφερε τότε, όπως και τώρα, ο τρόπος με τον οποίο το σκαλοπάτι και η πόρτα παρέχουν μια δίοδο πάνω από έναν φράχτη και στο τοπίο πέρα από αυτόν – όμως μόνο για μερικούς. Για εκείνους

που μπορούν να ανέβουν στο σκαλοπάτι, και ξέρουν πώς να ανοίξουν την πόρτα, και θεωρούν ότι έχουν το δικαίωμα να εισέλθουν στο χώρο πέρα από αυτήν...

Ως συντάκτρια, εξακολουθώ να ανακαλύπτω τον ρόλο μου ως «θυροφύλακα» και εξακολουθώ να προσπαθώ να ξεκαθαρίσω πώς αισθάνομαι γι' αυτόν, αλλά θεωρώ πως το συμπέρασμα που αποκομίζω από αυτή την εικόνα είναι ότι για κάποιους, μια τέτοια πύλη είναι ακριβώς αυτό που χρειάζονται. Άλλοι μπορεί να χρειάζονται χρόνο, υποστήριξη, περισσότερες πληροφορίες ή ένα διαφορετικό είδος κενού στο φράχτη για να διασχίσουν.

Η πρόσκληση του Γιώργου

Αναλογιζόμενος τις εμπειρίες μου ως ιδρυτικός συντάκτης του *Approaches*, σκέφτηκα την Εικόνα 8 – ένα πρωτότυπο έργο τέχνης της αείμνηστης Mercédès Pavlicevic, μιας αγαπημένης συναδέλφου, μέντορα και φίλης. Παραπέμποντας σε στοιχεία αρχαιοελληνικού πολιτισμού, η εικόνα απεικονίζει μια ανδρόγυνη φιγούρα που κρατάει μια λύρα. Περιγράφοντας το έργο της, θυμάμαι ότι η Mercédès θεωρούσε τη λύρα όχι μόνο ως ένα μουσικό όργανο αλλά και ως μια πιθανή «πύλη» μέσω της οποίας μπορεί κανείς να εισέλθει σε διαφορετικούς κόσμους. Τα σύμβολα και οι μεταφορές αυτού του έργου περιέχουν βαθιά νοήματα, συμπεριλαμβανομένου του ρόλου της μουσικής ως μιας εισόδου, του ρόλου του «θυροφύλακα» (μουσικού) και του πολιτιστικού τους πλαισίου.

Εικόνα 8: Έργο τέχνης από την Mercédès

Από την ίδρυσή του ως περιοδικό με κριτές, το *Approaches* έχει διαμορφωθεί από τρεις βασικές κινητήριες δυνάμεις: τη δέσμευσή μας ως προς την ανοικτή πρόσβαση, την ταυτότητά μας ως δίγλωσση (αγγλική-ελληνική) έκδοση και τον διεπιστημονικό μας διάλογο.

Καταρχήν, η δέσμευσή μας για δημοσίευση με ανοικτή πρόσβαση επιδιώκει να κρατήσει την «πόρτα» μας ανοικτή και να άρει τα εμπόδια στη διάδοση της γνώσης. Οι πόρτες δεν προϋπάρχουν. Οι πόρτες κατασκευάζονται. Κατασκευάζονται από ανθρώπους, με την πάροδο του χρόνου, σε συγκεκριμένους χώρους και για συγκεκριμένους σκοπούς. Οι πόρτες εξυπηρετούν έναν σκοπό. Ανάλογα με το σκοπό τους (και τον αισθητικό σχεδιασμό τους), οι πύλες μπορεί να είναι συμπαγείς ή να μπορεί κανείς να βλέπει διαμέσου τους. Ορισμένες πύλες μπορεί να έχουν κλειδαριά, άλλες όχι. Το να έχεις τη δυνατότητα να ξεκλειδώνεις μια πόρτα συνδέεται με προνόμια και συχνά αναρωτιέμαι ποιος ίσως μένει απέξω, γιατί και πώς.

Δεύτερον, η ταυτότητά μας ως δίγλωσσο περιοδικό βασίζεται σε μια κριτική ενασχόληση με το ρόλο της γλώσσας στην οικοδόμηση της γνώσης. Ίσως όπως το παίξιμο της λύρας, οι πολυπλοκότητες της μετάφρασης αυξάνουν την ανάγκη για πολιτισμική ευαισθησία και οξύνουν ερωτήματα γύρω από τις κυρίαρχες φωνές στο πεδίο που συχνά δίνουν προτεραιότητα στη χρήση της αγγλικής γλώσσας. Ως νεαρός που ζούσε στην Αθήνα, βίωσα από πρώτο χέρι την έλλειψη ελληνικών εκδόσεων μουσικοθεραπείας και την αποσύνδεσή τους από τις σύγχρονες εξελίξεις στην κυρίαρχη αγγλική βιβλιογραφία. Η δημιουργία των συνθηκών για τη γεφύρωση αυτών των

κενών έγινε αργότερα μια ηθική δέσμευση στο όραμά μου ως ιδρυτικός συντάκτης του *Approaches*. Πιο πρόσφατα, αυτό οδήγησε στη δημιουργία του *Λεξικού Μουσικοθεραπείας* (Τσίρης κ.ά., 2024), όπου μαζί με τις συν-επιμελήτριές μου αξιοποιούμε τα μεταφραστικά διλήμματα ως ανοίγματα για μια συνεργατική εμβάθυνση των νοημάτων εντός συγκεκριμένων κοινωνικοπολιτισμικών πλαισίων.

Τρίτον, η δέσμευσή μας υπέρ του διεπιστημονικού διαλόγου βρίσκεται στο επίκεντρο του *Approaches*. Ο διάλογος αυτός δεν αφορά μόνο το καλωσόρισμα απόψεων από «άλλους» επιστημονικούς χώρους. Καίριας σημασίας, είναι η ενεργή αναζήτηση ευκαιριών για κριτική και συνεργατική εμπλοκή με τις τρέχουσες πρακτικές θυρο-*κατασκευής* και θυρο-*κρατήματος* που ασκούμε. Τέτοιες ευκαιρίες περιλαμβάνουν τη δημιουργία χώρων για ανθρώπους – συμπεριλαμβανομένων εκείνων που ίσως θεωρούνται «ξενόφερτοι» – να είναι μέλη της συντακτικής μας ομάδας, να προσφέρουν ως κριτές και να συν-επιμελούνται ειδικές εκδόσεις. Πράγματι, αυτό το διεπιστημονικό ήθος έχει διαμορφώσει τη σύνθεση της συντακτικής μας επιτροπής από την ίδρυση του *Approaches*. Στον ανδρόγυνο φύλακα/κρατητή της λύρας, αναγνωρίζω τις πρώιμες προσπάθειές μου να διαμορφώσω έναν δημιουργικό και εποικοδομητικό χώρο όπου θα μπορούσαν να έρθουν κοντά συνάδελφοι από διαφορετικά επαγγελματικά πεδία και κοινωνικοπολιτισμικά πλαίσια. Θεωρούσα πως κάτι τέτοιο ήταν ιδιαίτερα κρίσιμο για την ελληνική κοινότητα μουσικοθεραπείας, όπου ανταγωνιζόμενες ατζέντες και προτεραιότητες, σε συνδυασμό με την έλλειψη επαγγελματικής ρύθμισης, μπορεί να δημιουργούν ένα αίσθημα διεπιστημονικής καχυποψίας και να περιορίζουν τη συνεργασία. Βασιζόμενοι στην προσπάθειά μας για διεπιστημονικό διάλογο η οποία διατρέχει τα τελευταία 15 χρόνια, ελπίζω ότι το *Approaches* θα συνεχίσει να αμφισβητεί παραδοσιακές έννοιες της θυροφύλαξης και να διευκολύνει συνεργατικούς χώρους θυρο-*κατασκευής,* θυρο-*αμφισβήτησης* και θυρο-*κρατήματος*.

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TRIBUTE

Joy is contagious; a tribute to Colwyn Trevarthen

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I first met Colwyn many years ago when I was a music therapy student at Anglia Polytechnic University in Cambridge. Through his lively, humorous, and engaging teaching style, he helped us to understand how babies communicate and the musicality of early dyadic interactions. Colwyn's input to our training was so essential to our understanding of intersubjectivity, and his reminder to "let the child lead the way!" has stayed with me in my own teaching with music therapy students.

When I saw Colwyn last year in 2023, he was due to teach students at Queen Margaret University (QMU) as he had done every year since the early days of the course in Edinburgh. I met him in the reception area, he told me that he had lost his walking stick and so had come without it. It was a moment that reminded me how committed Colwyn was to teaching, his enjoyment of meeting new students and his unwavering enthusiasm for sharing his latest thinking and research. It was also a rather heart-stopping moment for me as I realised that he had walked unaided across the university square from the taxi drop-off! Colwyn himself seemed unphased but delighted when we sourced another walking stick.

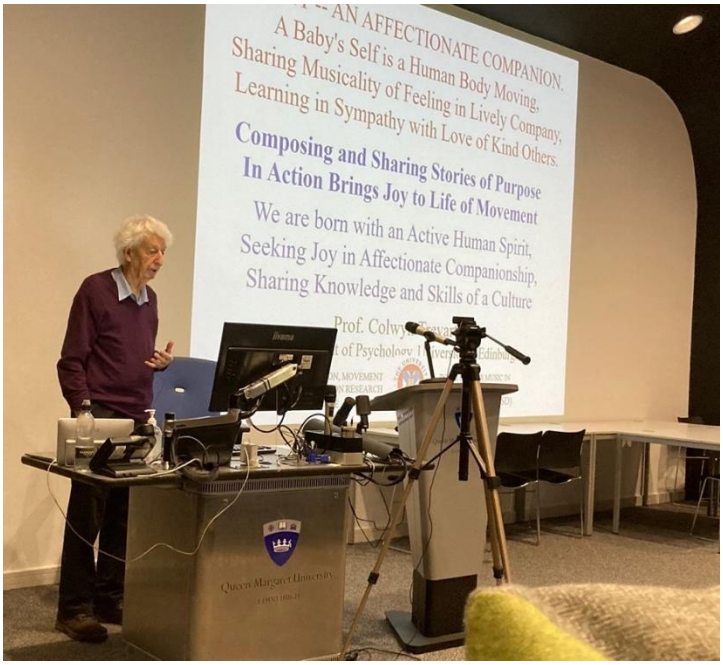

Photo 1: Professor Colwyn Trevarthen, aged 90, teaching at QMU

As we headed off to the lecture theatre for him to meet the new cohort of music, drama and art therapy students, he talked to me about work and seemed to delight in making suggestions about who I should next meet. He was passionate about connecting people around the world and I am grateful for the many links he has sparked. While settling in to teach, I was struck, as always, how he was able to multi-task; setting up his laptop, whilst also discussing new ideas in music therapy, mentioning

his latest piece of research, and wondering whether his presentation with over 200 slides was too long. It was hard to keep up!

Despite extensive travels and demands on his time, Colwyn always prioritised teaching music therapy students. He even continued when we were all working online during the Covid-19 pandemic. Once, after some difficulty at the start of a seminar with the students, while we all negotiated a new online platform, I asked Colwyn if he'd like to go and get a drink before we began; "No I think I'll have a lie down!" he responded laughingly. This connected the whole group and through his good humour, we were able to acknowledge the trouble we were all experiencing working online, and how tiring it could be.

As Colwyn lived locally to QMU, the students were lucky to meet him every year, even after he had stopped travels to other courses for such teaching and "adventures with busy companions," to use his own words. Every year Colwyn carefully considered where the students were in their learning and collaborated closely with me in terms of his input. For example, when the MSc in Dramatherapy was established and joined the class of music and art therapy students for the first time in 2021, he specifically thought of them, exploring the ideas of psychologist Jerome Bruner "that in all our clever enterprises of cultural practice we are wanting to share stories with drama and pride" (C. Trevarthen, personal communication, August 2021). His teaching was inspiring, and the particularly long line of students waiting to talk to him at the end of that lecture was evidence not just of their interest in his teaching, but of his enthusiasm to share in their ideas, and develop thinking together. His excitement for learning and for sharing ideas and resources seemed to know no bounds. One year, the students' virtual learning environment crashed because I had tried to upload the abundance of online resources Colwyn had shared with me!

It wasn't just the vast content that Colwyn taught though, or the implications for our music therapy practice; we learned because of his creativity, affection, imagination and humour. Colwyn taught the important central issue of joyful play through being joyfully playful and I learned something from every encounter with him. As we were chatting on the phone one time, Colwyn saw a delivery man through his front room window, and immediately began relaying his movements to me. For Colwyn, the delivery man was "walking *andante*, as adults do," but as he manoeuvred his way around the van he began to "waltz." I remember him then saying, "he doesn't necessarily know it's a waltz, of course, but isn't it wonderful that all forms of life are rhythmic, moving with cautious steps into experience of the future, and enjoying discovery".

It was a joy to get to know Colwyn. I will remember his generosity, his attention to being with, his soft curiosity, and his ever so kind company. Thank you, Colwyn, we will miss you.

p.s. In an email after his last lecture, Colwyn wrote:

"Dear Philippa,
I wanted to let you know that my stick turned up
lying in the shadow of a step in our big tower staircase,
a present from the robust weavers
who had it built 400 years ago!"

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TRIBUTE

A tribute to Colwyn Trevarthen by Stensæth and Trondalen

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Communicative, accommodating, and scholarship. These are characteristics that we would use to describe Colwyn Trevarthen. Already in the early 1990s, Trevarthen was a frequent lecturer in Norway and Scandinavian countries on 'Music and Infant Interaction' (Stige, 1997). His pioneering studies, using video recording to reveal communication patterns in mother-child interactions (Trevarthen, 1980), offered new insights into both psychology and music (Johns, 1993).

Photo 1: Trevarthen at the first National Conference of Music Therapy in Norway (1997) (photo by Trondalen)

Trevarthen was an invited keynote speaker at the first National Conference of Music Therapy in Norway in 1997. Trevarthen, in his characteristic generosity, dedicated himself to sharing his research and answering questions about rhythm and emotions in communicative interactions in music therapy at the conference. His contribution to the field is clarified in *The Dance of Wellbeing: Defining the Music Therapeutic Effect* (Trevarthen & Malloch, 2000), published in the *Nordic Journal of Music Therapy,* and we are all deeply grateful for his openness and willingness to share.

The trio of Daniel Stern (1985/2000), the Norwegian Stein Bråten (1998), and Colwyn Trevarthen (1999) have significantly influenced our understanding of rhythm, attention, structure, and timing in interplay, imitation, and cross-modal response. Trevarthen's view on the foundations of *intersubjectivity* (1980) and the vital notion of *communicative musicality* (1999) are particularly noteworthy and

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have indeed been embraced in music therapy in Norwegian research and practice.

At a personal level, we recall an engaging luncheon where we delved into the fascinating world of human communication, focusing on children, music, and health. The interactive meal sparked lively discussions on intersubjectivity, altero-centric participation, emotions, musicality, and, not least, the phenomenon of time. These terms were not just abstract concepts; they came alive through the active participation of our attendees, making the event genuinely dynamic and compelling relating to historical and recent research. The interview during the luncheon was completed with several explanations in the footnotes and significant references at the end of the text, generously offered by Bråten and Trevarthen during and after our talk (Stensæth & Trondalen, 2012).

I, Karette, attended several of Trevarthen's lectures on his theories as I was working as a music therapist in a special education setting in Norway, where I have had my most extended clinical experience as a music therapist. I always felt empowered by these encounters with him simply because his personal energy and vitality were so contagious.

However, as my interest in foundational and philosophical perspectives of music therapy improvisation grew over the years, his work and his use of metaphors meant the most to me. Talking about the first mother and infant interaction as an ongoing 'socio-dramatic' interaction (Trevarthen, 1992) and an 'intuitive dance' (Trevarthen & Malloch, 2009) captures a precise and poetic description of the first elegant intimate musical interaction, convincingly documented through his revolutionary video analyses. In this sense, Trevarthen's work strengthened my perceptions of what it fundamentally means to be with others.

I have especially been fascinated by – and felt akin to, I guess – Trevarthen's attitude towards the newborn's responsive capacity (Stensæth, 2017). In my view, Trevarthen, more than many other theorists, put the newborn, as an active and independent Other, in front. This way, he showed that it takes to tango, always. The Other, even as a newborn infant, is needed to create an interesting interaction for both parties. Curiously, the word 'interest' stems from 'inter essential', which means essential for both. They are both there to argue, dispute, doubt, have fun, and create enough uncertainty to make the interaction fascinating enough to want to continue. This aspect could refer to level two in Trevarthen's description of psychological planes in transactions between human beings, which he described as "risk-tempting, playful and humorous testing of the springs of interaction, communicated by teasing, mixed wickedness with affection" (Trevarthen, 1992, p. 128). Next to the mother's safe and empathic containing of the infant, these elements are descriptions of what is needed to avoid the dyadic interaction to freeze or end, which is the last thing they would want.

Through Trevarthen's work (for example, 1989, 1992), it became evident that the newborn's capacity to respond is vital to creating the first life-giving we-community. This, to me, shows not only *what* the newborn child can do. Instead, it also indicates *how* and *why* the human mind is always ready to conceive, explore, and communicate social realities. In my understanding, we are all born with a responsive mind to be reflected by other people's minds. Trevarthen's descriptions of the basic social interplay were not just transferable to music therapy. They were, and still are, transferable to any human interaction.

I, Gro, had the pleasure of meeting Trevarthen on several occasions. One memorable encounter was when I was a new PhD fellow more than two decades ago. "Why don't you hold on to the term 'golden moments' instead of using 'significant moments'?", Trevarthen asked from his seat at the back of the room after I had presented a paper of my research in progress. He was right, of course, not least due to the project's qualitative and phenomenological research methodology. I have since carried with me this encouraging engagement: go with your intuition, find your path in research and practice, and trust in your individual thinking.

From a theoretical point of view, I am especially inspired by Trevarthen's belief in and research into *intersubjectivity*, which involves a feeling of 'I know that you know that I know, I feel that you feel that I feel'. Trevarthen and Stern opened up the field of the different formats of intersubjectivity to my understanding of communication in music therapy and life in general. Through engaging research, they showed that significant changes in therapy are due to a series of microscopic changes. These microprocesses and non-verbal modalities are constantly at play in music therapy (Trondalen, 2016).

In musical interactions, whether through expressive improvisation or receptive approaches, the local context, attunement, meaning, and the act of sharing itself have become fundamental aspects of my research and music therapy practices. However, these shared moments of experience are not identical. They are genuine to each individual and may be experienced as implicit bodily sensations and/or expressed in words.

Trevarthen (1980, 1999) advocated, from the beginning of his research on intersubjectivity, for a *primary* intersubjectivity, a 'precisely timed turn-taking' already present from the start of an infant's life where the objective of togetherness is simply to *be together*. He has indeed influenced my understanding of intersubjectivity as a means of comprehending lived experiences and personal awareness through relationships facilitated by music. Intersubjectivity is thus a theoretical term with real-life implications (Trondalen, 2019).

Summing up, we are deeply grateful for the life and work of Colwyn Trevarthen. In trying to find words to explain what music therapy is, how and why it works and is effective, we have found his words enormously valuable. In Norwegian music therapy, where there is a particular interest in foundational perspectives, Trevarthen's work on basic preverbal human action and interaction has had and still has a great impact. Many of us have been inspired by the ways he reveals that improvisation is at the center of everything and that the interactions have musical features as if they were contributions to a musical improvisation, including children with unusual life starting points (see, for example, Hauge & Tønsberg, 1996). Tonhild Strand Hauge and Gro Hallan Tønsberg, who collaborated closely with Trevarthen on their work with congenital deaf/blind children and their seeing-hearing partners, learnt that Trevarthen was genuinely interested in music therapy. He clearly expressed the importance of developing educational and therapeutic approaches, such as music therapy, that use sound, music, movement, and gestures to regulate and release emotions as well as enhance intersubjective contact.

As music therapists, we like to think of musicality as an inborn capacity. Then, as a closing note, we want to ask: Can musicality, as an inborn (pre-active) capacity, be ethical? Can the art and practice of communicative musicality be ethical? It might not seem so at first. However, if we think about it differently, if our inborn musicality makes us feel alive and connects us to others, could *not*

being met on our inborn musicality create loneliness and social isolation? (Trondalen, 2023). This indirectly relates to ethics. We need communicative musicality to realize our participation in the world (Stensæth, 2018). The infant needs musical forms to be able to actively *take part.* This gives them the first experience of connecting and engaging in co-being and reducing loneliness. We all need it to highlight our shared human vulnerability. Reflecting on these aspects can help us understand ethics better. They might help us understand how being present and close, face to face, and involved in musical relational turn-taking, calls upon what Karette describes as a 'closeness ethics' in us and an aesthetical awareness in the I–You relation (Stensæth, 2017). Or, as Gro suggests, when tied together, music and ethics link profoundly, offering real-life perspectives that would otherwise be inaccessible to us (Trondalen, 2023). This, in turn, becomes an ethical musicality.

Trevarthen shows us all the complexity that is present when we welcome the infant's arrival into our world. It is not only the mystery of being and co-being, but also ethics, aesthetics, actions and interactions, doing, sharing, time, synchronicity, creativity, humour, and risk tempting. All of this is both fascinating and magnetic because we have sensed it ourselves.

We are the infant. I am the infant. You are too.

Photo 2: A sunny afternoon. From left: Trondalen. Bråten, Trevarthen and Stensæth (2012) (photo taken by Bonde)

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ARTICLE

Nurture and play for foster families with young children: Foster-parents' reflections on attachment-focused group intervention

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ABSTRACT

An insecure attachment history puts foster children at risk for many kinds of difficulties, which may include psychopathology. Nurture and Play (NaP) for foster families–intervention for children aged one to five years of age aims to help the new attachment relationship between foster parents and their young children develop in a secure direction. The aim of this study is to gain deeper understanding on how foster parents use their mentalization skills to reflect the different meanings of the NaP for foster families–intervention . A stimulated recall method was chosen to correspond to these research targets. It was revealed that parents' reflections were evidently focused on the child, the importance of safety and the meaning of change during the process. Emotional qualities concerning both the child and the adult were also emphasised. The foster parents were able to utilise their reflections within a wider context of place, relationships, and time. The results of the study and the core concepts of attachment theory are strongly related to each other. Furthermore, the study and its outcomes offer suggested priorities and suggestions for future research.

KEYWORDS

foster children,
young children,
family centred music therapy,
Theraplay,
mentalisation,
stimulated recall

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INTRODUCTION

Foster children have, in almost every case, been exposed to neglect, abuse, trauma, emotional and/or physical violence, and abnormality in close relationships. Insecure attachment histories with developmental trauma put children at risk for psychopathology, which may include difficulties with social relationships, anxiety disorders, challenges in coping with stress, depression, controlling behaviour, personality disorders or developmental problems (McDonald et al., 2008; Prior & Glaser, 2006; Putnam, 2005; Rubin et al., 2010; Schofield & Beek, 2006; Weinfield et al., 2008).

When the child is placed outside the biological home the remedial experiences in a new family are of crucial importance. Fortunately, neurological research has demonstrated that the brain is "plastic" and mouldable (Siegel & Bryson, 2012). Further, nurturing, warm and non-defensive caregivers are often able to develop trusting, secure attachments (Baylin, 2015; Dozier et al., 2001).

The Nurture and Play (NaP) for foster families–intervention (Salo & Tuomi, 2008; Tuomi, 2018) is preventive and guiding as well as a rehabilitative group approach. Its aim is to help the new attachment relationship between foster parents and children aged one to five years old develop toward a secure direction. The group´s target is to promote joyful engagement and trust between the foster parent and the child. In addition, the goal is to increase parental sensitivity, mentalization capacity and emotional availability as well as empower the parents (Tuomi, 2017, 2018).

This research is focusing on how foster parents reflect different meanings of the NaP–intervention, emphasising both child and parent's perspectives, thoughts, and feelings. Meaning making is a goal for the parents who participate in the intervention. Stimulated recall method is used to achieve the aforementioned goals.

THEORETICAL BASIS FOR THE INTERVENTION

The first author who developed the Nurture and Play (NaP) intervention together with Saara Salo who in cooperation published a workbook for families (Salo & Tuomi, 2008). NaP–intervention combines three approaches: 1) Theraplay, 2) music therapy and 3) mentalization based techniques.

Theraplay is an evidence-based model which is supported by current research and theory (Booth et al., 2014; Wardrop & Meyer, 2009). Theraplay recreates the early attachment process for the child and parent with its emphasis on the child´s emotionally younger needs (Finnell, 2013; Mroz Miller et al., 2010) and helps the child to feel safe and develop trust (Booth et al., 2014; Lindaman & Lender, 2009; Rubin et al., 2010). Theraplay helps the child to accept the care provided from the foster or adoptive parent by offering concrete physical care (Booth et al., 2014; Finnell, 2013; Mroz Miller et al., 2010; Rubin et al., 2010). In order to develop feelings of being competent and valued, Theraplay accepts the child as she/he is in a warm, caring, attentive manner (Mroz Miller et al., 2010). In summary, Theraplay aims to reduce behavioural, externalising problems with children (Booth et al., 2014; Finnell, 2013; Mäkelä & Vierikko, 2004).

Music therapy´s techniques and methods, especially singing, are used in the intervention (Tuomi 2017; 2018). Because of the non-verbal nature of music, the use of music in therapy presents as a non-threatening and inviting medium for children with a history of neglect and abuse (Burkhardt-Mramor, 1996; Drake, 2011; Hong et al., 1998; Layman et al., 2002; Robarts, 2014). Music is also seen as a possible way to connect family members with a new and encouraging way of engagement

(Salkeld, 2008) and in that way increases the generalisation of the benefits of music therapy to other environments (Layman et al., 2002). Music therapy can provide an environment for the children to explore positive and creative connections with others (Drake, 2011; Hong et al., 1998; Layman et al., 2002; Salkeld, 2008). Music can facilitate a well-attuned, contained mother-infant interaction even at later stages of development (Drake, 2011; Salkeld, 2008). Further, the nurturing and self-soothing aspects of music are mentioned in literature (Herman, 1996; Hong et al., 1998). Music, with its therapeutic qualities, is considered as a secure base or safe haven from which a child is able to explore (Drake, 2011) and regulate emotions (Hasler, 2008; Robarts, 2014). The music therapist is seen as a facilitator in building healthy relationships within the family (Salkeld, 2008) and being present (Hasler, 2008; Robarts, 2014).

A well-developed capacity to mentalize is critically connected to the capacity to create safe attachment relationships (Fonagy & Target, 1997; Fonagy et al., 2012; Pajulo et al., 2015; Slade et al., 2005). Mentalisation is described as understanding one´s own and others´ behaviour in terms of underlying mental states and intentions (Fonagy et al., 2012; Slade, 2005). This understanding not only helps a person to regulate emotions but also promotes communication between family members and creates stability in relationships (Pajulo et al., 2015; Slade, 2005). The concept of reflective function (RF) is used in conjunction with the concept of mentalization especially when it comes to research studies (Kalland, 2014, 2017; Slade, 2005). Reflective function, RF, is a conscious act based on conscious cognitive processes and efforts. Parental reflective function refers to the parent's capacity to represent and understand the breadth of his/her child's internal experience and is intrinsic to sensitive parenting (Slade, 2005). Parental embodied mentalizing (PEM) refers to parenting which is not only verbalising but also a bi- directional communicative channel of desires, feelings, or thoughts, based on nonverbal, and often unconscious, body movements of the entire body (Shai et al., 2011).

Reflective functioning is especially central when it comes to foster parenting. The ability to handle negative emotions of the child and the ability to “step back” when parent´s own negative emotions arise are key elements when attuning sensitively to the child´s emotions and understanding the motivational factors behind the behaviour. In this way the reflective functioning, RF, helps the foster parent to maintain a holistic, many-sided, and integrated image of the child in a positive manner of engagement (Baylin, 2015).

NURTURE AND PLAY FOR FOSTER FAMILIES: INTERVENTION PROTOCOL

NaP for foster families is provided in a group setting consisting of 4-6 foster children with their foster parent(s). Altogether, the intervention consists of 15 sessions, divided into two periods, an intensive period, and a follow-up period (Table 1). The intensive period takes place over the course of one term (August-December or January-May) and includes seven weekly or bi-weekly sessions led by two tutors. For the first 45 minutes, children and their foster parent(s) are together for the intervention, followed by another 45-minute discussion group for the parents while the children may play in another room. Four additional meetings with the parents are provided, two in the beginning, one in the middle, and one at the end of the process. After the intensive period, there are three follow-up sessions, one every other month during the following term. During the follow-up, families also receive individual meetings with their social worker to discuss their child´s unique situation (Tuomi, 2018).

Session	Nurture and play process
1	Meeting with the parents, information about the intervention and the process (90 mins)
2	Meeting with the parents, reflective questions about the arrival of the child (120 mins)
3	1st session with children and parents together, focus on child (45 + 45 mins)
4	2nd session with children and parents together, focus on child (45 + 45 mins)
5	3rd session with children and parents together, focus on dyads, lyrics of plays and songs given to take home (45 + 45 mins)
6	Meeting with the parents, feedback with the help of video excerpts of positive episodes in interaction from session 1-3, reflective questions about good and challenging situations and moments with child, "observe the child" – homework (120 mins)
7	4th session with children and parents together, focus on dyads (45 + 45 mins)
8	5th session with children and parents together, focus on peers (45 + 45 mins)
9	6th session with children and parents together, focus on peers (45 + 45 mins)
10	Meeting with the parents, video feedback from sessions 7-9, reflecting "observe the child" – homework, reflective questions about parents' coping and their own strengths, feedback from the tutors – two standpoints of strengths and progression of dyad and one point for future pondering (120 mins)
11	7th session with children and parents together, intensive period ends, diploma for participating, extra sweets, dyad gets NaP – bag to be taken home (45 + 45 mins)
12	1st follow-up session (45 + 45 mins)
13	2nd follow-up session (45 + 45 mins)
14	Individual meetings with the parent(s) and the social worker of the child (45 mins)
15	3rd follow-up session, the whole intervention ends (45 + 45 mins)

Table 1: Nurture and Play (NaP) for foster families–intervention manual (Tuomi et al., under preparation)

The structure of the sessions includes familiar and foreseeable elements but, at the same time, always introduces something new (Table 2). The two tutors must be sensitive in situations and capable to attune to each dyad and the group as a whole. This also means a capacity to make quick changes to the plan and react to the here and now situation in a responsive and yet safe manner.

Arrival and departure songs provide exact frames for the meetings. The chairs are placed in a circle in a sparsely furnished room. There is one chair for every dyad and the child sits on his or her parent´s lap. This is to maximise the physical time together. The caring activities are included in every session in at least three different activities by stroking, applying lotion, and feeding. In addition, parents are asked to find two lovely features of the child with the help of which the lyrics of the song "Twinkle, twinkle little star" are rewritten and the child´s "own song" created. The play activities are chosen to support the positive interaction between the child and the parent. Mutual and shared joy and the experiences of success are in focus and therefore the activities must be challenging but not too hard to achieve. The regulation of emotions is important during play activities by both stimulating and calming down. The small accessories (i.e., lotion, cotton ball, soap bubbles, egg maracas) are

collected in little paper bags. Bags are waiting for the dyads after every session and after the last session the bag may be taken home. The purpose of the take home bag is to enhance the transfer effect from therapy session to everyday life.

Session plan
Arrival song
Hello song
Taking care of little hurts with gentle massage with body lotion (including a song)
Three-four play activities (e.g. blowing bubbles or cotton balls, playing with balloons, playing with egg shake rs, engaging in action songs including clapping and other motions)
Calming down (stroking with a cotton ball/ feather/ by hand while singing gently)
Nurture by feeding with little delicacies and child's own song (child is settled down in the lap and suitable tr eats are provided by the parents while singing gently)
Goodbye song
Departure song (same as in the beginning but with different words)

Table 2: Nurture and Play (NaP) for foster families–intervention protocol

DEVELOPMENT AND PRELIMINARY FINDINGS OF THE NAP–INTERVENTION FOR FOSTER FAMILIES

Because the NaP–intervention for foster families was new, an ongoing assessment was needed. The purpose of the questionnaire (Tuomi et al., under preparation) was to redefine the methods of the intervention to support the new attachment relationship in the best way possible. In addition to the intervention development, the idea was to provide a framework for forthcoming research.

The questionnaires, created by the authors, were based on attachment focused interviews such as Parent Developmental Interview (PDI) (Aber et al., 1999) and Working Model of the Child Interview (WMCI) (Zeanah et al., 1994). The intention was to map parents´ subjective experiences of the intervention with a numeral one to five scale. The viewpoints of mental coping of the child and parent, attachment between the child and parent regarding both standpoints, the capacity of parenting with this child, and the amount of play and sing activities used at home were considered. In addition, some questions were focused on the parent´s view on how much she or he felt that the child was a source of joy and how they estimated the child´s social abilities. Five groups of children aged one to five years completed the NaP for foster families–intervention prior to this research; 21 foster parent participants from these groups returned both pre- and post- questionnaires which served as a starting point for the actual research project. Simple quantitative analysis was completed by counting average values from the questionnaire answers and comparing the pre- and post-figures with each other. The intention was to provide descriptive statistics for the overview purposes.

Based on the average values of the parental feedback (N = 21), the NaP for foster families–intervention had effects on the qualities detailed in Figure 1. The use of play activities and songs used

at home showed the greatest positive change from before and after intervention; a +0.66 increase in mean value indicates that the NaP–intervention can be implemented in the family's everyday life. According to the questionnaires the results concerning the child's attachment to the parent and the parent's attachment to the child showed improvement as well. The child´s attachment to the parent increased by +0.61 and the parents´ attachment to the child increased by +0.57 after the intervention. The child´s social abilities as well as the child's engagement with the parent also showed some improvement, at an increase of +0.38. Other measured areas, such as the child´s social abilities and parental capacity, showed some improvement as well but the difference between pre- and post-responses to the questionnaire items were minor.

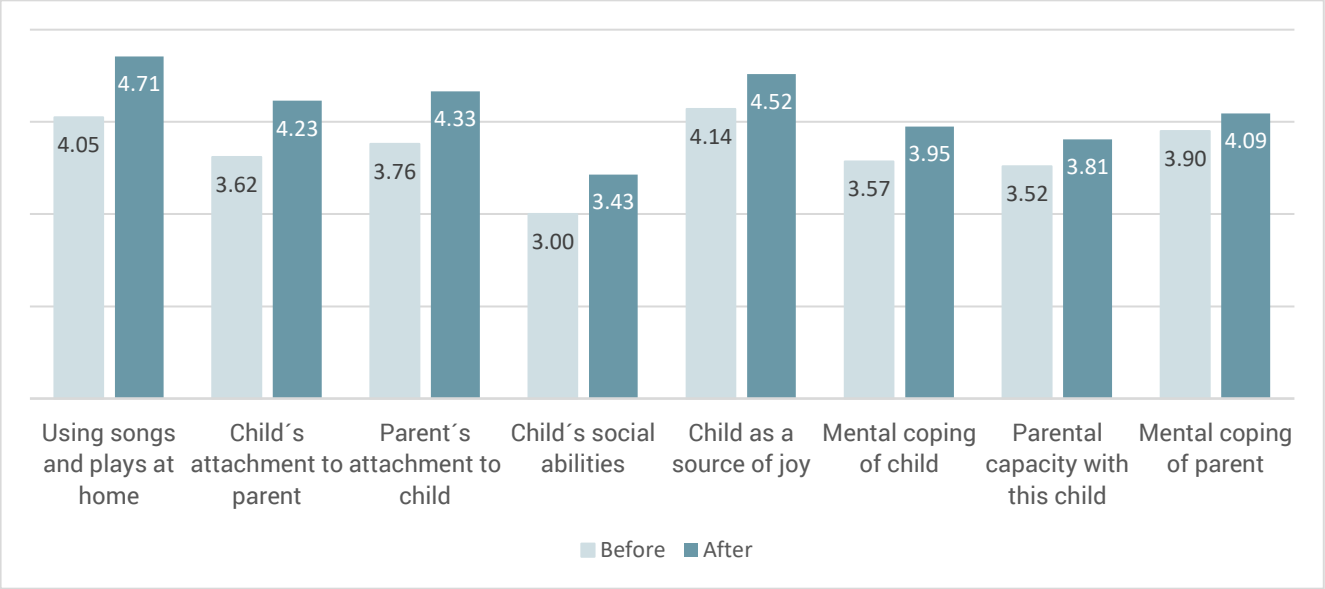

Figure 1: Average results from pre- and post-intervention questionnaires (scale 1-5, *N* = 21)

These results encouraged further and deeper study of what subjective meanings foster parents offer to the NaP–intervention. NaP–intervention has been studied as a group intervention for prenatally depressed mothers in a randomised controlled trial (Salo et al., 2019). The results showed that the intervention group displayed higher maternal sensitivity and RF and more reduction in depressive symptoms than the control group. However, the research concerning children from age one to five is lacking and the context of foster families is new.

RATIONALE FOR THE SELECTION OF THE RESEARCH METHOD

A client´s subjective viewpoint serves as a valuable standpoint for the evaluation of a therapeutic process and its meanings. In recent music therapy literature, the parent´s viewpoint has been taken widely into consideration (i.e., Flower, 2014; Kehl et al., 2021; Lindenfelser et al., 2008; Oldfield et al., 2003; Oldfield, 2011; Savage et al., 2020; Thompson & McFerran, 2015; Thompson et al., 2019). Videos have been used as a tool in music therapy research interviews to help informants memorise past situations more accurately. Video recall was used with music therapy and art therapy students to map out how learning occurs in different domains of knowledge (Langan & Athanasou, 2002). An unusual

perspective was utilised in a participatory action research project where the child client joined as a co-researcher (Hakomäki, 2013). Video elicitation interviews were used with a target to explore the ways in which the parent and therapist describe their experiences of music therapy (Flower, 2014).

Stimulated recall interview, SRI, method has been used in the therapy research context for almost 60 years (Kagan et al., 1963). SRI offers a good and inbuilt resource for practice-oriented research by promoting meaningful, flexible interplay between clinical practice and scientific research (Vall et al., 2018). It provides participants with maximum cues for reliving the therapeutic experience by means of video-tape playback and may therefore be used as an arena to gain new insights about clients themselves or for therapists to find new ideas about how to proceed in therapy (Kagan et al., 1963; Vall et al. 2018). In addition, the researchers may tap into underlying processes that may not be accessible otherwise (Huang, 2014). Stimulated recall allows the families to become analysts of their own activity (Carayon et al., 2014). In music therapy, stimulated recall method has been used in research with music therapists when the focus was to detect which elements of music therapy are responsible for its positive effects (Pater et al., 2019).

The stimulated recall method was selected for this study for several reasons:

1. The time between the intervention and interview was over two years which would have made remembering detailed information from the sessions challenging.
2. Supporting parents´ ability of mentalization is one key target in NaP–intervention. Stimulated recall method highly supports this goal.
3. It may be difficult to translate the process into words since a large part of the intervention occurs on an experimental level (Pater et al., 2019). Videos may assist in verbalising thoughts and feelings of the intervention.
4. Honouring and respecting the clients´ subjective perspectives when evaluating meanings of an intervention is the therapist-researcher´s leading clinical guideline. Therefore, accomplishing research in the same way was ethically sustainable and without contradictions.
5. Music therapy research contains a limited amount of literature concerning video recall. With the population in question (foster parents) this approach was possible and the opportunity unique especially within social and child protective services.

Study design and ethical considerations

The research process and study design were multi-dimensional and included several phases (Figure 2). The recruiting of the informants was strongly based on voluntary undertakings. Participation in the study did not influence receiving the NaP–intervention. Also, the informants had a right to withdraw from participating in the study at any time throughout the research process. The overall intention was to avoid any kind of power dynamics caused by the fact that the researcher was also the therapist.

Data gathering was completed in six months, after which the data rested for one year. During that time the original idea of doing qualitative video analysis to develop client centered evaluation and meaning making was changed; the STR method was selected as the actual research method. At this

point the final aim of the study was developed: to gain a deeper understanding on how foster parents use their mentalization skills to reflect the different meanings of the NaP for foster families–intervention. The preliminary findings were delivered to the participants before this paper was submitted for publication.

The study design strictly follows the ethical instructions of the University of Jyväskylä. Receiving compulsory consent forms from different parties, including biological and foster parents and the authorities, was a long but essential process both ethically and legally. The anonymity of the children and parents has been strictly protected. This had an effect on both the process of analysis and the presentation of the results since the data was not analysed on a case-based manner.

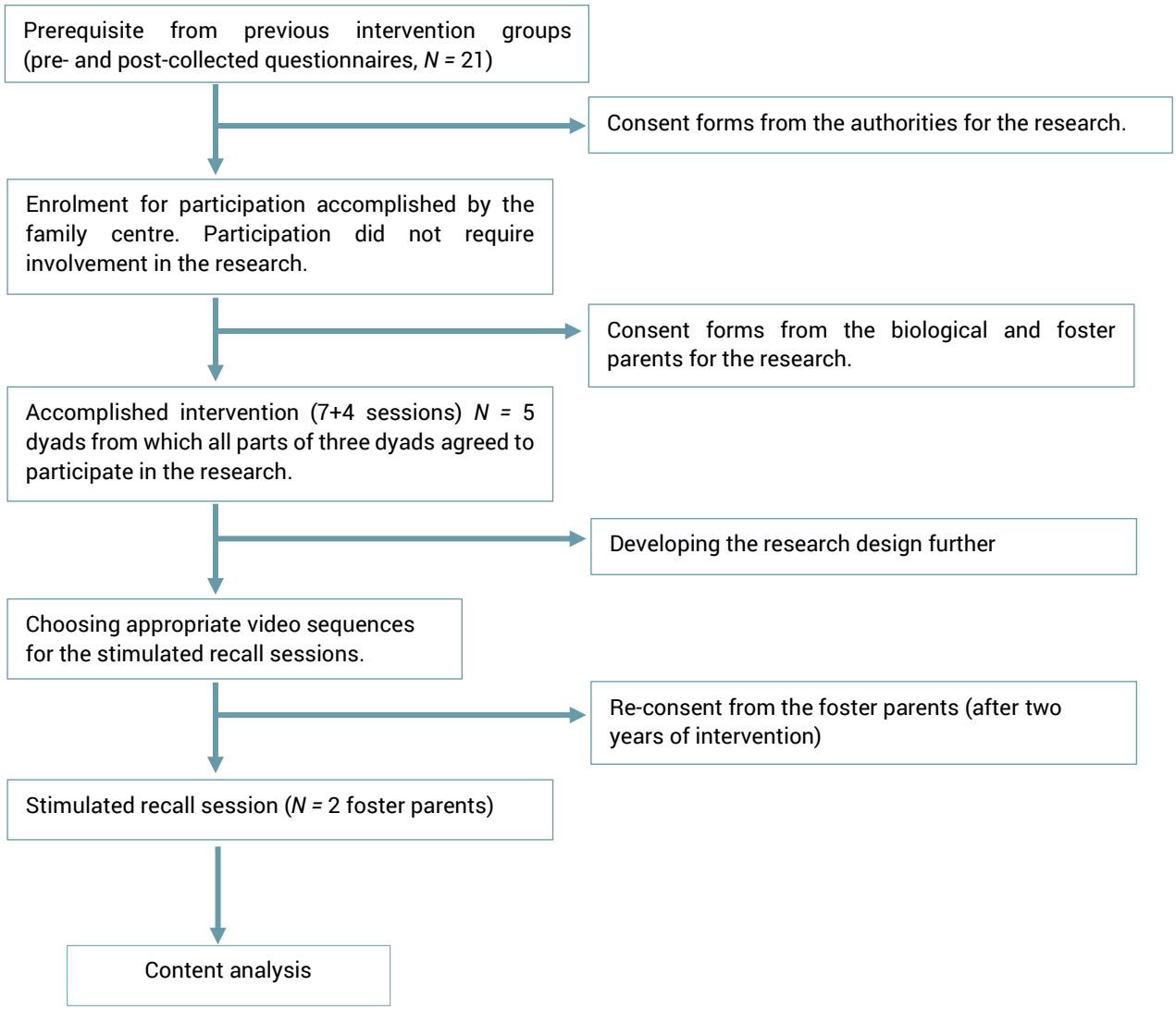

Figure 2: Study design

DATA ANALYSIS

The secondary data of this research were the video recordings from the group sessions. There were two different cameras in the room, each placed accordingly to record from opposite sides of the room. The cameras were standing alone which meant that there were no cameramen shooting or moving the

cameras. There were five dyads in this group and the authorisation from all parties involved in the intervention (biological parents, foster parents, and the social authorities) was finally received for two children.

Initially, the researcher became familiar with the reflective notes made by the two instructors of the group. However, since the reflective notes did not seem sufficiently detailed for sampling purposes, the video data was also utilised to stimulate recall. The video recordings of the whole process were watched two times (one time per child) providing detailed transcriptions from the video material. With the help of these transcriptions the video clips for the stimulated recall session were identified. The researcher looked carefully over different criteria for sampling the data (Plahl, 2007; Scholtz et al., 2007). The sequences chosen had to fulfil the following criteria:

1. The child and the parent were fully visible and could be seen with a direct facial view.
2. Something happened for the first time – the event was somehow meaningful and unique and the integrity of the NaP process as many-sided as possible.

The duration of each chosen video clip was two to six minutes and altogether six to seven excerpts were chosen for the purposes of the two SRI sessions.

The primary data of the research included recordings from the stimulated recall interview sessions which took place after two years and three months of the end of the actual intervention. One separate stimulated recall session was actualised for both parents with the duration of 120 minutes each. The preliminary findings were sent to the parents, and they were able to comment, add and/or remove the material as they wanted. In this way the parents´ opinions and viewpoints were highly valued through the whole research process and the co-researcher partnership was emphasised.

The following instructions were given in the beginning of the SRI sessions:

> The reflections may be focused on *what the child thinks or feels* during the NaP sessions and *why might that be.* In addition, the reflection might be focusing on *what do you think and feel* during those sessions and *why might that be.* You may also reflect *what do you think about all that now*, after two years of the intervention. If something else comes into your mind, please feel free to share that. There is no right or wrong way to reflect – just do it in your own way. The most important thing is that you are able to share all the essential matters which you think are relevant.

The role of the interviewer in the sessions was to keep the focus of the discussion in alignment with the above-mentioned instructions. The instructions were repeated as necessary but otherwise the target was to give as much space for a free reflective talk as possible.

The stimulated recall sessions were audio and video recorded and transcribed by the first author. Video recordings were not used in transcribing because the audio recordings were detailed and unambiguous enough. The phenomenological paradigm´s intention was to examine the data as openly and fairly as possible by considering what the data reflected about the phenomena on hand. The qualitative and inductive content analysis took place with the help of Atlas.ti program (https://atlasti.com/product/what-is-atlas-ti/). First the irrelevant data was removed including the

notifications of other children or the overall remarks of the current situation (i.e. weather or covid-19). The systematic coding was carried out in an inductive way in order to identify meaningful themes that addressed the research questions (Bengtsson, 2016). The first round of coding was broad and aimed to stay faithful to the original text and expressions of the participant. Codes were grouped by moving back and forth between grouping the codes and the original text and the expressions. Next, the codes were categorised by grouping related codes together (Tuomi et al., 2021). Finally, categories were formed and translated to English for categories, subcategories, and descriptive comments.

Conceptualising took place when the results were compared with the attachment theory. These considerations are reflected in the Discussion. The presented quantitative figures demonstrate the volumes of the appearance and may be classified as descriptive statistics.

RESULTS

The presentation of the results has been divided so that tables which summarize the results are placed in the middle of the explanatory text.

The thorough content analysis of interviews resulted in 218 codes from which seven categories were developed. The categories reflect the main themes around which the foster parents´ interviews were constructed. The categories are: 1) Emotions of child; 2) Emotions of parent; 3) Actions of child; 4) Actions of parent; 5) Relationship between child and parent; 6) Group functioning and activities; and 7) Benefits of NaP–intervention. In the categories, the word "parent" refers to the foster parents.

When observing the categories with simple quantitative analysis it seems that the child is the focus of the parents' reflections (Figure 3). The *Emotions of child* (*N* = 61) and *Actions of child* (*N* = 47) categories are most often presented. Further, the category of *Emotions of parent* (*N* = 40) is prominent whereas the rest of the categories are clearly of minor importance.

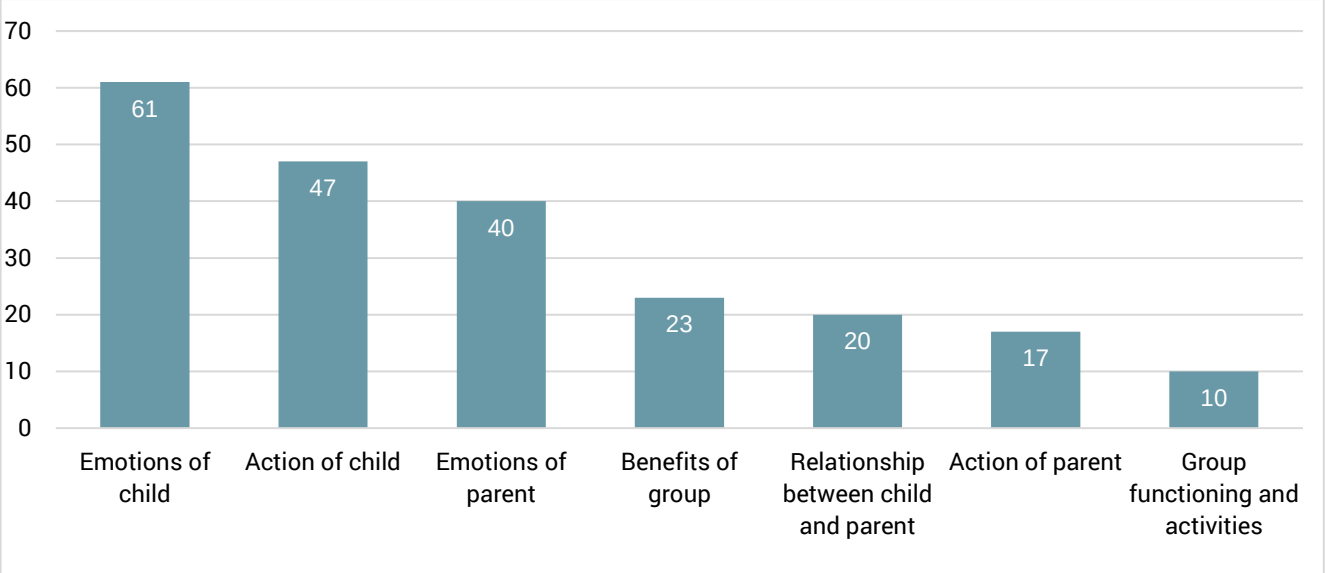

Figure 3: Quantitative appearance of categories

Next the categories are represented, focusing first on the child, then the parent, the relationships between them and finally the NaP–intervention.

Emotions and actions of child

According to the findings, the category Emotions of child (*N* = 61) is displayed in multifaceted ways (Table 3). Again, if we look at the results with simple numbers the most often mentioned features of emotions are concerning Safety and trust (*N* = 12), in addition to Cheeriness and fun (*N* = 10), Relaxation and good feeling (*N* = 8), Interested and expectant (*N* = 6) and, Satisfied and pleased (*N* = 6). The Safety and trust subcategory may be seen as a head category for the others. The feeling of safety is required in order that the child can be cheerful and relaxed, interested in the environment and feeling satisfied (Ainsworth, 1974; Bowlby, 1988). Categorising was helpful to maintain sufficient detail and to present data as authentically as possible without moving to meta levels (Tuomi et al. 2021).

Category (*N* = number of codes)	Subcategory	Description of subcategory (direct quotes from interviews)
Emotions of child (*N* = 61)	Safety and trust (*N* = 12)	Feeling of safety; Familiar structure because of which more trusting; Situation is familiar, and child is accustomed to it
	Cheeriness and fun (*N* = 10)	Child is cheerful; Joyful; Looks like child is having fun
	Relaxation and good feeling (*N* = 8)	Feeling nice and comfortable; Seems to be relaxed; Calms down
	Interested and expectant (*N* = 6)	Interested and curious; Excited and expectant
	Satisfied and pleased (*N* = 6)	Child is satisfied and enjoys; Child is delighted and pleased
	Feeling of mastery and capability (*N* = 6)	I can, and I am able; I can decide and manage; Boldness to try
	Uncertainty and confusion (*N* = 6)	Face looks serious; Confusion and uncertainty in the beginning of the process
	Shyness and foreignness (*N* = 3)	Shy towards new people; The foreignness of the situation
	Stressed and doubtful (*N* = 3)	Doubtful about what is going to happen; Stress of the first meeting
	Turmoil caused by placement (*N* = 1)	Placement to our family happened just 1.5 months ago

Table 3: Emotions of child

When looking at the timeline, the parents´ reflections of the above-mentioned emotions are present in the later phases of the process. Earlier phases of the process are evident with the following subcategories: *Uncertainty and confusion* (*N* = 6), *Shyness and foreignness* (*N* = 3), *Stressed and doubtful* (*N* = 3), and *Turmoil caused by placement* (*N* = 1). These emotions, mostly present in reflections of the beginning of the process, might even be connected to insecure emotions. The main category for these subcategories would be more difficult to determine since, for example, uncertainty and doubtfulness is also a normative demonstration of secure behaviour in new situations (Ainsworth, 1974; Bowlby, 1988) in addition to which shyness might relate to the personality of the child.

One important task of the NaP for foster families–intervention is to create experiences of success for the child which are connected to positive self-esteem and self-image. Parents bring this viewpoint up in the subcategory of *Feeling of mastery and capability* (*N* = 6). They refer to these kinds of emotions in a positive manner like "I can, and I am able" and can detect pride in their child´s appearance.

The *Actions of child* category (*N* = 47) seems to be quite many-sided as well. The parents suggested that the children are *Interested and willing to explore* (*N* = 13) and, on the other hand, *Settled down and focused* (*N* = 9). The categories might be even seen as opposite to each other but also reflect and support the NaP for foster families–intervention's important task of regulating the emotions through exploratory and calming functions (Schore 1994, 2001). In addition, the content of both categories appears to be positively displayed (i.e., "Open to explore" and "Settles down peacefully") which might refer to the foster parent´s feeling of success with this target. It should be noted that these subcategories are not present in parents' reflections until later phases of the NaP process.

Category (*N* = number of codes)	Subcategory	Description of subcategory (direct quotes from interviews)
Actions of child (*N* = 61)	Interested and willing to explore (*N* = 13)	Interested in the environment and other people; Alertness in the situation; Wants to try things eagerly; Open to explore
	Settled down and focused (*N* = 9)	Child can focus and concentrate; Settles down peacefully; Behaviour is nice and smooth
	Behaviour in NaP and elsewhere (*N* = 9)	Behaviour is different than at home / at this moment; Behaviour is the same as at this moment
	Personality of child (*N* = 7)	Child makes jokes and has good sense of humour; Good memory; Vigilant; Temperamental
	Contact and touch (*N* = 3)	Child is satisfied and enjoys; Child is delighted and pleased
	Meaning of situation familiarity (*N* = 3)	Child holds my hand; More daring to be in contact with the instructor
	Behaviour changes during NaP–intervention (*N* = 3)	Child´s behaviour has changed positively

Table 4: Actions of child

The subcategory *Behaviour in NaP and elsewhere* (*N* = 9) reveals that foster parents´ can see both similarities and differences in a child´s behaviour compared to other situations. Parents reflect on past and present times as well as different environments and can, in this way, link the behaviour in NaP both by timeline and context.

The parents´ reflections reveal that the most important component in the categories *Emotions of child* and *Actions of child* are issues around safety. This is apparent while cross analysing the categories with each other. Actually, *Emotions of child* category´s subcategory *Safety and trust* (*N* = 12) may be linked to every subcategory under the *Action of child* category. The same phenomena may be seen with the subcategory *Meaning of situation familiarity* (*N* = 3) which could be connected to every subcategory concerning *Emotions of child*. This reveals the importance of safety within this context and this population according to foster parents themselves.

Another central issue seems to be the change from category to category. The *Behaviour changes during NaP–intervention* subcategory may be combined with every subcategory concerning the *Emotions of child* as well. Though, the actual change is not mentioned so often by parents since the number of codes is quite low (*N* = 3).

Emotions and actions of parents

When looking at the category *Emotions of parent* (*N* = 40), it seems that many kinds of feelings are related to participating in the NaP–intervention (Table 5). Parents describe that their emotions are connected to *Relaxed and peaceful* (*N* = 11) emotions which include a natural and easy-going way of being. Parents describe that the feeling is nice and calm which help them to be relaxed. The link between the aforementioned feelings and the subcategory of *Trust to people and environment* (*N* = 5) may be seen quite clearly. In order to be relaxed and peaceful one has to be able to trust and feel secure. According to parents this is possible because the environment and situation gets more familiar over time. Trusting refers both to the child and other adults, i.e., trusting that the child will manage or trusting that other adults are on the same wavelength and "on the same boat". *Comfortable, and intimate feeling* (*N* = 4) is referred to in connection to nurturing activities during which the intimacy and warm and gentle touch appeared. On the other hand, finding one's own inner child and laughing freely is important to adults as well; this is apparent in the subcategory of *Fun and excitement* (*N* = 4). All the above-mentioned subcategories are present at the later stages of the NaP process.

According to the parents, participating in the NaP–intervention is not always easy or fun. This is evident in the subcategories *Mixed feelings, and tired* (*N* = 7) in addition to the *Tensed and suspect* (*N* = 5). Attending the group is considered compulsory, viewed both negatively and positively. It is good to be forced to step outside the home and meet other people but sometimes it feels very tiring. The parents sometimes feel overloaded, and this causes mixed feelings concerning the NaP group. Further, meeting new people in a new situation might be stressful and cause tension and even a feeling of panic. It appears that these reflections take place with respect to the beginning of the process.

Memory is different from video (*N* = 4) subcategory refers both to the child´s feelings and parents' own feelings. Parents´ reflections reveal that the memory of the situation is more negative than emotions observed on the video. *Experience of success* (*N* = 1) is something which is brought up only

once concerning parents themselves. This notion is connected to a situation where the child´s strong reaction did not change the parent´s way of being or doing things.

When it comes to the category *Actions of parent* (*N* = 17) it seems that parents´ reflections are concerned with power related issues (Table 6). Related to the subcategory *Adult / child directed action* (*N* = 5) the foster parents are consciously both directive and non-directive in their actions toward the child. The subcategory of *Changing way of doing* (*N* = 1) is related to this because reflections include the consideration of what would have happened if the adult had behaved differently.

Different perspectives around *Foster parenting* (*N* = 4) are also discussed. In this subcategory parents reflect on the differences between foster and biological parenting and discuss foster parenting from the perspective of a work role. Further, the *Future* (*N* = 3) of the child and child-adult relationship is considered in terms of the child's life path (i.e., is the child´s life path going to be different from her/his parents) as well as future emotional and therapeutic support the child will be needing.

When cross analysing the categories of *Emotions of parent* and *Actions of parent* it seems that connections between them are quite hard to find. The *Actions of parent* subcategories are not so tightly connected to emotions but merely more meta-reflective considerations. *Actions of child* subcategories are connected more directly to the child´s behaviour whereas *Actions of parent* subcategories are more widely examined through causal connections which expanded the discussion into a meta-level. Actually, only the subcategories *Adult / child directed action* and *Difficult to concentrate* are connected with the actual action in the groups.

Category (*N* = number of codes)	Subcategory	Description of subcategory (direct quotes from interviews)
Emotions of parents (*N* = 40)	Relaxed and peaceful (*N* = 11)	Feels relaxed and peaceful; Looks easy-going
	Mixed feelings, and tired (*N* = 7)	Semi-forced to attend (both good and bad thing); Mixed feelings; Feeling tired and overloaded
	Trust to people and environment (*N* = 5)	Others at the same level; Environment and people have become familiar; Feeling more confident
	Tensed and suspect (*N* = 5)	New situation and meeting new people caused tension and suspense; I was a bit panicky
	Comfortable, and intimate feeling (*N* = 4)	Warm and comfortable; Gentle, and intimate feeling
	Memory is different from video (*N* = 4)	Nice to watch afterwards; Memory was more negative than how it looks in video
	Fun and excitement (*N* = 4)	Playful and fun, one gets excited herself; It´s aloud to laugh and be emancipated
	Experience of success (*N* = 1)	Feeling that we did the right thing at that point was an experience of success

Table 5: Emotions of parents

Category (*N* = number of codes)	Subcategory	Description of subcategory (direct quotes from interviews)
Actions of parents (*N* = 17)	Adult / child directed action (*N* = 5)	Now we just do like this and don't ask any questions; I give freedom to the child and do not guide so much
	Foster parenting (*N* = 4)	It's different to be in a work role than as a foster parent; Foster parenting is different compared to biological parenting
	Future (*N* = 3)	In this relationship the conflicts will be continuing; Hopefully the life of the child will be different from the biological parents; What kind of treatment will the child need in the future?
	Changing way of doing (*N* = 1)	How would the child had reacted if I had done something differently.
	Difficult to concentrate (*N* = 1)	Strong reactions of the child caused me difficulties in concentration
	Expectations (*N* = 1)	I didn't come to look for the answers.

Table 6: Actions of parents

RELATIONSHIP BETWEEN CHILD AND PARENT

The category of *Relationship between child and parent* (*N* = 20) is built depending on two main themes: Contact and attachment.

The subcategory *Contact and position* (*N* = 8) include different kinds of remarks concerning both the adult´s and child´s way to be with each other. Parents pay attention to the child´s eye contact both by consciously seeking it and, on the other hand, giving the child the freedom to look at the other. These positions are noticed in the same way; all the positions are interpreted to reflect that the child felt good. *Contact and position* subcategory seems to be linked with the earlier subcategory of *Adult / Child directed action* in addition to the *Power* (N = 2) subcategory which points out that this theme is somewhat present within this kind of setting and with this population. In addition, it should be noticed that these reflections are present throughout the NaP process.

The *Attachment and trust* subcategory's comments are related to the later phases of the NaP process. Foster parents note that the relationship has changed during the NaP process; the familiarity, feeling of security and trust has grown. In addition, matching moments could be detected, and the relationship is brought up in terms of novelty. The placement was very recent (approximately 1-2 months) which the parents reflect on. This subcategory is strongly connected to the earlier mentioned *Turmoil caused by placement* concerning child´s emotions. One note is made about *How other person´s emotions affect the other* (*N* = 1); in this case, how the child's negative emotions effect the adult´s emotions.

Category (*N* = number of codes)	Subcategory	Description of subcategory (direct quotes from interviews)
Relationship between child and adult (*N* = 20)	Contact and position (*N* = 8)	Child approaches the face of parent and seeks eye contact; Did not consciously try to turn the child towards myself; Position shows that child feels comfortable
	Attachment and trust (*N* = 7)	The chemistry between us seems to have matched; Attachment and smooth proximity; Familiarity and trust towards child
	Power (*N* = 2)	Who is in charge; Flexibility in guiding
	New relationship (*N* = 2)	We are new for each other; Fresh relationship
	How other person´s emotions affects the other (*N* = 1)	Emotions of child affects adult

Table 7: Relationship between child and parent

Comments concerning NaP–intervention

The parents articulate different kinds of remarks concerning NaP–intervention's special features (*N* = 10) (Table 8). They point out that NaP is a *Different kind of group* (*N* = 2) compared to other groups targeted to families. NaP is more participatory with children than just talk between adults. Two basic components of the intervention are also brought up by parents: *Structure and predictability* (*N* = 3) and *Playful and cheerful atmosphere* (*N* = 2). Directed situations are seen as positive since the predictability increases the feeling of safety. Both the playful way of doing and the cheerful ambiance help the child and the parent to join the activities.

Category (*N* = number of codes)	Subcategory	Description of subcategory (direct quotes from interviews)
Functioning and activities of NaP (*N* = 10)	Structure, and predictability (*N* = 3)	Structured, and directed situation; Predictability in proceeding with functions; Doing things not just being
	Activities did not transfer to everyday life (*N* = 3)	I couldn't use the methods directly at home; At home there is more freedom and less structure
	Playful and cheerful atmosphere (*N* = 2)	Easy to go with the playfulness; Cheerful being
	Different kind of group (*N* = 2)	More child-adult and adult-child guiding and doing than just chatting in coffee table

Table 8: Functioning and activities of NaP

Benefits of NaP–intervention category (*N* = 23) was developed because the parents seem to enjoy several advantages while attending the group (Table 9). Parents feel that participating in the group makes the attachment bond develop faster and has a positive effect on the interaction of the child and parent compared to just being at home. In addition, *Attachment, connection, and interaction* subcategory (*N* = 6) includes the ideas of deepening the connection and helping the child to "find" a new adult (parent) in his or her life. This is somewhat connected to the subcategory of *Being and doing together* (*N* = 5) which is considered positive. NaP meetings "forces" the adult to be present for the child and enables an intimate connection. Even if coming to the group is sometimes hard (compared to the earlier subcategory of *Mixed feelings, and tired* in the category of *Emotions of parent)* it is perceived as important to be alone with the child, be focused on him/her and leave the house.

Two subcategories were formed based on the meaning of the NaP: *Important for parent* (*N* = 6) and *Important for child* (*N* = 2). The parents emphasise the importance of the group more for themselves than for the children. Peer support is considered meaningful as a means of shared experience in life. Further, the new placement and therefore a fresh relationship is supported in NaP. When it comes to children, the parents are not so specific but overall point out that attending the group is important and positive effects can be detected. Connection between these subcategories and the subcategory of *Being and doing together* (5) is quite clear. Parents feel that the group gives them important time and space to be with this child, concentrating just on him or her and being close to each other.

Category (*N* = number of codes)	Subcategory	Description of subcategory (direct quotes from interviews)
Benefits of NaP–intervention (*N* = 23)	Attachment, connection, and interaction (*N* = 6)	NaP helped to build connection and attachment; Interaction got better; Child "found" a new adult
	Important for parent (*N* = 6)	Support for functioning with an unfamiliar child; Peer support from other parents; Helpful for adult
	Being and doing together (*N* = 5)	Being just the two of us; Doing together: Being present and near each other
	Adult directedness (*N* = 3)	Adult doesn't get startled about child's strong reactions; Child cannot define situations by shouting and raging but situations are led to end
	Important for child (*N* = 2)	Positive influence; Important for child
	Rhythm to everyday life (*N* = 1)	NaP gives structure and rhythm to everyday life

Table 9: Benefits of NaP–intervention

Structure is brought up in two other subcategories: *Adult directedness* (*N* = 3) and *Rhythm to everyday life* (*N* = 1). Parents´ sentiment include the concept of who is in charge. Can the child define how situations continue? Can the adult be secure and stable even if the child´s reactions are very strong? On the other hand, one comment concerns the perception that NaP gives additional structure to their everyday life because of regularly occurring group meetings.

DISCUSSION

Parental attendance has increased in recent years within the music therapy service (Flower, 2019). The growing amount of literature published since 1990 (Tuomi et al., 2017) indicates that music therapy with families may now be considered a field of its own (Tuomi et al., 2021). NaP for foster families supports this ecological thinking and the importance of including family in the intervention.

When re-examining the selected research method in this study, it seems that stimulated recall interview (SRI) holds its place as a relevant method for evaluating the meanings of this intervention. There were several points in reflections where parents were repeatedly able to combine the emotions or actions of the child within a wider context with respect to place (i.e., this group, home, daycare, earlier placement homes), relationships (biological parents, foster parents, siblings, ex foster parents), and time (before and after this situation, historical and new perspectives). In these ways the reflection about various situations seemed to rise to a new level where the meanings were explored in a wider context of the child´s life, not just in the group.

In addition, the use of videos seems to have served the parents well. In this study it appeared that the memory of the situation was more negatively loaded than it was in the SRI interview. Looking at the videos later seemed to bring up more positive views of the intervention. Therefore, this kind of study design might be seen as a therapeutic intervention with families.

However, there were occasions in the SRI interview where the interpretation of the child's way of being was contradictory between the foster parent and therapist-researcher. The parent might interpret the child´s behaviour as if the child was tired or bored whereas the therapist-researcher´s viewpoint might have been related to, for example, some defensive kind of avoidance. There is no right or wrong answer here, but the link with mentalizing capacity comes to mind. Our reactions to other´s actions (i.e., turning the head away and not being in eye contact) are very different if we think that the child is bored or if we think that it might be hard for the child to look at your face because of his or her earlier trauma history. From the child´s viewpoint, the "wrong" interpretations might cause serious challenges in the family´s everyday life. In therapeutic situations these kinds of contradictions might play a key role and would be important to detect for open discussion.

One core of reflective functioning is in evaluating one's own behaviour and how it affects others (Fonagy et al., 2012; Slade, 2005). There were several subcategories developed based on this viewpoint in this study. The reflections highlighted the *Experience of success* when being firm with the child despite the child´s strong reactions and, on the other hand, considerations about what would have happened if the parent would have done differently (*Changing way of doing*). Similarly, we see the pondering about the Foster parenting when comparing it to other roles and on *How other person´s emotion effects the way the parent is feeling or behaving*. However, the number of these considerations was not large enough to emphasise in this writing.

Instead, according to this study, the parents' reflections focused very clearly on children. Looking at the results by numbers, we see that from 218 codes, 108 were directly related to the child. It might be relevant to compare this phenomenon to "primary maternal preoccupation" (Winnicott, 1958) even though the concept originally refers to the first weeks of the child´s life and the parent's mental preoccupation during that time; it may be also seen as the primary caregiver´s emotional state to adapt to the child´s needs in a 'good enough' way.

Another forthcoming concept of parenting is emotional availability which is known to be one of the most important capacities of parenting (Biringen et al., 2014; Salo et al., 2019). The core of this availability lays on reading the infant´s emotional cues and the child´s reciprocity of emotional responding. Therefore, it was important that most of the foster parents´ reflections focused on the child´s emotions (*N* = 61) and, on the other hand, on the parent´s own emotions (*N* = 40). It might be right to state that according to the parents, NaP for foster families–intervention may be called an emotion focused intervention. However, this conclusion must also take into account that the instructions in the beginning of the SRI sessions might also have led to this kind of thinking.

Though not particularly instructed, parents evaluated the NaP for foster families–intervention quite widely in the interviews. *Activities did not transfer to everyday life* (*N* = 3) subcategory was formed by comments which stated that the NaP activities did not directly transfer into the home environment. Parents felt that the way of being at home was so different from group situations that the activities as such could not be used at home. This outcome is different compared to the pilot information from the questionnaires. According to the pilot study, Play activities and songs used at home showed the greatest improvement indicating that the NaP–intervention can be implemented in the family's everyday life (Figure 3). There might be several explanations for this including individual differences and preferences. The everyday life in foster families may be quite demanding because of both internal and external factors including the complex networks. On the other hand, it might be challenging to evaluate one´s behaviour at home after two years of the intervention.

Despite this outcome it seems that the overall results support the findings from the pilot study. Pilot results articulated that both the child´s attachment to the parent and the parents´ attachment to the child were considered to be higher after the intervention. In the study on hand these entities were brought up in several categories when evaluating the NaP–intervention. *Attachment, connection, and interaction* and *Being and doing together* subcategories relate to this. In addition, the parents brought up the importance of the intervention to both the parent and child.

Results in context of attachment theory

The NaP for foster families–intervention's main target is to enhance and strengthen a healthy and secure attachment relationship between child and adult (Tuomi, 2018). Having this goal in mind, it is relevant to focus on the relationship between the tenets of attachment theory and the results of the study on hand. However, it has to be noted that this contextualisation is only directional and gives merely an idea of the link. Interpretation of the meanings behind the formulated subcategories and their connection to the attachment theory are intended to provide insight and therefore engage practice with theory and vice versa.

The basic and core concepts of the attachment theory may be defined as: 1) Secure base; 2) Safe haven; 3) Internal working model; 4) Separation distress; and 5) Proximity maintenance (i.e., Ainsworth, 1974; Bowlby, 1988; Bretherton & Munholland, 2008; Pally, 2005; Schofield & Beek, 2006). Every child needs a person who is the child´s secure base (Bowlby, 1988). This person can be any gender and does not need to be biologically related to the child. In times of stress or danger, the child knows he or she can return to this person, where he or she is nourished physically and

emotionally, comforted, and reassured if distressed or frightened (Bowlby, 1988; Schofield and Beek, 2006).

When comparing the concept of secure base and the subcategories of this research it seems that the link between them is strong (Table 10). Direct notions of security and trust are easily traceable, including both the child´s and parent´s viewpoints. In addition, there are emotion regulation-based entities associated with secure base (Ainsworth, 1974; Bowlby, 1988; Hughes, 2009; Hughes & Baylin, 2012; Prior & Glaser, 2006). Those include the capability to freely express emotions and the capability to calm down and relax. Naturally attachment figure availability and the activated care giving system is also required for the feeling of secure base (Prior & Glaser, 2006) which was brought up in several subcategories of this research.

When the child has an experience of a secure base, it is possible for him or her to have an experience of a safe haven as well. Safe haven gives the child the space and possibility to explore the world and then return to a secure base (Bowlby, 1988; Schofield and Beek, 2006). When looking at the results of this study it seems that the explorative function is also somewhat forthcoming (Table 11). The parents notice this kind of behaviour several times both in terms of their child´s emotions and actions related to that are children´s positive conceptions of themselves. For example, experiencing mastery and success for the children are important achievements. Further, experiencing capability is not possible without being first interested and willing to try and explore (Prior & Glaser, 2006; Thompson, 2008).

Core concept Secure base (*N* = 96)	Concepts associated with core concept
Secure base (*N* = 35) • Safety and trust (E of C) • Meaning of situation familiarity (A of C) • Trust to people and environment (E of P) • Attachment and trust (R) • Contact and position (R)	Capability to freely express emotions (*N* = 20) • Cheeriness and fun (E of C) • Satisfied and pleased (E of C) • Fun and excitement (E of P) Capability to calm down and relax (*N* = 32) • Relaxation and good feeling (E of C) • Settled down and focused (A of C) • Relaxed and peaceful (E of P) • Comfortable, and intimate feeling (E of P) Attachment figure availability (*N* = 9) • Contact and touch (A of C) • New relationship (R) • Foster parenting (A of P)

Table 10: Secure base compared with subcategories (*N* = number of codes)

A developing child learns patterns when being in contact with his or her primary caregiver. The child learns to predict how to best engage the parent in responding to his or her needs and what he or she needs to do to keep connected, be soothed, or avoid being overstimulated. This learning activates neurotransmitters that lead to growth of neural circuitry, which forms the basis for how these events

are represented in the brain (Pally, 2005). These expectations are called 'internal working models' (Bowlby, 1988; Bretherton & Munholland, 2008).

Core concept Safe haven (*N* = 26)	Concepts associated with core concept
Safe haven (*N* = 19) • Interested and expectant (E of C) • Interested, and willing to explore (A of C)	Experiencing mastery and success (*N* = 7) • Feeling of mastery and capability (E of C) • Experience of success (E of P)

Table 11: Safe haven compared with subcategories (*N* = number of codes)

According to the results of this study it seems that internal working models are mostly traced concerning the child. The parents state that the situation familiarity and the structure of the sessions help the child to predict what is going to happen next which make it possible for the child to be interested and open for the activities. Related to expectations for the accessibility and responsiveness of the care giver, there are considerations about "reciprocal dance" of power relations, i.e., how the child has learned to trust that the adult is going to lead the situation safely through (Hughes, 2009; Thompson, 2008). In addition, parents themselves seem to consider their internal working models in context of the foster parenting.

