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Editorial team

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EDITORIAL

Responsive practice and responsive publishing

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I am writing this editorial as I return to South Africa after having been lucky enough to attend the 2025 European Music Therapy Conference in Hamburg, Germany. I witnessed a range of presentations on music therapy practice in many spaces and with diverse groups of people, from children in palliative care to groups of refugees, students with mental health struggles, people with disabilities, and youth from opposing sides within conflict situations, as a few examples. Such conferences in our field are certainly celebrations of what music therapy offers and the transformation that it can bring. Whilst I held the value of this meaningful work, I also kept hearing a question bubbling up in my mind.

In 2017, on the podcast *Music Therapy Conversations*, Luke Annesley interviewed the late Mercédès Pavlicevic, who was an influential lecturer and mentor for me when I trained as a music therapist at the University of Pretoria. In response to a question about what led her to become a music therapist, Mercédès reflected on her training during the time of Apartheid protests. She said,

> What led me to music therapy was living in South Africa during the riots. I was at university and the military were on the campus. My sister was very politicised and ended up in prison along with other people, and I kept thinking, 'What am I doing playing Bach while this place is blowing up?' And at the same time, I knew it was really important to be playing Bach. But the two caused me enormous anguish. I couldn't put the two together. So right from the start, there was a social-political conundrum around what's the role of music in this place at this time with these people?

Through Mercédès' career, she found ways of integrating these concerns, especially through Community Music Therapy (Pavlicevic & Ansdell, 2004; Stige et al., 2017). At the European Music Therapy Conference, I was aware of deep concerns amongst delegates about how the world is "blowing up" in many ways, especially related to ongoing wars and conflicts. I wondered what Mercédès would say about how we are engaging in music therapy whilst this is happening, and whether and how our work speaks not only to individual suffering, but to larger socio-political change? Did we shift from playing Bach in a music practice room while the world blew up, to making "nice"

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music with clients as it burns? Clearly this is not a binary issue, and we can work with multiple facets at once. Sometimes, as the fable goes, we are throwing one starfish back into the sea at a time, and that's all we can do. In other words, our focus is necessarily on attending to the small terrain that is ours to care for. However, a case could also be made that we are not engaging enough. There is much more room for collective music making that fosters conflict transformation, partnerships with social activists, collaboration with local healers, curriculum transformation, and research that is more fully collaborative (dos Santos, 2025). I wish I could write an editorial that lays out the answers to these complex questions and issues. For now, my invitation is for us to continue to grapple with these matters intentionally and urgently.

Without rushing along to the next point within this piece, but with a pause, space, and the openness to continue this grappling, I would like to shift into a discussion of a notable change we are making here at *Approaches*. The era of print publishing imposed particular constraints on academic journals, from strict length limits to fixed publication schedules. Many of these conventions have carried over into the digital age, such as the tradition of grouping articles into periodic issues. The online landscape where we now commonly engage with one another offers far greater freedom. At *Approaches*, we recognise the value of engaging in ongoing consideration of how we can best serve our authors and readers in this evolving publishing environment.

Until now, *Approaches* has followed a biannual publication schedule. Our "First View" section (https://journals.qmu.ac.uk/approaches/issue/view/2) ensures that papers are accessible to readers as soon as they have been reviewed and accepted for publication. Then, papers from the First View are gathered and assigned into two issues per year. The growth of Approaches as a leading journal in the field internationally has led to an increased number of manuscripts published in recent years and a 'backlog' of paper in First View. At the same time, we are aware that readers commonly seek out individual papers rather than full journal issues. Bearing in mind these considerations, we are excited to announce that *Approaches* will transition to a rolling publication model. In this model, accepted articles are published online as soon as they are ready, without then waiting to be assigned to a specific issue. Accepted manuscripts will be published with their own citation details (including page numbers and doi numbers). This shift reflects our commitment to efficient dissemination of knowledge, flexibility, timeliness, and the evolving needs of our community – included improved author and reader experience, and simplified workflows. The model of rolling publications is gaining momentum in open-access publishing because of its efficiency and responsiveness (Bowdoin, 2013), however, to our knowledge, *Approaches* is the first journal within music therapy to adopt such model.

To ensure a smooth transition, we will publish four issues in 2025. This will enable us to assign all current First View publications to an issue before shifting to a rolling model in 2026. Thematic groupings (such as we currently provide through special issues) will remain valuable when needed, but the traditional issue-based model no longer needs to dictate our workflow. This also gives us the freedom to publish editorials responsively as important topics arise. We believe that this strategy will enable us to continue supporting meaningful dialogue in music therapy with greater agility.

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ΣΗΜΕΙΩΜΑ ΣΥΝΤΑΞΗΣ

Ανταποκρινόμενη πρακτική και ανταποκρινόμενη εκδοτική δραστηριότητα

Andeline dos Santos
Πανεπιστήμιο της Πρετόρια, Νότια Αφρική

ΒΙΟΓΡΑΦΙΚΟ ΣΥΓΓΡΑΦΕΑ
Η **Andeline Dos Santos**, DMus, είναι επίκουρη καθηγήτρια μουσικοθεραπείας και συντονίστρια έρευνας στην Σχολή Τεχνών στο Πανεπιστήμιο της Πρετόρια. Είναι συν-αρχισυντάκτρια του *Approaches* [andeline.dossantos@up.ac]

Ιστορία δημοσίευσης:
Υποβολή 31 Ιουλ. 2025
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Δημοσίευση 29 Αυγ. 2025

Ελληνική μετάφραση: Μίτσυ Ακογιούνογλου

Γράφω αυτό το κείμενο καθώς επιστρέφω στη Νότια Αφρική, έχοντας την τύχη να συμμετέχω στο Ευρωπαϊκό Συνέδριο Μουσικοθεραπείας 2025 στο Αμβούργο της Γερμανίας. Παρακολούθησα ένα εύρος εισηγήσεων για την πρακτική της μουσικοθεραπείας σε πολλά πλαίσια και με ποικίλες πληθυσμιακές ομάδες, από παιδιά σε ανακουφιστική φροντίδα μέχρι ομάδες προσφύγων, φοιτητές με ψυχικές δυσκολίες, ανθρώπους με αναπηρίες και νέους από αντίπαλες πλευρές σε καταστάσεις συγκρούσεων, για να αναφέρω μόνο μερικά παραδείγματα. Τέτοια συνέδρια στο πεδίο μας είναι ασφαλώς εορταστικές εκδηλώσεις για το τι προσφέρει η μουσικοθεραπεία και τη μεταμόρφωση που δύναται να επιφέρει. Παρόλο που εκτίμησα αυτό το σημαντικό έργο, δεν σταμάτησε να με απασχολεί ένα ερώτημα που έφερνα συνεχώς στο μυαλό μου.

Το 2017, στο podcast *Music Therapy Conversations*, ο Luke Annesley πήρε συνέντευξη από την αείμνηστη Mercédès Pavlicevic, η οποία υπήρξε εξέχουσα καθηγήτρια και μέντορας για μένα κατά την εκπαίδευσή μου ως μουσικοθεραπεύτρια στο Πανεπιστήμιο της Πρετόρια. Ανταποκρινόμενη σε μια ερώτηση για το τι την οδήγησε να γίνει μουσικοθεραπεύτρια, η Mercédès αναλογίστηκε την εκπαίδευσή της κατά τη διάρκεια των διαδηλώσεων ενάντια στο απαρτχάιντ. Όπως είπε,

> Αυτό που με οδήγησε στη μουσικοθεραπεία ήταν η ζωή στη Νότια Αφρική κατά τη διάρκεια των ταραχών. Ήμουν στο πανεπιστήμιο και ο στρατός ήταν μέσα στην πανεπιστημιούπολη. Η αδερφή μου ήταν έντονα πολιτικοποιημένη και κατέληξε στη φυλακή μαζί με άλλους, και εγώ σκεφτόμουν συνέχεια, «Τι κάνω παίζοντας Bach ενώ αυτό το μέρος εκρήγνυται;» Και ταυτόχρονα, ήξερα ότι ήταν πολύ σημαντικό να παίζω Bach. Αλλά αυτά τα δύο μου προκαλούσαν τεράστια αγωνία. Δεν μπορούσα να τα συνδυάσω. Έτσι από την αρχή, υπήρχε ένα κοινωνικό-πολιτικό δίλημμα σχετικά με το ποιος είναι ο ρόλος της μουσικής σε αυτό το μέρος, αυτή τη στιγμή, με αυτούς τους ανθρώπους;

Καθ' όλη τη διάρκεια της καριέρας της, η Mercédès βρήκε τρόπους να εντάσσει αυτούς τους προβληματισμούς στην πρακτική της, ειδικά μέσω της Κοινοτικής Μουσικοθεραπείας (Pavlicevic & Ansdell, 2004· Stige et al., 2017). Στο Ευρωπαϊκό Συνέδριο Μουσικοθεραπείας, είχα επίγνωση των βαθιών ανησυχιών μεταξύ των συνέδρων για το πώς ο κόσμος «εκρήγνυται» με πολλούς τρόπους, ειδικά σε σχέση με τους εν εξελίξει πολέμους και συγκρούσεις. Αναρωτήθηκα τι θα έλεγε η Mercédès για το πώς ασχολούμαστε με τη μουσικοθεραπεία ενόσω συμβαίνουν όλα αυτά, και κατά πόσο και με ποιον τρόπο το έργο μας απευθύνεται όχι μόνο στον ατομικό πόνο, αλλά και σε ευρύτερες κοινωνικοπολιτικές αλλαγές. Μήπως μεταπηδήσαμε από το να παίζουμε Bach σε ένα δωμάτιο μουσικής άσκησης ενώ ο κόσμος κατέρεε, στο να δημιουργούμε «ωραία» μουσική με πελάτες ενώ ο κόσμος καίγεται; Προφανώς αυτό δεν αποτελεί ένα διττό ζήτημα, και μπορούμε να εργαζόμαστε σε πολλαπλές πτυχές ταυτόχρονα. Κάποιες φορές, όπως αναφέρεται και στο μύθο, ρίχνουμε πίσω στη θάλασσα έναν αστερία τη φορά, και αυτό είναι το μόνο που μπορούμε να κάνουμε. Με άλλα λόγια, επικεντρωνόμαστε αναγκαστικά στη μικρή περιοχή που μας αναλογεί να φροντίσουμε. Ωστόσο, θα μπορούσε να ειπωθεί πως δεν ασχολούμαστε όσο θα έπρεπε. Υπάρχει πολύ περισσότερος χώρος για συλλογική μουσική δημιουργία που προάγει τη μεταμόρφωση των συγκρούσεων, τις συμπράξεις με κοινωνικούς ακτιβιστές, τη συνεργασία με τοπικούς θεραπευτές, το μετασχηματισμό της εκπαιδευτικής ύλης και την έρευνα που είναι περισσότερο συλλογική (dos Santos, 2025). Μακάρι να μπορούσα να γράψω ένα άρθρο που να δίνει απαντήσεις σε αυτά τα πολύπλοκα ερωτήματα και ζητήματα. Προς το παρόν, η πρόσκλησή μου είναι να συνεχίσουμε να ασχολούμαστε με αυτά τα θέματα με σκοπιμότητα και επιτακτικότητα.