Core concept Internal working model (*N* = 42)	Concepts associated with core concept
Internal working model (*N* = 27) • Interested and expectant (E of C) • Meaning of situation familiarity (A of C) • Uncertainty and confusion (E of C) • Stressed and doubtful (E of C) • Behaviour changes during NaP • Intervention (A of C)	Power relations (*N* = 7) • Adult / child directed action (A of P) • Power (R) Parent's reflections on their behaviour (*N* = 5) • Foster parenting (A of P) • Changing way of doing (A of P) New attachment relationship • Shyness and foreignness (E of C) 3 • Turmoil caused by placement (E of C) 1 • New relationship (R) • Tensed and suspense (E of P)

Table 12: Internal working model compared with subcategories (*N* = number of codes)

Internal working models may be of an optimistic and trusting nature but also suspiciously or pessimistically coloured. This might be related to both secure and unsecure attachment (Ainsworth, 1974). This study revealed that these kinds of subcategories were present at the beginning of the intervention. Children seemed to be uncertain and stressed which might refer that their internal working models had not yet formulated toward a secure direction. The new attachment relationship, discussed both in terms of child and parent, support this assumption. Further, it is remarkable that parents notice the change in children during the NaP–intervention which indicates that children's

internal working models seem to have changed to become more secure.

Humans have a biological drive to seek proximity to a protective adult to survive danger (Ainsworth, 1974; Bowlby, 1982). Separation distress emerges if this need is somehow hindered, and the child is incapable of sustaining proximity maintenance (Ainsworth, 1974). This includes the idea of discriminating different potential attachment figures to the familiar and secure and to unfamiliar and unsecure figures.

Comparing the results of this study and the concepts of separation distress and proximity maintenance is somewhat ambivalent. The NaP for foster families–intervention's target is to maximise the physical time together, to pass on the information to the child that she or he is not alone. Therefore, there should not be any subcategories related to these concepts. However, the foster placement and the relationship between the child and the parents was new and indicated that some insecure behaviour might be visible. For example, *Emotion of child* category´s following subcategories could be related to this phenomenon: *Uncertainty and confusion*, *Shyness and foreignness*, *Stressed and doubtful*, and *Turmoil caused by placement*. In addition, some of the *Emotion of adult* category´s subcategories might be part of this phenomena: *Mixed feelings, and tired*, in addition to *Tensed and suspense*.

LIMITATIONS AND FUTURE DIRECTIONS

Though careful considerations and choices were made concerning the study design, the research on hand also includes limitations. A small number of informants made it possible to explore the data quite deeply, but a larger extent of participants would have given a broader and more solid view for the subject. Therefore, this research may be seen as a pilot study for a forthcoming, larger study.

When it comes to the gathering of data, it would have been important to have a separate person taking care of the video cameras in order to provide better visibility. Furthermore, foster parents´ views may be influenced by the researcher´s choices of video excerpts and probing which could have affected the parents´ view of the "reality". In terms of validity concerns, the time lapse between the recorded event and the recall session may have affected the accuracy of recall (Huang, 2014). The power-relations and conflicting positions were taken into consideration but those could still have affected the informants.

When analysing the data, the categorising is always somewhat challenging. It may help us to explore some quantities closer and more deeply and may give cognitive structure for the phenomena we are exploring. However, categories are overlapping and, for example, emotions and actions may be strongly connected and hard to divide from each other. Also, the author´s preunderstanding may have influenced the analysis especially when the first author was also the therapist. In addition, the translating of categories, subcategories, and descriptive comments to English complicates the analysis and the presentation of the results. Small vignettes may have been hard to translate in a detailed and delicate enough way.

This research clearly focused mostly on children since the parents´ reflections were naturally targeted on them. In the future, it would be interesting and important to focus on parents themselves since the change in parental internal working models and changing parenting behaviours are core key aspects when enhancing early attachments (i.e., Ainsworth 1974; Berlin 2005; Bowlby 1988; Prior &

Glaser 2006). This would be most relevant also from the viewpoint of mentalization (i.e., Alper & Howe 2015) which is a rarely studied area within music therapy and would strongly support the goals of the NaP for foster families–intervention.

CONCLUSION

According to this study, Nurture and Play intervention, NaP, seems to be a many-sided, relevant, and meaningful group intervention for foster families with young children. The research gives new insights for professionals within the field of music therapy, mental health, wellbeing and child welfare. Also, it is an opening toward family centred, attachment focused, and mentalization based music therapy practices. The concepts of attachment theory communicate well with the context of NaP for foster families which brings forth the importance of family centred work with this population. In the future, parent focused research is suggested to more intensively focus on the parent´s part in interaction and attachment.

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Ελληνική περίληψη | Greek abstract

Ανατροφή και παιχνίδι για ανάδοχες οικογένειες με μικρά παιδιά: Αναστοχασμοί ανάδοχων γονέων για μία ομαδική παρέμβαση με επίκεντρο την προσκόλληση

Kirsi Tuomi | Esa Ala-Ruona

ΠΕΡΙΛΗΨΗ

Ένα ιστορικό ανασφαλών δεσμών θέτει τα θετά παιδιά σε κίνδυνο για πολλών ειδών δυσκολίες που μπορεί να συμπεριλαμβάνουν και ψυχοπαθολογία. Η Ανατροφή και το Παιχνίδι (Nurture and Play, NaP) για ανάδοχες οικογένειες είναι μία παρέμβαση για παιδιά ηλικίας από ενός έως πέντε ετών που στοχεύει στην υποστήριξη δημιουργίας ισχυρών νέων δεσμών ανάμεσα στους θετούς γονείς και τα μικρά παιδιά τους. Στόχος της μελέτης είναι η βαθύτερη κατανόηση του πώς οι ανάδοχοι γονείς χρησιμοποιούν δεξιότητες νοητικής αναπαράστασης ως εργαλείο αναστοχασμού των ποικίλων νοηματοδοτήσεων της παρέμβασης NaP για ανάδοχες οικογένειες. Επιλέχθηκε μία μέθοδος διέγερσης της μνήμης για να επιτευχθούν οι ερευνητικοί στόχοι. Ήταν εμφανές ότι οι γονεϊκοί αναστοχασμοί ήταν επικεντρωμένοι στο παιδί, στη σημασία της ασφάλειας και στο νόημα της αλλαγής κατά τη διαδικασία. Δόθηκε έμφαση και σε συναισθηματικές ποιότητες που αφορούσαν και το παιδί και τον ενήλικα. Οι ανάδοχοι γονείς μπόρεσαν να χρησιμοποιήσουν τους αναστοχασμούς τους εντός ενός ευρύτερου πλαισίου χώρου, σχέσης και χρόνου. Υπήρξε ισχυρή συσχέτιση των αποτελεσμάτων της μελέτης με τις βασικές έννοιες της θεωρίας δεσμών. Επιπρόσθετα, από τη μελέτη και τα συμπεράσματα προκύπτουν προτεινόμενες προτεραιότητες καθώς και προτάσεις για περαιτέρω έρευνα.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

θετά παιδιά, μικρά παιδιά, οικογενειακά επικεντρωμένη μουσικοθεραπεία, Theraplay , νοητική αναπαράσταση, διέγερση της μνήμης

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ARTICLE

Music therapy with individuals with severe multiple disabilities

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ABSTRACT

The present study uses a qualitative approach to explore music therapy with individuals with severe multiple disabilities (SMD). Six music therapists with wide experience in this field took part in a focus group discussion that featured questions about the potential of music therapy with children, adolescents and adults with SMD, the ways individuals with SMD use music therapy, the interrelation of functional and psychotherapeutic aspects in music therapy, and the challenges in conducting research studies including individuals with SMD. The data were analysed using a grounded theory approach, and the findings highlighted the following macro areas: opportunities, music therapy approaches, and research challenges. Participants emphasised the wide range of developmental opportunities that music therapy can offer to individuals with SMD. They outlined the unique characteristics music therapy interventions offer for working with individuals with SMD, especially when combining functional and psychotherapeutic approaches. The broad spectrum of competencies and qualities of the music therapist was also highlighted. The experiences and insights of the international group of music therapy experts about their practical work with individuals with SMD are promising and open up many possibilities for further development of this field of work in research, teaching and therapeutic practice.

KEYWORDS

music therapy,
severe multiple disability,
functional and psychotherapeutic approaches,
focus group discussion

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INTRODUCTION

Individuals with severe multiple disabilities (SMD) are part of our society. However, they often remain unnoticed or are even systematically ignored in everyday life, as well as in professional practice and academic research. Evensen (2020, p. 58) defines individuals with SMD "as full-worthy active and perceiving [individuals] who, when moving in space, in time with objects and in relations with other persons, live experiences with the same values as everyone else".

The term 'individuals with severe multiple disabilities (SMD)' in this context refers to individuals who have profound cognitive limitations, as well as physical and/or sensory impairments, and have no

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– or severely limited – verbal expression. There are many inconsistencies in the terminology used to describe this group of people. The socio-critical view proposes conceptualisations that do not view individuals with SMD in isolation but as subjects of certain experiences in their environment, such as "people with intense experiences of disability" (Schuppener, 2017). Within the social model, *impairment* is recognised as a physical condition or as an individual attribute, while *disability* is identified as a matter of how society responds to, or fails to respond to, the needs of people with impairments (Cameron, 2014). Being aware of the risk of labelling a very heterogeneous group, it seems important to find terminology for individuals with special challenges and high support needs, in order to act against their marginalisation in all areas of life, in practice as well as in science and politics. As Fröhlich et al. (2017) point out, individuals with SMD are still hardly considered and taken seriously with regard to their needs, their learning opportunities and their developmental possibilities. They are easily forgotten and overlooked, when, for example, it comes to self-determined participation in society, to education and inclusion. Moreover, in the current scientific sphere, research is only found on music therapy with those individuals with clear, distinguishable diagnoses, such as children with autism spectrum disorders (Crawford et al., 2017; Helm & Ramezani, 2021; Raglio et al., 2011) or cerebral palsy (Gilboa & Roginsky, 2010; Marrades-Caballero et al., 2018; Roginsky & Elefant, 2021). Individuals with combined disorders, severe intellectual or multiple disabilities are mainly overlooked, with the exception of rare, individual cases, which remain almost unnoticed internationally. Reimer (2016, 2019b) is one of the few music therapists who does research with adults with SMD. In addition to the fact that music can stimulate the human senses in a very fundamental way, Reimer was able to show how music therapy treatment can support the process of affect regulation and enable the individual's experience of self-efficacy, both of which form the basis for the development of interpersonal relationship skills.

In the present article, the author aims to explore key opportunities and challenges of music therapists working with children, youth and adults with SMD. The main purpose is to meet the needs of the clients in a holistic treatment framework, which explains the specific emphasis of this study on functional and psychotherapeutic aspects of music therapy with individuals with SMD. Due to the lack of empirical studies in this field, our main objective is to gain insight into the research topic from the perspective of experienced music therapists by applying a qualitative research methodology.

MUSIC THERAPY WITH INDIVIDUALS WITH SMD – FROM PAST TO PRESENT

Music therapy with individuals with disabilities has a long tradition, but the specific field of individuals with SMD is rarely in the spotlight. In practice, active and receptive music therapy approaches are used according to the client's abilities. Depending on the music therapy approach and the therapist's understanding of individuals with SMD, therapeutic treatment focuses on goals in a variety of areas, from sensory and motor skills, through cognition and communication, to social and emotional development (Meadows, 1997) as well as focusing on the creative experiences of the client in music-centred approaches (Aigen, 2014). The pioneers of music therapy with individuals with SMD were convinced of the musicality within every human being and built the principles of creative therapeutic work on this basis (Nordoff & Robbins, 1965, 1971; Orff, 1974), but a number of additional relevant aspects can be found in the current literature: the importance of 'corporeality' (Loos, 2009),

empowerment and self-actualisation (Meyer, 2016), sensory perception and the understanding of physical-emotional signs of distress (Reimer, 2016), as well as the exploration of one's own capabilities based on a psychodynamic understanding of development (Becker, 2002; Reimer, 2016; Watson, 2007). To experience oneself as a subject also enables a shift in the perception of the other and thus the development of relationships (Kuntsche, 2011; Reimer, 2016; Roginsky & Elefant, 2021; Schumacher et al., 2013), which may also result in inclusion in society (Cameron, 2017; Pavlicevic et al., 2014; Watson, 2007).

Recent studies provide an understanding of the effects of music therapy from a neurobiological perspective, providing explanations of the effects of music and specific musical interventions on the brain, thus offering further endorsement for music therapy (Stegemann, 2018; Thaut & Hoemberg, 2016). So far, participants in this type of research have mostly been healthy individuals or individuals with neurological damage acquired after an accident (with otherwise healthy development). Three studies could be found that explore the impact of music therapy interventions from a neurobiological perspective, two of them with children with (severe) cerebral palsy and one with children with severe physical disabilities (Bringas et al., 2015; Marrades-Caballero et al., 2018; Samadani et al., 2021).

PSYCHOTHERAPEUTIC AND FUNCTIONAL ASPECTS IN MUSIC THERAPY WITH INDIVIDUALS WITH SMD

To date, the relationship between functional and psychotherapeutic aspects in music therapy has not been explored in the population of individuals with SMD. However, there is some literature and initial research on this topic in the related field of neuro-rehabilitation (Roelcke, 2013; Roelcke & Bossert, 2020; Tauchner, 2012). The distinction between more functionally or more psychologically/ psychotherapeutically oriented treatment approaches seems to be more common and clearer in other professions that are part of a multidisciplinary team (e.g. physiotherapy, occupational therapy, speech therapy, psychology) than is the case in the profession of music therapy. Thus, Tauchner (2012, following Jochims, 2005), herself a music therapist, counts physiotherapy, speech therapy and occupational therapy among the forms of therapy that mainly focus on the functional level of treatment, while psychologists and psychotherapists deal with the psychological level. It is assumed by the author that in music therapy with individuals with SMD, functional and psychotherapeutic aspects of treatment are inseparably intertwined, which may give it the special potential to be effective at a wide variety of levels of a person's needs.

Psychotherapeutic aspects of music therapy with individuals with SMD

Music therapists argue that music is one of the most suitable media for therapeutic work with individuals with SMD, one of the key arguments being that, in most cases, the impairment itself originates in the period prior to speech development. Even the associated problems in the development of attachment and social relations, which become noticeable only later, have their origins in this very early period of development. At the same time, it is known that the foetus is already connected to the mother and her environment through sounds, noises and rhythms in the womb, and that it retains the basic memory of these early sound experiences even after birth (Kuntsche, 2011).

Tauchner (2012) draws mainly on Baumann (2004) and Jochims (2005) when describing her understanding of a music therapy treatment approach at the psychological level, which is primarily a traditional European approach to music therapy addressing communicative, emotional and interactional aspects, and as such is experience- and resource-oriented. Instead of goals and achievements, such an approach focuses on processes and the therapeutic relationship, whereby the individual expressions of the client are at the very core.

As a representative of analytical music therapy with adults with SMD, Becker (2002) also focuses on very basic vital parameters, which become important in therapy and can be accompanied by music. She argues that, because of its close connection with vital parameters, music is suitable for making relationships audible: "To find one's own experience taken up in music can be comfort and hope, triumph and joy for the human being, since it enables him to devote himself to something that exists outside of him and he knows that he is connected with his experience in a larger context" (Becker, 2002, p. 21). Other authors refer to similar very basic interventions (Decker-Voigt, 2016; Meyer, 2016; Reimer, 2016; Roginsky & Elefant, 2021). Since individuals with SMD are mainly without verbal language – or at least without the ability to use verbal language symbolically to reflect on their own experiences – (verbal) psychotherapeutic approaches in this area are often neglected or are at best aimed at parents or caregivers of individuals with SMD. With its potential for self-awareness, non-verbal contact, the shaping of relationships through shared experience and reflection upon that experience, music therapy could fill this gap.

Functional aspects of music therapy with individuals with SMD

However, as mentioned above, the potential of music therapy work can also be considered from the aspect of supporting and developing particular physical functions. Jochims (2005), a music therapist in the field of neuro-rehabilitation, describes a focus on improving functional, sensory and cognitive deficits. The tradition of this way of working comes mainly from the United States of America, where Thaut (2005) is considered the founder of 'Neurological Music Therapy'. This approach, which is now also practised in Europe, is based on findings from brain research. Studies suggest that music, and in particular the rhythm embedded in music, activates, stimulates and structures brain functions in a comprehensive way (Wieland & Santesso, 2017). Thaut and his colleagues developed various music-supported methods that make exercise and learning processes in neurological rehabilitation more efficient and enjoyable. The emphasis here is on the inherent effects of music, which can have a relaxing, calming, stimulating or activating effect on the person treated. The strong reference to the body is based on the client's often disturbed or non-integrated perceptions. Through multimodal musical offerings, such as hearing, seeing and sensing at the same time, failed channels of perception are stimulated and sensory experiences from different modalities are brought together, a process that is also described by Reimer (2016) as 'sense linkage'. Through guided activity on the instrument and tactile experiences, the music therapist gives the client the clearest possible information about their body and its position, thus promoting self-awareness (Baumann, 2004). There have already been some theoretical attempts made to transfer these findings to music therapy with individuals with SMD (Mertel, 2016).

Intertwining of psychotherapeutic and functional aspects in music therapy

Baumann's description clearly shows that even in a more functionally oriented approach, it is not only about practising and achieving a certain result; rather, the described interventions are aimed at the client's experience of self-awareness and self-efficacy. Nonetheless, the effect that can be achieved – the client's improved proprioceptive perception – does represent an improvement of functional deficit. Experience-centred methods can therefore also be found in a functionally oriented music therapy approach, which demonstrates that it is not easy to define clearly what can be considered functional and what psychotherapeutic. Tauchner (2012, p. 38) emphasises that for music therapy it can be assumed "that the basic therapeutic attitude, characterised by interest, appreciation, confidence and unconditional acceptance, forms the starting point of both approaches", functional as well as psychotherapeutic. For the time being, it remains a distinguishing criterion that the term 'functional' is used primarily in connection with the physical-functional level.

Working on many levels, it seems only natural that music therapists, wherever possible, collaborate with other disciplines – e.g., physical therapy, occupational therapy, psychology, speech therapy, special education and the other arts therapies – as well as other individuals in the personal environment of the client, including family members and caregivers. Only when all parties communicate and share their knowledge and experiences in contact with the client, can appropriate action be ensured for the benefit of the person with SMD (Boxill, 1985; Meyer, 2016; Roginsky & Elefant, 2021; Twyford & Watson, 2008). In all of this, we should not lose sight of the possibilities for collaboration with the individuals themselves; after all, it is their needs that are to be met.

Based on the theoretical backgrounds described above it was aimed to gain an in-depth insight into opportunities, best practices and challenges in music therapy with individuals with SMD from the perspective of experts in the field.

METHOD

A qualitative research approach was used to gather essential information on music therapy with individuals with SMD from the perspectives of music therapists and researchers. A focus group discussion (Ochieng Nyumba et al., 2018) was conducted with experts in the field, exploring three main topics introduced by the facilitator with short introductory questions. Focus group discussion is frequently used as a qualitative approach to gain an in-depth understanding of social issues. The method aims to obtain data from a purposely selected group of individuals (Ochieng Nyumba et al., 2018). Grounded theory (Corbin & Strauss, 2008) was used as the theoretical background for data analysis; involving the production of a theory that is inductively developed through data analysis.

Participants

The sample consisted of six music therapists from four countries (Australia, Germany, Israel and the UK). All the therapists have long-term practical experience in the treatment of children, adolescents or adults with SMD, while also teaching at universities and undertaking research in the field in question. The age of the participants ranged from 33 to 70 and their professional experience as practising music therapists varied from 8 to 33 years, with an average of 25 years. Two participants had previously met, but otherwise, participants did not know one another.

Focus group discussion

Based on the concepts of focus groups and group discussion in qualitative research settings (Mishra, 2016; Šarić, 2007), the aim was to enable interaction between participants so that their experiences and views would complement and deepen each other, with an openness to the possibility of different views on the subject. The common theme and three foci were determined by the researcher, who was also in the role of the facilitator of the group and is the author of this article.

Focus groups are characterised by relatively indirect management of the conversation, creating and directing a relaxed and permissive climate in the group (Šarić, 2007), whereby interaction serves as a key component (Mishra, 2016). In this case, this was only possible to a limited extent due to the group discussion being held via Zoom. The role of moderator was slightly more directive and the possibilities for spontaneous interaction between the participants were certainly limited. Still, the values and special characteristics of a group discussion provided the basis for the facilitation of the meeting.

After an initial introduction of the participants by themselves, touching on their past and current working environment in relation to music therapy with individuals with SMD, the following questions were addressed, with brief explanations:

1. In your view, what special potential does music therapy hold for people with SMD?
2. How do you describe the correlation between functional and psychotherapeutic aspects in your own work with individuals with SMD? Here I understand "functional" as focused on the development of specific physical executive functions from a perspective based on fields such as neuropsychology, neurobiology, anatomy and physiology. "Psychotherapeutic", on the other hand, is construed as working on mental health and wellbeing from the perspective of developmental psychology, clinical psychology, psychiatry and psychosomatics.
3. In response to a previously conducted quantitative survey, I received several messages from colleagues in the field expressing that music therapy with individuals with SMD is very important to them, but is addressed in research far too rarely. My impression is that although individuals with SMD are very much a relevant clientele in practical music therapy work, they are hardly given any importance in scientific discourse and research? How do you see this? What could be the reasons for this?

Data collection

The music therapy experts for the focus group discussion were recruited through personal contacts (previous work in international music therapy associations, conferences, etc.) and as a result of an international survey on music therapy with individuals with SMD conducted by the author in 2021. A joint appointment with six experts was arranged. The 90-minute meeting took place via Zoom, was recorded and then transcribed verbatim. The transcript was subsequently anonymised (Meyermann & Porzelt, 2014). The participants had an opportunity to read the transcript to verify the content and correct any misunderstandings, but only one participant took advantage of this. This research study was conducted in accordance with the Declaration of Helsinki (World Medical Association, 2013) and the Ethical Codes of the European Music Therapy Confederation (EMTC, 2005). Ethical approval for

data collection was granted by the University of Ljubljana's Research Ethics Committee, Department of Philosophy (reference number: 176-2019), and all of the participants gave informed, written consent before taking part in the study.

Data analysis

The transcript of the focus group discussion was analysed using an inductive method based on the concept of qualitative content analysis according to Mayring (2002), with codes and categories emerging from the data through an intensive coding process. The transcript of the focus group discussion was analysed using an inductive method developed within the theoretical framework of grounded theory (Corbin & Strauss, 2008). In the first step, the transcript was read several times and specific themes that seemed relevant were highlighted. During this process, several topics relevant to the research question emerged. A second review then identified two macro-areas quite clearly: Opportunities and Research Challenges.

The next step involved the elaboration of a coding scheme (Mayring, 2002), which was then used to analyse the group discussion further. An independent researcher separately tested and verified the coding scheme to validate the coding process and discussed the findings with the researcher until full agreement was obtained. The codes were later sorted into the macro areas and themes listed in Table 1.

Since there was a particular interest in the correlations between functional and psychotherapeutic aspects, the entire transcript was searched for statements that had relevance to this topic. Gradually it became clear that there were several themes that were related in one way or another to the question of the therapeutic approach and thus also relevant to the research question. In order to do justice to this complexity, it was decided to group all the topics relevant to this research question into one macro area called "Approaches." This macro area summarises the functional and psychotherapeutic perspectives and their correlations, as well as interdisciplinary aspects, the clients' needs and the therapists' competencies required to meet these needs. The statements were paraphrased and abstracted. Thus, a category system was developed step by step. Finally, each macro area was assigned 4–6 themes, within which 2–6 categories were placed.

RESULTS

The content analysis highlighted three macro areas (see Table 1): *Opportunities* that can arise in music therapy with individuals with SMD, several aspects of the therapeutic *approach* that influence the opportunities for development of the individual with SMD in a wide range of areas and attempts to highlight the *research challenges* in this area. Each of these macro areas is described below.

Opportunities

Asked about the potentials of music therapy, the participants[1] of the focus group discussion talked about several opportunities that may arise in music therapy with individuals with SMD, as summarised in the following themes: waking up, change, motivation, relationship and bridge.

[1] Subsequently referred to as "therapists"

Macro areas	Main themes
Opportunities	Waking up Change Motivation Relationship Bridge
Approaches	Functional perspectives Psychotherapeutic perspectives Correlations and connections Cooperation and interdisciplinarity Competencies and qualities of the therapist
Research challenges	Researchers' perspective Ignorance and despair Societal perspective

Table 1: Macro areas and their main themes

Waking up

In the conversation about the potential of music therapy for individuals with SMD, the phrase "waking up" kept appearing. It seems to describe a process that the therapists consider particularly important and that needs to be consciously experienced for a successful *beginning* of the therapy process.

> Therapist 4: I quite often talk about pre-therapy. […] it's like where someone's just sort of sunk. And you know that it's going to take a bit of time, but you can wake them up.

Therapist 4 appeared to be describing a preparation process in the first part of the therapy, which is mainly about this waking up taking place. This process can take very different lengths of time. It seems to be a capacity that is perceived as inherent in the individual with SMD; it is not something the therapist does from the outside, but something that they facilitate within music therapy by responding to the clients "moment by moment" without requiring them "to fit in" (T4)[2]. Therapist 6 explained it like this:

> If people feel that something's going on, when they've been recognised, met, then they don't need to be woken up. They just wake up. It's that capacity to wake up that is present actually already. It's [music therapy is] just what's the right place for it to come to life. (T6)

Conscious use of this capacity on the part of the therapist enables individuals with SMD to feel a different kind of experience. The musical framework in particular was mentioned here as being especially conducive to this process. The opportunity of "waking up" in the context of music therapy was described by the therapists as something that colleagues from other professions, such as physiotherapists and nurses, also notice and appreciate.

[2] Abbreviation for "Therapist 4"

Change

The second theme is the change on different levels that can become possible within the music therapy process. The therapists reported *spontaneous* turns that occur unexpectedly or opportunities that can suddenly be used at a certain moment. Most of the situations mentioned in which change occurs describe actions that seem to happen for the first time with *intention* – like active music making, communicating or making choices. These moments were described as very special in the therapists' statements, as, for example, by Therapist 5:

> But then I remember, the first time she realised, the look on her face, when she realised she could communicate with intention, and then started to do that, it was one of the most exciting things in my life. (T5)

This great enthusiasm was contrasted by challenges in the area of emotional support, understanding and processing emotions when there was *no apparent development*. Approaches to understanding were described by the therapists as observing one's own countertransference, listening and observing closely, and responding to the client's emotional expression in a musical way. Especially the experience of "feeling stuck" was highlighted by Therapist 6 who encouraged the questioning of assumptions and remaining attentive:

> …something gets into our countertransference, about people's sense of feeling stuck, or, you know, that this is all there is. And I think that part of the business of any kind of therapy is saying: Are you sure? Might there be more than one way to think about this? And that capacity to improvise, which I suppose starts in us, in our capacity to be imaginative, is then what, with any luck, we can offer our patients just through the experience of being with us and us staying awake. (T6)

The change in the area of *emotional expression* could therefore be found in the way the client's emotions are heard and evoke a response in a particularly sensitive counterpart, the music therapist. The metaphor of waking up appeared here again – this time on the part of the therapist as the one who "stays awake", who does not get tired of listening to the individual with SMD.

Motivation

The client's motivation plays a major role in successful therapeutic work. In the group discussion, several statements describing this effect were found. Firstly, the expression "*fun factor*" was used as something that music and the improvisational stance of the therapist can add to the context of therapy. The pleasure that children, but also adults, feel when it comes to making music freely within a reliable therapeutic relationship was described in several ways.

Motivation was also evident in the therapists' perception that their clients make a special *effort* to contribute to the music, as Therapist 1 described a scene from a session:

> ...and they really try hard. They do. Yeah, I've had little children with very severe disabilities playing on a harp and just being like this and sweat just running down them because [...] they're so motivated. (T1)

The fact that they receive *feedback* (particularly musical-nonverbal) on their being and their actions from the therapist seems to contribute to this, especially when individuals get "their own self-competency mirrored to themselves" (T1). The therapists described an overall joy and a pleasant feeling of being in "absolutely the *right place*" (T6), which seems to refer equally to both the individual with SMD and the therapist. T5 said about her clients with SMD "They just, they love to work. You're right. It's great." (T5)

Relationship

Music therapy work is already fundamentally defined as work that takes place within a therapeutic relationship. However, since it is also the ability to relate where individuals with SMD face major barriers, it is not surprising that the opportunities afforded by music therapy were also addressed in this area. One of the therapists talked specifically about examining the quality of the relationship within the therapy with an assessment tool[3] developed for this purpose. What happens in music therapy may positively influence the client-therapist relationship as well as the client-caregiver relationship, if the latter is included in the process. There was a focus on the (further) development of the ability to interact with others, acknowledging the individual's own possibilities. A special potential inherent in music and the improvisational use of music was mentioned as something that facilitates the development of relationships. Therapist 4 called it "the responsiveness of music."

A particular opportunity offered in music therapy, then, seems to be the enabling of individuals with SMD to engage in a wider, relational context. Therapist 6 described, that the client's expression "becomes part of something wider. And I think that's so often what our patients miss out on, is some sort of sense that, actually they're in a proper, you know, in [a] relational context" (T6).

Connected to these thoughts of the relational context, there were some statements in the group discussion that referred to the influence of the music therapy work beyond the boundaries of the therapy room, to which there was assigned a separate theme.

Bridge

The idea of understanding individuals with SMD as "non-symbolic" individuals was introduced by Therapist 3 and then taken up several times by others. This perspective leads to an awareness of two worlds of understanding that need something connective in order to be able to interact with each other. Music therapy was, in this part of the discussion, defined as the expertise of bridging between the individual and their environment, "person to culture and culture to person" (T3) and so in some way music therapists would be able to *"bypass the need for symbolic language"* (T3). Therapist 6 added to this the idea that within the sessions "maybe we also stay in that non-symbolic place in a way ourselves, with some translating to do for other reasons." The "translating do to for other reasons" was not clearly explained, but could refer to the therapist's written documentation and verbal exchanges with co-workers or other persons involved.

[3] AQR – Assessment of the Quality of Relationship (Schumacher et al., 2019)

Another theme that was outlined several times was reaching individuals with SMD in a way that others cannot. This was always linked to the idea of music therapists having a more far-reaching influence through music and empowering other colleagues or caregivers "to use music or some of our techniques to actually communicate or connect with them [individuals with SMD] as well" (T5). This became even more concrete in the idea of the music therapist as an "accessibility expert" (T3) – someone who could make the environment *more accessible* for individuals with SMD by giving other professionals a different perspective or even concrete tools – a thought that came up several times in the conversation.

> I think music therapists that really do this good preparation or work and that have the knowledge can support, can make these people accessible to other health professionals, psychotherapists, teachers, you know, educational professionals. So, I really think about coordinating and making these people know we're the accessibility, the real accessibility experts. (T3)

Similar ideas expressed in a slightly different way used the word 'translator' to name part of the music therapist's role of both being in a confidential, understanding relationship with the person with SMD and also communicating with other people in their environment.

> And so, I'm like the translator. And in the UK, if you have a patient who has a different language, you can get a translator. And I often think that I am the translator. (T4)

Macro area	Themes	Categories
Opportunities	Waking up	Beginning Preparation Consciousness
	Change	Spontaneity Actions with intention No apparent development Emotional expression
	Motivation	Fun factor Making an effort Getting feedback The right place to be
	Relationship	Therapist-client/caregiver-client relations Ability to interact Responsiveness of music Relational context
	Bridge	Bypass the need for symbolic language Accessibility

Table 2: Themes and categories for the macro area: Opportunities

The next macro area delves more into the therapists' self-image, their therapeutic attitudes and approaches.

Approaches

The second macro area contains all of the issues related to the approaches of music therapy work with individuals with SMD. In the group discussion it became clear that the starting point of the work is the needs of the clients. The therapists clearly stated that when it comes to the question of a more functional or psychotherapeutic orientation of their work, the individual needs of the client take precedence over their own approach and preferences. Nevertheless, different approaches were discussed in the course of the conversation.

The first two themes in the macro area *Approaches* are the *functional* and the *psychotherapeutic perspectives* on music therapy work with individuals with SMD, followed by a third theme which explores the therapists' statements concerning the *correlations and connections* of these two perspectives. The last two themes then complement and broaden the previous thematic areas. *Cooperation and interdisciplinarity* therefore deals with aspects of including other people in the music therapy process, and the last theme, *competences and qualities of music therapists* necessary in this specific field, is presented.

The entire text of the focus group discussion was searched for statements that indicate aspects of a functional or psychotherapeutic perspective, and noticeably more content was found on the topic of the psychotherapeutic perspective.

Functional perspective

The first category in this theme is *physical wellbeing*. Therapist 2 described particular attention to her client's physical wellbeing at the beginning of each music therapy session, such as the "way they are lying or sitting in their wheelchair" (T2). She stated that, in her view, physical wellbeing was a prerequisite for being calm and attentive. Physical functions were named mainly in terms of what they enable a person to do. Without naming specific difficulties on the physical level, functional problems were mentioned as possible obstacles to achieving goals on a psychological and social level, such as "enabling social engagement" (T1).

Most of the statements in this theme were about the possibilities that arise from certain *abilities*; or the other way around, physical dysfunctions were particularly recognised and mentioned by the therapists, when they restrict the overall development of their client. For example, the therapists talked about how certain skills that can be learned in music therapy, such as "greater motor control using beaters", "waiting and listening" as well as "taking turns" (T6) form the foundations for successful communication and social integration. Besides these, only a few concrete interventions, such as "movement" (T4) and the use of "songs" (T2, T4) were mentioned that might suggest a more functional approach.

Psychotherapeutic perspective

Similar to the previous theme, the first category here is *psychological wellbeing*. In this context, the often vulnerable mental health of individuals with SMD was specifically highlighted. Observations were made that the mental health of people with SMD is often not given enough attention. Referring to the difficult, often traumatic experiences that many of today's adults with SMD have experienced

and in some cases still experience as part of the history of institutional care, Therapist 5 said the following:

> I mean, first of all, that the people who come out of the institutions already have trauma, I mean, come on, really. And for all the people I work with, it is still a daily trauma because they are just not treated like human beings. (T5)

Several comments were found with regard to a *psychological framework*, based mainly upon a humanistic view of the therapeutic work and the people involved, represented in statements like:

> We're not trying to make people into something else, but to allow people to just become aware that there are possibilities. (T6)

Some of the therapists particularly named a developmental psychological orientation as their theoretical foundation (T1, T2), emphasising a therapeutic stance similar to a "client-centred psychotherapy" (T1).

A major focus was clearly on interpersonal aspects and building the foundations of meaningful exchange within a *therapeutic relationship*, a topic already mentioned in the previous section, named here again as an integral part of a psychotherapeutic perspective. The specific value of the experience of the individual with SMD, of being perceived as a human being, a person that "gets to be heard" and "gets to connect" (T5) was illustrated by examples from the therapist's own practice, in individual music therapy as well as in group sessions, where the "group dynamics" (T6) play an integral role.

The next theme is addressing the integration of functional and psychotherapeutic approaches in music therapy through an initial exploration of their correlations and connections.

Correlations and connections

This section collates the therapists' statements regarding the interrelationships and connections of functional and psychotherapeutic aspects in music therapy with individuals with SMD. Two contrasting aspects of the work that might initially seem incompatible turn out to be interdependent as the following categories show. The first category describes the *process of moving from a focus on physical processes towards psychological ones*, which was described by Therapist 4 as a rather "physical" beginning with "movement, songs" which then "became psychotherapy eventually." Or in other words by Therapist 2:

> So, I start physically, often, and then I go on to more the emotional connection and the interpersonal connection with the music. (T2)

The perception of physical presence was described as a basic prerequisite for opening up to the environment. The "psychotherapeutic benefit" (T5), however, appears after all to be the main goal that the therapists have in mind.

There are also statements that emphasised the *interdependence of both functional and psychotherapeutic aspects*, rather than a process of development from one to the other. Some of the therapists expressed their difficulties in even considering the two perspectives as separate. As Therapist 1 put it: "It is very, very difficult to say, I either do this or I do this." In some statements, both aspects were inseparably mixed together, and music itself was described as a medium that is both "physical" and "expressive" and has many other aspects that cannot be clearly assigned to one or the other perspective (T6).

It was only briefly mentioned by Therapist 1 that there are also viewpoints that clearly distinguish functional and psychotherapeutic approaches, according to which they seem incompatible or hierarchically related. Another therapist spoke about her music therapy education being eclectic:

> We actually train in what they call an eclectic approach. So, we don't learn psychodynamic [approach] or so. I mean, we know what they are, but we basically just mesh everything together. It works. (T5)

When the therapists talked about their concrete practical work, a high proportion of improvisation was evident, not only in the form of musical improvisation, but above all as an improvisational attitude. In this way, both functional and psychotherapeutic content seem to find their meaning and room for development. Therapist 4 described it like this:

> I think we're really improvisational in between those two things. And we know when, okay, that's all we need to just stay in a slightly more functional moment on that, now we can go, okay. And it might be literally minute by minute for me. (T4)

Related to the claim to take the needs of the person with SMD seriously in a holistic way, incorporating both functional and psychotherapeutic aspects, the idea of involving other people in the therapeutic process was discussed. The following theme is dedicated to the various possibilities of involving other people in music therapy with individuals with SMD.

Cooperation and interdisciplinarity

Besides co-therapeutic work with another music therapist, and the importance of supervision for the music therapist, various aspects of interdisciplinary work with colleagues from other professions as well as possible cooperation with caregivers and family members of clients with SMD were discussed by the group. Therapist 4 exclaimed spontaneously: "I'm so interested in interdisciplinary working!"

In the first category, named *exchanging with other professions*, the focus seems to be primarily on exchange and learning from each other. It was emphasised how much there is to learn from other professions, as Therapist 1 explains:

> I personally have learned an awful lot from the other professions, because I would not have been able to do my work over these years in the way I did it, had I not had the knowledge that I had gained from other disciplines.

It became clear from the therapists' statements that it is a two-way exchange process in which music therapists seek advice from colleagues in other disciplines and, on the other hand, experience themselves as helpful to their colleagues. Therapist 6 phrased it this way: "We're feeding back and forwards all the time." An important factor here seems to be that in music therapy, individuals with SMD often develop a special motivation, which can then also have a positive influence on other therapeutic treatments. The other professionals mentioned by the therapists were psychologists, other therapists, mainly physiotherapists and once also doctors. Therapist 1 described cases where a therapist from another discipline worked together with her in a particular therapy session with the aim of making it "possible for this person [child with SMD] to have the successful experience he needed" (T1).

Some therapists talked specifically about *involving caregivers* in therapy sessions, and the challenges and benefits of this. The discussion revealed the therapists had a rather critical view of caregivers' ways of dealing with their clients in music therapy group work with caregiver participation. However, the therapists also shared a conviction that they can have a positive influence on caregivers. This might be a reason for their attempts to implement special trainings and supervision for caregivers in institutions. Therapist 6 described some of the intentions:

> …working with staff. Not necessarily directly about music, but allowing people [staff] just to feel okay, to kind of notice their own feelings, to notice the atmosphere in the room, to wonder what somebody might be feeling. (T6)

The last category, a subject that repeatedly came up in the conversation, is *supporting parents* and other family members of individuals with SMD. Therapist 3 repeatedly addressed this topic using the terms "parent-child music therapy" as well as "dyadic music therapy", while Therapist 1 explained what she sees as a main goal in the support of parents. Both therapists were referring to music therapy with children with SMD. There was no mention of family members other than parents in the discussion.

> We can help the parents to discover their own competencies that are often covered just with all of the anxieties and problems that their child has. (T1)

In work with adolescents, however, the opposite – no longer actively involving parents in the therapy process – became a topic of interest for the therapists. In the work with young people and adults, the need for independence, peer experiences and social inclusion was therefore accentuated.

Competencies and qualities of the music therapist

Although no specific question was asked on this topic, there were a lot of statements regarding the special qualities, characteristics and competencies of music therapists that are likely to be important for work in this field. In some cases, they were named specifically, and in others they became clear

from the way the respondents talked about their work. Passion and commitment can clearly be experienced from the words of conviction and enthusiasm with which the therapists talked about working with this group of people. They spoke about their encounters with individuals with SMD as "very exciting and moving" (T6) and called it "a joy" (T4) to be with them. Therapist 4 summed up her experience of the work like this:

> So, what we do is amazing, because we do all of that, don't we? We do like waking people up, embodiment, moving, thinking about identity, and then we go all the way to really different kinds of work if it's needed.

Some statements referred to the necessary *skills* and broad *knowledge* of different disciplines that are important in music therapy work with individuals with SMD. Psychological and medical knowledge, the knowledge of the various disabilities and their possible "effects on the person" (T1), "basic and multi-professional knowledge" and "skillfulness" (T3) were mentioned several times.

The ability to *observe* well and wait *patiently* was highlighted as particularly important for this specific area of work. The therapists described moments from therapeutic practice in which waiting patiently played a special role, moments in which they then would acknowledge the smallest impulses of their client, like "this tiny cough" or "this tiny movement" (T4). Therapist 6 described it as a quality of this specific work that music therapists acquire by learning to allow this "silence and listening and waiting" to happen.

Reflexivity and cooperativeness are qualities that became very obvious in the way the therapists talked about their experiences in the broader context of their work. In fact, it seems that when working with non-verbal clients, the therapist's reflexive skills are once again particularly in demand – not only during the therapy, but also in the follow-up of a session and in the exchange about it with colleagues or relatives. The following statement illustrates that this also corresponds to the needs of therapists in this field:

> …and ourselves we need support and supervision and interesting colleagues and all of that, to help us sustain that. (T6)

Constantly questioning one's own work with the client and the perceived limitations can also be understood as part of reflexive competence.

A great deal of thought was given to the therapists' *responsibility* and their opportunities to *advocate* for individuals with SMD, not only in the sense of responsibility for the particular client they are working with, but also for the SMD population as a whole, which needs ambassadors who provide spaces for their voices to be heard. Therapist 4 sees the "sort of advocacy" for this "silent population" as one of her most important missions. In addition to the institutional context, the topic of advocacy was expanded in the discussion to include the education of students, the social participation of individuals with SMD and disability rights in the context of society as a whole.

Last but not least, music therapy work in general was characterised by the therapist's ability to *improvise* and to use his/her own *imagination*, an ability that can be severely limited in people with SMD. Therapist 6 used the term "disruptiveness of imagination." According to the group discussion,

it is not primarily about musical improvisation as an intervention, but about a fundamentally improvisational attitude of the therapist that is open to imagination. As Therapist 4 phrased it:

> …that thing about being improvisatory is for me really key. So, I don't just mean musical improvisation. Obviously, that is very important, but as therapists we are improvisatory. (T4)

Macro area	Themes	Categories
Approaches	Functional perspectives	Physical wellbeing Abilities
	Psychotherapeutic perspectives	Psychological wellbeing Psychological framework Therapeutic relationship
	Correlations and connections	Process from physical to psychological Interdependence of physical and psychological aspects Improvisational attitude
	Cooperation and interdisciplinarity	Exchanging with other professions Involving caregivers Supporting parents
	Competencies and qualities of therapist	Passion and commitment Skilfulness and knowledge Observation and cooperativeness Responsibility and advocacy Improvisation and imagination

Table 3: Themes and categories for the macro area: Approaches

Research challenges

The third macro area contains the therapist's answers to the question about research in the field of music therapy with individuals with SMD. During the discussion, it was often emphasised how neglected the scientific discourse on this population group is and how difficult it is to deal with. Therapist 1 said in the very beginning of the group discussion:

> I think it's wonderful that you had this topic, because I think it's very important. I think it's neglected a lot. (T1)

While all of the therapists agreed that there is far too little research on this topic, the analysis of their answers brought to light several explanations or possible reasons for this situation. Four themes have been identified, each consisting of two to three categories.

Researchers' perspective

The therapists talked about their own writing, teaching and research activities in this field, but they seemed to feel quite *isolated* with their work and expressed a desire for networking and international collaboration. They articulated their views about the interest of music therapy researchers, which they believe mostly lies elsewhere.

> But people with really multiple disabilities, yeah, there seems to be very, very little interest in it. From music therapists. (T1)

Some of the therapists addressed a problem with valuation, stating that working with this client group is not seen "as valuable, as intriguing and worthy of anything" (T3). At the same time, the therapists showed a certain confidence that with the developing "technology and knowledge and the present thought about disability rights, this is really the right moment to get [clients with SMD] into a more central place […] give them more room for thought in music therapy" (T3). It was mentioned several times that there is a need for individuals committed to this particular area of work and that they do exist – in music therapy, as well as in other professions. In the course of the discussion, several other issues emerged that might explain the underrepresentation of individuals with SMD in music therapy research.

Societal perspective

The societal perspective includes statements in the discussion that described the view of society regarding individuals with SMD, without specifically addressing music therapy. It was about fear and vulnerability of the population, about avoidance and disregard, about shocking abuse that contravenes basic human rights. The first aspect highlighted in the conversation was the mistreatment of individuals with disabilities, referring to recent scandals e.g. in the UK, where it was revealed that several individuals with SMD have been "abused, physically, psychologically, sometimes sexually, all sorts of things" (T6), probably over long periods of time. Fear was one possible explanation that emerged in the discussion, as Therapist 6 phrased it: "Disability represents something that everyone's very afraid of, actually."

The second aspect of the societal perspective is the perception of individuals with SMD as a burden. Therapist 3 said very clearly:

> I'm sorry, it's really straightforward: we don't need them, we don't really need them, these people, the society doesn't really have use [for them], they're a burden. We morally do not decide to not let them live, but we keep them alive. They're a financial and moral burden. And as long as it is so, then we as society we take revenge unconsciously.

The fact that individuals with SMD are still often hidden and hardly appear in public was also addressed in the discussion. Nonetheless, the social development towards more *rights* for individuals with disabilities, the growing critique of ableism, and especially the right to participation, was also mentioned several times, but rather as something that exists in theory yet is experienced as hardly implemented in reality.

Ignorance and despair

The last theme is about the *lack of knowledge* and interest on the part of music therapists, about the questionable conviction that it is too much of a challenge to work with individuals with SMD and to involve them in research, and ultimately about the desperation of therapists to achieve anything with individuals with SMD.

The therapists in the group discussion, all of whom are also involved in teaching music therapy, felt that the work with individuals with SMD is rarely addressed in the curriculum of music therapy training courses. They perceived very little interest on the part of their music therapist colleagues. Some also remembered their own convictions when they entered the profession that they would work in other areas of practice.

Therapist 5 expressed very clearly her instant response to the question of why work with individuals with SMD is so neglected. She said it is perceived as *too hard*: "People just see it as too hard, too hard to involve them, too hard to work with them." Therapist 6 connected with this desperate thought by saying:

> …that actually brings me back to that sort of 'there's nothing to be done' thought which has been going around in my mind. And what researchers need to feel, to allow them to feel there is something to be done, actually, that there is a possibility of creativity and ingeniousness in finding out. (T6)

The author's preliminary assumption, which, as previously explained, arose from a prior survey among music therapists, as well as from her own professional perception, was that music therapy with individuals with SMD is very important to music therapists working in this field, but it is rarely given any importance in scientific discourse and research. This assumption is confirmed in the evaluation of the focus group discussion, and initial attempts at explanation were made by the experienced music therapists and researchers.

Macro area	Themes	Categories
Research challenges	Researchers' perspective	Isolation Valuation
	Societal perspective	Mistreatment Fear Burden Disability rights
	Ignorance and despair	Lack of knowledge Too hard

Table 4: Themes and categories for the macro area: Research challenges

DISCUSSION

I will now discuss the data obtained in reverse order, starting with the last macro area, the *Research challenges*. The findings regarding research in general reflect what Fröhlich et al. (2017) also point out when they state that children, adolescents and adults with severe disabilities are still hardly considered and taken seriously with their needs, learning opportunities and development possibilities. Bernasconi & Böing (2016) as well as Klauß (2017) are critical of the fact that individuals with SMD have been overlooked in the scientific discourse of all of the relevant disciplines. Beyond that, however, the analysis of the group discussion gives some concrete possible explanations as to what the reasons might be. These explanations need to be questioned and investigated further. What became particularly clear in the group discussion, and seems to be a unifying experience of all the therapists

that took part, is the impression of not being seen by the music therapy community, or the wider community, in their work with this specific client group. The explanations they give for this themselves reveal a great disappointment and give the impression that the therapists perceive that they are the only ones who really care about this issue, who experience the work as valuable. Perspectives from social models and cultural models in disability studies (Rolvsjord, 2014) could provide insights into possible reasons for the experience the therapists talked about. Cameron (2014) e.g. was critically asking if "disability studies have anything to say to music therapy? And would music therapy listen if it did?". At the end of her article, the author urges music therapists to "give up aspirations to be recognized and valued as clinical practitioners, preferring instead to claim a reputation as emancipatory practitioners" (Cameron, 2014, str. 8).

The second macro area - *Approaches* - begins with a consideration of the needs of individuals with SMD, with these needs being the starting point for considerations of functional and psychotherapeutic approaches. Reimer (2016, 2019a) particularly emphasises the importance of perceiving the client's state of affect in the current moment in order to derive possible needs from it and to find appropriate treatment possibilities, identifying signs of sensitivity and especially signs of distress as indications of the client's current state of affect. From this, she draws conclusions and looks for possibilities of support both on a physical level (comfortable accommodation) and an emotional level (containment), with the aim of achieving a balanced emotional state. These different levels also emerged, albeit less specifically, in the group discussion. In addition, the need for participation, which can be found explicitly in Watson (2007) and Cameron (2017), was mentioned several times during the discussion.

Regarding the distinction and overlap between functional and psychotherapeutic approaches, it is first clear that, similar to the specific literature on music therapy with individuals with SMD (Kuntsche, 2011; Meyer, 2010; Reimer, 2016), both physical and psychotherapeutic aspects are considered, with particular attention to the overall wellbeing of the client. Statements on correlations and connections between the two perspectives can be found repeatedly in the group discussion. Difficulties in distinguishing one from the other appear repeatedly, and a tendency to move from the physical towards the psychological is particularly pronounced. We are already familiar with such dilemmas from Tauchner's (2012) remarks on functional and psychotherapeutic approaches in neuro-rehabilitation. The statements of the therapists reveal that even with a functional therapeutic orientation, interventions are to be seen as working with the person as a whole, as a process that is embedded in contact, encounter, relationship and bonding (Petzold, 1993; Roelke, 2010). Nevertheless, of particular importance seems to be the improvisational attitude of the music therapist, which connects both levels situationally and aligns them with the respective needs of the client in the moment.

The findings on interdisciplinarity and cooperation with caregivers or family members largely align with statements of authors who have already dedicated themselves to this topic (Fröhlich et al., 2017; Twyford & Watson, 2008). While there is a tendency in the literature of music therapists to primarily see their contribution towards the other professions, statements from the group discussion also suggests that there is a great deal that music therapists can learn from other colleagues for their own music therapy work. While in the group discussion exceptional commitment and skilfulness of the music therapists were emphasised as essential conditions, the literature seems to lack a

description of the competences and qualities a music therapist needs when working with people with SMD. In this regard, the findings of the study provide valuable insights for further research, which in turn could be relevant for the training and supervision of music therapists working with individuals with SMD.

The first macro area was named *Opportunities*. For the most part, corresponding references to the identified themes can also be found in the literature. The elements of change, motivation and relationship can be found in several publications (Kuntsche, 2011; Meadows, 1997; Reimer, 2016; Watson, 2007), whilst the themes of 'waking up' and 'bridge' emphasise specific aspects in the music therapy work with individuals with SMD which are rarely found in the literature. The idea of "awakening" clients in music therapy can already be found in the work of Boxill (1985) and some elements of the *bridge* theme in the recent work of Roginsky and Elefant (2021). Even though these topics have already been mentioned in individual publications, it is interesting to see how little the authors refer to each other in the specific area of music therapy with people with SMD, especially in an international context. It could be presumed that a possible cause of this is the language barrier, as German-language authors rarely cite English literature and, conversely, English-language literature even less frequently makes reference to German-language publications.

In this respect, this study represents an important step forward, as both the literature and the therapists included represent a broader international spectrum. The literature review refers to German and English-language literature, and the music therapy experts come from four different countries on a total of three continents. Another advantage of this study is the fact that all the therapists included are experts in music therapy with individuals with SMD, with many years of therapeutic practice as well as experience in teaching and scientific research.

On the other hand, the disadvantages of the study above all can be seen in the selection of the music therapists involved in the focus group, who have special expertise, but only represent a specific point of view. In the course of the discussion, all six therapists showed great agreement in the values they represent and their therapeutic attitude. As a result, there was a lot of complementarity in the discussion and less opposition or contradictory views. This might have been different if there would have been music therapists included with a behavioural therapy background or representatives of neurologic music therapy, who, unfortunately, could not be found for this specific field of music therapy work with individuals with SMD. A shortcoming, however, is that individuals with SMD are only included as part of the study through the impressions of their therapists. It is still a challenge to include non-speaking individuals with severe, multiple disabilities more directly in the research process, although this doesn't mean it cannot be done. Furthermore, the voices of family members, caregivers and other professionals besides music therapists are not part of this study. This study is part of a larger dissertation study, which in further steps at least tries gradually to expand this limited perspective through analysis of video recordings of music therapy sessions and the involvement of therapists from other disciplines in evaluating these recordings.

CONCLUSION

The findings confirm the wide range of developmental opportunities that music therapy can offer individuals with SMD, especially with regard to the meaning of functional and psychotherapeutic aspects. Prior to this study, it was only possible to find literature on this theme from exemplary

neighbouring fields such as neuro-rehabilitation. However, the detailed findings of this study clearly point towards valuable interconnections of both the functional and psychotherapeutic perspectives. I do believe it would be worthwhile to explore these connections in more detail, and especially to involve individuals with SMD themselves in an appropriate way in such research.

Furthermore, it is shown that the two perspectives – functional and psychotherapeutic – are of particular relevance here also because further development of executive functions is dependent on matured psychological development and vice versa. It is not surprising that a phenomenon like SMD that manifests in complex ways on the physical as well as the psychological and social levels of a person and his/her environment requires treatment approaches that work in equally complex ways. Approaches that always keep the human being as a whole in mind. The broad spectrum of competencies and qualities of the music therapist in this specific field of work could, among other findings, also be relevant for music therapy training courses, as these rarely deal with the topic of music therapy with individuals with SMD, at least according to the therapists' statements.

The analysis of the group discussion of the six experts identified many interesting topics that would merit further exploration. The author's perception of the unequal attention paid to the subject in current music therapy research was confirmed and some exciting attempts at explanation were made. An interesting – but at the same time shocking – assumption emerging from this group discussion is that societal ignorance and despair not only has a serious impact on the living conditions of people with SMD, but might also affect music therapists' attempts to write on or research this topic. More active collaboration between music therapy and disability studies could perhaps resolve some of the obstacles and allow further development of the research in this field. But most importantly, such a connection would come closer to the aspiration to involve people with SMD themselves more in research attempts.

In contrast, the concrete experiences and insights of the therapists about their decades of therapeutic work with individuals with SMD are encouraging and open up many possibilities for the further development of this field of work. In this respect, perhaps the most important impact of this study is that experienced music therapy colleagues from various countries and different professional orientations, who to a large extent did not know each other beforehand, exchanged ideas and began to learn about each other's therapeutic and scientific work. New collaborations have been formed, facilitating joint contributions to international conferences and maybe, in a next step, further networking and joint research activities in the field. Such collaboration could also make individuals with SMD more visible (and audible) in the music therapy community and beyond. As one of the involved therapists pointed out:

> And sure, if it's hard, we just have to work a bit harder. You know? You can do that….they deserve it. (T5)

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Ελληνική περίληψη | Greek abstract

Μουσικοθεραπεία με άτομα με σοβαρές πολλαπλές αναπηρίες

Claudia Bajs

ΠΕΡΙΛΗΨΗ

Η παρούσα μελέτη χρησιμοποιεί ποιοτική μεθοδολογία για να διερευνήσει τη μουσικοθεραπεία με άτομα με σοβαρές πολλαπλές αναπηρίες. Έξι μουσικοθεραπευτές με εκτενή εμπειρία σε αυτό το πεδίο συμμετείχαν σε μία συζήτηση ομάδας εστίασης βασισμένη σε ερωτήσεις σχετικά με τις δυνατότητες εφαρμογής της μουσικοθεραπείας με παιδιά, εφήβους και ενήλικες με σοβαρές πολλαπλές αναπηρίες, τους τρόπους που τα άτομα αυτά χρησιμοποιούν τη μουσικοθεραπεία, τη συσχέτιση λειτουργικών και ψυχοθεραπευτικών πτυχών στη μουσικοθεραπεία, και τις προκλήσεις στη διεξαγωγή έρευνας που περιλαμβάνει άτομα με σοβαρές πολλαπλές αναπηρίες. Τα δεδομένα αναλύθηκαν σύμφωνα με την προσέγγιση της θεμελιωμένης θεωρίας, και τα αποτελέσματα ανέδειξαν τις ακόλουθες ευρύτερες περιοχές: ευκαιρίες, μουσικοθεραπευτικές προσεγγίσεις, και ερευνητικές προκλήσεις. Οι συμμετέχοντες επισήμαναν το ευρύ φάσμα των αναπτυξιακών δυνατοτήτων που μπορεί να προσφέρει η μουσικοθεραπεία στα άτομα με σοβαρές πολλαπλές αναπηρίες. Σκιαγράφησαν τα μοναδικά χαρακτηριστικά που παρέχουν οι μουσικοθεραπευτικές παρεμβάσεις στην εργασία με αυτήν την πληθυσμιακή ομάδα, ειδικότερα όταν συνδυάζονται λειτουργικές και ψυχοθεραπευτικές προσεγγίσεις. Επισήμαναν επίσης το ευρύ φάσμα των δεξιοτήτων και ποιοτήτων του μουσικοθεραπευτή. Οι εμπειρίες και οι αντιλήψεις της διεθνούς ομάδας εξειδικευμένων μουσικοθεραπευτών ως προς το θεραπευτικό έργο τους με άτομα με σοβαρές πολλαπλές αναπηρίες είναι πολλά υποσχόμενες και ανοίγουν πολλές δυνατότητες για περαιτέρω ανάπτυξη αυτού του πεδίου στην έρευνα, τη διδασκαλία και την θεραπευτική πράξη.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, σοβαρή πολλαπλή αναπηρία, λειτουργικές και ψυχοθεραπευτικές προσεγγίσεις, συζήτηση ομάδας εστίασης

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ARTICLE

"When the music is on, she is there" – Professional caregivers' perspectives and use of musical interactions in caring for the person with dementia

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ABSTRACT

Music therapy and musical interventions are increasingly used in dementia care to support embodied nonverbal interaction. In this study, six professional caregivers and a music therapist collaborate to explore and understand how musical interactions can be used in the daily interactions between the caregiver and the person with dementia. The caregivers contributed to the generation of qualitative data, including narratives describing musical interactions in their work. Data were analysed by applying a hermeneutic ethnographic approach with the music therapist in the role of researcher. The analysis illuminated the four following themes describing how the caregivers use and understand musical interactions in dementia care: 1) vitality and communication, 2) connectedness through attunement, 3) a life story soundtrack, 4) from anxiety to reassurance. Musical interactions such as music listening, dancing, singing, and playing instruments provided the caregivers with new approaches to meeting the psychosocial needs of persons with dementia. The four themes were discussed using practice theory. The results integrate the perspective of the caregivers and exemplify how caregivers can take active part in research processes.

KEYWORDS

dementia care,
care work,
nonverbal interaction,
musical interaction,
attunement,
hermeneutic ethnography,
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INTRODUCTION

The World Health Organization (2021) estimates that the number of people living with dementia worldwide is currently 55 million and will almost triple by 2050. This immense health challenge calls for an increased workforce in dementia care (Warshaw & Bragg, 2014). Conditions in dementia care

have caused concern (Biggs & Haapala, 2010; Quince, 2013), and with an increased awareness on inadequate practice, there is a demand for supporting caregivers and exploring how they understand their practice (Lloyd et al., 2014; Wu et al., 2020). Greater insight into caregivers' practice and understanding of nonverbal interactions may improve future interventions and promote sensitive and responsible dementia care that also supports the psychological health of the caregivers (Coates & Fossey, 2016).

Taking care of persons with advanced dementia is a complex task and requires physical, social, and psychological competence of the caregivers (Windle et al., 2020). The job can be emotionally draining, as responses from the person with advanced dementia sometimes are difficult for the caregivers to interpret (Ekman et al., 1991). One of the main challenges in dementia care is caused by behavioural and psychological symptoms of dementia (Haak, 2002; WHO, 2021). According to Ballard et al. (2018), person-centred care has a positive effect on treating these symptoms, but studies also demonstrate that caregivers need to be emotionally involved and attuned to the person with dementia for person-centred care to be successful (Coates & Fossey, 2016; Ward et al., 2008). Art based interventions are increasingly recognised in dementia care (Broome et al., 2017; van der Steen; Windle et al., 2020), and according to a WHO report (Fancourt & Finn, 2019), the arts show positive effects on various outcomes for persons with dementia; music in particular supports cognition, speech, embodied nonverbal communication and reduces anxiety and agitation. The benefits from music-based interventions may be transferred to care settings, where the caregiver interacts musically with the person with dementia (Bunt & Stige, 2014; Hsu et al., 2015; McDermott et al., 2018). The use of music in dementia care is often described as an activity or an intervention, but in the current study, we use the term musical interaction to emphasise the relational, reciprocal aspect of the use of music. Where earlier studies have focused on singing in dementia care (Götell et al., 2009; Hammar et al., 2011), this study includes a wide application of musical interactions such as singing, dancing, listening, and playing instruments. When musical interactions are sensitively performed and attuned, they can help the person with dementia express themselves to caregivers (Baird & Thompson, 2018; Jost & Himmelmann, 2010; Krøier et al., 2020).

The caregivers in the present study participated in a collaborative learning program focusing on the application of musical interaction. The learning program was led by the first author, Krøier who is a qualified music therapist and designed to enrich the quality of the communication between the caregivers and the person with dementia by applying musical interactions. In the collaborative learning program, Krøier facilitated workshops and collected data that were later analysed, with Krøier in the role of researcher. The interplay between care practice and the understanding of musical interactions with persons with dementia were thus elucidated with the direct participation of the caregivers.

AIM

With this study, we aimed to explore caregivers' use and understanding of musical interactions in their work with persons with advanced dementia in a care home setting. Greater insight into how the caregivers use and understand musical interaction can bring relevant information on how to apply musical interaction in dementia care in an applicable and sustainable way.

METHODOLOGY

The current study is based on practice theory, viewing practical knowledge, bodily interactions, and objects as central in human perception (Bourdieu, 1977; Giddens; 2013; Nicolini; 2012; Stige 2015). Practice theory can be traced back to the early Heidegger (1927/2004) and Wittgenstein (1967), who stressed how actions and practices depend on the social and relational contexts that they take place in. The interest in practice and the formulation of a practice theory continued in the 1970s with Bourdieu (1977) and Giddens (2013), who requested ways of overcoming dualisms such as qualitative vs. quantitative research, and individualistic vs. collective cultures. According to Nicolini (2012), practice theory is a set of conceptual approaches that can be used for investigating and representing everyday practices. Complex phenomena such as power, science, meaning, and sociality are in practice theory assumed to be rooted in practice. Practice theory explores social and situated processes, and human agency and subjectivity are understood as emerging from practice (Stige, 2015). This way of understanding humans is compatible with influential ways of understanding music in contemporary music studies, where music is understood as a social activity facilitating human interaction and participation (Small, 1998; Stige, 2015). We see a need for creative, communicative, and embodied components of care work to be accounted for in dementia care and research. In this study, we will, therefore, explore musical interactions as a social practice, and in the discussion relate the findings to relevant aspects of practice theory.

We apply an understanding of learning as collectively constructed by the learners and dependent on the environments in which the learners engage themselves according to their zone of proximal development (Gokhale, 1995; Laal & Ghodsi, 2012; Lewis, 1998; Vygotsky, 1978). This approach was chosen to explore the research topic *together* with the caregivers, hereby allowing knowledge sharing and generation in a dynamic and non-hierarchical way.

Epistemologically, this study is situated within the hermeneutic tradition. We applied hermeneutic ethnography, developed by the American anthropologist Clifford Geertz. Hermeneutic ethnography is an ethno-methodology where “thick descriptions” are constructed when studying cultures (Geertz,1973/2000), and where contexts and inner, meaningful aspects are considered. “Thick descriptions” are contrasted with “thin descriptions” that are necessary in behavioural research where external aspects of an action are considered (Alvesson & Sköldberg, 2018). Ethno-methodologies such as hermeneutic ethnography aims “to treat practical activities, practical circumstances and practical sociological reasoning as topics of empirical study” (Garfinkel, 1967, p. 1), and hermeneutic ethnography corresponds thus well with practice theory.

To explore musical interactions as understood by caregivers, we chose to analyse different sorts of data and relate them in the analysis. Thus, knowledge involved in practice was generated in different ways (Pink, 2015). Data consist of narratives describing musical interactions between caregivers and residents and transcripts from the training workshop. The narratives were collaboratively constructed by the music therapist and the caregivers to strengthen the perspective of the caregivers.

METHOD

The research study was a collaboration between Aalborg University, Krøier and a local care home, Egebjerg.[1] The study was a part of an ongoing four-year study: Person Attuned Musical Interaction in Dementia Care funded by the Velux foundation and aimed to explore and conceptualise nonverbal communication in dementia care.

Preunderstandings

The first and second author are both clinical music therapists, music therapy researchers and music therapy educators. We both have long experience working with musical interactions with persons with dementia and as such we have a positive preunderstanding of the subject. The first author has worked as a caregiver in dementia care for several years and has first-hand experience with the challenges of conducting care work in terms of stressful working conditions, cross pressure, and lack of acknowledgement. We both endeavoured to create a collaborative learning program that was implementable and meaningful for the caregivers, the managers, and the persons with dementia.

Recruitment

Four care homes that the researcher had collaborated with earlier as clinical music therapist were sent an invitation with an introduction to the research project. Two care homes were interested in participating and Krøier was chosen because of the opportunity to conduct group music therapy sessions prior to the research project and in this way become acquainted with the caregivers and the residents.

Participants

The managers asked the group of caregivers if they would be interested in participating in the project and six caregivers volunteered. The six participants had worked as caregivers for at least five years. They were between 29-60 years of age and from different ethnic backgrounds, but all spoke Danish fluently. Two of the caregivers worked evening shifts, and the rest worked day shifts.

The research context

The study took place at a care home ward for four months. The care home, Egebjerg is situated in a suburb of Copenhagen, Denmark and has a capacity of 70 residents. The specific ward involved in this study has a capacity of 18 residents. The ward is divided into two wings with two corridors with eight apartments each. The daily routine at the care home includes meals, activities, medication, and hygiene. The care ward employees are caregivers, nurses, and cleaning staff. This study targeted caregivers, as they have the primary contact with the residents.

[1] The manager of Egebjerg and the municipality of Gentofte have given permission to refer to the care home by its' real name.

Ethics

Ethics exemption was granted from Den Videnskabsetiske Komité for Region Nordjylland, Denmark, and the study was registered at the Danish Data Protection Agency through Aalborg University. Throughout the process, we followed and integrated the ethical principles from The Danish Music Therapist Association and The Danish Code of Conduct for Research Integrity. All participants signed an agreement on the terms of participating in the study, based on written and oral information provided by the researchers. The agreement included anonymisation of the caregivers and residents and the possibility of withdrawing from the study at any time. The agreement was then signed by the managers of the care home and the project was presented to the head of the municipality.

Data collection

Data was collected in the framework of a collaborative learning program conducted by the first author.[2] Krøier had worked at the care home conducting group music therapy weekly three months prior to the study and knew most of the caregivers and the residents. Through this work, she had a preunderstanding of the organisational structure and the daily routines at Egebjerg.

The collaborative learning program contained three parts: 1) Initial participant observation, 2) Workshops and 3) Informal training.

In the *initial participant observation* Krøier led group music therapy sessions and after this took part in the care tasks together with the caregivers. *The three workshops* were led by Krøier and consisted of presentations with video examples of how to apply music in care situations, exercises with role-play, musical improvisations, songs, group discussions and reflections. The caregivers were introduced to various ways of applying musical interaction, and to the importance of attuning their interactions to the person with dementia. *Informal training* took place as in vivo supervision by Krøier in between the workshops. Krøier participated in the care work together with the caregivers, where they together explored ways to apply musical interactions in practice. Table 1 outlines timeline and structure of the researcher's engagement with the ward.

The knowledge and reflections from the workshops were transformed into practice by planning musical interactions and evaluating them together. Workshops 2 and 3 were audio recorded and transcribed. Furthermore, Krøier kept a diary with field notes from time spent on the ward either observing or taking part in care work and leading the workshops. In the role as music therapist, she wrote narratives about musical interactions based on her experiences when she participated in the care work. During the workshops, the music therapist presented these narratives to the caregivers and asked them to comment and/or augment additional dimensions that they found important and relevant. Together they discussed which musical interactions had taken place and how the caregivers understood these. This led to the remembrance of other musical interactions that turned into new narratives. These narratives served at thick descriptions elucidating the musical interactions between the caregivers and the person with dementia. An overview of data is available in Table 2.

[2] The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy and ethical restrictions.

Activity	Date	Participants	Hours
Weekly group music therapy	October-December 2019	Residents: 10-12 Caregivers: 4-6 Music therapist	12 hours (8 x 1.5)
Participant observation	Start January 2020	Residents: about 10 Caregivers: 6 Music therapist	16 hours (2 x 8)
Workshop 1	Mid-January 2020	Caregivers: 6 Music therapist	3 hours
Informal training	End January 2020	Residents: 10 Caregivers: 6 Music therapist	20 hours (10: day shift 10: evening shift)
Workshop 2	Mid-February 2020	Caregivers: 6 Music therapist	3 hours
Informal training	End February 2020	Residents: 10 Caregivers: 6 Music therapist	20 hours (10: day shift 10: evening shift)
Workshop 3	Start March 2020	Caregivers: 6 Music therapist	20 hours (10: day shift 10: evening shift)
Final evaluation	June 2020	Caregivers: 6 Music therapist Managers: 2	1 hour

Table 1: The structure and activities of the collaborative learning programme

Data source	Amount of data	Data processing
Field notes	13 pages	Important parts were highlighted.
Narratives	13 pages	Each narrative was discussed and summarised by readings and re-readings.
Audio recordings	2 x 2 hours (16 pages of transcripts)	Elements concerning the caregivers' experiences and understandings of musical interactions were identified and transcribed.

Table 2: Overview of data

Data analysis

A total of nine narratives were produced in the research process (see Appendix). The validated narratives and the transcripts from the workshops were analysed according to Geertz's hermeneutic ethnography. The following example from a care situation with Katrine (person with dementia) and Marie (caregiver) exemplifies the narratives that were written by the music therapist and validated by the caregivers. All names are anonymized.

"Katrine does not like to be showered. She resists and tries to hold on to Marie. When the time has come to help Katrine to sit down, Marie begins to sing a little louder and firmer. Katrine again

resists sitting down and instead leans towards Marie. For a few seconds they stand still in an embrace, while Marie sings and slowly cradles Katrine. Then Katrine gently lets go and sits down. Marie soaps her and washes her hair while humming simple melodies from children's songs. Katrine is completely relaxed and seems to enjoy the shower. A few times she opens her eyes, looks at Marie and makes some noises. Marie mirrors her sounds in her singing as if she speaks and understands Katrine's language" (Appendix, narrative 9).

The structure of the analysis process was as follows:

1. Themes in the narratives constructed by Krøier were identified and validated by the caregivers. Criteria for themes: They should be directly traceable in the text and describe how the dynamic musical interaction between the caregiver and the person with dementia is applied. The interaction should be meaningful and make a difference for both the caregiver and the person with dementia. When the initial theme was found, a short summary of each theme was created.
2. Themes from the different narratives were matched and three themes were defined across the narratives.
3. Krøier listened to the recordings and transcribed the dialogical elements where the caregivers commented on the narratives and described their experiences and understandings of musical interactions.
4. The transcripts were carefully read, additional aspects of the themes identified, and a new theme developed.
5. The themes were redefined. This process took place repeatedly until a sufficient interpretation was found, and four coherent themes were constructed.
6. The themes were presented to a group of peer researchers and scholars of music therapy.
7. The narratives were translated into English by the authors.

In the data analysis process, we alternated between focusing on the whole text material and the different data types to reach a coherent and convincing analysis consistent with both internal and external facts (Loewy & Paulander, 2016). Krøier conducted the first part of the analysis, and every sub-interpretation and definition of themes was compared to her preconceptions and expectations, which she had initially written down in the field notes. The types of data and their transition to themes is illustrated in figure 1.

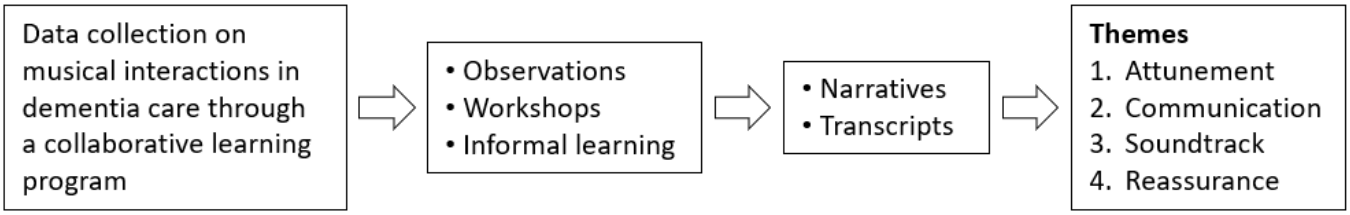

Figure 1: The process of analysis

Quality measures

Given the hermeneutic ethnographic approach, in this study we relied on first-person interpretations produced by the researchers and caregivers. Therefore, several steps were taken to make the research process transparent to ensure validity. The narratives were based on lived experiences and presented to the caregivers who were part of these experiences. They had the opportunity to comment and validate the observations made. The data material was then presented to a peer group of music therapy researchers and discussions regarding the interpretations of data served to ensure the rigor and credibility of the study. The presentation and discussion were moderated by the Principal Investigator of the four-year study Person Attuned Musical Interaction and lasted 150 minutes. Furthermore, the reflexive field notes that Krøier took throughout the field work helped to acknowledge the impact of the researcher's feelings and preunderstandings about the data.

FINDINGS

The findings of the study are presented as four themes. Together, the themes aim to provide a nuanced perspective on how caregivers use and understand musical interactions with persons with dementia. The narratives covered the following types of musical interactions between caregivers and person with dementia: Singing, humming, dancing, or listening to music during care tasks or activities. The four themes are presented as, vitality and communication, connectedness through attunement, a life story soundtrack and from anxiety to reassurance.

Theme 1: Vitality and communication

Singing, humming, listening to music or playing an instrument can have an encouraging, affirmative impact on the trusting relationship between the caregivers and the person with dementia, make care tasks easier and give the caregivers new insights about the person. Musical interactions often bring a positive sense of vitality to the relationship between the caregiver and the person with dementia. One caregiver describes how she appreciates drumming with one of the residents, because it enables her to communicate with the person, which was otherwise difficult: "It's lovely (the drumming). Because it is a positive connection. All the rest is more basic. To get food and meds. And I can't talk with him otherwise. It is all just guessing." Playing instruments together can also have a contagious, vitalizing influence on the relationship between residents (Emil and Frank) and help them connect and communicate:

> The music catches Emil's attention, and he turns his upper body towards Frank, looks at him and tries to imitate his drumming. Emil glows, he plays enthusiastically after the song has come to an end and with steady, precise beats. The caregivers and Emil are infected by Frank's liveliness and smile, and the mood is lifted and lightened. (Appendix, narrative 1)

The caregivers describe that the possibility of improving communication in a care situation motivates them to use music. The care tasks can become easier to complete and the person with

dementia sometimes becomes more communicative. However, the caregivers also stated in the workshop that musical interactions can sometimes be overstimulating if they are for instance too long or loud.

In the use of musical interaction, the caregivers describe that they themselves become vital in another way than when only using verbal language. When singing, dancing and thereby opening themselves to the person with dementia, they experience that the person becomes more physically active and communicative with their surroundings. The caregivers see the increased vitality as positive, even though it is difficult to be sure of the nonverbal interactions of the residents: "When the music is on, she is there. I hope it is positive and that she is in touch with herself. That she feels that we are there and something else is happening around her."

For the musical interaction to be successful, it is essential that the caregivers can follow the initiative and interest of the person with dementia and that they have the courage to use their voice, body, and the music. The caregivers find comfort in using precomposed music or songs that they know very well. This music has a vitalizing effect that the person with dementia might sense. "I might also be in a good mood then! It also brings him something good."

Theme 2: Connectedness through attunement

Musical interactions can create a feeling of connectedness between the caregiver and the person with dementia. Feeling connected makes it possible to meet basic psychosocial needs of being seen and met. In the workshops, the caregivers emphasise that it is not always possible to create this connectedness using music, but that it is very rewarding when this happens. The caregivers experience that the musical interactions sometimes show them new ways to connect to the person, as music is a resource for many persons with dementia. For the musical interaction to be successful, it is essential that the caregiver knows the person well and can decode their nonverbal signs of comfort or discomfort. As one of the caregivers describes the reactions of one of the residents when she sings: "It's always like he just has to reach out … So, I sense he's there, even though he's not doing well now."

Musical interaction can potentially create situations where the person with dementia and the caregiver are aware of and attuned to one another by watching, listening, and touching throughout the care task. The caregiver feels the presence of the person with dementia, while at every moment being ready to adjust her movements and singing. The following narrative with Lisa (person with dementia) and Gerda (caregiver) illustrates how attuned musical interaction can be integrated into a care situation.

> Lisa is going to have a shower. Gerda smiles at Lisa. The atmosphere in the bathroom is calm. Lisa seems to feel safe and smiles at Gerda. Gerda turns on the water and starts showering Lisa while she softly hums "Den glade enke"[3]. The water flowing down over the Lisa's body seems like a part of the singing. Lisa joins the humming and looks at Gerda attentively and confidently. (Appendix, narrative 6)

[3] Die lustige Witwe. Operette by Franz Lehár.

The application of musical interactions can sometimes create connectedness, not only between the caregiver and the person with dementia, but also between the persons living on the ward. With rhythmical support from Susan, the caregiver, Rita (the person with dementia) can take part in a small jam session with instruments on the ward. Susan helps Rita to attune her playing to the music of the group.

> The caregivers, Alice and Susan, have suggested having a music session after lunch to create a feeling of community on the ward. Susan has picked up a basket full of various instruments and sits close to Rita with a tambourine. Around them sit three other residents. Rita starts singing "I know a garden so beautiful"[4] very loudly and the caregivers accompany her gently. Rita plays hectically, unevenly, and out of time. Susan moves closer to Rita and plays marked 1-beats. When Susan plays, Rita adjusts her rhythm to Susan's and her playing becomes less tense and part of the group's common pulse. (Appendix, narrative 5)

Musical interaction can create synchronicity between interacting persons and improve collaboration between them. In this case the rhythmical support from Susan contributed to a more coherent group experience. It does, however, require that the caregiver is highly attentive and able to attune to the person with dementia.

Theme 3: A life story soundtrack

The caregivers understand music as a soundtrack to the life story of the person with dementia, and they purposely use music that they know is important for the person with dementia. Certain songs or music that have had special meaning for the person might still evoke responses and memories and can support their social identity.

> Betty's mother is Italian, and Betty's birthday is on the same day as Pavarotti's, Betty loves his voice, opera and in general everything about Pavarotti. She tells with sparkling eyes of the encounters with the big star and the significance his music has to her. One late night, when most residents have gone to bed, Betty stays up with three caregivers. One of the caregivers finds a song with Pavarotti on the phone and turns it on. Betty smiles. The music listening continues with "Für Elise." A caregiver mentions that she often cries when she listens to classical music, but that it is ok, a kind of self-therapy. Betty nods. (Appendix, narrative 4)

Some of the residents were very attracted to drumming and told how they had played drums earlier in their life. For the caregivers, it was important to realise how flexible and diverse the use of musical interaction could be to match the needs and interest of each unique person. Some persons with dementia talk of and miss their parents as the dementia progresses. If the parent listened to certain kinds of music or sang special songs, the caregivers experience that these songs or music still have a certain meaning for the person with dementia. "Then I know that her mother was Swedish, and

[4] Old Danish folk tune.

I have been to choir and have sung Swedish melodies, and then I tried it out with her (person with dementia), and it was so fun to see how she (person with dementia) reacted"

The caregivers express great curiosity about exploring which music the different residents like and how it can be used intentionally in the daily life of the care home. When the caregivers heard the narratives Krøier wrote, they were touched and surprised about the impact that listening to, singing, or playing certain music can have for the person with dementia. "It also makes you think a lot when you read it aloud…about how important it is for Conny (person with dementia) to hear that music, in order to be involved and be understood."

To know the musical preferences of the persons with dementia helps the caregivers to navigate in using musical interactions. It provides them with certain songs and a feeling of bringing meaning to the life of the person with dementia and strengthening their feeling of being themselves. However, it may be difficult for the caregivers to know exactly which music the person with dementia likes if the person has no relatives. It then requires creativity, ingenuity, and courage to explore different styles, songs, and artists.

Theme 4: From anxiety to reassurance

Musical interactions can be relevant when reassuring a person with dementia. The examples from the care situations illustrate how singing, humming, dancing, or listening to music can transform anxiety and fear of into confidence and comfort. The caregivers understand musical interaction as something that is often more effective than talking to the person with dementia when the person is agitated. Very simple interactions can transform unease: "She's really shaking all over and I'm just around her in there and start to make her bed. Then I start singing "Kom maj du søde milde"[5]. And I hear her breathing becoming calmer. And then she says to me: "Ihh it's nice what you do" and I just sing quietly on and clean up and go to the bathroom: We have eye contact, and I can feel that it is something that makes her relax."

The caregivers see music as something that can distract the person with dementia when caught in their own thoughts, fears, and confusion. They observe that music sometimes has the same effect as pro re nata prescriptions for agitation. When the music is used for reassurance, the caregivers often combine singing and humming with touch and movement to help the person move though the anxiety and feel safe. The musical interaction can also guide the person with dementia in a care situation, so it becomes easier for the person to cooperate (see Appendix). The caregivers are aware of the relational aspect of musical interaction and of the fact that they must regulate their own arousal level to be able to calm and reassure the person with dementia. Singing and listening to music can sometimes help the caregiver to feel safer in the situation, but working in dementia care also requires personal, reflexive work to be able to regulate their own arousal level and help the person with dementia in the best possible way: "It's a damn art… Because you always have something you are better at. Some of us have naturally a slightly higher arousal level and some have a very low. Like introverted, extroverted. So, then you really work a lot with yourself, you sometimes go completely

[5] Kom, maj, du søde milde! Lyrics: C. A. Overbeck, Melody: W. A. Mozart, 1791.

against what is natural for you. I must at least work really hard with that, I can feel…" Theme 4 illustrates the important regulating and reassuring role the caregiver can have in the life of a person with dementia.

DISCUSSION

The aim of this study was to explore how six caregivers in a ward for persons with dementia use and understand musical interactions. By interpreting narratives with thick descriptions of musical interactions and transcripts from workshops, we constructed an understanding of musical interaction incorporating the perspective of the participating caregivers. In the discussion we will illuminate musical interactions in conjunction with care tasks and relate the results to practice theory.

The dynamic choreography of musical interaction in conjunction with care tasks

The four themes describe musical interactions as bodily, social, and intersubjective experiences taking place when bathing, dressing, feeding, and communicating with persons with advanced dementia. The themes are overlapping and interrelated but provide different perspectives and understandings of musical interactions. The themes exemplify how the musical interactions used in the care home are related to the specific person or group of persons and can fulfil psychosocial needs. Musical interactions are understood as flexible, multisensorial ways of interaction involving voice, movement, touch, music instruments and assistive technologies such as iPads and loudspeakers when providing care. Furthermore, the four themes demonstrate that musical interactions can be applied in innumerable ways and that even small interactions can contribute with relational and communicative affordances for the person with dementia.

The musical interactions are naturally integrated in the daily care tasks. Even though the caregivers in this study were very open to exploring musical interaction, their focus and priority was on completing the care task in the best possible way. When doing care work, bodily movement and touch are intrinsic in the interaction that contributes to the overall pacing and performance of the care (Kelly et al., 2018; Puurveen, 2017). The musical interaction can, as demonstrated in previous studies, support the timing and synchronicity between the bodies and actions of the caregiver and the person with dementia, but it requires that the caregiver can attune to the person and is open to involving melody and rhythm in the communication (Hammar et al., 2011., Jost et al., 2010; Krøier et al. 2020).

We find it important to acknowledge that it might be challenging for caregivers who are not used to singing or not familiar with the songs of a certain cultural context to apply musical interactions, and that supervision and support is needed (Whitehead-Pleaux & Tan, 2017). However, the present study demonstrated that musical interaction, the bodily movements of care work and the concrete task can be integrated and create a supportive, dynamic situation for both caregiver and person with dementia.

For the musical interactions to be successfully integrated into care, the caregivers need to be acknowledged and reinforced when performing their work (Ward et al., 2008). As care work is practical, and physically and mentally demanding, there may be a danger of objectivizing the person with dementia and acting in anger, as reports of poor practice illustrate (Lloyd et al., 2014). Respectfully

supporting the caregivers in how to apply nonverbal and aesthetic approaches in the interaction with the person with dementia might potentially enrich practice and prevent burnout (Duffy et al., 2009; Figley, 2002).

The results in relation to practice theory

Several features concerning the musical interactions in the current study are related to practice theory as described by Nicolini (2012) and Stige (2015). According to Nicolini (2012), practices are contextual and relational. The caregivers sing to calm or guide the person with dementia and in this way a safe relationship is created between them. The musical interactions can possibly support the feeling of subjectivity for the person with dementia, thus preventing objectivization (Mondaca et al., 2018). Stressing the relational aspects of care work that is intensified when applying musical interactions serves to clarify the hyper complexity of the care profession. The caregivers need to be very alert and adjust to the smallest changes of the residents, to build trust and compliance in care situations that are highly unpredictable.

The musical interactions are embodied and exist in relation to the person with dementia, the caregiver, and the objects and persons surrounding them in the situation. The care home was equipped with percussion instruments and a loudspeaker, which made it possible to listen to music. If these objects had not been in the care home, the musical interactions would have been different, which again underscores the context sensitivity of practice and the necessity to explore, research and disseminate practice. Similarly, the researcher's participation in the care work created reciprocity, trust and understanding between the caregivers and the researcher. Krøier had been in the care situations and part of the embodied musical interaction, and the research practice was thus also a relational practice between the music therapist/researcher and the caregivers.

The workshops where the caregivers presented their experiences and understandings of using music created a common discourse on musical interactions among the caregivers. Simultaneously, Krøier was affected by the comments, feedback, and narratives of the caregivers, and a common understanding of the research phenomenon was achieved.

A relevant perspective to recognise is the notion of power in social reality and health care (Nicolini 2012; Rolvsjord, 2010). An institutional setting where the persons living there are dependent on help from the caregivers calls for extra attention to power dynamics and which practice types are performed to benefit whom. In that context, it is also important to stress the fact that the application of musical interactions is not always beneficial. In the workshops, the music therapist therefore emphasised that music could induce harm by causing overstimulation and the recalling of painful memories (Silverman et al., 2020). The caregivers were also asked to reflect upon situations where musical interactions were not appropriate. These reflections served to enhance the sensitivity to judge when musical interactions could be relevant and when not.

Care work is often provided by women, some from marginalised groups in the society and with little power, respect, and recognition in the health care system (Banerjee et al., 2015). However, the caregivers are often the ones who know the residents, their needs, and preferences best and have important tacit knowledge in how to care (Coates & Fossey, 2016). In this study, we intentionally aimed at giving a voice to the caregivers, by examining their perspective on musical interactions with persons

with advanced dementia. The stories, observations, songs, and dances of the caregivers were validated by themselves and included to emphasise their perspective. The study offers a relational and aesthetic understanding of dementia care as a contrast to stories of mistreatment and disintegration that often characterise the discourse on dementia care (Hughes, 2014). The themes interpreted in the narratives and the transcripts from the workshops are stories of mutuality and creativity, illuminating the intersubjective qualities of work and life in a care home.

Strengths and limitations

Studies of nonverbal interaction between caregivers and persons with advanced dementia requires consideration of the vulnerability of the caregivers and residents (Puurveen, 2017). The collaborative approach in this study was chosen to prevent potential misrepresentation and misinterpretation. However, the dissemination and analysis of musical interactions is challenging when it comes to the use of text. Other participatory approaches, for example video, could have shed light on additional perspectives. Furthermore, we might as researchers have influenced the findings and interpreted the interactions more positively than the caregivers, due to our preunderstanding, experience, and level of comfort with musical interactions in dementia care.

Krøier had several roles in the study. She knew the caregivers and the residents from group music therapy, she conducted the workshops, and collected, produced, and analysed the data. The rich knowledge gathered though the field work, workshops and the relationships that evolved through the collaboration with the caregivers and the residents may have served to achieve a trustworthy understanding of the caregivers' work. We regard it as a strength that Krøier who had considerable experience in working in dementia care, and awareness of both the caregivers' work situation and the internal culture of the care home, conducted the workshops and participated in the care work. This added trust between the researcher and the caregivers and depth to the data. However, the close collaboration with the caregivers might also have put the caregivers in a conflict of loyalty with the researcher, where they wanted to produce "fruitful" results and make the researcher satisfied. We tried to avoid this risk by encouraging the caregivers to give their honest opinions about working in this way.

Only women participated in the study. There is a complex set of reinforcing influences that together construct care work as female (Twigg, 2000), and it is not unusual that there is an uneven gender distribution in care work (Erol et al., 2016). Male caregivers might have had different experiences and understanding of musical interaction in dementia care and could have contributed relevantly to the analysis. At Egebjerg very few men are employed, and none of them volunteered to participate in the study, and it was therefore not possible to include their experiences in the analysis.

Future implications

To examine the full potential of working with musical interactions in care homes, more studies giving a voice to the caregivers and the persons with dementia are needed. Future studies should preferably include caregivers of all genders to explore the understanding of and discourse on musical interactions between caregivers and persons with dementia. The caregivers found it relevant to work

with arts in the workshops and it supported their use of musical interactions with the persons with dementia. This statement aligns with previous studies, but needs further exploration (Windle et al., 2020). The discourse about musical interactions that emerged from this study can serve to inform practice and future research about the caregiver perspective on music-based interactions. This knowledge is relevant for developing clear guidelines on music-based interventions in dementia care in the future.

The caregivers reported that they found the combination of formal training (the workshops) and informal training (Krøier participating in the care work) positive and beneficial for implementation in their daily tasks. Future research could therefore focus on collaborating with the caregivers on how to implement new knowledge in daily tasks and how it can be meaningful for the persons with dementia. Interdisciplinary apprenticeship can be a relevant approach in implementing new knowledge, but it requires that the professionals are open to collaborating in new ways, different from their primary professionalism (Stige, 2002).

CONCLUSION

A hermeneutic analysis of various types of ethnographical data revealed four themes describing six caregivers' understanding and use of musical interaction. The analysis of the data illuminated how the musical interactions can create 1) vitality and communication, and 2) connectedness through attunement. They served as 3) a soundtrack of the person's life story and could 4) transform anxiety into reassurance. Musical interactions such as listening to music, dancing, singing, playing instruments, and paying attention to musical parameters such as tempo and timing of movements, provide caregivers with new approaches to meet the psychosocial needs of the person with dementia. The study elucidates the quality of integrating musical interaction to enhance the nonverbal interaction between the caregiver and the person with dementia. By incorporating practice theory, the study reveals that the musical interactions taking place between the caregiver and the person with dementia is inseparable from the context and from objects (such as instruments and loudspeaker).

The knowledge gained through this qualitative study exemplifies how caregivers can inform research in dementia care. Engaging caregivers in future research is important for developing relevant and sensitive psychosocial interventions beneficial for the person with dementia and for understanding care work.

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APPENDIX: LIVED EXPERIENCE DESCRIPTION (KRØIER & RIDDER, 2021)

Narrative 1: Emil and Frank

It's a little past 11 Friday morning. The staff and I have agreed to have a music session with the residents who are interested. After workshop 1, employees are particularly curious about playing drums with Emil, as he has previously shown interest in drumming. Emil has very little language and is isolated on the ward. He originally comes from an African country and even though he has lived in Denmark for several years, he stays to himself and finds it difficult to have contact with and receive help from female caregivers. The caregivers really want to get to know Emil better and be able to understand him more easily.

Right now, it looks like it's a great day for Emil. He has eaten, read the newspaper and I ask him if he would like to do some music. Emil seeks eye contact, says Mmm and nods. Together, four residents walk together down the long corridor with the large windows where the January light shines in. Chairs have been set up around the piano and several other residents are sitting in a semicircle. There is a box with various percussion instruments and hand drums on the floor. Emil immediately shows interest and motivation to drum, and I give him a tambourine-like drum and feel a joy inside and a relief at experiencing his immediate motivation to play and be together in the music. As if playing the drum could allow Emil to communicate without words. Here and now. We play and sing different songs and Emil plays. Concentrated and relaxed at the same time.

Next to Emil sits Frank. Frank wants to play drums too. On his own initiative, he takes a drum and begins enthusiastically by playing small repetitive rhythmic figures. The music catches Emil's attention, and he turns his upper body towards Frank, looks at him and tries to imitate his drumming. Emil glows, he plays enthusiastically after the song has come to an end and with steady, precise beats. The caregivers and Emil are infected by Frank's liveliness and smile, and the mood is lifted and lightened.

When we have finished the music session, Frank and Emil continue the drumming. I also play on sound sticks and try to tie their rhythms and musical expressions together to prolong the meeting between them. Frank and Emil play and play even though the other residents are slowly leaving. It's as if they could go on and on.

Narrative 2: Karen and Else

Karen is getting up. She is lying in her bed; half awake. We ask her how she is doing? Karen replies: "I was a little lonely, but now I feel good when you are here." We start the morning care. Karen must wear compression stockings. We sing an old folk dance. First one leg and then the other leg while the compression stockings get on the legs. Karen smiles, she has a bit of a hard time hearing what we sing, but it's still as if she thinks it's nice…. She smiles, looks at us, she comes present, ready to wake up.

Karen gets up to sit, puts on her shoes and walks out to the bathroom with the walker. We hum "vi skal gå hand I hånd" and are a little unsure if Karen knows the song, but at the same time think that it cannot hurt to hum it gently. In the bathroom, Karen is sitting on the toilet and while she is being

washed, Else sings about how she is washing Karen. Karen smiles and has eye contact with Else. Their gazes meet.

Narrative 3: Axel in the group with tambourine

Spontaneously, the residents have gathered in the living room, which faces the gas station. It started with just being Axel sitting at the table facing the windows and flipping through the newspaper. The employees had talked about that Axel loves drums and that they would spontaneously offer him drumming with one of them a few times a day. There are tambourines and drums in the room. First Axel and I play, a little later 4-5 of the other residents join. It is as if the sound captures their interest. My [employee] sits down from time to time with the residents and smiles at Axel. When Axel plays, he straightens up, his energy is lifted, and intensity comes into his eyes. He is the one in control. He plays loudest, most intense and with greater variety than some of the other residents.

Later in the evening, three residents sit with two staff members listening to opera with Parvarotti and Edith Piaf songs in French. Axel again gets the same lively expression. Music is something he enjoys.

Narrative 4: Betty and music listening

In her everyday life, Betty is social and wants to talk to the other residents, which can be difficult, as their dementia often is advanced, and some have limited verbal language. “Betty’s mother is Italian, and Betty’s birthday is on the same day as Parvarotti’s, Betty loves his voice, opera and in general everything about Parvarotti. She tells with sparkling eyes of the encounters with the big star and the significance his music has to her. One late night, when most residents have gone to bed, Betty stays up with three caregivers. One of the caregivers finds a song with Parvarotti on the phone and turns it on. Betty smiles. The music listening continues with "Für Elise." A caregiver mentions that she often cries when she listens to classical music, but that it is ok, a kind of self-therapy. Betty nods.

Narrative 5: Alice and Rita

Lunch is over and some of the residents are resting after the meal. The sun shines. Alice has just given Rita a head massage in her room. They have prayed, said the creed, and read the book of Psalms. It's a difficult period for Rita. She walks a lot back and forth, cannot find peace and cannot control her voice when talking to the staff. She speaks enormously loudly, shrills and screams and it is hard to understand what she wants to say. There are also very few of the other residents she can talk to, and the days are lonely. Furthermore, in recent times there has been a lot of replacement among the staff and the remaining caregivers are fighting hard to maintain the ward calm and made the days stick together.

The caregivers, Alice and Susan, have suggested having a music session after lunch to create a feeling of community on the ward. Susan has picked up a basket full of various instruments and sits close to Rita with a tambourine. Around them sit three other residents. Rita starts singing "I know a

garden so beautiful"[6] very loudly and the caregivers accompany her gently. Rita plays hectically, unevenly and out of time. Susan moves closer to Rita and plays marked 1-beats. When Susan plays, Rita adjusts her rhythm to Susan's and her playing becomes less tense and part of the group's common pulse.

Narrative 6: Gerda and Lisa: Breakfast and singing

1st visit:

Gerda is sitting next to Lisa and is offering her breakfast and medicine. Lisa looks focused on Gerda with big, warm eyes. They smile at each other. Gerda radiates calmness and care. She wants to give Lisa all the best, but at the same time does not demand anything from her. Gerda gives Lisa a spoonful of yoghurt with medicine and while Lisa slowly eats it she sings "Ut I vor haga." Completely gentle, slow and present. "Kom roser." There is energy and power in the song's three-part rhythm. Lisa looks at Gerda completely focused.

Gerda finishes singing, looks at Lisa and says: "It was for you." Lisa smiles and says calmly: "Thank you very much." The two women smile at each other and talk a little about Lisa's Swedish mother, who loved music. The day has begun.

2nd visit: In the bath.

Lisa is going to have a shower. Gerda smiles at Lisa. The atmosphere in the bathroom is calm. Lisa seems to feel safe and smiles at Gerda. Gerda turns on the water and starts showering Lisa while she softly hums "Den glade enke"[7]. The water flowing down over the Lisa's body seems like a part of the singing. Lisa joins the humming and looks at Gerda attentively and confidently. The water flowing down over Lisa's body is part of the music. The shower continues, Lisa babbles and Gerda meets her sounds. We attune to each other. Lisa to Gerda and me, while Gerda and I have Lisa in the center. We pay attention to all Lisa's movements, her gaze, sounds. We will do everything we can to help Lisa and made her day nice.

Narrative 7: Elna

Elna moved into the third floor three weeks ago. She has not had a good time. She comes from Jutland, where she lived in a nursing home close to her boyfriend and friends. Everything here is new. The last time I was on the night shift, Elna wandered around uninterrupted for four hours with a trolley as she drove into whoever or whatever blocked her way.

This afternoon is completely different. Elna has attached herself to Peter with the strong brown hair. She is seated by her new friend, smiling and seems calm and happy. In connection with a small music session, we will play instruments. Elna is initially reluctant and says "oh, I cannot figure that out." With encouragement and enthusiasm, Birgitte still manages to offer Elna a drum which she

[6] Old Danish folk tune
[7] Die lustige Witwe. Operette by Franz Lehár

accepts on condition that she can play with Peter. While we play the blues, Elna and Peter sit in front of the instrument and play with the same club. Elna smiles gently and looks down.

Narrative 8: Lili and dance with Vera

Vera is a certain lady. She has been chief physician and fought hard for her job and for recognition in a male-dominated world at the time. Vera often thinks she is still at work. There are decisions to be made, processes to be evaluated and she is the one in charge! She has favours among the employees. There are employees she loves very much and there are some she really does not like. Lili has talked about that music and dance could be exciting to try out with Vera to see if it could alleviate her tension. Vera has previously participated in group music therapy on the ward and to the staff's surprise she seemed to enjoy the music and playing instruments.

This evening, Lili has found the speaker and put Elvis on. After she has been in the office, she moves dancing down towards Vera, raises her arms, twists and smiles at Vera. It is as if the music and Lili's looseness appeal to Vera. As if it speaks to a side of her that she has hidden away for a very long time and perhaps completely forgotten she contained. Vera looks at Lili, smiles with her mouth closed and starts dancing slowly with the same movements as Lili. Lili laughs.

Narrative 9: Katrine in the bathroom

The time is 7.14 and Katrine has been up early. She is an observer of things, the location of things in space, their shape, surface, weight. Katrine explores her fellow residents' homes and moves things around. This morning has started early, and Katrine has already been in full vigour for many hours before Marie enters her room. Marie says good morning, hugs Katrine, kisses her on the hair and smiles at her. Katrine smiles again. "You are going to have a shower today, Katrine" says Marie and holds Katrine's gaze. While Marie finds the things, she needs for Katrine's shower she hums gently. Katrine allows Marie to be there and allows her to help. "Now you have to take a shower" says Marie. Katrine does not like to be showered. She resists and tries to hold on to Marie. When the time has come to help Katrine to sit down, Marie begins to sing a little louder and firmer. Katrine again resists sitting down and instead leans towards Marie. For a few seconds they stand still in an embrace, while Marie sings and slowly cradles Katrine. Then Katrine gently lets go and sits down. Marie soaps her and washes her hair while humming simple melodies from children's songs. Katrine is completely relaxed and seems to enjoy the shower. A few times she opens her eyes, looks at Marie and makes some noises. Marie mirrors her sounds in her singing as if she speaks and understands Katrine's language.

Ελληνική περίληψη | Greek abstract

«Όταν παίζει η μουσική, εκείνη είναι παρούσα» – Οι απόψεις επαγγελματιών φροντιστών και η χρήση μουσικών αλληλεπιδράσεων στη φροντίδα ατόμων με άνοια

Julie K. Krøier | Hanne Mette Ridder

ΠΕΡΙΛΗΨΗ

Η μουσικοθεραπεία και οι μουσικές παρεμβάσεις χρησιμοποιούνται όλο και περισσότερο στην φροντίδα της άνοιας για να στηρίξουν την ενσώματη μη λεκτική διάδραση. Στην παρούσα μελέτη, έξι επαγγελματίες φροντιστές και μία μουσικοθεραπεύτρια συνεργάστηκαν για να διερευνήσουν και να κατανοήσουν πώς οι μουσικές αλληλεπιδράσεις μπορούν να χρησιμοποιηθούν στην καθημερινή διάδραση των φροντιστών και των ατόμων με άνοια. Οι φροντιστές συνεισέφεραν στην παραγωγή ποιοτικών δεδομένων, συμπεριλαμβανομένων των αφηγήσεών τους όπου περιγράφουν τις μουσικές αλληλεπιδράσεις στην δουλειά τους. Τα δεδομένα αναλύθηκαν εφαρμόζοντας μια ερμηνευτική εθνογραφική προσέγγιση με την μουσικοθεραπεύτρια στο ρόλο της ερευνήτριας. Από την ανάλυση αναδύθηκαν οι ακόλουθες τέσσερις θεματικές κατηγορίες οι οποίες περιγράφουν το πώς οι φροντιστές χρησιμοποιούν και κατανοούν τις μουσικές αλληλεπιδράσεις στο πλαίσιο φροντίδας ατόμων με άνοια: 1) ζωτικότητα και επικοινωνία, 2) συνδεσιμότητα μέσω συντονισμού, 3) μια μουσική επένδυση [soundtrack] της ιστορίας της ζωής, 4) από το άγχος στην επαναβεβαίωση. Οι μουσικές αλληλεπιδράσεις όπως η ακρόαση μουσικής, ο χορός, το τραγούδι και το παίξιμο μουσικών οργάνων παρείχε στους φροντιστές νέους τρόπους προσέγγισης για την κάλυψη των ψυχοκοινωνικών αναγκών των ατόμων με άνοια. Οι τέσσερις θεματικές κατηγορίες αναπτύσσονται χρησιμοποιώντας τη θεωρία της πρακτικής. Τα αποτελέσματα ενσωματώνουν την προοπτική των φροντιστών και υποδεικνύουν πώς οι φροντιστές μπορούν να συμμετέχουν ενεργά στις ερευνητικές διαδικασίες.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

φροντίδα της άνοιας, εργασία φροντίδας, μη λεκτική διάδραση, μουσική αλληλεπίδραση, συντονισμός, ερμηνευτική εθνογραφία, συνεργατική μάθηση

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REPORT

Frontline Support: Responding to the COVID-19 mental health crisis in South Africa through online arts and music therapy

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ABSTRACT

COVID-19 rendered South Africa reeling from the ramifications of the pandemic. Lockdown restricted movement, placed significant strain on healthcare workers, and profoundly impacted the socio-economic state of the country. Increased unemployment, reports of gender-based violence and suicide threats were among some indications of a resultant mental health crisis. In response, Frontline Support (FS), a collaborative volunteer-based arts therapy initiative was established. This report presents the documented process of establishing and implementing FS. The concept and structure of the organisation as well as the triage and treatment intervention are described. Descriptive statistics drawn from triage data, a client evaluation, and a therapist survey, as well as the themes emerging from the thematic analysis thereof are presented. The inclusion of two vignettes, drawn from documented clinical case studies, illustrate the online therapeutic offering of FS. A summary of quantitative data includes: the triage allocation, number of clients accessing FS, breakdown of sessions and geographical reach for the period March 2020 to July 2021. The thematic analysis of the client evaluation yielded five themes: i) Perceived personal gains through online therapy, ii) Enhanced personal insight, iii) Clients' experience of the therapist, iv) Difficulties experienced by clients, and v) Reflections and recommendations. The therapist survey yielded the following six themes: i) Access and awareness, ii) Client access to and engagement with therapeutic arts resources, iii) Possibilities and restrictions of the Online Platform (OLP), iv) Arts therapies techniques adapted for the OLP, v) Therapists' challenges, and vi) Establishing and maintaining the therapeutic relationship. The discussion reflects on the benefits, challenges and learnings of FS, and concludes with recommendations for its ongoing development, sustainability and accessibility within South Africa.

KEYWORDS

COVID-19,
online music therapy,
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mental health

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INTRODUCTION

The year 2020 will long be remembered for how the COVID-19 pandemic profoundly changed the world. As was the case globally, South Africa reeled from the ramifications of the pandemic. Lockdown restricted movement, placed significant strain on healthcare workers, and impacted the already struggling socio-economic state of the country (Brodeur et al., 2021; Mackett, 2020; Pillay & Barnes, 2020; Robertson et al., 2020). Kim (2020) articulates the psychosocial impacts of the quarantine in South Africa, highlighting emotional distress, social isolation and extreme threats to survival as psychiatric risk factors. Unemployment rates impacting many sectors (Brodeur et al., 2021; Chitiga-Mabugu et al., 2021; Wardhana & Nurhasana, 2020), gender-based violence referred to as the twin pandemic (Dlamini, 2020), and what was coined the dual pandemic of suicide and COVID-19 (Banerjee et al., 2021) are among the primary contributors of an international and local mental health crisis. The plight of frontline healthcare workers during the pandemic presented many challenges. Htay et al. (2020) surveyed 2097 healthcare workers from 31 countries, establishing a 60% prevalence of anxiety and 53% prevalence of depression. Only one out of four respondents reported the availability of workplace mental health support. Robillard et al. (2020) found a significant increase from low to moderate stress with respect to social, financial and psychological stress during the acute phase of the pandemic. Robertson et al. (2020) found that depression, anxiety and post-traumatic stress are among some of the mental health conditions indicated by South African health workers exposed to COVID-19. Kim et al. (2020) reported that the relationship between increased depressive symptoms and greater perceived infection risk was more severe among adults who reported worse histories of childhood trauma. The authors emphasise that the violent psychological, structural and economic legacies of apartheid manifest in the COVID-19 crisis where the traumas associated with apartheid may sustain racial and class disparities in mental illness, socioeconomic opportunity and infectious disease risk, highlighting the importance of prioritizing access to mental health and general medical services (Kim et al., 2020).

In the face of these unprecedented times action was required to address the global mental health crisis (Brown & Schuman, 2021; Nguse & Wassenaar, 2021; Organisation for Economic Co-operation and Development [OECD], 2021). Music and other arts therapists were among mental health

professionals who responded to this crisis. These initiatives included an online collaboration among creative arts therapists from the East and West (Harvey et al., 2020), Neurologic Music Therapy offered via telehealth (Cole et al., 2021), music therapists adapting their practice to include new technologies and ways of working (Agres et al., 2021), increased use of digital technology by art therapists (Malboeuf-Hurtubise, 2021; Zubala &Hackett, 2020), the use of clowning highlighting the role of humour and art in the European healthcare system (de Faveri & Roessler, 2020), working with lyrics and artistic improvisations in health promotion in East Africa (Mulemi, 2020), and receptive music therapy to address stress and improve wellbeing in Italian clinical staff at the forefront of the pandemic (Giordano et al., 2020).

A response specific to South Africa was the establishment of Frontline Support (FS), a collaborative volunteer-based Arts Therapies online and in-person initiative. FS was founded by a group of arts therapists and community arts practitioners who form part of SANATA (South African National Arts Therapy Association). Thirteen volunteers responded to the request for psychosocial and trauma debriefing therapy services, comprising Health Professions Council of South Africa (HPCSA) registered therapists, intern therapists, as well as non-registered, qualified therapists. This grew to a volunteer force of thirty-eight by July 2021. While FS was initially established to serve frontline workers, it was deemed necessary to extend the service to include members of the public affected by the severity of the lockdown.

CONCEPT AND STRUCTURE OF FS

FS was conceptualised as a non-hierarchical organisation valuing collaboration and co-ownership by all volunteers (Ilavia, 2020). FS was set-up to operate through online working groups such as i) a referral team, ii) multidisciplinary ward rounds, iii) topic-specific working groups (e.g., suicide intervention), iv) a general monthly meeting, v) supervision groups, vi) training workshops (e.g., facilitating online therapy, trauma-informed interventions – run by FS volunteers with extensive experience in the field), and vii) the administration group. Volunteers are encouraged to participate in working groups and offer therapy services according to their personal capacity with self-care being a cardinal value.

FS recognises the importance of multi-disciplinary collaboration allowing for more desirable health outcomes for the client (Derrick, 2018). When necessary, health professionals from other disciplines are consulted by the referral team or the allocated therapist on a case-by-case basis.

With the increase of teletherapy globally, it was deemed feasible to offer an online Arts Therapy service employing platforms such as Zoom, WhatsApp video, WhatsApp text, and phone calls. The WhatsApp platform is known to be the most downloaded in South Africa with 58% of mobile phone owners using WhatsApp (Statista, 2021) and therefore making it the most accessible platform.

Many of the clients who sought support from FS had very limited financial and technology resources. This necessitated a data fund, supported by a donor base, making it possible for marginalised clients to access online therapy.

REFERRAL/TRIAGE AND INTERVENTION

FS was conceptualised as a crisis response that adopts the principles of Psychological First Aid (PFA), offering a 3-session intervention with a triage process through which referrals are prioritised and allocated (Snider et al., 2013). The intervention is facilitated by an arts therapist and clients are given the choice to indicate their preference of Arts Therapy modality.

The referral process follows six steps namely: i) receiving first contact from the client, ii) screening assessment for triage (gathering information through a Mental Status Examination [MSE], risk assessment, and need for mental health services [MHS] information gathered through a series of questions and the client's self-report), iii) sending the call-out to the relevant triage group, iv) referral meeting to determine suitable therapist, v) client and allocated therapist are notified (therapist initiates first contact with client), and vi) the informed consent process is administered by the referral team.

Based on the screening assessment (MSE, risk assessment and need for MHS) clients are triaged in colour categories according to the urgency of the case: Red (high-risk behaviour due to mental health symptoms – therapist allocated within 4-12 hours), Orange (moderate-risk factors – therapist allocated within 2-4 days), Green (low-risk/non-urgent presentation – therapist allocated within 4-7 days), Purple (referred to more appropriate services), and Blue (re-referrals for longer-term therapy). Reasons for referral included: individuals suffering the loss of employment, those struggling with gender identity or sexuality, elderly who feel isolated and alone, survivors of gender-based violence, people grieving the loss of a loved one, those struggling to see a positive future or suffering from suicidal feelings, or for whom the loss of control over their lives during lockdown triggered past traumas, and people seeking conflict resolution and healing in family relationships. Figure 1 provides the breakdown of the triage summary from March 2020 to July 2021 with most cases being served during the acute phase of the pandemic.

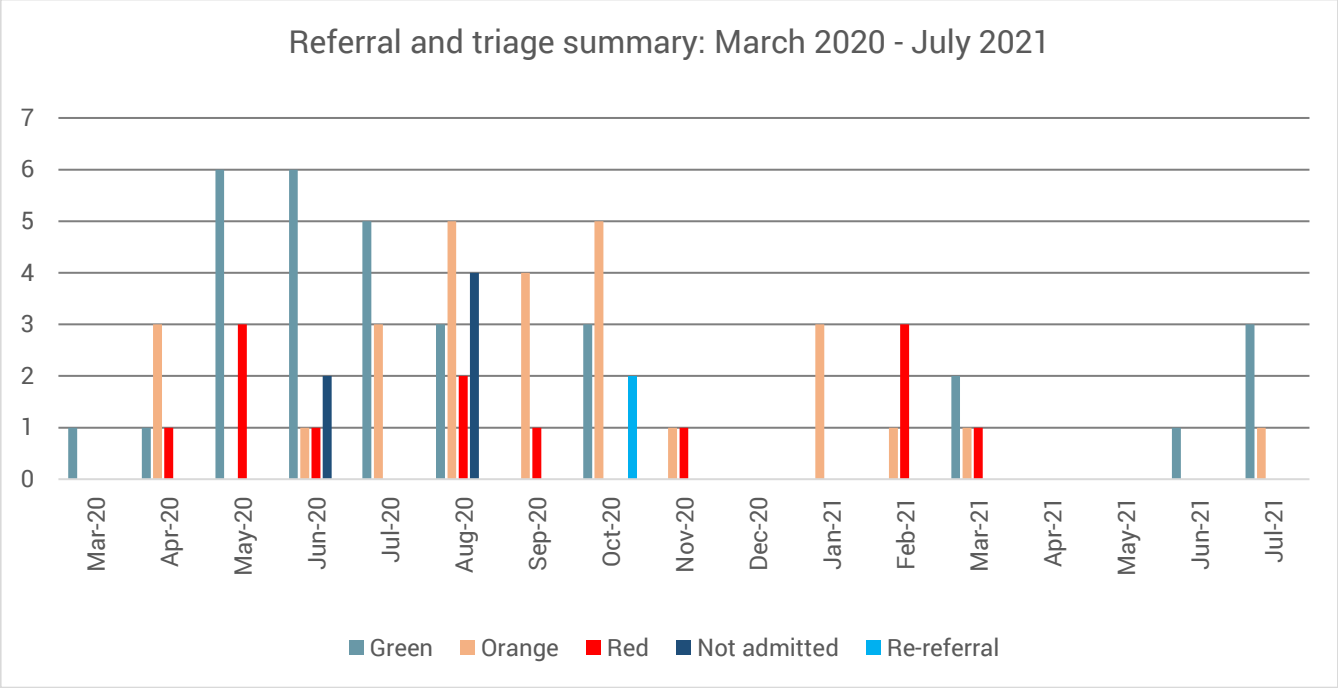

Figure 1: Referral and triage summary: March 2020-July 2021

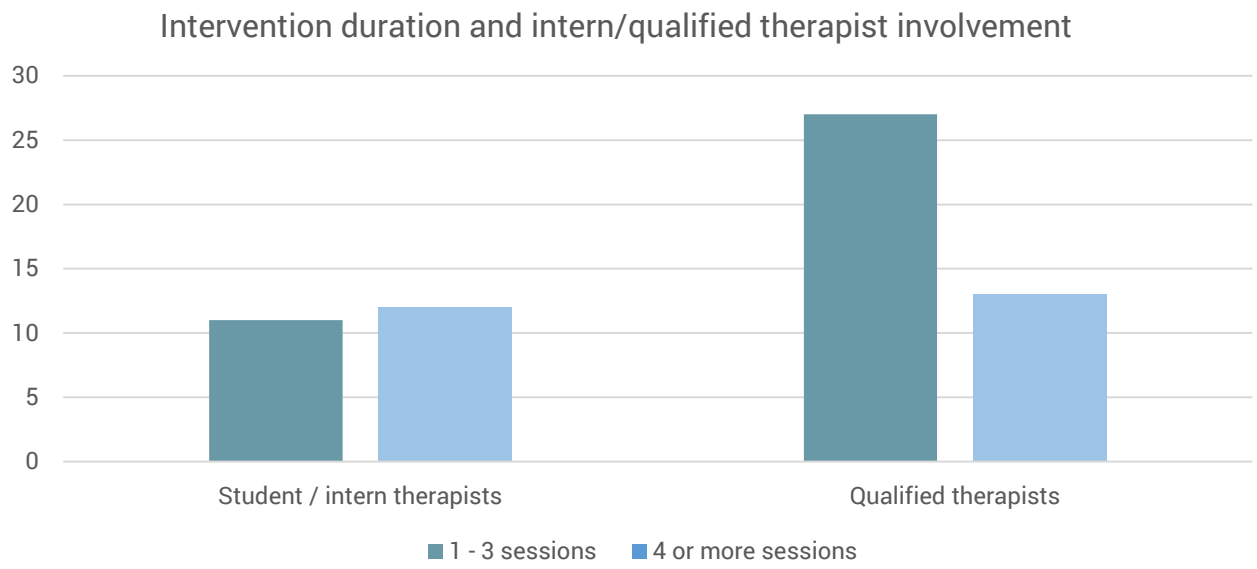

Figure 2: Intervention duration and intern/qualified therapist involvement

While, for the most part, clients receive three therapy sessions, there are instances where it is deemed essential for a client to receive longer-term therapy. This is determined by the referral team and at times at the request of clients. Of service in this regard during lockdown were music and drama therapy interns required to complete clinical training hours. Intern involvement was driven by the client needs for longer-term therapy and due to the limited volunteer capacity of the qualified therapists the intern therapists were in a position to provide this service. Intern therapists received support and supervision from both their training programmes and the multidisciplinary team within FS. Figure 2 illustrates the number of clients allocated to interns and qualified therapists respectively, as well as the intervention duration.

METHOD

This report presents the documented process of establishing and implementing FS, during the period March 2020 to July 2021, focusing primarily on the online offering thereof.

Referral and session statistics, a client evaluation and a survey completed by therapists comprise the data sources analysed for this report. Referral and session statistics were recorded weekly on an Excel spreadsheet, and the client evaluation (collaboratively designed by a referral team member and volunteer therapists) and therapist survey were set up on Google Forms. These were completed once an informed consent document had been signed.

The client evaluation form and therapist survey included both quantitative and qualitative questions. Descriptive features of the quantitative data are presented in the findings section. Verbatim responses from the client evaluation and therapist survey respectively were captured onto Excel spreadsheets, which were coded, categorised and arranged into themes.

FINDINGS

The findings section presents i) a description of the quantitative data drawn from the referral and session records, as well as from questions on the client evaluation and therapist survey respectively, and ii) the themes emerging from the thematic analysis of the qualitative data drawn from both the client evaluation and therapist survey (Braun & Clarke, 2006). Two vignettes, highlighting aspects of online music therapy, are included as a means of supporting the qualitative findings. Informed consent was obtained for the inclusion of the vignettes and pseudonyms were used to protect the confidentiality of the clients.

Presentation of quantitative data

During the period March 2020 to July 2021, 245 beneficiaries received therapeutic support. While online individual therapy is the primary focus of FS, with 63 clients having received a total of 318 sessions, in-person group therapy was offered to support frontline nursing staff, and as a psychosocial intervention to teenagers in crisis, and activist artists struggling with the impact of the pandemic. The groups varied from providing psychosocial support, assisting those on the frontline with coping strategies and self-regulation. All group sessions were client-lead, and therapists worked primarily with the presentation of clients in the immediate moment. Table 1 provides a full breakdown of the number of sessions, session type (online/in-person) and the number of beneficiaries serviced by FS.

Source	N	Percentage
Online sessions		
Number of online individual sessions	318	
Number of online clients (individual)	63	
Number of online sessions per client		
1 - 3	40	63.4
4 - 6	14	22.2
7 - 10	5	7.9
n > 11	4	6.3
In-person sessions		
Total number of in-person sessions	60	
Total number of in-person clients	182	
Number of once-off group sessions	41	
Frontline nursing staff	36	87.8
Activist artists	5	12.2
Number of once-off group clients	159	
Frontline nursing staff	139	87.4
Activist artists	20	12.6
Number of multiple group sessions	12	
Teenagers in crisis – group 1	6	50.0
Teenagers in crisis – group 2	6	50.0
Number of multiple group clients	16	
Teenagers in crisis – group 1	8	50.0
Teenagers in crisis – group 2	8	50.0
Number of in-person individual clients	7	

Table 1: Descriptive features of quantitative data from referrals

Of the 63 clients who received online therapy, 12 completed the evaluation form on Google Forms. It is acknowledged that this is a small representation of the total client group. This may be due to i) the completion of the evaluation being voluntary, ii) the Google Forms platform being inaccessible to some and iii) financial and data access constraints. Table 2 gives a description of the quantitative data drawn from the client evaluation form.

Source	n	Percentage
Have you ever been in any form of therapy before?		
Yes	7	58.3
No	5	41.7
In what way did you find that the online platform allowed you to express yourself? *(11 clients responded)*		
I found it comfortable and natural	10	90.9
It enabled me to express myself partially	1	9.1
Did you feel understood and heard throughout the three sessions?		
Yes, I did	11	91.7
Most of the time	1	8.3
Did you feel you had a safe space to share your thoughts and feelings?		
Yes, I did	12	100
Did you find the therapist's approach (modality) provided you with new ways to deal with your stressors/difficulties?		
I found the techniques very helpful	10	83.3
I found some of the techniques useful	2	16.7
I did not find the techniques helpful	0	0.0
Do you feel you would benefit from an ongoing therapeutic process?		
Yes, I would like to have further therapy	9	75.0
I would like to think about it	2	16.7
No, not at this stage	1	8.3
How did you hear about FS?		
Social Media	1	8.3
Referral from another organization	4	33.3
Other	7	58.3

Table 2: Descriptive features of client evaluation forms

Presentation of qualitative findings

In the case of the client evaluation five themes were identified and in the case of the therapist survey six themes were identified, as presented in the sections below.

Presentation of themes: Client evaluation

The five themes emerging from the client evaluation are i) perceived personal gains through online therapy, ii) enhanced personal insight, iii) clients' experience of the therapist, iv) difficulties experienced by clients, and v) reflections and recommendations.

Source	n	Percentage
Arts Therapy modality		
Drama Therapy	6	27.8
Music Therapy	9	50
Dance Movement Therapy	1	5.6
Art Therapy	3	16.7
Intern/Qualified		
Intern arts therapist	7	38.9
Trained arts therapist	11	61.1
Experience of translating Arts Therapy modality to the OLP		
Very easy	1	5.6
Easy	8	44.4
The same as in-person sessions	3	16.7
Challenging	6	33.3
Extremely challenging	0	0
OLP most frequently used *(15 therapists responded)*		
Zoom/Skype	7	46.7
WhatsApp video	4	26.7
WhatsApp text	3	20.0
Phone calls	1	6.7
OLP second most frequently used *(13 therapists responded)*		
WhatsApp text	7	53.8
WhatsApp video	3	23.1
In-person	1	7.7
Zoom/Skype	2	15.4

Table 3: Descriptive features of quantitative data from therapist surveys.

Theme 1: Perceived personal gains through online therapy

Personal gains reported by clients range from the novelty of "not having [had] the privilege of experiencing therapy before," to the affordances of the therapeutic space which "gave me a space to vent, feel heard and (be) seen as human," offered the opportunity for "emotional release," "connecting with feelings and emotions," "hand[ling] anxiety" and "finding balance." One client referred to "being strong during a time of uncertainty." Clients reported personal gains as "tools I got to work through grief and trauma," "visualis[ing] emotions through creating art or writing," "tools to deal with anxiety" and the opportunity to refer back to resources such as voice notes used in the sessions. Clients also reported on the sessions as being "very helpful and empowering during a very difficult crisis situation," as well as being assisted to understand that "breakdown and burnout is a normal experience" that can be managed.

Theme 2: Enhanced personal insight

Clients reported experiencing "new self-insights" and "self-realisation." One client reported the therapeutic space enabling them to "change [their] perception." Clients also reported being able to place "self as priority" and "not to put pressure on the self," as well as how therapy "made me see how much I can accomplish."

Theme 3: Clients' experience of the therapist

Clients reported on the therapist as being a "safe person to connect with in a different way" and that the "therapist demonstrated high levels of professionalism." It was also reported that the therapist held a "very strategic approach to integrating deep-seated historical trauma into present-day behaviour" and that the therapist "demonstrated huge amounts of empathy and insight into present-day socio-economic struggles, as well as sensitivities to hard issues such as white privilege, race and class."

Theme 4: Difficulties experienced by clients

Clients reported experiencing difficulties at a personal level, such as not being able to "handle or process triggers" and experiencing the pandemic as "feel[ing] like a life and death." When reflecting on whether the sessions were experienced as helpful the following two responses: "difficult to say after 3 sessions" and "I take a while to open up" indicate that the shorter session format may have been difficult for some clients to engage with.

Theme 5: Client reflections and recommendations

Clients reflected positively on the overall experience of FS through sentiments such as "all in all a truly empowering experience," "services are amazing," "deep gratitude" and "hope of service continuing." Also included in the clients' feedback were recommendations for future FS services. These include a suggestion for "check-ins for accountability," "branching out," "maintenance is necessary (because) the beginning is hard and not everyone keeps with it."

Presentation of findings: Therapist survey

The six themes identified from the analysis of the therapist survey are: i) access and awareness, ii) client access to and engagement with therapeutic arts resources, iii) possibilities and restrictions of the Online Platform (OLP), iv) arts therapy techniques adapted for the OLP, v) therapists' challenges, and vi) establishing and maintaining the therapeutic relationship.

Theme 1: Access and awareness

This theme illustrates the role of FS in "broadening access" to therapeutic services. One respondent referred to "the difficulty [of] accessing broader mental health networks during Covid" while others described how FS provided access to therapy "irrespective of client's socio-economic or health status," "from comfort of own home-cutting out travel and other costs" and "access to the arts therapies not related to the geographical location of the therapist." Image 1 represents the approximate locations of FS therapists and their clients and illustrates how access to therapeutic services were afforded to clients despite geographical location. Clients were reached in eight of South Africa's nine provinces.

Therapists also reported that FS advocates for "more awareness of music therapy" and creates "exposure for the arts therapies." In addition, it was stated that FS provides access to work opportunities "for students and interns to gain experience" and "complete clinical hours." This increased the capacity of FS to enable some clients the benefit of longer-term therapy (Figure 2).

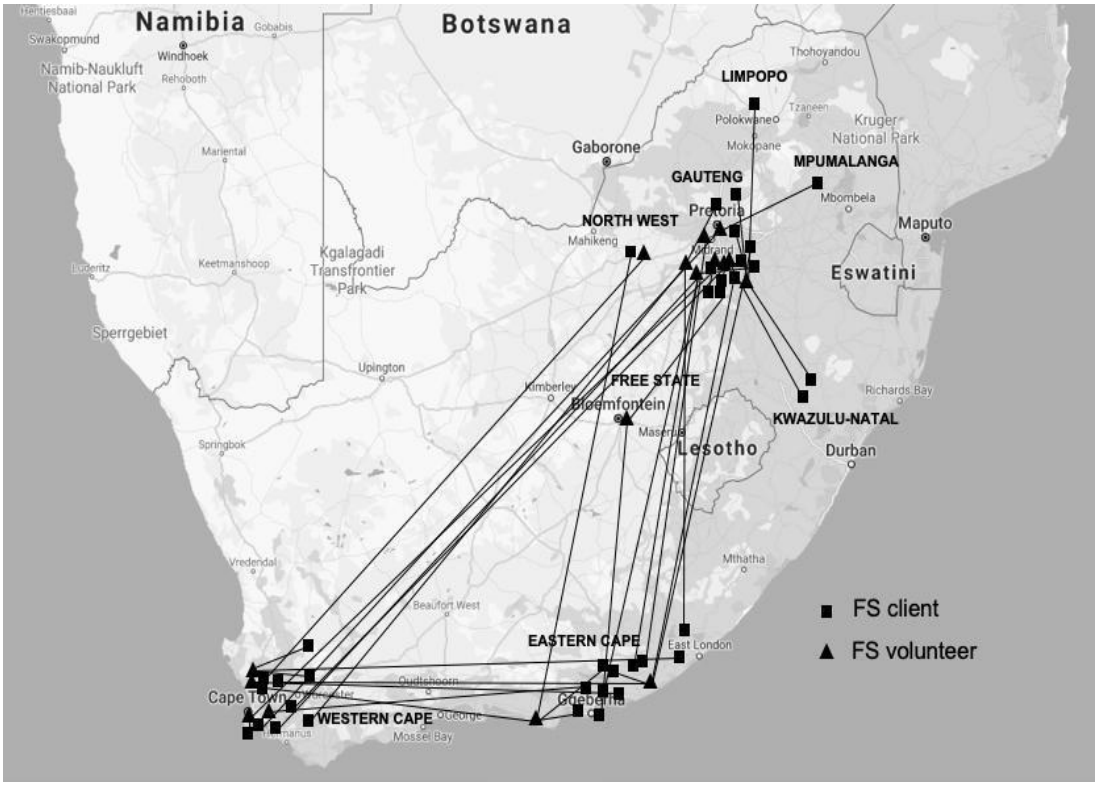

Image 1: Approximate locations of FS volunteers and their clients

Theme 2: Client access to and engagement with therapeutic arts resources

This theme highlights client access to arts resources during and between online therapy sessions. On the one hand it was reported that there is "difficulty for clients to access art materials in their own homes," "limitations in not being able to offer art materials to clients" and "challenges for clients around creative ideas using their own art resources." On the other hand, therapists described creative ways of inviting clients to access and engage with arts resources such as: "empowering clients with information and resources as applicable" and "giv[ing] clients more power and agency in choice of own art resources and meaning they attach to art materials." One therapist reported that she "described an art therapy studio" inviting the client to "create a similar setup at home using own resources." Other creative initiatives included: "providing an online folder for music listening during the week," "sending music in between sessions as support," "using poems and reflective journaling to compose music" and "using virtual instruments to make a composition."

Theme 3: Possibilities and restrictions of the OLP

The OLP was described as "discovering the possibility of a new medium." The data refer to the OLP as being a flexible medium for "creating and witnessing client's processes" and "accommodating client's context e.g., time and space." Several therapists reported that clients engage with "disinhibition" on the OLP, allowing for "spontaneity, use of art materials without feeling watched," "experienc[ing] body awareness work in privacy" and "mov[ing] to music without feeling self-conscious." Also highlighted is the possibility for adapting therapeutic techniques: "music doesn't have to be facilitated in person," "has been easy for clients to still be heard over Zoom by means of song and music listening" and

"finding creative ways to adapt clinical techniques for [the] online format." The OLP was also described as a "home for all the modalities to work together collaboratively."

The data refer to three primary restrictions of the OLP: i) *modality specific*: "Not being able to use active music techniques," "limitations in not being able to offer art materials to clients" and "adapting modality to online format;" ii) *connectivity and data:* "doing live music with slow internet makes the experience of MT more difficult," "client's access to stable internet" and "technical difficulties – calls dropping, data issues, texts not going through," "sending music tracks takes a lot of data," "sessions can take longer because of client's response to texts or connectivity;" iii) *interpersonal*: "not being able to read client's body language or general affect - creates difficulty when intervening."

Theme 4: Arts therapy techniques adapted for the OLP

Analysis of the data revealed an array of techniques adapted for the OLP across the four Art Therapy modalities. While overlaps are indicated, the techniques listed below are according to the respective modalities:

Arts Therapy Modality	Techniques
Music Therapy	Receptive techniques, song writing, guided relaxation with music, adapted Guided Imagery and Music (GIM), composing with virtual instruments, guided visualization, recording and sharing improvisations, singing to enhance breathing, Music-centred colour and symbolism work, song and lyric analysis, improvisation using turn taking, singing and instrumental play, music-centred movement
Art Therapy	Opening technique of ensuring presence of art materials and relationship with art materials, art making, reflection on artwork, projection and association, googling references of books, movies collaboratively with client
Drama Therapy	Role play, Role-reversal, building images visualization, dance/movement, breath work, story making, storytelling, movement, embodiment, guided visualization, projective play, working with metaphors
Dance/Movement Therapy	Breath work, embodied visualization, guided embodied relaxation, mirror movement, artwork

Table 4: Techniques used by the various arts therapies modalities

Theme 5: Therapists' challenges

The survey indicated personal difficulties faced by therapists such as "managing my own anxieties of working online," and "facing the difficulty of getting and staying in my therapist role." Also reported were challenges associated with the demands of volunteering: "nature of crisis management work, feeling obliged to respond," "managing energy when volunteering - the balance of give and receive," "have limited capacity as therapist to offer voluntary clinical hours" and "feeling constantly on duty."

Theme 6: Establishing and maintaining the therapeutic relationship

This theme articulates the complexity of online work in terms of establishing and maintaining the therapeutic relationship. Four sub-themes illustrated with corresponding verbatim responses from the survey provide the summary of this theme.

Sub-theme	Verbatim quotes
Confidentiality	"confidentiality and privacy - not always easy at home," "Safe confidential storage of art works," "limitations in not being able to offer confidential space"
Boundaries and accountability	"Acknowledge online space at the start of the session," "From the beginning speak about what happens if technology fails," "Accommodate the physical space of the client," "Keeping boundaries re contact times (outside of sessions)," "client changing time of session at last minute," "working within limited time"
Containing	"Losing touch with a client during a session and not knowing whether [the] client [is] contained," "When no video, cannot pick up on client's body language to ensure containment" and "be mindful of disinhibition effect - leaving client with shame after disclosure"
Sharing and support	"Client to photograph work - share with therapist for joint exploration," "When sending music to the client always listen on side of therapist to create continuity," "by using images and song lyrics shared via WhatsApp chat during sessions," "using games that can take place online to create relationship," "responded to client's image making with my own image," "sending a visual synopsis or reminder after each session" and "checking in...without interrupting their process"

Table 5: Verbatim quotes from the data for theme 6

Concluding the presentation of the qualitative findings are two vignettes drawn from FS case studies. The first vignette illustrates the FS 3-session online format facilitated by a qualified music therapist, and the second demonstrates a longer-term process facilitated by a music therapy intern.

Vignette 1 - Lena

Lena, a 52-year-old mother and wife, was referred to FS by her son. He worried about his mother, since she displayed symptoms associated with depression and anxiety during the lock-down after her husband was diagnosed with COVID and admitted to hospital due to COVID related complications. She also feared for her own health and expressed a great sense of loss for not being able to connect physically and emotionally to close family at the time.

We had a total of four online sessions, over a period of three months and mainly took the form of WhatsApp voice-calls as per the client's preference. The client was supported by the Frontline Data Fund. During the first session Lena articulated her struggle to express her feelings at the time and said she found solace in talking to God and singing hymns. The songs she found comfort in were

hymns from their congregation and they reminded her of God's goodness as well as her connection to a loving community, even if religious gatherings were not allowed at the time.

During our second session, Lena presented with pronounced symptoms of anxiety: she felt pain and tightness in her chest and mentioned that it reminds her of asthma symptoms that she sometimes gets. During the remainder of the session, we compiled a metaphorical toolkit with different techniques that she can utilize, when becoming extremely anxious. Amongst these, were hymn-singing. Singing was already a coping technique she naturally incorporated to regulate elevated anxiety levels, but talking her through and practicing deep breathing techniques, phrasing and the value of journaling beloved songs, I hoped to expand the value of voice-work in these circumstances.

When ringing her on the morning of our third session, I learnt of her husband having passed away earlier that morning. I was concerned over the effect of Lena's husband's death on her already fragile mental state and kept in touch with the client via WhatsApp text messages. Two weeks after her husband's passing, I suggested a time for her next session, which she accepted. She used the time talking through the events following her loss and I affirmed the wide range of emotions she was experiencing using the traditional stages of grief as a guide. Even though we initially agreed on the three-session format, we decided to schedule a follow-up session due to the circumstances.

A month after Lena's husband's passing, we met virtually, and she reported that she still cried a lot. Despite this, positive signs of emotional strengthening could be observed. She started reaching out to members of her church community for support and would attend women's groups where they sang and prayed together. She also reported feeling more accepting of difficult emotions since having a better understanding of the stages of grief.

This verbatim transcription of her words during our fourth and final session, signaled the possibility of concluding the therapeutic process: "If I did not have a person to walk beside me in this process, it would have taken me much longer to lift myself up…I can't keep on crying, but crying [over the death of my husband] is normal." She seemed inspired to share her insights and expressed the wish to equip herself formally to be able to also support others.

Vignette 2 - Deku

Ten-year-old Deku was referred to FS by his occupational therapist, out of concern that his aggressive behaviour had increased during lockdown. It was deemed that he would benefit from a space in which to "vent" his frustrations. The complexity of Deku's case soon became evident through his disclosure of suicidal ideations, logistical changes in the family's living situation and generational trauma that was emerging in the family system. With the use of adapted music therapy techniques, the process primarily on assisting Deku to express and manage his difficult emotions. We had a total of 17 sessions, all of which took place online. At the time, Deku was living with his grandmother, aunt, and younger brother in a one-bedroom apartment, with very limited privacy and no comfortable, physical space to utilise for therapy. Between the front seat of

> their broken car in the basement, the small bathroom with a sliding door and an unstable internet connection, we attempted most of our sessions over WhatsApp video.
>
> In earlier sessions, Deku expressed his frustration in navigating the online therapy space, e.g., "I can't use my hands because I'm holding the phone," "the steering wheel is in the way," "I'm not going to sing because my stupid brother will hear!" These difficulties required me to adapt to our very "different" way of connecting. Out of necessity we embraced the logistical challenges as working tools rather than obstacles. We intentionally incorporated what was present in Deku's environment on the day into the therapy space: e.g., "Let's use the steering wheel and drive to our favourite place! Where are we going? Are we driving away from something? What song is playing over the car radio?" Deku engaged with such questions and related the conversation to songs which we together selected on YouTube. YouTube served as a communication tool for Deku to share his thoughts and emotions through songs and lyrics. As the therapeutic relationship grew, our adaptability within the online space increased. We used DJ apps (Groovepad – an easy-to-use music-maker app - chosen by Deku) to compose our own songs which often led to conversational reflection: "Listen what I did here," he would enthusiastically share. "The song is called anger. Did you get it? The banging sound symbolised a gunshot! And the faster rhythm is a heartbeat." These collaboratively composed songs became a creative avenue through which Deku could "vent."
>
> While this vignette describes only a few snapshot examples from the process with Deku, it seeks to illustrate that, in spite of the challenges, our 17-session process afforded him safety and support within our unique online therapeutic relationship.

These vignettes highlight aspects of the themes above discussed, with regard to: i) access to therapy in the face of challenging socio-economic circumstances, ii) the possibilities and restrictions of the OLP, iii) the adaptation of music therapy techniques, and iv) client access to and engagement with music therapy resources.

DISCUSSION

The account of FS provides insight into aspects of online therapeutic services within the South African context. While teletherapy and the use of different digital platforms is not unique to the COVID-19 pandemic (Norman, 2006; Tomlinson et al., 2013), the crisis of COVID-19 propelled the use of online services in many spheres of life (Wong et al., 2020). This was no less so in healthcare where the use of online services was introduced as a means of addressing the mental health impact of the pandemic (Boucher, 2021; OECD, 2021).

In South Africa , systemic inequality in healthcare continues to render many still unable to access therapeutic services (Kim et al., 2020). COVID-19 highlighted these inequalities due to the socio-economic crisis worsening as a result of the strict lockdown during the acute phase of the pandemic. The following statement lifted from the client evaluation as cited earlier, sheds light on the complexities of the South African lived experience of some who sought the services of FS. One such

client reflected on how the therapist offered support by "demonstrating huge amounts of empathy and insight into present-day socio-economic struggles, as well as sensitivities to hard issues such as white privilege, race and class." The introduction of services such as FS goes some way to addressing this divide. de Bitencourt Machado et al. (2016) propose that online therapy may be the only chance of treatment for people who are unable to access healthcare for geographic or financial reasons. With reference to telepsychiatry, Norman (2006) indicates teletherapy as a feasible method for delivering a range of mental health services. Statistics show that tele-medicine, if adopted collectively, can bring about greater care for individuals, cost savings in the long run, and more importantly a more organized and sustained public health service (Nittari et al. 2020). Vaudreuil et al. (2020) agree that telehealth services allow access to therapy where distance is a barrier and, more specifically, that the implementation of online music therapy allows individuals access to therapy that extends further than traditional medical care.

Also iterated by the findings are specific learnings from the role out of FS. The first learning highlighted the possibilities of online therapy: clients are accommodated and witnessed in new ways (Grondin et al., 2019; Maier et al., 2021; Suk, 2021, Zubala and Hackett, 2020), new technologies are employed, and arts therapies techniques can be adapted (Kantorova et al., 2021; Vaudreuil et al., 2020; Zubala & Hackett, 2020; Usiskin & Lloyd, 2020). It was also found to be a space in which arts therapists could collaborate (Harvey et al., 2020). Furthermore, therapists used the term "disinhibition" in two ways to describe client engagement in the virtual space: one referring to spontaneous open participation, the other to unfiltered disclosure which may leave the client with unresolved feelings. Lapidot-Lefler and Barak (2015) refer to the online disinhibition effect as reduced inhibitions, expressed in online interpersonal interaction which can be positive and negative. The findings in this report suggest awareness and careful management thereof.

The second area of learning concerns the limitations of online therapy. These are articulated in this report include connectivity challenges, the compromised use of clinical improvisation and synchronous music making, client access to arts resources and the difficulties associated with not being able to read affect and body language, as well as concerns regarding client containment. These findings concur with what has been found in teletherapy studies (Druma & Littleton, 2014; Suk, 2021; Boyer, 2020; Zubula and Hackett, 2020), and more specifically online music therapy studies (Cole et al., 2021; Agres et al., 2021).

The third learning draws attention to the complexity of maintaining the therapeutic relationship virtually. Suk (2021) describes the experience of the COVID-19 rapid transition to online therapy, highlighting a previously held notion of the primacy of the physical therapy space: "And even more core to my identity was my belief that I had earned the invitation to witness my patients' grief and transformation only through the meaningful relationships we had created in the therapy room" (Suk, 2021, p.330). While literature supports the possibility of creating a strong working alliance in the online therapy room (Simpson & Reid, 2014) careful consideration of structural elements such as time and duration of sessions, rescheduling and session attendance, as well as environmental privacy, technical problems, managing interruptions and learning to respond to non-verbal and affective cues is important in creating a safe frame within which to work (Cipolletta et al., 2018; Druma & Littleton, 2014; Suk, 2021).

The fourth learning emphasises the ethical and legal aspects that play an important role with the implementation of telehealth services and can raise complex concerns (Nittari et al. 2020) which may include elements such as privacy and confidentiality of data along with access and fairness (Martinez-Martin et al., 2020). In line with the suggestions of Nittari et al. (2020), FS has strongly insisted on protection of patient information and on obtaining informed consent from all its service users. Therapists are strongly encouraged to remain cognizant of clients' fundamental rights to dignity, privacy and confidentiality.

This report highlights the immediate response of arts therapists in providing innovative online therapeutic services in the face of a national and global crisis, with limited knowledge and experience of this new mode of working. Agres et al. (2021), in a survey of twenty countries, found that most music therapists employed new technologies and used the OLP in some way as a response to COVID-19. As this new way of working seems here to stay, Agnes et al. (2021) recommend that technology be developed to better support the embodied and affective experiences and benefits of in-person music therapy. Studies further recommend that reflection and research is necessary towards the inclusion of new technologies and instruction for arts therapists' education and training (Agnes et al., 2021; Zubala et al., 2021).

RECOMMENDATIONS GOING FORWARD

As FS continues to develop it is important to take an inventory of learnings in order to improve session-related procedures and organisational structures. Due to volunteer therapists returning to their full-time work, limited capacity for referrals and the impact of pandemic fatigue the capacity of the organisation has decreased (Badre, 2021; Ji et al., 2021; Labrague, 2021). This calls for reflection and reframing. While not described in the findings, the therapist survey indicates further recommendations for the ongoing development and sustainability of FS.

These further recommendations include i) an induction training with regard to boundaries and FS guidelines, ii) in addition to the multi-disciplinary ward rounds to introduce group supervision for volunteers seeing clients, iii) improving administrative procedures, iv) articulating future services offered by FS (adapting the 3-session model to 4-sessions and longer term therapy), vi) developing a model for short term arts therapies interventions, vii) volunteer training, viii) refining processes of clients' access to FS (broadening referral opportunities with existing organisations, access to data, improving social media presence, advertising, setting up stations in each province) and ix) developing procedures for client follow-up.

Recommendations from the survey concerning organisational structures include: i) staffing and capacity building, ii) refining the volunteer structure, iii) monitoring and evaluation, iv) data funding, v) developing partnerships and networks, vi) marketing and advocacy and vii) financial structuring.

While keeping the recommendations and learnings in mind it is important to remain flexible and open to organic changes pertaining to both structural and clinical development within the FS initiative as it moves into post-acute pandemic phase in South Africa.

In relating the story of FS, it is hoped that the benefits and learnings from this process contribute to furthering understandings of online music and arts therapies offerings, and that it communicates a message of hope amidst trying times.

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Ελληνική περίληψη | Greek abstract

Frontline Support: Ανταποκρινόμενοι με διαδικτυακή θεραπεία μέσω τεχνών και μουσικοθεραπεία στην κρίση ψυχικής υγείας που προκάλεσε η COVID-19 στη Νότια Αφρική

Carol Lotter | Nethaniëlle Mattison | Calsey Shroeder | Anja Pollard

ΠΕΡΙΛΗΨΗ

Η νόσος COVID-19 άφησε την Νότια Αφρική κλονισμένη από τις συνέπειες της πανδημίας. Ο υποχρεωτικός εγκλεισμός περιόρισε την κινητικότητα, άσκησε σημαντική πίεση στους εργαζόμενους στον τομέα της υγείας, και επηρέασε βαθύτατα την κοινωνικο-οικονομική κατάσταση της χώρας. Η αυξημένη ανεργία, οι αναφορές

για βία λόγω φύλου και οι απειλές αυτοκτονίας ήταν μερικές από τις ενδείξεις για μία συνεπακόλουθη κρίση ψυχικής υγείας. Ως απάντηση, ιδρύθηκε η Frontline Support, μία συνεργατική εθελοντική πρωτοβουλία θεραπειών μέσω τεχνών. Αυτή η αναφορά καταγράφει τη διαδικασία εδραίωσης και εφαρμογής της FS. Περιγράφεται η σύλληψη και η δομή του οργανισμού καθώς και η διαδικασία επιλογής και η θεραπευτική παρέμβαση. Παρουσιάζονται περιγραφικά στατιστικά στοιχεία από τα δεδομένα της επιλογής, της αξιολόγησης των πελατών, και ενός ερωτηματολόγιου των θεραπευτών, καθώς και οι θεματικές κατηγορίες που προέκυψαν από τη θεματική ανάλυση. Συμπεριλαμβάνονται δύο βινιέτες από κλινικές μελέτες περίπτωσης που καταγράφηκαν οι οποίες περιγράφουν την διαδικτυακή θεραπευτική προσφορά της FS. Η σύνοψη των ποσοτικών δεδομένων περιλαμβάνει: την διαδικασία επιλογής, τον αριθμό των πελατών με πρόσβαση στις υπηρεσίες της FS, την ανάλυση των συνεδριών και τη γεωγραφική κατανομή για την περίοδο από Μάρτιο 2020 έως τον Ιούλιο 2021. Από τη θεματική ανάλυση της αξιολόγησης των πελατών προέκυψαν πέντε θεματικές κατηγορίες: i) Εκλαμβανόμενα προσωπικά οφέλη μέσω της διαδικτυακής θεραπείας, ii) Βελτιωμένη προσωπική επίγνωση, iii) Η εμπειρία των πελατών με τον θεραπευτή, iv) Δυσκολίες που βιώθηκαν από τους πελάτες, v) Αναστοχασμοί και προτάσεις. Από το ερωτηματολόγιο των θεραπευτών προέκυψαν οι παρακάτω έξι θεματικές: i) Πρόσβαση και επίγνωση, ii) Πρόσβαση και εμπλοκή των πελατών σε πόρους των τεχνών, iii) Δυνατότητες και περιορισμοί της διαδικτυακής πλατφόρμας, iv) Τεχνικές θεραπειών μέσων τεχνών προσαρμοσμένες για την Διαδικτυακή Πλατφόρμα, v) Προκλήσεις των θεραπευτών, και vi) Εδραίωση και διατήρηση της θεραπευτικής σχέσης. Η συζήτηση αντανακλά τα οφέλη, τις προκλήσεις και τη γνώση από την FS, και ολοκληρώνεται με προτάσεις για συνεχιζόμενη ανάπτυξη, βιωσιμότητα και προσβασιμότητα στη Νότια Αφρική.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Covid-19, διαδικτυακή μουσικοθεραπεία, Frontline Support, ψυχική υγεία

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ARTICLE

A duoethnography about musicking at an older adult care home during COVID-19

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ABSTRACT

Loneliness during the COVID-19 pandemic has been a global problem. Older adults, who are considered high-risk individuals, have been particularly impacted and have experienced increased isolation and loneliness. Musicians also experienced loneliness during the lockdown period. Therefore, the purpose of this duoethnography is to explore the culturally situated meanings two research participants ascribe to musicking at an older adult care home during the COVID-19 pandemic. The research participants are two community musicians who have facilitated weekly musicking sessions at an older adult care home for the past five years. During the hard lockdown, we serenaded the older adults in the street in front of the care home. Our data collection was stimulated by photos, session plans, song choices, diary reflections, and individual accounts. To explore our dialogical understanding, we used storytelling and Pinar's (1975) four-step method of *currere*, namely regressive, progressive, synthesis and analysis. The findings indicated that musicking during the COVID-19 pandemic allowed us to share and express compassion and care towards the older adult residents and each other. We, therefore, argue that musicking, with the necessary hygienic precautions, should be encouraged as a form of reciprocal care during a global pandemic.

KEYWORDS

musicking,
duoethnography,
older adult care home,
currere,
ethics of care,
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INTRODUCTION

Loneliness during the COVID-19 pandemic has been a global problem (Sutin et al., 2020). In particular older adults, who are considered high-risk individuals, have experienced increased isolation and, as a result, intensified loneliness (Mukku & Sivakumar, 2020). The head nurse at Oak Tree Care Home for older adults appealed to us; "Please come back. They are dying of loneliness". Oak Tree is a pseudonym we used to protect the care home and all the stakeholders.

Not only older adults but also community musicians worldwide experienced isolation and loneliness (Van der Sandt & Coppi, 2021; Youngblood et al., 2021). The two authors of this article also experienced "frustration, sadness and loneliness" (Youngblood et al., 2021, p. 213) because we could not do what is meaningful to us, namely make music with the older adults and interact with our colleagues. Musicking (Small, 1999) is meaningful to us since we build relationships (Cohen, 2011) through our weekly social interaction.

We had been facilitating weekly musicking sessions at the Oak Tree Care Home since 2018, before the hard lockdown was put in place in South Africa by President Ramaphosa on the 26th of March 2020. Oak Tree Care Home is situated in Potchefstroom, in the North West Province of South Africa.

These musicking sessions included the security guards who gave us access to the care home, the nurses who brought the older adults to the living room, the kitchen staff who would move to the music as they passed by, and all the people who performed and listened to the music. True to Small's (1999) concept of musicking, these sessions included movement, singing, improvisation and listening to music.

Small (1999) defines musicking as follows: "To music is to take part, in any capacity, in a musical performance" (p. 12). Similarly to Dons (2019), our musicking sessions consisted of co-creation with the older adults. We were sensitive to the older adults' preferences and noticed that they preferred singing instead of moving to the music. The songbook was created from songs the older adults chose to sing. They also had the opportunity to improvise with us during instrumental activities. Musicking has benefits for older adults living with dementia. These include being engaged, connecting with others, affirming their identities and being present in the moment (Dowlen et al., 2018). Dowlen et al.'s (2018) findings relate to Small's (1999) explanation that "the essence of music lies not in musical works but in taking part in performance, in social action" (p. 9). Through this active engagement, relationships are built, making the musicking meaningful (Small, 1999).