Χωρίς να σπεύσω βιαστικά στο επόμενο σημείο αυτού του κειμένου, αλλά με μια παύση, με χώρο και με ανοιχτή διάθεση να συνεχιστεί αυτή η προσπάθεια, θα ήθελα να αναφερθώ σε μια σημαντική αλλαγή που πραγματοποιούμε εδώ στο *Approaches*. Η εποχή της έντυπης έκδοσης επέβαλε συγκεκριμένους περιορισμούς στα ακαδημαϊκά περιοδικά, από αυστηρά όρια έκτασης των κειμένων έως σταθερά χρονοδιαγράμματα δημοσίευσης. Πολλές από αυτές τις συμβάσεις έχουν διατηρηθεί στην ψηφιακή εποχή, όπως για παράδειγμα η ομαδοποίηση άρθρων σε περιοδικά τεύχη. Το διαδικτυακό περιβάλλον, όπου πλέον συχνά αλληλεπιδρούμε, προσφέρει πολύ μεγαλύτερη ελευθερία. Στο *Approaches* αναγνωρίζουμε την αξία της διαρκούς προσοχής στο πώς μπορούμε να εξυπηρετούμε καλύτερα τους συγγραφείς και τους αναγνώστες μας μέσα σε αυτό το εξελισσόμενο εκδοτικό περιβάλλον.

Μέχρι τώρα, το *Approaches* έχει ακολουθήσει ένα εξαμηνιαίο πρόγραμμα έκδοσης. Η ενότητα «Πρώτη Ματιά» (https://journals.qmu.ac.uk/approaches/issue/view/2) εξασφαλίζει ότι τα άρθρα είναι προσβάσιμα στους αναγνώστες άμεσα μετά την αξιολόγηση και την αποδοχή τους για δημοσίευση. Στη συνέχεια, τα άρθρα από την Πρώτη Ματιά συγκεντρώνονται και κατανέμονται σε δύο τεύχη ανά έτος. Η εξέλιξη του *Approaches* ως ηγετικού περιοδικού στο πεδίο διεθνώς έχει οδηγήσει σε αύξηση του αριθμού των κειμένων που δημοσιεύονται τα τελευταία χρόνια, δημιουργώντας ένα ««συσσωρευμένο απόθεμα» κειμένων στην Πρώτη Ματιά. Ταυτόχρονα, γνωρίζουμε ότι οι αναγνώστες αναζητούν συνήθως μεμονωμένα άρθρα παρά ολόκληρα περιοδικά τεύχη. Λαμβάνοντας υπόψη αυτές τις παραμέτρους, είμαστε στην ευχάριστη θέση να ανακοινώσουμε ότι το *Approaches* θα μεταβεί σε ένα μοντέλο «κυλιόμενης έκδοσης» (rolling publication). Σε αυτό το μοντέλο, τα κείμενα που γίνονται αποδεκτά δημοσιεύονται διαδικτυακά αμέσως μόλις είναι έτοιμα, χωρίς να περιμένουν στη συνέχεια να κατανεμηθούν σε ένα

συγκεκριμένο τεύχος. Τα αποδεκτά κείμενα θα δημοσιεύονται με τα δικά τους στοιχεία παραπομπής (συμπεριλαμβανομένων της σελιδοποίησης και του αριθμού doi). Αυτή η αλλαγή αντικατοπτρίζει τη δέσμευσή μας στην αποτελεσματική διάδοση της γνώσης, την ευελιξία, την έγκαιρη δημοσίευση και τις εξελισσόμενες ανάγκες της κοινότητάς μας – συμπεριλαμβανομένης της βελτίωσης της εμπειρίας των συγγραφέων και των αναγνωστών, καθώς και της απλοποίησης της ροής εργασίας. Το μοντέλο της κυλιόμενης έκδοσης κερδίζει ολοένα και περισσότερο έδαφος στις εκδόσεις ανοικτής πρόσβασης λόγω της αποτελεσματικότητας και της προσαρμοστικότητάς του (Bowdoin, 2013). Ωστόσο, εξ όσων γνωρίζουμε, το *Approaches* αποτελεί το πρώτο περιοδικό στο πεδίο της μουσικοθεραπείας που υιοθετεί αυτό το μοντέλο.

Για την διασφάλιση μίας ομαλής μετάβασης, προγραμματίζουμε να δημοσιεύσουμε τέσσερα τεύχη το 2025. Αυτό θα μας επιτρέψει να εντάξουμε όλα τα τρέχοντα άρθρα της Πρώτης Ματιάς σε τεύχη πριν μεταβούμε στο μοντέλο κυλιόμενης έκδοσης το 2026. Οι θεματικές συλλογές (όπως αυτές που παρέχουμε μέχρι σήμερα μέσω των ειδικών τευχών) θα παραμείνουν πολύτιμες όποτε χρειάζεται, αλλά το παραδοσιακό μοντέλο που βασίζεται στα τεύχη δεν θα καθορίζει πλέον την ροή των εργασιών μας. Αυτό μας δίνει επίσης την ελευθερία να δημοσιεύουμε σημειώματα από την σύνταξη ανταποκρινόμενοι σε σημαντικά θέματα όπως θα προκύπτουν. Πιστεύουμε ότι αυτή η στρατηγική θα μας επιτρέψει να συνεχίσουμε να υποστηρίζουμε τον ουσιαστικό διάλογο στη μουσικοθεραπεία με μεγαλύτερη ευελιξία.

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ARTICLE

The effects of personally preferred music on mood and behaviour in individuals with dementia: An exploratory pilot study

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ABSTRACT

Music has been shown to benefit individuals with dementia. There are, however, limited studies examining how assisted living staff members use preferred music for dementia patients. This controlled pilot study aimed to determine: 1) whether preferred music is effective in improving mood and behaviour and 2) whether a person-centred approach to music-based interventions is feasible for individuals with dementia. The 20 participants (mean age (SD) = 81 (8)) listened to a preferred song or control song in random order over 6 weeks with a five-day wash out period between the exposures. Neurobehavioral Rating Scale (NRS) and Observed Emotion Rating Scale (OERS) were used to measure participants' emotions and behaviour changes. Blood pressure and heart rate were collected to understand physiological responses to music. NRS was used to measure the behavioural changes in response to a listening intervention comprised of both preferred music and control music over the course of 14 sessions administered over six weeks. We observed no changes in NRS symptoms post-intervention. OERS scores and vital signs did not differ significantly between the preferred music and the control song despite trends. Participants/staff/family expressed the importance of preferred songs to evoke specific memories and increase well-being. Thematic analysis using sentiment components indicated a predominance of positive sentiment in the meaningful music category and a minor occurrence of negative sentiment in the control music.

KEYWORDS

preferred music, dementia, assisted living community, person-centred approach, music-based intervention

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INTRODUCTION

There is a growing recognition of the benefits of non-pharmacological interventions in individuals with dementia (Anderson et al., 2017; Appel et al., 2021; Wang et al., 2019). Music-based interventions may benefit people with dementia (Gómez-Romero et al., 2017; Van der Steen et al., 2018), improving emotional, cognitive, and social skills and decreasing overt behavioural problems among persons with dementia (Fakhoury et al., 2017; Leggieri et al., 2019; Särkämö, 2018; Van der Steen et al., 2018) (review in (Abe et al., 2022)). Garrido et al. (2018) demonstrated that music preference in persons with dementia differentially affects psychological and behavioural symptoms (Garrido et al., 2018) and this was confirmed by a systematic review (Gaviola et al., 2020). Preferred music was shown to reduce agitation in individuals with dementia in long-term care settings (Sung et al., 2006), and the findings were echoed by Garland et al. (2007). Other studies revealed that personalised playlists improve overall happiness, anxiety, depression, and emotional expression (Buller et al., 2019; Pérez-Ros et al., 2019). Numerous behavioural measures are employed in dementia research to comprehend changes in behaviour. Specifically, the Neurobehavioral Rating Scale (NRS) is widely used as a valuable instrument for the structured assessment of a diverse array of cognitive, psychiatric, and behavioural disturbances in individuals with dementia. (Sultzer et al., 1992). Moreover, the utilisation of the Observed Emotion Rating Scale (OERS) (Schall et al., 2014) has been applied to understand short-term (same-day) changes in emotion. This scale was employed in a study involving music interventions for advanced dementia, revealing an enhancement in the expression of more positive emotions. In addition to behavioural and psychological changes, previous research has evaluated vital signs in order to determine the effectiveness of music in stabilizing blood pressure and heart rate (Lotter & Farquharson, 2021; Raglio et al., 2010; Takahashi & Matsushita, 2006).

However, there are no studies known to the authors of the role of self-selected, preferred songs in persons with dementia in long-term care settings using the following methodologies: 1) a single song selected with a validated preferred song questionnaire and a single control song across participants, 2) masking of administrators to the song condition, 3) involvement of healthcare staff in choosing the control song, 4) engagement of family and clinicians in continuity of care with music intervention, and 5) component of patient assent (i.e., individuals could choose when to participate in the study). In addition, many studies are conducted by a certified nursing assistant or trained music therapist in a nursing facility as a group music activity (Gaviola et al., 2020; Van der Steen et al., 2018; Zhang et al., 2017).

Thus, the aim of this exploratory pilot study was to determine 1) if preferred music is more effective in improving mood and behaviour than non-personally preferred music and 2) whether a

person-centred approach to music-based interventions is feasible for individuals with dementia in long-term care settings. We hypothesised that preferred music would improve mood and behaviour as compared to non-personally preferred music. We also hypothesised that a person-centred approach to music-based interventions is feasible for individuals with dementia.

MATERIALS AND METHODS

Participants

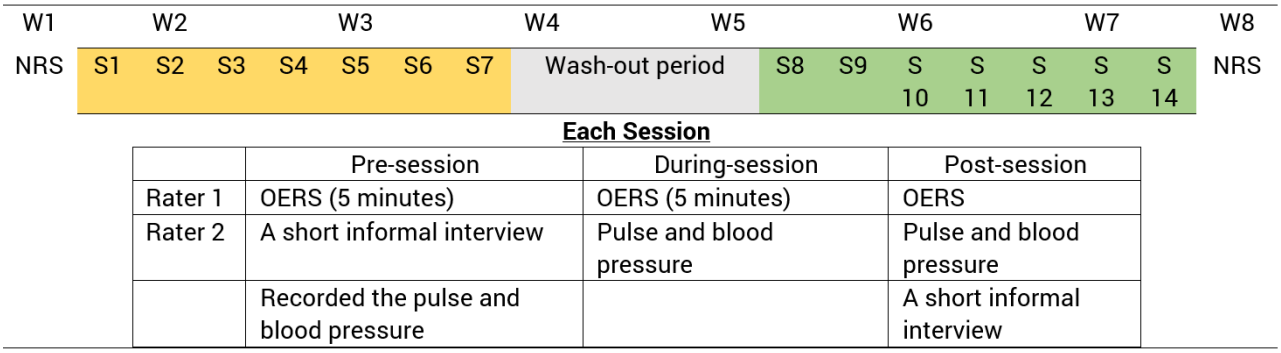
Twenty residents (Female = 12; mean age (SD)= 81 (8)) who resided in a single dementia-specific assisted living community participated in this study (Table 1). All participants in this study were legally incapable of giving informed consent and thus, Powers of Attorney (POAs) were asked to give written consent on behalf of the participant. All participants assented, verbally or nonverbally (e.g., head nods, smiles) to their participation in the music intervention before the study team began observations. This study was approved by the UMBC Institutional Review Board (IRB # Y18TM26107). All procedures performed involving human participants were in accordance with the 1964 Helsinki declaration.