Our musicking matches the description of Higgins' (2012) third perspective on community music which can be understood as an approach to active music-making outside formal teaching. Musicians who work in this way want to create relevant and accessible music-making experiences that integrate activities such as listening, improvising and performing (Higgins, 2012). Active music-making was our goal in choosing activities for our musicking sessions. We adapted the activities according to the ever-changing preferences of the residents. However, during the hard lockdown, we could not present our weekly musicking sessions at the care home since we were not allowed to leave our own homes.

Virtual interaction was not possible since the care home does not have Wi-Fi. We were deeply concerned that the older adults might have thought that we had forgotten about them. After the head nurse's request that we should return, we battled to balance interacting with the older adults and not putting them or ourselves at risk. We agree with Crisp (2021) that "the health of participants must be prioritised over the continuation of the activity" (p. 136).

Therefore, similar to balcony singing in Italy (Van der Sandt & Coppi, 2021), we decided to play in the street outside the building while they sang with us from their front porch. These musicking sessions, which we consider social-cultural events (Odendaal et al., 2014), were an opportunity for the older adult residents to move outside their rooms and building to the porch and into the fresh air and sing. Moreover, since we had to work from home, on the whole, it was also the only time in the week to make music and interact face-to-face with colleagues.

"Performers are hardly ever mentioned in writings on the meaning of music" (Small, 1999, p. 1). Hence, in this study, we focus on our own experiences through a dialogue with each other in which we share our experiences and our stories. Although the experiences of community musicians during the COVID-19 pandemic have been explored in a special edition of the *International Journal of Community Music* (Clift, 2021), voices from South African community musicians during the pandemic have not been heard yet. Clift (2021) encouraged reports from Africa.

In this special edition, community musicians shared their experiences of the loss of live musicking; challenges and resistance of moving musicking online; inequalities of access to space and technology; positive experiences of online musicking and renewed thinking about the social role of music (Clift, 2021). The dilemmas of the lockdown have been particularly intense for older adults receiving palliative care. However, Schmid et al. (2021) found that "music is surprisingly resilient in the face of disruption, distortion and disturbance" (p. 326). Although there have been qualitative studies in this special edition (Crooke et al., 2021; Jaber et al., 2021; Morgan-Ellis, 2021; Rivas et al., 2021; Schmid et al., 2021; van der Sandt & Coppi, 2021), none followed a duoethnographic approach.

RESEARCH APPROACH: DUOETHNOGRAPHY

Duoethnography is a collaborative research approach where two or more researchers work in tandem (Sawyer & Norris, 2009) and engage in dialogue to make sense of their lived experiences through the research process (Norris et al., 2016). These multivocal texts are based on a relationship of mutual trust (Chang et al., 2016). We had already developed mutual trust during the eight years we had been working together. Duoethnography, a term coined by Norris et al. (2016), is especially valuable for representing, regenerating and reconceptualising experiences. Researchers use duoethnography to bring suppressed stories and subjugated knowledge to the forefront (Norris et al., 2016).

This duoethnography aims to explore the culturally situated meanings two research participants ascribe to musicking at an older adult care home during the COVID-19 pandemic. Our duoethnography takes the form of a dialogue with critical reflections, taking Kinnear and Ruggunan's (2019) study as a model for the structure of our article; introduction, research design and approach, dialogues and discussion, and contribution.

DATA COLLECTION

To collect data, we had three reflective dialogues on Zoom. We recorded, transcribed and added the three dialogic reflections based on our experiences during COVID-19 in one heuristic unit in ATLAS.ti, a computer-assisted qualitative data analysis software programme (Friese, 2019).

These discussions were structured according to past experiences, present circumstances and future dreams. 211 photos, 81 session plans (which included songs, materials, instruments, activities, and the roles of all the various participants), 126 song choices and 19 diary reflections (directly after sessions) from 2018-2022 helped us to remember and engage in a dialogue about our experiences.

THE *CURRERE* METHOD

Duoethnography builds on Pinar's (1975) concept of currere, the individual's life curriculum. This method entails exploring "the complex relation between the temporal and conceptual" (Pinar, 1975, p. 1) by following four steps, namely regressive, progressive, analysis and synthesis. In our dialogues and shared stories, we followed these steps.

In the first regressive or retrospective step, we looked to the past, using songs as references to share stories of our culturally embedded histories (Norris et al., 2016). Therefore, our stories were a dialogue between each other and our dialogues with cultural artefacts (Norris et al., 2016), in this case the songs in relation to our work at the care home.

In the progressive or rather prospective step, we looked to the future (Norris et al., 2016) and shared our evolving interests and future dreams regarding our work at Oak Tree Care Home for older adults (Pinar, 1975).

The analytical third step included a description of the biographic present, including responses to the past and present. In this step, we considered the interrelations between the past, present and future (Pinar, 1975). For this step, we used ATLAS.ti 9 to analyse our transcribed dialogues. We used thematic analysis (Braun & Clarke, 2021) to code salient quotes, and develop categories and themes. Twelve themes (Table 1) emerged, and we reported them and their relation to scholarly literature throughout our narrative. The analytical step is thus not described separately in this article, but it is intertwined throughout the other three steps, namely: regressive, progressive and synthesis.

Step 1 - Regressive	Step 2 - Progressive	Step 3 - Synthesis
Theme 1: Reasons for musicking	Theme 1: Future dreams	Theme 1: Playing music during COVID-19
Theme 2: Mortality	Theme 2: Adapting the music sessions to the older adults' needs	Theme 2: Our transformations
Theme 3: Music and memory	Theme 3: Inner conflict	
Theme 4: The spirituality of musicking	Theme 4: Long-term commitment	
Theme 5: Remembering songs and stories		
Theme 6: Cultural identity		

Table 1: Findings – the three steps and corresponding themes

Lastly, during the synthesis step, we asked: What is the meaning of the present musicking at Oak Tree Care Home for older adults for us as musicians, facilitators and researchers? We shared our "aha!" moments (Rinehart & Earl, 2016). Our finished duoethnography has a coherent structure, both thematic and chronological (Norris et al., 2016).

PARTICIPANTS

Both researchers consented to participate in this duoethnographic study. The research participants in this study are two colleagues, Helene: a researcher, music educator and bassoonist and Cathy: a music theory lecturer and pianist. Not only do we play together at the care home, but we also perform together as members of the classical chamber music ensemble, Trio Joie de Vivre.

We took responsibility not to reify, trivialise or romanticise (Norris et al., 2016) the story of the other participant in the duoethnography. We also carefully chose what we revealed since we are not anonymous, and neither are the friends and family members we discuss. We present the article in a dialogical form and indicate our separate voices by our names (Rinehart & Earl, 2016).

STEP 1: REGRESSIVE

In the regressive or retrospective step, six themes emerged from the analysis of the transcribed dialogues in ATLAS.ti: (1) reasons for musicking, (2) mortality, (3) music and memory, (4) the spirituality of musicking, (5) remembering songs and stories from our past, and (6) the formation of our cultural identity. Although we present our findings in a dialogue format, the dialogue is not raw data but rather themes that emerged from analysing the dialogue. We chose to present the findings as a dialogue since one of the tenets of duoethnography is being polyvocal and dialogic (Breault, 2016). Furthermore, "duoethnographies make the voice of each duoethnographer explicit" (Norris et al., 2016, p. 18). The reader should know who is saying what. Therefore, in the findings section, we constantly label who the speaker is, as is best practice in duoethnography (Norris et al., 2016).

Regressive, Theme 1: Reasons for musicking

> "Musicking brings into existence among those present a set of relationships." (Small, 1999, p. 13)

Helene: Maybe we can start at the beginning by asking why we started musicking at Oak Tree Care Home. I think the reason I wanted to start making music at Oak Tree Care Home might be different from why you wanted to start there. My uncle passed away as a result of aggressive brain cancer. Then my grandmother passed away, and my grandfather was utterly alone. So, my grandfather was moved to Oak Tree Care Home, just two blocks from our house. I did not know how to make his circumstances better. The only thing I know how to do is to make music. I think it was at that stage that I asked if we could go there to make music. I wanted to make sure I visited my grandfather at least once a week. He developed Parkinson's, and I thought maybe we could make it a bit better with Dalcroze-inspired activities. I've heard in a keynote address that Dalcroze helps with Parkinson's

(Kressig, 2017), and I had it at the back of my mind that we could do Dalcroze research to present in Poland at the International Conference of Dalcroze Studies.

Cathy: That was part of it, but it was not the main reason. I know long ago, even before your grandfather moved to Oak Tree, you wanted to work with older adults. My dream was always to use Dalcroze with young children since that is more within my frame of reference. As a student, we sang choir and played orchestra at care homes, and it was always a very upsetting experience for me. I was hesitant, but I thought it was a good project to be involved in. I guess if you hadn't done it, I wouldn't have either. Now I enjoy it, but it is still very upsetting.

Regressive, Theme 2: Mortality

"The real experience is one in which a person becomes aware
of his/her own finiteness." (Gadamer as cited by Pio & Varkøy, 2012, p. 104)

Helene: What about it upsets you?

Cathy: Our mortality. I sit there every week and think about my own life. According to Partridge (2015), it is because of music's ability to create affective space that "music is particularly powerful in drawing us into reflection on mortality" (p. 4). Partridge (2015) also writes that the contemplation of one's own impermanence is probably not possible for extended periods of time without becoming "unhealthily morbid" (p. 3). However, Partridge (2015) argues that much of the cultural work we do and the value we place on that work relates to this awareness that life is short. This is also the case for me. Because of this awareness of my mortality, the work we do at Oak Tree has become very meaningful. It is my opinion that it is valuable work. It gives value to the lives of the older adults.

I see the older adults and their yearning for contact and conversations with us. When they are so grateful afterwards and say it is the highlight of their week, it upsets me to think that our singing folk songs and hymns together is the highlight of their week. Then I think, in 50 years, it might be me.

Helene: What upsets me is that I don't know if I will ever see them again. When I look at photos of 2018 and 2019, I see that almost 90% of the people we worked with have passed away. "Nearer my God to thee" was a song that my grandfather, a former resident at Oak Tree Care Home, always wanted us to play at his funeral. We always asked the people what songs we should bring to the next session, and one day he asked that we bring "Nearer my God to thee" to the next session. At that moment, I thought, let's sing it now because he was ill and you never know what will happen from one week to the next. We also played this song at his funeral.

Cathy: I remember that day, your grandfather got quite emotional and had to wipe some tears away.

Regressive, Theme 3: Music and memory

"Musical memory is known to be well preserved in many
Alzheimer's disease case studies." (Jacobsen et al., 2015, p. 2440)

Helene: Something else that upsets me is the residents who have Alzheimer's and are anxious. Do you remember Sally, how she begged us to take her home?

Cathy: It takes me back to my grandmother. She had Alzheimer's. It is the grandmother who I grew up with, and I loved her very much. It was very upsetting when she was diagnosed with Alzheimer's. The first time she could not remember who I was, was extremely traumatic for me. When we saw Sally first, she said, I don't know where I will sleep tonight. It reminded me of my grandmother. It opened old wounds.

Helene: Some of the people living with Alzheimer's would not be able to talk anymore, but they would sing. We remind them of the songs of their youth that they have already forgotten. In his keynote address at ICDS3, Kressig (2017) said that "musical memory can be preserved even in advanced stages and that exposure to self-chosen music can help recall self-defining memories" (p. 26). The results in the study by Salakka et al. (2021) also provided compelling evidence that the emotions induced by music have a strong link to autobiographical memories.

I remember my grandfather was diagnosed with Parkinson's and could not remember anymore. We sang a song that he taught me as a child, Ps 146, "Prys die Heer met blye galme",[1] a Psalm for giving thanks. This Psalm was important to him and reflected how he lived his life, full of gratitude and constantly praising God. When we play this Psalm in the musicking sessions, it is a way for me to remember him, remember what was important to him, honour his memory, and process the grief. Vist and Bonde (2013) found that music and songs could help their participants out of the chaos of grief into the world again. Volgsten and Pripp (2016) also found that music can turn memories of negative events into positive feelings, which was also the case for me with this Psalm.

Cathy: My grandmother, who had Alzheimer's, loved the song "Liefste Tannie ons bring rosies".[2] I chose to bring it to a musicking session because I identified the song with my grandmother. I still get sad when I hear it. I even remember her gestures. The song is about kisses, and then she would show how she blows kisses to us. She was a very loving grandmother. Because I loved my granny so much and had so many special memories associated with the song, I decided to learn the song's lyrics and sing it to my children. My second born son was in NICU after his birth, and I was very emotional because he had some infection. One night it looked like he was making eye contact and focusing on me while I was singing this song. This was a very precious and spiritual moment. Interpersonal connection with a loved one through musicking is often a spiritual experience (Boyce-Tillman, 2020).

Helene: I remember how my father and I visited my uncle in the ICU. We sang his favourite hymn to him, "How great thou art", which we chose as one of the songs in the care home songbook. While we sang, all the machines were quiet. It was the strangest thing, a peaceful feeling, and the moment we stopped singing, all the machines started making beeping noises. It was upsetting but also good to have had the opportunity to get closure and do what we could. Priskos (2021) explains how singing at the bedside of a dying loved one can be a way to say farewell and still talk to our loved ones and walk them 'home'.

[1] "Praise the Lord with joyful sounds"
[2] "Dearest aunt, we bring roses"

Regressive, Theme 4: The spirituality of musicking

"The relationships between those taking part."
(Small 1999, p. 16)

Another rite of passage song with special meaning for me is "Soos 'n Wildsbok".[3] We sang this song at our wedding because I liked the words and the melody. When we sing it at Oak Tree, the sincerity with which the older adults sing this song always touches me. They have this craving to be close to God and be with him one day. It often feels more like church to me than church itself. Through this whole pandemic, one of the things that I miss the most is going to church. We also sang it in the University choir.

Cathy: Yes, that is my association with this song. For me, the University choir was a very enriching experience. It brought back my love for music and enriched my faith.

Helene: Yes, the University choir was also an exceptional experience for me. When I started studying music, I was not allowed to play bassoon in the symphony orchestra as my lecturer felt we still needed to work exclusively on technique. So the University choir became a musical home for me and my only social life as a student.

Two other songs with special memories for me are next to each other in the songbook. Those songs are "God is Liefde"[4] and "Blye versekering"[5]. These songs are my grandmother's and mother's favourite songs, which they requested to be sung at their funerals. I enjoy playing songs close to the hearts of the people I love; maybe it also means something to the older adults. I was always very close to my grandmother, and the song "God is Liefde" is also how she lived her life. She had unconditional love for us and would never judge us. She just loved us. My grandmother formed my theology, as I believe God is love. We sang this song at her funeral.

Regressive, Theme 5: Remembering songs and stories

"Musical experiences helpfully link music's world
with the everyday world." (Ansdell, 2014, p. 320)

Cathy: I thought about some stories about the folk songs we sing, and two songs, "Wandellied"[6] and "Die vrolike musikant",[7] always make me think about my eldest son because he loves those songs and loves to sing them. My husband feels it is essential that the children know their traditional folk songs, so we listen to these songs in the car.

Helene: Yes, I must say that these folk songs and feeling that you belong in a particular tradition meant a lot to me as a child.

Volgsten and Pripp (2016) see music as the content of personal communicative memories when specific music from an individual past or childhood is being played. "Communicative memory is based

[3] This song is from Psalm 42 and the title translates to "As a deer longing for water, my soul longs for the Lord."
[4] "God is love"
[5] "Blessed assurance"
[6] "The wanderer's song"
[7] "The friendly musician"

on everyday communication within relatively small groups" (Volgsten & Pripp, 2016, p. 146). According to Volgsten and Pripp (2016), music may also be the content of cultural memory with respect to the style, genre and repertoire. "Cultural memory is distanced from the everyday. It is organised and institutionalised through rites, sacred sites and canonised texts" (Volgsten & Pripp, 2016, p. 146). The songs that the older adults chose to sing in these sessions were part of their past and attributed to their cultural memory and their cultural identity, as it was mostly older folk songs. Songs reflect our identities and can help us to get to know each other better (Ilari et al., 2013).

Regressive, Theme 6: Cultural identity

> "Singing songs from different cultures may play important roles in the construction of our identities and in how we perceive and understand others, and ultimately ourselves." (Ilari et al., 2013, p. 202)

Cathy: My husband is Dutch, and his parents immigrated to South Africa in 1981. So he did not grow up with traditional Afrikaans folk songs but only learned them later in his life, and, interestingly, he is so fond of these songs now. Maybe because he does not associate these songs with all the baggage that some Afrikaners associate with these songs.

Helene: The mother of my husband is German. I sometimes think I wanted a German husband because I associate more with European culture, and I think it is because of all the baggage with our culture in South Africa. I sometimes feel guilty about the songs that we sing from the previous Apartheid regime. Lickel et al. (2005) describe guilt as a "powerful emotion of self-condemnation" (p. 145). Sometimes I was hesitant to sing some of the songs, because of the words, for example, the song "Vanaand gaan die Volkies koring sny".[8] I was conscious of the black nurses in the room, and I wondered how they perceived these words. I was also wondering if these songs are still relevant today.

Cathy: Yes, I hear what you say, but on the other hand, I feel that this is part of our culture and our history. Perhaps some of the words or terminology are not appropriate today, but when the song was created, it was not strange. I also do not think the older adults sing any of these songs with bad intentions or with hate in their hearts. They sing them because they enjoy it. I am also really tired of being forced to be ashamed of my culture and my history in South Africa. We are also not always sure of the history of the songs. For example, with "Vanaand gaan die Volkies koring sny," when he sings that his loved one hangs from the bush, it sounds shocking because you imagine someone hanging from the bush, but I read in a study by De Klerk (2008) that the loved one refers to a barrel of wine, hanging from the bush and that is waiting for them for when they finish harvesting. I like our songs and feel I can be proud of them, even though I acknowledge that everything in the past was not necessarily right and that we made mistakes.

Helene: Yes, after you explained the words, the context, and that the older adults mean no harm, I do not feel guilty about these songs anymore. I also like our folk songs, and it is a culture that I share. That is why I liked it when my children could join us in some sessions and learn some of the songs. I also enjoy it when the black nurses wholeheartedly sing these songs along with big smiles. Now the intention of these songs is shared jollity.

[8] "Tonight the farm hands are going to cut the wheat"

STEP 2: PROGRESSIVE

When we analysed our own stories, four themes regarding the future emerged, namely (1) our future dreams, (2) adapting the music sessions to the older adults' needs, (3) inner conflict and (4) long-term commitment.

Progressive, Theme 1: Future dreams

Explore how we "ought to relate."
(Small, 1999, p. 18)

Helene: I have been thinking a lot about our work at Oak Tree Care Home, and I would really like to do more for their well-being in the future than we are currently doing. Some of my future dreams for Oak Tree include qualifying myself further, doing more for their well-being by facilitating interaction, introducing more intergenerational musicking, and in-service music training for nurses.

Since I can remember, I have always wanted to do music therapy, but that was never possible, and that is why I am doing a second Master's degree in Positive Psychology. When we started sharing our stories of the songs with them at the beginning of this year, I started really feeling that there was a connection between them and us because of things like shared memories and things they can identify with in the stories. I think it also lets them trust us a little more. I would really like it if they would also start sharing some stories from their side or if we could start doing something creative with them that will have a little more therapeutic value.

Cathy: That is wonderful. I was always a little scared to go into therapy or some form of counselling with the older adults because I felt that it was outside of my scope of knowledge, but I think it is a great future dream to have with these sessions. Not necessarily doing therapy or counselling with them, but just connecting with them on a more personal level; maybe we can start a sing and talk/share session.

Helene: For me, it is also quite special if their children or grandchildren attend some of the music sessions with them. They are really fond of small children, and I know your dream, in the beginning, was to work with them; maybe it is something that we could combine in the future. So perhaps we can also think about having an intergenerational session once a month.

Cathy: I think that it would be wonderful if we could do something like that in the future. I know in the past, your children attended some of the sessions, and the older adults loved it.

Progressive, Theme 2: Adapting the music sessions to the older adults' needs

"Musical experience is something done with others."
(Ansdell, 2014, p. 320)

Cathy: Something that I was thinking about the other day was how the sessions changed after COVID-19. Because of the pandemic, we were forced not to hand out any instruments or other materials we used with the more Dalcroze-inspired sessions. Handing out the instruments sometimes bothered me because I was always afraid that they would feel as if we were treating them like children and taking

away some of their dignity if we handed out maracas, sticks or hand drums. It sometimes disturbed me when I saw one of the old ladies, and I could see that she was a little irritated with the instrument or scarf. So when we couldn't hand out the instruments anymore, and our sessions just became singing in the middle of last year, I felt like the older adults enjoyed the sessions more and were more comfortable in the sessions, and that also allowed us to start sharing these stories and experiences from our lives with them, and I feel like this really helped with the connection.

Helene: I think they feel safer singing, and they know what to expect with each session. Ridder (2008) says that, especially with the older adults living with dementia, it is an important clinical technique to "stimulate reminiscence and a feeling of identity in a safe and secure relation" (p. 1). Singing is not something strange that they do not feel comfortable with, like moving around. Moving while musicking is something that does not come so naturally in our culture, and they are often not used to that.

Cathy: Yes, in the past, some of the people would walk out of the room again if they saw that we were handing out scarves or instruments, or they would stay at the back of the room and tell us that they are only going to watch the session, but with the new singing format, we never get that anymore. It is better for their well-being.

Helene: So, regarding their well-being in the future, we can adapt our sessions more to the needs of the older adults by also introducing more songs of their choice. Maintaining their autonomy should be a priority in older adult care (Boyle, 2008). We could introduce more music listening and imagery, engage in conversation rather than movement, and create a safe space for them.

Progressive, Theme 3: Inner conflict

"Who should get music?"
(Ansdell, 2014, p. 329)

Helene: So another thing is that the social worker at Oak Tree Care Home also works at another care home, Autumn leaves, and she asked me if we could please come to Autumn leaves as well and have music sessions there. So I have mixed feelings about it because I do not want to leave Oak Tree. So this is where my inner conflict comes in because it feels to me like I am choosing the easy option of the people that I am familiar and comfortable with, who are more accessible and with whose culture I can identify and whose songs I know, and this is also part of my music past which is why I would choose to rather help them, but I also feel that we cannot be everywhere. We only have so much time.

Cathy: It feels like we built a relationship with the people from Oak Tree for four years now, and we cannot just leave them. If the music sessions at Oak Tree have to stop for some other reason, it becomes a different situation, and then we can start looking at something else. I also feel bad about not going to Autumn Leaves, because their needs are greater than Oak Tree's, but I cannot do both. There is really no time. Maybe we can encourage or recruit other people to do something similar at Autumn leaves and we could work with them and guide them in the beginning.

Helene: Yes, we can ask our Community Music colleague to start musicking at Autumn Leaves.

Progressive, Theme 4: Long-term commitment

"Community music facilitators consciously cultivate environments of trust." (Higgins, 2012, p. 165)

Helene: What is the timeline in your head for how long you would still want to continue with our sessions at Oak Tree Care Home?

Cathy: Well, I see it as part of my job now, and I will continue until they do not want us there anymore. Originally when we started at Oak Tree in 2018, I thought it would be a one or two-year project. I never thought that it would carry on for five years. The first year was very time-consuming for me, especially the planning of the sessions. So at first, I often thought that I did not have time to do this for much longer than a year, but as we continued, it became easier, and I really started enjoying it, and it started to have meaning for me. So I started feeling that this is what my work is about: Giving back to the community and doing something valuable. I really see it as a long-term commitment.

Helene: I am glad that we share the vision to continue at Oak Tree and that we both enjoy making music that is meaningful to other people and us. We both believe that community music engagement should be a long-term commitment. As Curtis and Mercado (2004) explain, you must maintain long-term relationships with vulnerable individuals. At Oak Tree, the older adults, staff and management consider us part of the family. They trust us.

STEP 3: SYNTHESIS

In the synthesis step, where we looked at the current situation, two themes emerged: playing music during COVID-19, and the transformation within ourselves.

Synthesis, Theme 1: Playing music during COVID-19

"The physical space shapes the social space." (Small 1999, p. 16)

Helene: So, during COVID, the head matron contacted me and asked us to please come back and start making music again, but I was initially hesitant because the older people are a vulnerable group.

Cathy: Yes, so to be COVID-secure, we played outside, in the street, many Mondays. When we did the sessions like this, I felt very isolated, as if we couldn't connect with the people because we were standing so far away from them and wearing masks. I couldn't hear them when we sang, talked to them or made eye contact. So we lost some of the connections and conversations during that time. However, playing outside was also better than doing nothing, and other community members, like the guards at the gate, and people in the neighbourhood, joined in the musicking, and relationships were built with them.

Helene: Yes, we involved the community outside the palisades because the sound travelled into the neighbourhood. People from the community passing by heard us, took photos and even sang with us. I found it interesting that the nurses and the matrons were more involved because they had to take

the lead in the singing sessions as they had to hand out the books and announce the songs we were singing. Now they even lead musicking sessions when we have exams or holidays. Consequently, relationships were built between the nurses and residents.

Cathy: I agree with you. It was nice to have the nurses and matrons more involved. I enjoyed observing the interaction of the matron with the older adults during these outside sessions, and I also thought the older adults enjoyed it as they shared stories on the porch.

Synthesis, Theme 2: Our transformations

"Good music is music that does good."
(Ansdell, 2014, p. 320)

Cathy: In the beginning, it was really difficult for me to plan the sessions. This was because my music theory teacher background differs from yours as a music educator. My lessons are always goal oriented. So I start with the end goal, asking myself what I want the students to know by the end of the lesson. Then I began to apply music education principles to plan the practical activities, Dalcroze-inspired activities and worksheets to reach this goal. When preparing the music sessions for Oak Tree, I did not know where to start as there was no real goal I could work towards. It took me a long time to change my mindset and realise that I can just plan the activities for enjoyment, and they do not necessarily need to learn a concept at the end of each musicking session.

Helene: Yes, I remember that we negotiated the space between music education, community music, and community music therapy. You wanted to teach them something, and I wanted to facilitate social interaction.

Catrien: Your initial thought was to start Dalcroze sessions at the care home. At first, I thought that the Dalcroze activities would really be interesting and fun to use as I enjoy these movement activities so much, but when we started with these sessions with the older adults, I started to doubt whether it was going to work. The older adults did not expect movement activities in a music session and were reluctant to do the activities. I could also sometimes see the irritation on their faces when we handed out claves or shakers. For me, it felt a little like we belittle them (not intentionally) by handing out instruments they associate with children's music classes.

Helene: Yes, being a music educator interested in Positive Psychology, I was motivated to facilitate interaction between the community musicians, the older adults and the nurses. Knowing the potential Dalcroze-inspired activities have to facilitate social interaction and the joy such interaction brings, I was determined to make it work. Even after seeing that they did not want to move, I persevered. In hindsight, I realise we should have adapted to their needs sooner.

Cathy: Yes, we realised change was necessary. Later we did adapt. Systematically we started changing the sessions to their requests and the activities we could see they enjoyed, mostly singing and listening. So during COVID, we started sessions in which we were just singing with them, which continued for two years.

Helene: Interestingly, in 2022, we started implementing one interaction or improvisational activity during our musicking sessions, and now it is working. I think it is due to our long-term commitment and the mutual trust we developed over the past five years.

Cathy: At this moment, our work at Oak Tree feels like the most valuable part of my job because it is important and has meaning to others. Our work there also gives me some perspective on making music because if I prepare for a concert or am accompanying students, everything has to be perfect and every note in its place, but the older people always appreciate the music even if I make mistakes. Then I think that you do not always have to play everything perfectly and correctly for it to mean something to people.

DISCUSSION

Through our stories, it became clear that the meaning we ascribed to musicking during the COVID-19 pandemic allowed us to share and express compassion and care towards the older adult residents and each other. As community musicians, we adopted the roles of sharing love and compassion through musicking. Although this new form of musicking within the constraints of mask-wearing, visors, palisades, and physical distancing was limiting, it allowed us to explore, affirm and celebrate (Small, 1999) the relationships and community we share. Not only did we foster relationships with the older adults and each other, but relationships were also built between nurses and residents since the nurses were actively involved during the musicking sessions. Van der Merwe et al. (2021) also found that musicking plays a vital role in coping with the COVID-19 pandemic, both as a proactive and coping strategy. Granot et al. (2021) had similar results and found that music could be used to reach all the goals of well-being, facilitate social connectivity and regulate mood and emotion across cultures during COVID-19.

Musicking at Oak Tree and working with older adults made us aware of our own fragility and mortality. Grenier (2006) writes that older adults experience feeling frail, which illuminates their own sense of mortality. We interrogated and reflected on the choices that we made during these sessions and adapted them to serve the well-being of the older adults. According to Veblen (2013), some Community Music initiatives focus on participants' personal and social well-being more than on musical instruction. The older adults' social well-being was our main focus with these music sessions.

Our song choices also had personal significance for both of us. While musicking, we treasure childhood memories and the memories of those who have passed away. Jakubowski and Ghosh (2021) state that "music can bring back vivid and emotional memories of lifetime periods and events" (p. 649). The study by El haj et al. (2015) also suggested that autobiographical memory is enhanced in Alzheimer's Disease patients when they are exposed to their own-chosen music. According to El haj et al. (2015) this is an important aspect to keep in mind when you want to stimulate older adults' memories. In our session, it was also important to us to consider the requests of the older adults in choosing the repertoire. Fraile et al. (2019) found that the musical learning capacities of Alzheimer's Disease patients were preserved despite memory and language difficulty. This is something that we should definitely consider in the future during our sessions as we can start including the learning of new songs.

Our weekly face-to-face musicking and interaction relieved our own sense of loneliness and that of the care home residents. Alleviating loneliness during the pandemic was important, especially for older adults, who often use group singing to feel less lonely (Creech et al., 2013). Granot et al. (2021) found that music facilitated social connectivity during COVID-19. Musicking allowed us to be present

and attentive during a time of extreme isolation. We were able to share our desires and anxieties. We felt what could be done was done to care for the older adults and ourselves. This ethic of care stems from the work of Klaver et al. (2014) and relates to their definition of professional loving care (PLC), an ethical view of professionalism in providing care.

> A practice of care in which competent and compassionate professionals interact with people in their care; ...the main purpose of this type of caring is not repair of the patients' body or mind, but the care-receivers' experience of being supported and not left on their own. (Klaver et al., 2014, p. 761)

In her book *Caring: A Relational Approach to Ethics & Moral Education*, Noddings (2003) states that there is a form of reciprocity in caring that "is not contractual" (p. xxi). In other words, we do not "expect the cared-for to balance the relationship by doing what the one-caring does" (p. xxi). We acknowledge that we are relational beings and as such being allowed to care for the older adults at Oak Tree gave us the opportunity for self-actualisation (Lynch & Walsh, 2009). The world is not divided discreetly into caregivers and care receivers, and we inevitably fall into both categories many times.

CONTRIBUTION

The meaning we ascribed to musicking with older adults related to three valuable lessons we learned through the duoethnography research process. All three of these lessons are relevant beyond the pandemic. Firstly, we need to respect cultural diversity. We need not strive for uniformity but can experience unity through diversity. We can be proud of our cultural heritage. We can be proud Afrikaners. With this notion of being proud of a culture that is associated with collective guilt, we disrupt the metanarrative. According to Schmitt et al. (2008), collective guilt "arises when people accept the notion of group accountability" (p. 268). When you experience collective guilt, you accept responsibility for the actions of the ingroup, even if you had no part in the event (Schmitt et al., 2008). Schmitt (2008) argues that one way to avoid the negative feeling of collective guilt is to reject the idea that a whole group can be assigned blame for some of their members, and that is what we decided to do as well.

Secondly, we learned that we immediately need to respect and adapt to the needs of the older adults and let go of our research or education agendas. Often research grants are driven by national priorities, neglecting individual needs. In this case, we received NRF money to go to ICDS4 in Poland, and therefore, at first, we had a Dalcroze agenda. We argue that musicians should not go into institutions with preconceived ideas of what they want to contribute. We should rather ask what is needed.

Thirdly we also learned to respect generational and cultural differences and present the musicking sessions with sensitivity. In this case, the Afrikaner older adults at Oak Tree Care Home associate musicking with concerts and church and therefore prefer not to move. We now respect this and never ask them to move. We disrupt the metanarrative that Dalcroze benefits older adults in general and point out that practices are always culturally situated and Dalcroze-inspired activities are not always appropriate.

We, therefore, argue that because musicking during COVID-19 at Oak Tree Care Home mitigated the loneliness of older adults and the musicians, safe musicking, with appropriate social distancing and hygienic precautions, should be encouraged as a form of reciprocal care to explore, affirm and celebrate (Small, 1999) relationships during a global pandemic and beyond.

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Ελληνική περίληψη | Greek abstract

Μια δυοεθνογραφία για τη μουσικοτροπία σε μια μονάδα φροντίδας ηλικιωμένων κατά τη διάρκεια της πανδημίας COVID-19

Catrien Wentink | Liesl van der Merwe

ΠΕΡΙΛΗΨΗ

Η μοναξιά κατά τη διάρκεια της πανδημίας COVID-19 ήταν ένα παγκόσμιο πρόβλημα. Ιδιαίτερα οι ηλικιωμένοι, οι οποίοι θεωρούνται άτομα που ανήκουν σε ομάδα αυξημένου κινδύνου, βιώσαν αυξημένη απομόνωση και μοναξιά. Οι μουσικοί επίσης βίωσαν μοναξιά κατά την περίοδο του υποχρεωτικού εγκλεισμού. Ως εκ τούτου, ο σκοπός της παρούσας δυοεθνογραφίας (διπλής εθνογραφίας) είναι να διερευνηθούν τα πολιτισμικά προσδιορισμένα νοήματα που αποδίδουν οι δύο ερευνητικές συμμετέχουσες στη μουσικοτροπία σε μια μονάδα φροντίδας ηλικιωμένων κατά τη διάρκεια της πανδημίας COVID-19. Οι συμμετέχουσες είναι δύο μουσικοί στην κοινότητα που διοργάνωσαν εβδομαδιαίες συνεδρίες μουσικοτροπίας σε μια μονάδα φροντίδας ηλικιωμένων τα τελευταία πέντε χρόνια. Κατά τη διάρκεια του αυστηρού υποχρεωτικού εγκλεισμού, παίξαμε μουσική για τους ηλικιωμένους στο δρόμο μπροστά από το κτίριο της μονάδας τους. Η συλλογή δεδομένων τροφοδοτήθηκε από φωτογραφίες, πλάνα σχεδιασμού των συνεδριών, επιλογές τραγουδιών, αναστοχασμούς σε ημερολόγια, και από ατομικές αφηγήσεις. Για τη διερεύνηση της διαλογικής μας κατανόησης, χρησιμοποιήσαμε την αφήγηση ιστοριών και τη μέθοδο τεσσάρων βημάτων *currere* του Pinar (1975), δηλαδή αναδρομικά, προοδευτικά, σύνθεση και ανάλυση. Τα ευρήματα έδειξαν ότι η μουσικοτροπία κατά τη διάρκεια της πανδημίας COVID-19 μας επέτρεψε να μοιραστούμε και να εκφράσουμε συμπόνια και φροντίδα προς τους ηλικιωμένους κατοίκους και μεταξύ μας. Συνεπώς, υποστηρίζουμε ότι η μουσικοτροπία, τηρώντας τις απαραίτητες προφυλάξεις υγιεινής, θα πρέπει να ενθαρρύνεται ως μορφή αμοιβαίας φροντίδας κατά τη διάρκεια μιας παγκόσμιας πανδημίας.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοτροπία, δυοεθνογραφία, μονάδα φροντίδας ηλικιωμένων, currere, ηθική στην φροντίδα, COVID-19

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ARTICLE

"There has probably never been a more important time to be a music therapist": Exploring how three music therapy practitioners working in adult mental health settings in the UK experienced the first year of the COVID-19 pandemic

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ABSTRACT

The COVID-19 pandemic has had ramifications the world over, affecting many aspects of life, including mental health and music therapy practices. Due to the recency of COVID-19, there have been few studies exploring its influence on music therapy practice. This study aimed to explore the experiences of three music therapists based in the UK working in adult mental health settings during this period, to provide an in depth understanding of how both they and their practice have been affected. Interpretative phenomenological analysis (IPA) served as the methodology for this study, underpinning the method. Three music therapists participated in semi-structured interviews. Through data analysis, six common themes were identified: "Music therapists experienced initial impacts on their own mental health", "Music therapists are adaptable", "Online music therapy is meaningful", "There may be barriers to online provision for service users", "Feelings differ between music therapists about adopting extra work" and "Music therapy is more relevant now than ever". These themes depict various challenges and opportunities experienced by music therapists, which may have implications for music therapy practice during this pandemic, practice in general, and in the event of future pandemics. With increased mental health challenges in the adult population, music therapy provision in adult mental health settings can play a crucial role.

KEYWORDS

music therapy,
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INTRODUCTION

Declared by the World Health Organization as a pandemic on 11th March 2020 (Ghebreyesus, 2020), COVID-19 has resulted in a global "pandemic of respiratory illnesses" (Sauer, n.d.). This paper explores the experiences of three music therapists working in the field of adult mental health in the UK during the first year of the pandemic. COVID-19 has caused major consequences throughout the world – at the time of writing (February 02, 2022) there have been 5,688,009 reported deaths worldwide and 157,404 in the United Kingdom (UK) that have been attributed to COVID-19 (Johns Hopkins University, n.d.). This pandemic has resulted in school and university closures, the compulsory use of personal protective equipment (PPE), restricted access to healthcare, social distancing, and travel limitations (Mucci et al., 2020).

As a second-year music therapy student based in Scotland, the first author's final practice placement during the pandemic was at a psychiatric hospital, where the experiences of qualified practitioners within adult mental health settings throughout this period sparked curiosity. This led to a desire to gain a richer understanding of how the pandemic was affecting practice across the UK, where he was hoping to register as a music therapist. According to the British Association for Music Therapy, 372 music therapists in the UK state they work in the mental health sector (U. Aravinth, personal communication, August 10, 2021). Prior to 2020, researching music therapy in relation to a pandemic would have been unimaginable and at the time of writing there was no study that specifically examined the relation of COVID-19 to practices in adult mental health settings.

Music therapy in adult mental health settings

This section aims to provide some context of common music therapy approaches in adult mental health settings. Globally, music therapists have begun to highlight a shift away from traditional symptomatologic, deficit-oriented approaches to mental health towards promoting positive mental wellbeing and systems that foster empowerment for service users (Ansdell & Meehan, 2010; Heiderscheit & Murphy, 2021; McCaffrey, 2016; McCaffrey et al., 2018; Silverman, 2019; Solli & Rolvsjord, 2015). A human-rights-based, recovery-oriented approach to mental health is advocated by the World Health Organization (2018) and underpins public mental health care in Scotland (Scottish Government, 2017). In music therapy, integrating a recovery approach recognises service users' abilities as experts by experience to engage in more personal approaches (McCaffrey & Edwards, 2016; Solli et al., 2013). Resource-oriented principles (Rolvsjord, 2004, 2010; Rolvsjord et al., 2005) are becoming more commonplace in music therapy in adult mental health settings (Ansdell & Meehan, 2010; Hannibal et al., 2017; Mössler et al., 2012; Solli & Rolvsjord, 2015) and seem particularly relevant to recovery-oriented practices (McCaffrey et al., 2018). Instead of only highlighting what limits an individual, there is a focus on what the person can do. In criticism of recovery approaches in general, Rose (2014) argues that recovery is a social and relational process, and that we still have a long way to go to move away from individualising distress. If recovery is relational (Price-Robertson et al., 2017; Thompson, 2020) and promoted through reconnecting people with their own communities (Edinburgh Thrive, n.d.; Jackson, 2015), what would this look like alongside public health restrictions imposed by a pandemic?

In the UK, music therapists are regulated by the Health and Care Professions Council (HCPC) to ensure that therapists practice "safely and effectively" and understand various approaches to practice (HCPC, 2018). It is recognised that psychodynamic music therapy is commonplace in adult mental health settings in Europe (Carr et al., 2012; Erkkilä et al., 2011; Moe, 2002; Strehlow & Piegler, 2007), which traditionally focuses on the internal, intrapersonal world of individuals (Kim, 2016). More recently, however, arts-based approaches to mentalisation-based therapies (Bateman & Fonagy, 2016; Verfaille, 2016), have renewed focus on interpersonal and broader epistemic trust (Fonagy et al., 2017). Alongside this, community music therapy programmes have established an important role in their emphasis on social inclusion and building social capital (Ansdell & DeNora, 2016; Baines, 2003; Baines & Danko, 2010; Carr et al., 2012; Procter, 2011). Groups predominate as the most common form of music therapy provision within inpatient psychiatric settings (Carr et al., 2013), and may often be attended on a drop in, short-term basis. We sought to explore how the pandemic might influence practitioner choices and ongoing service developments.

The COVID-19 pandemic

Mental health: demand and resources

The effects of the pandemic have resulted in a greater number of adults struggling with their mental health in the UK (Jia et al., 2020; Pierce et al., 2020). The key non-pharmaceutical interventions in the UK to slow the spread of COVID-19 have been social distancing and social isolation (Williams et al., 2020) often to the detriment of mental wellbeing (Mucci et al., 2020). Leigh-Hunt et al. (2017) and Wang et al. (2018) demonstrated, through systematic reviews, that people who perceive themselves as lonely and lacking in support are likely to have poorer mental health. Jia et al. (2020) showed that levels of anxiety, stress and depression, within four to six weeks of the introduction of social distancing measures in the UK, vastly surpassed previous averages. They noted that people more likely to experience all three of these conditions were females, those younger in age and persons in a COVID-19 risk category. In addition, those in low-paying or inconsistent jobs were likely to experience worse mental health (Williams et al., 2020).

Furthermore, globally, disruptions to mental health services have been prevalent in 93 percent of countries (World Health Organization, 2020). In the UK, many therapies moved online, followed by a drop in nearly a third of all referrals to talking therapies and a spike in the increase of antidepressant prescriptions in England (Duncan & Marsh, 2021) and Wales (Ballinger & Jennings, 2021). Despite this drop in referrals, there is an evident increased need for provision. Inpatient mental health beds in England have reached their capacity (Royal College of Psychiatrists, 2021) and the Centre for Mental Health predicts that roughly ten million people in England alone will need new or additional mental health support in both the short and long-term (O'Shea, 2020).

Music therapy during the pandemic

Many music therapy settings restricted in person work (Cousins-Booth & Rizkallah, 2020). For music therapists, the pandemic required flexibility (Barrington, 2020), resilience (Forrest et al., 2021), and a need to be reflective, responsive and adaptable (Cousins-Booth & Rizkallah, 2020). Where in person

work has continued, music therapists have had to adhere to local regulations, including the wearing of personal protective equipment (PPE), such as facemasks, and have had to maintain social distancing in sessions (Forrest et al., 2021; O'Brien et al., 2021). Relative professional bodies, such as the British Association for Music Therapy (n.d.) and the American Music Therapy Association (n.d.) continue to update specific guidance and resources for practitioners during the pandemic.

It appears that music therapists have adopted new models of online practice to enable continuity within COVID-19 restrictions (Gaddy et al., 2020). In the United States, around 70 percent of practitioners have moved to alternative service delivery, with online means being the most utilised in this category (Gaddy et al., 2020). Music therapists have had to be innovative during this period (Forrest et al., 2021); this is evident in the curation of digital content that service users can access without their therapist. Knott and Block (2020) outlined a "three-tiered scaffold model" (p. 152) consisting of curating online resources from extant material, creating original content, and implementing telehealth; the first two of these produce content that service users can access in the absence of a music therapist. Examples of original content may comprise pre-recorded content for service users to access through online platforms, such as YouTube (Forrest et al., 2021; Knott & Block, 2020). This raises questions about the relational aspects of therapy and the need for further research into the balance between 'in the moment' therapeutic relationships, such as in person work and telehealth, and pre-curated digital programmes for service users to access in the absence of a music therapist.

Online music therapy practices may expand access to provision, and it has been highlighted that increased accessibility for service users living in remote areas may continue after restrictions end (Baker & Tamplin, 2021; Cole et al., 2021). Advantages of remote working extend to "time management benefits" (p. 13) for music therapists, such as the lack of travel time and resetting the music therapy room for each client (Baker & Tamplin, 2021). Online music therapy groups may provide an opportunity for social engagement during this period of enforced separation (Molyneux et al., 2020; Thompson & Khalil-Salib, 2021). Whilst the ability to continue to be able to provide music therapy provision remotely has been deemed positive (Annesley, 2020b; Cole et al., 2021; Kantorová et al., 2021), Molyneux et al. (2020) note that having established therapeutic relationships before online working commences may facilitate an easier transition. However, this may also be due to the lack of training previously available in relation to working online.

Potential issues with online music therapy include a "severely compromised" (p. 401) ability for live music making in an online context (Clark, 2021), a reported drop in contact hours with service users, frustration in using online services, and the unsuitability of platforms for interactive relationships (Gaddy et al., 2020). During this period of enforced separation from others, relational connectedness between people remains imperative (Thompson, 2020). However, there may be reduced spontaneity in an online environment (Kantorová et al., 2021), which, with heightened demand for turn-taking, may inhibit relational capabilities (Clark, 2021; Cole et al., 2021). Therapist exhaustion in maintaining service user engagement through digital platforms may also be prevalent (Baker & Tamplin, 2021), and it may be difficult to sustain engagement with service users (Forrest et al., 2021). There is also the potential for latency issues on online platforms (Annesley, 2020a, 2020b; Baker & Tamplin, 2021; Cole et al., 2021; Forrest et al., 2021; O'Brien et al., 2021) and issues with audio quality due to the technical restrictions of online platforms, such as Zoom (Forrest et al., 2021). O'Brien et al.

(2021) describe some steps taken to reduce poor audio quality, such as the therapist using a condenser microphone and audio interfaces, in conjunction with supplying service users with good quality speakers. Due to the challenges of online music therapy potentially restricting synchronous music making (Cole et al., 2021; Molyneux et al., 2020), telephone sessions may be of benefit (Annesley, 2020a) as they can be "useful for working in real-time" (Gaddy et al., 2020, p. 163).

Study aims

Considering these contextual factors, the aim of this study was to provide an in depth exploration of the unique experiences of three music therapists in relation to their practice in adult mental health settings during the span of approximately a year (from the beginning of the pandemic until the time of interviews in February 2021). The following research question underpins this paper: *How have music therapists experienced their practice in adult mental health settings during the COVID-19 pandemic?*

METHOD

Research approach

This research was situated within an interpretivist paradigm. It is the authors' belief that the nature of being a person is relational and impacted by social, political, and cultural contexts. We recognise that there are multiple realities and believe that knowledge of a phenomenon can be created by getting closer to and making sense of different complex experiences. Throughout the study, both authors were practising music therapy within mental health contexts; the first as a student learner on an acute admissions ward and the second as a registered professional in community contexts. As we were simultaneously making sense of our own experiences within a pandemic separate to this research, it was important for us to find spaces to reflect on our ongoing personal learning. Keeping an awareness of this helped focus discussions and get closer to how *each of the three participants* interviewed in this study were making sense of the impact of the pandemic on *their* practice. The first author was engaged directly with participants, whilst the supervisory process, as part of a master's level programme, provided a space to consider assumptions and different perspectives.

Interpretative phenomenological analysis (IPA) was the methodology chosen for this study. IPA is an established qualitative approach in exploring service user perspectives in adult mental health settings (Ansdell & Meehan, 2010; McCaffrey, 2018; McCaffrey & Edwards, 2016; Solli & Rolvsjord, 2015), but has also been used to explore the experience of music therapists themselves (McCaffrey, 2013), including those practising in adult mental health settings specifically (Gavrielidou & Odell-Miller, 2017). These studies have provided numerous valuable themes and insights which has furthered an understanding of how participants make sense of their own experiences.

In this study, we followed the steps for IPA outlined by Smith et al. (2009). As a methodology, it has three main philosophical underpinnings: phenomenology, hermeneutics and idiography. Phenomenological research is concerned with how we can study lived experience (Smith et al., 2009) and the specific meanings that those experiences encompass (Finlay, 2011). Hermeneutics relates to the interpretation of a particular lived experience, as opposed to solely describing the experience (Finlay, 2011). In IPA, a "double hermeneutic" is initiated (Smith & Osborn, 2015, p. 26); in essence, the

researcher attempts to make sense of what the participant is trying to make sense of, whilst staying based in the research data (Finlay, 2011). The presence of a double hermeneutic can add a layer of further sense-making to this new experience, allowing for researchers to question and be curious about their own assumptions whilst getting closer to other perspectives. Idiography refers to "the description and understanding of an individual case, as opposed to the formulation of nomothetic general laws" (American Psychological Association, n.d.) and, therefore, focuses on the specific accounts of each participant (Smith et al., 2009). Applying the sentiments of these three terms to this paper, IPA is used to interpret the particular lived experiences of three music therapists working in the field of adult mental health during the first year of the COVID-19 pandemic.

Other qualitative methodologies, such as grounded theory (Bensimon, 2020) and other interpretivist approaches (Silverman, 2019), have been used to explore music therapists' perspectives in mental health settings. IPA was chosen over other qualitative methodologies for two prevailing reasons: its attempt to understand single phenomena through participant experience – the climate of COVID-19 has been a new experience for music therapists to adapt to; and its use of a double hermeneutic, which would require reflexivity in the process of sense-making in relation to the contexts and discourses of both researchers and researched. Prior to the study, ethical approval was granted by the Cross-Divisional Ethics Panel at Queen Margaret University, Edinburgh.

Participants

Because of its in depth idiographic stance, IPA employs the use of purposive sampling of a small group of participants (Smith et al., 2009). Participants were purposively sampled to ensure they had the lived experience of practising as a music therapist during the COVID-19 pandemic. To be eligible for this study, participants had to: 1) be a UK-based music therapist; 2) be registered with the Health and Care Professions Council (HCPC); 3) have experience working in the field of adult mental health during the COVID-19 pandemic. Participants were recruited from the UK in order to inform music therapy training approved by the HCPC, and to identify adaptations to approaches traditionally taught in HCPC approved courses in the UK. Participants' contact details were obtained through the British Association for Music Therapy. Participants were first contacted with a brief description of the project in January 2021. After expressing interest, they were asked to read the participant information sheet, were given the opportunity to raise any questions or concerns, and were then asked to sign the consent form. Three music therapists working in the field of adult mental health – "Christine", "Paula" and "Eric" – were recruited. Three participants were recruited for several reasons: Smith et al. (2009) recommend a sample size of three for master's-level research because it allows for a "micro-analysis of similarities and differences across cases" (p. 52); existing IPA studies exploring music therapist perspectives have used very similar sample sizes (Gavrielidou & Odell-Miller, 2017; McCaffrey, 2013); and this was the number deemed appropriate in order to gain enough rich descriptions from the participants. Saturation was not reached with this sample size, but we agreed that it could still generate data that could lead to questions for further research and practice development. Information about the participants is shown in Table 1. Due to ethical constraints, we are unable to reveal who has been engaged in private and public practice – all participants were giving personal opinions and not those of an organisation.

Name	Years practising in adult mental health settings	Main philosophical orientation
Christine	3	Psychodynamic
Paula	12	Psychodynamic
Eric	17	Various

Table 1: Participant information

Data collection

The first author conducted semi-structured interviews with the three participants over Zoom in February 2021, almost a year after the World Health Organization declared COVID-19 a pandemic (Ghebreyesus, 2020). Interviews lasted between 40 and 55 minutes. The interview guide (Appendix 1) consisted of eight questions and was designed to explore the context of the lived experience of the participants. The second author screened the interview questions to ensure relevance to the research question, and two mock interview runs were conducted with music therapy students prior to the participant interviews. Phenomenological interviews aim to explore the participant's life-world and the meaning that they attribute to this, through encouraging precise descriptions with a focus on specific situations, whilst the interviewer adopts a naïve stance (Brinkmann & Kvale, 2015). Instead of being bound by the questions, the interviewer acted flexibly, probing specific themes that arose and supporting each participant to discuss the topic openly (Hinton & Ryan, 2020). At the end of each interview, participants were asked if there was anything else that they wanted to discuss on the subject matter that may not have been covered in the interview. Interviews were transcribed verbatim at a semantic level, meaning that features, such as laughs and long pauses, were included in the transcript.

To further the trustworthiness of the study, contact was maintained with the participants following the interviews. Once interviews were transcribed, participants were sent their transcripts. This was for two main reasons: to reassure them of the data collection process, and to give them the option to make amendments to their responses if desired. No such changes were made to the transcriptions because of this. Participants were sent a draft version of this article prior to publication so that they could check the findings. This resulted in amendments to the discussion section of this paper.

Data analysis

Data analysis was grounded in the steps outlined by Smith et al. (2009). This stage of the research initially involved exploring the interview transcripts independently of one another. The transcripts were entered into a table in a Word document with two columns on either side of the text. Firstly, a process of multiple readings of the transcript was undertaken, followed by initial exploratory comments carried out on a descriptive, linguistic and conceptual level, in order to start developing interpretations. Emergent themes within each transcript were then developed by focusing on the exploratory comments, as opposed to the interview transcripts, and by then turning these comments into concise

themes. The exploratory comments and emergent themes were noted in the columns next to the transcript. After this, connections across these emergent themes were developed within each transcript. Identified themes were grouped into superordinate themes through a process of abstraction, whereby themes were grouped "like with like" (Smith et al., 2009, p. 96) and new names for these groups were created. These processes were repeated for all three interview transcripts after which the process of connecting themes across each interview transcript was conducted by looking for patterns and similarities between cases. Both authors had access to the transcripts and data analysis. Supervision proved valuable for this stage. The second author ensured that data analysis remained grounded in the interview transcriptions; this allowed for reflexivity and framed curiosity by providing a communicative space where initial assumptions could be challenged and different perspectives explored.

FINDINGS

Superordinate themes from each transcript were grouped into six common themes across the participants. Respecting the idiographic focus of IPA, each theme is presented in a narrative form, comprising verbatim accounts from each participant and additional interpretations. The accounts of all three participants contributed to all six of the themes in some capacity. As participants did not voice the gender that they identify with, and as a means of being more inclusive, the use of singular 'they' and 'their' pronouns has been adopted for the participants.

Theme one: Music therapists experienced initial impacts on their own mental health

Upon describing their practice at the start of the COVID-19 pandemic, the three participants spoke of the initial impacts on their own mental health, which included feelings of anxiety and dejection. Christine described how this affected their own self-perceived ability to practise as a music therapist:

> Christine: Everybody was panicked and, erm, it was very difficult at that point to feel like I could be an adequate therapist because I didn't feel like I was coping, and I don't think anybody felt like they were coping, and nobody really understood what on earth was going on.

Here Christine likened their own inability to cope to a collective, societal inability to do so. By making this connection, this perhaps evoked a sense of comfort in knowing that this was a widespread feeling and that they were not alone. Through their own therapy, Christine was able to understand the intense anxiety that they were experiencing at the start of the pandemic:

> Christine: He was, you know, he was able to, err, facilitate me thinking quite early on that actually I was, I was feeling very, very anxious about all of this and I really took the rules very, very seriously, well I still do take the rules very, very seriously.

Christine highlighted their own initial psychological distress in emphasised terms. They implied a potential link between their anxiety, having to follow the rules, and the consequences of what would happen if they did not.

When recalling the early stages of the pandemic, Paula sometimes paused and used distinct terms, such as "fear" and "panic" to describe their own emotions and those prevalent in society. Paula made note of the heightened sense of death in wider society and expressed their own inability to work as a therapist in the climate created:

> Paula: There was very much a split, a divide in the team of some of us who decided that it really wasn't safe to be working, that it wasn't safe to go on to the wards, wasn't safe to carry instruments on to the wards . . . The fear of death, which is still around, but the fear of death, erm, was so, erm [pause], err, intense . . . It was a constant, erm, panic. Really heightened sense of panic and fear and, erm, and you can't work as a therapist like that. That's not, erm, therapeutic.

Here the image of a divide in Paula's team insinuated conflict over what was deemed safe and what was not. Paula's perception of safety, perhaps perpetuated by what was happening in society with "the fear of death", culminated in this honest reflective conclusion: the environmental challenges were so intense they felt unable to practise as a music therapist.

For Eric, the initial psychological impacts of the COVID-19 pandemic partially manifested in dejected feelings:

> Eric: I think working with people who are really quite distressed, troubled, very isolated, lonely, all the things, all the reasons why people from the mental health community come to therapy in the first place, you know. Erm, I found at the beginning, yeah, it wasn't difficult to feel rather hopeless.

Eric seemed to make connections between their own dejected feelings and the extant individuals in the mental health community they were working with at the start of the pandemic. Eric appeared to show concern for these individuals and conveyed an almost sense of powerlessness through these "hopeless" feelings. Eric's reference to "at the beginning" implied that a change of feeling had since occurred.

Theme two: Music therapists are adaptable

Despite these initial psychological impacts, each participant adapted their practice by offering remote music therapy in adult community mental health contexts. Paula made the decision to stop travelling to work, citing government advice:

> Paula: Then I think there was the announcement from the government that said, you know, "everyone should work from home" . . . So I also then put a halt on my groups and made the, the decision to not go into work, to work from home and shift things to – well I didn't think it would go on for that long so just to, you know, not go in . . . This obviously caused, err, some friction at work.

Here Paula noted that their decision to "work from home" came from guidance provided by the UK government in contrast to what their workplace believed should be happening. This seemed to convey a sense of conviction in Paula's thinking. Paula's hindsight, of not knowing the initial length that this would last for, implied they may not have made this decision had they known. Despite this, Paula then adapted their own community group "to go online".

For Christine and Eric, these adaptations required a re-evaluation of how to therapeutically be alongside service users. Christine spoke of having to learn to adapt to the online feel of practice:

> Christine: You don't have the non-verbal cues and you don't have the energy of someone in the room with you. Erm, so you don't really know what they're like until you can kind of [sighs], you can feel their aura? The atmosphere of them around them? . . . What I do, when I, when I want to, when I have an idea of what's going on for somebody but I'm not entirely sure, I just kind of go "I wonder what you think about this idea" and then say that, and then that gives them a more overt opportunity to be like "yeah, that is what I'm talking about" or "no, I don't think you're quite on the mark".

This adaptation to a lack of in person "atmosphere" implied the depth of effort in readjustment that had to occur, which, for Christine, included being explicit in stating what they were feeling to service users. This seemed to depict a need for greater verbal clarity, not present prior to remote working. Similarly, Eric spoke of how they "generally had to be more explicit about what I was feeling, what I was thinking" in their practice. The adaptation to online work also included an adjustment to the relational aspect of music therapy for Eric:

> Eric: At the heart of that relationship is that sense of, of who you are within this relationship and who your client is, and, and what that relationship, the dynamics of that relationship within the sort of therapeutic alliance . . . It's just very different online . . . At the beginning I probably thought it was going to be too difficult, I don't know, did I? Maybe. Well, I've learnt that it works, it can work, but it's, you just work it differently.

Eric's multiple references to the "relationship" seemed to insinuate the importance of the interpersonal aspect of their own practice. They conveyed a certainty of the relational ways of working before the pandemic within the "therapeutic alliance". Perhaps because of this seeming certainty, Eric found it challenging to adapt. Eric's adaptation of overcoming what they thought may be "too difficult" conveyed the perceived enormity of the task.

Theme three: Online music therapy is meaningful

It was apparent from all three participant accounts that meaningful engagement is possible in an online context. Eric mentioned the value of songwriting as a specific music therapy technique:

> Eric: The one that really works is songwriting because I can have a very, err, interactive musical, err, session with a client. Err, where we are both, where we can, where I'm kind of holding a, a musical creative, erm, yeah, conversation, dialogue.

Eric seemed to imply that songwriting may be more suitable for the online encounter than other techniques. Through Eric's words, such as "conversation" and "dialogue", Eric communicated that collaborative and spontaneous musical experiences were possible between therapist and service user in this capacity. Eric also highlighted the importance of reflecting on the context with service users:

> Eric: We were able to talk about, err, the experience of working together more . . . We used the context of, of the work to, erm, in its own way to kind of be one of the, err, ways of opening up the discussions that we were having. So it was quite helpful in the end.

This joint reflection on the "context" of the work appeared to have facilitated valuable discussions within therapy, perhaps even providing a necessary function to reflect on the therapeutic process. Eric may have been referring to the "context" of their relationship or the wider context of the pandemic in this sense. Like Eric, Christine used the context of the work to situate their practice:

> Christine: One of the advantages of still being able to make some form of music remotely, is that, erm, you do get some sort of connection in that way, a very direct connection, and you can also experience its frustrations and, and the particular way in which those frustrations manifest for each patient, and so that, that again is grist for the mill and you can talk about it.

Here Christine appeared to explain that even the challenges of remote work could provide meaningful content. The fact that manifested "frustrations" were perceived as something to "talk about" suggested that perhaps the unique online context of the work had facilitated a deeper meaningful exploration of these feelings that had surfaced.

Paula spoke of the meaningful similarities between in person groups and online music therapy groups:

> Paula: I think that, the, the way people operate in groups anyway was, was still there on, on, erm, the online platform . . . And what's happening visually, because it might be the same, well someone's always late, you know to an online group. You know, and they're always late to an in person group . . . The ambivalence that might be there. I think all those things you can work with as well online and thinking about the countertransference as well.

Paula's connections between the "in person" and "online" group suggested traits of service users were observable in both contexts. The description of the presence of "ambivalence" and their own ability to reflect through their "countertransference" conveyed the depth of meaningful human emotional experience that still existed online.

Theme four: There may be barriers to online provision for service users

Paula, Eric and Christine spoke of how some service users in certain population groups in the mental health community were not able to access online music therapy provision. A barrier to online music therapy for some of Paula's service users was their inability to afford access to an internet connection:

> Paula: People didn't have the data, they didn't have network coverage. They couldn't, they just couldn't, they had no way of doing it, and that I think was the biggest thing and that needed addressing. Well, I suppose that's the other thing, that amplified the inequality . . . Unless that's addressed, the other things aren't gonna change.

Here Paula's description of people who "had no way" of accessing online music therapy depicted the hopelessness of some service user's ability to do so. Paula conveyed just how important they felt it was to address this and suggested an inequity in the ability to access online provision.

In Christine's private practice, monetary problems for service users, due to economic fallout from the pandemic, meant that some service users could no longer pay for music therapy:

> Christine: We had quite a number of people, especially over the summer that just finished quite suddenly, it was quite a few sudden terminations because of quite drastic financial issues, because people had been on furlough and then the money, and then they came off it and the money ran out . . . So we had quite a proportion that ought to have continued a bit longer and then just couldn't.

Christine's use of striking words such as "sudden" and "drastic" depicted an immediate halt in being able to access therapy. They cited the change to the UK government's furlough scheme as the reason for this, implying that political decisions had been the cause of these barriers. In addition to the above extract, Christine noted that to try to tackle this perceived problem, they try to "subsidise as much as possible" to improve accessibility.

Eric implied that a barrier to online provision for some members of the mental health community might be a move to online music therapy itself:

> Eric: I think that some of the people that have suffered the most in the last twelve months are people who are part of the mental health community. Their greatest enemy was to be alone, to be isolated and, err, and they were told that that's what they had to do.

Here Eric conveyed the need for in person contact for the extant mental health community. Eric's notable use of the term "greatest enemy" to portray isolation, depicted Eric's own perceptions of the severity and threat of stopping in person services, potentially implying that consequential mental health difficulties may arise because of this. Eric additionally gave an example of their own perceived need for "exceptions" to online practice during this time:

> Eric: One of my clients, his partner died within the first couple of weeks [of lockdown] . . . He was absolutely traumatised by this and there was no way I could work with him online. So there is a, there's a Victorian park not far from where I live and, and I met him every week in the bandstand. And we were pretty much the only people in the park to start with, and so we'd both show up with our flasks of coffee and stand twenty feet away and I'd do my best to support him in that way . . . There would always be exceptions where you, you think "you know, I'm really gonna have to try and do this".

In Eric's recount of how they met with a traumatised service user in their local park, it is perhaps interesting to note that Eric implied this as being outside their own capacity as a music therapist, yet the meeting took place in a bandstand, a location symbolic of music. Eric communicated that some perceived barriers could be overcome during this period.

Theme five: Feelings differ between music therapists about adopting extra work

Each participant discussed adopting extra work throughout the pandemic with varying views of how they felt about doing so. For Eric, additional work took the form of providing voluntary music therapy for frontline healthcare staff, which seemed to evoke conflicting feelings:

> Eric: I very willingly volunteered . . . I'm delighted to do it . . . I'm defending myself before I say what I'm going to say [Eric laughs] I notice. But, yeah, I absolutely am, am committed to doing everything I can to help, but, erm, but no one is offering free therapy to the existing mental health community.

Here Eric seemed to convey their own underlying concern about the disparity between the free provision that they were providing in this instance and the lack of free provision for the extant mental health community. Despite "defending" themself, Eric seemed to advocate for the need for music therapy for frontline workers, hence their actions of volunteering for this service.

Christine felt "quite strongly" about adopting their own additional voluntary work, providing a support service for frontline workers:

> Christine: We both felt, erm, quite strongly that we wanted to, erm, offer our skills in this way . . . So it was three sessions per person and it wasn't therapy, we were very explicit it wasn't therapy, it was an acute listening ear . . . Erm, it was actually quite taxing, it was very, the calls were really, really difficult because, because staff really, really were not coping.

Christine seemed to talk about this additional work as almost being their sense of duty by feeling "quite strongly" about offering this service. This is emphasised as being outside of their capacity as a music therapist, potentially communicating Christine's belief that this was a more appropriate form of support to meet people in this instance. Christine's concluding repetitions of "really" depicted the

psychological impact that the work had on them, and their reference that "it was actually quite taxing", may imply that they were surprised by this.

Paula spoke of their extra role of being that of a care coordinator for their service users with mental health conditions during the pandemic:

> Paula: We became more like, erm, care coordinators and, and because a lot of the, because of all the cuts, erm, all those posts had been cut, so there weren't enough care coordinators in the community . . . So therefore we were stepping into something that, erm, wasn't our role . . . When I got myself caught up in making sure people had their food parcels, or you know, it became really something different, erm, and, and, erm, you know, wrong as well.

In contrast to Christine's and Eric's additional roles, Paula's appeared to be one that was necessitated by their workplace, citing "cuts" as their reason for adopting this role. Paula's position on this extra role and their moral objections are clear, in defining it as "wrong".

Theme six: Music therapy is more relevant now than ever

Christine, Paula and Eric emphasised the relevance of music therapy in adult mental health settings at the time of their interviews in February 2021 and in the imminent future. However, each participant spoke cautiously highlighting a dichotomy between what they hoped versus what they expected services could look like, depicting their experiences of threatened potential cuts. Christine highlighted their own perceived need for more music therapists:

> Christine: It's [music therapy's] gonna be one of the first things that gets cut . . . We need more PR [public relations] and we need better research. Better PR, should I say, and better research . . . Some of this also is, is gonna be bringing in more music therapists. Erm, and a, and probably a wider variety of music therapists as well, although that's gonna be difficult as music's being priced out of the curriculum. It's so systemic, a lot of this stuff, like how do you begin to think about it? How do you begin to make changes? We have to do it . . . You can't, can't shy away from this sort of thing. Just because it's difficult, doesn't mean you shouldn't try.

Here Christine spoke of the need to communicate the work of music therapists to the wider population, and advocated for a greater amount and greater variety of practitioners. Christine contrasted this with perceived "systemic" issues in British society surrounding music education. Their rhetorical questions arising from these contextual "systemic" issues conveyed the gravity and difficulty of advocating for music therapy in adult mental health settings, and perhaps the need for developing a more diverse workforce. By stating "you can't shy away from it", Christine believed that this is a problem that the music therapy community must tackle. There was perhaps even a sentiment of urgency in Christine's words, due to their prediction that music therapy provision will be "cut".

Paula also expressed the need for music therapy and the potential that services would be reduced:

> Paula: Erm [pause], I think we need to be, I think we need to be wary of, of what might be happening and how COVID might be used, erm, for cuts, for changing how people work . . . I think working with music therapy is such a, on so many different levels, erm, can be such a profound experience . . . I think in adult mental health there's a massive need for all of the arts therapies. Erm, and arts and health.

Paula spoke in suspicious terms of potentially needing "to be wary" of cuts, justified by COVID-19, to provision, in contrast to their perceived demand of the arts therapies in adult mental health services. By highlighting the "profound experience" of music therapy, Paula conveyed the depth of emotional work that can be achieved and thus the need for the provision.

Eric spoke of the increased need for the availability of music therapy:

> Eric: There has probably never been a more important time to be a music therapist . . . There's probably never been a time when more of us have been needed, and, err, and there are more opportunities, err, now than ever before for us to be really helpful. Erm, and, err, and I absolutely believe that . . . So if the government is gonna pour billions into mental health support, then I hope and pray that it does so, fully conscious and aware of where that money needs to go.

Eric's powerful opening highlighted their perceived need for music therapy now and in the imminent future. The wording of "hope and pray" conveys almost a sense of desperation that mental health funding is directed to Eric's perceived correct sources, and perhaps an inbuilt fear that it will not be.

DISCUSSION

The findings convey a variety of experiences of three music therapists working in adult mental health settings during approximately the first year of the COVID-19 pandemic. As outlined previously, both authors were also practising in adult mental health settings during the beginning of the pandemic. This section will bring together our understanding of the findings alongside our own ongoing experiences of practice, research, and education.

Participants shared ways that their own mental health was affected at first. Sentiments, such as "panicked" and "hopeless", echoed the feelings of music therapists in the United States (Gaddy et al., 2020) and society in general at the start of the pandemic (Jia et al., 2020; Pierce et al., 2020). Christine reported needing to find their confidence before being able to provide a valuable service during the pandemic. Christine's sentiments highlight the inextricable link between personal and professional identity previously identified by music therapists (Bibb et al., 2021), and the importance of remembering "the myth of the untroubled therapist" (Adams, 2014). Christine's reflections echo Thompson (2020) who highlights the need for therapists to continuously maintain awareness of their

ongoing fitness to practice. As the pandemic is still ongoing, for music therapy practitioners this emphasises the importance of self-care (Posluns & Gall, 2020), appropriate supervision (HCPC, 2018), and ongoing personal therapy where necessary. As music therapy practitioners during this period, both authors found personal therapy and supervision to be imperative in navigating changes to practice, and in looking after their own mental health. In the authors' places of work, regular check-ins with colleagues became more formalised as chance crossovers reduced.

All three participants in this study demonstrated adaptability and flexibility in the quick transition to remote and online practice, as supported by wider music therapy literature (Gaddy et al., 2020; Molyneux et al., 2020). This flexibility and speedy transition to online provision were evident in mental health professions in general (Cole et al., 2020; Rotenberg et al., 2020). The importance of meeting the relational needs of service users in mental health settings has been established by music therapists (Bensimon, 2020; Maratos et al., 2011; McCaffrey, 2016). Both Christine and Eric conveyed the importance of interpersonal elements and strived to achieve these despite their initial perceived difficulties in online contexts, notably being able to work in a relational capacity. Their comments echoed service user perspectives that relational depth in online psychotherapy is possible to reach (Treanor, 2017), but this may merit further descriptive approaches to research in the arts therapies to pinpoint barriers and facilitators within such contexts.

Each participant purported to have psychodynamic elements to their practice, and these findings suggest that relational and psychodynamic approaches can be adapted for the online context. The first author was initially sceptical that the relational depth required for therapy was attainable online, and potentially related to other music therapists who questioned whether online music therapy is possible (Annesley, 2020b). However, the second author advocated for such approaches, noticing that relational barriers from face-to-face practice were often attributed unnecessarily to the online context. These opposing views were reflected in participants' responses. Eric's frustration that online contexts did not do enough to relieve isolation compared with the merits he and Christine both found in reflecting on the online context with service users emphasises the importance of authentic conversations. Paula appeared to go further, noting that similar ways of being are observable across in person and online work, suggesting the merits of further research as practitioners become more accustomed to working in a digital context. Positive service user feedback in relation to online music therapy (Lightstone et al., 2015) and amongst those receiving traditional online talk-based therapies, such as cognitive behavioural therapy (Hadjistavropoulos et al., 2018; Hadjistavropoulos et al., 2021) and supportive and psychodynamic psychotherapy (Famina et al., 2020), indicate that online means of delivery can be as effective as in person work.

New experiences were created for both therapists and service users because of participants' willingness to adapt to online working. The novel nature of this potentially furthered equity between therapist and service user as both had to adapt together. Getting used to a new context appeared to facilitate meaningful discussion and useful explorations. Rolvsjord and Stige (2015) highlight the influence of contextual factors on music therapy ecology, and it appears that in community settings, as described by the three participants, this active reflection on the online context added another layer of meaningful contact and connection. The presence of meaningful engagement opens new doors for offerings in the future, where music therapists may increase the accessibility of music therapy provision by offering both in person and online services. Managing the online environment favoured

some music therapy techniques more than others, such as songwriting for Eric. However, whilst there is previous research highlighting the effectiveness of songwriting online (Baker & Krout, 2009), further research would be needed to clarify whether the person or the context dictates the use of specific techniques. Such research could lead to developing specific training relevant to online and hybrid approaches.

Whilst meaningful engagement may be facilitated online, service users may experience severe limitations of remote healthcare provision, such as an inability to access services (Curnow et al., 2021). Specifically in this study, financial barriers appeared to restrict service users' access to online music therapy in Christine's and Paula's practice. In 2020, a further 690,000 people were pushed into poverty because of the pandemic (UK Poverty Unit, 2020); wealth can impact access to online mental health provisions (Mucci et al., 2020) as this requires resources, such as a computer with an internet connection. The economic fallout from COVID-19 has meant that roughly 20 million people in the UK are financially worse off than before the pandemic (Financial Conduct Authority, 2021), implicating a wider inability in the general population to be able to afford private therapies. This implies the need for music therapy providers to subsidise costs where possible, as Christine mentioned they did. The likely increased inability to afford private music therapy has wider implications for local authorities and government to fund provision that is affordable, or free, to service users. There is also the need to agree on criteria for who would qualify for this, and whether individuals could self-refer or would be referred through their general practitioner.

Potential barriers to music therapy provision appear to not be limited to monetary challenges. Powerfully describing isolation as the "greatest enemy" for some of their service users, Eric's recounting of meeting with a highly traumatised service user in their local park shows their perception of how dangerous the lack of in person support can be. Individuals who view themselves as lonely and lacking support are much more likely to have worse mental health (Leigh-Hunt et al., 2017; Wang et al., 2018), which could contribute to an increase in inpatient admissions. This implicates the need for "exceptions" as Eric said, and the need for in person contact for some people identifying themselves to be vulnerable during this period to allow for the continuation of support within communities. The need in some instances for in person contact during the pandemic is emphasised outside the music therapy profession, with Rotenberg et al. (2020) advising against online work for "psychiatric emergencies, such as suicide attempts and ideation" (p. 644). This perceived danger has implications for the music therapy community and the need for music therapists, employers of music therapists, and professional music therapy bodies to understand the necessity of in person work in some instances for mentally vulnerable service users. Perhaps Eric meeting a service user in a park would be criticised by others, but possibly this was a response of theirs to an interpersonal need. The music therapy profession may be able to learn from this by formulating approaches to assessing mental health needs alongside reducing the risk of COVID-19 infections.

A surprising finding of this study was participants' adoption of additional job roles in some capacity during the pandemic. Christine and Eric both described providing voluntary services for healthcare workers. Music therapy provision in Eric's case, and a phone support service in Christine's. Preliminary research has shown that remote music therapy provision may be effective in aiding the mental wellbeing of frontline healthcare workers (Giordano et al., 2020) and other psychological therapy services have broadened to support the mental health of healthcare professionals (Cole et al.,

2020). It is interesting that these free services provided by Eric and Christine were not provided to adults with pre-existing mental health conditions, highlighting a disparity between the two groups. Eric highlighted this moral conflict in his account, suggesting that individuals with pre-existing mental health conditions had been overlooked. Because of Eric's moral conflict and the "taxing" and "really, really difficult" nature of Christine's support service, both services may not be sustainable. This may result in adverse consequences, such as the termination of support at a time when it is much needed by the service user. Care in the profession is likely needed to ensure that safeguards are in place, such as the referral to other free services, if this voluntary provision is unable to continue. There is also potentially the need here to ensure that both groups, healthcare workers and individuals with extant mental health conditions, are treated equally in their access to free provision.

In Paula's additional job role, becoming a "care coordinator" for their service users, moral contentions were clear, with Paula describing this as "wrong". These challenges in role definition and negotiation have previously been expressed by music therapists (Bibb et al., 2021). Paula's role, necessitated due to "cuts", may highlight the effects of austerity measures on mental health care, which has required services "to do more with less" (Cummings, 2018, p. 8). Whilst this was a strong practitioner perspective, it emphasises the need for further research from a service user perspective to understand the complexities in more detail as to whether changes in job role, brought about because of external drivers such as austerity, are in the service user's best interest.

The final major finding of this study was the importance with which the three participants viewed music therapy in adult mental health settings at the time of their interviews in February 2021; this included Eric's statement that "there has probably never been a more important time to be a music therapist". The predicted need for music therapists in this setting appears to be well justified, with up to ten million people in England (O'Shea, 2020), including both healthcare professionals and the general population (Soklaridis et al., 2020), needing mental health support. More specifically, this includes individuals who have experienced severe COVID-19 (Chamberlain et al., 2021; Taquet et al., 2021), or "long COVID" (National Institute for Health and Care Excellence 2020, p. 5). General predictions of high levels of trauma in populations (Brooks et al., 2020; Mucci et al., 2020) point to an increased need for music therapy provision for newly traumatised individuals (Gaddy et al., 2020). To help towards meeting this need, the findings demonstrate that music therapists could meaningfully offer relational and psychodynamic approaches with increased flexibility between online and face-to-face appointments. Through their own practice, the authors questioned whether these approaches, embedded within community services, could reduce admissions to acute mental health services which increased throughout the pandemic (Royal College of Psychiatrists, 2021).

Despite this increased need, participants spoke of barriers and fears of cuts to provision in the near future, alluding to political drivers influencing cuts in public healthcare spending. Since the participant interviews, the published UK budget allocates no direct increased funding to mental health provision for difficulties arising from the COVID-19 pandemic and even reduces public health and social care spending by £30 billion (HM Treasury, 2021); although there is an increase in spending on mental health services in Scotland (Scottish Government, 2021). Both governments have published mental health recovery plans (Department of Health and Social Care, 2021; Scottish Government, 2020). However, there needs to be more clarity as to how this will affect the arts therapies, as these plans seem to advocate for short-term interventions, such as cognitive behavioural therapy, perhaps

misaligning with where Eric hopes the "money needs to go". This seeming lack of clarity and potential reduction in funding emphasises the importance of music therapists to continue fighting and lobbying for funding. In Christine's words, "just because it's difficult, doesn't mean you shouldn't try".

Limitations

The present study has several limitations. This was the first author's first time conducting a piece of IPA research and despite trial runs of the interviews, there were varying levels of confidence in their ability to conduct these with the participants. There were likely too many questions in the interview guide (Appendix 1), and this resulted in an inconsistent application of the interview guide across all three participants. Online interviews may have several limitations. There is a reduced ability to read body language cues, meaning some of the semantic content of the spoken words may have been lost. The fact that interviews were conducted online meant that to participate in this study, participants had to have access to a computer and internet connection, potentially excluding those who did not. In the interview with Eric, there were some audio problems at the start from the interviewer's end, meaning that Eric could not hear the interviewer on a couple of occasions. This was an extraneous limitation and thus one that was hard to control, but it may have affected the initial flow of the interview (O'Connor & Madge, 2017).

Whilst the first author conducted the analysis, the presence of the double hermeneutic in IPA research presents challenges in research that is conducted within supervisory relationships. Whilst the first author's own context influenced the way in which he made sense of each participant's own sense-making, discussion of the raw data added an additional perspective and further sense-making. This combined with the idiographic focus of IPA and the small sample size of three participants, stresses the importance of not generalising these findings, but instead using them to stimulate further questions.

Implications for future research

All the participants stressed the importance of music therapy provision in adult mental health settings moving forward, and it appears crucial that music therapists in this setting document ongoing developments, successes and barriers in their practice during the pandemic. This small study has highlighted several areas that could benefit from further qualitative research in relation to the impact of a pandemic, such as the relational capabilities of online music therapy, the use of specific music therapy techniques in online practice and the complexities of additional job roles for music therapy practitioners. The lack of research into online music therapy in adult mental health in general, besides research conducted by Lightstone et al. (2015), implies that this is something that could be explored further. Christine and Eric discussed the move to more, or a different form of, verbal content in their sessions; this is an area with little research (Lindblad, 2016; Nelligan & McCaffrey, 2020) and one that may benefit from further study. Descriptive approaches to research based on the findings of the current study could refine and strengthen developments within practice and research. Immediate implications could be additional topics in music therapy training programmes, such as online music therapy approaches and ethical implications for online music therapy. However, beyond this there is the scope to develop hybrid models within practice. Professionals might develop increased skills in

balancing online and in person provisions based on each person's situation, including the presentation of mental distress, geographical proximity to the service and preferences.

Most research conducted so far, including this study, that has explored music therapy in relation to COVID-19 has been from the perspective of music therapists. Holmes et al. (2020) stress the need to include the perspectives of service users during this period. Service user inclusion provides a means of facilitating empowerment for the individual (Baines & Edwards, 2018; Rolvsjord, 2015), and aligns with human rights-based, person-centred and recovery approaches. Through a collaborative effort where the views of both music therapist and service user are explored, implications may be learnt from the pandemic as to how practice can best be facilitated in the future in general, and as we continue to learn to live with the ongoing conditions of a pandemic.

CONCLUSIONS

This study is the first of its kind, to our knowledge, to explore the impact of the COVID-19 pandemic on music therapy practice in adult mental health settings. Six common themes are identified which convey the experience of three music therapy practitioners, communicating a variety of challenges and opportunities in relation to both personal and professional aspects of their lives. This culminated in an emphasised sentiment of the importance of music therapy in adult mental health settings at this moment.

Practice during this period appears to have required an additional skillset and has implications for what could be required as additional training for therapists. This regards online competencies, including the relational aspects of online practice; the importance of reflecting on context within community settings; the awareness and need for action when service users are restricted from accessing remote services; and the ability to provide support for the wellbeing of healthcare professionals.

Yet more restrictions on daily life could be ahead, and the findings of this study may be important regarding their implications for practice in general, in the imminent future, and may also be beneficial in contributing to the necessary evidence base required for future pandemics. As this evidence base increases around music therapy practice in adult mental health settings during the COVID-19 pandemic, connections may be drawn between such studies.

It appears that music therapy in adult mental health settings may be at somewhat of a crossroads in the UK. Participants' perceptions, in conjunction with extant sources regarding greatly increased mental health challenges during the pandemic, heavily implicate the need for provision in this area. Yet wider systemic political choices may result in a lack of funding. With the UK population in the grip of a mental health crisis, perhaps there has never been a more relevant time to be a music therapist practising in the field of adult mental health.

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APPENDIX 1: INTERVIEW GUIDE

1) How do you remember the pandemic first entering your practice?

2) Where do you believe music therapy fits in the care of an adult with a mental health condition during this period?

3) How has the pandemic affected the frequency, number and duration of sessions for your service users during this period?

4) What are your theoretical approaches as a music therapist when working in this setting during the pandemic?

5) What music therapy techniques have you been using when working with this client group during the pandemic?

6) What do you believe encourages interaction in this [online/in person/blended] way of working during the pandemic?

7) Could you describe the balance between non-verbal and verbal content in your sessions?

8) Where do you see music therapy practice in the field of adult mental health in the future?

Ελληνική περίληψη | Greek abstract

“Πιθανόν να μην έχει υπάρξει σημαντικότερη εποχή για να είναι κάποιος μουσικοθεραπευτής”: Διερευνώντας το πώς βίωσαν τρεις μουσικοθεραπευτές που εργάζονται σε χώρο ψυχικής υγείας ενηλίκων στο Ηνωμένο Βασίλειο τον πρώτο χρόνο της πανδημίας COVID-19

George Chandler | Emma Maclean

ΠΕΡΙΛΗΨΗ

Η πανδημία COVID-19 είχε επιπτώσεις σε όλο τον κόσμο, επηρεάζοντας πολλές πτυχές της ζωής, συμπεριλαμβανομένης της ψυχικής υγείας και των μουσικοθεραπευτικών πρακτικών. Λόγω της σχετικά πρόσφατης εμφάνισης της COVID-19, είναι περιορισμένες οι μελέτες που διερευνούν τον αντίκτυπό της στην μουσικοθεραπευτική πρακτική. Η παρούσα μελέτη έχει στόχο να διερευνήσει τις εμπειρίες τριών μουσικοθεραπευτών που εργάζονταν στο Ηνωμένο Βασίλειο σε πλαίσια ψυχικής υγείας ενηλίκων κατά τη διάρκεια αυτής της περιόδου, ώστε να παρέχει μία εις βάθος κατανόηση του πώς επηρεάστηκαν τόσο οι ίδιοι όσο και οι θεραπευτικές τους προσεγγίσεις. Η ερμηνευτική φαινομενολογική ανάλυση (IPA) χρησιμοποιήθηκε ως μεθοδολογία της μελέτης, αποτελώντας τη βάση της μεθόδου. Τρεις μουσικοθεραπευτές συμμετείχαν σε ημι-δομημένες συνεντεύξεις. Από την ανάλυση των δεδομένων προέκυψαν έξι κοινές θεματικές κατηγορίες: «Αρχικά οι μουσικοθεραπευτές βίωσαν τον αντίκτυπο στη δική τους ψυχική υγεία», «Οι μουσικοθεραπευτές είναι ευπροσάρμοστοι», «Η διαδικτυακή μουσικοθεραπεία είναι ουσιώδης», «Μπορεί να υπάρχουν εμπόδια για την παροχή διαδικτυακών συνεδριών στους χρήστες υπηρεσιών», «Οι θέσεις των μουσικοθεραπευτών ως προς την αποδοχή περισσότερου φόρτου εργασίας διαφέρουν» και «Η μουσικοθεραπεία είναι πιο σχετική τώρα από ποτέ». Αυτές οι θεματικές αποδίδουν τις ποικίλες προκλήσεις και ευκαιρίες που βίωσαν οι μουσικοθεραπευτές, που μπορεί να έχουν επιπτώσεις για την άσκηση της μουσικοθεραπείας κατά τη διάρκεια αυτής της πανδημίας, για την μουσικοθεραπευτική άσκηση γενικότερα αλλά και για την περίπτωση μελλοντικών πανδημιών. Με αυξημένες τις προκλήσεις της ψυχικής υγείας του ενήλικου πληθυσμού, η παροχή μουσικοθεραπείας σε πλαίσια ψυχικής υγείας ενηλίκων μπορεί να παίξει σημαντικό ρόλο.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, ψυχική υγεία ενηλίκων, COVID-19, πανδημία, ερμηνευτική φαινομενολογική ανάλυση

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ARTICLE

Brief online Guided Imagery and Music (GIM) sessions for university students: Urgency and surrender

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ABSTRACT

The global pandemic has led many music therapists to reconceive their practices for online delivery. This article describes a small-scale study investigating the provision of brief online Guided Imagery and Music (GIM) sessions for university students. Three participants agreed to be interviewed about their experience of the sessions and a descriptive phenomenological approach was adopted to identify the essential features of the phenomenon using phenomenological reduction from rich descriptions. Individual themes were identified and then classified into global themes of purpose, guiding, music selection, creative resources and outcomes. Two essential features were identified as shared by all three of the university students, which was a sense of urgency leading to involvement and the experience of surrender to the music and the process.

KEYWORDS

music and imagery,
university students,
brief therapy,
online music therapy

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INTRODUCTION

Guided Imagery and Music (GIM) is a transformational therapy that involves a music-centred exploration of consciousness, traditionally practised in a series of sessions for the resolution of life issues (Grocke & Moe, 2015, p. 21). However, Grocke and Moe (2015) document several adaptations which have emerged where modifications are made to key aspects of the traditional Bonny Method of GIM, including to the selection of music and the length of therapy. This openness to adaptations was utilised in the study described below, where several changes were made to traditional practice in

response to the changed psycho-social-emotional conditions provoked by the COVID-19 pandemic, and specifically, the lengthy lockdowns used in Australia to manage transmission of the virus (Rogers & Cruikshank, 2021). Our intention was to explore the ways that university students described their experience of the adapted sessions and the ways in which they utilised the opportunities afforded by brief, online, GIM experiences.

The COVID-19 pandemic has been experienced differently around the globe leading to different needs presenting in the context of therapy. Although some authors have proposed that resilient responses have been stronger than expected according to large scale samples (Prati & Mancini, 2021) and the psychological toll may not have been as large in Australia as other parts of the world with greater infection rates (Rogers & Cruikshank, 2021), the impression of many commentators is that it has been a difficult time (Nurunnabi et al., 2020). In Australia, the use of lockdowns as a way of managing community transmission was initially successful and even celebrated around the globe. The loss of freedom, however, impacted some people negatively (Westrupp et al., 2021) and high levels of loneliness appear to significantly contribute to distress (Mikocka-Walus et al., 2021).

Many university students around the globe reported increased loneliness during lockdowns, including in the USA (Birmingham et al. 2021), Egypt (El-Monshed et al., 2021) Germany (Werner et al, 2021) and it is likely this is even more widespread than reported to date. The university sector in Australia supports over 1.4 million local and international students to undertake tertiary studies (2020 Higher Education Facts and Figures), and a survey of 787 university students who had experienced extended isolation saw large numbers reporting feeling lethargic and unmotivated, as well as anxious (Dodd et al., 2021). However, it is important to note that the anxiety provoked by the pandemic and subsequent lockdowns occurred in a context where higher levels of anxiety and depression were already reported amongst the Australian university student community compared to other adults (pre-pandemic) (Larcombe et al., 2016), and it is difficult to know whether the worsening was more rapid than it would have been, or simply a continuation of the trajectory already in place.

Music therapists quickly identified that, contrary to synchronous music making, therapeutic experiences involving music listening did not involve the same challenges in delivery over online platforms. For example, Knott and Block (2020) outlined three key considerations for virtual music therapy, including curating online resources, creating online resources and using Telehealth approaches via video technologies. Technological developments over the past decades provided conducive conditions for being able to access music therapy online with several surveys illustrating how music therapists have increasingly been using online technologies (Agres et al, 2021; Hahna et al, 2012; Magee, 2006). In addition, music itself has become readily available and young people are generally familiar with streaming technologies, music sharing methods, and communicating freely through video and text chats. The cumulated conditions created by the pandemic at this moment in time afforded a range of opportunities for immediately moving to the use of receptive music therapy methods as a first step in reconnecting with clients. Therapists, however, debated intensely the question of client safety for the first few months of the pandemic, often through online forums such as email discussions, as well as meetings (McCaffrey et al, 2020). Psychotherapists around the globe raised numerous concerns about privacy challenges associated with online therapy being streamed from people's homes, which are often the sites of the problems discussed in therapy (Ioane et al, 2021).

For therapists who were trained in the Bonny Method of GIM, additional issues presented themselves. For example, the use of mandala drawing as a component of sessions meant that clients needed to have materials for drawing and for sharing their drawing with their therapist. In addition, the expectation that clients would close their eyes was closely linked to the therapist's presence and based on the assumption that the therapist would manage interruptions, such as people knocking on doors or sudden sounds from outside the room, which was not possible online. In spite of the additional challenges associated with managing environments, some GIM therapists were already using online technologies and literature existed with recommendations for music sharing and how to ensure the best quality audio (Sanfi, 2019). Expertise in facilitating online sessions has continued to be developed and is beginning to be published in GIM (Gordon et al, 2021; Lawes, 2020) as well as music therapy more broadly (Kantorová et al., 2021).

At the time this study was conducted, knowledge about online approaches to music therapy was still emerging and anecdotal reports of student loneliness and anxiety were being reported by educators across our university. Prior research results suggested that brief approaches to therapy were more popular with younger people, who attended a mean of three session at youth mental health programs for those seeking initial support for anxiety and depression (Seidler, 2020). Brief therapy has been described within numerous therapeutic orientations as a valuable approach to psychotherapy (Bloom, 2001; Hoyt et al., 2020). Single-session therapy is typically associated with a strengths orientation that focuses on identifying and amplifying existing resources. Talmon (1990) is broadly credited as the creator of this approach and emphasises a solution-focus, which contrasts with a depth-oriented approach that requires time for trust to be developed and layers of barriers to insight to be gently peeled away. Instead, therapy is targeted and specific and return for subsequent sessions is negotiated on an as-needs basis, rather than assumed as a requirement for successful therapy.

Numerous examples of this approach exist across the creative arts therapies including several adaptations of GIM that have used brief models. Some examples are Wärja's (2015) short music journeys, and within Summer's (2015) continuum of Music Imagery and GIM practices. Music therapists have also incorporated brief models into their work and some have demonstrated the effectiveness of these using active methods such as playlist construction and song writing in mental health work (Hense et al., 2018; Silverman, 2009). Moreover, single-session art therapy has even been shown to be feasible in containing and processing traumatic memories that emerge during sessions with university students, to the satisfaction of the client (Wilson, 2021). The potential for brief, online GIM sessions has therefore been indicated, however, many aspects of the practice are novel and it is important to proceed carefully and to seek ongoing feedback from all those involved to ensure that safety and benefit are prioritised. This article describes a research project that was conducted to gather such perspectives to inform local practices and be shared with the global GIM community. The question to be answered was: How do a small number of Australian university students experience GIM sessions that have been adapted for brief, online encounters during a time of lockdowns due to a global pandemic?

METHOD

Ethics

Ethics approval had already been granted, prior to the global pandemic, to explore the experience of GIM with university students (University of Melbourne HREC#1750266.1) and this approval was extended to include online provision.

Recruitment

In April 2020, the authors advertised the availability of sessions for using music to manage anxiety via networks across the university. This advertising included student unions, mental health services, faculty newsletters and collegial contacts who had expressed interest in making support available to students during the uncertainty of the year. Basic information described the project as using music listening to manage anxiety and inviting participation if they were interested "to explore evidence-based ways of using music listening to manage your feelings." Information was shared via emails and announcements and students were invited to contact the first author if they were interested in participation. Those who expressed interest received a further invitation to have a meeting with the first author and discuss what this would involve.

Ten students attended initial meetings, and eight students participated in the project. All participants provided formal, written consent to participate in the study, with guarantees that their identity would be disguised to the greatest extent feasible by removing identifying information in publications and presentations. Three students agreed to be interviewed at the conclusion of sessions and all were postgraduate students, identifying as female and over 35 years of age. The data from these three interviews is the basis of analysis in this research.

The remaining five students included mostly undergraduate students, mostly female identifying, and mostly younger than 25 years of age. Their reasons for not being interviewed were typically being too busy, or not answering the email request, despite their seeming to have had a positive experience during the session(s) and appearing to trust the researcher. This outcome is anecdotally similar to the engagement of graduate and undergraduate students in other activities at the University of Melbourne and further interpretation of meaning was therefore considered to be conjecture.

Session format

As described above, a brief therapy orientation was adopted for the purposes of the project. Participants agreed to attend a single session initially, after which they were given the option of continuing for further sessions. Therefore, each session was considered to be a contained therapeutic process, in keeping with brief therapy approaches. The session followed the traditional GIM process, with a prelude, induction, guided music listening and postlude, with time for summarising and making decisions about future sessions at the end. The Zoom video platform was used, and students were encouraged to use headphones to ensure better quality of listening for them, and clarity of speaking while the music was playing for the facilitator. The music was shared from the facilitator's computer using the 'share sound' function within Zoom. These sessions usually lasted between 60-120 minutes, with most people asking to contain sessions to 60 minutes because of other commitments.

Session	Purple	Red	Blue
1	Debussy: *String Quartet* (Andantino) Bach: *Christmas Oratorio* (Sinfonia) Warlock: *Capriol Suite* (Pied en l'air)	Bach: *Concerto for two violins* (Largo)	Bach: *Passacaglia and Fugue in C Minor* (orch. Stokowski)
2	Ravel: *Introduction & Allegro* Copland: *Appalachian Spring* (excerpts) Respighi: *The Birds* (The Dove) Chesnokov: Salvation is Created	Bach: *Fugue in G Minor* (orch. Stokowski) Vivaldi: *Violin Concerto* (Largo e cantabile) Bach: *Come sweet death* (orch. Stokowski) Puccini: *Madame Butterfly* (Humming Chorus)	Vaughan-Williams: *Lark Ascending*
3	Ravel: *Daphnis and Chloe Ballet Suite* (Introduction and danse religieuse)	Chopin: *Concerto in E Minor* (Romance) Rachmaninoff: *Symphony #2* (Adagio) Respighi: *Fountains of Rome* (Valle Giulia & Villa Medici)	Bach: *Concerto for two violins* (Largo)
4			Rodrigo: *Concierto de Aranjuez* (Adagio)
5			Grieg: *Holberg Suite* (Air)

Table 1: Music selections for each participant

Music selections were usually not full GIM programs, often consisting of a single piece of music, sometimes with repeated listening, and sometimes with a longer sequence informed by the traditional GIM music programs. A list of the music used by the three participants during their three (two participants) and five (one participant) sessions are summarised in Table 1.

Data collection and analysis

Descriptive phenomenological approach

A descriptive phenomenological approach was adopted, which shaped the focus of the data collection and analysis on soliciting rich descriptions of the phenomenon under investigation, as it was lived. This approach was broadly inspired by Giorgi's (1997) assertion that the essential features of phenomenological research are threefold, including phenomenological reduction, rich description, and an interest in identifying essences. More specifically, analysis focused on the essential structural features of the phenomenon in keeping with the traditions of Husserl (as described in Finlay, 2009), since this analysis seemed congruent with the unique structural features we perceived in the brief, online approach, such as length and modality. Analysis was focused on identifying individual

experiences, global themes, and essential features. This approach was descriptive, rather than interpretive, in keeping with the Duquesne traditions (Giorgi et al., 1971), and focused on creating themes that could reasonably be agreed upon by the two authors as we worked through the same data. The phenomenological attitude adopted foregrounded subjectivity and emphasised our instinctive, emotionally informed meaning making of the data but attempted to bracket our pre-assumptions (Moustakas, 1990) through careful reflexive consideration of the questions asked and themes created, guided initially through the creation of an Epoche.

Epoche

The Epoche included reflections on how the first author's pre-assumptions about what participants meant by their descriptions would be infused into the analysis, informed by her role as both music therapist and guide of the online sessions. It also highlighted the possibility that the rapport established throughout the therapy process may lead those participants who agreed to be interviewed to monitor their comments out of sensitivity to the feelings of their therapist.

Interviews

Data was collected through interviews, as is traditional in descriptive phenomenological research, and no additional session content analysis was conducted. The interviews were open-ended and conducted on Zoom between one and two weeks following the final session by the first author who was also the guide. The primary question involved asking for descriptions of their experience of the process, with follow up questions asking for elaborations about aspects of the structure, mode of encounter, music, relationship and benefits, as well as other aspects of their experience that they initiated. There were no difficulties in encouraging further elaborations around the primary question, possibly due to the participants clear decision to contribute to research through the interviews, and their own interest in research as postgraduate students in a research-led university. Interviews were between 20 and 30 minutes long and the university students appeared to have pre-determined views they wished to share and which required little prompting from the interviewer, who offered basic encouragement and avoided introducing new concepts or terminology.

Data analysis

The first author conducted the analysis of the interviews, and the second author verified the process. The first layer of analysis involved inductive creation of key themes in each individual interview, which was done separately. The analytic process involved looking across the whole interview for ideas that had come up repeatedly but in different ways, rather than gathering together key statements that were answers to specific questions. These ideas were then compiled as a list of potential themes that the two authors discussed and some adjustments were made. Each interview was then summarised based on the ideas that seemed most prominent and are presented in the findings section as summaries, supplemented with elaborations from the interview transcript. Cross-interview analysis was then undertaken, with similar ideas gathered together as global themes that encompassed all of the structural elements (descriptions of things that had happened and the ways that they occurred) that had been included in the individuals' analysis. The two authors again discussed these findings to

reach a level of agreement. These key themes are presented in Table 2 below. The final stage of analysis was to identify any structural features that were consistent across the three interviews and might indicate what was essential about the phenomenon based on the perspective of the three participants. These are presented in the conclusion.

FINDINGS OF CROSS INTERVIEW ANALYSIS

The three participants in the research provided vastly different reports of their experience. They were all articulate, expressive and able to provide rich descriptions using a wide and relevant vocabulary since each one of them was studying artistic practice and had previous experience in psychotherapy. In addition, each one engaged in some form of meditation practice. We experienced their commentary as sincere, and perhaps because of the university context, they seemed to take the research seriously, providing feedback about aspects of their experience that were more and less successful and attempting to theorise about why that might be. The interviews were quite intellectual, with the participants reflecting on and analysing their experiences, which were then analysed further by the researchers through the construction of themes. Although this study is located within a descriptive phenomenological approach, the idea of the double hermeneutic seemed relevant to the nature of the analysis, "whereby the researcher is trying to make sense of the participant making sense of" the phenomenon (Smith et al., 2009, p. 187). This is not to align with an interpretive phenomenological approach, but rather, expresses a particular quality of the phenomenon which was due to the deep and articulate insights expressed by these creative, postgraduate university students.

Individual summaries

The following summaries are structured around the key themes that were identified for each interview. Additional phrases have been added by the authors to the original words of the students in order to illuminate the context whilst also including the depth and breadth of vocabulary contributed through their descriptions.

> **Participant 1**
> When I heard about the research, I was experiencing a lot of anxiety due to the transition to university, the challenges of studying, imposter syndrome, plus the lockdown. I've always been interested in music and symbolism so reconnecting with playfulness and creativity was really helpful for me. It was helpful when you prompted me to listen with my whole body, and not put pressure on myself to create visual imagery, and my meditation practice supported that. I enjoyed making meaning together and it was helpful in making latent knowing mentally available. It was a way of thinking about issues that were relevant right now, and which are ongoing, that I hadn't been able to recognize previously. The first session was a powerful experience, and the second was hard going because I was tired, but it was useful to talk about it and make changes to the time to bring that into the open. The impressionistic music really brought images up,

but I question whether it needs to be classical music as there is so much other music to choose from.

Participant 2
At the point I reached out, I had nothing to lose. I was going through an existential crisis of being lost and desperate, and when I read about the project, I was curious. Your witnessing made me feel safe. I often feel alone and have been struggling with nightmares, but your reminders about what I can do made all the difference. And it's hard to explain, but the music you chose seemed to respond to me and what I needed in the moment. Since I have an adventurous imagination and inner world, your prompts helped me understand what was expected and to share, even when it was embarrassing to say it out loud. Being guided and accepted was special and as a result, I'm stumbling forward. It's far from a miraculous recovery, but nonetheless I'm moving from hopelessness to hope.

Participant 3
I was struggling with severe anxiety at the beginning and enrolled out of deep need. When I discovered it was about personal growth instead of anxiety management, it wasn't what I expected but I still knew it would be beneficial. I used the music to find myself – to extend, develop and grow, and I also used it to shift from anxiety and fear to more positive states. Your choices of music were perfect every time plus your job was training me how to listen for meaning making. What I hear in the music can tell me things about my situation and then using the images to see what is significant - what is the narrative, what are the emotions?

Global themes

Several essential structural features (labelled 'global themes') seemed to be present in the cross-case analysis. Table 2 contains the global themes arising from the interviews with attributions to each participant. Those include purpose, guiding, music selection, creative resources, and outcomes. These themes were not the direct result of the questions that had been asked, as evidenced by the fact that there are not contributions from each participant to every theme. The theme labels are descriptive rather than interpretive and there is diversity in the reflections made by the participants that are gathered under each theme, which is consistent with our experience of how each person engaged with the GIM process differently.

DISCUSSION OF CROSS INTERVIEW ANALYSIS

There seemed to be a lack of exaggeration or attempting to be pleasing in the interview feedback which felt palatable when undertaking the analysis. The first author had been transparent about their desire to explore the process for the purposes of research from the first meeting and there were moments in each interview where she felt the participants trying to teach her something that could be better next

time. Both authors enjoyed the level of authenticity that seemed present across all three interviews and felt this made the participants' contributions more likely to be an honest reflection on what they had experienced.

Purpose	Guiding	Music selection	Creative resources	Outcome
At the point I reached out, I had nothing to lose	Your witnessing made me feel safe	Your choices of music were powerful	I've always been interested in music and symbolism	It made latent knowing mentally available
When I discovered it was personal growth and not anxiety management, I still knew it would be beneficial	Prompts to listen with your whole body, not just visual imagery, were helpful	The music you chose seemed to respond to me	Reconnecting with playfulness and creativity was helpful	I am stumbling forward
I was experiencing a lot of anxiety	Being guided and accepted was helpful	I question whether it needs to be classical music	What I hear in the music is significant	I used the music to find myself
	Making meaning together about what it all meant	When I was tired, it was hard doing		
	It was embarrassing to share my imagination out loud			

Table 2: Global themes illustrated by key themes from the individual interviews

With regards to the perspectives gathered into the theme of *Purpose*, people had clearly been invited to participate if they were interested "to explore evidence-based ways of using music listening to manage your feelings". This invitation led to some initial confusion when the first author explained that we would be exploring unconscious material using music and imagery to provide insights. This messaging could have been more transparent on the recruitment materials and on the informed consent, and in reflection, the first author had been acutely aware of the needs of university students struggling with anxiety during this time and this concern had unhelpfully influenced the language used. In a subsequent program run by the first author, the language was adjusted and described the program as being about navigating uncertainty, rather than managing feelings, and this change in wording seemed to be a more useful way for potential participants to anticipate what might be involved.

The feedback categorised under the theme of *Guiding* included a sense of surprise from two participants that they were able to talk with someone whilst exploring their imagery. This sense of surprise may be related to their experience in meditation practices, which generally do not involve talking back to a guide. Their revelations also reminded us how important it was to explain and prepare people for this part of the experience which felt qualitatively different in the online medium compared to face-to-face where people are invited to physically shift spaces and positions. Explicit reference to conversing with the therapist whilst generating imagery was not made, leading to the assumption that it would be a private experience. In these sessions, all three participants remained in the same

positions for the duration of the experience online and although inductions still seemed to enable people to go deeply into the imagery, the induction was often brief and lights remained bright. These differences did not appear to be the cause of people's surprise at the interactive nature of the guiding, but they did combine to produce less well-defined conditions where more detailed verbal explanation may have helped people to anticipate the experience better. Alternately, some more explanatory comments could have been incorporated into the guiding, which instead maintained a traditional focus on encouraging further elaborations of their imagery. Again, the brief nature of the experience meant that the pace of adaptation to the medium needed to be quite fast, and this contrasts with a longer process where people can gradually become accustomed to the process.

The experience of *Music selection* was very interesting in this new domain. There were only four occasions when incorporating a series of pieces felt appropriate for these three participants, and it usually required a significant extension of the session length. Participant 2 was comfortable with this lengthy process, and this willingness to extend the session was possibly because she had taken a leave of absence from her course and returned home where she was in lockdown. Therefore 1.5 to 2-hour sessions were feasible. Participant 1 had a different response to longer music selections and when a more extended sequence of pieces was attempted, she described being very tired by the end of the music, and since evenings were the only time she had available, she found the depth of the experience difficult to manage. Surprisingly, she indicated a desire to continue with a long sequence of music in the third session, even though the guide suggested closing in response to her prior exhaustion, but the time of day was also different. Although the guide considered a full program as possible in any of the sessions, it required a significant time commitment by participants that is typical in traditional GIM sessions, where it might take a client half a day to travel to therapy, have the longer session, and then return to their own place. For the active university students, extended therapy sessions were rarely feasible.

The theme of *Creative resources* was particularly conspicuous and congruent with previous research involving university students. The types of people who are interested in personal development work whilst undertaking university studies tend to be articulate, insightful and creative (Wilson, 2021; Song & McFerran, under review). They can be described as having high levels of what Bourdieu (2000) has called cultural capital (Huang, 2019). Despite this assessment of their high intellectual capacities, all the participants expressed some concern about being good enough for their studies, a phenomenon that is sometimes referred to in university students as the imposter syndrome (Bravata et al., 2020). The therapist frequently provided strengths-oriented feedback to the three participants during the process, highlighting their creative resources and ensuring that they recognised the impressive capacity they had to connect to their imaginations, engage with the western classical repertoire, make meaning of their experiences, and make changes in their lives as a result. The importance of this feedback was reflected in the quality of the self-affirming descriptions included in this theme, which suggests that the witnessing was valued and that it served the intended purpose of highlighting their existing resources.

The *Outcomes* described by the participants also reflected the honest, modest and unexaggerated nature of the descriptions shared during the interviews. In keeping with the previous theme, participants described a sense of ownership of their journey and avoided the tendency to attribute their success to the therapist or the process, which we interpreted as a sense of agency

(Bravata et al., 2020). Each participant described the benefits they experienced using language that was well-matched to their nature. For example, one participant impressively resolved a critical career change decision amidst adverse global circumstances, yet she humbly described herself as "still stumbling forward". Another described proudly that she felt more strongly connected to her own inner knowing, which had seemed to be her intention from the start. The third participant described reconnecting to her identity and she skilfully used the process to connect to metaphoric and literal experiences that illuminated her inner strengths.

ESSENTIAL ELEMENTS: URGENCY AND SURRENDER

The final stage of analysis was to identify any features that were consistent across the three descriptions which might indicate what was essential about the phenomenon for the participants. Two essential features seemed prominent, with the first being a sense of urgency of purpose. Descriptions of existential crises, high levels of anxiety and a deep need for anxiety resolution were firmly stated by the participants and were consistent with concerns being raised by university staff who were observing students with deteriorating wellbeing during the lockdowns. It was unusual to have such a swift uptake of the opportunity to participate in the project, given it had existed for three years prior to the pandemic with only four previous participants in all that time. To have 10 people express interest within two weeks and eight people participate in the sessions was an indication of the high levels of distress and anxiety exacerbated by the global pandemic.

Common factors research (Duncan et al., 2004), helps to explain why this increased sense of urgency may have resulted in the kinds of valuable outcomes described by the three participants. The notion of the 'Heroic Client' explains how the thoughts, ideas, actions, initiatives and traits of clients are the most important predictor of therapy success. All three participants had previous experience of therapy and were currently self-managing their mental wellbeing, but the additional pressures of the global pandemic and subsequent lockdowns led to the participants resolve in experimenting with a new kind of support and responding to the advertisement. The urgency might therefore be the exacerbation of situations that they were managing well enough before the systemic crisis, but which were no longer palatable whilst also managing additional social requirements. All three participants referenced important others during early stages of their therapy, including fathers, mothers and daughters. They needed support because they also needed to provide more support to these important others, and this may have been a driving factor that helped them to justify finding the time for this process. In any case, they came to fulfill an urgent need, and they used the process successfully to grow in that direction.

The second essential feature that seemed present in their descriptions was a willingness to surrender to the process. Blom (2011) explored the notion of surrender in her doctoral research about GIM and described the importance of shared attention and intention in the purpose of therapy which can allow people to open up to the solutions that the music might afford. She described surrender as "an ongoing experiential movement between a deep sense of being known and a deep sense of seclusion and aloneness" (Blom, 2017, p. 272). The experience of lockdown during a global pandemic may have contributed to this sense of aloneness and therefore also to the value of sincere and focused connection, but most importantly, to the possibilities that could be discovered in response to the

music. These ideas appear to intersect with several of the global themes about the music, the guiding, the urgency of purpose and their own creative resources. The idea of surrender also incorporates the pre-assumption that deep listening and attention would meet the needs of people experiencing anxiety and isolation but adds the sought-after nuance about what music listening and imagery affords. The solutions and ideas that were discovered through imagery and in response to the musical suggestions were noted by all participants. Being guided and accepted whilst sharing their inner worlds was critical to the findings and themes described, combined with their felt sense that when the music selections were right, they offered solutions and opened up new possibilities.

CONCLUSION

The combination of urgency of purpose and surrendering to the affordances of brief, online GIM sessions encapsulates the essence of the experience for these three participants. There is no expectation that these can be generalised to other people and places, given the small number of participants and the unique circumstances. However, the combination of context, conditions, need and readiness was met by a sincere commitment from the therapist, and faith in the method. These findings are therefore both rich and contextualised and they offer several important learnings that might be interesting to other therapists adjusting their practice to novel conditions. Namely, that brief sessions may be preferred by participants of either online therapy and/or young adults. In addition, some of the unique aspects of typical GIM sessions (laying down, lights dimmed, therapist attending to distractions, natural conversations emerging with the person next to you as the music plays) may require more explicit discussion, negotiation and faith in the participants ability to self-manage in their own space. But most importantly, the findings from this study convey a deep sense of what became possible for people at a time when they felt anxious and desperate, and this enabled them to connect with their own inner resources to find what they needed to move forward. Future research will undoubtedly offer more insights based on increased understanding of global conditions and added expertise of future researchers.

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Ελληνική περίληψη | Greek abstract

Βραχείας διάρκειας διαδικτυακές συνεδρίες Καθοδηγούμενης Νοερής Απεικόνισης και Μουσικής (KNAM) για φοιτητές πανεπιστημίου: Επιτακτικότητα και άφεση

Katrina Skewes McFerran | Denise Elizabeth Grocke

ΠΕΡΙΛΗΨΗ

Η παγκόσμια πανδημία οδήγησε πολλούς μουσικοθεραπευτές να αναθεωρήσουν τις πρακτικές τους για την παροχή διαδικτυακών συνεδριών. Αυτό το άρθρο περιγράφει μία μικρής κλίμακας μελέτη που διερευνά την παροχή βραχείας διάρκειας διαδικτυακών συνεδριών Καθοδηγούμενης Νοερής Απεικόνισης και Μουσικής (KNAM) για φοιτητές πανεπιστημίου. Τρεις συμμετέχοντες συμφώνησαν να παραχωρήσουν συνέντευξη σχετικά με την εμπειρία τους από τις συνεδρίες και ακολουθήθηκε περιγραφική φαινομενολογική προσέγγιση για να εντοπιστούν οι βασικές παράμετροι αυτού του φαινομένου χρησιμοποιώντας φαινομενολογική αναγωγή για την ανάλυση των πλούσιων περιγραφών. Ορίστηκαν μεμονωμένα θέματα που στη συνέχεια οργανώθηκαν στις ευρύτερες θεματικές κατηγορίες του στόχου, της καθοδήγησης, της μουσικής επιλογής, των δημιουργικών μέσων και αποτελεσμάτων. Εντοπίστηκαν δύο βασικά χαρακτηριστικά που ήταν κοινά και στους τρεις φοιτητές, τα οποία αφορούσαν την επιτακτικότητα που οδήγησε στη συμμετοχή και την εμπειρία της άφεσης στη μουσική και στη διαδικασία.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσική και νοερή απεικόνιση, φοιτητές, βραχεία θεραπεία, διαδικτυακή μουσικοθεραπεία

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ARTICLE

Clients' experiences of Music and Imagery (MI) sessions: An integrative literature review

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ABSTRACT

Music and Imagery (MI), which forms part of the Continuum Model of Guided Imagery and Music (CMGIM), is a receptive music therapy method developed by Lisa Summer (1999) as an adaptation of the Bonny Method of Guided Imagery and Music (BMGIM). Training in MI started around 2005, and it is therefore a relatively new phenomenon in music therapy practice and research. MI includes and favours the use of clients' preferred music during therapy. An integrative literature review was conducted to investigate how clients experienced MI sessions. Initially, 108 studies were identified through a comprehensive electronic search, including dissertations and presentations as well as personal correspondence with the developer of MI. Nineteen studies met the inclusion criteria with a total of 189 participants, ranging from one to 76 participants per study. Participants' own descriptions of their experiences and researchers' interpretations of participants' feedback were examined in the six-phase thematic analysis process as described by Braun and Clarke (2021). Six themes were identified: Music as a catalyst for transformational experiences; Emotional experiences; Strengths, acceptance and self-awareness; Affect regulation; Trust and feeling protected; and Connectedness. Upon reflection, the researchers found that these themes could all be connected. Music generated emotional experiences, which could assist with affect regulation as well as the recognition of personal strengths, acceptance and self-awareness, and feelings of trust and protection ultimately formed part of a sense of connectedness.

KEYWORDS

music and imagery, therapy, experiences, perspectives, thematic analysis, integrative literature review

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INTRODUCTION

Music and Imagery (MI) can be broadly described as listening to music and "imaging" with no verbal interference by the therapist. The client's experience is discussed after the listening (Grocke & Moe, 2015). Imaging can happen during sessions in a relaxed state with closed eyes (Cohen, 2015; Noer, 2015; Reher, 2015). Another subtype of MI involves the client listening to music with a specific supportive focus or image which is narrated by the therapist during the listening process. Meadows (2015) employed this MI method in cancer care before or during chemotherapy. Various MI approaches are accredited adaptations of the original Bonny Method of Guided Imagery and Music (European Association for Music and Imagery [EAMI], 2023). Some examples of MI approaches include Resource-oriented Music Imagination (RoMI) developed by Frohne-Hageman (EAMI, 2023) and Music and Care: Music Imagery Method developed by Papanikolaou (EAMI, 2023).

The MI method, which forms part of the Continuum Model of Guided Imagery and Music (CMGIM), as developed by Summer (1999), was the main focus of this study. The CMGIM includes two methods, namely MI, developed around 1980 (Summer, 1999), and the Bonny Method of Guided Imagery and Music (BMGIM), which was developed by Helen Bonny in the 1970s (Bonny, 2001). Wolberg (1977) introduced three levels in his psychotherapy practice, from simple to complex, thus on a continuum. Wolberg's continuum was introduced in the training of both BMGIM and MI to enhance the systemisation of the methods (Summer, 2015). The three levels as applied in music therapy, of which MI is an important part, can be defined as follows: the first is a supportive level, with the objective of accessing inner strength; the second is the re-educative level, where the aim is to confront the client's issue and gain insight; and the third is the reconstructive level, where the purpose is to access the unconscious for the client to reorganise meaning (Wheeler, 1983). MI can be used on this continuum from a supportive level through re-education to the reconstructive level (Montgomery, 2012). Both methods (MI and BMGIM) are client-centred (Summer, 2020).

MI uses one piece of music, preferably chosen by the client, which is repeated whilst the client draws their experiences while listening. In MI, the repetition of the music assists with deepening of the image and experience (Summer, 2020). BMGIM uses a particular pre-selected music program that allows the client to visualise or imagine whilst listening in an altered state of consciousness with closed eyes. In BMGIM, through interactive verbal dialogue guided by a Guided Imagery and Music (GIM)-trained music therapist, many images can unfold and deepen during the music listening (Bonny, 2001).

The purpose of this integrative literature review was to explore clients' experiences of MI sessions. To establish the value of specific therapy techniques or methods, it is important to consider the users' experiences of them (Solli et al., 2013). Torraco (2005) notes the value of an

integrative literature review when a relatively new phenomenon is reviewed. Since MI as a therapeutic method is fairly new and has only been seen in research since 2017 (Summer, 2020), this review attempted to identify gaps in the scholarly literature.

There has, to date, been no integrative review in the literature focusing on clients' experiences of MI. However, a meta-synthesis that focused on clients' experiences of a variety of other music therapy interventions was published by Solli et al. (2013). Their review focused on a range of music therapy interventions and the clients were from a specific context, namely a mental health care environment.

Some of the most important outcomes that emerged in a systematic review of the BMGIM and its adaptations (Jerling & Heyns, 2020) were general well-being, mood states, resilience and self-efficacy. However, as this review focused only on specific positive psychology constructs, there is room for exploring other themes. Although most research studies included in the systematic review by Jerling and Heyns (2020) were situated in medical settings, they also included clients from other contexts, including healthy adults, music therapy students and workers on sick leave experiencing stress. The focus of Jerling and Heyns' systematic review was on BMGIM, although it also included some modifications and group MI, however, none of these studies focused on MI.

The present review focused only on clients' experiences of MI sessions, excluding the original BMGIM method and all other receptive music therapy techniques. The contexts of clients or patients in this study were not limited to mental health care facilities. Healthy clients were also included to shed light on the practice of MI and its value for enhancing general well-being.

BACKGROUND

Music and Imagery (MI)

For clarity, the structure of an MI session is outlined below (Summer, 2015):

(1) Prelude: The purpose of introducing a session is to find a focus point, or establish an intention, for the client. The question to be answered in the prelude is: What is the issue at hand, or what resource needs to be explored during the session? For clarity, an example of a focus to be explored during the session could be an internal resource of *bravery*.

(2) Transition: After establishing a focus, the client and therapist collaboratively select suitable music to explore this resource on a deeper level during the music listening experience. Various short music extracts may be explored and listened to in this process of finding the most appropriate music. Suggestions for possible suitable music can come from either the therapist's or the client's music playlists. The music options are discussed and the client selects the music that they feel will fit the focus of the session best. The transition stage is followed by a short induction, which gives the client an opportunity to relax into the moment and return to the focus or intention.

(3) Music experience: The selected music is played whilst the client expresses themselves through imagery, most often through drawing. Imagery can also take the form of movement or clay work (S. Scott-Moncrieff, personal communication, July 23, 2022) and even sand play (Kang, 2017). The music is repeated until the client's image is complete.

(4) Postlude: During the concluding part of the session, the drawing serves as a helpful point of reference in the discussion of the client's process. Talking about the image leads the client to better understanding and integration of their resource and clearer insight on the re-educative level.

The strategy of inquiry: Integrative review

An integrative literature review aims at its core to integrate knowledge about a relatively new topic or phenomenon (Dhollande et al., 2021; Matney, 2018; Torraco, 2005). This review summarises the current literature on this emerging topic of MI holistically to best understand, conceptualise and synthesise what is available (Torraco, 2005). This integrative literature review can be utilised to manage and inform future research (Hanson-Abromeit & Moore, 2014).

The integrative review allows for the inclusion of studies with various methodologies, including qualitative, quantitative, and mixed-method studies in a systematic search. The inclusion of studies with different methodologies could potentially lead to bias, inaccuracy, and a lack of rigour due to data extracted from a large range of literature (Whittemore & Knafl, 2005). However, including several methodologies ensures that various perspectives are represented in the review (Pluye & Hong, 2013), which would ensure comprehensiveness. Including grey literature such as theses, dissertations and conference presentations in an integrative review is recommended by Oermann and Knafl (2021).

Case studies are often omitted when literature is reviewed because generalisation from such studies is not always feasible, and they may lack scientific rigour (Crowe et al., 2011). But case study research is widely recognised and published in the field of music therapy (O'Callaghan et al., 2013). Yin (2003) argues that the case study method is appropriate when the research question is either descriptive or exploratory, or when the phenomenon is strictly context-bound, and when evaluation is at stake. We, therefore, decided to include case studies in the review for the following reasons: 1) case studies were in the majority; 2) the research question is exploratory and our focus was on clients exploring their experience of the phenomenon; and 3) the phenomenon is valid in the real-world context as MI is a therapeutic method.

The protocol for this review included five steps, outlined below. These steps are recommended by Whittemore and Knafl (2005) to help ensure the rigour of an integrative review.

Step 1: Defining a clear purpose

This review intended to trace all evidence of clients' experiences of MI sessions. Therefore, the purpose of this integrative literature review is to explore clients' lived experiences of MI sessions, as well as their therapists' interpretation of their experiences.

Step 2: Finding all relevant literature

MI as a therapeutic method was developed in the 1980s but was presented as a method of practice only in 1999 (Montgomery, 2012; Summer, 1999). All available literature published since 1999 focusing on MI was included in this review. Like the method employed by Fidler and Miksza (2020), the search did not limit inclusion according to sample characteristics, theoretical frameworks or dependent measures. This ensured inclusion of all the available literature on experiences of MI, which limited bias in the selection (McKinney & Honig, 2017; Oermann & Knafl, 2021). Given our

language proficiency, the published languages included in the selection were English and German. It was necessary to ensure that the appropriate search terms were used to identify all relevant studies (Torraco, 2005). The databases that were explored were APA PsycArticles, EbscoHost, eBook open collection, E-journals, ERIC, JSTOR, Open Dissertations, RILM, Scopus, and Web of Science.

The search terms were: experienc* *AND* Music and Imagery *OR* MI *OR* MI sessions. The original search produced only eight studies. When the abstracts of these articles were read, it became clear that MI can be described as part of the CMGIM or as a separate, different adaptation of GIM. For this reason, the search term "Continuum Model of Guided Imagery and Music (OR CMGIM)" was added. "*NOT* BMGIM" and "*NOT* Bonny Method of Guided Imagery and Music" were also added to the search terms, since all BMGIM literature was excluded. MI was specifically developed as an adaptation of BMGIM and is clearly differentiated from BMGIM (Meadows et al., 2015). Backward and forward searching was also employed, which means that a chosen article's reference list was used to find more relevant articles, as suggested by Finfgeld-Connett (2018).

Lisa Summer, who developed MI as a method, sent a list of resources after we contacted her personally via email (S. Summer personal communication, April 24, 2021; July 31, 2021). Another source for research material was the Association for Music and Imagery (AMI) website, since their journal articles (*Journal of the Association for Music and Imagery*) are available only to members. The search included the members' resource page of EAMI, which includes all dissertations from the University of Aalborg in Denmark. Lastly, the search included the proceedings from the Second International CMGIM symposium, hosted by the Korean Music Therapy Education Association, and held online in October 2021. Abstracts were read and the authors of the papers who met the inclusion criteria of this study were emailed with a request for their complete symposium presentations.

Step 3: Assessment of the quality of the literature

Both researchers assessed the quality of the studies included, as suggested by Dhollande et al. (2021). The studies were rated as high or low according to their methodological or theoretical rigour. The following two measures were applied for all studies to assess their value:

1) Is the research method fitting to answer the research question?
2) Do the collected data address the research question?

If the answer to both these questions were "yes", the mixed-methods appraisal tool (MMAT) developed by Pluye et al. (2009) was employed as this allowed us to evaluate the studies' outcomes. This scoring system was developed for mixed-methods research and mixed-studies reviews (Table 1).

We decided to retain certain studies regardless of their quality score, such as symposium presentations with much less data than full articles. However, less weight was given to studies with a lower score (Whittemore & Knafl, 2005). Only studies on which consensus was achieved were included.

Type of study	Methodological quality criteria	Present / Not Yes / No
Qualitative	Qualitative objective or question	
	Appropriate qualitative approach/design/method	
	Description of the context	
	Description of participants & justification of sampling	
	Description of qualitative data collection and analysis	
	Discussion of researchers'' reflexivity	
Quantitative	Appropriate sampling and sample	
	Justification of measurements (validity and standards)	
	Control of confounding variables	
Mixed methods	Justification of the mixed-method design	
	Combination of qualitative and quantitative data collection-analysis techniques or procedures	
	Integration of qualitative and quantitative data or results	

Table 1: The MMAT scoring system (Pluye et al., 2009) used for this review

Studies included

The literature searches produced 108 articles, theses, dissertations and conference contributions. After duplicate resources were removed, 72 studies remained. These studies were screened by reading only the abstracts. Despite excluding BMGIM in the search terms, many still referred to BMGIM, and 23 articles were removed for this reason. After having read the articles in full, 30 more studies were excluded as the main focus was not on clients' experiences. The remaining 19 articles, dissertations and presentations were read and reread, and this time the quality assessment criteria were applied. The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flowchart (Page et al., 2021) (Figure 1) is included to summarise this process.

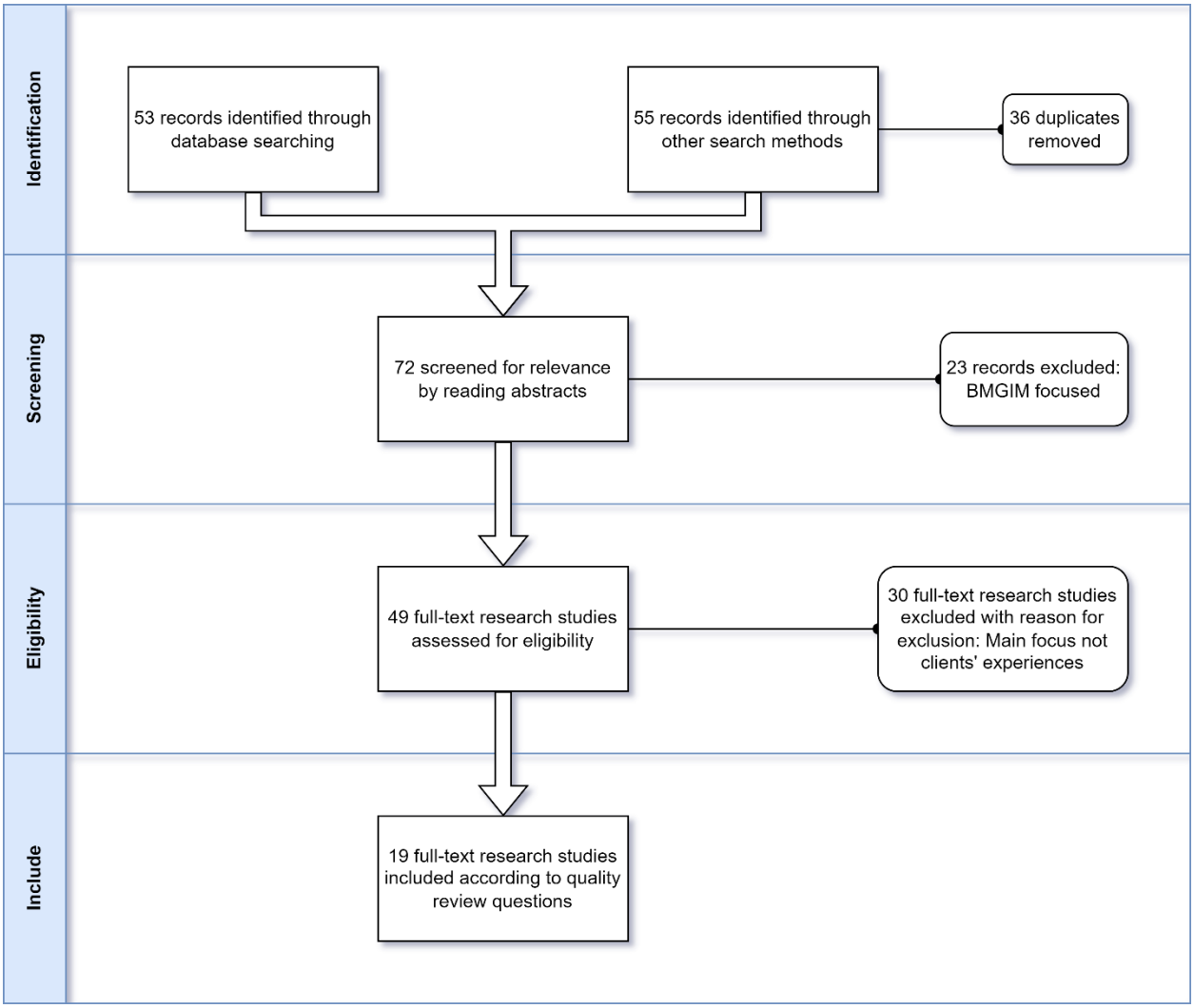

Figure 1: PRISMA flowchart

Table 2 includes the titles, authors and dates of the literature included in this review, as well as the research design, the MI method used, and the population group for each study. Two MI studies that are not part of the continuum model were also included. The reason for the inclusion was two-fold: (a) they all employed the same three levels (supportive, re-educative and reconstructive) as the continuum model and (b) all these studies focused on clients' experiences.

Author and year	Title	Study design	MI method	Population
Angulo et al. (2021)	Selecting the best music for the moment: How do we choose?	Qualitative study: Tri-ethnography	CMGIM	3 female MI therapy trainees in supervision
Dimiceli-Mitran (2020)	Focused Music and Imagery (FMI): Pathway through the psyche; Supportive and re-educative case examples	Case study	Focused Music and Imagery (FMI): MI session with talk-over during music listening to enhance the client's focus on the chosen topic. The same levels as those in the continuum model is employed.	3 clients (1 male and 2 female) looking for ways to cope with their situation(s)
Hearns (2010)	Journey beyond abuse: Healing through Music and Imagery	Case study	One woman's (suffering from domestic violence) case is addressed through supportive MI in a group process	Group session, number of participants is not specified
Herold (2021)	Musik als gefährtin im alltag – ein therapieprozess mit rezeptiver musiktherapie basierend auf modifikationen der methode Guided Imagery and Music (GIM)	Case study	CMGIM	1 woman suffering from PTSD
Kang (2017)	Supportive Music and Imagery with sandplay for child witnesses of domestic violence: A pilot study report	Quantitative study: Single subject design; Pilot study	CMGIM, but with sandplay instead of drawing	3 children (2 boys and 1 girl) who witnessed domestic violence
Karastatira (2021)	Supportive MI in a secondary school for children with emotional and behavioural issues	Qualitative study: Pilot project	CMGIM	3 adolescent clients (1 boy, 2 girls)
Kim A J (2020)	Qualitative inquiry on peer group Music and Imagery experiences	Qualitative study: IPA	CMGIM	4 female MI therapy trainees
Kim Young Shil (2021)	Music Therapy interns' experiences of mindfulness-oriented Music and Imagery (Mo-MI): A grounded theory research	Qualitative study: Grounded Theory study	Comparison CMGIM MI and Mindfulness oriented MI experiences	11 Music Therapy interns
Kim Young Sook (2021)	Drama of attachment trauma recovery using CMGIM	Case study	CMGIM	1 female client with traumatic attachment experiences
Liu (2021)	Clients' progress in Continuum Model of GIM: Based on Q-methodology	Qualitative study: Q-methodology	CMGIM	27 clients; 18 female and 9 male

(Table 2, continued)

Meadows et al. (2015)	Measuring Supportive Music and Imagery interventions: The development of the Music Therapy Self-Rating Scale	Quantitative study: Exploratory factor analysis	Supportive MI sessions, employing the same three levels as the continuum model. Directive guiding while listening to the music; and rating the effect	76 adult cancer patients receiving chemotherapy
Paik-Maier (2010)	Supportive Music and Imagery method	Case study	CMGIM	6 female therapist and trainees of the MI method
Paik-Maier (2013)	Music and Imagery self-experience in the clinical supervision of trainees Guided Imagery and Music	Case study	CMGIM	6 female MI therapists and clients (3 each)
Paik-Maier (2017)	An exploratory study of the processes of Supportive Music and Imagery therapy conducted in Korea	Case study	CMGIM	12 female therapist and trainees involved in MI training and supervision
Park (2021)	Case study of Supportive Music and Imagery for enhancing self-worth	Case study	CMGIM	2 individual female clients
Story (2018)	Guided Imagery and Music with military women and trauma: A continuum approach to music and healing	Mixed method study: Randomised Control Trial	CMGIM	5 women who suffered from MST
Story and Beck (2017)	Guided Imagery and Music with female military veterans: An intervention development study	Qualitative study: Intervention development study	CMGIM	5 women who suffered from MST
Summer (2011)	Music Therapy and depression: Uncovering resources in Music and Imagery	Case study	CMGIM	1 male client suffering from depression
Yun (2021)	A case study on the experience of self-acceptance through Supportive Music and Imagery	Case study	CMGIM	1 individual female client

Table 2: Detailed list of studies included in this review

Step 4: Data analysis

We used ATLAS.ti 22 in this integrative literature review to assist with organising and analysing the selected literature. We used reflexive thematic analysis (Braun & Clarke, 2021) to develop, analyse and interpret patterns across a data set. This analysis consists of six phases.

In phase 1, we read through the selected literature once again to familiarise ourselves with the data. The coding process started simultaneously with the second reading. In phase 2, quotations from clients who participated in the studies were coded and re-coded in line with the purpose of this

study, namely, to ascertain clients' experiences. Authors' descriptions of their clients' experiences were also included. Just over 100 different codes were created across the 19 documents, and the next step was categorising them. Categories included 1) Affect regulation, 2) Becoming aware of character strengths, 3) Experiencing challenging emotions, 4) Experiencing challenges leading to transformation, 5) Connectedness, 6) Feeling protected, 7) Positive emotions, 8) Self-awareness, 9) Positive transformational music experiences, 10) Acceptance, and 11) Trust.

Phase 3 involved generating the initial themes. This process included colour coding and renaming the categories and consolidating them into themes. In phase 4, the themes were reviewed and developed to arrive at a final summary that satisfied both researchers. Phase 5 included the defining, refining and naming the themes. We reached consensus on the following themes:

1) Music as a catalyst for transformational experiences
2) Emotional experiences
3) Strengths, acceptance, and self-awareness
4) Affect regulation
5) Trust and feeling protected
6) Connectedness

Themes	Categories	Codes
Music as a catalyst for transformational experiences	1)Positive transformational music experiences	a different way to communicate; liberating/freeing; empowering/strengthening
	2) Experiencing challenges leading to transformation	disturbing; fleeting; overwhelming
Emotional experiences	1) Experiencing challenging emotions	anger; feeling depressed; anxiety; fearfulness; frustration; loneliness; sadness; uncertainty; feeling disconnected; negative feelings
	2) Positive emotions	emotionally focused; calmness; confidence; feeling encouraged; feeling excited; joyfulness; freedom; feeling motivated; positive memories
Strengths, acceptance, and self-awareness	1) Becoming aware of character strengths	courage; curiosity; faith; forgiveness; zest; love; patience; perspective; resilience
	2) Acceptance	self-acceptance; insight; self-appreciation
	3) Self-awareness	self-knowledge; self-care; self-worth
Affect regulation	1) Release	Aggression release; Music slows down the body; less psychological distress; release of tension
	2) Increase	Music is energising; enjoyment
Trust and feeling protected	1) Feeling protected	groundedness; holding; supported; safety
	2) Trust	self; others; music; process
		Also: feeling unprotected; a need for support
Connectedness	1) Connectedness	God; nature; relationships; spiritual; self
	2) Insight	better insight of self; better insight of others

Table 3: Themes, categories and codes

Step 5: Reporting and interpreting the findings

Findings

Phase 6 entailed writing up the findings (Braun & Clarke, 2021). Each theme that was developed was described in detail in this phase. The interpretation of the findings will follow in the discussion section. A list of relevant quotations that are not discussed in detail in the findings is provided in Table 4.

Theme	Quotation	Publication
Theme 1 Music as a catalyst for transformational experiences	Now I can even love my inner judge, and this empowers me!	Angulo et al. (2021, slide 15)
	Evie felt a sense of release and allowance from her FMI experience.	Dimiceli-Mitran (2020, p. 49)
	He stated that in the music, he had a feeling of knowing he has the power to give himself a great life and that he had not felt truly powerful recently because he needs his creativity to feel whole.	Dimiceli-Mitran (2020, pp. 45-46)
	I see myself growing and expanding.	Paik-Maier (2017, p. 95)
	It felt as if the music was saying wake up, wake up… saplings are coming out…	Paik-Maier (2017, p. 123)
	When a string instrument comes out, that sound makes me free and fly more. Up above the sky is my own playground, a new self, playing freely in the playground.	Park (2021, slide 7)
Theme 2 Emotional experiences	I am so angry with myself!	Angulo et al. (2021, slide 9)
	Just a little at a time, things get a little brighter in our life until we're out here, and that's kind of where I feel like I am.	Hearns (2010, p. 51)
	In this room she feels herself better… she has a great calm and radiates confidence just like the eyes of the grazing horses which she had observed.	Herold (2021, p. 68)
	…feeling sad and overwhelmed…	Karastatira (2021, slide 23)
	It brought in some tension as well as a parallel process to the feelings she was examining between confidence and anxiety.	Story (2018, p. 119)
	Like a coming home kind of joy, you know, like you've been away for a long time and now you know you are where you need to be.	Story (2018, p. 127)

(Table 4, continued)

Theme	Quotation	Publication
Theme 3 Strengths, acceptance & self-awareness	In the process of music selection, it is not only transference on the client's part that occurs. When a therapist offers music in transition, they may be influenced by their ghosts, desires to rescue the client or any other kind of countertransference.	Angulo et al. (2021, slide 17)
	Focus on the present moment, enjoy the present moment, and love to appreciate life.	Liu (2021, p. 19)
	May noted that she could organize her thoughts while she was drawing. She explained that the image in the inner circle represented her mind, and the outer blackness represented her worries and complex problems. In the circle, May was rowing, going upward against the stream. May could not see what was ahead of her as there was thick fog around. It was hard for her to proceed, but with a paddle, like a steering wheel, May felt that she could keep going and 'reach a good, better place'. May later added: 'Depending on how I use the paddle the direction changes. I could accept fate as it is but with a paddle I could steer in the direction I want to go'.	Paik-Maier (2017, p. 175)
	He described himself changing in his everyday life, finding focus, presence, openness, acceptance, hope, availability, relaxation, and contentment.	Summer (2011, p. 491)
	The various levels of sensations, emotions and thoughts experienced in MI serve as a channel through which one's inner world and reality connect to, and these experiences induce the inner state claimed by mindfulness, that is, the orientation of awareness, acceptance and distance.	Young Shil Kim (2021, slide 24)
Theme 4 Affect regulation	Music helped me to express my explosive anger, yet it also helped to restrain my feelings. After repeating this for several times, the intensity of my anger had decreased.	Paik-Maier (2013, p. 9).
	Kim described the experience as 'fully satisfying, I am communing with the piano as if we are one…the piano responds at the end of my fingers…I feel so happy from it'.	Paik-Maier (2017, p. 115)
	So it represented energy to me, rather than the quiet meditative part. And I keep this part mostly hidden. People don't usually see that because I'm not sure what to do with it. Where do I put it?	Story (2018, p. 111)
	While contemplating imagery, participants [became] aware of inner experience clearly and objectively.	Young Shil Kim (2021, slide 26)

(Table 4, continued)

Theme	Quotation	Publication
Theme 5 Trust and feeling protected	The choosing of the music has an essential function in the session's progress because each piece of music has elements that can contribute to the change in the client. It may be originated by the tempo, the orchestration, a new instrument or a different dynamic.	Angulo et al. (2021, slide 17)
	She says the picture has three parts: In the middle is a tree which stretches out its branches like arms and gives protection and security. From the spiral on the right, she says that a path emerged during the painting which she knows from a piece of forest, and which leads her again and again to surprising views. And on the left in the picture is a cave, a protection from the outside. I ask where it would be best for her in the picture now. She says, in the cave. It is warm and gives security. She also invites us to marvel at the cave because there are glow-worms inside. It is like a completely different world. I ask if she can also perceive this warm feeling in her body. Ms. A. points to the chest area. 'It is warm there and feels very light and free'.	Herold (2021, p. 66)
	Jade responded that whenever she felt a difficulty, this warm image would help her, as imagery from previous sessions had. Jade said that she was optimistic about what future awaited her.	Paik-Maier (2017, p. 144)
	Each time she was emotionally engaged, being tearful, smiling, or laughing while listening to music and working on her positive/ supportive experiences.	Paik-Maier (2013, p. 3)
	She gained some insight into how she approaches trust as well as how previous experiences have impacted her ability to trust others and, most importantly, herself".	Story (2018, p. 128)
Theme 6 Connectedness	Reflecting together after some time gives another deep and valuable dimension of the process. We communicated our experience as clients, therapists and witnesses to share our findings and thus grow as therapists.	Angulo et al. (2021, slide 16)
	She is cautious yet is ready to lower her defences (fence of playground) to welcome people selectively in her playground. She now is in charge of regulating, defending her psychological space.	Paik-Maier (2010, p. 10)
	My imagery was as follows: A blue sky, an endlessly wide field in Africa, I stand on it.	Paik-Maier (2013, p. 10)
	"Sue felt that such a connection made her feel not lonely, but secure and free"	Paik-Maier (2017, p. 95)
	She had felt God's 'abundant' presence.	Paik-Maier (2017, p. 183)
	Music that reminds me of a meadow; everywhere I step is a meadow.	Park (2021, slide 15)
	The first session connected her to an image of her grandmother as a positive resource from her childhood that she continued to use throughout the session series.	Story (2018, p. 115)

Table 4: A summary of quotations found in the data

Theme 1: Music as a catalyst for transformational experiences

Several clients experienced music as a catalyst for transformational experiences, which included confronting challenging experiences. We identified transformational music experiences in 17 of 19 studies included in the review. Music was described by the clients as affording a different way to communicate, as liberating and empowering.

Hearns (2010) described her client's experience as "transpersonal and transformative in nature" (p. 55) after the client said that "it's what's inside of me that's kind of coming out to me showing [me who I am]" (p. 54). Music as a catalyst for transformational experiences because of its power to stimulate a different way of communication was mentioned in several examples. A client described the music as communicating to her in the following way: "it led me to an awesome experience of getting in touch with my thoughts, feelings and emotions through music" (Paik-Maier, 2010, p. 14). Story (2018) also described how her clients experienced music as an alternative and transforming method of communication. She mentioned that a client who suffered from PTSD reacted as follows during a music listening experience: "(S)he had her hand pushing out in front of her in a motion of 'stop'. She associated it with saying no to her attacker and also to the current negativity she was feeling in her life" (p. 112). Another client mentioned how a "brief mandala drawing allowed her to draw the anger on the page" (Story, 2018, p. 116).

Music as a catalyst for transformational experiences was noted in quotations involving clients experiencing the music as liberating, for example: "My body flows" (Meadows et al., 2015, p. 373). In Dimiceli-Mitran's (2020) study, a client who was diagnosed in adulthood as being on the autistic spectrum said, "I want to release this boy again" (p. 46), and another client from this same study experienced "a feeling of lightheartedness, good company and nature" (p. 50). Freedom and beauty in the music were described by one of Liu's (2021) clients: "Sometimes music touches my heart. As if it's taking me on some amazing and adventurous journey" (p. 19).

Transformation can be facilitated by clients feeling empowered and can be defined as "the process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights" (Oxford Dictionary, n.d.). Herold (2021) quoted a comment made in the context of the client having started a new job after feeling insecure and intimidated during the difficult process of looking for work. After the MI experience, the client "felt very light … It felt very familiar and light" (p. 69).

Challenging experiences can certainly also lead to transformation. In this theme – where the music is the catalyst for transformational experiences – challenging music experiences were also evident. Hearns (2010) described one client's difficulty: "She said it was challenging for her to stay focused during the music listening experience" (p. 51), whilst Summer (2011, p. 489) described a client experiencing the imagery during the music listening process as "fleeting," "disturbing" and "fragmented." Angulo et al. (2021), Paik-Maier (2017), Story and Beck (2017), and Story (2018) all described clients who found the music-listening experiences overwhelming. Responses such as "unable to engage" (Story, 2018, p. 116), "anxious," "complicated," "flooding" (Paik-Maier, 2017, pp. 130-131), "heavy" and "exhausted" (Paik-Maier, 2017, p. 141), and "inhibited" (Story & Beck, 2017, p. 98) were indicated. In the case of Angulo et al. (2021, slide 6), the client's journey was one of

refusal at first, up to the point where the music had a "profound effect," leading to "change" for the client.

Theme 2: Emotional experiences

Examples of both positive and challenging emotional experiences were included in the literature. Challenging emotional experiences were reported in 12 of the studies. These included anger, confusion and sadness (see Table 4). Frustration also became evident during music listening when Kang's (2017) client played aggressively with the figures in the sand tray. She said, "I'm really delighted to massacre things like a villain" (p. 75).

Feelings of fear and uncertainty were also expressed: "What if I cannot do it because I am afraid of it?" (Paik-Maier, 2017, p. 130). Angulo et al. (2021) mentioned an example of a client realising that she had to face her inner critic even though this would create a feeling of uncertainty in the moment: "But I need the victim to stay, instead of running away" (slide 12). Paik-Maier (2017) noted that her client "expressed many ambivalent feelings" (p. 144). Yun (2021) also mentioned her client feeling disconnected as she "expressed having negative feelings of inadequacy and segmentation" (slide 6).

During MI sessions, some clients also noted that feelings of depression emerged: "Then I was faced with the abyss of depression which I have tried to escape from while breathing at a slow pace" (Paik-Maier, 2013, p. 14). Loneliness is another difficult emotion that arose in some cases, for example when a client asked the therapist to "sing [the] popular song 'A Firefly' whose lyrics are about parting and loneliness" (Kang, 2017, p. 75).

On the other hand, emotions that are experienced as positive and uplifting were also reported in 13 studies. Summer (2011) described how her client became more focused: "Kyle expressed that he had felt 'focused', 'involved' and 'creative' while he was drawing" (p. 490). Meadows et al. (2015, p. 373) noted that their clients felt "refreshed."

Other positive emotions that were expressed during MI sessions include "excitement" and "joy" (Karastatira, 2021). Dimiceli-Mitran (2020) noted that a client felt encouraged by the process: "He felt opened, affirmed, heard, and relieved to sit with his feelings" (p. 45). Five authors also reported that the music stirred positive memories (Dimiceli-Mitran, 2020; Paik-Maier, 2010, 2013, 2017; Story, 2018; Summer, 2011; Yun, 2021).

Theme 3: Strengths, acceptance, and self-awareness

This theme incorporates three concepts which build on each other in a symbiotic relationship. It was found that these three concepts – strengths, acceptance and self-awareness – feed from and into each other. All the included studies included codes from at least one of these concepts.

The various character strengths that the clients became aware of and started to understand as a result of their experiences during the MI sessions were coded. Strengths that were mentioned in quotations included courage and confidence: "I feel 'Yes, I can do it!'" (Paik-Maier, 2017, p. 130). A much earlier study by Paik-Maier (2010) included this comment: "As I experienced my inner positive imageries, I began to unfold my crumpled (creased) mind, found my strength and became confident" (p. 13).

Faith as a strength was also represented: "She connected the flowers in her drawing to faith and wanted to see flowers as a visual reminder of faith during the coming week" (Story, 2018, p. 123). Paik-Maier (2017) wrote how her client experienced her faith in the MI process: "She explained that she felt supported by the oceans like she felt supported by God" (p. 78). Forgiveness also emerged as a character strength: "Mary shared that she was working on forgiveness and being able to stop blaming others" (Story, 2018, p. 116). Love and appreciation of beauty were mentioned as a positive attribute: "Focus on the present moment, enjoy the present moment, and love to appreciate life. I can feel the happiness and beauty around" (Liu, 2021, p. 19).

Two authors noted that their clients appreciated their curiosity as a strength: "It stimulates my curiosity which leads me to meet many different fruits inside me" (Park, 2021, slide 9) and "She was curious about the image and felt energised by it" (Story, 2018, p. 112). The following comment demonstrated how a client became more patient: "Just a little at a time, things get a little brighter in our life until we're out of here" (Hearns, 2010, p. 51). Gaining a sense of perspective was a strength that a client developed during MI sessions: "I have learned to use imagery as a way to ground myself. I can see these images, and it just takes me to a different place" (Story & Beck, 2017, p. 98).

Lastly, resilience was evident in several studies, for example: "He stated the flame symbolizes his resilience, but it is barely above water, a tiny pilot light. He said, 'Life deals you the hand, and you have to prioritize other things.' He doesn't regret it" (Dimiceli-Mitran, 2020, p. 47).

Becoming aware of these strengths is the beginning of acceptance, as clients realise a marked change in self-concept. Acceptance was noted as a theme in Story and Beck's (2017) study: "A new and useful experience and acceptance of a previously marginalized aspect of self" (p. 101). Summer (2011) explained what happened to her client: "The second re-educative step occurred when he was willing to accept, on a new level, the reality of his feelings" (p. 493).