Participants (N=20)		n	%
Age (mean: 81 years; SD: 8)	65-75	4	20
	76-86	12	60
	>87	4	20
Gender	Male	8	40
	Female	12	60
Race	White/Caucasian	19	95
	Asian	1	5
Clinical diagnosis	Alzheimer's disease	8	40
	Frontotemporal dementia	6	30
	Vascular dementia	6	30

Table 1: Participants' demographic data

Study design and data collection

This exploratory pilot study was conducted over eight weeks. Figure 1 shows the study design and data collection timeline. In both the initial and eighth weeks, a certified therapeutic recreation specialist administered the Neurobehavioral Rating Scale (NRS) to identify changes in participant behaviours before and after completion of study interventions. The NRS required a certified therapeutic recreation specialist to rate the level of severity of 27 behavioural symptoms (Bradt et al., 2013). Higher scores indicated greater presence of neuropsychiatric symptoms.



Each Session

	Pre-session	During-session	Post-session
Rater 1	OERS (5 minutes)	OERS (5 minutes)	OERS
Rater 2	A short informal interview	Pulse and blood pressure	Pulse and blood pressure
	Recorded the pulse and blood pressure		A short informal interview

Note: NRS = Neurobehavioral Rating Scale; W = week; S = session; First 7 sessions = either preferred or control music; Last 7 sessions = either preferred or control music; ORES = Observed Emotion Rating Scale;
= either preferred song or control music; = alternation of previous music

Figure 1: Study design

Over six weeks, the study team observed the participants listening to music, three times a week, for fifteen minutes each session including the assessments (Observed Emotion Ration Scale, [OERS] and vital signs). OERS was used to observe short term outcome changes in emotion among the participants before, during, and after sessions (Van Haitsma & Klapper, 1999). The study team estimated the duration of each emotion (e.g., pleasure, anger, anxiety/fear, sadness, general alertness) before, during, and after each session using a Likert scale 1-5 (i.e., never, less than 16 seconds, 16-59 seconds, 1-5 minutes, more than 5 minutes, respectively). For the vital signs, trained staff members measured the participants' pulse and respiratory rate for one minute before, during, and after each session. During week 8, the certified therapeutic recreation specialist re-administered the NRS.

Participants listened to either the preferred or control song for the first seven sessions and listened to an alternation of preferred or control song for the last seven sessions that was followed by a five-day washout period. The songs were administered in random order. Therefore, each participant served as their own control group in the intervention. A CD player or iPod was used to play the songs. The CDs were labelled with a number in accordance with the participant, so both raters were masked to the song type (either their preferred song or the control song).

To maintain the person-centred (Fazio et al., 2018) nature of the intervention, the study team approached participants based on their preferred time of day and asked if they wanted to listen to music. Prior studies suggest that music-based interventions may have different behavioural effects at different times of the day (Robb et al., 2011). Therefore, study staff played music for each participant at the same time of day in a quiet area to avoid distractions or interruptions.

The preferred songs were identified using Gerdner et al.'s (2000) Assessment of Personal Music Preference (Family Version). The assessment consisted of nine questions which included identifying a specific song that was most enjoyable to the participant. POAs completed this questionnaire and were encouraged to choose a song known to affect the participant in a deep, enduring and emotional way. Importantly, song selection was intended to be a collaborative process between participant and their family (or POAs). Using a Spotify application, the participants' preferred music selections were collected along with tempo (beats per minute), energy (i.e., the higher the value, the more energetic the song), danceability (i.e., the higher the value, the easier it is to dance to the song), loudness (i.e., the higher the value, the louder the song in decibels), valence (i.e., the higher the value, the more

positive mood for the song), acoustic (i.e., the higher the value, the more acoustic the song) and averages with standard deviations for each category (see Appendix, Supplementary Material 1).

The control song "Ex-Factor" by Lauryn Hill from 1998 was randomly selected from a list of nursing staff's favourite songs (characteristics of this song can be found in the Appendix, Supplementary Material 1). The study staff confirmed with the participant's POA that the control song is not personally preferred to the participant. This pragmatic pilot was designed to keep the primary decisional dilemma of the care community staff and patients in the study in mind. Specifically, the staff of the community were playing music relevant to both their own backgrounds and generations for the patients in a generalised fashion, claiming that these forms of music elicited emotional responses from the individuals better than an individualised or even a generation-based approach to background music. Thus, we selected a control song in the study through a staff-led process, focused on not just a song that was in contrast to many of the personally meaningful songs that were specific to patients, but one that was relevant and more likely to be played by staff during times when they were caring for these patients. All staff involved (dining, housekeeping, nursing) were involved in a voting process to select the songs as the most likely to be played during these care times.

Data analysis

The presence of NRS symptoms along four factors (i.e., cognition/energy, metacognition, somatic/anxiety, and language) were compared pre- and post-intervention (i.e., before and after the 8-week study) for a total of 18 participants (2 out of 20 participants did not complete the NRS due to interim hospital stays). Averages of NRS symptom severity was also compared between pre- and post-interventions and was defined on a 0-6 Likert scale (0 = not present, 1 = very mild, 2 = mild, 3 = moderate, 4 = moderate-severe, 5 = severe, 6 = extremely severe). The OERS item scores for pre- and post-intervention were compared for 20 participants. Nineteen participants had adequate data for calculating averages of the vitals [systolic and diastolic blood pressure (mm Hg) post-intervention; heart rate (beats per minute, BPM)] pre- and post-intervention. Change scores (i.e., post- minus pre-intervention) for NRS, OERS, and vitals were also analysed.

Qualitative data were collected by writing down quotes from facility staff who observed the residents before, during and after the interventions. This could be any words, phrases, singing, gestures, or reactions that were observed during the 15 minutes that were related to each intervention timepoint (see Appendix, Supplementary Material 2). Analysis of staff quotes was conducted using MAXQDA (Kuckartz & Rädiker, 2019). In order to comprehend the varied reactions to meaningful music and control music, the staff's statements were categorised into four themes: meaningful music, control music, direct quotes from participants, and additional observations. The entire research team examined the analysis to determine if the quotes were appropriately aligned with the theme. Sentiment analysis involved the automatic identification of words that were then attributed to each code. Emotions expressed by participants were classified as positive, slightly positive, neutral, slightly negative, and negative.

Statistical analysis

Statistical analysis was performed in IBM SPSS Statistics for Windows, Version 25.0 (IBM Corp.,

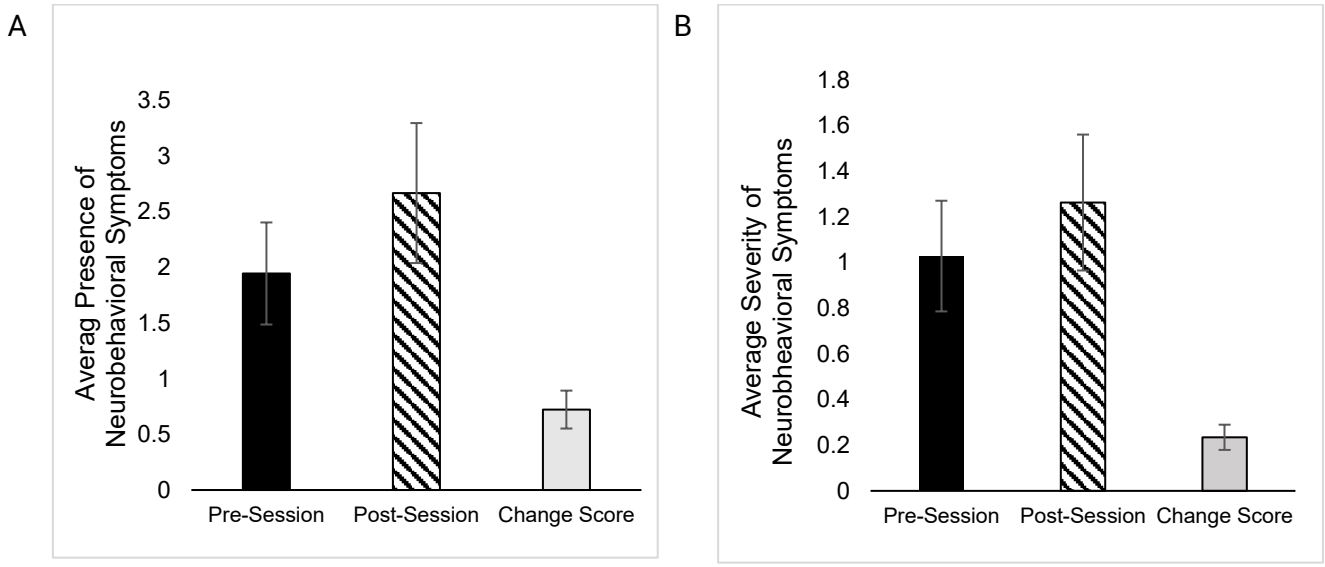
Armonk, New York, USA). Normality was assessed using the Shapiro-Wilk test. Due to non-normality, a Wilcoxon signed-rank test was conducted to compare pre- and post-intervention presence of NRS symptoms and severity of NRS symptoms (N = 18). For the presence of NRS in the four factors, a 2 (pre-intervention, post-intervention) by 4 (cognition/energy, metacognition, somatic/anxiety, language) repeated measures ANOVA was conducted (N = 18). For average OERS, a two-way 2 (preferred music vs control) by 5 (pleasure, anger, anxiety/fear, sadness, general alertness) repeated measures ANOVA (N = 20) was conducted. Due to non-normality, a Wilcoxon signed-rank test was conducted to determine differences post-intervention for blood pressure and heart rate between personally preferred music and control music (N = 19).

For change scores (post - pre), due to non-normality, a Wilcoxon signed-rank test was conducted for each vital sign (i.e., systolic blood pressure, diastolic blood pressure, and heart rate) to compare between personally preferred music and control music. For change scores in OERS, a two-way 2 x 5 repeated measures ANOVA (N = 20) was conducted. Statistical significance was set to $p < 0.05$ (two-tailed) for all analyses.