Awareness was also acutely heightened while the music played and the client drew. One client mentioned that drawing mandalas allowed her to "really connect with things that I didn't know were there. That's how I would define this experience" (Hearns, 2010, p. 57). Story and Beck (2017) highlighted the significance of self-awareness: "The imagery [facilitated change through] identification of positive inner resources and a new experience of 'self' in the music" (p. 96). A last example here is from Story (2018): "Listening together to music [that] she had brought [along to the session], she identified herself in an image as 'somebody who takes more risks than I have in my life…'" (p. 112).

Theme 4: Affect regulation

The following five categories related to affect regulation appeared in 16 of the 19 studies: the release of physical tension, the release of anger, the release of psychological tension, slowing down of the body, and energising the body.

In the category of physical tension being released, we noted a client's comment in Meadows et al. (2015, p. 373) about being "less uptight." Karastatira (2021), observing one of the young clients, commented that "[it] feels good in her body. [She] can take [a] deep breath, the self-hug" (slide 12).

Anger release was also noted in a session with a young client: "[H]e said: 'I'll break [the animal figures]' and attempted to do so while pretending to cut them with a knife" (Kang, 2017, p. 75). Adults

could also describe their release of anger (Paik-Maier, 2013) and reduced psychological distress was a theme in Young Shil Kim's (2021) study (see Table 4).

Various comments referred to the slowing down of the body. Clients referred to "Body stabilization (Calming down)" (Young Sook Shil, 2021, slide 13) and that "the music held my emotion, waiting for me patiently and not rushing me" (Paik-Maier, 2013, p. 15). However, there were more references to energising the body: "I have fire for life" (Hearns, 2010, p. 54) is one example. One of the clients reported that they "enjoy the present moment" (Liu, 2021, p. 19). Lastly, when a client heard a specific piece of music, she exclaimed: "This is what I need. It is like the pulse of this dark side of myself" (Angulo et al., 2021, slide 13).

Theme 5: Trust and feeling protected

Trust was a notion present in 16 studies; it included categories such as trusting oneself, trusting others and, significantly, trusting the music: "I am the conductor, I'm at the centre, and I lead the sounds, waves, all of them and everyone follows me. (I) feel thrilled about music perfectly following my direction" (Park, 2021, slide 14). This comment showed how, when the client trusted the music, it helped the client also to trust themself. Comments that focused on trusting others were included in a group study: "Experiences of group support by sense of kinship…trust towards the group…" (Kim, 2020, p. 107). Paik-Maier (2013) referred to the fact that the therapist must also trust the client: "I trusted the power the clients have within" (p. 15).

There was also a category that entailed trusting the music in this type of therapeutic method: Kim (2020) mentioned: "Successful music experiences…trusting the music" (p. 107), and Angulo et al. (2021) said "the music fits better" (slide 14). This comment refers to the choice of music during an MI session and the significance of how suitable music helps the client trust the process. Music also made clients feel safe, even when different emotions were present. Paik-Maier (2010) also mentioned in one example: "This [the music] was a safe and peaceful place to meet a girl who lived happily and freely" (p. 8), whilst Story and Beck (2017) spoke about music which "allows an experience of safety and trust" (p. 94).

Another category under this theme is the feeling of groundedness: "So it was a nice process for me to learn…I've learned to use imagery as a way to ground myself" (Story & Beck, 2017, p. 98). A feeling of being grounded was associated with specific physical spaces: "The room feels much calmer" (Meadows et al., 2015, p. 373). Park's (2021) client felt connected to nature with a "feeling of being connected and joined as one with [an] endless plain [grassland]" (slide 11). This kind of groundedness is similar to feeling supported and contained by either the music or the imagery or both: "It reminds me of coming to a place of home. It definitely feels like I'd want to go there" (Story, 2018, p. 127). Similarly, the comment: "Comfortable; being at home" (Karastatira, 2021, slide 6) indicated a feeling of safety and protection.

Being immersed in the music and the imagery was also experienced by clients as feeling safe and protected: "With the pace of his drawing slowed down, his arms began moving every once in a while, with the rhythm of the music. Listening deeply, he allowed the beauty of the music to shape what he was drawing" (Summer, 2011, p. 491).

Some codes around feeling protected also referred to a lack of support or groundedness. A need for support was noted by Kang (2017, p. 76): "Participant Cera seemed to express a need for

love," and Yun (2021) mentioned: "In the drawing someone was carrying heavy luggage, too heavy for anyone, in the middle of a desert hit by a sandstorm" (slide 13).

Theme 6: Connectedness

Codes that allude to connectedness appeared in all 19 studies. Connection to God was noted by Meadows et al. (2015): "I feel connected to God" (p. 373). Paik-Maier (2017) also observed a connection between her client with God: "She had felt God's 'abundant' presence" (p. 183).

Connectedness to nature also appeared in a number of studies, one example being: "These are her experiences during the excursions, running in the open air, the sounds of windmills…" (Herold, 2021, p. 68). Another was: "These birds are sleeping warmly while embracing each other" (Kang 2017, p. 76). Like Kang, whose clients were children, Karastatira (2021) also worked with young people and noted the following: "A rose in the mirror, playing outside, feeling 'worth it'" (slide 10).

Connection to self was observed both physically, with a heightened body awareness, and emotionally. An emotional connection was observed in the following examples: "[She] asked herself: Perhaps she may have been avoiding feelings, not that she couldn't feel them or empathize with others" (Yun, 2021, slide 19) and: "But I'm trying so hard to [believe] in myself" (Hearns, 2010, p. 54).

Connectedness to others came to the fore in several examples: "I can accept the difficulties and obstacles I have experienced in the past, or the people and things that once made me sad. These will no longer bother me" (Liu, 2021, p. 19). Paik-Maier's (2010) client experienced a more gradual process of connecting with others: "She is cautious yet is ready to lower her defences (fence of playground) to welcome people selectively in her playground. She now is in charge of regulating, defending her psychological space" (p. 10).

Codes dealing with connection with others, specifically in the sense of understanding others, were also found in the literature. Young Sook Kim (2021) found that a direct consequence of the therapeutic work was a better understanding of others. A client in this case felt free from guilt, understanding their mother as a woman. Two emotional and significant comments came from separate studies: "I'm not alone. There will be conflicts, but there will always be that support there" (Story & Beck, 2017, p. 98), and "[H]e reported that he experienced – for the first time in his life that he ever remembered –- really feeling what he knew were normal feelings of compassion for another person" (Summer, 2011, p. 491). Strong insights about better understanding among group members were evident in comments such as: "Allowing individuality; embracing diversity" (Kim, 2020, p. 107) and Young Shil Kim (2021) reported connection in the following way: "To help open-minded[ness] in group, to help reduce defence in group" (slide 25).

DISCUSSION

We explored the experiences of clients during MI sessions. The findings indicate that clients experienced music as a meaningful catalyst for emotional experiences, and for experiences of acceptance, awareness and finding their strengths, affect regulation, trust and feeling protected, and connectedness. Both positive and challenging emotions were represented in the data. Data referring to strengths, acceptance and self-awareness as well as affect regulation included both positive and

difficult experiences during sessions. So-called negative experiences are potentially highly significant in therapy and should not be neglected or overlooked.

Based on the reviewed material, our interpretation is that MI experiences are associated with music as a catalyst for both transformational and emotional experiences. Music is also the catalyst for identifying strengths and developing acceptance and self-awareness. Acceptance, self-awareness and acknowledgement of one's strengths also help to promote meaningful experiences of connectedness. In theme 2, it became clear that positive emotional experiences help with affect regulation, which in turn creates trust and feeling protected. Our interpretation of the data is that when experiences of trust and feeling protected are acknowledged, they also become part of a sense of connectedness. The first theme in our study, 'Music as a catalyst for transformational experiences' produced rich and varied codes which could be linked to the other themes (see Figure 2).

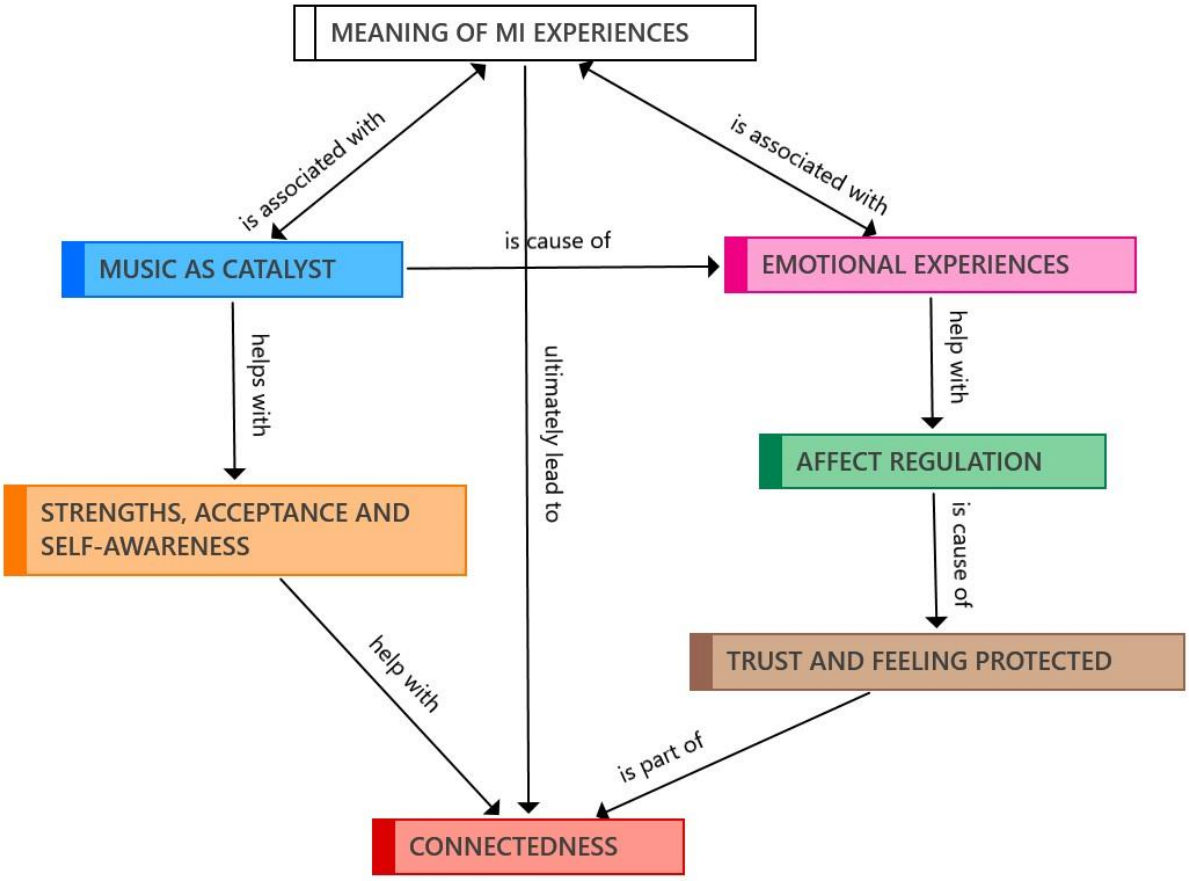

Figure 2: Connections between the themes

GIM in various adaptations has previously been explored as a well-being intervention. The overall results looked positive, with concepts such as hope, resilience, spiritual well-being and self-efficacy identified in the data (Jerling & Heyns, 2020). Literature that argues for the positive role of music in improving clients' well-being in various healthcare settings includes work by Bonny (2002), Bruscia (2015), and Jensen and Bonde (2018).

Reflecting on the themes in this study and comparing them with similar studies (Hess, 2004; Merriam & Grenier, 2019) revealed interesting relationships. In Solli and colleagues' (2013) meta-synthesis of music therapy service users' experiences, for example, there were four themes that helped us to think through our findings: 1) having a good time, 2) being together, 3) feeling, and 4) being someone.

The theme of "having a good time" (Solli et al., 2013) could be compared to aspects of the theme "affect regulation" in our study, which highlighted the enjoyment and the energising element of music. Happiness can be defined as affect balance, experiencing more positive than negative emotions (Catapano et al., 2022), depending on whether basic needs are satisfied (Baumeister et al., 2013). Positive emotions or feeling good contributes to emotional well-being (Keyes, 2002). Happiness is associated with hedonia: "seeking pleasure and comfort" (Huta & Ryan, 2010, p. 735). Happy experiences are associated with ease (Dwyer et al., 2017) and being carefree (Baumeister et al., 2013). Fredrickson (2013) gives examples of positive emotions: love, appreciation of beauty, inspiration, amusement, pride, hope, interests, serenity, gratitude, and joy. Positive emotions and happiness are often fleeting, pleasant and experienced in the moment (Baumeister et al., 2013).

The three categories that Solli et al. (2013) mention under the theme of "being someone," are identity, mastery and regaining music. Regarding identity and mastery, our study alludes to the concepts of self-trust, self-awareness, self-acceptance, self-insight and self-knowledge during the coding process and theme development. Furthermore, our study refers to music not only as a stimulus for different ways of communicating but also that music is strengthening and empowering. These notions can all be related to the sense of "being someone."

"Feeling" is the third theme in the study by Solli et al. (2013). This directly correlates with our study's theme of "emotional experiences." The categories under the "feeling" theme in Solli et al. (2013) are awareness, expression and regulation of emotions. They specifically refer to difficult emotions such as anger. Our study also includes both challenging and positive emotions, and the release of aggression is mentioned under the "affect regulation" theme.

"Being together" (Solli et al., 2013) and our "trust and feeling protected" theme had the following aspects in common: a sense of belonging, feeling supported and trusting others. Our theme "connectedness" can also be compared to the category of social participation in the study by Solli et al. (2013). By comparing results from the thematic analysis in these studies, it is clear that clients' experiences in various music therapy interventions are similar.

The main differences between their study and ours are the method and the focus. Whilst our study is an integrative literature review, the study by Solli et al. (2013) is a meta-synthesis. The purpose of an integrative literature review is to synthesise various kinds of data on a relatively new phenomenon (Matney, 2017). Empirical and theoretical papers can be included, and grey material such as unpublished conference papers, dissertations and theses were also included. The goal of a meta-synthesis, on the other hand, is to synthesise evidence of the effectiveness of complex interventions and suggest how to implement them (Booth et al., 2018). Unpublished material was excluded from the study by Solli et al. (2013).

The second difference is focus. Both studies focused on client experiences. However, the focus of our study was on exploring clients' experiences of MI, as part of the continuum model only. Solli et al. (2013) explored clients' experiences of various music therapy interventions, focusing on

post-session reflections. Only adult clients were included, whilst in our study children and adults were included.

A third noteworthy difference between the two studies is our distinction between "emotional experiences" (theme 2) and "affect regulation" (theme 4), whereas Solli et al. (2013) only address "feeling" as a theme. In our study, we felt it important to distinguish between emotional experiences and affect regulation. Affect regulation refers to controlling or adjusting the physiological or visible reaction that accompanies an emotional experience (Fonagy et al., 2002). Burns et al. (2018) reported that the awareness of body increased substantially on the music therapy self-report scale in their study, adding that the effect size was larger for MI than for music listening. Because affect refers to the physiological response to emotions, according to Folz et al. (2022), it was important to include how clients experienced their bodies and body sensations in this theme. Our study also found examples of sensing the body and slowing down breathing (Scott-Moncrieff et al., 2015) in order to slow down and deepen the imaging experience (Montgomery, 2012).

Bae (2011) measured positive and negative affect in music therapy students using the Positive Affect Negative Affect Schedule (PANAS) before and after two different music therapy interventions. One intervention was Group MI and the other was a drumming group. In the Group MI sessions there was a slight difference in student's positive affect score after the intervention. In the studies we reviewed, it seemed that affect regulation (Theme 4) is an important experience during an MI session. Reduced psychological distress was a theme in a study by Sun and Wang (2021). They found Supportive Music and Imagery (SMI) to be very effective in cases of psychological distress. Bae (2011) measured the affect states before and after sessions, whilst in the studies reviewed above, the data collection occurred during sessions.

The studies included in this review clearly indicated that the choice of music can accomplish a wide range of affect regulatory effects on the client in the session, and the music can therefore be adapted to suit the immediate needs of the client. MI is designed on the continuum from supportive to re-educating and reconstructing. On the supportive level, the comments "feeling less uptight" (Meadows, 2015, p. 191) and "the music held my emotion" (Paik-Maier, 2013, p. 15) allude to how music can regulate affect. Affect regulation on a more re-educative level was seen in studies where greater objective awareness of an inner experience was noticed. Young Shil Kim's (2021) clients reported emotional and sensory experiences whilst focusing on their body sensations during music listening. A good example of how MI can be used on the reconstructive level was found in the case where the choice of music played an important role in reaching a transformative goal. Angulo et al. (2021) reported how the client felt the change in the body with transformative results.

Supportive MI, the first level of the continuum, is also known as resource-oriented MI or RO-MI (Story & Beck, 2017). The primary purpose of this level of MI is to identify and develop inner resources (Summer, 2002). In our analysis we found quite a number of inner resources emerging during supportive MI. Comparing this to the Virtues In Action (VIA) classification of Park et al. (2004), many of the concepts were included in the theme of "strengths."

The VIA character strength classification survey, developed by Park et al. (2004), lists 24 strengths. These strengths are categorised under six virtues, namely, wisdom, courage, humanity, temperance, justice, and transcendence. Of the 24 strengths that are included in the VIA, the following 19 were identified in the MI literature reviewed here: open-mindedness, curiosity, creativity,

perspective, courage, perseverance, integrity, love, social intelligence, teamwork, self-regulation, prudence, forgiveness, humility, appreciation of beauty, hope, gratitude, playfulness and spirituality. All six virtues are represented in these 19 character strengths, which came to the fore due to MI sessions.

We agree with Scott-Moncrieff et al. (2015) who state that acceptance is necessary to overcome issues of trauma, hurt and pain, and live a healthy and fulfilled life. According to the broaden-and-build theory developed by Fredrickson (2001), experiencing positive emotions can broaden our thoughts, which in turn can influence our behaviour, inspiring us to try some new things. This will lead to building personal resources or strengths, which can lead to increased health and well-being. We are of the opinion that MI sessions can contribute to clients experiencing positive emotions and, as a result, opportunities for healing, growth and general well-being are created.

Strengths and limitations

A limitation of this integrative literature review is that there were not many studies available because MI, which is part of the continuum model, is a relatively young method,. The quality of the included studies varied substantially. Seven of the included studies were symposium presentations and, due to the time limit of a presentation, less depth can be explored, which meant that these included studies weighed less than the full articles and theses. Member-checking was not mentioned in any of the included studies, and this could consequently be seen as an unintentional limitation of our study.

Yet, this is the first purposeful review of its kind. The presentations that were included were from a symposium that purely focused on the continuum model, making the content of the presentations very suitable for our purpose. Furthermore, since this literature review focuses on one specific MI method, the study becomes more consistent as all the client descriptions stem from the same type of intervention. We used clients' own words from their lived experiences in the thematic analysis, but we also included quotations from therapists on how they interpreted their clients' experiences in cases where we did not have access to clients' direct words. This double hermeneutic, with the therapist making sense of the client's sense-making of a lived experience (Smith et al., 2009) deepens the understanding of the participants' experiences (Lee & McFerran, 2015). Another factor that strengthens this study is that the two authors collaborated on the inclusion of the studies for review, as well as the thematic analysis. This enhances the validity of this review.

Future research

There is still a significant need and great opportunity for more research on the CMGIM model as well as the other types and variations of MI. All the studies included in this review were focused on Asia, Western countries and the USA. MI uses clients' preferred music in the therapy sessions (Scott-Moncrieff, 2021), and therefore it would be beneficial to extend studies of this nature to other cultures. Future research in this field should include comparisons between clients' experiences, while another possible point of focus could be on broadening the settings and contexts where this method could be beneficial. The musical identities of clients should also be considered in research. The MI method has the potential to help in areas where healing and personal growth are needed.

CONCLUSION

This integrative literature review contributes to the body of research on MI as part of the CMGIM model. We derived six themes: (1) Music as a catalyst for transformational experiences; (2) Emotional experiences; (3) Strengths, acceptance and self-awareness; (4) Affect regulation; (5) Trust and feeling protected; and (6) Connectedness. Data showed that clients in various settings and ages attribute meaning to their lived experiences in MI sessions. Clients' re-connection with themselves during MI sessions can be viewed as meaningful and constructive. The unique feature of this MI method, namely, using client-preferred music, is an important aspect to consider in therapy. There is, therefore, every reason to undertake further exploration of MI as a therapeutic method, both in practice and from a theoretical perspective.

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Ελληνική περίληψη | Greek abstract

Οι εμπειρίες των πελατών από τις συνεδρίες Μουσικής και Νοερής Απεικόνισης (MNA): Μια περιεκτική βιβλιογραφική ανασκόπηση

Petra Jerling | Liesl van der Merwe

ΠΕΡΙΛΗΨΗ

Η Μουσική και Νοερή Απεικόνιση (MNA), η οποία αποτελεί μέρος του Συνεχούς Μοντέλου της Καθοδηγούμενης Νοερής Απεικόνισης και Μουσικής (ΣΜΚΕΜ), είναι μια δεκτική μουσικοθεραπευτική

μέθοδος που αναπτύχθηκε από τη Lisa Summer (1999) ως προσαρμογή της Μεθόδου Bonny της Καθοδηγούμενης Νοερής Απεικόνισης και Μουσικής (KNAM). Η εκπαίδευση στη MNA ξεκίνησε περίπου το 2005, και ως εκ τούτου είναι ένα σχετικά νέο φαινόμενο στη μουσικοθεραπευτική πράξη και έρευνα. Η MNA περιλαμβάνει και τάσσεται υπέρ της χρήσης της προτεινόμενης μουσικής των πελατών κατά τη θεραπεία. Μια περιεκτική βιβλιογραφική ανασκόπηση πραγματοποιήθηκε για να διερευνηθεί το πώς οι πελάτες βίωσαν τις συνεδρίες MNA. Αρχικά, εντοπίστηκαν 108 μελέτες μέσω μιας εκτενούς ηλεκτρονικής αναζήτησης, συμπεριλαμβανομένων διατριβών και παρουσιάσεων, καθώς και προσωπικής επικοινωνίας με την δημιουργό της MNA. Δεκαεννιά μελέτες πληρούσαν τα κριτήρια συμπερίληψης, συγκεντρώνοντας συνολικά 189 συμμετέχοντες, με τον αριθμό τους να κυμαίνεται από έναν έως 76 συμμετέχοντες ανά μελέτη. Οι περιγραφές των ίδιων των συμμετεχόντων για τις εμπειρίες τους και οι ερμηνείες των ερευνητών για την ανατροφοδότηση των συμμετεχόντων εξετάστηκαν μέσω της διαδικασίας θεματικής ανάλυσης έξι φάσεων, όπως περιγράφουν οι Braun και Clarke (2021). Αναγνωρίστηκαν έξι θεματικές ενότητες: Η μουσική ως καταλύτης για μεταμορφωτικές εμπειρίες, Συναισθηματικές εμπειρίες, Δυνατά σημεία, αποδοχή και αυτογνωσία, Συναισθηματική ρύθμιση, Εμπιστοσύνη και αίσθημα προστασίας, και Συνδεσιμότητα. Κατά την ανάλυση, οι ερευνήτριες διαπίστωσαν ότι αυτές οι θεματικές ενότητες θα μπορούσαν να συνδεθούν μεταξύ τους. Η μουσική δημιούργησε συναισθηματικές εμπειρίες οι οποίες μπορούσαν να βοηθήσουν στη συναισθηματική ρύθμιση, καθώς και στην αναγνώριση των προσωπικών δυνάμεων, στην αποδοχή και την αυτογνωσία, και τα αισθήματα εμπιστοσύνης και προστασίας αποτέλεσαν τελικά μέρος μιας αίσθησης συνδετικότητας.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσική και νοερής απεικόνιση, θεραπεία, εμπειρίες, απόψεις, θεματική ανάλυση, περιεκτική βιβλιογραφική ανασκόπηση

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ARTICLE

Foundations for change management in integrating the arts into healthcare: An empirical study

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ABSTRACT

The uptake of arts-based practices into health care has been slow despite drivers such as increasing awareness of value, policy initiatives, patient satisfaction and quality services. Approaching the issue from within the Consolidated Framework for Implementation of Research (CFIR), our study asked i) if experiences of staff influenced willingness to implement arts and health interventions, ii) about awareness of current music and visual-art programs within the hospital and iii) about staff perceptions of barriers to implementation of arts within healthcare. This mixed methods study used an initial quantitative online survey of staff recruited from a large metropolitan tertiary hospital (n=38) followed by a qualitative semi-structured focus group (n=6). Staff largely reported a willingness to improve integration of arts initiatives, not influenced by their personal experience of the arts. Staff seemed relatively unaware of successful instances of arts programs in their own hospital, unless they were directly involved in its delivery. Barriers to implementation were perceived to come from upper management, with successful programs resulting from individuals or individual team motivations. Results from this initial study suggest that understanding staff perceptions and providing carefully designed educational programs are likely to be key in promoting the change necessary for incorporating the arts into regular patient care.

KEYWORDS

arts and health
change management,
readiness for change,
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BACKGROUND

Increasing attention has been paid to the contribution of the arts to the patient experience of health care in recent years, particularly related to psychosocial outcomes (Lambert, 2015). A wealth of evidence demonstrates that the use of various arts initiatives within health settings helps alleviate patients' stress, creates a more pleasurable and ambient environment, and offers a sense of familiarity in an otherwise foreign surrounding, for example in the emergency department, acute care and mental health care (Jensen & Bonde, 2018; Khan et al., 2016; Short et al., 2010; Silverman, 2018). The accumulation of such solid evidence has led to broad policy change across large health regions. One example of this is the Australian New South Wales (NSW) Health and the Arts Policy, which has in turn led to the establishment of various local and regional groups to foster connections between the health and the arts with the South Western Sydney Health and Arts Reference Group (https://www.swslhd.health.nsw.gov.au/innovation/index.cfm/pages/pHealthAndArts).

Despite local and policy initiatives like these, uptake is slow for incorporating more arts-based practices into health care with potential resistance to change. This apparent slow uptake contrasts with key drivers to integrating the arts within healthcare existing within organisational policy and governance as health services increasingly focus on patient and consumer-focused care. Health services typically search for ways to improve the context and experience of healthcare delivery for their patients, and the arts are generally seen positively by consumers. The importance of the patient's experience as a partner in their own care is enshrined within the Australian National Safety and Quality Health Service Standards (Australian Commission on Safety and Quality in Health Care [ACSQHC], 2017). The NSW Agency for Clinical Innovation, now known as the Clinical Excellence Commission, explicitly links person-centred care with evidence of benefits such as improved quality of life and satisfaction with care (Debono et al., 2013; Sarrami-Foroushani et al., 2012), with the arts typically contributing to quality of life for consumers. Continual improvement to ensure person-centred and effective care is mandated as a responsibility of health service organisations (ACSQHC, 2017) and the arts can engage patients in activities which support personalised care and individual identity. Additional economic benefits result from improvements in patient quality of life and consumer satisfaction (Chlan et al., 2018).

With policy and governance primed to further integrate the arts in healthcare, previous research has examined other contributing supports and barriers to running arts activities within health services in NSW (NSW Health, 2016). It was found that the majority of health facilities have the necessary space and facilities to incorporate arts but a perceived lack of funding may be a key obstacle. Further government initiatives (NSW Health, 2016) have resulted in the NSW Health and the Arts Taskforce, and Health and Arts Reference Group, calling for better integration of health and arts across all domains of psychosocial, mental and physical health care (Davies et al., 2016). With the apparent mismatch in government and policy support and despite the existence of adequate facilities,

challenges around the actual integration of arts activities on the ground in healthcare may depend on deriving new information to guide practices, particularly based on the attitudes of healthcare staff and their readiness for change.

Foregrounding person-centred care and moving away from a medicalised model requires ongoing development and change across the organisation (ACSQHC, 2017; Clinical Excellence Commission, 2018; McCormack et al., 2011). Staff attitudes are pivotal to the uptake and implementation of evidence-based changes in practice (Barbosa et al., 2012). Despite consumer interest and policy drivers, barriers still exist to the implementation of the arts for health in general hospital and public health contexts, including funding, time and staff turnover (Dimopoulos-Bick et al., 2019). This occurs despite reports of health professionals' overwhelmingly positive attitudes towards the use of arts in healthcare (Wilson et al., 2015) where artists are seen as valued members of an integrative health team (Sonke, 2017).

This current study investigates staff attitudes to the use of the arts in health care and their perspectives about implementation in the context of a large urban teaching hospital. In doing so, it provides a missing link connecting the implementation of arts and health initiatives with an in-depth understanding of change management related to increased use of arts approaches. Using a systematic research approach, we derive further information about staff readiness from the individual staff themselves.

Change related to implementing arts in the health sector

The way that change is managed strategically within organisations and within the health sector is based on a range of factors such as environmental needs, existing policy, key leaders of change, a supportive organisational culture, relations between clinicians and management, co-operative inter-organisational networks, the fit of the proposed change to the local context, and clear organisational goals and priorities (Nuño-Solinís, 2018). Further, a sense of readiness for change must be addressed as a key issue. Although not commonly measured, *organisational readiness for change* (ORC) is important for the success of proposed changes and implementation of evidence-based practices (Nuño-Solinís, 2018). High ORC is linked to staff motivation for overcoming barriers and challenges in change endeavours, and helps reduce the research-practice gap (Nuño-Solinís, 2018). Focusing on underlying theoretical concepts, Damschroder and colleagues (2009) sought to further understand organisational readiness for change by comparing and integrating previous research, in turn creating the Consolidated Framework for Implementation Research (CFIR). This model posits five domains within a pragmatic structure designed to guide the building and subsequently evaluating of implementation knowledge into practice. The five domains of the CFIR are: 1) intervention characteristics, 2) outer setting, 3) inner setting, 4) characteristics of the individuals involved, and 5) the process of implementation. Generally, the outer setting refers to the overarching economic, political, and social context within which an organisation is situated, whereas the inner setting refers to structural, political, and cultural contexts which may directly inform implementation (Damschroder et al., 2009). Within each of these domains, further constructs have been identified. This model has been widely applied across healthcare systems to gain an in-depth understanding and assessment of practitioner experiences (Kirk et al., 2015; Miake-Lye et al., 2020), including emergent qualitative

understandings of patient needs and voices (Safaeinili et al., 2020). Personal attributes of staff are of great importance with regard to organisational readiness for change, as is the implementation climate and organisational culture, and a multitude of relevant assessment approaches have proliferated (Miake-Lye et al., 2020). It is clear that detailed stakeholder input and analysis is necessary in preparation for the change process, including stakeholder interests and levels of influence, and that gaining the perspectives of the stakeholder groups is essential (Allen, 2016). This includes applications in a range of settings, such as aged care (Hebert et al., 2018) and primary care (Keith et al., 2017).

Typically, there may be conflicting opinions, assumptions, experiences and value judgements in relation to the arts, which may be associated both explicitly or implicitly with diverse positions regarding aesthetics and the role of the arts in society (Juslin, 2013). Such a potential diversity of positions is explained by Damschroder's model within the construct, "characteristics of individuals" (Damschroder et al., 2009, p. 9), since individual behaviour changes are the basis for organisational change. Individual attitudes and beliefs related to the intervention/ change are of key importance, with positively and negatively valued affect responses having an influence on forming a precursor to actual change. Therefore, information about the beliefs and attitudes of staff towards implementation of arts and health initiatives are seen as critically important. The pragmatic need for this was put forward in the current study by the aforementioned reference group seeking to foster further implementation of arts and health initiatives across a large health district.

In addressing organisational readiness for change, assessment approaches may be quite diverse in nature and are typically designed to fit the specific context (Miake-Lye et al., 2020). Given the interface of the perceptions of the arts in health with organisational readiness for change, researchers in this study created a uniquely relevant survey form in several sections in order to fully understand the knowledge, experience and assumptions that stakeholders bring to the issue of improving the uptake of the arts in healthcare practice.

Research aims and questions

This study sought to uncover characteristics of the individual staff involved in implementing further arts and health initiatives (specifically music and visual art) into healthcare across all levels of a tertiary teaching hospital. The individual attributes of participants were sought specifically in relation to their perceptions/attitudes in the change process, and the influence of any previous experiences with the art forms under consideration. Our research questions asked i) whether the experiences of staff influenced their willingness to implement such interventions, ii) if staff were aware of current music and visual-art programs within the hospital and iii) staff perceptions of barriers to implementation of arts within healthcare.

METHODS

This mixed-methods study approach followed a sequential explanatory design (Creswell et al., 2003), where an initial quantitative online survey conducted at a major tertiary teaching hospital was followed up with a qualitative semi-structured focus group. Results from the initial survey contributed to

formulating the focus group questions, in order to gain a deeper level of interpretation of the quantitative findings. This project was co-designed with industry representatives in line with mandated inclusivity policies and practices required within the hospital work setting.

Participants

In this study, staff recruited from a large metropolitan tertiary hospital completed an anonymous online survey via a weblink advertised within a regular hospital email from the General Manager. Employees at the hospital in this very multicultural location were proficient in English for understanding the consent and survey information. More details regarding participant incentives and attrition appear in Appendix 1.

Materials

The purpose designed survey for this study was delivered online via the Qualtrics platform (https://www.qualtrics.com). The survey consisted of 56 questions in three main sections: i) demographics, ii) personal experiences and beliefs (music, visuals arts), and iii) existing initiatives, support and barriers (music, visual arts). Sections ii) and iii) were completed once each relating to the role of music and the role of visual arts. In order to remove potential bias caused by the order of focus on 1) music and 2) visual arts, the occurrence of these blocks in the survey were randomised across all participants via the Qualtrics platform. More details about the survey questions can be found in Appendix 1.

The subsequent focus group followed a semi-structured interview guide of questions about perceptions of benefits and barriers around the integration of music and visual art in their departments, using the main trends within the survey data to stimulate discussion within this mixed method explanatory design. Information about the data analysis techniques used can be found in Appendix 2.

Ethics

All participants gave informed consent under ethics approval from the ethics committees of the South West Sydney Local Health District and Western Sydney University (approval number HREC/17/LPOOL/227), and all participants gave informed consent to participate in this project.

RESULTS AND DISCUSSION

Demographics and participant experience

A total of 38 participants completed the online questionnaire (30F, 7M) with a median age range of 45-54 years. The professional workgroup/discipline focus of participants included nursing (34.2%), allied health (26.3%), medical (18.4%) and administration staff (18.4%). A further two staff worked in research, and one was a hospital language interpreter. Two of the participants chose not to provide information about their discipline work group within the survey. Resulting from the survey, a total of

six participants attended the focus group; all were female and five of these participants were from the palliative care department, and one from a speciality clinical service. Participants from palliative care reported experiencing successful music and visual arts programs in their department.

The majority of participants reported that they did not have personal arts experiences: did not play a musical instrument (55.3%); did not create any visual art (57.9%). However, most participants had engaged with the arts for entertainment and leisure purposes within the past 12 months (see Table 4 in Appendix 3; Table 5 in Appendix 4).

Participants were asked about their willingness to support integration of health and arts, and the results confirmed that participants' experience with playing a musical instrument did not significantly affect their willingness to support the further integration of music listening within the hospital (Mann Whitney U = 167.5, p = 0.75). Likewise, the experience of creating visual art also did not significantly affect participants' willingness to support more visual art being displayed at the hospital (Mann Whitney U = 152.0, p = 0.492). In addition, participants' discipline work area did not influence their willingness to support further integration of music (Kruskal Wallis tests: X2(4) = 1.594, p = 0.81) or visual art (X2(4) = 4.000, p = 0.406).

Awareness of existing programs and support

Approximately two-thirds of the respondents were not aware of any current music listening (65.8%) or visual art programs (63.2%) in the hospital. Approximately one-third of respondents provided specific examples of how music and visual art were currently used in different areas of the hospital. Despite a lack of awareness of current programs, a majority of the staff believed that there were adequate facilities/space to encourage more visual art (68.4%), with 14 participants particularly citing the endless amount of corridor space available to display artworks. Fewer staff believed adequate facilities were available for music (42.1%); just over approximately one-third were unsure (34.2%).

Table 1 reports the frequency with which each barrier to implementation was selected, its mean rating (where 1 is most important), and the standard deviation of ratings amongst participants. Lack of support by upper management and lack of funding were the two highest rated (and amongst the three most frequently selected) barriers for both music and visual art. Lack of resources and government support were the third and fourth most important barriers perceived by healthcare staff. Table 1 is also supported by Table 4 in Appendix 3.

Focus group thematic results

Thematic analysis of the transcribed focus group responses produced two main themes: i) Benefits, and ii) Support and Barriers. "Benefits" was sub-categorised into *Relaxation and Healing*, *Communication* and *Staff Perceptions, and Benefits*. Table 2 contains example quotes belonging to each sub-theme. Participants noted the many benefits of music and visual art programs in the hospital, that these were therapeutic for the patients, a good distraction from pain and a way to relax within the hospital environment. Staff particularly noted that arts programs enabled them to communicate better with patients, that it would often help to start conversations and could also help patients connect with each other and their families. Staff also noted the benefits for themselves with these programs, of changing the atmosphere on the ward.

Barrier	n	*M*	*SD*
Music:			
Lack of support by upper management	32	2.19	1.62
Lack of funding	30	2.70	1.77
Lack of resources	32	3.41	1.70
Lack of government support	27	3.70	1.93
Lack of support by healthcare professionals (colleagues)	28	4.29	2.30
Lack of time	26	4.65	2.37
Lack of adequate training for implementation	29	4.79	2.01
Lack of support by patients	23	6.87	1.84
Other	5	7.20	4.03
Visual Art:			
Lack of funding	33	2.03	1.40
Lack of support by upper management	32	3.22	1.98
Lack of resources	33	3.27	1.46
Lack of adequate training for implementation	30	5.17	1.70
Lack of government support	29	3.62	2.09
Lack of time	29	3.90	2.24
Lack of support by healthcare professionals (colleagues)	25	5.04	1.99
Lack of support by patients	22	7.05	1.76
Lack of adequate training for implementation	30	5.17	1.70
Other	6	6.00	4.29

Table 1: Ratings of berries for implementation of music and visual art in healthcare.[1]

Sub-theme	Example quotes
Relaxation and healing	"It's very healing for the soul" "It relieves the pain, they forget their symptoms for that moment"
Features and products	"So, there's something strong about our - maybe there's a memento part of <art> that music can't give you ' cause music's fleeting in the moment. Art does last…" "Even if you don't particularly like music then you have a wedding or a funeral as a rule, there is music, isn't there?" "yes, it's embedded into our culture isn't it?"
Communication	"that makes a big difference I think in conversation and finding out, getting to know people." "it brings together not only the patient but the family, other families come to start the conversation" "then they come to talk and they find there's so much of commonality in what they are doing and their suffering"
Staff Perceptions/ Benefits	"because it's good for them. It benefits the student" "it's not only just the families and the patients but the staff got a lot out of it as well"

Table 2: Sub-themes and example quotes from the main theme Benefits

[1] For each barrier, the number of participants rating this barrier is reported, as well as the mean value of importance (where 1 is most important) and the standard deviation of importance ratings.

The "Support and Barriers" theme was sub-categorised into *Raising Awareness/Changing Attitudes*, *Colleagues' Support,* and *Facilities and Funding*. Table 3 contains example quotes belonging to each sub-theme. Participants noted that colleagues across the organisation had limited knowledge of the benefits of music and visual art within healthcare, unless they had a personal experience of a friend or family member who had taken part in one of the existing programs. Reference was made to the integration of health and arts being low down in priority for a lot of staff; attitudes towards the arts were that it took focus away from clinical concerns, rather than complementing them. Success was achieved when participants had the support of one or two key colleagues, with someone able to drive the arts programs in that department. A perceived lack of facilities and money to sustain these types of programs were reported.

Sub-theme	Example quotes
Raising awareness/ Changing attitudes	"they don't have enough knowledge of the research to prove that how the benefits of having it."
	"Because you go there and the clinical stuff takes priority, and that has to be. But at the same time, we can also talk about these things, to sort of complement the clinical side of it. Because it does make a difference."
	"You're on the lowest rank of all the priorities in the hospital, but, but I push for it with all my managers"
	"that's when things change when people have a personal experience"
Colleagues' support	"You've got to change the culture…you've got to have people willing to drive it, maintain it, sustain it."
	"I have a good team supporting and backing me and taking it up, escalating it, that's why it happens"
Facilities and funding	"they just don't have the time"
	"Space is also a problem like to [where to] keep your instruments … So when you build these purposeful, say in dedicated inpatient unit, that is not taken into consideration."
	"Until like the Ministry of Health decides we have money to put into that, to invest into that, which is important as well…"

Table 3: Sub-themes and example quotes from the main theme Support and Barriers

GENERAL DISCUSSION

This project sought to contribute to the first stage of change management in healthcare, by committing preparatory time and attention to understanding and analysing the current situation (Allen, 2016); in this case undertaking a systematic and empirical study of stakeholder attitudes of staff towards increased use of the arts in healthcare. Placing this within an ORC and CFIR framework (Damschroder et al., 2009), the characteristics of the staff involved needed to be addressed, especially staff attitudes towards the arts generally as well as towards proposed implementations in the hospital context. It was expected that pre-existing staff experiences of music and visual art may influence their

attitudes and willingness to support the implementation of arts interventions within a healthcare organisation.

We set out to investigate individual characteristics construct of the CFIR framework. What our results implied was that the individuals' perceptions of the inner and outer settings also affected their readiness for change. In cases where there was a mismatch between the individual perception and the outer setting (for example, in the case of policy initiatives that encourage integration of arts and health), it may be that these contributed to further resistance within the inner setting. To enable further discussion of these results, we will refer to these in the constructs of *individuals, inner setting and outer setting.*

Individuals

Interestingly, we found no evidence to suggest that previous individual musical/visual arts experience had an effect on staff willingness to support implementation of such interventions within the hospital context. This suggests that instead of familiarity with the actual intervention content (music, visual arts), it is beliefs and knowledge about these interventions within healthcare that may be important for organisational readiness to change. The CFIR model outlines that individual beliefs may be driven by the strength/quality of evidence surrounding the implementation at hand. This evidence can be based on research literature, clinical experience and patient experience. With this in mind, our survey participants' lack of awareness of current interventions within the hospital represents an opportunity for educational change. Through direct experiences in the palliative care unit, many focus group participants were familiar with the benefits that the arts could provide as a consequence of witnessing existing programs in action, and this may have motivated them to participate in this current project. From the focus group results it is therefore apparent that there were successful music programs in the hospital, but it appears that these were not widely publicised; raising staff awareness is discussed as a potential solution.

Promotion of current successful initiatives may influence readiness to change for both the direct network of staff (often inter-departmental) required in the implementation, and the larger context of the organisation for future programs. Much like developing the broader culture of person-centred care, more is needed to translate the motivation and experience of these individual healthcare professionals (exemplified by the focus group participants) so that the 'moments' of successful integration of health and arts become part of a more sustained ethos and model of care across the organisation (McCormack et al., 2011). This can have implications for the involvement of different levels of staff: for instance, as is exemplified in our results, the perception of staff is that once upper management have a personal connection to these success stories, the programs are more likely to find support within the hospital. This is in line with findings by (Hebert et al., 2018) where role-modelling by leaders was suggested to assist in implementation of wider music in health initiatives. An increased effort to better evaluate existing programs quickly and efficiently (Fancourt & Poon, 2016; NSW Health, 2016) may also bring increased support from upper and middle management.

Inner setting

In considering the CFIR construct of the *inner setting*, specifically the readiness for implementation of an arts and health program, both the survey responses and the experiences from the focus group participants confirmed a perception of numerous barriers, namely from a perceived lack of support from upper management and available funding and resources. This echoes findings from studying the implementation of a personalised music listening program (Hebert et al., 2018) where health system regulations and staff perception of roles presented challenges to overcome (particularly staff hesitancy that the music program may just be the current flavour of the month, only to dwindle away afterward). However, success came about when staff collaborated to "flex the rigid system," often inspired by videos of the process (Hebert et al., 2018). Findings from Dimopoulos-Bick et al. (2019) also regarding personalised music listening across acute, sub-acute and primary healthcare settings in NSW, Australia also mentioned perceived barriers in the lack of funding, or lack of sustained funding for these types of interventions. Conversely, our study supports and echoes the previous NSW Health survey (NSW Health, 2016), with many of our survey respondents agreeing that existing facilities would enable these services to be implemented.

Outer setting

Our findings revealed a potential disconnect between the outer setting (government-auspiced initiatives) and the inner setting (here taking the perceptions of individual hospital staff as an indication of the inner environment as a whole). Although it is not known exactly how many healthcare staff across the levels of the organisation were aware of the specific government initiatives to integrate health and arts, lack of support at government level was a highly reported barrier (music: 27, visual arts: 29), with a medium level of importance attached (music: median = 3.70, visual arts: median = 3.62, 1 is highest importance). Focus group participants also did not mention specific government support initiatives, but noted that the success of programs required the government to allocate funding. Those who were involved in running some of the existing arts initiatives in the hospital mentioned having support from one or two key colleagues, but they found pushing these programs to be problematic with upper management, and ensuring sustainability was particularly difficult. This clearly reflected a connection between inner and outer values, beliefs and applied setting, and influenced the further possibilities of change in promoting engagement in the arts for patient benefit.

Limitations

This study is limited in focusing on one hospital and its relatively small sample: 38 participants for the survey and one focus group of 6 participants. Research reflection suggested that the length of the survey and associated time commitments influenced response rates (survey: approximately 20 minutes; focus group: one hour). Approximately 11 participants took up to 20 minutes to complete the full survey. Metrics indicated that the maximum completion time for the survey was 388 minutes. It is assumed that in this case, the internet browser was kept open during an interruption to completion of the survey.

Such a small group may have been susceptible to demand characteristics. However, the responses from one single hospital within the local health district of South Western Sydney provide a cross-sectional example of perceptions of the arts in health. This is expected to prompt a broader reflection across the local health districts in Australia for strategies to ensure the future success of integrating the arts within healthcare settings. In addition, a further exploration of the role of cultural experiences in affecting uptake of arts initiatives would be helpful in the future, including the way that music's floating intentionality may influence personal experiences of the musical context (Cross, 2014). This study supports the accumulation of knowledge surrounding how arts and health interventions are implemented across disparate healthcare contexts, and the constructs that may help, or hinder, sustainability for arts and health programs.

Conclusions

This study sought to investigate individual staff characteristics related to readiness for change in the implementation of arts programs at a tertiary teaching hospital, stemming from evidence in the literature that points towards a multitude of benefits for the patient experience by integrating arts initiatives with healthcare. We found that health professionals at the tertiary teaching hospital largely reported a willingness to see further integration of arts initiatives, and were not influenced by personal experience of the arts. We note that these same professionals seemed relatively unaware of successful instances of arts programs in their own hospital, unless they were directly involved in its delivery. Barriers to implementation were perceived to come from upper management, with successful programs resulting from individuals or individual team motivations.

Our study suggests that staff education is pivotal in translating successful one-off instances of arts integration into a wider culture change. These include the provision of concrete examples of success, and the diminishing of perceived barriers to implementation. Increasing awareness of existing government policy initiatives can be supported and extended by health-based reference groups guiding strategic policy planning and implementation. An example of this is the success of the South Western Sydney Health and Arts Reference Group which has been established for more than six years with 50% of the members being practicing artists/art therapists. The agenda of the Reference Group is guided by a well-established and collaboratively developed Health & Arts Strategic Plan (South Western Sydney Local Health District et al., 2018). Underpinning this is the need for more evidence of successful health and arts integration. Not only this, but a clearer understanding of roles within the delivery of arts programs can assist with delivery, for example the recently developed Music and Health Continuum (Short & MacRitchie, 2022; Short, MacRitchie et al., , 2019). Further examples of arts programs delivered within hospitals can be used to educate staff regarding the benefits to patient experience, and combat perceptions of barriers to this form of practice. In turn, this linkage reduces disconnects and enhances the role of the arts in supporting an integrated model of patient care aimed at increasing quality and patient satisfaction in clinical care.

This study built on previous conceptions of the change process and applied this to implementing arts and health initiatives in the hospital setting. The individual characteristics, perceptions and attitudes of staff were empirically investigated in terms of organisational readiness for change as part of the change management process. Results from this initial study suggest that understanding staff

perceptions and providing carefully designed experiential educational programs are likely to be key in promoting the change necessary for incorporating the arts into regular patient care for improved satisfaction and quality care within the health system.

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APPENDIX 1 – PARTICIPANTS AND SURVEY QUESTIONS

All staff on the hospital mailing list were included and participants were offered the chance to enter a draw for a $100 shopping voucher. This incentive was offered to encourage uptake and completion by staff with a wide range of interests, not only those familiar with music and visual art. A total of 54 participants commenced the survey, with considerable attrition resulting in 38 completed surveys. Via the survey, participants were invited to attend an optional in-person focus group. This focus group then occurred at a pre-arranged booked session time within the educational facilities at the hospital.

The entire participant survey consisted of 56 questions, with some questions appearing based on previous answers (for example, "do you play a musical instrument", "do you create any visual art"). The minimum completion time was approximately 10 minutes with the majority of participants expected to complete the survey in 15-20 minutes.

Participants were asked in detail about their active involvement in the arts (playing a musical instrument, creating visual art), and their attitudes and beliefs were accessed by rating their agreement with statements on the effects of engaging with the artform for themselves in their personal lives, their patients and colleagues. Development of this attitudes and beliefs survey section was guided by previous studies of the perceived value of the arts (Throsby & Zednik, 2008), and the functions and perceived importance of music (North et al., 2000; Schäfer et al., 2013). Statements taken from music-centric surveys were adapted where possible to also examine visual arts (for example, "music/ visual-art helps me understand myself better"), examining beliefs about the respondent's beliefs about use of arts in personal use and the healthcare context (for example, "music/ visual-art helps me communicate with my patients better"). Participants were asked to rate their level of agreement using a 5-point Likert scale (1 – Strongly Disagree, 5 – Strongly agree).

In particular, an understanding of existing initiatives, support and barriers was accessed by four questions about music and visual arts:

1. Are you aware of any current (music/visual arts) programs at the hospital (examples of potential programs given). If yes, please specify.
2. Would you like to see (music/visual arts) become more prominent at the hospital?
3. Do you believe that there is adequate space and existing facilities for (music/visual arts) opportunities at the hospital?
4. Thinking about the barriers that may be preventing the integration of (music/visual arts) with healthcare, which (if any) of them do you believe need to be addressed? A checklist of possible barriers were provided for this last question, including lack of funding, government support, time, resources; lack of support by patients, upper management, healthcare professionals/colleagues; lack of adequate training for implementation, and participants were asked to rank these in order of importance.

APPENDIX 2 – DATA ANALYSIS

Data from the Qualtrics online research platform (https://www.qualtrics.com) was downloaded and analysed via a range of mainly non-parametric tests (Mann Whitney U and Kruskal Wallis tests), depending on the type of question and using SPSS software (https://www.ibm.com/uk-en/analytics/spss-statistics-software).

Factor analyses were attempted to reveal underlying factors contributing to the perceived value of arts interventions (general value, communicative value, value for patients etc), but due to small participant numbers, the results are not robust.

The audio recorded focus group qualitative data were transcribed and thematic analysis was conducted by the third author using a six-step approach by Braun and Clarke (2006): 1) familiarisation with the data, 2) generating initial codes within the data, 3) searching for themes within the codes, 4) reviewing the themes, 5) defining and naming the themes, and 6) producing a report of the results. The coding and subsequent allocation of themes was confirmed independently by the supervising author to ensure trustworthiness.

APPENDIX 3 – RESULTS: TABLE 4

Barrier	n	*M*	*SD*
Music:			
Lack of support by upper management	32 (10:22)	2.19 (2.5:2.05)	1.62 (1.72:1.59)
Lack of funding	30 (11:19)	2.70 (2.64:2.74)	1.77 (2.16:1.56)
Lack of resources	32 (11:21)	3.41 (3.09:3.57)	1.70 (1.51:1.81)
Lack of government support	27 (9:18)	3.70 (4.22:3.44)	1.93(1.86:1.98)
Lack of support by healthcare professionals (colleagues)	28 (9:19)	4.29 (4.0:4.42)	2.30 (2.5:2.24)
Lack of time	26 (8:18)	4.65 (4.62:4.67)	2.37 (2.45:2.40)
Lack of adequate training for implementation	29 (10:19)	4.79 (5.0:4.68)	2.01 (1.5:2.26)
Lack of support by patients	23 (7:16)	6.87 (7.29:6.69)	1.84 (1.50:2.00)
Other	5 (2:3)	7.20 (9:6.0)	4.03 (0.0:5.20)
Visual Art:			
Lack of funding	33 (14:19)	2.03 (1.86:2.16)	1.40 (1.51:1.34)
Lack of support by upper management	32 (13:19)	3.22 (3.69:2.89)	1.98 (2.39:1.63)
Lack of resources	33 (12:21)	3.27 (3.33:3.24)	1.46 (1.23:1.61)
Lack of adequate training for implementation	30 (12:18)	5.17 (5.50:4.94)	1.70 (1.88:1.59)
Lack of government support	29 (13:16)	3.62 (4.00:3.31)	2.09 (2.08:2.12)
Lack of time	29 (11:18)	3.90 (4.09:3.78)	2.24 (1.45:2.65)
Lack of support by healthcare professionals (colleagues)	25 (9:16)	5.04 (5.33:4.88)	1.99 (2.29:1.86)
Lack of support by patients	22 (9:13)	7.05 (7.11:7.00)	1.76 (1.90:1.73)
Other	6 (2:4)	6.00 (4.50:6.75)	4.29 (4.95:4.50)

Table 4: Ratings of berries for implementation of music and visual art in healthcare.[2]

[2] For each barrier, the number of participants rating this barrier is reported, as well as the mean value of importance (where 1 is most important) and the standard deviation of importance ratings. Numbers in brackets are broken down for those participants who have answered that they are aware of current uses of this art form in the hospital versus those who were not.

APPENDIX 4 – RESULTS: FREQUENCIES OF ATTENDANCE AT ARTISTIC EVENTS/ VENUES

	< 1 week ago	< 1 month ago	< 6 months ago	< 1 year ago	> 1 year ago	Never
Visit an art gallery	2.9%	7.9%	34.2%	18.4%	28.9%	7.9%
Attend a play	0%	7.9%	18.4%	18.4%	39.5%	15.8%
Attend an opera or musical	2.6%	7.9%	15.8%	18.4%	42.1%	13.2%
Go to a live performance of music (e.g. a concert)	2.6%	21.1%	21.1%	18.4%	31.6%	5.3%

Table 5: Frequencies of attendance at artistic events/ venues

Ελληνική περίληψη | Greek abstract

Θεμέλια για τη διαχείριση της αλλαγής στην ενσωμάτωση των τεχνών των τεχνών στην υγειονομική περίθαλψη: Μια εμπειρική μελέτη

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ΠΕΡΙΛΗΨΗ

Η υιοθέτηση πρακτικών που βασίζονται στις τέχνες εντός του χώρου της υγειονομικής περίθαλψης εξελίσσεται αργά παρά τους παράγοντες όπως είναι η αυξανόμενη συνειδητοποίηση της αξίας, οι πρωτοβουλίες χάραξης πολιτικής, η ικανοποίηση των ασθενών και η ποιότητα των υπηρεσιών. Προσεγγίζοντας το ζήτημα υπό το πρίσμα ενός Ενοποιημένου Πλαισίου Εφαρμογής της Έρευνας (Consolidated Framework for Implementation of Research, CFIR), η μελέτη μας διερεύνησε i) εάν οι εμπειρίες του προσωπικού επηρέασαν την προθυμία για εφαρμογή παρεμβάσεων τεχνών και υγείας, ii) την ευαισθητοποίηση ως προς τα σύγχρονα προγράμματα μουσικής και εικαστικών τεχνών εντός του νοσοκομείου, και iii) τις αντιλήψεις του προσωπικού ως προς τα εμπόδια για την εφαρμογή των τεχνών σε πλαίσια υγειονομικής περίθαλψης. Για την παρούσα μελέτη μικτών ερευνητικών μεθόδων χρησιμοποιήθηκε ένα αρχικό διαδικτυακό ερωτηματολόγιο ποσοτικών δεδομένων για το προσωπικό ενός μεγάλου μητροπολιτικού νοσοκομείου τριτοβάθμιας υπηρεσίας υγείας (n=38) και στη συνέχεια διεξήχθη μία ημι-δομημένη ομάδα εστίασης (n=6). Το προσωπικό, ως επί το πλείστον, εξέφρασε προθυμία να βελτιώσει την ενσωμάτωση των πρωτοβουλιών για τις τέχνες, χωρίς να επηρεάζεται από την προσωπική τους εμπειρία με τις τέχνες γενικότερα. Οι εργαζόμενοι φάνηκε να μην έχουν επίγνωση περιπτώσεων επιτυχημένων προγραμμάτων μέσω

των τεχνών στο νοσοκομείο τους, εκτός κι αν είχαν κάποια άμεση εμπλοκή με αυτά. Τα εμπόδια στην εφαρμογή θεωρήθηκε ότι προέρχονται από την ανώτερη διοίκηση, με επιτυχημένα προγράμματα να προκύπτουν από ατομικά κίνητρα ή κινητοποίηση μεμονωμένων ομάδων. Τα αποτελέσματα αυτής της αρχικής μελέτης υποδηλώνουν ότι η κατανόηση των αντιλήψεων του προσωπικού και η παροχή προσεκτικά σχεδιασμένων εκπαιδευτικών προγραμμάτων μπορεί να αποτελούν το κλειδί για την προώθηση της αλλαγής που απαιτείται για την ενσωμάτωση των τεχνών στην τακτική φροντίδα των ασθενών.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

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ARTICLE

The need for robust critique of arts and health research: An examination of the Goldbeck and Ellerkamp (2012) randomised controlled trial of music therapy for anxiety in children, and its treatment in four systematic reviews

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ABSTRACT

We describe work-in-progress to conduct a systematic review of research on the effects of arts-based programmes for mental health in young people. We have searched for relevant studies through major databases and screened extant systematic reviews for additional research which meets our inclusion criteria. We have reservations, however, regarding both the quality of existing primary studies and of recently published systematic reviews in this area of arts and health. In a previous paper (Grebosz-Haring et al., 2022), we focused on a randomised controlled trial (RCT) on art therapy for adolescent girls with 'internalising' and 'externalising' problems, and its inclusion in three systematic reviews, and expressed concerns. In this paper, we extend the scope of our critical scrutiny to a research paper on music therapy with children described as having anxiety disorders (Goldbeck & Ellerkamp, 2012), and its treatment in four recent systematic reviews / meta-analyses (Ponomarenko et al., 2017; Cohen-Yatziv & Regev, 2019; Bosgraf et al., 2020). We demonstrate limitations in the Goldbeck and Ellerkamp study which undermine the conclusion they reach on the effectiveness of music therapy in the remission of anxiety disorders. We also show that the reviews are not sufficiently critical and make errors in the treatment of Goldbeck and Ellerkamp's research, which cast doubts on their dependability. Finally, we reflect on the lessons learned from our critique and draw some positive recommendations for future research and the conduct of reviews.

KEYWORDS

music therapy,
children,
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systematic review,
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critique

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INTRODUCTION

Mental health problems represent a major global concern among children and adolescents due to the high prevalence rate and their multifaceted nature. The development of mental disorders is complex not only because it involves multiple genetic and biological factors, but also because it involves psycho-social and behavioural risk factors (Grebosz-Haring & Thun-Hohenstein, 2018). Stressful experiences and chronic stress are above all relevant aetiological factors (Grebosz-Haring & Thun-Hohenstein, 2018). The challenge of mental disorders has led to the appearance of multimodal treatment concepts and new complementary therapeutic approaches that can attenuate stress, regulate emotions and enhance self-esteem, self-control, self-efficacy, spontaneity and creativity to improve everyday performance in social settings (Grebosz-Haring & Thun-Hohenstein, 2020). In this context, arts activities may provide a complement or alternative to biomedical and psychotherapeutic treatments. Based on emerging evidence, artistic activities such as musical activities can elicit positive feelings and influence hormonal system activity (stress response; Grebosz-Haring & Thun-Hohenstein, 2018; Grebosz-Haring et al., 2022). Furthermore, Grebosz-Haring & Thun-Hohenstein (2020) argue that engagement in arts activities can stimulate creative processes to increase conscious awareness and bring distraction, attention, imagery, joy, and pleasure. This can encourage young people to engage in a dialogue with themselves, other youth, their parents, and the wider social environment. These effects can be linked to mental health outcomes and can help with efforts to support or treat several mental health problems.

Grebosz-Haring and Thun-Hohenstein (2018) undertook a two-year pilot art and research project that ran in the University Clinic for Children and Adolescents Psychiatry at Christian Doppler Clinic / Paracelsus Medical University Salzburg. Young people experiencing mental health challenges had the

opportunity to engage in creative-artistic activities, including singing, music listening, textile design, drama, or clownery incorporated into traditional treatment routines to support creative expression. The preliminary results suggested that music and arts activities may provide benefits for young people with mental health problems. However, the authors identified major methodological challenges in setting up a controlled study with a larger group of young mental health patients in a clinical setting.

At this stage we decided that before designing a larger-scale trial, it was appropriate to conduct a systematic review of arts-based programmes for children and young people with a psychiatric diagnosis. Furthermore, we did not find a review that explored this issue in PROSPERO; the international prospective register of systematic reviews.

Several reviews have appeared recently that support the view that creative arts engagement can be beneficial for the health and wellbeing of children and young people. However, available systematic reviews (Glew et al., 2021; Mansfield et al., 2018) have not addressed our specific concern with the value of creative arts for children and young people with diagnosed mental health challenges, and other reviews are not systematic and insufficiently critical. Fancourt and Finn (2019), for example, report a scoping review of the arts and health research literature that includes diverse studies involving children and young people, but a critical perspective is lacking. Dowlen (2021) reports a rapid review of studies on creative arts and young people's mental health but excludes consideration of research on creative arts therapies. Clift et al. (2021) have argued that rather than scoping and rapid reviews, the field of arts and health "must rely on rigorous systematic reviews involving careful quality assessment of both quantitative and qualitative studies" (p.13).

We have, therefore, prepared a protocol for a systematic review of controlled studies of creative arts activities / arts therapy for children and young people experiencing mental health problems to appraise the quantitative evidence and synthesise established knowledge. The protocol (Grebosz-Haring et al., 2021) was developed in accordance with the latest PRISMA[1] guidelines (Page et al., 2021), and published through PROSPERO[2] (Page et al., 2018).

So far, we have searched major electronic databases, and supplemented this approach by cross-checking reference lists in relevant recent reviews. We have also used Google Scholar to identify citations of potentially relevant papers in subsequent publications. Our preparatory work, however, has revealed some concerns. Firstly, regarding the quality of published research on the effects of arts programmes and therapy for young people with mental health challenges, and secondly, a lack of criticality in recent reviews of this literature.

In a previous paper (Grebosz-Haring et al., 2022), we discussed a research paper by Bazargan and Pakdaman (2016)[3], which evaluated art therapy for adolescent girls identified as having 'internalising' or 'externalising' 'problems' and considered the treatment of this paper in three subsequent systematic reviews (Ponomarenko et al., 2017; Cohen-Yatziv & Regev, 2019; Bosgraf et al., 2020). We found substantial limitations in the design and execution of the Bazargan and Pakdaman (2016) research, and a lack of critical perspective in the three systematic reviews which included it.

[1] Preferred Reporting Items for Systematic Reviews and Meta-Analyses, https://prisma-statement.org/

[2] International Prospective Register of Systematic Reviews, https://www.crd.york.ac.uk/prospero/

[3] The research identified through our search was organised alphabetically by principal author, and the Bazargan and Pakdaman study was the first on our list.

Our critique therefore applied both to the original paper, and to weaknesses in the systematic reviews. In this paper, we repeat and extend this approach by considering one widely cited example of research on music therapy for children (Goldbeck & Ellerkamp, 2012) and the inclusion of this study in two systematic reviews (Belski et al., 2021; Ponomarenko et al., 2017), and two meta-analyses (Geipel et al., 2018; Lu et al., 2021). The Goldbeck and Ellerkamp (2012) study was chosen as it was the first music therapy paper on our alphabetically organised list of studies identified through the systematic search of databases.

The Goldbeck and Ellerkamp study is well designed, and clearly reported. The study was pre-registered with www.clinicaltrials.gov (NCT01062646), received ethical approval, included an estimation of required number of participants to be of sufficient power[4], and was conducted in accordance with CONSORT[5] guidance (Schulz et al., 2010). However, as we will see, it is not free from limitations and, perhaps more importantly, the treatment it receives in systematic reviews and meta-analyses is far from satisfactory.

As in our earlier paper, we set our discussion in the context of critical perspectives on the conduct of both systematic reviews and more especially meta-analyses in medicine, health care and education (Shamseer et al., 2015). Although both are considered as being at the top of most models of 'evidence hierarchies' – and meta-analyses have even been characterised as providing the 'platinum standard' in the synthesizing of evidence (Stegenga, 2011), substantial reservations have been expressed about the principles and practice of systematic reviews and meta-analysis and weaknesses in their execution.

MacLure (2005), for example, presents a detailed critique of the systematic reviews on educational topics, conducted, and supported, by the EPPI Centre at the University of London over the period 2002-4.[6] Greenhalgh et al. (2018) are critical of the view that systematic reviews are necessarily superior to much maligned narrative reviews. Ioannidis (2016) has been a particularly vocal critic of systematic reviews and meta-analyses, the production of which "has reached epidemic proportions" (p.487). He regards most systematic reviews and meta-analyses as "unnecessary, misleading, and/or conflicted" (p.468). Møller et al. (2018), go further and question whether systematic reviews and meta-analyses are a useful form of research, arguing that "many of them are focused on unimportant questions […] redundant and unnecessary", and "flawed beyond repair", with "only about 3% of them […] well done and clinically useful" (p.520).

Meta-analysis, is a form of systematic review in which the final step involves a statistical synthesis of quantitative findings from multiple sources. The procedure came in for early substantial criticism from Eysenck (1978), who referred to meta-analysis as "an exercise in mega-silliness" (p.517). His criticisms were elaborated in subsequent papers (Eysenck, 1984, 1994, 1995), which make trenchant points about the limitations of meta-analysis. Of these, the 'adding apples and oranges' problem is especially applicable to the critique of meta-analyses on music therapy and anxiety considered below:

[4] In the event, unfortunately, the target number was not achieved, and so the study was under-powered.

[5] Consolidated Standards of Reporting Trials, http://www.consort-statement.org/

[6] See: https://eppi.ioe.ac.uk/cms/ for current details of the work of the EPPI Centre.

> Meta-analysis is only properly applicable if the data summarised are homogeneous – that is, treatment, patients, and end points must be similar or at least comparable. Yet often there is no evidence of any degree of such homogeneity and plenty of evidence to the contrary. (Eysenck, 1994, p.791)

Eysenck (1978) was also critical of the inclusion of studies in early meta-analyses of variable methodological quality – what he refers to as the problem of "garbage in, garbage out" (p.517). Reservations have continued ever since, despite attempts to tackle these early criticisms (Sharpe, 1997). A stringent critique of meta-analysis comes from Stegenga (2011) who argues that meta-analysis is more subjective than generally claimed, given "the numerous decisions that must be made when designing and performing a meta-analysis" (p.505). We will demonstrate below the operation of such subjectivity in systematic reviews and meta-analyses which include the Goldberg and Ellerkamp study.

THE GOLDBECK AND ELLERKAMP (2012) RCT ON MUSIC THERAPY FOR ANXIETY IN CHILDREN

Goldbeck and Ellerkamp (2012) report a 'pilot study' which investigates the 'efficacy' of 'Multimodal Music Therapy' (MMT)[7], for children with diagnosed anxiety disorders when compared to 'treatment as usual' (TAU). MMT is described as "a combination of music therapy and cognitive-behavioural therapy" (CBT) (p.395) and TAU was one of three forms of treatment available to the control group. Thirty-six children aged 8-12 years diagnosed by trained assessors as having an anxiety disorder were recruited to the study and randomly assigned to 15 sessions of MMT or to TAU. The programme also included three sessions for parents. Diagnostic status and dimensional outcome variables were assessed at the end of treatment and diagnostic status assessed again four months later.[8] MMT was found to be more effective compared to TAU according to the remission rates after treatment (MMT 67%; TAU 33%; $chi^2 = 4.0$; $p = 0.046$) and remissions persisted until four months post-treatment. Validated scales, including the State-Trait Anxiety Inventory (STAI-C), were completed by the children at baseline and after the intervention. In contrast to the clinical outcome, however, children showed equivalent improvement on several validated scales, including STAI-C, after both MMT and TAU. Goldbeck and Ellerkamp conclude that their results indicate that MMT is a 'promising' treatment for children with anxiety disorders. They recommend that further evaluation with larger samples and comparisons to 'pure CBT' are needed to further test their findings.

Goldbeck and Ellerkamp are commendably candid about the limitations of their study, which potentially compromise their conclusion regarding the effectiveness of MMT:

- Firstly, the study compared two treatments, MMT and TAU, with different degrees of standardization and different "dosage of application" (p.410). As a result, "the better response

[7] Multimodal Music Therapy is described in some detail in Table 1 of Goldbeck and Ellerkamp's report. They also state that a manual was created to guide music therapists in delivering the programme of activities. Unfortunately, the web-link provided no longer functions, and further searching failed to locate it. Sadly, Goldbeck died in 2017, and we have been unable to contact Ellerkamp for further information.

[8] The primary outcome variable is 'remission' of the anxiety disorder. Goldbeck and Ellerkamp explain why this is used to assess outcomes as follows: "remission of diagnosis is a central criterion for treatment response, as insurance companies pay treatment only indicated by diagnosis" (p.403). This is clearly specific to the German context.

rate in the MMT group might be due to non-specific general effects of child psychotherapy such as attention, dosage, or training of therapists, and not due to the specific interventions" (p.410).

- Secondly, although personnel undertaking post-treatment and follow up assessments were independent of the therapists, "not all evaluators were able to be blind to the intervention type. Thus, treatment expectancy of patients and of some evaluators may have influenced […] assessments" (p.410).
- Thirdly, the sample size was small, and the study was under-powered.
- Fourthly, "despite randomization, gender and subtypes of anxiety disorder were not equally distributed in both groups and therefore the better response rate in the MMT group may be due to the higher proportion of girls and of patients with social phobia" (p.410).
- And finally, the MMT programme was very multi-faceted, and included CBT methods, and so "the treatment effects might be more determined by the CBT modules than by the music intervention modules"[9] (p.410).

In addition, however, further critical points can be made, which go beyond the limitations they themselves acknowledge.

A ROBUST CRITIQUE OF THE GOLDBECK AND ELLERKAMP STUDY

The process of recruitment and the diagnosis of anxiety disorder

Goldbeck and Ellerkamp (2012) give the following account of how the children were identified for potential participation in the study:

> The study was announced in a local newspaper report and among community therapists. Children who responded to the newspaper announcement[10] or were referred to the study centre by community therapists or directly consulting the outpatient clinic of the Department of Child and Adolescent Psychiatry / Psychotherapy at the University of Ulm Medical Centre were screened for eligibility. (p.398)

Goldbeck and Ellerkamp are detailed in their account of the instrument used to establish 'diagnostic eligibility' using the 'KIDDIE-SADS' system (p.403), and they refer to the "gold standard for the assessment of mental disorders in children recommending structured clinical assessments integrating information from the child, a (parental) caregiver, and clinical judgement" (p.403). Making a diagnosis is one of the central duties of a medical doctor, for guaranteeing a standardised and evidence-based treatment. Thus, the procedure to diagnose anxiety disorder by a standardised

[9] It should be noted, however, that the character of the musical components appeared to have been guided by CBT principles, as indicated by the emphasis on 'relaxing' music.

[10] It is difficult to imagine that the children themselves responded to the newspaper announcement, and presumably their parents did so.

procedure is not per se a flaw – if the diagnostic process follows agreed scientific standards. However, their account of how the children were screened for an 'anxiety disorder' is very sparse, and no details are given on how information from children and parents was gathered and integrated with the clinical assessor's judgement:

> Sixty-two children were screened by telephone at the beginning of the study (see Figure 1). Fourteen of the screened potential participants were ineligible (e.g., no anxiety disorder), seven were not interested in participation, five refused for other reasons, such as nonavailability for regular treatment or assessments. Finally, 36 participants were included, completed the full baseline assessment, and were randomized to either MMT or TAU. (p.405)

The role of the parents in recruitment and screening stage is not specified, which is puzzling, given the age range of the children (8-12 years) and the fact that parents were active participants in the Multimodal Music Therapy programme. Surely, it would have been the parents who expressed interest in their child being part of the study in the first place, and the parents who would have refused participation on the grounds of 'nonavailability' given the conditions of involvement.

The age composition of the sample also deserves some comment. Children in Germany may transfer to secondary education from the age of ten, so some of the children may have been in secondary schools and others in primary. In addition, some of the girls may have already begun the transition into puberty. Neither of these issues is acknowledged or discussed by Goldbeck and Ellerkamp but they may well have a bearing on the children's engagement with music therapy, especially in a group setting.

The use of standardised, validated scales in assessment

In addition to the 'clinical' interviews which provided the primary diagnosis of an 'anxiety disorder,' Goldbeck and Ellerkamp (2012) also employed several standardised and validated scales which purport to measure a range of psychological constructs: state and trait anxiety, depression, social phobia, complaints, quality of life, and well-being (pp.403-404). However, no normative data for these scales are given; no cut-off points for 'clinical significance,' and no estimates of 'minimal clinically important difference' (MCID) scores. Consequently, the mean values on these measures, reported in Table 3, are difficult to interpret, without further inquiry into their psychometric properties. It is also widely reported that the prevalence of anxiety problems is greater in girls and women (Strand et al., 2021), but the paper does not acknowledge or discuss the implications of this difference. One measure of particular interest, given the clinical diagnosis of anxiety, is the children's version of the Spielberger State-Trait Anxiety Inventory (STAI-C). In the Goldbeck and Ellerkamp study, the 'trait' scale is used.[11] This consists of 20 statements, with a three-point Likert scale (1-3) giving a total score ranging from 20-60 and a mid-point of 40. The higher the score the higher the degree of anxiety. Table 3 in Goldbeck and Ellerkamp shows that the children in the study in the MMT group at baseline had a mean score of 48.1, and the control group had a mean score of 51.4. These values represent an average item score

[11] As we will see below, Geipel et al. (2018) and Lu et al. (2020) use the data from the STAI-C in their meta-analyses.

of approximately 2.5 and clearly indicate that the children were reporting high levels of anxiety. For both groups, scores were significantly lower at post-test (main effect time p=0.003), but still relatively high at 42.6 for the MMT group and 44.7 for the TAU group. However, Goldbeck and Ellerkamp do not report changes in STAI-C scores for children who are said to show remission, so it is difficult to judge whether this reduction in trait anxiety is clinically meaningful. The effect size for the change on the STAI-C for children in the MMT condition is estimated as 0.34 from the data reported in Table 3. This is half the value for the average effect size for therapeutic 'treatment gain' on the STAI-C trait scale reported in a meta-analysis of seven studies (Seligman et al., 2004).

In our view, the picture that emerges from the data in Table 3 indicate that both MMT and TAU groups substantially improved on the Child Behaviour Checklist scales, and the State Trait Anxiety Inventory trait measure.

The nature and appropriateness of Multimodal Music Therapy (MMT)

It is also necessary to question the nature of the MMT programme (described in detail in their Table 1), and the lack of rationale for this approach to treating children with anxiety disorders. From a behavioural therapy standpoint, if a child is diagnosed as having a specific, disabling phobia, or specific form of severe anxiety, surely the treatment approach should be a carefully planned and individually tailored programme of behaviour therapy. The stated justification for a musical element is that music allows children to express themselves non-verbally, when talking about the challenges they are facing may be difficult.

As the treatment was not delivered individually, apart from the first three sessions, MMT appears to be as a generic treatment not specifically tailored to the challenges facing individual children. This may have happened initially in the three individual sessions, but it is not clear how it would have happened in the nine group sessions involving 18 children, with a wide age range (from 8-12 years).

It is possible that the treatment process would itself be a potential trigger for anxiety in at least some of the children. If a child, for example, has a 'general anxiety disorder' or 'separation anxiety' would a new experience of engaging in therapy not raise their anxiety levels? Similarly, if a child has a general 'social phobia' or a fear of open spaces, might the new experience of therapy raise their fears? In which case, perhaps MMT, with its many components worked through a general process of de-sensitisation? The repeated references to 'relaxation' in the description of the programme points in this direction (the word 'relaxation' is used 17 times). It could be, in other words, that the whole programme provided a general 'counter-conditioning' experience for the children (Keller et al., 2020). Certainly, we can assume that the professionals delivering the MMT programme would have done their utmost to ensure that the experience was non-threatening and enjoyable for the children.

The non-standardisation of treatment as usual (TAU)

There are also concerns about the notion of TAU. Firstly, typically in controlled trials of a new intervention, TAU should be available to both the intervention and control group, as it would be unethical to withhold accepted standard treatments for a diagnosed condition from the experimental group. Secondly, it is not clear that the children in the trial were existing patients of the psychiatric

service and so in receipt of treatment, as participants were 'recruited' in a variety of ways, including by responding to advertising. And thirdly, the notion of TAU is somewhat vague, given that there are three forms of treatment specified (brief behavioural interventions, psychodynamic psychotherapy, nonspecific group therapy).These were of varied duration, with no evidence presented that they were all considered to be equivalent evidence-based options. In addition, some children in the TAU group did not receive any treatment at all and were on a waiting list for the duration of the trial.

Intention to treat vs. per protocol analysis of results

Goldbeck and Ellerkamp (2012) undertake an 'intention to treat' (ITT) analysis for their primary outcome measure of remission of anxiety disorder. Following treatment 12 out of 18 of the MMT group were judged to have improved clinically, as compared with 6 out of 18 children assigned to TAU. This difference is significant (just) at the 5% level (p=0.046). At four months follow up, the respective figures continue to be 12 out of 18 and 6 out of 18 but further attrition had occurred. Goldbeck and Ellerkamp do not report the result of a chi-square test for these data as they remain unchanged. However, the picture looks very different if a 'per protocol' (PP) analysis is undertaken. Given attrition of the sample, following treatment, the figures for MMT are 12 out of 16, and for TAU 6 out of 10, a difference which is not significant (p=0.42). At 4-month follow up, the values for MMT are 12 out of 16, and for TAU 6 out of 9, a difference which again is not significant (p=0.66).

In relation to the data gathered using validated scales, the picture is somewhat unclear. It might be expected that Goldbeck and Ellerkamp would follow the logic of ITT in analysing these data comparing baseline and post-treatment assessments (there was no four-month follow up with the validated scales). Reference to their Table 3, however, shows that degrees of freedom (df) reported for each of the scales vary, and no explanation is offered in the text. A footnote in the table refers to the fact that some families declined the intervention (for TAU that is) post-randomisation, and that some declined follow-up (in both arms of the trial), which implies that these factors affected the analysis. Another factor that might well account for varying df values is missing data for some individuals, but Goldbeck and Ellerkamp do not mention missing data in the text. However, none of these considerations is relevant to an ITT analysis, as baseline values would be employed at follow up and the df values would be consistent at 34 (N-k).

There are strong justifications for an ITT analysis, and limitations associated with PP analyses (Ranganathan et al., 2016; Tripepi et al., 2020). Ranganathan et al. (2016) point out that compared with an ITT, a PP analysis may exaggerate treatment effects, but note that both forms of analysis are recommended by the 2010 CONSORT guidelines (Schulz et al., 2010), so that the reader can more fully interpret the findings from a trial. Tripepi et al. (2020) present a balanced account of the pros and cons of ITT and PP analyses, pointing out that ITT analysis assesses the effect of 'assigning' a treatment (which may not be received), whereas PP analysis measures the effect of 'receiving' the treatment. In their view both approaches "are essentially valid but they have different scopes and interpretations dependent on the context" (p.513). What this all comes down to, is the question of potential biases associated with PP analyses and associated risks.

In the Goldbeck and Ellerkamp study, the randomisation process did not generate equivalent groups on at least two important factors (sex and diagnostic category), and there are other important sources of bias at work (not least non-blinding of some of the assessments of anxiety at post-test and follow-up). Also, the PP analysis reported above clearly does not support the finding of MMT superiority over TAU, which emerges from the ITT analysis.

A further consideration is that the p-value associated with the ITT analysis of remission data is just under the 0.05 critical value for significance. A more cautious approach, given the small size of the study, and the potential biases involved in the study, would be a more stringent statistical criterion for testing whether MMT leads to 'remission' of anxiety. This would a sensible approach, given also that the validated scales employed provided no evidence of greater benefit from MMT, compared with TAU. The use of a more stringent p-value for significance is also in line with recent recommendations that the p=0.05 criterion should generally be replaced with a value of p=0.005 (Benjamin et al., 2018).

TREATMENT OF THE GOLDBECK AND ELLERKAMP RCT IN SYSTEMATIC REVIEWS / META-ANALYSES

Two systematic reviews and two systematic reviews plus meta-analyses include the Goldbeck and Ellerkamp (2012) study. An overview of the four reviews is provided in Table 1, following the criteria offered by the AMSTAR-2 rating system for assessing the quality of systematic reviews and meta-analyses (Shea et al., 2017). The Goldbeck and Ellerkamp study is the only research study concerned with music therapy in the treatment of children with anxiety problems included in these reviews. The following sections consider the account each review gives of this study. We will then comment on differing results using the Cochrane 'Risk of Bias' tools (Higgins et al., 2011; Sterne et al., 2019) in three reviews, and problems associated with the quantitative syntheses reported in the two meta-analyses.

Ponomarenko et al. (2017): Investigating the efficacy of art and music therapy with vulnerable children and young people

Ponomarenko et al. (2017) provide an accurate account of the Goldbeck and Ellerkamp study and offer some critical comments. In the main these reflect the limitations that Goldbeck and Ellerkamp themselves acknowledge, but they offer the following insightful comment regarding the lack of correspondence between the change seen on the primary outcome measure (the clinical assessment of 'remission'), and the lack of difference in change between MMT and TAU on the standardised measures:

> […] although the principal measure, the KIDDIE-SADS tool, showed divergence between the experimental and control group, self-reports and parental measures did not identify change between the two groups. Whilst this does not necessarily indicate fallibility of the primary measure, it is interesting to note this difference and it raises questions about how 'improvement' is measured and categorised if it is not recognised by the participant and/or their parents. (pp.55-56)

AMSTAR-2 questions	Pono-marenko et al. (2017)	Geipel et al. (2018)	Lu et al. (2021)	Belski et al. (2021
1 Did the research questions and inclusion criteria for the review include the components of PICO (i.e., population, intervention, control, and outcomes).	Partial yes	Yes	Yes	Yes
2* Did the report of the review contain an explicit statement that review methods were established prior to the conduct of the review? Did the report justify any significant deviations from the protocol?	No	No	No	No
3 Did the review authors explain their selection of study designs for inclusion in the review?	No	Partial yes	No	Yes
4* Did the review authors use a comprehensive literature search strategy?	Partial yes	Partial yes	Partial yes	Yes
5 Did the review authors perform study selection in duplicate	No	Yes	Yes	Yes
6 Did the review authors perform data extraction in duplicate?	No	No	Yes	Yes
7* Did the reviewers provide a list of excluded studies and justify exclusions?	Partial yes	Yes	Partial yes	Partial yes
8 Did the authors describe the included studies in adequate detail?	Yes	Yes	Yes	Yes
9* Did the review authors use a satisfactory technique for assessing the risk of bias (RoB) in individual studies in the review?	Partial yes	Yes	Yes	Yes
10 Did the review authors report on the sources of funding for the studies included in the review?[12]	No	No	No	No
11* If meta-analysis was performed did the review authors use appropriate methods for statistical combination of results?	N/A	Yes	Yes	N/A
12 If meta-analysis was performed, did the review authors assess the potential impact of RoB in individual studies on the results of the meta-analysis or other evidence synthesis?	N/A	No	No	N/A
13* Did the review authors account for RoB in individual studies when interpreting/discussing the results of the review?	N/A	Yes	Yes	N/A
14 Did the review authors provide a satisfactory explanation for, and discussion of, any heterogeneity in the results of the review?	N/A	Yes	Yes	N/A
Q15* If they performed quantitative synthesis did the review authors carry out an adequate investigation of publication bias (small study bias) and discuss its likely impact on the results of the review?	N/A	Yes	Yes	N/A
Q16 Did the review authors report any potential sources of conflict of interest, including any funding they received for conducting the review?	Partial yes	Partial yes	Yes	Yes

Table 1: AMSTAR-2 assessment of four systematic reviews of music therapy research
Key: * Seven 'critical' items are identified by Shea et al. (2017)

[12] The issue of funding is of relevance in trials evaluating drug treatments (which may be sponsored by industry or by independent agencies) but is not relevant to trials of music therapy and other psychological treatments where there is no commercial interest.

There are, however, several misunderstandings in Ponomarenko et al.'s comments that are worth unpacking. Firstly, both the clinical assessments and the standardised scales showed positive changes for both groups over time, but what is different is that the change in clinical status is significantly greater for the MMT group than the control group, whereas no significant interaction term emerges for any of the scales. Secondly, Goldbeck and Ellerkamp report no analysis that allow the reader to judge whether measures were consistent or not. For example, no information is given on whether the children who showed remission, also showed a significant reduction in self-assessed anxiety or other measures. Thirdly, Ponomarenko et al. make no mention of the fact that the remission data are subject to an ITT analysis, whereas the standardised measures appear to be analysed by a PP analysis. As noted above, a PP analysis of the remission data shows no greater benefit from MMT.

Geipel et al. (2018): Music-based interventions to reduce internalising symptoms in children and adolescents

Geipel et al. (2018) report a meta-analysis of 'music-based interventions' to reduce 'internalising symptoms' in children and adolescents. A clearly documented process of searching, selection of relevant reports according to inclusion criteria, and screening of full text papers, results in five research reports for the meta-analysis, including Goldbeck and Ellerkamp. In what is the most informative and interesting section of their paper, Geipel et al. provide a traditional narrative review of the five studies (six paragraphs on p.652).[13] This is what Geipel et al. have to say about the Goldbeck and Ellerkamp study:

> In a randomized controlled trial Goldbeck and Ellerkamp (2012) investigated the efficacy of a joined music therapy and CBT program compared to treatment as usual in 36 children with a mean age of 9.94 years, who endorsed diverse anxiety disorders. Patients received three single sessions of 60 min each, nine group sessions of 100 min each and three group sessions of parent training. Mean duration of the program was 17.6 weeks. The program combined music therapy techniques as free and structured improvisation, dialogue music playing, musical expression of emotions, receptive music therapy methods for relaxation and cognitive-behavioural interventions as psychoeducation, social skills training, exposure to anxiety evoking stimuli and other creative techniques as therapeutic drawing. The primary outcome was the presence of an anxiety disorder measured by the Schedule for Affective Disorders and Schizophrenia for School-Age Children – Present and Lifetime Version (KIDDIE-SADS) (Kaufman et al., 1996). According to the reported remission rate, music therapy was superior to treatment as usual. Both groups showed a significant reduction in the STAI-C T-value, but no significant main effects of group assignment or a significant interaction effect of group assignment and time of measurement occurred. (p.652)

[13] See Greenhalgh et al. (2018) for a discussion of the respective merits of narrative and systematic reviews.

This is reasonably accurate as a summary except that:

- While 36 children were randomised (18 in each group), fewer children remained in the study at the end of treatment due to attrition (16 intervention and 14 control) and further children were lost at 4-month follow-up.
- They correctly state that music therapy was "superior to treatment as usual in terms of remission rate" (p.652) and state that this was Goldbeck and Ellerkamp's primary outcome measure, but they fail to discuss why they chose to ignore this measure and focus instead on the results from the STAI-C on 'trait anxiety' for inclusion in their meta-analysis.
- Interestingly, as they note, both the intervention and control groups showed significant changes on the STAI-C, but no significant interaction effect was reported. In the presentation of the results of the meta-analysis (Figure 2, p.651), the 'forest plot' of standardised mean differences, relates to the difference in MMT and TAU at follow-up, and this places the Goldbeck and Ellerkamp result in the lowest ranked position.

Finally, Geipel et al. (2018) neglect to mention the other secondary outcomes, in particular the scale used to assess depression. Scores from the Children's Depression Inventory might have been more appropriately included in the meta-analysis, given that the scores employed in the other four studies were from measures of depression.[14]

Elsewhere in the text, Geipel et al. note that the Goldbeck and Ellerkamp study was the only research to include participants with anxiety disorders – hence it was included because the review was broadened to cover 'internalising' symptoms, rather than having a narrower focus on depression. As with the other four studies included in the meta-analysis the Goldbeck and Ellerkamp study was judged to have a 'high risk of bias' on account of lacking 'blinding of participants and personnel' and lack of 'blinding of outcome assessment' (p.651). They also reiterate, in discussing the wide diversity of 'music therapeutic interventions' across the five studies, that Goldbeck and Ellerkamp "tested a multimodal therapy program adding adjuvant parent training" (p.653). They then make the following general comment about the five studies:

> Within these designs, it is impossible to distinguish which elements of the program were particularly helpful for the patients. Further music therapy frequently adopts a psychotherapeutic (often CBT) approach. Therefore, music therapy cannot be understood as [a] unique treatment approach but comprises distinct techniques to deliver psychotherapeutic (i.e., CBT) treatment and content. (p.653)

The main problem with Geipel et al.'s use of the Goldbeck and Ellerkamp study in their meta-analysis, is the fact that they ignore the principal outcome variable (remission), and instead utilise the post-test results from the STAI-C scale for the children in the MMT and TAU groups. This is inappropriate, as the key issue is the relative changes for the experimental and control groups between

[14] Had they done this, the title of Geipel et al.'s paper could have referred to 'symptoms of depression' rather than 'internalising symptoms.'

pre and post-test reflected in the interaction term in the repeat measures analysis of variance reported by Goldbeck and Ellerkamp.

Lu et al. (2021): Effects of music therapy on anxiety: A meta-analysis of randomised controlled trials

Lu et al. (2021) report a wide-ranging review and meta-analysis of 32 controlled studies of the effectiveness of music therapy in addressing anxiety issues with diverse populations in different settings. Goldbeck and Ellerkamp (2012) is the only research paper involving children. As with the Geipel et al. meta-analysis, rather than focusing on the primary outcome in the Goldbeck and Ellerkamp evaluation (remission anxiety) they chose to focus on one of the secondary outcomes – scores on the STAI-C – and do so without explanation or justification.

Of more concern, however, is the fact that in their Figure 3 (p.7), they report the baseline results for the intervention and control groups on the STAI-C, to indicate the effect of MMT vs TAU. This is entirely incorrect and, moreover, the sample sizes cited are wrong. Then, in their Figure 4 (p.7), they incorrectly present the post-intervention results for the STAI-C as the results from a 4-month follow-up. Goldbeck and Ellerkamp did follow up 4-months after the end of the intervention, with an assessment of continued 'remission,' but not with the standardised scales. These errors committed by Lu et al., are particularly unfortunate as they report that data extraction was undertaken by two members of the review team independently (see Table 1).[15]

Belski et al. (2021): The effectiveness of musical therapy in improving depression and anxiety among children and adolescents

Belski et al. (2021) report a systematic review of randomised controlled trials assessing the effectiveness of music therapy for treating anxiety and depression in children and adolescents. The review involves a qualitative synthesis and does not attempt a meta-analysis, as this was considered inappropriate due to "considerable clinical heterogeneity" (p.3) across the studies included. The scope of the review is similar to Geipel et al. (2018), but only three studies are common to the two reviews – one of which is Goldbeck and Ellerkamp. As Belski et al. is a later date, it includes three studies that were published after the period covered by the Geipel et al. review. Belski et al. employ the current Cochrane Risk of Bias Tool (RoB2) (Sterne et al., 2019) to assess the trials included, as opposed to the first version (Higgins et al., 2011) used by Geipel et al. and Lu et al.

Unfortunately, there are some errors in the Belski et al. review in their treatment of the Goldbeck and Ellerkamp study:

- They characterise Multimodal Music Therapy correctly as "active and receptive" but say that it "did not utilize a theoretical approach" (p.5). This is puzzling as Goldbeck and Ellerkamp clearly describe their model as a combination of cognitive-behavioural therapy and music

[15] The errors noted only came to light because the starting point for the exercise in this report was the Goldbeck and Ellerkamp study, but it seriously calls into question the accuracy of the entire meta-analysis reported by Lu et al. The larger challenge raised here is that this error was not identified during peer review of the Lu et al. paper prior to publication in the Elsevier journal Psychiatry Research.

and refer repeatedly to the key theoretical mechanism of relaxation. In addition, Belski et al. make no mention of the active role of parents in the therapy programme.

- They ignore the primary outcome measure of remission of anxiety as assessed by a clinician, and instead focus on the non-significant findings from standardised scales for depression and anxiety. In this respect, they misrepresent the outcome of the Goldbeck and Ellerkamp study.
- They refer to the use of intention to treat analysis, but mistakenly imply that this approach was applied to the secondary outcome measures, whereas it is clear from the CONSORT diagram reported by Goldbeck and Ellerkamp (p.406), and from the degrees of freedom values reported in Table 3 (p.409), that a per protocol analysis was performed on the standardised scale results.
- In reporting the scale scores for depression and anxiety at post-test, Belski et al. indicate that the sample sizes for the intervention and control groups were 16 in each case. This is an error as the CONSORT diagram and Table 3 show clearly that attrition occurred in both groups over the course of the trial. Nor do they refer to the fact that in analysing the scale data Goldbeck and Ellerkamp correctly used repeat measures ANOVA.
- Finally, Belski et al. suggest that the follow up period for assessment using the standardised scales was 16 weeks, but in fact this assessment took place immediately after the therapy programme; it was a further clinical assessment of remission that occurred after four months.

FURTHER CRITICAL REFLECTIONS ON THE SYSTEMATIC REVIEWS AND META-ANALYSES

Table 1. above, presents a profile of each of the reviews using the AMSTAR-2 instrument[16] (Shea et al., 2017). All four reviews emerge as satisfactory in terms of the AMSTAR-2 criteria, although as we have seen the fact that two members of a review team were involved in independent selection of trials, or the extraction of details and data, does not guarantee that their judgements are accurate (Stegenga, 2011).

There are three further critical reflections on the reviews presented in this section of our paper. Firstly, although Geipel et al., Lu et al., and Belski et al., undertake 'risk of bias' assessments of the trials they include, significant concerns over subjectivity emerge when a comparison is made of these assessments for the Goldbeck and Ellerkamp study. Secondly, while the meta-analyses undertaken by Geipel et al. and Lu et al. appear to follow standard procedures and are reported fully, there is reason to doubt the legitimacy of pursuing quantitative synthesis given the heterogeneity of the studies. And thirdly, it is important to ask whether we learn anything important about the therapeutic value of music from the reviews, over and above the individual studies.

[16] A MeaSurement Tool to Assess systematic Reviews, https://amstar.ca/Amstar-2.php

Subjectivity in using the Cochrane Risk of Bias tools

Geipel et al. and Lu et al. employ the first version of the Cochrane Risk of Bias Tool (RoB) (Higgins et al., 2011) in assessing the trials in their reviews, whereas Belski et al. make use of the second, revised version of this tool (RoB2) (Sterne et al., 2019). The two versions cover essentially the same threats to the validity of trials (such as problems with the randomisation process), and there is no space here to consider the precise details of the changes between the initial and revised tools. It is sufficient for our purposes to present the combined risk of bias assessments for the Goldbeck and Ellerkamp trial in Table 2. This shows that there is no consistency across the three reviews in the judgements made on randomisation, blinding of participants and personnel, blinding of outcome assessment and selective reporting. The failure to agree with respect to blinding of participants is especially surprising as it is obvious that the children and their parents were aware of their allocation to music therapy or TAU.

The only criterion on which the three teams agree is that there was low risk of bias due to lack of outcome data. In the initial version of the RoB tool, this source of bias is referred to as 'attrition bias.' In RoB2 tool, however, the phrase 'attrition bias' is abandoned and the guidance for this criterion is: "Were the data that produced this result analyzed in accordance with a prespecified analysis plan" (p.4). On this basis, the three review teams made an accurate judgement as the primary outcome measure of remission was subject to an ITT analysis, and the CONSORT flowchart reported by Goldbeck and Ellerkamp indicates that all participants initially randomised were included in the analysis. However, the CONSORT diagram also shows clearly that there was attrition, and this attrition clearly affected the data gathered from the structured questionnaires employed by Goldbeck and Ellerkamp (see Table 3, p.409). For the scale outcome data, therefore, all teams have made erroneous judgements.

RoB Criteria (Higgins et al., 2011) used by Geipel et al. and Lu et al.	Geipel et al., 2018	Lu et al., 2021	Belski et al., 2021	RoB2 Criteria (Sterne et al., 2019) used by Belski et al.
Random sequence generation (selection bias)				Bias arising from the randomisation process
Allocation concealment (selection bias)			N/A	Bias arising from period and carryover effects
Blinding of participants and personnel (performance bias)				Bias due to deviations from intended intervention
Blinding of outcome assessment (detection bias)				Bias in measurement of the outcome
Incomplete outcome data (attrition bias)				Bias due to missing outcome data
Selective reporting (reporting bias)				Bias in selection of the reported result
Other bias			N/A	Other bias
Overall risk of bias				Overall risk of bias

Table 2: Risk of Bias assessments of Goldbeck and Ellerkamp (2012) in three systematic reviews
Key: green = low risk of bias, yellow = unclear, red = high risk of bias

The problem of 'apples and oranges' in meta-analysis

The main problem with the two meta-analyses, is that the authors proceeded with a quantitative synthesis, when the heterogeneity of the studies indicates, as Belski et al. acknowledge, that such an exercise is inappropriate.

In Geipel et al. the final five studies included are very diverse and have little in common:

- Each study was conducted in a different country (Australia, Germany, South Korea, Taiwan, and United States)
- The ages of the participants vary (with one study including adults, notwithstanding the title of their review)
- The character of the interventions is very different (music medicine, music therapy and music education), and
- The outcome measures included are different (four assess depression each with a different measure and one assesses anxiety)

The problem of 'heterogeneity' comes to fore at a late stage in the meta-analysis as one of these studies is dropped following examination of the funnel plot (it is concerned with 'music medicine'). Finally, of the remaining four studies, only two reported significant positive outcomes from the intervention evaluated, with the other two studies showing no benefit from music therapy compared with the control (one of which is the Goldbeck and Ellerkamp paper).

The issue of diversity in the studies included in the Lu et al. (2020) meta-analysis is even more marked and is so wide-ranging, that it represents a textbook case of the 'apples and oranges' problem (Sharpe, 1997; Sharpe & Poets, 2020). Table 2 in the Lu et al. paper shows the diversity very clearly:

- Studies from 10 different countries (11 United States, 7 China, 2 each from Norway, Finland, Iran, Italy, and Brazil, and 1 from Germany, France, and Greece)
- Widely diverse population groups (e.g., Mexican farmworkers in their 30's living in the USA, institutionalised adults in their 80's with dementia in China, and patients aged 18-50, with obsessive compulsive disorder in Iran)
- Variations in the character, timing, and delivery of the 'music-based' intervention (i.e., active, passive and a combination, delivered individually or in groups), and finally,
- Variations in measured outcomes (no fewer than 15 different measures of anxiety).

Both meta-analyses rest upon a reification of 'internalised' problems and 'anxiety' – in other words an assumption that 'depression' and 'anxiety' exist as tangible 'things,' irrespective of an individual's culture, social circumstances, personal history and method of assessment. In the Lu et al. study, this means that the situational 'anxiety' experienced by a cardiac patient about to undergo an operation is the same as the long-term anxiety of a child diagnosed with a 'psychiatric disorder;' and that the anxiety of mothers with preterm babies, is the same as the anxiety experienced by male prisoners languishing in a Chinese prison. Equally, it is assumed that all the measuring instruments employed in the various studies are reliable, valid, and 'sensitive to change' and thus interchangeable

in measuring the same 'thing.' Given the diversity in the studies included, it is doubtful that the assessments of anxiety can be combined into a single meaningful estimate of effect size.

What do the reviews add to an understanding of the therapeutic powers of music?

Sadly, we learn nothing new from the reviews about the therapeutic value of music. All we are given are vague generalisations that music can provide a 'distraction' from worries or can be an aid to 'relaxation' (Lu et al., 2021, p.8). These are experiences that most of us will have had at some point in our lives, and amount to little more than 'common sense.' There is mention by Lu et al. of the ways in which therapists have at their disposal aspects of music, "such as melody, timbre, rhythm, harmony, and pitch, to support and enhance physical, psychological and social well-being" (p.2), but nowhere in the review is there discussion of how these different components of music might contribute to therapeutic benefits.

CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

Conclusions

In this paper we have taken a target paper by Goldbeck and Ellerkamp (2012) evaluating MMT for children with diagnosed anxiety disorders and have considered the way in which this paper is treated in four systematic reviews, two of which conduct a meta-analysis. We have undertaken a robust critique of the initial study, and of the reviews, and the reader may feel that our analysis is negative and lacks balance. In conclusion, therefore, we offer some constructive reflections and positive recommendations.

Notwithstanding the critical issues we have raised in relation to the Goldbeck and Ellerkamp study, we have stated several times that the trial was well designed, conducted, and reported, and conforms to current standards with respect to pre-registration, the use of the CONSORT framework, ethical review, a detailed description of the music therapy programme (Robb et al., 2018), and attention to the issue of statistical power. No study is ever free from limitations, but the Goldbeck and Ellerkamp study was innovative and important, and it is for music therapy researchers to consider why such a significant study has never been replicated.

We accept that there is a role for systematic reviews and meta-analyses of RCTs, where the starting point is a question formulated in terms of a specific population, a clearly defined intervention, the use of relevant control conditions, and common or equivalent outcomes (e.g. the PICO formula). If an existing corpus of research is highly varied in these respects, then a research mapping or scoping review might be worthwhile, but not a systematic review or meta-analysis. For example, we might, based on the Goldbeck and Ellerkamp study, consider a review of research on MMT, with children diagnosed with anxiety disorders, where the control is 'TAI' and the outcome is 'remission' of anxiety. What we would find, however, is that only the study by Goldbeck and Ellerkamp meets the inclusion criteria. If there were at least several such studies, then a systematic review and even a meta-analysis would be worthwhile.

Our critique raises questions about the conduct and reporting of systematic reviews and meta-analyses, and processes of peer review which lead to such reviews to be published. As we have noted the reviews we consider appear to have been undertaken systematically according to widely accepted standards (as judged by applying the AMSTAR2 tool), and of course they have been published in peer-reviewed journals. It is only when we look carefully at the details of how a study they include in common, is treated, that problems appear.

Limitations

There are limitations to the work we report here. We have only undertaken an analysis of one target paper by Goldbeck and Ellerkamp (2012) and considered the way it is treated in four systematic reviews/meta-analyses. There is no basis in what we report here for generalising beyond the papers we have considered. However, an earlier paper (Grebosz-Haring et al., 2022) showed that the findings from a RCT of art therapy were taken at face value in subsequent systematic reviews despite substantial limitations in the target study. We are repeating our approach in a critique of a controlled trial on dance-movement therapy and its treatment in nine evidence reviews. Our conclusion will again be that findings are taken at face value in the reviews with little acknowledgement of serious limitations in the target study.

Recommendations

- Further studies following the innovative method demonstrated in this paper are needed to assess the accuracy and credibility of systematic reviews in the field of arts and health.
- Systematic reviews should be properly focused, pre-registered in PROSPERO (Page et al., 2018) and conducted to a high standard following current PRISMA guidelines (Page et al., 2021). Particular attention to double checking judgements of bias and ensuring accuracy in the process of data extraction.
- Peer review of reports of systematic reviews and meta-analyses needs to be rigorous and involve careful checking of the accuracy of how primary sources are treated.
- Greater attention is needed in the field of arts and health, to the replication of key research studies, especially controlled trials. Replication is the only scientific strategy we have in addressing the inevitable limitations of individual trials no matter how large and well-designed (Iso-Ahola, 2020; Nosek & Errington, 2020).
- RCTs have an important role to play in evaluating creative arts therapies, and arts for health programmes, but qualitative studies are essential too. It should be recognised, however, that neither participants nor professionals facilitating arts activities can be blind to the activity they are engaged in.
- We should recognise the role of personal choice and active agency in engaging with creative activities rather than regarding the arts as a form of treatment.

- Further attention needs to be given to academic curricula in the training of practitioners and researchers in the field of music therapy, and the wider field of arts and health to ensure that a proper critical perspective is adopted in evaluating published research and reviews. This also encompasses solid training in basic statistics, trial designs with their strengths and limitations, sources of bias in data acquisition, and the reasoning behind guidelines such as CONSORT, PRISMA, and others.[17] The process we illustrate here of starting with a piece of research and examining how it is treated in systematic reviews may well be an excellent exercise for post-graduate students in research methods and appraisal.
- Practitioners and researchers in music therapy, and in the wider field of arts and health, should approach systematic reviews and meta-analysis with an appropriate degree of caution.

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Ελληνική περίληψη | Greek abstract

Η ανάγκη σθεναρής κριτικής για την έρευνα στις τέχνες και την υγεία: Μία εξέταση της τυχαιοποιημένης ελεγχόμενης μελέτης των Goldbeck και Ellerkamp (2012) για τη μουσικοθεραπεία για το άγχος σε παιδιά, και της αντιμετώπισής της σε τέσσερις συστηματικές ανασκοπήσεις

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ΠΕΡΙΛΗΨΗ

Περιγράφουμε μία εργασία σε εξέλιξη για τη διεξαγωγή μίας συστηματικής ανασκόπησης ερευνών που αφορούν τον αντίκτυπο προγραμμάτων βασισμένων στις τέχνες στην ψυχική υγεία νέων ανθρώπων. Αναζητήσαμε σχετικές μελέτες μέσω κύριων βάσεων δεδομένων και εξετάσαμε υπάρχουσες συστηματικές ανασκοπήσεις για επιπλέον μελέτες οι οποίες πληρούν τα κριτήρια ένταξης στην έρευνά μας. Έχουμε ωστόσο επιφυλάξεις τόσο ως προς την ποιότητα των υφιστάμενων αρχικών μελετών, όσο και ως προς τις πρόσφατα δημοσιευμένες συστηματικές ανασκοπήσεις σε αυτό το πεδίο των τεχνών και της υγείας. Σε προηγούμενο άρθρο (Grebosz-Haring et al., 2022) εστιάσαμε σε μία τυχαιοποιημένη ελεγχόμενη δοκιμή (ΤΕΔ) για την εικαστική θεραπεία για έφηβες με «εσωτερικευμένα» και «εξωτερικευμένα» προβλήματα, και την συμπερίληψη αυτής της δοκιμής σε τρεις συστηματοποιημένες ανασκοπήσεις, και εκφράσαμε τους προβληματισμούς μας. Σε αυτό το άρθρο, επεκτείνουμε το πεδίο της κριτικής μας εξέτασης σε μία μελέτη που αφορά στη μουσικοθεραπεία με παιδιά που αναφέρεται ότι αντιμετωπίζουν αγχώδεις διαταραχές (Goldbeck & Ellerkamp, 2012), και το πώς χρησιμοποιήθηκε αυτή η μελέτη σε τέσσερις πρόσφατες συστηματικές ανασκοπήσεις / μετα-αναλύσεις (Ponomarenko et al., 2017; Geipel et al., 2018; Lu et al., 2021; Belski et al., 2021). Παρουσιάζουμε τους περιορισμούς της μελέτης των Goldbeck και Ellerkamp που υποσκελίζουν το συμπέρασμα στο οποίο καταλήγουν για την αποτελεσματικότητα της μουσικοθεραπείας στην ύφεση των αγχωδών διαταραχών. Επίσης καταδεικνύουμε ότι οι ανασκοπήσεις δεν είναι επαρκώς κριτικές και αντιμετωπίζουν με λανθασμένο τρόπο την έρευνα των Goldbeck και Ellerkamp, κάτι που δημιουργεί αμφιβολίες ως προς την αξιοπιστία τους. Καταληκτικά, συλλογιζόμαστε ως προς τα μαθήματα που αποκομίσαμε από τη δική μας κριτική και χαράζουμε κάποιες θετικές προτάσεις για μελλοντικές έρευνες και την διεξαγωγή ανασκοπήσεων.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, παιδιά, άγχος, συστηματική ανασκόπηση, μετα-ανάλυση, κριτική

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ARTICLE

The Individual Music-Centered Assessment Profile for Neurodevelopmental Disorders (IMCAP-ND) for use in Portugal: Translation and psychometric evidence

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ABSTRACT

There is a comprehensive need for music-centred assessment tools as specific outcome measures of music therapy efficacy for people with neuro-developmental disorders (NDD), namely, autism spectrum disorders (ASD), as music facilitates communicative and social skills of these individuals and allows unique ways to assess their particular deficits. This research explored the initial psychometric properties of the Individual Music-Centered Assessment Profile for Neurodevelopmental Disorders' European Portuguese version (IMCAP-ND^{PT}), by examining 1) translation and adaptation, 2) inter-rater reliability, 3) test-retest reliability and 4) criterion and convergent validity. Study I had a sample of 87 children aged between 21 and 91 months, 30 of them with neurotypical development and 57 with several neurodevelopmental disorders, while studies II, III and IV had autistic children aged between 26 and 65 months (n = 10, n = 12 and n = 11, respectively). The translated and transculturally adapted version of IMCAP-ND^{PT} seemed adequate for its purposes. This outcome measure obtained statistical significance when differentiating between groups with and without pathology. Findings also revealed a moderate / satisfactory test-retest repeatability (95% CI – CCI = .424 p= .022 ranging to CCI= .791 p= .000) and solid interobserver agreement (95% CI – ICC from .924 to .996 single measures p = .000, (κ) between two raters ranging from .81 to 1.00 in 63 of 109 items of the three scales as well as Pearson's r ranged between .7 and .9; α = .997). Regarding criterion and convergent validity, positive significant correlations were found between several Musical Emotional Assessment Rating Scale (MEARS) and Musical Cognitive/Perception Scale (MCPS) items and totals and the Griffiths Mental Development Scales (GMDS) domains, varying from .60 to .90; no negative or null correlations were found. The results showed a noticeable level of inter-rater reliability as well as a good internal consistency. Thus, the IMCAP-ND Portuguese version can be used more confidently in clinical practice; nevertheless, future studies are recommended with a larger sample.

KEYWORDS

music therapy,
autism spectrum disorder,
neurodevelopmental disorder,
assessment,
reliability,
validity evidence

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INTRODUCTION

Over the past two decades, music therapy assessment has been increasingly recognised as contributing to auxiliary diagnostic impressions of children with NDD (Jacobsen et al., 2019; Wigram & Gold, 2006). Music therapy intervention has been linked to particular improvements on the core difficulties of autistic individuals: in joint attention (Kim et al., 2008), non-verbal communication (Finnigan & Starr, 2010; Gattino et al., 2011; Raposo, 2019), verbal communication (Lim & Draper, 2011; Raposo et al., 2020), engagement (Carpente, 2016b; Kim et al., 2009; Simpson & Keen, 2011), social interaction (Geretsegger et al., 2014; Thompson et al., 2013), self-regulation (Carpente, 2016b) as well as on the quality of the parent-child relationship (Schwartzberg & Silverman, 2016; Thompson & McFerran, 2015).

Music therapy assessment can play an important role in identifying strengths and impairments that can lead to a more precise intervention (Else & Wheeler, 2010). Still, music therapy studies need to become more engaged in research linked to evidence-based practice (EBP), so that music therapy will be overall accepted as an evidence-based treatment (EBT), since most research in this area starts with clinical practice generating a theory (Baker & Young, 2016).

There is an increasing number of international and multicentre music therapy studies that use standardised protocols and measures, which implies having translated and cross-cultural adapted versions of outcome measures, tested for validity and reliability (Ridder et al., 2017). In the field of ASD and developmental and learning disabilities, music therapists still often use other assessment tools developed by allied health professionals rather than music therapy specific ones (Kern et al., 2013). Nonetheless, there are already several outcome measures such as the Improvisational Assessment Profiles (IAPs), the Music Therapy Coding Scheme (MTCS), the Nordoff-Robbins Scale I: Child-Therapist(s) Relationship in Coactive Musical Experience, the Nordoff-Robbins Scale II: Musical Communicativeness and the Nordoff-Robbins Scale III: Musicing: Forms of Activity, Stages and Qualities of Engagement. The above-mentioned assessment tools' validities and/or reliabilities are yet to be tested and verified (Spiro et al., 2017).

Music therapy intervention has another EBP challenge: techniques are generally known for their flexibility and music therapists are constantly adapting their behaviours to the client's interests, following the child's needs at each moment of the session (Raposo et al., 2020). Therefore, music therapy practices are not easily quantifiable, since the procedures cannot be prescribed in advance, it is challenging to isolate and account for all the variables and the outcomes are unique and heterogeneous (Rickson et al., 2016).

The aim of this paper is to present the initial psychometric properties of the IMCAP-ND^{PT} version, by examining 1) translation and adaptation, 2) inter-rater reliability, 3) test-retest reliability and 4) criterion and convergent validity of this assessment tool for use in Portugal.

METHOD

Study design

In methodological terms, an intervention protocol was outlined with a quantitative measure design. The IMCAP-ND has 109 items divided in three subscales (MEARS, MCPS and MRS – Musical Responsiveness Scale).

There were several studies, with different purposes, in this research:

Study I. Regarding study I, we followed Urbina's (2004) and Wild et al.'s (2005) similar steps towards translating assessment tools, as well as we took into consideration Behling and Law's (2000) statements of common problems during translations and the specific translation and adaptation procedures for music therapy outcome instruments provided by Ridder et al. (2017).

Translation deals with the process of rendering words, sentences, or texts into a different language or the written or spoken rendering so produced (American Psychological Association, 2015). The cross-cultural adaptations refer to the need to adapt the distinct translated terms to the different cultural concepts and understandings of health, music and illness, to the target population (modified from Ridder et al., 2017).

This study was based on the IMCAP-ND single-session application which was part of the translation procedures, in order to verify if there were significant differences between a group of children with various developmental disorders (n = 57) and children with neurotypical development (n = 30). Group 2 subjects had various NDD, mostly autism spectrum disorders (n = 37; 42.5%), cerebral palsy (n = 7; 8%), global developmental delays (n = 5; 5.7%) and, with lower representation, trisomy 21 (n = 3; 3.4%), premature babies with primarily motor sequelae (n = 2; 2.3%), language disorders (n = 2; 2.3 %) and sensory processing disorders (n = 1; 1.1%).

Study I was the only multicentre study, with participants from various regions of Portugal (Lisbon and Santarem, besides the Azores, where all the other studies took place).

Study II. Regarding studies II and III, the reliability is the extent to which an assessment procedure consistently gages/measures a construct/characteristic within the same population (Jacobsen et al., 2018). In study II, inter-rater reliability was part of a music therapy efficacy pilot trial and was done with a comparison of 10 IMCAP-ND applications by each of the two raters to five autistic children who had 20 sessions of music therapy intervention and the IMCAP-ND as a pre- and post-measure completed by each rater (n = 10).

Study III. In study III, test-retest reliability was part of the subsequent clinical trial that consisted of an IMCAP-ND comparison between pre- and post-test of the same rater to 12 autistic children, six of them in a control group with only conventional therapies and six that had 20 additional music therapy sessions besides multidisciplinary intervention (n = 12). Test-retest reliability specifically analysed IMCAP's MEARS and MCPS subscale totals.

Study IV. Regarding study IV, criterion validity deals with any measure of validity based on determining the strength of the relationship between scores on the test and an independent criterion that is accepted as a standard against which the test may be judged (Colman, 2015). Convergent validity occurs when two measures are significantly correlated with each other, positively or negatively, and show evidence of similarity of the evaluated constructs. It is important to compare the three IMCAP-ND scales with a standardised instrument which conveys strong valid and reliable properties concerning its scores. The GMDS fulfills these measures and is regarded as a "gold standard" instrument across disciplines in assessing the mental development skills (Li et al., 2020).

Study IV (criterion and convergent validity) had the same sample of study III (with the exception of the exclusion of one participant due to GMDS incomplete assessment) and it was the only study in which there was a comparison between two scales' post-test results (IMCAP-ND and GMDS). It also assessed autistic children, five of them in a control group with conventional therapies and six that had 20 additional music therapy sessions besides multidisciplinary intervention (n = 11).

Thus, study I was quasi-experimental, with an ex post facto design (typical development or a developmental disorder), while study II inter-rater reliability was based on data from a pilot six-month music therapy pre- posttest intervention that preceded the experimental clinical trial with autistic children, with the latter having both the test-retest reliability (study III) and convergent validity (study IV) also tested. Therefore, while all children of studies II, III and IV participated in study I, the pilot and the clinical trial had different samples for their own purposes.

Ethical approval for this research was obtained by the Internal Review Board (IRB) at Hospital do Divino Espirito Santo, Ponta Delgada (HDES). Data collection was extended to other institutions. The clinic managers of CDIJA, Consultorio Filipe Cymbron (CFC-CDR), Cresce com Amor and Terapia ao Quadrado also authorized the studies. Written informed consent was obtained from all legal representatives, who understood the general purposes of each study.

ETHICS

Participants were recruited to collaborate on this music therapy research as they came to their regular developmental paediatrics appointment. Institutions were contacted by the researcher for convenience.

Data collection occurred at the five above-mentioned medical institutions, mainly at the hospital. The HDES offers music therapy assessment and treatment for children with neurodevelopmental disorders, such as ASD. The studies included children who complied with the following inclusion criteria: a) children needed to have a formal referral to music therapy and a diagnosis assigned by a professional of the Developmental Paediatrics Department at HDES, CDIJA, CFC-CDR, Cresce com Amor or Terapia ao Quadrado; b) in study I, children with typical development, who went to HDES, had a referral by the four selected schools; c) participants for studies II, III and IV needed a formal ASD

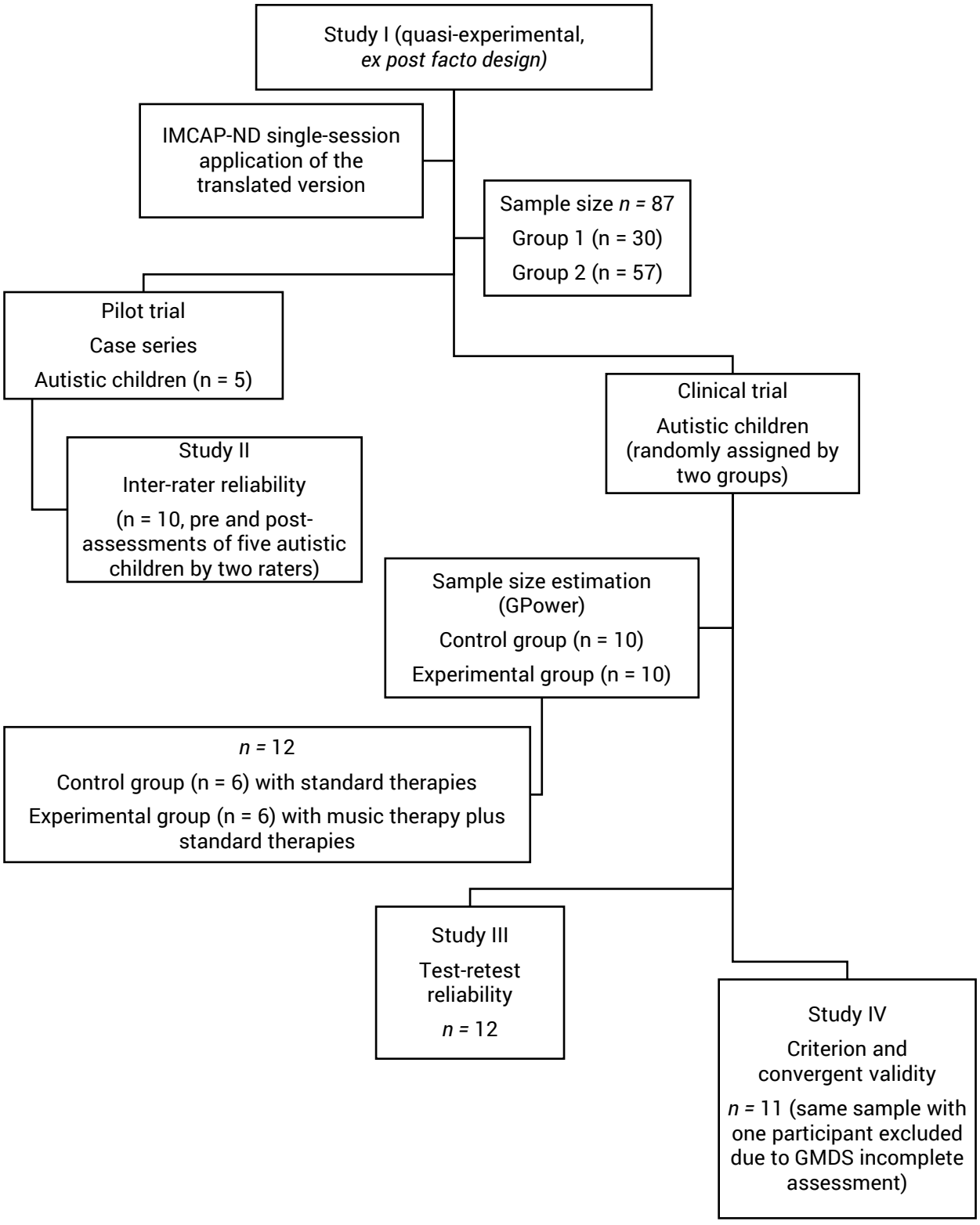

Figure 1: Sample size flow diagram

diagnosis based on a cut-off test (The Autism Diagnostic Observation Schedule – ADOS) and, additionally, had to present with ASD main characteristics defined by the Diagnostic and Statistical

Manual of Mental Disorders / DSM–V (American Psychiatric Association, 2013); d) participants must be between ages zero and eight years old in all studies; d) besides the group of children with neurotypical development in the first study, all other participants with NDD, including those with ASD in the following studies, could attend the conventional therapies, such as speech-language therapy, occupational therapy, psychology and psychomotricity at a school, hospital or therapeutic centre.

Regarding exclusion criteria: a) children could not have previously attended music therapy sessions or weekly music lessons, as the instruments could not be familiar objects; b) participants could not be involved in a DIRFloortime structured program (Binns & Cardy, 2019), with daily sessions with their parents at home and being periodically supervised by a professional, as this social-pragmatic approach, which impacts children's foundational communication capacities, is similar to improvisational music therapy (IMT) and results could be biased (Carpente, 2016b); c) children with multiple diagnoses besides ASD were excluded from the reliability and validity studies, since their results could be compromised by non-ASD impairments; d) and as there is a high frequency of co-occurrence of autism and epilepsy, children with known musicogenic epilepsy were definitely not admitted due to the contra-indication of treatment.

Measures

The Individual Music-Centered Assessment Profile for Neurodevelopmental Disorders (IMCAP-ND)

The IMCAP-ND is a criterion-referenced assessment instrument which consists of three scales that can be used to measure communicative, emotional, relational, and cognitive functions of individuals with NDD, namely, ASD, attention deficit hyperactivity disorder, speech and language disorders and several genetic pathologies as well, regardless of their chronological age (Carpente, 2013). The Musical Emotional Assessment Rating Scale (MEARS – Scale I) assesses communication and involvement through musical play; the Musical Cognition / Perception Scale (MCPS – Scale II) assesses specific cognitive and perceptive skills and the Musical Responsiveness Scale (MRS – Scale III) has a focus on social interaction and being able to share prompt responses (Carpente, 2014).

As the therapist verifies how the client understands, interprets, and creates music with them, it is possible to observe, listen and classify responses and annotate additional clinical observations. Music therapy sessions need to have specific requirements for the IMCAP-ND to be administered: the therapist needs to improvise music experiences based on the client's lead and interests, as well as to target precise musical responses, which are relevantly associated with the neurological impairments of the client (Carpente, 2013). This approach (IMT) agrees with the developmental social pragmatic models' fundamentals; there is an intention of creating empathic relationships with children, nurturing reciprocal interactions through musical attunement, which then provides moments of affect synchronisation and, consequently, leads to social communication development (Carpente, 2016b). Reliability and convergent validity were already established in the original IMCAP-ND version (Carpente & Gattino, 2018; Carpente et al., 2022).

The Griffiths Mental Development Scales (GMDS)

The GMDS is considered to be one of the most widely researched outcome measure for the assessment of infants and young children throughout the world (Luiz, 1994). It is divided in two sections: one for the 0- to 2-year-old age group and the other for 2- to 8-year-olds, until its second edition (Luiz et al., 2007).

The GMDS consists of six subscales in major domains of development: locomotion (A), personal-social (B), hearing and language (C), eye and hand coordination (D), performance (E), and practical reasoning (F) (Luiz et al., 2006a, 2006b).

The original validation research on this instrument was conducted in the 1960s (Luiz et al., 2007) and various international studies found favorable results on Griffiths Scales' reliability and validity (Griffiths, 1984; Hanson, 1982; Heimes, 1983; Lister, 1979). The second edition was adapted to the Portuguese population by Borges et al. (2012). Internal consistency was tested but GMDS-ER still needs validation; the third review is in the process of validation for the Portuguese population.

The comparison between IMCAP-ND and GMDS

The GMDS were used on the convergent validity analysis as a "gold standard" instrument across disciplines in assessing the mental development skills (Li et al., 2020). GMDS use is very common in the Portuguese paediatric setting.

The activities that take place in both IMCAP and GMDS sessions seem to imply personal and social capacities (GMDS category B) and social emotional competencies, the basis for all the IMCAP's first subscale (MEARS – Musical Emotional Assessment Rating Scale).

Besides the different approaches (IMCAP application implies improvisation activities whereas GMDS application implies an adult direct instruction to complete a task), there might be similar issues assessed. For example, GMDS category C (hearing and language) assesses the child's various uses of communication, while IMCAP's MEARS items regarding musical affect also evaluate the use of prosody, facial expression, and body movements to assess verbal and non-verbal communication.

When comparing the active participation of the child, IMCAP application implies that the client directly uses the musical instruments to demonstrate their developmental abilities; therefore, eye and hand coordination and every other aspect of performance can be observed. In GMDS, these competencies are assessed in categories D and E (eye and hand coordination and performance).

Procedures and logistics

Translation and cross-cultural adaptation

The process was initiated through the translation of IMCAP-ND from English to European Portuguese. The back-translation was carried out by a bilingual translator and, afterwards, five bilingual music therapists evaluated each item of the three subscales in terms of clarity, precision and relevance. They were instructed to classify the items with a Likert-type score from 1 to 5, considering: 1 – strongly disagree; 2 - disagree; 3 - neither agree nor disagree; 4 – agree; 5 – strongly agree. Further explanations were given towards the concepts of clarity, precision and relevance.

The bilingual music therapists served as expert judges; they were not specialised with a degree in translation but were bilingual and specialised only in music therapy. When most of the judges' answers were not assigned at level 5, they were then encouraged to propose changes, so that there was consensus within translation, according to the Delphi technique (Linstone & Turoff, 2002), through which a group of specialists in different geographic areas can lead to dense results on complex and comprehensive themes.

We found that all items had a majority of classifications between levels 4 (agree) and 5 (totally agree), which was considered positive for this translation. Overall, it was also verified that, regarding the items with score 3 (neither agree nor disagree), bilingual music therapists were not referring to the accuracy of the Portuguese translation, but rather to the original clarity of the item itself, which goes beyond the scope of this study.

After delivering the back-translated version without consulting the original English tool, the bilingual translator also gave suggestions towards discrepancies. The process of harmonisation with the discussion of terminology and cross-cultural adaptations was similarly opened for the supervisor responsible for the previously validated Brazilian IMCAP-ND (Carpente, 2016a).

The concepts that were most subject for discussion were "musical affect", "attend to", "connects", "perceptual", "musical-play" and "responsiveness". As some terms were essential in the assessment scales, experts in linguistics were also consulted.

Study I. IMCAP-ND single-session application

Eight music therapists that attended to the IMCAP-ND Portuguese course agreed to directly collaborate on this study. Five of them participated as bilingual judges for the clarity, precision and relevance of the translated version, one carried out the retroversion, one other music therapist accepted to execute music therapy sessions for data collection, and one conducted counsel and supervision, since he had substantial experience in scales' validation and was responsible for the previously validated Brazilian version (Carpente, 2016a). Four other music therapy colleagues participated in collecting data only following the activities' protocol and providing video recordings, as they could not have access to the IMCAP-ND without having course qualifications.

The aim was to have a sample of 30 participants in each group, so that parametric tests could be applied. Unexpectedly, the experimental group reached 57 participants as it was simpler to contact their legal representatives, since children with some pathology regularly attend to medical appointments at the hospital. There were no specifications regarding a particular neurodevelopmental disorder diagnosis in group two, so this was a facilitating element.

As to the excluded participants of group 1 (children with neurotypical development), there were a few reasons for their exclusion: the misinterpretation of the age limit, symptoms associated with speech disorders though not yet having a formal diagnosis and scheduling difficulties.

There was a single music therapy assessment (with IMCAP-ND). Sessions were individual, approximately 45-minutes in duration, and arranged by phone or email with the legal representative. At the beginning, parents would receive the music therapy information through a brief PowerPoint presentation, which also included clarifications of the study's procedures. Biographic data was collected and then the child and the therapist would initiate the musical-play.

Generally, parents stayed in the room during music therapy sessions, except occasionally when it was determined that their presence was negatively compromising the child's attention and involvement.

Due to improvisational music therapy's main principle of following the child's needs, the central sequence of activities was slightly changeable, that is, activities 3, 4 and 5 could have their order inverted, if necessary.

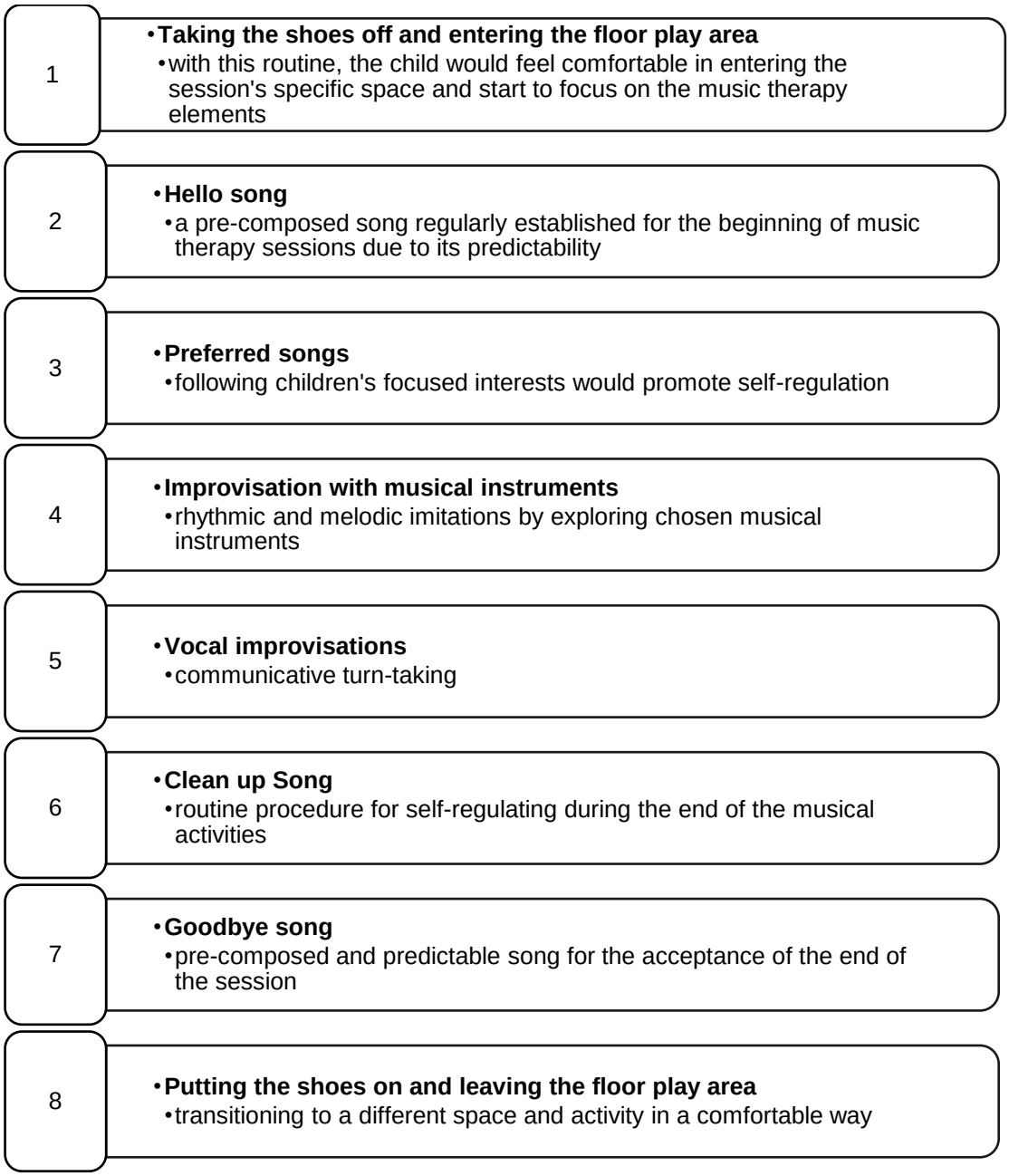

Figure 2: Intervention protocol for every session of the four studies

Study II. Inter-rater reliability

Participants from studies II, III and IV were selected in the context of their regular child development consultation; during the meeting, the team member would suggest study participation to their legal representative if they met the inclusion criteria. During the first session scheduled with the music therapist, further explanation was given, the informed consent fulfilled and the regular timetable was scheduled. The sessions took approximately 45 minutes during a six-month period, with a minimum attendance of 20 completed sessions. The audiovisual materials were recorded with a fixed camera positioned in one corner of the room, affording visual access to all the setting's dimensions and of every interaction with the child.

The two raters of Study II attended the same IMCAP-ND course in Porto (Portugal) on June 2017 and were also advised to consult the procedures and protocols' guidelines (Carpente, 2017) and the clinical manual (Carpente, 2013) before their task, due to semantic interpretation of each item.

As the IMCAP-ND scales are susceptible to the music therapist's subjective interpretation of observation data, it is particularly relevant to have inter-rater agreement (Bell et al., 2014; Magee et al., 2016). Inter-rater agreement with two raters was measured using kappa's coefficient (Cohen, 1960), applied to both frequency and support items of the three IMCAP-ND subscales using Landis and Koch's criteria (1977). Frequency specifically refers to the amount of behaviours presented on a specific matter whereas support refers to the type and intensity in which support will be delivered by the therapist in order for the client to demonstrate a particular target music response (Carpente, 2013).

The IMCAP-ND application was collected from autistic children who had 20 weekly music therapy sessions besides their conventional therapies (n = 10) and data for this inter-rater reliability study was collected from two raters.

Study III. Test-retest reliability

Test-retest reliability is used to measure stability over time and is an appropriate consideration for constructs that appear to have little changes from one observation to the subsequent other (Sattler, 2001). In this study, temporal reproducibility was measured through Cohen's kappa and Intraclass Correlation Coefficient (ICC) using data from twelve children who participated in a clinical trial, six of them in a control group with conventional therapies and six that had 20 additional music therapy sessions besides multidisciplinary intervention (n = 12). The time between the test and retest application through the audiovisual material observation was six months.

Study IV. Criterion and convergent validity

The main purpose of assessing convergent validity in this study was to answer the following questions: do IMCAP-ND^{PT} scales correlate with GMDS scores? If there is a positive correlation, can IMCAP-ND^{PT} be used as a complementary measure to obtain additional data in developmental disorders? In this psychometric procedure, the researchers considered Spearman correlations of both IMCAP-ND^{PT} items and GMDS total scores, in order to have a broad range of research, since there were no previous studies testing this type of validity in the Portuguese music therapy field.

This study had the same sample as study III (with the exception of the exclusion of one participant due to an incomplete GMDS assessment). Data was collected from autistic children, five of them in a control group with conventional therapies and six that had 20 additional music therapy sessions besides multidisciplinary intervention (*n* = 11).

Due to the pandemic restrictions caused by the 2019-nCoV virus, this study was substantially affected and its sample was limited.

Data analysis

Data were analysed using the Statistical Package for the Social Sciences (SPSS) version 25.0 for MacOS 10.13.6.

> In samples with n ≤ 12 subjects, the normality tests have little power to discriminate distributions that follow a Gaussian curve, that is, small samples do not have enough information to be able to make inferences about the type of distribution in the population. (Motulsky, 2003, p.207)

The IMCAP-ND and GMDS variables were described in means and standard deviations and these data did not always present a normal distribution (assessed using the Shapiro-Wilk W). For this reason, different analyses were carried out using both parametric and non-parametric tests, the latter also being applied for IMCAP-ND scale III, as it has ordinal items. Each of these tests will be described according to the validity and reliability main statistics/procedures below.

RESULTS

Group differences

The student's t-test for independent samples did not reveal a significant difference regarding age, for $p < 0.05$, between group 2 with NDD (M = 53.35) and group 1 with neurotypical children (M = 51.40) in the mean age (t = - .423, p = .674).

Tables 1 and 2 illustrate the group differences using student's t-test for all the items and totals scores which had normal distribution or slight deviations to normality in IMCAP-ND scales I (MEARS) and II (MCPS), as well as Mann-Whitney U test for the scale III (MRS) ordinal items.

Student's t-test for independent samples revealed for $p < 0.01$ an extremely significant difference in all items between group 1, of children with neurotypical development (*n* = 30), and group 2, of children with neurodevelopmental disorders (*n* = 57), in all of scales I and II dimensions and totals, with emphasis on the differences in the "I_V_Musical Interrelatedness" total [t = 17,303, p = 0.000]: group 1 revealed a significantly higher result (M = 4.13) compared to group 2 (M = 1.56).

	Group 1 (*n* = 30)		Group 2 (*n* = 57)		*t student*
Subscale I (MEARS)	Mean	SD	Mean	SD	
I. musical attention totals (frequency)	4,68	0,50	2,39	0,92	t = 15,074 p =,000***
II. musical affect totals (frequency)	4,50	0,38	2,15	0,86	t = 17,594 p =,000***
II. musical affect totals (support)	4,68	0,30	2,82	1,02	t = 12,669 p =,000***
III. adaption to musical-play totals (frequency)	4,46	0,37	2,02	1,06	t = 15,681 p =,000***
III. adaption to musical-play totals (support)	4,72	0,22	2,61	1,08	t = 14,189 p =,000***
IV. musical engagement totals (frequency)	4,23	0,56	1,59	0,97	t = 16,045 p =,000***
IV. musical engagement totals (support)	4,53	0,45	2,37	1,13	t = 12,659 p =,000***
V. musical interrelatedness totals (frequency)	4,13	0,49	1,56	0,89	t = 17,303 p =,000***
V. musical interrelatedness totals (support)	4,49	0,39	2,29	1,04	t = 14,213 p =,000***
Subscale II (MCPS)					
II. focuses / total	4,48	0,58	2,01	0,84	t = 16,111 p =,000***
III. recalls / total	4,25	0,51	1,44	1,07	t = 16.457 p =,000***
IV. follows / total	4,47	0,50	1,58	1,02	t = 17,807 p =,000***

Table 1: Student's t-test for Subscales I (MEARS) and II – MCPS items with slight deviations from normality[1]

	Group	Mean rank	Sum of ranks	Mann-Whitney U	Z	Exact sig. (2-tailed)
Preference: tempo range fast	G1	66,95	2008,50	166,500	-6,349	,000***
	G2	31,92	1819,50			
Preference: dynamic range loud	G1	66,30	1989,00	186,000	-6,162	,000***
	G2	32,26	1839,00			
Preference: attack primarily staccato	G1	68,27	2048,00	127,000	-6,746	,000***
	G2	31,23	1780,00			
Efficiency: tempo range slow	G1	69,15	2074,50	100,500	-6,904	,000***
	G2	30,76	1753,50			
Efficiency: attack primarily staccato	G1	69,08	2072,50	102,500	-6,892	,000***
	G2	30,80	1755,50			
Self-regulation: tempo range fast	G1	68,28	2048,50	126,500	-6,645	,000***
	G2	31,22	1779,50			
Self-regulation: dynamic range soft	G1	69,77	2093,00	82,000	-7,057	,000***
	G2	30,44	1735,00			
Self-regulation: attack primarily staccato	G1	67,93	2038,00	137,000	-6,595	,000***
	G2	31,40	1790,00			
Self-regulation: attack primarily legato	G1	70,33	2110,00	65,000	-7,195	,000***
	G2	30,14	1718,00			

Table 2: Mann-Whitney U test for Subscale III (MRS)

The Mann-Whitney U test revealed for $p \leq 0.001$ the existence of an extremely significant difference between group 1 (N = 30) and group 2 (N = 57) in the clients' musical preferences, in the efficiency of their performance as well as in their self-regulatory capabilities.

It is relevant that group 1 showed greater preference for a faster tempo (U = 166,500, $p = 0.000$), a louder dynamic (U = 186,000, $p = 0.000$) and primarily staccato attacks (U = 127,000, $p = 0.000$). In terms of efficiency, it should be noted that group 2 was significantly less efficient when asked to participate in a slow tempo range (U = 100,500, $p = 0.000$) and primarily staccato attacks (U = 102,500,

[1] *** significant as p < 0,001; ** significant as p < 0,01; * significant as p < 0,05

p = 0.000). Regarding self-regulation, it was evident that group 1 had better control of their attention and availability for interaction in a faster tempo range (U = 126,500, *p* = 0.000) and during primarily staccato attacks (U = 137,000, *p* = 0.000).

Inter-rater reliability

Inter-rater agreement between music therapists M. and C. was measured in ten observations (*n* = 10). The Kappa coefficient (Cohen, 1960) was applied to the frequency and support items of the three subscales using Landis and Koch's criteria (1977).

In scale I (MEARS), regarding the frequency results, an almost perfect agreement was observed in 25 out of the 48 items (95% confidence interval ranging from .815 to 1.00), substantial agreement in 15 items (95% confidence interval ranging from .625 to .804), moderate agreement in 3 items (95% confidence interval ranging from .412 to .571), fair agreement in 4 items (95% confidence interval ranging from .231 to .394) and a slight agreement in 1 item (95% confidence interval (κ) = .130).

		Frequency	Support
Level 1: Musical attention	Focuses	1.00[a]	.804[b]
	Maintains	.429[c]	.706[b]
	Shares	.722[b]	.661[b]
	Shifts	.846[a]	.344[d]
Level 2: Musical affect	Facial	.231[d]	.787[b]
	Prosody	1.00[a]	.868[a]
	Body	1.00[a]	1.00[a]
	Motion	.130[e]	.706[b]
Level 3: Adaption to musical-play	Joins	.625[b]	.833[a]
	Adjusts	.726[b]	.342[d]
	Takes turns	.855[a]	1.00[a]
	Stops	.714[b]	1.00[a]
Level 4: Musical engagement	Imitates	.872[a]	1.00[a]
	Synchronises	.861[a]	.787[b]
	Predicts	.744[b]	1.00[a]
	Ends	394[d]	1.00[a]
Level 5: Musical interrelatedness	Initiates	1.00[a]	.625[b]
	Changes	.412[c]	.846[a]
	Differentiates	.733[b]	.571[c]
	Assimilates	.733[b]	.865[a]
	Connects	.859[a]	1.00[a]
	Interjects	.861[a]	.815[a]
	Completes	1.00[a]	.861[a]
	Leads/follows	.865[a]	.697[b]

Table 3: Cohen's Kappa coefficients[2]

[2] [a]Almost perfect agreement (.81 to 1); [b]Substantial agreement (.61 to .80); [c]Moderate agreement (.41 to .60); [d]Fair agreement (.21 to .40); [e]Slight agreement (0 to .20); [f]Poor agreement (0) (Landis & Koch, 1977).

Regarding ICC for Scales I and II total scores, all coefficients were above 0.75 (95% confidence interval ranging from 0.924 to 0.996 single measures p = .000), that is, there is excellent repeatability, according to the scale of values of Menz et al. (2004).

Additionally, in the MEARS scale, Wilcoxon test revealed disagreements in only 2 of 48 items (Shifts support: z = -2.000 p = .046; Motion frequency: z = -2.449 p = .014). In the MCPS scale, disagreement was found in either 2 of 25 items (Reacts Totals: z = -2.333 p = .020; Initiates timbre: z = -2.000 p = .046). In the MRS subscale, disagreement was shown in only 3 of 12 items also (Preferences medium tempo range: z = -2.336 p = .025; Preferences fast tempo range: z = -2.336 p = .025; Self-regulation medium dynamic range: z = -2.000 p = .046). Thus, the Wilcoxon test revealed at p > 0.05 that the variation between the medians of the two observers was not significantly different, that is, the null hypothesis was not rejected. Therefore, observers were mostly in agreement when assigning their ratings.

Test-retest reliability

Temporal stability was analysed through test-retest reproducibility from the calculation of Cohen's kappa and ICC of 12 cases. Cohen's kappa coefficient revealed poor agreement only in 2 of the 109 items of the 3 subscales, a slight agreement in 16 items, considerable agreement in 57 items, moderate agreement in 29 items and substantial agreement in 5 items, according to Landis and Koch's criteria (1977).

For this test-retest reliability, the ICC was .424 to .791, which corresponds to a moderate / satisfactory repeatability, according to Menz et al. (2004).

MEARS and MCPS scales totals	Frequency	Support
Musical attention	CCI = .424 p = .022	CCI = .455 p = .014
Musical affect	CCI = .577 p = .003	CCI = .591 p = .002
Adaption to musical play	CCI = .519 p = .005	CCI = .582 p = .004
Musical engagement	CCI = .641 p = .001	CCI = .604 p = .004
Musical interrelatedness	CCI = .612 p = .001	CCI = .705 p = .000
Reacts	CCI = .490 p = .006	---
Focuses	CCI = .531 p = .007	---
Recalls	CCI = .581 p = .002	---
Follows	CCI = .791 p = .000	---
Initiates	CCI = .604 p = .001	---

Table 4: Intraclass correlation coefficient (single measures)

Convergent validity

Convergent validity with IMCAP-ND and GMDS scales was measured in 11 observations (n = 11). Positive significant correlations were found between several MEARS and MCPS items and totals and the GMDS domains (locomotion, personal-social domain, hearing and language, eye and hand coordination, performance, and practical reasoning), varying from .60 to .90; no negative or null correlations were found.

IMCAP-ND	GMDS	Correlation coefficient	Sig. (2-tailed)
I_I_b_maintains_frequency	Total D	*r* = .777	p = .005**
I_II_h_motion_frequency	Total B	*r* = .848	p = .001***
I_III_l_stops_frequency	Total B	*r* = .786	p = .004**
	Total D	*r* = .777	p = .005**
I_IV_m_imitates_frequency	Total B	*r* = .820	p = .002**
	Total C	*r* = .792	p = .004**
	Total D	*r* = .877	p = .000**
I_V_s_differentiates_frequency	Total B	*r* = .807	p = .003**
	Total C	*r* = .847	p = .001***
	Total D	*r* = .771	p = .006**
I_V_x_leads_follow_frequency	Total B	*r* = .781	p = .005**
	Total D	*r* = .834	p = .001***
II_III_recalls / melody	Total B	*r* = .820	p = .002**
	Total C	*r* = .792	p = .004**
	Total D	*r* = .877	p = .000***
II_III_recalls / phrase	Total B	*r* = .782	p = .004**
	Total C	*r* = .740	p = .009**
	Total D	*r* = .799	p = .003**
II_IV_follows / melody	Total B	*r* = .759	p = .007**
	Total D	*r* = .732	p = .011*
II_IV_follows / dynamic	Total D	*r* = .736	p = .010**
	Total E	*r* = .721	p = .012*
II_V_initiates / dynamic	Total D	*r* = .792	p = .004**
I_II_Musical_affect_total_frequency	Total B	*r* = .827	p = .002**
	Total D	*r* = .710	p = .014*
I_III_Adaption_to_musical-play_total_frequency	Total B	*r* = .841	p = .001***
	Total C	*r* = .726	p = .011*
	Total D	*r* = .825	p = .002**
I_IV_Musical_engagement_total_frequency	Total B	*r* = .799	p = .003**
	Total C	*r* = .737	p = .010**
	Total D	*r* = .778	p = .005**
I_V_Musical_interrelatedness_total_frequency	Total B	*r* = .721	p = .012*
	Total D	*r* = .760	p = .007**
II_III Recalls / total	Total B	*r* = .750	p = .008**
	Total D	*r* = .810	p = .003**

Table 5: Spearman positive correlations between IMCAP-ND^{PT} and GMDS scores (convergent validity)

DISCUSSION

Procedure and intervention protocol

The main clinical trial was preceded by a pilot study, after which there were protocol improvements regarding inclusion and exclusion criteria, the use of identical musical instruments in different institutions on this research and the full comprehension of all the informed consent terms that followed the preliminary research were then applied and considered effective.

Study I. IMCAP-ND single-session application

This study explored the group differences that could be identified with a single-session application of the IMCAP-ND three scales for use in Portugal. Data revealed statistically significant differences (p <0.01) in all items between the group of neurotypically developed children (n = 30) and the group with neurodevelopmental disorders (n = 57), with emphasis on the differences in the "Musical Interrelatedness" total [t = 17,303, p = 0.000], as well as positive results were found on the average means for attention, reaction and initiative. Indeed, individuals with neurodevelopmental disorders, namely ASD, spend less time attending to social stimuli than typically developing (TD) controls (Chita-Tegmark, 2016) and this suggests an impact on their musical interrelatedness competencies.

Regarding the Musical Responsiveness Scale (MRS), it is relevant that group 1 showed greater preference for a faster tempo, a louder dynamic and primarily staccato attacks. Children with neurodevelopmental disorders often have mild to moderate gross motor difficulties while playing (Lucas et al., 2016) and these struggles might have an impact on their preferences for less intense music characteristics, so that they can control their environment while playing musical instruments.

In terms of efficiency, it should be noted that group 2 was significantly less efficient when asked to participate in a slow tempo range and primarily staccato attacks, as well as regarding self-regulation, it is evident group 1 had better control of their attention and availability for interaction in a faster tempo range and during primarily staccato attacks. Besides the attention difficulties of children with various neurodevelopmental disorders, we should also consider the recent focus on the specific movement and sensory abnormalities in autistic children, namely in cortical and cerebellar differences (Hardy & LaGasse, 2013). Jansen and Thaut (2018) suggest that music-based developmental interventions for attention and motor control may have a new functional role in supporting autistic children due to the significant effect of auditory-motor entrainment on motor and attention functions and brain connectivity.

Overall, as it was previously assumed, the results of this study confirm the need for more music therapy assessment instruments to be validated (Lipe, 2015; Waldon & Gattino, 2018; Wheeler & Murphy, 2016) and, possibly, for assuming in the future IMCAP-ND as an additional cut-off test for detecting neurodevelopmental delays in some areas, such as in social-emotional responses, cognitive functions (attention, memory, planning and making decisions) and responsiveness capabilities, since the results were all statistically significant between groups of children with and without such disorders.

Study II. Inter-rater reliability

There are many studies that examined inter-rater reliability for music therapy assessment tools, such as the Client–Therapist Relationship in Musical Activity Scale - CTRMAS (Mahoney, 2010) and the Music Therapy Communication and Social Interaction Scale - MTCSI (Bell et al., 2014), that were applied to a variety of neurodevelopmental delays; however, there are only a few that specifically focus on ASD, as in Carpente and Gattino's IMCAP-ND[2013] original version research (2018).

The inter-rater reliability results in this study (*n* = 10) are in line with both MTCSI (*n* = 8), CTRMAS (*n* = 10) and IMCAP-ND original version (*n* = 30), even though we had a similar small sample size with only the first two assessment tools.