RESULTS

NRS

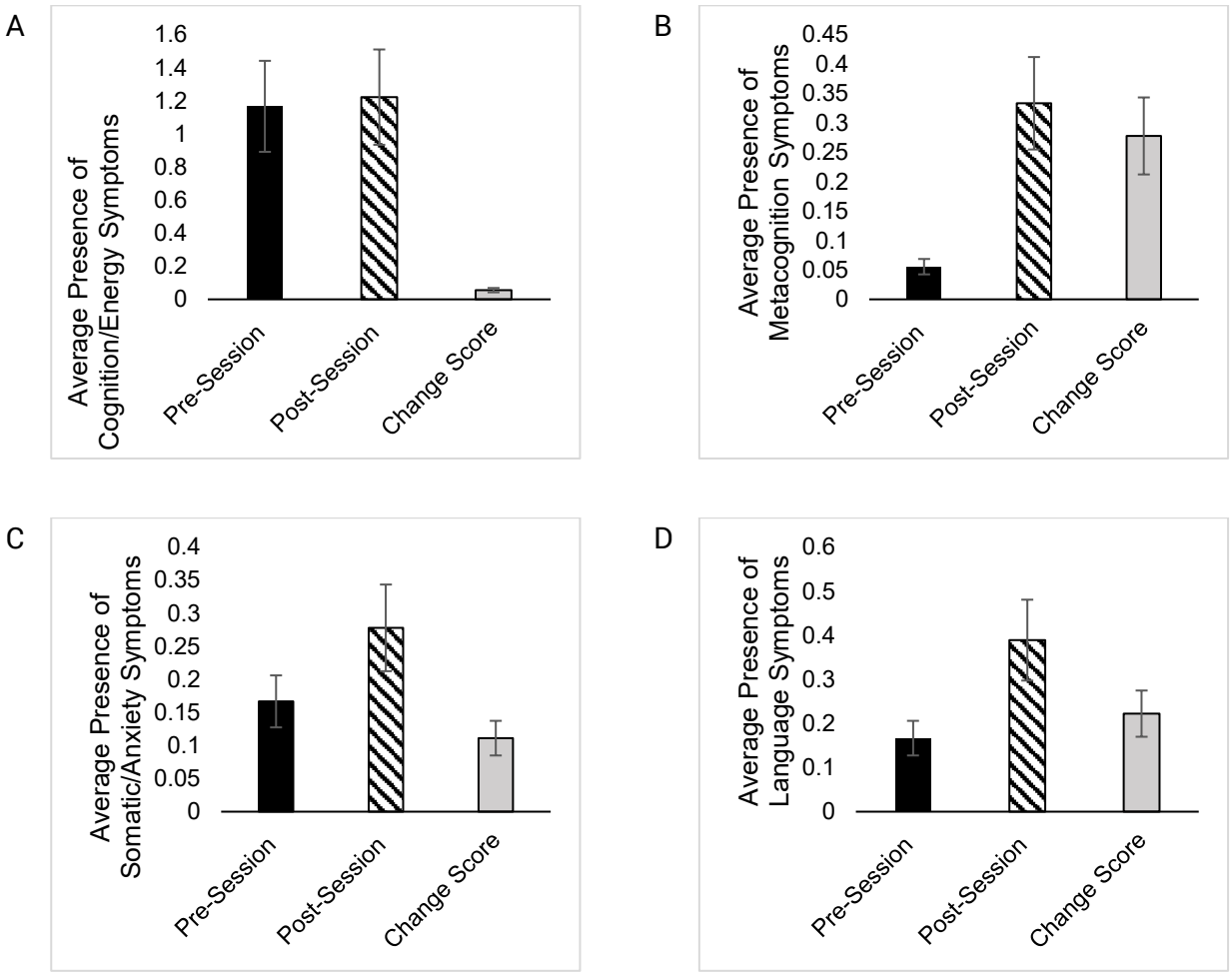
There were fewer neurobehavioral symptoms (out of 27) during pre-intervention (M = 1.90, SD = 1.50) compared to post-intervention (M = 2.70, SD = 2.00) but this was not statistically significant (Z = - 1.63, p = 0.10) (Figure 2A). For the severity of NRS symptoms, both pre- (M = 1.03, SD = 0.66) and post-intervention symptoms (M =1.26, SD = 0.80) were on average very mild (Figure 2B). There was no statistically significant difference between the pre-intervention and post-intervention groups (Z = - 1.16, p = 0.25).



Note: A. Presence of neurobehavioral symptoms; B. Severity of present neurobehavioral symptom; Error bars: Standard error

Figure 2: NRS score

For presence of NRS factors, the 2 (time point: pre-intervention, post-intervention) by 4 (factors: cognition/energy, metacognition, somatic/anxiety, language) repeated measures ANOVA revealed no significant main effect for intervention ($F(1,34) = 1.85$, $p = 0.18$) or intervention by factor ($F(3,102) = 0.29$, $p = 0.84$). There was a main effect of factor ($F(3,102) = 25.90$, $p < 0.001$). Overall, there were fewer symptoms present pre-intervention ($M = 1.17$, $SD = 0.86$) compared to post-intervention for factors of cognition/energy symptoms ($M = 1.22$, $SD = 0.94$), metacognition symptoms (Pre: $M = 0.06$, $SD = 0.24$ vs Post: $M = 0.33$, $SD = 0.77$), somatic/anxiety symptoms (Pre: $M = 0.17$, $SD = 0.38$ vs. Post: $M = 0.28$, $SD = 0.46$), and language symptoms (Pre: $M = 0.17$, $SD = 0.38$ vs. Post: $M = 0.39$, $SD = 0.50$) (Figure 3A-D).



Note: A. Presence of cognition/energy symptoms; B. Presence of metacognition symptoms; C. Presence of somatic/anxiety symptoms; D. Presence of language symptoms; Error bars: Standard error

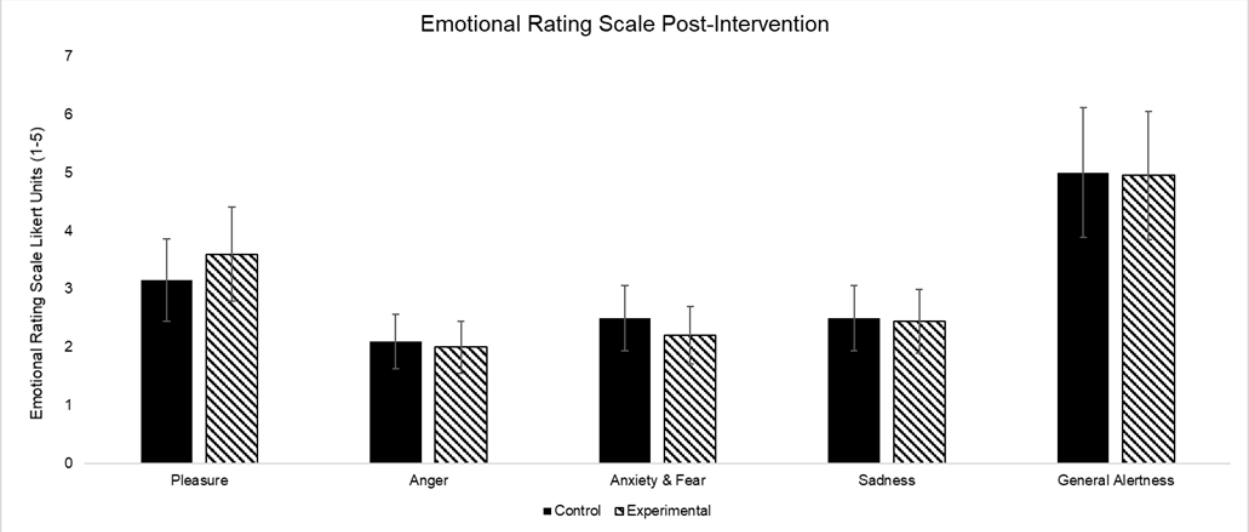
Figure 3: NRS factor scores

OERS

There were no significant main effects for music condition ($F(1,38) = 0.01$, $p = 0.93$) or music condition by emotion interaction ($F(4,152) = 0.13$, $p = 0.29$). There was a main effect for emotion ($F(4,152) = 92.20$, $p < 0.001$). Pleasure duration was less in the control song condition ($M = 3.15$,

SD = 1.23) versus the preferred song (M = 3.60, SD = 1.14) and anger duration was greater in the control song condition (M = 2.10, SD = 0.45) compared to the preferred song (M = 2.00, SD = 0.00). Anxiety and fear duration were greater in the control song condition (M = 2.50, SD = 1.00) compared to the preferred song (M = 2.20, SD = 0.52). Sadness duration was greater in the control song condition (M = 2.50, SD = 0.95) compared to the preferred song (M = 2.45, SD = 0.94). General alertness duration was similar for the control song condition (M = 5.00, SD = 0.00) compared to the preferred song (M = 4.95, SD = 0.22) (Figure 4).

For change scores, there were no significant main effect for the music condition (F(1,38) = 0.13, p = 0.72) or emotions (F(4,152) = 1.45, p = 0.23). There was also no music condition by emotion interaction (F(4,152) = 0.66, p = 0.62). However, the control song condition decreased the duration of pleasure, increased anger, anxiety, and fear compared to the preferred song. Sadness and general alertness duration changes were similar between the two music conditions.



Note: Error bars: Standard Error; Experimental = preferred music

Figure 4: OERS scores post-intervention

Vital signs

Systolic blood pressure was lower in the control song condition (M = 129, SD = 25 mm Hg) versus the preferred song (M = 130, SD = 29 mm Hg) but this was not statistically significant (t(18) = - 0.04, p = 0.97). Diastolic blood pressure was higher in the control song condition (M = 84, SD = 25 mm Hg) versus the preferred song (M = 78, SD = 19 mm Hg) (Z = - 1.11, p = 0.27). Heart rate was higher in the control song condition (M = 76, SD = 12 BPM) versus the preferred song (M = 71, SD = 12 BPM) (Z = - 1.33, p = 0.18) (Figure 1A). There were no significant results for change scores in systolic blood pressure (Z = - 1.01, p = 0.92), diastolic blood pressure (Z = - 1.88, p = 0.06), or heart rate (Z = - 1.02, p = 0.31). However, systolic blood pressure decreased in the control song condition and increased in the preferred song. The opposite was seen for diastolic blood pressure. There was a greater decrease in heart rate for the preferred song condition compared to the control song condition.

Participants' responses

Over 1,000 quality minutes were spent with participants. Some meaningful participant quotes included: "Thank you for my morning pick me up", "These visits added something new to my day," "Thank you for being my friend", and "I've been waiting for you! I'm ready for music." Staff members noted: "While listening to their preferred songs, participants sang, danced, relaxed, cried, and taught the study team words in other languages."

More representative quotes from participants' caregivers are below:

> A laugh of pure joy came over her as we played her meaningful music.
>
> During the preferred song, I was blown away by the fact that she had this sparkle in her eyes. She was filled with pure joy. She would sing the ENTIRE song loud and proud – and even would sing the song after the music was over.
>
> He would loudly sing his preferred song, and he would just echo pure joy and happiness during it. I couldn't help but laugh sometimes, because he'd be moving his shoulders, tapping his foot, playing the air piano, and always act like he was conducting. He even took a bow at the end every time. He was having a blast!

Staff members' observations and quotes

Within the pool of 64 statements, 13 were affiliated with meaningful music, 5 were linked to control music, 8 were direct quotations from the patients, and 6 comprised supplementary observations provided by the staff. The sentiment analysis revealed distinct trends across different themes. The sentiments associated with each theme were as follows:

- Meaningful Music: The majority of statements related to meaningful music exhibited a positive trend, with a prevalence of Positive (1) and Slightly Positive (6) sentiments.

Sentiment	Staff's statement
Positive	A laugh of pure joy came over her as we played her meaningful music.
Slightly positive	During the meaningful song, I was blown away by the fact that she had this sparkle in her eyes. She was filled with pure joy. She would sing the ENTIRE song loud and proud – and even would sing down the hall after the music was over.
	Knew all the words to her meaningful song! In German! She would always talk about her family afterwards.
	He said we (meaning him & the study team) would ROCK his end of the hallway, because he would just sing loud and proud his meaningful song.
	When his meaningful song was playing he would talk for a bit afterwards about his music background and how important the saxophone was to him.
	He liked all music, but you could tell when he had his meaningful song he wanted to talk to you all about jazz music.

	Once we switched to the meaningful song, she would be silent and listen. The second the headphones came off, she was back to talking again.

Table 2: Sentiment analysis for the meaningful music

- Control Music: Sentiment analysis indicated a minor occurrence of negative sentiment in the context of control music, primarily characterised by Negative (1) expressions.

Sentiment	Staff's statement
Negative	During part 1 of the study she was not enjoying herself. She would call out "this is too much for me", "I don't want it" (meaning the headphones). She even spit on the table during our first session. She was angry, frustrated and confused. That was during the control song.

Table 3: Sentiment analysis for the control music

- Direct Quotes from Patients: Direct quotes from the patients encompassed a diverse range of sentiments, including Positive (2), Slight Positive (4), Slight Negative (1), and Neutral (1), indicating a nuanced emotional response to the discussed topics.
- Additional Observations by the Staff: Analysis of the staff's additional observations highlighted a limited occurrence of slightly negative sentiment expressions, with a frequency of Slightly Positive (1), Neutral (3), and Slightly Negative (2) sentiments.

For an in-depth exploration of the sentiment distribution within each theme, the specific statements categorised under each sentiment can be found in the Appendix, Supplementary Material 3.

DISCUSSION

This study demonstrated that listening to preferred music can be a practical and feasible intervention for individuals with dementia in an assisted living community. No significant differences were found in behavioural and emotional changes assessed by NRS and OERS before and after music listening and between control and preferred songs post-intervention. Lower than expected severity of neurobehavioral symptoms at baseline limits the generalisability of our results. However, we obtained valuable qualitative insights from patients, family and staff using a short interview.

Reviewing the results carefully and reporting on challenges and limitations are essential for the development of future studies. First, each participant (or caregiver) selected their preferred song, which can evoke varying levels of arousal and emotion. Different emotional responses to each preferred song may limit our understanding of change in emotional components of the OERS (e.g., pleasure, anger, anxiety/fear, sadness, general alertness) between control and preferred song. A post-acoustic characteristic analysis using Spotify revealed significant differences between the control and the average of participants' preferred songs (see Appendix, Supplementary Material 1). The variability in preferred song characteristics (e.g., tempo, energy, dance, loud, valence, and acoustic) among participants should be taken into account when drawing conclusions. Additionally, even though participants or caregivers verified the lack of familiarity and preference for the control

song, the emotional responses/perceptions of the control song for each participant were different, which may have contributed to difficulties comparing it to the preferred songs. Furthermore, even though participants or caregivers verified the lack of familiarity and preference for the control song, the emotional responses/perceptions of the control song for each participant were different, which may have contributed to difficulties comparing it to the preferred songs. In particular, some of the control song's lyrics could have evoked sad/depressing feelings. Future studies should refine the process of control song selection as per the recently published NIH MBI Toolkit (Edwards et al., 2023) and consider using several control songs, or comparing a personally selected playlist to a control playlist.

One of the clinical goals of listening to music was to evoke participants' memories of events and people. Therefore, it would be prudent to formally assess autobiographical memory in a future study. Additionally, the NRS has been used to understand neurobehavioral symptoms including cognitive, affective, and neuropsychiatric domains over longer follow up periods (McCauley et al., 2001). Several prior studies reported significant changes in cognition/energy, metacognition, and language factor scores from the initial assessment (3 months post-injury) to the follow-up assessment at 6 months after the injury (Levin et al., 1987; McCauley et al., 2001). We assessed NRS before and after 6 weeks of music listening, which may have been too short a time span for the NRS.

Further, it is important to note that the preferred songs selected by participants and/or their caregivers may have carried varying levels of meaning/autobiographical valence leading to substantial differences in their neurobehavioral responses. Several participants reported that their preferred song has special meaning for them, but we were not able to collect information about all participants' level of meaningfulness. A standardised assessment (i.e., Gerdner music preference questionnaire (Gerdner et al., 2000) was used to collect preferred music; however, understanding the emotional/arousal changes would benefit from assessing level of personal meaning/connection to each song as well.

Qualitative narratives from the staff, caregivers, and participants provided valuable insight into the short-term behaviour changes induced by listening to music for individuals with dementia (see Appendix, Supplementary Material 2). The importance of qualitative data cannot be overstated in this context. While we can observe and analyse emotional and behavioural changes from standard assessments, drawing conclusions with only quantitative data might not allow us to fully understand participants' or caregivers' perspectives (Bradt et al., 2013). Our qualitative analysis found distinct patterns of sentiment within statements that were reported by the staff when comparing personally meaningful and control music, revealing a higher frequency of positive trends associated with meaningful music and a higher frequency of negative sentiment components during listening to control music. The positive emotional impact of meaningful music has been extensively studied. For example, previous research focusing on daily listening that triggers autobiographical memory found associations with positive or mixed emotions (e.g., happiness, nostalgia (Jakubowski & Ghosh, 2021). They also found that older participants tended to rate their MEAMs (Music-Evoked Autobiographical Memories) as more vivid and accompanied by more positive emotions. We employed the auto-detect sentiment analysis using MAXQDA; however, it is important to note that sentiment analysis may face difficulties in precisely unravelling the subtleties of linguistic nuances and the intricacies inherent to diverse cultural contexts. This could lead to varying interpretations of sentiment or emotional expression. Therefore, rigorous validation processes and a nuanced understanding of the data are

warranted to help mitigate these challenges in the future and enhance the reliability and validity of these types of analysis.

Furthermore, the importance of ecological measures in music-based interventions is growing (Edwards et al., 2023). The vital sign measurements used in this study could have potentially impacted the behavioural outcomes, considering that they were obtained during the course of music listening sessions. To address this challenge in the future, we propose that other measures be used in the assessment of outcomes, such as ecological momentary assessment of participants' behaviour and experience (e.g., smartwatches capable of monitoring/recording heart rate and/or blood pressure). This will improve the quality of care provided, increase the relevance of interventions and support a more holistic and inclusive approach to care delivery. While we aimed to approximate the experience of delivering a music listening intervention in a real assisted living facility, we acknowledge that outside of the study setting, this experience would be different; for example, there would be no control song and rather than playing a single song the patient would most likely be exposed to a playlist.

Music therapy holds significant potential to improve the well-being of individuals with dementia. However, despite its benefits, there are challenges when it comes to ensuring accessibility to these services. In many nursing facilities, retirement communities, and caregiver's homes, the availability of trained personnel and music therapy services remains limited due to financial constraints and a lack of music therapists when considering the number of elder care facilities (Mondanaro, 2019; Wong, 2020). Thus, a "music medicine" approach to music-based interventions (i.e. delivery of music-based interventions by someone other than a licensed trained music therapist), as pursued in our study, is often more pragmatic. Furthermore, multi-centre studies comparing music therapy to music medicine approaches need to be conducted. It is important to educate the community, stakeholders, and decision-makers about the benefits of music therapy. Aside from engaging in preferred song listening, collaborating with the staff and music therapists at the care facility will facilitate a more comprehensive approach tailored to each patient's needs.

CONCLUSION

This study allowed for (a) the involvement of families and residents for identifying a preferred song, (b) the involvement of staff for identifying the control song, (c) the observation of changes in mood, behaviour and vital signs, (d) a one-on-one interaction with participants, and (e) the involvement of a study team who were not trained music therapists. This study was designed for one-on-one music-based engagement at a time that best suited the resident and was tailored to their circadian rhythm. Our results and discussion of pitfalls/limitations provide useful information for those interested in designing and implementing a preferred music intervention for individuals with dementia in institutional settings.

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APPENDIX: SUPPLEMENTARY MATERIALS

Supplementary material 1

Title	Artist	Tempo	Energy	Dance	Loud	Valence	Acoustic
Control song							
EX-Factor	Lauryn Hill	80	62	59	-9	67	12
Participants' meaningful/preferred songs							
Meet Me in St. Louis	Judy Garland	91	24	49	-12	80	78
Die Forelle (The Trout)	Franz Schubert	73	12	34	-19	19	98
Victory in Jesus	Eugene M. Bartlett	115	3	35	-29	29	97
Avinu Malkeinu	Barbra Streisand	130	24	21	-12	7	97
Luck Be a Lady	Frank Sinatra	151	40	36	-14	50	74
Over the Rainbow	Judy Garland	85	5	19	-21	23	91
Serenade in Blue	Stan Getz	77	12	50	-17	31	98
Kokomo*	The Beach Boys	116	57	68	-12	94	1
New York, New York	Frank Sinatra	94	50	31	-7	55	59
Through the Years	Kenny Rogers	131	48	56	-7	24	24
Danny Boy	Frederic Weatherly	97	12	20	-13	13	97
Clair de Lune	Claude Debussy	87	13	20	-18	8	86
Ode to Joy	Ludwig van Beethoven	147	22	24	-17	6	96
Always on my Mind	Elvis Presley	181	39	36	-14	50	75
The Christmas Song	Nat King Cole	79	21	32	-15	21	92
Summertime	Ella Fitzgerald	169	13	16	-18	11	92
America	Neil Diamond	126	76	52	-7	17	1
Minnie the Moocher*	Duke Ellington	103	41	38	-11	60	41
O Tannenbaum	Suber Die Glocken Nie Klingen	120	6	75	-18	38	93
My Way	Frank Sinatra	75	38	40	-7	23	70
Average	N/A	**112**	**28**	**38**	**-14**	**33**	**73**
Standard Deviation	N/A	**32**	**20**	**16**	**5.5**	**25**	**32**

*We were not able to verify the meaning of the selected song with the participant.

Table 4: Participants' meaningful music selections and control song characteristics

Note: Tempo was defined as beats per minute. Energy was defined as the higher the value, the more energetic the song. Danceability was defined as the higher the value, the easier it is to dance to the song. Loudness was defined as the higher the value, the louder the song in decibels. Valence was defined as the higher the value, the more positive mood for the song. Acoustic was defined as the higher the value, the more acoustic the song.

Supplementary material 2

SHORT NARRATIVES FROM OBSERVING

- Ms-01
  - During part 1 of the study she was not enjoying herself. She would call out "this is too much for me", "I don't want it" (meaning the headphones). She even spit on the table during our first session. She was angry, frustrated and confused. That was during the control song.
  - During the meaningful song, I was blown away by the fact that she had this sparkle in her eyes. She was filled with pure joy. She would sing the ENTIRE song loud and proud – and even would sing down the hall after the music was over.
- Ms-02
  - A laugh of pure joy came over her as we played her meaningful music.
- Ms-03
  - Aphasic resident. I (and other staff members) had never heard him speak, but the power of his meaningful song had him speaking a few phrases. Everyone was blown away.
- Ms-04
  - Aphasic resident. Always very anxious, and restless. She would constantly be moving back and forth in her wheelchair. But once we pressed play on her meaningful song, she would instantly sit back and immediately relax for the entire song.
- Ms-05
  - She was very talkative. She would talk through the entire control song. Once we switched to the meaningful song, she would be silent and listen. The second the headphones came off, she was back to talking again
- Ms-06
  - When we began the observations, and would be holding her hand, it would be a tight grip. And then once the music started, her grip would loosen, and then when the music was over it would tighten again.
- Ms-07
  - When his meaningful song was playing he would talk for a bit afterwards about his music background and how important the saxophone was to him. Verses, when we played the control song, he would just say "that's nice."
    - He liked all music, but you could tell when he had his meaningful song he wanted to talk to you all about jazz music.
  - (not Jazz music related) One time, went to go find him for an observation. He was walking towards a piano in the hallway. He wanted to know if it worked, but I wasn't sure. He plugged it in, and started fiddling with the keys on the piano. And after a minute or so, he began to play a familiar tune. He started playing Lean on Me, and then sang the ENTIRE song. I cried.
- Ms-09
  - He would loudly sing his meaningful song, and he would just echo pure joy and happiness during it. I couldn't help but laugh sometimes, because he'd be moving his shoulders, tapping his foot, playing the air piano, and always ask like he was conducting. He even took a bow at the end every time. He was having a blast!
  - He would say "thank you for my morning pick me up."
- Ms-10
  - She would always say "thank you for being my friend" after observations.