IMCAP-ND scores seem to successfully assess symptoms of ASD during music-centred activities (Carpente & Gattino, 2018). In scale I (MEARS), Cohen's kappa results showed a substantial to almost perfect agreement in 83% of the items (95% confidence interval ranging from .625 to 1.00), according to Landis and Koch's (1977) criteria. The results of the present study appear to be consistent with inter-rater reliability of IMCAP-ND original version (Carpente & Gattino, 2018), having both a high degree of inter-rater reliability, as the values of mean exact agreement for weighted kappa in IMCAP-ND^{2013} showed promising results in the MEARS (.98), MCPS (1.00), and MRS (1.00) (Carpente & Gattino, 2018), though with IMCAP-ND^{PT} version having slightly lower results and higher variability between raters, who had less experience as IMCAP-ND raters than the IMCAP-ND^{2013} assessors. The inter-rater reliability ranges between different items should also be explored in future studies, as there were vast differences (Level 2: Musical Affect / Facial κ = .231; Level 5: Musical Interrelatedness / Initiates κ = 1.00), despite most items obtained higher levels of agreement.

Study III. Test-retest reliability

This study explored test-retest reliability using Cohen's kappa and ICC to compare IMCAP-ND^{PT} scores, obtained from the same participants within a six-month interval (*n* = 12).

Regarding technical adequacy, when comparing the IMCAP-ND^{PT} ICC results with those from the Music Attentiveness Screening Assessment, Revised (MASA-R), which is another music therapy scale that underwent test-retest reliability procedures, we found that the IMCAP-ND^{PT} ICC was .424 to .791, which corresponds to a moderate / satisfactory repeatability, according to Menz et al. (2004). MASA-R test-retest reliability for all age groups using ICC fell into acceptable ranges for both items (Item I, ICC = .88, 95% CI [.80, .93]; Item II, ICC = .91, 95% CI [.85, .94]). As we had a smaller sample and a large period for stability over time (six months instead of a two-week delay), our results are acceptable but lower than MASA-R.

In fact, MASA-R results are higher than the previous study of MASA (test-retest reliability on the first MASA item was moderately high [Pearson *r* = .84] while on the second item it was lower [*r* = .63]), as they improved it with a larger and more heterogeneous sample, which may have reduced the impact of error variance on reliability estimates for each item (McMillan & Schumacher, 2006; Waldon & Broadhurst, 2014).

To increase the confidence on IMCAP-ND^{PT} following referral and as a reliable assessment tool to compare baseline to intervention, further studies of score stability with a larger sample are necessary. Moreover, regarding test-retest reliability, data has to be carefully interpreted as the comparison between test-retest applications is usually closer in time. The results could also be biased due to the rater's inexperience in rating during the first assessment moment (the rater attended the IMCAP Portuguese certification course and started his rating experience with this procedure). These factors could explain why higher agreements on inter-rater reliability were obtained, compared with test-retest reliability.

Study IV. Convergent validity

This study explored the convergent validity between the item and total scores of MEARS and MCPS (from IMCAP-ND) with the totals of the GMDS in areas such as locomotion, personal-social domain, hearing and language, eye and hand coordination, performance, and practical reasoning, as both scales assess social-emotional competencies and cognitive and perception processes.

Data revealed statistically significant results for convergent validity with respect to MEARS frequency scores and totals: of the 96 correlations found, 25 (26.04%) were in the personal-social GMDS B domain, 22 (22,92%) in eye and hand coordination GMDS D domain, 15 (15,63%) in the hearing and language GMDS C domain, 13 (13.54%) in the performance GMDS E domain, 11 (11.46%) in the practical reasoning GMDS F domain and, lastly, 10 (10.42%) in the locomotion GMDS A domain.

As to the MCPS frequency scores and averages, of the 63 correlations found, 19 (30.16%) were in eye and hand coordination GMDS D domain, 17 (26.98%) in the personal-social GMDS B domain, 11 (17.46%) in the performance GMDS E domain, 7 (11.11%) in the locomotion GMDS A domain, 6 (9.52%) in the hearing and language GMDS C domain, and, at last, 3 (4.76%) in the practical reasoning GMDS F domain.

Nevertheless, there were no correlations between the MEARS item “r - changes” and the MCPS items “focuses on rhythm, melody, phrase or timbre” and any GMDS total scores, which was not expected to some extent, as there were other positive correlations found regarding attention skills and flexibility in changing own performances, which is essential when following a child-led perspective and freedom to move between activities (Carpente, 2013).

The correlations found between MEARS and MCPS with GMDS ranged from $r(11)= .604$, $p=.049$ to $r(11)=.896$, $p=.000$, which are considered moderate to strong, according to Dancey and Reidy (2004)’s criteria for the strength of correlations ($R < 0.39$ = weak; $0.4 < R < 0.69$ = moderate; $R > 0.7$ = strong).

There were no null Spearman correlations. Most correlations were considered moderate, although 45% of all were strong. The most frequent correlations were with GMDS personal-social and eye/hand coordination domains, which is congruent with the idea of music therapy used to boost social-emotional responses and encouraging eye/hand coordination when exploring musical instruments.

Even though IMCAP-ND does not have diagnostic purposes, similar to GMDS, both can be helpful in targeting children's specific responses towards different materials, such as toys and musical instruments. Thus, IMCAP-ND results might be an aid for children’s formative and developmental assessment (Waldon & Gattino, 2018).

Limitations and future directions

The results of this research should be comprehended taking into account the encountered limitations. Although the first study obtained a relatively large multicentre sample ($n = 87$), the inter-rater reliability, test-retest reliability and the convergent validity studies had small samples ($n = 10$, $n = 12$, $n = 11$, respectively). Multicentre studies with larger sample sizes need to be carried out specifically on the validity evidence of IMCAP-ND for use in Portugal. Moreover, despite having a larger sample and a

control group, compared to the previous pilot study, the GMDS dimension F - "practical reasoning" should be further explored with more children between two and eight years old with developmental delays that attend weekly music therapy sessions, as there is a gap of not having any data on this domain from children up to two years old and, suddenly, at the post-test, when they turn three, GMDS scales assign a new percentile of practical reasoning that should be carefully interpreted with subjects in these transitioning ages.

This exploratory inter-rater study had a considerable constraint of not having two different music therapists to conduct weekly sessions and two other independent judges for rating IMCAP-ND scores through audiovisual recording; since no other professionals were available for this task, which required substantial dedication of their own time, one music therapist did both tasks (sessions and rating), one music therapist was only an independent rater and another music therapist was only an experimentalist (only did the sessions, following the protocol, as she was not IMCAP-ND qualified rater). Future studies should try to include at least two independent raters certified with the IMCAP-ND^{PT} course training.

Although there was homogeneity with regards to the professionals' academic training, all of whom had the same certification course in IMCAP-ND, standardisation of professional experiences could be more precise, as the music therapists' clinical backgrounds were diverse. Furthermore, since music therapy is not yet legally recognised in Portugal as a health profession, and there is mental resistance to this complementary therapy which does not have as broad of scientific evidence as other conventional treatments, we experienced inherent challenges for the implementation of music therapy sessions in medical settings, due to cultural constraints, though it was possible to comply with procedure and intervention protocols.

Future studies should also have subjects separated by their ASD severity of symptoms, grouped by their scores in the cut-off diagnostic test, due to the diversity included on the spectrum and, ultimately, this study did not use the most current edition of the GMDS (the Griffiths-III), as this version still lacks validation for use in Portugal. In addition, further research should compare IMCAP-ND scores with other standardised instruments for assessing neurodevelopmental disorders.

CONCLUSION

This study has the singularity of being the first psychometric validation of a neurodevelopmental music therapy specific assessment instrument for the Portuguese population. The translation of this tool to European Portuguese was carried out effectively and semantic equivalence of IMCAP-ND^{PT} was obtained. Moreover, it is remarkable that the research was rigorous towards the use of protocols on techniques, activities, and data collection (audiovisual recording for confirmation purposes).

Additionally, it was demonstrated that IMCAP-ND scales can contribute to assist diagnostic impressions with additional clinical information, as suggested by Wigram and Gold (2006) and reaffirmed by Jacobsen et al. (2019), as it can be one of the utilities of music therapy assessments. This can effectively promote music therapy to be widely spread and relevant on the assessment work of multidisciplinary clinical teams.

While comparing this study with the original validation (Carpente, 2013; Carpente & Gattino, 2018; Carpente et al., 2022), it is possible to assume that this current investigation was an asset for the sample size as well as for the heterogeneity in study I. Although the author intended that the IMCAP-ND profile should be used with several NDD, the original validation only included autistic children.

In summary, it should be concluded that there was evidence of inter-rater reliability as well as convergent validity with significant results, as it was also previously described by Waldon et al. (2015) with MASA-R, Bergmann et al. (2015) with Music-based Autism Diagnostics (MUSAD) and Gattino et al. (2017) with the Brazilian version of KAtegoriensystem MUsikTHErapie (KAMUTHE), though future studies are necessary to increase the level of validity evidence for the IMCAP-ND outcome measure.

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Ελληνική περίληψη | Greek abstract

Το Ατομικό Μουσικοκεντρικό Προφίλ Αξιολόγησης για Νευροαναπτυξιακές Διαταραχές (IMCAP-ND) προς χρήση στην Πορτογαλία: Μετάφραση και ψυχομετρική τεκμηρίωση

Marisa M. Raposo | Gustavo Schulz Gattino | Teresa Leite | Alexandre Castro-Caldas

ΠΕΡΙΛΗΨΗ

Υπάρχει μία γενικότερη ανάγκη για μουσικοκεντρικά εργαλεία αξιολόγησης ως ειδικά μέτρα έκβασης για την αποτελεσματικότητα της μουσικοθεραπείας σε άτομα με νευροαναπτυξιακές διαταραχές (ΝΑΔ), και ειδικότερα με διαταραχές αυτιστικού φάσματος (ΔΑΦ), καθώς η μουσική διευκολύνει τις επικοινωνιακές και κοινωνικές δεξιότητες αυτών των ατόμων και παρέχει μοναδικούς τρόπους για την αξιολόγηση των

συγκεκριμένων δυσκολιών τους. Αυτή η μελέτη διερεύνησε τις αρχικές ψυχομετρικές ιδιότητες της Πορτογαλικής έκδοσης του Ατομικού Μουσικοκεντρικού Προφίλ Αξιολόγησης για Νευροαναπτυξιακές Διαταραχές (IMCAP-ND^{PT}) εξετάζοντας 1) τη μετάφραση και την προσαρμογή, 2) την αξιοπιστία μεταξύ αξιολογητών, 3) την αξιοπιστία εξέτασης-επανεξέτασης και 4) την εγκυρότητα κριτηρίου και τη συγκλίνουσα εγκυρότητα. Το δείγμα της πρώτης μελέτης ήταν 87 παιδιά ηλικίας από 21 έως 91 μηνών, εκ των οποίων τα 30 με νευροτυπική ανάπτυξη και τα 57 με ποικίλες νευροαναπτυξιακές διαταραχές, ενώ στην δεύτερη, τρίτη και τέταρτη μελέτη συμμετείχαν αυτιστικά παιδιά ηλικίας από 26 έως 65 μηνών (n = 10, n = 12 and n = 11, αντίστοιχα). Η μεταφρασμένη και πολιτισμικά προσαρμοσμένη εκδοχή του IMCAP-ND^{PT} κρίθηκε ως επαρκής για τους σκοπούς της. Αυτό το μέτρο έκβασης απέκτησε στατιστική σημαντικότητα κατά τη διαφοροποίηση μεταξύ των ομάδων με και χωρίς παθολογία. Τα αποτελέσματα έδειξαν επίσης μία μέτρια έως ικανοποιητική επαναληψιμότητα στην εξέταση-επανεξέταση (95% CI – CCI = .424 p= .022 κυμαινόμενο σε CCI= .791 p= .000) και σταθερή συμφωνία μεταξύ των παρατηρητών (95% CI – ICC από .924 σε .996 μεμονωμένες μετρήσεις p = .000, (κ) μεταξύ δύο αξιολογητών από .81 ως 1.00 σε 63 από 109 στοιχεία των τριών κλιμάκων, καθώς επίσης και ο συντελεστής γραμμικής συσχέτισης r του Pearson κυμάνθηκε από .7 έως .9, a= .997). Σχετικά με την εγκυρότητα κριτηρίου και την συγκλίνουσα εγκυρότητα, καταγράφηκαν σημαντικές θετικές συσχετίσεις μεταξύ αρκετών στοιχείων και συνόλων της Μουσικής Συναισθηματικής Κλίμακας Αξιολόγησης (Musical Emotional Assessment Rating Scale, MEARS) και της Κλίμακας Μουσικής Γνώσης/Αντίληψης (Musical Cognitive/Perception Scale, MCPS) και των τομέων των Κλιμάκων Νοητικής Ανάπτυξης του Griffiths (Griffiths Mental Development Scales, GMDS), με διακυμάνσεις από .60 έως .90· δεν καταγράφηκαν αρνητικές ή μηδενικές συσχετίσεις. Τα αποτελέσματα έδειξαν ένα αξιοσημείωτο επίπεδο αξιοπιστίας μεταξύ αξιολογητών καθώς και καλή εσωτερική συνέπεια. Συνεπώς, η Πορτογαλική έκδοση του IMCAP-ND δύναται να χρησιμοποιηθεί με μεγαλύτερη σιγουριά στην κλινική πράξη· παρόλα αυτά, συστήνεται σε μελλοντικές μελέτες να χρησιμοποιηθεί μεγαλύτερο δείγμα.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, διαταραχές αυτιστικού φάσματος, νευροαναπτυξιακή διαταραχή, αξιολόγηση, αξιοπιστία, τεκμηρίωση εγκυρότητας

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INTERVIEW

Music therapy through the screen with children with autism: Reflections on the differences between in-person and online improvisation

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ABSTRACT

Ferdinando Suvini, Agostino Longo and Marco Giusti have been working together many years and are collaborating in the Florence Music Therapy Training Course and in the First Specialization Training Course on Music Therapy and Autism (2022). This interview, in which Marco interviews Ferdinando and Agostino, addresses different subject areas in the field of music therapy during the COVID-19 pandemic in order to discuss the need to modify intervention techniques when transitioning from in-person to online work. Starting from some reflections on the literature about online Improvisational Music Therapy (IMT), both pre-COVID and during the pandemic, we discuss whether IMT could be a feasible method for online work with children and young people with autism. Special attention is given to the treatment guidelines for working with children with autism. In order to better clarify some specific themes, some clinical examples of children and young people with autism are included. The aim of this interview is to illustrate and explore different intervention methods involved in the transition from in-person to online music therapy, with a specific group of patients. The clinical examples show that it is possible to maintain the principles presented in the treatment guidelines for IMT with children with autism, even if online work demands adaptations and modifications to the proposed techniques. The main purpose of the reflections set forth is to explore and understand how IMT changes when moving from face-to-face work to online.

KEYWORDS

COVID-19,
online,
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Authors' Note: This interview is based on a conference presentation we did at the 12th European Music Therapy Conference (Suvini et al., 2022). In-text citations were added when editing the text to offer further context to the work.

Marco: In your opinion which are some of the most relevant articles regarding online music therapy to date?

Ferdinando: Although music therapy literature describing online interventions dates back to long before the COVID-19 pandemic, and the same is true of other fields such as psychotherapy, the recent global health crisis has greatly increased online clinical practice, and as a result research and literature has also developed (Carvajal, 2020). In a brief review of the pre-COVID music therapy literature, between 2009 and 2020, I found for example: a case study of song-writing techniques used with an adolescent with Asperger's syndrome (Baker & Krout, 2009), and a proposal for musical activities and relaxation activities for a military veteran with post-traumatic stress disorder (PTSD) (Lightstone Bailey & Voros, 2015).

Agostino: I would like to mention also: a case study of using musical activities at the keyboard with a military veteran with a brain lesion (Spooner et al., 2019); a case study of an intervention focusing on children and the involvement of their families (Fuller & McLeod, 2019); a study using singing with a group of patients with tetraplegia (Tamplin et al., 2020); a presentation of work with military veterans (male and female) with different pathologies, in individual and small group sessions, using singing, music listening and song-writing (Vaudreuil et al., 2020) and an experience of virtual music therapy in neonatology (Negrete, 2020).

Marco: What about the post-COVID-19 literature and the influence on your clinical work?

Ferdinando: More recently, music therapy literature about online practice has greatly expanded, due to the spread of the COVID-19 pandemic. I would like to highlight: a descriptive study carried out in the USA on perceptions of music therapy activities, focusing on themes regarding the quality of service delivery, stress and hope (Gaddy et al., 2020); a study of the potential of music as an emotional and social support (MacDonald, 2021a); a study of the potential that arises from non-structured practices and limited musical knowledge in forms of improvisation (MacDonald, 2021b); a review of the potential of new technologies for music therapists on different continents, both before and during COVID (Agres

et al., 2021); and a study of patients with dementia who were offered different online music therapy activities (Dowson et al. 2021).

Marco: What are, in your opinion, the main uses of online music therapy?

Agostino: An interesting differentiation has been made between the modalities of online music therapy, which can be subdivided into three categories (Fusi et al., 2022). The first, *emergency* online music therapy, is required in the event of pandemics, earthquakes and other natural disasters. The second is brought about by *necessity,* caused by geographical problems or limited potential for travel. The third category is that of *regular* online music therapy which is intended for specific groups of patients, such as people who are immunocompromised, who may not be able to make use of in-person services.

Marco: Your clinical work is mainly based on Improvisational Music Therapy (IMT). Would you like to describe IMT briefly?

Ferdinando: IMT is a method that uses improvisation as the main modality of intervention when working with patients. Participants are directly involved and participate spontaneously in the interaction, using sound and music in vocal, instrumental, and physical proposals and responses (see also Bruscia, 1987). IMT gives the patient an opportunity of "being together" when other communication modalities fail or are poor (Ansdell, 2014); IMT offers social support, feelings of connectivity, positive psychosocial moments, and opportunities for creative engagement (Aldridge, 1991).

Agostino: Musical improvisation – within a general music context and within the context of IMT – enables a multitude of interactive possibilities, such as imitation, turn-taking, turn-giving, silent listening and playful explorations, and the emphasis is on the process and exploration, rather than the product (MacDonald et al., 2021). IMT allows participants to experience shared moments that are important in transforming the therapeutic relationship, moving the patient towards a deeper level of intersubjectivity in a transitional space within a therapeutic process (De Backer, 2008).

Marco: Could you add something specific about your IMT work with children with autism?

Agostino: When working with children with autism, a central aspect is the expression of emotions and the relational engagement that derive directly from the musical involvement and interactions created between music therapist and patient (Geretsegger et al., 2015). In clinical practice with children who are on the autistic spectrum, the music therapist generally tries to adapt to the interests, behaviours and attitudes of the child in order to encourage a process of development and the expansion of interactive reciprocity. The objective of the work is to stimulate the child to promote awareness and sense of self, increase attention span, foster intentionality, improve communication and social reciprocity (Bruscia, 1998; Kim et al. 2009; Wigram, 2002).

Ferdinando: In this specific clinical music therapy setting, children often perceive the environment as

chaotic, confusing and fragmented. Modes of interaction that provide continuity, stability and regularity can be very useful, as they encourage involvement and social reciprocity (see also Geretsegger et al., 2015). In other words, the therapist attempts to balance a tendency towards stereotypical repetition and excessive variation through the use of musical suggestions that can be defined as "controlled flexibility" or "modulated predictability", by suggesting themes that encourage communication and interaction (Holck, 2004; Wigram, 2004; Wigram & Elefant, 2009).

Marco: Could you shortly describe the specific context in which your clinical work takes place?

Agostino: The experiences discussed here are all drawn from clinical work in private practice in Italy, in which I was part of a multidisciplinary team led by a medical doctor. In private music therapy, the therapist is responsible for managing relationships with clients and their families. Music therapy sessions are offered to a wide variety of patients, often in situations in which verbal communication is seriously compromised (i.e. autism, intellectual disabilities, dementias). Working as part of a team, I am in regular contact with other professional figures. During the lockdown, my additional responsibilities included planning the timing of calls, organising sessions, and explaining how the setting would change when transitioning to online work.

Ferdinando: In short, the music therapist organised the setting in the most appropriate way, making sure it was protected and safe for receiving patients. With regard to the COVID-19 pandemic, the therapist (AL) had to assess whether clients would be able to cope with an online session, and would benefit from it. In some cases, the length of online sessions was rethought. The therapist needed to identify different strategies for interaction that were appropriate to the new situation. With some clients, the therapist decided to maintain regular contact, but without carrying out any music therapy work.

Marco: What would you say are the main differences between in-person and online music therapy work?

Agostino: I believe that the main differences between in-person and online practice can be identified as differences in setting. The setting offers a frame, both internal and external, within which forms of listening are created where the client can understand how they are being heard (Petrella, 1993). Internal aspects relate to the mind of the music therapist, their theoretical approach, their style of working, and everything connected to their internal organisation, whilst the external aspects relate to what is visible and tangible, such as spatio-temporal organisation (Bleger, 1967). In other words, the external aspects on the setting are connected with the internal resonance of the therapist (Winnicott, 1955). According to this, some recent studies have explored changes and adjustments when transitioning from in-person to online music therapy work (Agres et al., 2021; Carvajal, 2020; Kantorovà et al., 2021). Data have been gathered from qualified music therapists which show a variety of alterations and solutions. Adapting to remote work has undoubtedly been a multifaceted challenge (Carvajal, 2020).

Ferdinando: During in-person music therapy sessions, work takes place in an organised and structured

space, equipped with a piano, stringed instruments, percussion instruments, Orff instruments, and instruments from different global traditions. Depending on the situation, the voice and singing are also used. To be able to improvise and interact online with the therapist in a similar way as in-person, the patient should have a sufficiently wide range of instruments available. This is not always possible, and when it is not, it is necessary to adapt such as engaging in solo improvisations (Negrete, 2020), and musical dialogues and reflections on improvisations and songwriting (Berman, 2020). It is vital that the music therapist assesses these aspects carefully, to identify the best solution for the patient.

Marco: So, could we say that online music therapy work is a sort of revolutionary approach?

Ferdinando: Yes, I totally agree. To make the online session feasible, the music therapist may have to revolutionise usual techniques of improvisation and organisation of the music therapy setting, taking into consideration technical aspects and potential problems relating to signal transmission, latency, and the general limitations of the sound quality.

Marco: Despite the literature cited, there are still no guidelines for working online. However, there are the guidelines of Geretsegger et al. (2015) that orient the work of music therapy with children with autism. In your opinion, what are the main objectives of her work?

Agostino: Well, Geretsegger et al.'s work was very useful. Her aim was to develop guidelines for the treatment of children with autism spectrum disorders, based on features of IMT common to various countries, from therapists with different theoretical backgrounds. It's very interesting that these guidelines can even be used to reflect on the elements of continuity and transformation that emerge in the transition between IMT in person and online.

Marco: Recalling some of the principles of Geretsegger et al.'s guidelines, can you tell something more about them? For example, regarding Principle 1 (Facilitating musical and emotional attunement), what are your reflections?

Ferdinando: The first principle highlights the fact that what happens in IMT is similar to primary interactions between caregiver and child, in which rhythmic and musical proposals are designed to foster moments of emotional expression and reciprocity. Infant research has shown to what extent the primary mother-child relationship, consisting of proto-conversations, turn-taking, and communications of an affective character, is impregnated with musicality (Stern, 1985). In the same way, a music therapist interacts musically, aiming to improve the patient's awareness, positively influence their capacity for communication and sharing, and improve socio-emotional reciprocity. The therapist takes up and imitates the patient's behaviours and proposals, trying to insert them into an intentional discourse with the objective of stimulating the patient's emotional and affective involvement through moments of synchronisation and musical attunement. We are dealing with real forms of proto-conversation, composed of the musical elements of which the relationship is built, such as duration, rhythm, intensity, and form (Stern, 1985).
Agostino: In the field of psychoanalysis, making connections with developmental psychology and

infant research, Stern (1985) used similar terms (and also musical vocabulary) to describe affect attunement, the process by which a mother and child establish a sense of reciprocal understanding. Affect attunement is based on partial imitation and is deliberately selective and often cross-modal: the object of correspondence is not the exhibited behaviour, but rather some aspect of it which reflects an internal affective state, or those experiential and dynamic qualities that Stern called 'vitality affects', later renamed 'forms of vitality' (Stern, 2010). It is through these forms of vitality that the therapist's musical expression can make audible what has been observed and perceived in the patient in terms of physical movements, musical expression, and emotional states (Schumacher & Calvet, 2007).

Marco: And what happens in online work?

Ferdinando: We noticed that during online work it was often necessary to pay greater attention not only to aspects which are purely musical and expressive, but also to facial expressions and physical movements. Sometimes these were so pronounced that they dominated the communication between the patient and the music therapist, to the detriment of other specifically musical elements such as rhythmic sharing. Indeed, it seems to be quite difficult to achieve shared rhythms when working online: the effects of network latency mean that in an improvisation the patient and the music therapist cannot align themselves with another person's rhythm. In fact, latency makes it impossible for even experienced musicians to synchronise online in real time. This can lead to a feeling of not playing together with the other person and perhaps not feeling understood within the musical relationship. Recognising these technical limitations helps the music therapist to find new forms of interaction.

Marco: Can you please give an example of this?

Agostino: During one improvisation, the patient invented the words of a song while I provided a solid harmonic foundation, that was rhythmically open. In this way, I created a secure base, over which the patient could freely express his own personal melodic content, leaning harmonically on the tonality proposed by me (with the help of a keyboard he had at home). I, attuning myself to the patient, adapted the musical material in accordance with the tonality and phrase structure of the patient's music.

Marco: Here we can see that synchronization is not always the technique of choice in clinical work.

Ferdinando: Some clinical improvisation techniques suggest that it may be possible to abandon the idea of synchronising rhythmically with the patient. As shown in the example, the therapist may focus on other musical parameters such as melody and harmony, with the rhythm remaining fluid. This can allow for a shared musical experience in which the patient may express himself freely, avoiding a fluctuating rhythmicity which could be a source of frustration.

Agostino: Latency is often a serious impediment in the co-production of music online. There has been much debate about how to create music online "in time", with everyone synchronized to the same beat. Sometimes, an improvisation may develop in such a way that latency becomes a characteristic of the interactions (MacDonald, 2021).

Marco: The second principle identified by Geretsegger et al. reads like this: "scaffold the flow of

interaction musically" (Geretsegger et al., 2015). What is your understanding of this principle and why is it something so central in meeting children with autism?

Agostino: The second point in the guidelines regards the importance of sustaining and encouraging reciprocity and collaboration, even when the patient's music suggestions may appear to be fragile, unstructured, and lacking in sense. Regular pulsation becomes an important scaffold in the act of co-creation, since it allows for the construction of a reciprocal dance made up of gestures, pauses, exchanges, and micro-movements. In these primitive forms of dialogue, moments of alternation (turn-taking and turn-giving) acquire a particular importance, especially in the case of autism, where they accompany the patient towards forms of relationships that are more elaborate, and shared (Holck, 2004).

Marco: What about these processes in online work?

Ferdinando: When music therapist and client are in the same place and in the same room, this can play out positively through an intuitive capacity for reciprocal regulation and contributes to a better quality of dialogue. In contrast, these reciprocal micro-adaptations may not be recognised online, because the subjects may hear things differently and therefore cannot intervene to modify the interaction (Russell, 2015). This sometimes contributes to a processing difficulty known as *overlapping* (Holck, 2004). The limitations imposed by acoustic latency on online platforms can certainly impact the flow of the interaction and of the communicative exchange.

Marco: In what way? Can you give an example of this?

Agostino: In the case of a person with autism, I was able to understand that due to a time lag in communication, he needed to wait a moment before intervening. The slight delay in the online interactions initially created moments of crisis: I did not realise that, because of latency, my words were overlapping with those of the client. My words were being perceived as interruptions to the new sentence that the client had just started to say.

Marco: Putting this principle into practice in online work does not therefore seem easy…

Ferdinando: That's for sure… but if the therapist is sufficiently careful and observant, it may be possible to reshape and adapt their own interventions to re-establish the possibility of fluidly alternating turn-taking. In the online work micro-adaptations (both musical and verbal) are needed and can be fundamental in fostering the flow of the interaction and allowing the patient to feel, or not feel, listened to and therefore understood.

Marco: The third principle underlines the importance of "tapping into the shared history of musical interaction" (Geretsegger et al., 2015).

Agostino: One objective for a music therapist practising IMT is to lead the patient towards reciprocal

interaction, approaching the relationship in ways which are, as much as possible, flexible and cooperative. For this reason, it is important to pick up on the musical elements presented by the patient and try to incorporate them into a shared therapeutic history, as it develops. The therapist must be able to give a form to the musical material, and thus be recognised through patterns or musical motifs that are constantly reproposed to the patient, helping to create a sense of historicity and continuity. This can happen in numerous different ways, which may well be playful or pleasurable, as a means of verifying if the patient is able to participate actively in anticipatory or intentional musical interventions.

Marco: In moving to online work, is it really possible to keep these stories of musical interactions alive?

Ferdinando: We asked ourselves to what extent, and in what form, it is possible to maintain and continue musical histories which have been shared and co-created during face-to-face work, when taking music therapy into an online dimension. In our experience, we have found that certain elements from an in-person session sometimes recur in a modified form. However, new and original elements could also emerge; these may be born out of the distinctive characteristics of the setting, and perhaps would not have appeared in a different environment.

Marco: Can you please provide an example?

Agostino: The therapist and the patient, in person, created a turn-taking game of "Name That Tune". However, only the patient could suggest the tune to be guessed. As soon as the music therapist moved his hands to start playing, he was promptly stopped by the patient. He was only allowed to offer an answer. During the online sessions, the therapist did not have his hands in the frame and played the melody on the piano. The patient did not interrupt the action and the therapist was able to play a tune to be guessed. At that point, a shared turn-taking game came into being, rather than the one-way activity from the in-person sessions.

Marco: In this example it seems that the change of setting has contributed in some way to an 'evolution' of the 'shared history'…

Ferdinando: Online interactions sometimes need to be rethought and reshaped in order to be effective, and it is almost impossible to propose the exact same activities online as in-person. Nevertheless, in the above clinical extract we can see how it was possible to repeat an in-person activity and allow new interactive modalities to emerge. In our opinion, the participants' ways of being within the therapeutic relationship are also influenced by constantly seeing their own images on the screen. However, awareness of this aspect can transform it into an advantage: in the example above it seems that an initial dynamic of visual control may have nurtured innovative moments of play, and potential affect attunement.

Marco: Referring to Principle 4 (building and maintaining a positive therapeutic relationship) and Principle 5 (providing a safe environment), do you think it is possible to build and maintain a musical relationship by presenting an attitude of trust, interest and respect towards the patient?

Ferdinando: These two principles highlight how the quality of the therapeutic relationship, in a stable and secure environment, can be considered one of the decisive factors regarding the effectiveness of the treatment. Reliability and predictability are key to being able to develop a good relationship, or enabling it to develop, keeping the child's levels of anxiety low. Monitoring the changes during the transition from one setting to another is fundamental.

Marco: What can help create a dimension of serenity, sharing and reciprocity and allow the patient to feel protected, welcomed and valued?

Agostino: Ideally, remote therapeutic work should happen in a space which has similar characteristics to the music therapy room. It is also important that the space can guarantee privacy and confidentiality for the duration of the session. Therefore, it is vital to create and maintain a well-defined, stable, and constant spatio-temporal framework. For this reason, clients' families were sometimes required to help create a setting that was quiet, protected, and tidy.

By anticipating and preparing the various phases of the session, especially the beginning and the end, it is usually possible to plan for unforeseen events and sudden changes. This may contribute to a reduction in the patient's anxiety levels, offering support and presenting events in a modular, and therefore more manageable, way. In this specific context, in-person session take place in a tidy and organised space, offering a secure and welcoming base, with the aim of giving the client stability, continuity and a sufficiently good sense of serenity (Bowlby, 1969; Winnicott, 1965).

Ferdinando: When working online, the physical space is doubled. The music therapist's room and the client's room are connected through technology but are clearly separate. The transition from a shared environment to two separate spaces is a major change, which affects the therapeutic relationship. Each participant lives in their own personal spatial dimension of lights, colours, sounds and scents, which can only be minimally shared with the other. The dimension in which they both experience the therapeutic dialogue and reciprocal listening is radically altered.

Marco: If the spatial dimension is inevitably altered, what about the management of transition from outside to inside the "therapeutic space" for a child with autism?

Ferdinando: One child with autism, when participating in face-to-face sessions, would leave his mother without any trouble, even when she sometimes seemed emotionally unavailable. At the beginning of an online session, the child would continually drag his mother in, because he needed her help to adjust the keyboard on its stand, although she was busy with household chores. Only after many reassurances from the mother that her moving away did not change her feelings for her son, was he able to accept the placement of the keyboard and begin the session, leaving the mother free to go into the next room.

Marco: So, there seems to be a noticeable difference in the ability to directly support the patient during transitions.

Agostino: When working in person, the music therapist is a potentially-active spectator in the transition from outside to inside (and later from inside to outside), and can support the child in the process of separating from a parent. Furthermore, the feeling of sharing the music therapy room with the music therapist can in itself be a form of containment. In contrast, when working remotely, this transition largely remains the responsibility of the parent.

Marco: The importance of including the family in the therapeutic process has become an area of interest for many authors, including those in the field of music therapy (Oldfield & Flower, 2008; Thompson & Jacobsen, 2017). Can a parent therefore foster some aspects of the music therapy meeting?

Agostino: The nature of this form of inclusion depends on the clinical setting, the age of the client and the characteristics of the family itself. When working online in certain cases, it is very often necessary, beneficial, and perhaps we could even say inevitable, to involve the family, for the therapeutic work to be successful. Inclusion of the family in online music therapy offers both limitations and possibilities (Kantorovà et al., 2021); it introduces a presence that can be complex to manage, but also allows the therapist to observe family dynamics that might not otherwise be seen.

Marco: Let's leave out the seventh principle for a moment. Principles 6 and 8 refer to the possibility of aligning with the child's proposals, facilitating the enjoyment. What differences did you find in working online?

Ferdinando: In general, the objective of IMT is to pay attention to the patient's musical or emotional proposals, attempting to give a musical form to the material presented by the patient. Feeling welcomed and reassured stimulates the child to want to participate, interact with or actively respond to the therapist. It is important to underline that following the patient's prompts means being able to give a form to their stimuli and interests; it is vital to find a balance between offering stability and continuity, within a dimension of variation and change. Furthermore, it is important to incorporate moments of joyful affective sharing. These have a strong resonance and influence on motivation and participation. The musical interaction allows for the creation of enjoyable, pleasurable forms of relational involvement. When not working face-to-face, different and unexpected situations may arise. Nevertheless, these allow the therapist to interact with the patient in spite of the limitations imposed by the channel of communication.

Marco: Do you have an example?

Agostino: In the room, the patient had a soft chair. At certain moments, he threw himself backwards on this chair, going out of the therapist's sight; when the therapist played, the child sat up and came

back into the frame. The therapist followed the child's proposal, responding to this alternation of appearance and disappearance. In a short time a game had been structured, creating a relational dynamic that was accepted and subsequently developed.

Marco: This could not have happened in person!

Agostino: In this excerpt, we see how the child experiments with, and can then control, certain aspects of the interaction; starting from the client, a shared framework is formed and becomes a co-created experience that promotes enjoyment and involvement. During online work, it is possible that both the therapist and the patient frequently find their eyes glued to the image of the other. Sometimes this can be a problem, leading to a level of attention that risks becoming forced and controlling. However, as shown above, it is worth noting that some children tend to move away from the screen instead.

Ferdinando: In face-to-face IMT, gaze and eye contact are generally free, not forced or constrained, which leads to an active and varied relational dynamic. Indeed, it is sometimes possible to improvise without looking at other people, which is particularly effective with patients with autism who try to avoid eye contact. Nevertheless, the patient cannot completely hide from the therapist's sight. The clinical example above illustrates how online work may permit forms of interaction and play that would not be possible in person.

Marco: The seventh principle concerns the definition of treatment goals and the assessment of progress. Is it necessary to reshape the goals of treatment?

Ferdinando: It is important to evaluate, on a case-by-case basis, the patient's needs during the music therapy process, and identify clear objectives for each phase of the intervention through the definition of increasingly specific and targeted indicators. These aspects can be defined within a multidisciplinary team, together with the family and with the child's school. In the transition to online work, we found it necessary to ask ourselves which of the original objectives could feasibly be kept (and how), taking into consideration the patient's level of functioning and abilities. In all cases, it was necessary to involve the family when dealing with logistical questions. In some situations, we felt that the presence of a parent was essential in order to allow the therapist to continue working with the client, even if this meant having to radically alter the objectives.

Marco: Could you give an example?

Agostino: A young man with low-functioning autism received support from a parent during his online music therapy sessions, to help him hold conversations with the therapist. It would not have been possible to interact with the client in any other way, owing to his reduced capacity for verbalisation and a hypo-responsiveness which required active physical participation by the therapist during in-person sessions. The mother guided her son during the interaction, acting as a vehicle for the dialogue by repeating certain words, describing, and remarking on things said by the therapist, and supporting the client in giving short answers.

Marco: With a parent actively intervening during the meeting, I imagine that the evaluation process also undergoes changes.

Ferdinando: In this situation it seems rather clear how the presence of the mother made it possible for the interaction to take place. When working in person, the therapist is able to implement certain physical "recall" techniques (Alvarez, 1992) such as using the space to attract the client's attention and acting as a facilitator for communication, moving freely around the setting and sometimes proposing prompts and stimuli, e.g. offering beaters to use, holding out a guitar towards the client, moving the piano stool as an opening gesture. This is not possible during online communication, in which the space has been reduced to two separate dimensions that are not shared: this new space does not allow the therapist to go towards the client. However, the family can support certain ways of communicating, even if the strategies are different to those employed by the therapist.

Agostino: This aspect necessitated a constant and continuous dialogue with the family, both before and after the music therapy session. In the case described above, it was necessary to talk to the patient's mother and help her to understand the objectives of the work we were doing and the best ways to obtain therapeutic results. In some situations, involving the parents allows them to better understand the objectives of music therapy work; for example, that learning and knowledge acquisition are not directly pursued but can potentially be achieved through improving communication and the quality of the relationship.

Marco: In your opinion, which are the conclusions that we can draw from your work as a music therapist in this very complex period?

Agostino: The main purpose of our reflections is to explore and understand how IMT changes when moving from face-to-face work to online. We believe that this transition is different for every music therapist, and for every patient; our reflections come from our own clinical practice, and a priori generalisations cannot be made. The possibility of co-creating and maintaining moments of continuity and affective connection lies at the heart of the therapeutic relationship. The clinical examples discussed in this article show that an online interaction using IMT is possible and can have positive and constructive outcomes.

Ferdinando: Meaningful moments of exchange and transformative dialogue with the patient can be achieved online, through considered choices and the appropriate use of specific techniques and solutions. These may involve using the voice, body percussion, less structured rhythmic patterns, and a greater focus on harmonic and melodic aspects (Kantorovà et al., 2021). It is inevitable that this new way of thinking requires the therapist to engage with new forms of communication and relating to others. Therefore, therapist and patient are called on to together reconstruct a setting which is "new" in terms of its spatio-temporal aspects. While creating new difficulties and concerns, these changes also present possible opportunities for development and growth. The online IMT seems a feasible reality. It is something to explore and discover, that should neither be considered as entirely meaningless, nor accepted uncritically as the only possible and inevitable alternative. Online IMT

cannot completely replace in-person work, but it can certainly be used to maintain the relationship when it is not possible to meet face-to-face. In a situation such as the COVID-19 pandemic, the alternative to remote work would be total absence; the figure of the music therapist would completely vanish. This aspect, which is of no little importance, should motivate us to be open to different forms of listening and relating to the other.

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Ελληνική περίληψη | Greek abstract

Μουσικοθεραπεία μέσω της οθόνης με παιδιά με αυτισμό: Αναστοχασμοί σχετικά με τις διαφορές μεταξύ του δια ζώσης και του διαδικτυακού αυτοσχεδιασμού

Ferdinando M. Suvini | Agostino Longo | Marco Giusti

ΠΕΡΙΛΗΨΗ

Ο Ferdinando Suvini, ο Agostino Longo και ο Marco Giusti έχουν δουλέψει μαζί πολλά χρόνια και συνεργάζονται στο εκπαιδευτικό πρόγραμμα Florence Music Therapy και στο Πρώτο Πρόγραμμα Εξειδίκευσης στη Μουσικοθεραπεία και τον Αυτισμό (2022). Η συνέντευξη αυτή, στην οποία ο Marco απευθύνει ερωτήσεις για τον Ferdinando και τον Agostino, πραγματεύεται διαφορετικές θεματικές περιοχές στον τομέα της μουσικοθεραπείας κατά τη διάρκεια της πανδημίας COVID-19 προκειμένου να συζητηθεί η ανάγκη για τροποποίηση των τεχνικών παρέμβασης κατά τη μετάβαση από τη δια ζώσης στη διαδικτυακή εργασία. Ξεκινώντας από μερικές σκέψεις σχετικά με τη βιβλιογραφία για τη διαδικτυακή αυτοσχεδιαστική μουσικοθεραπεία, τόσο πριν από τον COVID-19 όσο και κατά τη διάρκεια της πανδημίας, συζητούμε για το εάν η αυτοσχεδιαστική μουσικοθεραπεία θα μπορούσε να είναι μια εφικτή μέθοδος για διαδικτυακή εργασία με παιδιά και νέους με αυτισμό. Ιδιαίτερη προσοχή δίνεται στις κατευθυντήριες γραμμές για την εργασία με παιδιά με αυτισμό. Προκειμένου να διευκρινιστούν καλύτερα κάποια συγκεκριμένα θέματα, περιλαμβάνονται μερικά κλινικά παραδείγματα παιδιών και νέων με αυτισμό. Σκοπός αυτής της συνέντευξης είναι να απεικονίσει και να εξερευνήσει διαφορετικές μεθόδους παρέμβασης που εμπλέκονται στη μετάβαση από τη

δια ζώσης στη διαδικτυακή μουσικοθεραπεία, με μια συγκεκριμένη ομάδα ασθενών. Τα κλινικά παραδείγματα δείχνουν ότι η διατήρηση των αρχών που παρουσιάζονται στις κατευθυντήριες γραμμές θεραπείας για την αυτοσχεδιαστική μουσικοθεραπεία με παιδιά με αυτισμό είναι εφικτή ακόμα κι αν η διαδικτυακή εργασία απαιτεί προσαρμογές και τροποποιήσεις στις προτεινόμενες τεχνικές. Ο κύριος σκοπός των αναστοχασμών που παρουσιάζονται είναι η διερεύνηση και η κατανόηση του πώς η αυτοσχεδιαστική μουσικοθεραπεία αλλάζει όταν μεταβαίνει από τη δια ζώσης στη διαδικτυακή εργασία.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

COVID-19, διαδίκτυο, αυτοσχεδιαστική μουσικοθεραπεία, αυτισμός, ανάπτυξη της νηπιακής ηλικίας

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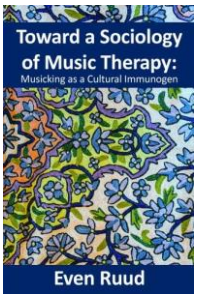
BOOK REVIEW

Toward a sociology of music therapy: Musicking as a cultural immunogen (Ruud)



Reviewed by Gabrielle Banzon

Georgia College & State University, USA

Title: Toward a sociology of music therapy: Musicking as a cultural immunogen **Author:** Even Ruud **Publication year:** 2020
Publisher: Barcelona Publishers **Pages:** 339 **ISBN:** 9781945411571

REVIEWER BIOGRAPHY

Gabrielle Banzon, MA, LPMT, MT-BC (she/her) is a Filipinx-American music therapist and PhD student. She serves on the faculty at Georgia College & State University as Clinical Coordinator and Lecturer. Her areas of focus include community approaches, mental health, and technology. [gnbanzon@gmail.com]

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As a music therapist practicing in America, I have grown accustomed to the ways in which the practice has fit itself into various fields. Like blocks in a game of Tetris, therapists rotate and align the outcomes of music with our healthcare, education, and social systems. For example, the healthcare systems in the U.S. traditionally use a pathogenic approach. By focusing on the symptoms of the disease or disorder first, music therapy practice in medical settings often assesses the challenges of the ailment before developing treatment goals and objectives, which typically aim to reduce the symptoms of pain or stress. While those are common outcomes in medical music therapy practice around the world, the unique systems of each country influence clinical understandings and approaches.

In contemplating how music fits into a salutogenic approach that focuses on proactively and holistically promoting health, Even Ruud offers a new understanding of music as a preventative measure. *Toward a Sociology of Music Therapy: Musicking as a Cultural Immunogen* suggests that musicking is a "way of living associated with longer life and lower risk of illness" (p. 2). Similar to preventative acts of eating well and exercising, various acts of musicking can be beneficial to overall health and well-being. Listening to music can support emotional regulation and generalize into determining other forms of self-regulation, while playing in ensembles can support social interaction and encourage connection in times of isolation or conflict. Though we may already understand these benefits as music therapists, Ruud calls attention to current limitations of music therapy in correlation with the potentials of music itself:

> If our intention is to give music or musicking a crucial place in the advancement of (public) health in society, we have to show how there are many ways to achieve this – and there will always be too few music therapists to fill in the gaps. (pp. 47-48)

The following chapters explore the potentials of health musicking through anecdotes, interviews, and case studies. *Affective Resonance* is the first health musicking potential explored. Ruud examines music's relation to "emotional perception, reception, and induction," as well as how those relations are associated with health (p. 75). An example is shared of a woman working through grief after the loss of her husband by solitarily categorizing her CD collection by emotion and then listening to the categories that matched her emotions. Though her musical coping seems isolating, engaging with artists in this way allowed her to "create a foundational relationship with the world and a possibility for living a more successful life" (p. 84). Following *Affective Resonance*, the health musicking potentials of *Agency and Self-Efficacy* are explored. Ruud mentions approaches utilizing therapeutic songwriting and interactive music technology that afford opportunities for agency, but also reminds readers of the posthuman philosophies that challenge the Western concept of agency. He proposes that agency is not just personal, stating "agency is distributed and interdependent upon circumstances in our immediate surroundings" (p. 127).

Looking beyond the individual, the next potential explored is health musicking as a *Social Resource*, specifically through community building. The field of sociology emphasizes "the importance of cultural belonging, citizenship, participation, dialogue, and acknowledgement," which seems to be resonant with the work of music therapy and community musicians (p. 138). To exemplify music's role in the social integration, Ruud shares a case study from Luna (2018) that integrated former FARC guerillas from Columbia back into society through improvisation, re-creation, music listening, and composition. The last health musicking potentials explored are grouped as *Identity, Transcendence, and Spirituality.* Though much could be said on music's role in each, Ruud summarizes by writing "the arts give access to deep emotional experiences, creating hope and meaning or a mood conducive to an openness to explore the world. But this demands something from us… a belief in our abilities to influence the world" (p. 172).

Following the exploration of these benefits, Ruud envisions what the expansion of health musicking means for music therapists. With further reflection from therapists on the "concepts, metaphors, and theoretical constructs" they currently operate under, music therapy may develop into more of a transdisciplinary field, serving "not only music therapy practices, but also city planners, health authorities, architects designing health facilities, music teachers, and educators, planning for better school environments and learning conditions" (pp. 301, 303). By expanding into these relationships with other disciplines, more individuals and communities may be afforded opportunities to experience musicking and its potentials of affective resonance, agency, self-efficacy, community building, identity, transcendence, and spirituality.

Toward a Sociology of Music Therapy: Musicking as a Cultural Immunogen suggests a possible future for music therapy with a thorough post-humanist inquiry into musicking, philosophy, public health, and sociology. Even Ruud weaves through anecdotes, interviews, case studies, and personal thoughts on music in both salutogenic and community approaches. In doing so, he encourages music therapists to rotate the Tetris blocks of music therapy and question "what," or even "where," is next for our field. I recommend this book for music therapists who are curious about the future of music therapy and how musicking can fit into sociology. I also recommend this book to public health, social, and education professionals who hope to collaborate in future practice and research.

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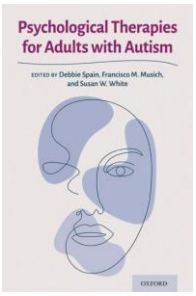
BOOK REVIEW

Psychological therapies for adults with autism (Spain, Musich & White, eds.)



Reviewed by Hilary Davies

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Title: Psychological therapies for adults with autism **Editors:** Debbie Spain, Francisco M. Musich & Susan W. White **Publication year:** 2022
Publisher: Oxford University Press **Pages:** 276 **ISBN:** 978-0-19-754846-2

REVIEWER BIOGRAPHY

Hilary Davies is currently a PhD student in Music Therapy at the Guildhall School of Music and Drama, alongside working freelance as a music therapist, primarily with autistic adults. She studied Music at the University of Cambridge (Gonville and Caius College) and completed her MA in Music Therapy at the Guildhall School of Music and Drama in 2019 (with distinction). Hilary also co-ordinates the BAMT Autistic Spectrum Conditions Network and BAMT Support Network for Disabled Music Therapists. [hdmusictherapy@protonmail.com]

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Psychological Therapies for Adults with Autism is an edited volume which provides a comprehensive review of various different styles of therapy, and their particular application for autistic adults. As the book points out, this is an under-researched area of practice: approaches to working therapeutically with autistic children have received much more attention, including in music therapy research. Music therapy is not one of the approaches included here, but regardless, there are plenty of insights which could be interesting for music therapists to consider.

It is heartening to see the prominent inclusion of autistic voices in Chapter 2 (Mason, Stark, Musich & Spain): five autistic adults and some of their parents write about their own experiences of a range of therapies, providing some valuable insights about the lived experience of therapy from an autistic perspective. However, other autistic perspectives, such as those of autistic therapists and researchers, were not highlighted in this volume.

The majority of the book consists of chapters which each describe a different therapy or therapeutic approach, along with illustrative case studies and suggestions for adapting each therapy for work with autistic adults. Examples include “Systemic Therapy”, “Cognitive Behavioral Therapy”, “Dialectical Behavior Therapy” and “Compassion Focused Therapy”. Some chapters examine therapeutic work with particular sub-groups within the autistic adult population, such as “University-Focused Interventions” and “Offender-Focused Interventions”. As might be expected, the individual chapters in this volume represent a range of approaches and attitudes towards working with autistic people, reflecting not only the inherent epistemologies of particular therapies, but also the theoretical stance of different authors.

There are some chapters which remain centered within older pathology paradigm / medical model approaches, i.e. the idea that there is one "right", "normal" or "healthy" kind of human brain, and "something wrong" with neurological configurations, such as autism, that differ from this (Walker, 2012). For example, autistic adults are described as "patients" (p.78) with "core difficulties in communication" (p.80) (Chapter 7, D'Agostino & Musich), and "limited insight or awareness" (p.122) (Chapter 10, Beck). Applied Behavioural Analysis (ABA) is advocated in Chapter 6 (Schall, Carr, Avellone & Wehman) and Chapter 10 (Beck), despite the fact that ABA has been widely criticised and described as harmful by autistic adults who received it as children (Bascom, 2012).

Other chapters take a more forward-looking approach which is more in line with the neurodiversity paradigm, i.e. the idea that neurological diversity is a natural, healthy and valuable form of human diversity, with no such thing as a "normal" kind of human brain: autism is situated as an aspect of identity rather than a disorder (Singer, 1998; Walker, 2012). For example, Chapter 9 (Chew et al.) describes autistic characteristics as "strengths and differences, rather than deficits" (p.116), and Chapter 14 (Acland & Spain) suggests daring "to be different" and appreciating "each other's neurodiversity" (p.187). Music therapy discourse, in line with recent trends in autism research, is increasingly moving towards a neurodiversity-informed approach (Davies, 2022; Leza, 2020; Pickard et al., 2020).

In some chapters there is a welcome focus on the impact of societal perspectives and prejudice on the mental health of autistic individuals, such as Chapter 14 (Acland & Spain), which recognises that autistic adults often experience high levels of "peer victimisation, rejection and ostracism" (p.178), leading to underachievement and high levels of anxiety disorders and depression. Chapter 15 (Fisher & van Diest) points out that the social exclusion experienced by many autistic people can cause difficulty with coping with what might be considered a "typical life", and the formation of "trauma memories" (p.194). Music therapists working with autistic adults may find it helpful to consider that some of the trauma experienced by autistic people may be related to their experience as a neurominority in a majority-allistic (non-autistic) society.

Moving the focus away from situating the "problem" of autism within the autistic individual provides room for a more holistic view of social communication, which places the responsibility for effective communication onto both autistic and allistic people, rather than simply blaming autistic people for failures in communication. In this volume, there is still a tendency to privilege allistic forms of communication, rather than regarding autistic forms of communication as equal but different. The book could have benefitted from a greater exploration of Damian Milton's "double empathy problem" (Milton, 2012), which is mentioned only once in Chapter 2 (Mason, Stark, Musich & Spain) by Eloise, in relation to the fact that she "did not feel understood by the therapist" (p.10). The double empathy problem proposes that challenges in social communication between autistic and allistic people are in fact due to a compatibility problem between different communication styles, rather than an autistic deficit: adopting this perspective could have a radical influence upon music therapy practice, and would bring it more in line with contemporary perspectives in autism research.

In keeping with the range of views and approaches represented in this volume, the use of language around autism is equally varied, with some authors choosing to use person-first language ("adult with autism") and others identity-first language ("autistic person"). The introduction to the book acknowledges the current debate about terminology to describe autistic people, correctly stating that

both identity-first and person-first language have their advocates, before making the confusing assertion that "person-first" language is therefore "more inclusive" (p.3). It is true that the opinions of non-verbal autistic people may be difficult to ascertain, however, since many autistic people have stated a strong preference for identity-first language (Walker, 2021) it is therefore inaccurate to claim that using first-person language is more inclusive. It is advisable, where possible, to check with an autistic individual about their preferred use of language, as preferences do vary.

Overall, I believe that this book makes an important contribution to contemporary discourse about therapy for autistic adults, with a great deal of information of potential interest to music therapists, including concise explanations of different forms of therapy, clinical examples and suggestions for adaptations to practice. Although some outdated concepts remain in parts of the book, and the presence of more modern theories of autism with relevance to therapeutic interaction (Milton, 2012) is significantly lacking, the overall breadth and thoroughness of the book makes for an interesting read.

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BOOK REVIEW

Music therapy for autistic children in Aoetera, New Zealand (Rickson)

Reviewed by Eugenia Hernandez-Ruiz

Arizona State University, USA

Title: Music therapy for autistic children in Aoetera, New Zealand **Author:** Daphne Rickson **Publication year:** 2022 **Publisher:** Palgrave Macmillan **Pages:** 421 **ISBN:** 978-3031052323

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Daphne Rickson has gifted us with a unique book that presents a fascinating qualitative study with autistic children in music therapy. In this study, 10 children engaged with 10 music therapists in one-year music therapy processes. Music therapists documented their sessions through Narrative Assessments, without constrictions or guidelines to their practice. Narrative assessments, and occasionally videoclips and audio clips, were then shared with commentators, both strangers and family members, to reflect, evaluate, and share their perspectives of progress and process. The aim of Rickson's study was never to prove that music therapy is effective, but to understand deeply how different observers, who may or may not have a relationship with each child, would understand music therapy. By understanding their understandings, a new conceptualisation of music therapy may arise. That, in itself, is Rickson's first intriguing innovation to methodology. By shifting her lens from the direct observer to *the observer of* the observers, a new layer of meaning is possible.

In Chapter 1, Rickson positions herself and her work in the context of lived experience, family experience, and country of residence. As Rickson points out, contexts are essential to understand a practice and its significance: her positioning is enlightening and welcome. Chapter 2 presents a balanced description of autism from different perspectives. In fact, Rickson mentions that takiwatanga (Aoetera name for autistic children, which poignantly means "in their own time") can "be viewed through various, often contrasting, lens." (p. 17). Recognising that autism has biological and neurological underpinnings, which can make life challenging for autistic people and can sometimes be addressed by therapy, does not go against the profound respect towards autistic people that Rickson demonstrates. I could not agree more. As Rickson, I believe that autistic characteristics may

undoubtedly be assets, if/when the environment supports them, but it is undeniable that many autistic people face challenges in life as we know it. Rickson even addressed the question "Autism: Disability or neurodiversity?" She deftly explains the value of the Neurodiversity perspective, while at the same time acknowledges that some autistic people may *choose* "adaptation [to a neurotypical world] over the longer process of socio-political change" (p. 23). In that way, autistic people may see the value of an autism spectrum (AS) diagnosis from a medical model lens as prerequisite to access appropriate services, which in some countries continues to be a reality. I would like to further another concept that can deepen our discussion regarding this sticky point: "partial representation" (McCoy et al., 2020). Although many self-advocates may choose to frame autism as a difference and not a disability or disorder, it is true that many people with significant challenges are not necessarily represented in this perspective. It is also true that cultural norms regarding identity, illness, and labels vary across languages and countries, as Rickson reflects. On the other hand, disability can be conceptualised as the combination of condition and environment, where a condition is exacerbated and becomes debilitating when the environment is not supportive. In other words, modifying the environment is as important to support autistic children as it is to provide them with resources to flourish. Self-determination, where each autistic child and their family explore the identity and representation that best suits them, may be, then, the most respectful way to approach this issue.

In Chapter 3, Rickson briefly explores different approaches of music therapy for autistic children. Through a thorough and knowledgeable lens, she presents the music therapy principles that have been supported by research and that promote social development in young children, adolescents, and adults. I especially value her efforts in maintaining the balanced perspective that seems to be her trademark, even if a partiality towards "improvisation" and "improvisational music therapy" is evident. My disagreement towards this partiality is two-fold. Firstly, I contend that improvisation is a technique (Bruscia, 2014), not an approach, and that it is present in multiple music therapy approaches. I agree with Rickson that improvisation allows for flexibility and in-the-moment responses that promote joint attention, engagement, and agency. Secondly, I disagree with the implication that this type of work can only be done in an unstructured or improvisational approach. As her own research shows, structure may sometimes be essential for a takiwatanga's development. That structure may or may not include improvisational methods; it is a choice that a child-centred perspective (i.e., a perspective that centres child needs) would determine.

Chapter 4 is titled "An Innovative Research Design," and is indeed an excellent description of the chapter and study. One of the most fascinating aspects of Rickson's book, which is based on one of her research studies, is the unique design that she employed to elicit the perspectives of music therapists and observers through Narrative Assessment. She invited music therapists in the community to engage in typical practice with children who did not have previous music therapy experience. Therapists took notes on goals and objectives for the therapy, child progress, and engaged in their own journaling. A group of observers was recruited from family members and other professionals working with the children. The therapists' notes and, in some cases video clips, were then shared with this group. These commentators read, viewed and critiqued the notes (and/or audio and video clips) from *all* children, even if they did not personally know the child. Commentators then responded to open-ended questions, as well as survey questions regarding goals, objectives, evaluation, and progress. For researchers unfamiliar with Narrative Assessment, this method may seem confusing for several reasons, including the wide discrepancy in observer expertise, knowledge of the children, and quality of the evidence (i.e., some therapists provided scarce notes, sometimes

centred on their own journey, while others provided highly structured therapeutic notes and videos). However, as a reader, it is critical to remember that this study was not an efficacy or effectiveness study: Rickson's intention was never to *prove* that music therapy "works." Rather, Rickson intended to provide a rich account of different perspectives of the music therapy process, with a critical realist lens. Her intent was to understand the creation of meaning from therapists and observers. In that regard, this study—and book—achieved their purpose amply.

Chapter 5 guides the reader in the elements of each of the 10 cases that were included in Rickson's study. Chapters 6 to 15 introduce us to each child and family, with a deliberate outline: background, music therapy process, commentators' interpretations, integration of findings, therapist summary, and Rickson's reflections on each case. By necessity, these chapters present a level of repetition that may seem cumbersome but are completely worthwhile when one reaches Chapters 16 – 19. In the latter, Rickson engages in a thoughtful and engaging exercise in abstraction of commonalities across cases that allow us to "make sense" of the detailed descriptions before. If any criticism could be levelled here it would be regarding the report of quantitative results (e.g., the use of linear graphs to represent different responses to Likert-type scales). It is evident that Rickson is much more comfortable with qualitative results, but it does not in any way diminish her integration of findings.

The most exciting and satisfactory chapters for me were Chapters 20 to 22, where Rickson situates her findings within the New Zealand context, effectively making them more meaningful for a broader milieu. I truly appreciated this generalisation and was fascinated to observe that fundamental principles of practice that are emerging or present in other countries are also evident in her (and her colleagues') work. Similar to Rickson, I wholeheartedly believe in (1) the need to use a child's (and parents') musicality to create physical and psychological "space" to promote joint attention, respectful and supportive interactions; (2) the importance of the therapist's expertise, careful planning and adaptability; (3) the flexibility in the use of structure to support family needs; and (4) the use of boundaries and expectations in a non-judgmental way to create safety and promote growth and learning. I would be most interested in having a live conversation with Rickson and/or other professionals to discuss how these principles are actualised in improvisational vs. structured ("behavioural") music therapy approaches. I think we would all be surprised to discover the commonalities amongst our practices. That said, the contextualisation of the findings also allows the reader to remember that music therapists are not exempt of systemic challenges (such as the preponderance of insurance payments, school systems, legal systems, or the like), which may direct our practices in different ways, sometimes more than individual therapist's intentions or beliefs.

In Chapter 23, Rickson critically assesses the strengths and limitations of her study and research. Rickson reminds the reader of the importance of music therapists' ability to communicate our uniquely intricate practice clearly and truthfully, and to include rational and emotional perspectives. Rickson highlights the value of "meaning making" that different stakeholders brought to the process. At the same time, she acknowledges the discrepancies among commentators, the limitations in amount, type, and quality of information from each case, and the lack of children's voices in the narrative. Once again, her thoughtful and balanced approach to research, practice, and theory makes this chapter a pleasure to read.

Finally, Chapter 24 discusses how the findings align to New Zealand's best practice guidelines for autistic children (Ministries of Health and Education, 2016). These guidelines indicate that appropriate intervention should be based on "person-centred planning, functional assessment,

positive multifaceted intervention strategies, and focus on environment, ecological validity, systems-level interventions and meaningful outcomes" (Rickson, 2022, p. 342). Rickson makes a case for music therapy in each of these categories. I think any music therapist would readily agree. The value of her work, however, goes beyond the music therapy community. It creates a strong argument for music therapy in New Zealand, of course, but also in many other countries. It engages us in reflection of our practice, and how multiple perspectives can move us forward. As I said at the beginning, Daphne Rickson has given us a very special gift. We should engage with it with gratitude.

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CONFERENCE REPORT

The 17th World Congress of Music Therapy 'Music therapists: Reflecting, connecting and innovating in the global community'

Elizabeth Coombes
University of South Wales, UK

CONFERENCE DETAILS

The 17th World Congress of Music Therapy:
'Music therapists: Reflecting, connecting and innovating in the global community'
24-29 July 2023, Canada

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Dr Elizabeth Coombes is the course leader of the MA Music Therapy at the University of South Wales in the UK. She has a clinical and supervisory practice as well as being an active researcher with interests in music and music therapy with displaced people and intercultural working. [elizabeth.coombes@southwales.ac.uk]

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This conference was the first World Congress of Music Therapy (WCMT) to be held as an in-person event since the 2017 WCMT took place in Tsukuba, Japan. The 2020 event, scheduled to be held in South Africa at the University of Pretoria, had been held online due to the COVID pandemic. There was therefore a great deal of excitement amongst presenters and attendees alike; the prospect of being able to meet colleagues and friends and share music, and ideas while making new connections in the Canadian city of Vancouver was exciting. This vibrant city with its blend of sea, mountains and innovative architecture seemed the perfect venue for music therapists to gather together once more to explore contemporary music therapy research and practice. On exploring the city, however, it was evident that extreme levels of socioeconomic disparities existed almost side by side in the city. This offered much food for thought, and was something that had echoes in the conference itself in terms of the accessibility and inclusivity of the event.

The setting for the conference, the Vancouver Convention Centre, offered a large number of well-appointed rooms mostly on one level. It was also well located, being on the water and near to many

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restaurants and cafes. This was useful as the conference fee did not include lunches. The layout of the centre facilitated movement between sessions which, as there were many, was appreciated. It also made the conference more accessible physically to those with additional needs. I wondered, though if scheduling sessions with more of an eye for discrete themes might have been more user-friendly. For example, there were a number of sessions on dementia practices (e.g., Abe et al., 2023; Kim & Kim, 2023), but these were distributed amongst the programme in general. The sessions often seemed quite randomly allocated between rooms which either meant missing those on a specific subject, or having to move swiftly between locations.

With a stated theme of 'Music Therapists: Reflecting, Connecting and Innovating in the Global Community', there was plenty of room for diverse aspects of music therapy to be shared. Delegates from over 50 countries were represented, which made for representation of a very wide range of music therapy techniques, models and practices. New also to this conference were different presentation options. I appreciated the broadening of formats that included World Café, PechaKucha Fireside Chats and E-posters as ways to share work. Having delivered a World Café at the conference myself with fellow presenters Penny Warren (New Zealand) and Gustavo Gattino (Denmark, Brazil and Portugal), I saw how much attendees appreciated the interactive nature of this method. There was lots of positive feedback about this format; I wondered if the inclusion of music-making as part of the World Café process, perhaps during the final phase of 'harvesting' the data generated during the discussions could be offered in future World Cafés at music therapy conferences. This could add more specificity to this approach as linked to our profession. Equally the Fireside Chat option seemed user friendly, as though one was sitting in on a two-way conversation with opportunities to ask questions. The PechaKucha presentations I attended, however, felt as though those using this mode of presenting had not adhered to the format that this type of presentation requires. PechaKucha are designed as highly visual presentations with minimal text on slides giving the presenter the chance to speak succinctly about the subject. Perhaps this is something to consider in future conferences; I did not notice anyone chairing the various presentations and I felt that it would have been particularly helpful for the PechaKucha presentations to be chaired as several ran over time, impinging on the time slot for others.

One of the highlights of the conference for me was the forefronting of issues relating to cultural sensitivity. There were efforts made throughout the conference to acknowledge the work that is ongoing by the profession to decolonise music therapy practice and education as well as being honest about the challenges we all still face (Baines, 2023; Baines & Sewapagaham, 2023). The opening performance by First Nations musicians and dancers set the scene for this be to a consideration that for me provided an aural and visual underpinning of the conference. My explorations of the presentations, and the city and its environs as well, were made through an awareness of my own ableist, white Eurocentric lens. This was tempered somewhat through my positioning as a female of Welsh origin, enabling me to occupy a minority group in some sense, although still one with substantial privilege. This awareness gave me an appreciation of how far music therapy as a profession has come in the past 20 years or so, and also how far it still has to go. It was disappointing then to see that accessibility of presentation PowerPoint slides, designed by the WCMT for use by presenters, had significant readability issues. It is to be hoped that these matters will be addressed by the next WCMT in 2026 in Bologna, Italy.

In questions posed to the Spotlight Panel "Diversity, Equity and Inclusion in Music Therapy" the issue of accessibility of the conference in general was raised. One attendee voiced that they felt the conference cost was high and prohibitive to many. It was in-person only with an option to purchase recorded presentations. There was no clear response to this, but it has made me consider the future of international in person only conferences. The costs involved in attending these events can be high, and for those who are self-funding can be prohibitive. I suggest that a hybrid format, with live online presence is a way forward. This has been successfully implemented in other events. With this option, an opportunity is given for people to attend synchronously as well as potentially access recordings. Furthermore, the use of a conference App where networking is possible online as well as in person would help build that sense of community and connectivity that such events provide

The experience I will take away from this long-awaited event is one of being enriched by the sheer range of subject matter showcased in Vancouver. Perspectives on music therapy practice and research ranging from psychodynamic and music-centred approaches to medical music therapy and specifically the anti-oppressive practice and pedagogy initiatives nourished me, providing food for thought as I return to my own practice and teaching. Some of the presentations are available as recordings to watch for a short while. This is something that I will certainly utilise as I digest the learning and experiences from this event and refresh my own practice.

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CONFERENCE REPORT

The 1st Panhellenic Conference on Community Music: 'Music and musicians for a better society: Beginnings, experiences, perspectives'

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CONFERENCE DETAILS

The 1st Panhellenic Conference on Community Music:
'Music and musicians for a better society:
Beginnings, experiences, perspectives'
29-30 April 2023, Greece

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OVERVIEW

In the main auditorium of the University of Macedonia in Thessaloniki, Greece, community musicians, educators and researchers gathered to exchange views and reflections at the 1st Panhellenic Conference on Community Music. Entitled "Music and musicians for a better society: Beginnings, experiences, perspectives," the conference took place on April 29 and 30, 2023. It was organised by the Department of Music Science & Art of the University of Macedonia with the support of the International Centre for Community Music, York St. John University, U.K., and the Greek Society of Music Education. As Lida Stamou, the president of the conference expressed, the aim was to promote conversations among international and national presenters by sharing projects, educational perspectives and experiences with the goal to support the development of Community Music (CM) in Greece.

THE PRESENTATIONS

The conference followed the structure of a symposium, with three keynote addresses and a total of ten invited speakers from Greece and abroad. With the main question of how one might understand CM in Greece, Lee Higgins, professor at York St. John University and director at the International Centre for Community Music, presented the diverse work that is implemented internationally under the umbrella of CM (see Photograph 2). He described CM as "conscious active action" that promotes a "cultural democracy" by ensuring the right to musicking for everyone. Following a five-fold framework, he elaborated on the elements that allow CM to provide music education at non-formal settings: people, places, participation, inclusivity and diversity.

Photograph 1: Lida Stamou's opening speech

Photograph 2: Lee Higgins

Catherine Birch, senior lecturer at York St. John University, elaborated on trauma-informed practices in CM (Holford, 2020) and expanded on the wide spectrum of competencies for university students who study CM. Students should learn how to plan and run CM groups in a variety of contexts, have good musical skills, articulate on how CM functions, develop a philosophical perspective on the broader concept of CM, understand key attributes of a community musician and grow as self-reflective practitioners. She highlighted issues around teaching, administration, placements and values as well as curriculum content. Alicia de Bánffy-Hall, professor at the University of Applied Sciences Düsseldorf, presented the development of CM in Germany (de Bánffy-Hall, 2020) and, in parallel to the procedure followed by her colleagues of mapping and defining, she emphasised the importance of mapping CM in Greece.

Eleni Lapidaki, professor in the Department of Music Studies at Aristotle University of Thessaloniki, argued on the limitations of empathy, the concept of otherness and how radical intimacy gives community musicians a way to regulate how they are in the presence of the 'other'. Olympia Agalianou, specialised educational staff at the National and Kapodistrian University of Athens, focused on music as a comprehensive art that unites speech, music and dance, giving special merit to the act of networking and group work. The pedagogy of listening was pointed out by

Peter Gouzouazis, professor at the University of British Columbia, and Margaret O' Sullivan, PhD candidate at the University of British Columbia in Canada, raised questions on difficulties, such as biases, vulnerabilities and discomfort that might accompany the groups, and also arise when one does research reflectively. Maria Varvarigou, lecturer at Mary Immaculate College (MIC), Ireland, introduced the specialisation of health musicians, leaving some queries in the air. Focusing on sites of confinement, I (the first author), assistant professor at Ionian University, analysed various aspects that require to be considered by the CM facilitator, such as the need for social consciousness, openness and acceptance of diversity, appropriateness, positionality, issues of power and ethics. The outline of the CM course in the National and Kapodistrian University of Athens was clearly presented by Christina Anagnostopoulou, associate professor at the National and Kapodistrian University of Athens, who also described CM projects that were offered during the lockdowns brought in by the Covid-19 pandemic.

Student sessions permitted for a change of pace and energy. A total of 10 graduate and postgraduate students from various Greek Universities and abroad, presented their research in seven-minute lightning talks (see Photograph 3). Diverse CM projects were reported, including projects with refugee children, unaccompanied minors, people in the third and fourth age span, and people with disabilities as well as the use of technology and more.

During the conference, experiential CM projects from Thessaloniki, Greece were presented. In particular, a group of about 10 older people from a long-term assisted living facility performed accompanied by their caregivers and facilitated on stage by a doctoral candidate (see Photograph 4), and a drum group of 11 former substance dependent adults, framed as a CM project, was coordinated by a music therapist and two members of the interdisciplinary team of the non-residential program "ARGO – Alternative Therapeutic Program for Addicted Individuals".

Photograph 3: Students' sessions

REFLECTIONS AND THOUGHTS

We would like to acknowledge that our understanding, positioning and views are informed by our professional music therapy backgrounds as practitioners and researchers. From this standpoint, it was helpful that all invited speakers conducted an in-depth exploration of the theoretical frameworks and addressed their perspectives on various critical factors that may be illuminated in order to improve the practice of CM. Such factors may include the need for defining, mapping, and organising fields of practice, and forming networks among musicians, music educators and community musicians. However, it was observed that most presenters refrained from providing explicit

definitions of CM, supporting Veblen's (2013) narrative on the multitude of CM conceptualisations. The majority of the presenters did not provide comprehensive definitions of their practice, which seemed to challenge participants with limited exposure to the concept of CM. This could be due to the diversity of approaches of CM evident among the presenters. It may have been beneficial if each presenter articulated their positioning on CM, thus providing attendees with a contextualised overview of the field. This would have allowed for a deeper grasp of the fundamental principles of CM, while enabling attendees to develop their own perspectives on this practice by gaining insights from diverse viewpoints. Moreover, multiple definitions would have encouraged discourse and potentially generated novel ideas.

Photograph 4: On-stage facilitation of a CM group

Furthermore, the presenters analysed the diverse range of contexts within which CM may be situated. The emergence of CM in settings with marginalised or underrepresented populations such as maximum-security prisons, refugee camps, addiction treatment centres and so on, was of noteworthy distinction. The field of CM may need to carefully address the potentially multifaceted needs of these underrepresented groups. Additionally, the importance of a safe space was emphasised in the majority of the presentations. Therefore, it is deemed critical to define the concept of safe space (Lai et al., 2020) and how to maintain it during CM practice. Although the issue was not discussed during the conference, we (the authors) recommend that supervision by licensed psychologists or music therapists should be included, especially within trauma-informed approaches in the CM field, to reinforce and support music facilitators in the creation of safe and nurturing environments for participants. Adequate supervision would also provide them with the necessary preparation in order to navigate challenging situations that may arise in the course of their practice, when working with marginalised minorities.

Lastly, it is also worth noting that despite the varying proposals presented by the speakers regarding the application of CM in Greece, one might question the extent to which the efficacious practices that are applicable to the UK and Germany could serve as a guide for the progress of CM in Greece. "Not everything needs to be anglicised" was an interesting point raised by de Bánffy-Hall during her presentation, which gives important feedback concerning the implementation of CM. This stresses the need to observe and learn from effective practices but also to adapt, modify and restructure for a culturally meaningful and contextually informed CM practice.

CONCLUDING THOUGHTS

Since 2016 graduate programs on CM have been offered by Ionian University, the University of Macedonia and the National and Kapodistrian University in Athens (Oloktsidou et al., in press), but with no substantial collaboration among them. This conference has made a promising beginning to promote a joint effort to delineate the field of CM in Greece, to work collectively towards defining its practices, and to form a network of practitioners and educators. As Lida Stamou mentioned in her concluding remarks, the 2nd Panhellenic CM conference will be organised soon, under the auspices of the Department of Music Science & Art of the University of Macedonia. In addition, she announced the creation of a Greek Special Interest Group in CM and the future publication of a journal titled *Journal of Research and Practice in Community Music*, with the aim to establish an environment that fosters open and constructive dialogues between educators, facilitators and researchers. Taking into consideration that these three Universities also offer undergraduate or graduate courses in Music Therapy, furthering an interuniversity collaboration might prove promising for the solid development of the Music Therapy profession. Until then, we look forward to all these actions as they show great potential toward the future advancement of inclusive and collective approaches in CM in Greece.

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