- Ms-11
    - He said we (meaning him & the study team) would ROCK his end of the hallway, because he would just singing loud & proud his meaningful song. When the control song was on, he was just listening.
    - Said he would enjoy this continue. Especially on the weekends because tv is no good
    - He would like it if someone came to talk to him more. Felt like prisoner.
        - "It's so great that I have you guys to talk too"
- Ms-12
    - She would always say thank you, and give us hug and kisses.
- Ms-13
    - Thoroughly enjoyed the music session, he said "it just added something new to my days. A nice change of pace." He said he would love for the sessions to continue, and would even enjoy to go the symphony one day.
- Ms-14
    - She would just happily listen to the control song, but when her meaningful song was on she became sombre. She would start to cry, and at first I wasn't expecting it. But as she continued to listen to her meaningful song, she would cry session after session. But this was OK – her and I developed such a great bond through this experience. And she knew it was OK to cry, it's always OK to cry it's an emotion, but she felt safe. Because I would maintain eye contact with her, and rub her hand. And she knew she was in a safe space to express those emotions.
- Ms-15
    - He loves music in general. But when the music would come on, he would always dance. He would sometimes lean in for a kiss too. But it was so funny we couldn't collect his vitals, because he would be hitting his hands on his legs to the beat. Or holding our hands and dancing with them.
- Ms-16
    - She knew all the words to her meaningful song, and it would even make her tear up at times as she would sing through the song.
    - She would say "I've been expecting you" or "I've been waiting for you."
        - She knew we were going to listen to music & sing.
    - She would always conduct with her arm
- Ms-19
    - Knew all the words to her meaningful song! In German! She would always talk about her family afterwards.

Supplementary material 3

Code System	Music Study_Observations_Quotes	SUM
Additional Observations		6
Sentiment		0
Positive		0
Slightly Positive		1
Neutral		3
Slightly Negative		2
Negative		0
No sentiment		0
Quatation		8
Sentiment		0
Positive		2
Slightly Positive		4
Neutral		1
Slightly Negative		1
Negative		0
No sentiment		0
Meaningful music		13
Sentiment		0
Positive		1
Slightly Positive		6
Neutral		6
Slightly Negative		0
Negative		0
No sentiment		0
Control Music		5
Sentiment		0
Positive		0
Slightly Positive		1
Neutral		3
Slightly Negative		0
Negative		1
No sentiment		0
SUM	64	64

MAXQDA 2022 Smart Coding Tool – Meaningful music

Document	Coded segments	Codes
Music Study_Observations_ Quotes, Pos. 4	During the meaningful song, I was blown away by the fact that she had this sparkle in her eyes. She was filled with pure joy. She would sing the ENTIRE song loud and proud—and even would sing down the hall after the music was over.	Sentiment > Slightly Positive
Music Study_Observations_ Quotes, Pos. 6	A laugh of pure joy came over her as we played her meaningful music.	Sentiment > Positive
Music Study_Observations_ Quotes, Pos. 8	the power of his meaningful song had him speaking a few phrases. Everyone was blown away.	Sentiment > Neutral
Music Study_Observations_ Quotes, Pos. 10	But once we pressed play on her meaningful song, she would instantly sit back and immediately relax for the entire song.	Sentiment > Neutral
Music Study_Observations_ Quotes, Pos. 12	Once we switched to the meaningful song, she would be silent and listen. The second the headphones came off, she was back to talking again	Sentiment > Slightly Positive
Music Study_Observations_ Quotes, Pos. 16	When his meaningful song was playing he would talk for a bit afterwards about his music background and how important the saxophone was to him. Verses, when we played the control song, he would just say “that’s nice.”	Quatation Sentiment > Positive Sentiment > Slightly Positive Control Music Sentiment > Slightly Positive
Music Study_Observations_ Quotes, Pos. 17	He liked all music, but you could tell when he had his meaningful song he wanted to talk to you all about jazz music.	Sentiment > Slightly Positive
Music Study_Observations_ Quotes, Pos. 20	He would loudly sing his meaningful song, and he would just echo pure joy and happiness during it. I couldn’t help but laugh sometimes, because he’d be moving his shoulders, tapping his foot, playing the air piano, and always ask like he was conducting. He even took a bow at the end every time. He was having a blast!	Sentiment > Neutral
Music Study_Observations_ Quotes, Pos. 25	He said we (meaning him & the study team) would ROCK his end of the hallway, because he would just singing loud & proud his meaningful song.	Additional Observations Sentiment > Neutral Sentiment > Slightly Positive
Music Study_Observations_ Quotes, Pos. 34	when her meaningful song was on she became somber. She would start to cry, and at first I wasn’t expecting it. But as she continued to listen to her meaningful song, she would cry session after session. But this was OK—her and I developed such a great bond through this experience. And she knew it was OK to cry, its always OK to cry its an emotion, but she felt safe. Because I would maintain eye contact with her, and rub her hand. And she knew she was in a safe space to express those emotions.	Sentiment > Neutral

Music Study_Observations_ Quotes, Pos. 36	He loves music in general. But when the music would come on, he would always dance. He would sometimes lean in for a kiss too.	Sentiment > Neutral
Music Study_Observations_ Quotes, Pos. 38	She knew all the words to her meaningful song, and it would even make her tear up at times as she would sing through the song.	Sentiment > Neutral
Music Study_Observations_ Quotes, Pos. 43	Knew all the words to her meaningful song! In German! She would always talk about her family afterwards.	Sentiment > Slightly Positive

MAXQDA 2022 Smart Coding Tool – Control music

Document	Coded segments	Codes
Music Study_Observations_ Quotes, Pos. 3	During part 1 of the study she was not enjoying herself. She would call out “this is too much for me”, “I don’t want it” (meaning the headphones). She even spit on the table during our first session. She was angry, frustrated and confused. That was during the control song	Sentiment > Negative
Music Study_Observations_ Quotes, Pos. 12	She was very talkative. She would talk through the entire control song.	Sentiment > Neutral
Music Study_Observations_ Quotes, Pos. 16	when we played the control song, he would just say “that’s nice.”	Quatation Sentiment > Positive Meaningful music Sentiment > Slightly Positive Sentiment > Slightly Positive
Music Study_Observations_ Quotes, Pos. 25	When the control song was on, he was just listening	Sentiment > Neutral
Music Study_Observations_ Quotes, Pos. 34	She would just happily listen to the control song,	Sentiment > Neutral

MAXQDA 2022 Smart Coding Tool – Quatation

Document	Coded segments	Codes
Music Study_Observations_ Quotes, Pos. 16	“that’s nice.”	Sentiment > Positive Meaningful music Sentiment > Slightly Positive Control Music Sentiment > Slightly Positive

Music Study_Observations_ Quotes, Pos. 21	He would say “thank you for my morning pick me up.”	Sentiment > Neutral
Music Study_Observations_ Quotes, Pos. 23	She would always say “thank you for being my friend” after observations.	Sentiment > Slightly Positive
Music Study_Observations_ Quotes, Pos. 26	Said he would enjoy this continue. Especially on the weekends because tv is no good	Additional Observations Sentiment > Slightly Negative Sentiment > Slightly Negative
Music Study_Observations_ Quotes, Pos. 28	“It’s so great that I have you guys to talk too”	Sentiment > Slightly Positive
Music Study_Observations_ Quotes, Pos. 30	She would always say thank you, and give us hug and kisses.	Sentiment > Slightly Positive
Music Study_Observations_ Quotes, Pos. 32	Thoroughly enjoyed the music session, he said “it just added something new to my days. A nice change of pace.” He said he would love for the sessions to continue, and would even enjoy to go the symphony one day.	Sentiment > Positive
Music Study_Observations_ Quotes, Pos. 39-40	She would say “I’ve been expecting you” or “I’ve been waiting for you.” She knew we were going to listen to music & sing.	Sentiment > Slightly Positive

MAXQDA 2022 Smart Coding Tool – Additional observations

Document	Coded segments	Codes
Music Study_Observations_ Quotes, Pos. 10	Always very anxious, and restless. She would constantly be moving back and forth in her wheelchair.	Sentiment > Slightly Negative
Music Study_Observations_ Quotes, Pos. 14	When we began the observations, and would be holding her hand, it would be a tight grip. And then once the music started, her grip would loosen, and then when the music was over it would tighten again.	Sentiment > Slightly Positive
Music Study_Observations_ Quotes, Pos. 18	He was walking towards a piano in the hallway. He wanted to know if it worked, but I wasn’t sure. He plugged it in, and started fiddling with the keys on the piano. And after a minute or so, he began to play a familiar tune. He started playing Lean on Me, and then sang the ENTIRE song. I cried.	Sentiment > Neutral
Music Study_Observations_ Quotes, Pos. 25	He said we (meaning him & the study team) would ROCK his end of the hallway	Sentiment > Neutral Meaningful music Sentiment > Slightly Positive
Music Study_Observations_ Quotes, Pos. 26	Said he would enjoy this continue. Especially on the weekends because tv is no good	Sentiment > Slightly Negative Quatation Sentiment > Slightly Negative
Music Study_Observations_ Quotes, Pos. 41	She would always conduct with her arm	Sentiment > Neutral

Ελληνική περίληψη | Greek abstract

Οι επιδράσεις της προσωπικά προτιμώμενης μουσικής στη διάθεση και τη συμπεριφορά ατόμων με άνοια: Μια διερευνητική πιλοτική μελέτη

Stephanie Cairo | Kyurim Kang | Patricia Izbicki | Molly Isinghood | Tabassum Majid | Alexander Pantelyat

ΠΕΡΙΛΗΨΗ

Η μουσική έχει αποδειχθεί ότι ωφελεί τα άτομα με άνοια. Υπάρχουν, ωστόσο, περιορισμένες μελέτες που να εξετάζουν το πώς τα μέλη του προσωπικού που εργάζονται σε δομές υποστηριζόμενης διαβίωσης χρησιμοποιούν την προτιμώμενη μουσική για ασθενείς με άνοια. Αυτή η ελεγχόμενη ποιοτική μελέτη είχε ως στόχο να καθορίσει: 1) εάν η προτιμώμενη μουσική είναι αποτελεσματική στη βελτίωση της διάθεσης και της συμπεριφοράς, και 2) εάν μια προσωποκεντρική προσέγγιση για τις παρεμβάσεις βασισμένες στη μουσική είναι εφικτή για άτομα με άνοια. Οι 20 συμμετέχοντες (μέση ηλικία (ΤΑ) = 81, (8)) άκουσαν ένα προτιμώμενο τους τραγούδι ή ένα τραγούδι ελέγχου σε τυχαία σειρά για έξι εβδομάδες με ένα πενθήμερο περίοδο αποφόρτισης μεταξύ των ακροάσεων. Η Κλίμακα Νευροσυμπεριφορικής Αξιολόγησης (Neurobehavioral Rating Scale, NRS) και η Κλίμακα Αξιολόγησης Παρατηρούμενου Συναισθήματος (Observed Emotion Rating Scale, OERS) χρησιμοποιήθηκαν για να μετρήσουν τις συναισθηματικές και τις συμπεριφορικές αλλαγές των συμμετεχόντων. Συγκεντρώθηκαν μετρήσεις της αρτηριακής πίεσης και των καρδιακών παλμών για την κατανόηση των φυσιολογικών αποκρίσεων στη μουσική. Η NRS χρησιμοποιήθηκε για να μετρηθούν οι συμπεριφορικές αλλαγές ως απόκριση σε μια παρέμβαση ακρόασης που αποτελούντο τόσο από την προτιμώμενη μουσική όσο και από τη μουσική ελέγχου κατά τη διάρκεια 14 συνεδριών που διεξήχθησαν σε έξι εβδομάδες. Δεν παρατηρήσαμε αλλαγές στα συμπτώματα της NRS μετά την παρέμβαση.Οι μετρήσεις στην OERS και οι μετρήσεις ζωτικών ενδείξεων δεν διέφεραν σημαντικά ανάμεσα στην προτιμώμενη μουσική και στο τραγούδι ελέγχου παρά τις σχετικές τάσεις. Συμμετέχοντες/ προσωπικό/συγγενείς εξέφρασαν το πόσο σημαντικό είναι ότι τα προτιμώμενα τραγούδια ανακινούν συγκεκριμένες μνήμες και βελτιώνουν την ευζωία. Στη θεματική ανάλυση που χρησιμοποιήθηκαν στοιχεία για το συναίσθημα βρέθηκε μια υπεροχή του θετικού συναισθήματος στην κατηγορία της μουσικής με προσωπικό νόημα και μια μικρή εμφάνιση αρνητικού συναισθήματος στη μουσική ελέγχου.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

προτιμώμενη μουσική, άνοια, κοινότητα υποστηριζόμενης διαβίωσης, προσωποκεντρική προσέγγιση, παρέμβαση βασισμένη στη μουσική

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ARTICLE

Exploring clinicians' experiences of engaging in collaborative music therapy and speech and language therapy for children with an acquired brain injury

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ABSTRACT

Music therapy and speech and language therapy are extensively used in the rehabilitation of communication and social interaction skills following acquired brain injury (ABI). Increasing evidence suggests that collaboration between the two disciplines may yield positive outcomes for the paediatric population. However, little is known about clinicians' experiences of engaging in collaborative music therapy and speech and language therapy within paediatric rehabilitation settings, and there is a need to further explore and understand collaborative therapy to identify strategies for improving client outcomes as well as clinicians' experiences. This study aimed to explore music therapists' and speech and language therapists' experiences of working collaboratively to develop communication and social interaction skills in children with ABI. The study also intended to gain further insights into collaborative practices as well as strategies and interventions used in joint sessions. Semi-structured interviews were conducted with three clinicians (two music therapists and one speech and language therapist) who have previously engaged in collaborative practices with this population. The interviews were analysed using thematic analysis. Four themes emerged from the data: (a) benefits of a collaborative approach, (b) limitations of conjoint work, (c) collaborative practices, and (d) need for further research. Key findings suggested that conjoint working between music therapy and speech and language therapy facilitates increased attention and motivation which enables the client to engage in interpersonal interactions and develop communication skills. Joint working is a crucial component of music therapy practice within paediatric ABI. Larger studies are warranted to further explore its complexities and to advocate for this valuable yet demanding approach.

KEYWORDS

music therapy,
speech and language therapy,
collaboration,
paediatric acquired brain injury

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BACKGROUND

There is a broad range of consequences associated with acquired brain injury (ABI), from physical impairments to financial pressures, and while there are commonalities, an injury will affect each person differently. Paediatric rehabilitation aims at enabling children to achieve their maximum potential following a major accident, illness, or injury (Gordon & di Maggio, 2012). Magee and Baker (2009) provide an overview of the main principles supporting the use of music therapy in the rehabilitation of individuals with ABI, highlighting that all human beings have the innate ability to appreciate and respond to music. Music therapy offers a secure creative space for exploration and expression, and evidence demonstrates that music promotes neuroplasticity, which is the brain's ability to reorganise itself by creating new neural connections between healthy and damaged brain centres (Baker & Roth, 2004; Magee & Baker, 2009). This process assists in the restoration of impaired function and the development of compensatory skills. Moreover, Tamplin (2015) states that music has a motivating quality which can aid clients in adhering to and enduring rehabilitative training.

While there is a rapidly growing body of evidence that demonstrates the positive effects of music therapy intervention for adults with ABI (Magee et al., 2017), music therapy practice in paediatric rehabilitation is expanding at a slower pace (Kennelly, 2013). Paediatric rehabilitation presents unique challenges, primarily due to a child's ongoing development. As a result, the consequences of an ABI may not be immediately apparent but may only emerge as the child moves through the developmental trajectory (DePompei & Blosser, 2019; Schrieff-Elson et al., 2017). Ardila (2019) reports that early damage to the brain may not result in the direct loss of ability but difficulty to develop that ability in the future. When working with children with ABI, it is essential to consider pre-morbid neurological development across all areas of functioning in order to best adapt interventions for children. For example, cognitive skills, including memory, attention, and choice-making, as well as communication skills such as comprehension and expressive language will affect the music therapy interventions that can be used during treatment (Kennelly, 2006, 2013; Pool & Magee, 2016). Briggs (1991) provides a four-phase model for musical development within the context of cognitive and psychological child development. This model describes musical milestones in four categories of development – auditory, vocal/tonal, rhythmic, and cognitive – and can be utilised to inform clinicians' choice of music and interventions to provide effective music therapy treatment which is developmentally appropriate.

Bower et al. (2021) report that infants and children process music at a slower rate than adults and use different cortical areas in the brain for this processing. As a result, more complex musical stimuli have the potential to cause overstimulation. They argue that "it is unlikely that an ABI sustained in childhood will impact musical processing in the same way it would an adult, and therefore adult research is not immediately translatable to the paediatric population" (p.16). Kennelly (2006, 2013) highlights that paediatric music therapists need to be mindful of modern accompaniment styles, the wide range of musical tastes and preferences for repertoire, the suitable use of live versus recorded music, and instruments that are appealing and appropriately sized when planning interventions. These considerations provide valuable insights into the decision-making processes of music therapists involved in interventions for children who have experienced an ABI

and contribute to the creation of a more engaging and effective therapeutic environment that fosters a child's growth and development. However, there is a need for further research to explore the experiences of music therapists, both in individual and collaborative settings with other disciplines. This would complement existing literature and contribute to the development of evidence-based guidelines and recommendations for interdisciplinary teams working with children who have an ABI.

Collaborative music therapy in paediatric rehabilitation

Interdisciplinary collaboration plays a crucial role in fostering new ideas and approaches to rehabilitative intervention (Behm & Gray, 2012). Twyford (2008) advocates for collaborative work between music therapy and other disciplines as this sharing of expertise and skills allows access to a wider range of knowledge which enables the provision of comprehensive care to service users. Magee and Baker (2009) reiterate this by stressing that interdisciplinary working within rehabilitation settings helps to address common goals. Twyford and Watters (2016) highlight the potential benefits of collaborative music therapy and occupational therapy for children with ABI. They highlight that music is motivating and non-threatening for children and through collaboration, clinicians are enabled to work more holistically and address multiple goal areas simultaneously. Moreover, the occupational therapists involved in their study gained valuable experiential understanding of music therapy which assisted them in making informed referrals in the future. O'Doherty and O'Connor (2015) propose a collaborative approach to paediatric ABI, combining music therapy and neuropsychology. They emphasise that both professionals need to have a comprehensive understanding of each other's disciplines in order to deepen the working relationship and enhance treatment outcomes for clients.

Music and language share several similarities, such as their use of pitch, rhythm, and tempo to expressive emotive meaning (Besson & Schön, 2001). Additionally, music is a social activity that operates at both pre-verbal and verbal levels and is a powerful form of communication that is widely accessible long before expressive language, making it an effective medium to relearn and develop communication and social interaction skills (Bunt & Stige, 2014). Twyford (2008) suggests that collaboration between music therapy and speech and language therapy can increase motivation and attention which provides opportunities to strengthen these skills. Kennelly et al. (2001) echo this by stating that music is stimulating and enjoyable for children which motivates them to participate in speech exercises. In a survey conducted by McCarthy et al. (2008), music therapists reported a number of benefits when working with speech and language therapists across various client populations. Speech and language therapists enhanced their knowledge of music therapy, while music therapists broadened their understanding of anatomy and therapeutic techniques. However, the survey also identified several challenges tied to collaboration including scheduling conflicts and speech and language therapists' lack of experience with music.

Leung's (2008) case vignette highlights the benefits of collaborative music therapy and speech and language therapy in paediatric neurorehabilitation for addressing communication goals. The vignette describes work with an 11-year-old boy who sustained a severe garrotting injury which resulted in paralysis of the tongue and swallowing difficulties. Leung reflects on how collaborative music therapy and speech and language therapy offered a well-balanced, person-centred programme

due to its ability to address the emotional well-being of the client in addition to focusing on functional communication goals. Case study reports have illustrated the potential of joint music therapy and speech and language therapy in the rehabilitation of paediatric acquired neurogenetic communication disorders. This approach has been noted to address articulation, rate of speech, pitch range and intonation, and volume control in dysarthria rehabilitation (Kennelly & Brien-Elliott, 2001; Kennelly et al., 2001), and word-finding capabilities and expressive language in aphasia rehabilitation (Bower & Shoemark, 2009; Kennelly et al., 2001). Although interdisciplinary collaboration is widely recognised as beneficial, there is a dearth of empirical evidence supporting its effectiveness in enhancing outcomes for children with ABI. Existing research heavily relies on anecdotal reports and case studies, which limits the generalisability and robustness of the findings. Moreover, the studies often highlight the benefits of collaboration without adequately addressing the potential challenges and drawbacks. Exploring the experiences of music therapists and speech and language therapists in utilising a collaborative approach within paediatric rehabilitation can provide insights into the successes, challenges, and best practices associated with this approach and can ultimately support multidisciplinary models of care and lead to improved client outcomes.

METHODOLOGY

The aim of this research was to investigate and explore music therapists' and speech and language therapists' experiences of working collaboratively with children who have had an ABI. The researchers intended to gain further insights into collaborative practices by documenting the collaborative interventions and strategies used by clinicians with this population to develop communication and social interaction skills. It is important to note that the purpose of this study was not to compare the use of collaborative music therapy and speech and language therapy against single disciplinary therapeutic intervention, but rather highlight a conjoint approach that can be utilised by clinicians where deemed appropriate.

A qualitative approach was chosen for this project as the researchers aimed to gain an emic perspective on clinicians' experiences of collaborative working. Denzin and Lincoln (2011) describe qualitative research as the study "of things in their natural settings, attempting to make sense, or interpret phenomena in terms of the meanings people bring to them" (p. 3). Qualitative research describes social phenomena as they occur naturally and provides the researcher with rich information that is difficult to convey with quantitative methods. A qualitative methodology allows the researcher to produce large amounts of textual data which is often necessary when investigating relatively unexplored and sparsely represented areas, such as collaborative music therapy and speech and language therapy for children with ABI (Clarke & Jack, 1998). The approach to this study is underpinned by a constructivist worldview. Also known as naturalism and interpretivism, constructivism is based on the understanding that knowledge is created by the individual or society, and the researcher and participants co-construct understandings and inductively develop a pattern of meaning (Creswell, 2013). Interpretivists believe that there are as many intangible realities as there are people constructing them. While positivism is objective, constructivism is subjective and personal (Tashakkori & Teddlie, 1998). By adopting a qualitative approach grounded in constructivist

principles, this study aimed to uncover the nuances, complexities, and contextual factors that shape the collaborative practices of music therapists and speech and language therapists.

Sampling and recruitment

Due to the specific nature of this research within a paediatric rehabilitation setting, a purposive sampling method was employed. Purposive sampling allows for the researcher to glean knowledge from individuals that have particular expertise and experience "that is valuable to the research process" (Bowling, 2014, p. 209). Ethical approval for this study was granted by the Arts, Humanities, and Social Sciences Research Ethics Committee at the University of Limerick. Contact was then established with an interdisciplinary paediatric rehabilitation team at a rehabilitation hospital. Potential participants were identified and offered the research information letter and consent form by a gatekeeper at the facility. The inclusion criteria required that participants (a) be fully qualified music therapists or speech and language therapists with at least five years of clinical experience working with children with ABI, (b) have previously engaged in collaborative music therapy and speech and language therapy practices with this population, and (c) be willing to discuss their experiences of that work. Three clinicians accepted the invitation to participate in this study, two music therapists and one speech and language therapist.

Procedure

The researchers determined that semi-structured interviews would be the most appropriate means of data collection. Semi-structured qualitative interviews are used "when the researcher knows enough about the topic or phenomenon to identify the domain but does not know and cannot anticipate all of the answers" (Morse, 2012, p.197). This approach allowed for a comprehensive discussion of pertinent topics and provided opportunities to spontaneously explore areas that might not have been originally anticipated by the researchers (Bowling, 2014). Through in-depth discussions, the researchers actively sought to gain critical and insightful perspectives from clinicians to provide guidance for forthcoming collaborative endeavours and document effective interventions targeted at enhancing communication and social interaction skills in children with ABI.

Norum (2008) recommends conducting qualitative research in natural settings in order to investigate phenomena in their everyday context. Therefore, the interviews took place in the hospital at which each of the participants work. The interviews were conducted by the first author over a two-week period in December 2021 and ranged from 18-45 minutes in length. The interview questions were devised in consultation with Patton's (2002) guidelines for preparing interview questions. A combination of open-ended and probing questions was used to elicit knowledge from the participants. Open-ended questions were used to encourage participants to provide detailed and comprehensive responses, allowing them to freely express their experiences and perspectives. Probing questions were employed to delve deeper into specific aspects, seeking clarification and elaboration on the participants' initial responses. See Table 1 for sample interview questions.

All interviews were recorded and later transcribed verbatim. The transcripts were sent to participants for revision and were given two weeks to respond with any corrections. All electronic data was stored on a password-protected desktop computer, and all non-electronic data stored in a locked cabinet. All participants are represented by pseudonyms to ensure confidentiality.

Sample interview questions
Open-ended questions • Why might a child with an ABI be referred to a joint music therapy and speech and language therapy session? • What are your experiences of working collaboratively in sessions with a music therapist / speech and language therapist when working with a child with an ABI? • In your experience, what specific goals have been addressed through this collaborative work? • What strategies, techniques, and interventions have you found effective in supporting and developing communication and social interaction skills during collaborative music therapy and speech and language therapy sessions? Probing questions • Would you elaborate on that? • You said _____. What do you mean by that? • Can you provide an example that illustrates your experiences of collaborative work with a music therapist / speech and language therapist when working with a child with an ABI? • Can you provide more details about the specific roles and responsibilities of the music therapist and speech and language therapist in the collaborative sessions?

Table 1: Sample interview questions

Data analysis

Data gathered through the semi-structed interviews was analysed manually using thematic analysis. Braun and Clarke's (2006) six phase cyclical process was employed in this research as its flexibility was useful for identifying and summarising key features, similarities, and differences across the data set. This involved: (i) familiarising yourself with your data; (ii) generating initial codes; (iii) searching for themes; (iv) reviewing themes; (v) defining and naming themes; and (vi) producing the report. An inductive approach was implemented by the researchers as it allowed for a more expansive analysis of the entire data set. Therefore, the derived themes were data-driven rather than guided by predefined theories (Kiger & Varpio, 2020). To establish trustworthiness, both authors independently reviewed and analysed the data. A meeting was held by the research team to further develop themes and discuss results.

RESULTS

Two senior music therapists (MTs) and one clinical specialist speech and language therapist (SLT) described their experiences of working collaboratively with children with ABI. Four main themes were identified through the process of thematic analysis (Braun & Clarke, 2006). These were: (a) benefits of a collaborative approach, (b) limitations of conjoint work, (c) collaborative practices, and (d) need for further research.

Themes	Sub-themes
Benefits of a collaborative approach	• Therapeutic synergies • Contextualised communication through the medium of music • Catalyst for achieving goals • Carryover
Limitations of conjoint working	• Resource heavy approach • Difficult to replicate in community settings
Collaborative practices	• Collaborative interventions • Therapists' roles • The collaborative relationship
Need for further research	• Practice guidelines • Outcome measures

Table 2: Themes and subthemes

Theme 1: Benefits of a collaborative approach

Participants expressed that collaborative working possesses a multitude of benefits for both clients and clinicians. Four key subthemes were identified: (a) therapeutic synergies, (b) contextualised communication through the medium of music, (c) catalyst for achieving goals, and (d) carryover.

Therapeutic synergies

All participants remarked that a collaborative approach enhanced the rehabilitative therapeutic intervention targeted at communication and social interaction skills in children with ABI. Participants attributed this success to the sharing of knowledge and expertise between clinicians. They agreed that working collaboratively provides access to a wider range of skills and therapeutic approaches and strengthens the continuity of care in rehabilitation services. Participants spoke in detail of how shared understanding and problem solving between therapists can aid in supporting clients to achieve their rehabilitation goals in both collaborative and individual sessions.

> If I'm working with a child before the speech therapist gets involved, I'll be thinking, I'm just not sure where this child is at in their communication ability. Do they have apraxia? Dysarthria? What's going on? And I need some help (Lauren, MT).

Participants also explained how this collaborative approach is effective in accessing clients that have difficulty engaging in traditional therapeutic intervention. For example, children with cognitive communication impairments incurred by ABI often demonstrate very poor attention skills, experience behavioural difficulties, may be non-verbal or pre-verbal, and are not yet ready for formal speech and language therapy. Participants stated that a collaborative music therapy and speech and language therapy approach supports these clients in overcoming barriers to engagement. The additional therapeutic use of music therapy serves as a conduit for clinicians to connect with their clients as "*it is a way of communicating and interacting with somebody whilst removing the language load"* (Emma, SLT).

Participants illustrated how the SLT can build upon the musical interactions between the MT and client through the use of conventional communication means and intensive interaction techniques. Participants noted that additional visual prompts and therapeutic input from the SLT reinforce appropriate social interaction and allow for the development of communication skills. In turn, the MT can musically hold and reflect the interactions between the SLT and client, and facilitate desired social interaction skills through anticipatory cues in the music.

> The added value is the speech therapist's diagnosis informing my musical solution. This combined together with SLT techniques, and music therapy techniques, the child gets a double whammy, a double dose of therapeutic intervention (Lauren, MT).

Contextualised communication through the medium of music

Participants discussed how the combined therapeutic intervention provides context for the client's communication through the interactional musical environment, thus optimising opportunities for engagement and connection. Both therapists are reflecting and exaggerating the client's actions within the music to create meaningful interactions from seemingly insignificant behaviours to support the development of communication and social interaction skills.

> We're always creating conversation and communication by mirroring and reflecting the client's interactions (Jenny, MT).

The participants further elaborated that developing any complex communication system is very difficult if a child does not have the ability to sustain attention, engage in choice-making and turn-taking, or have an awareness of cause and effect. Participants stated that music making is an inherently communicative activity and drew parallels between musical play and pre-verbal communication. They spoke about how musical interactions often incorporate and promote social

interaction skills and expressive language which assists the SLT in solidifying the foundations of pre-verbal communication mentioned above. Together, the MT and SLT create an easily accessible environment for the client to explore, respond immediately to what has been said, and be responded to without language.

> We're trying to engage them in an interaction and trying to expand on how they're engaging and how they're communicating. And attuning to what they're doing, you're responding to them in that moment. And supporting their communication and their development (Jenny, MT).

Catalyst for achieving goals

Participants shared that goals surrounding communication and social interaction skills can often be achieved more rapidly within a collaborative music therapy and speech and language therapy environment than in an single disciplinary context.

> The speech therapists often say, we've achieved so much in that joint session that would have taken five or six one-to-one pure SLT sessions to achieve. Look at what we can achieve in one joint session through the learning through music (Lauren, MT).

Participants agreed that a contributing factor is music's motivational quality that can be utilised therapeutically to maintain engagement with the rehabilitation process. The SLT explained how music making is an interactive process that can disguise difficult and repetitive tasks in an enjoyable and accessible manner. Participants described how music's ability to captivate and hold a child's attention creates an access point for the therapists to connect with the client and reach their therapeutic goals. It was noted by participants that the immediate auditory feedback created by the MT is intrinsically motivating and brings a process through which the child can improve and sustain attention.

> Music holds attention for longer. I mean I don't have the terminology, all I know is that it holds a space, because it can linger and last and can be manipulated. Whereas words and language, they're spoken, and then they're gone (Emma, SLT).

All participants discussed how the conjoint sessions are client-led and cater to the immediate needs of the child. The sessions are non-directive yet incorporate concrete choices throughout to give the client a level of control while continuing to target goal areas. Participants spoke about how interventions are adapted and modified to create opportunities for success which supports clients in achieving their communication and social interaction goals at an accelerated rate.

> It's all learning through play. It's about supporting the child in a really spontaneous, flexible way (Jenny, MT).

Carryover

> It's a really fantastic way to work because you see results (Jenny, MT).

Participants stated that they have observed clients apply the skills developed within collaborative sessions outside of the therapeutic space. Participants noted improvements in areas such as expressive communication, eye contact, non-verbal communication skills, turn-taking, listening, and attention.

> You do see carryover, especially in a child's ability to attend to tasks (Emma, SLT).

Participants also illustrated how an *"intense burst"* (Lauren, MT) of collaborative working can help build rapport and trust between the SLT and client which supports engagement during individual speech and language therapy sessions.

> It's a great way of building rapport. We're seeing [the client] in a new light. They also see us in a new light. We can take this back to our session, and it helps before we drill down into the harder stuff (Emma, SLT).

Theme 2: Limitations of conjoint working

Participants acknowledged that there are limitations of engaging in collaborative work. Two predominant themes emerged from the data: (a) resource heavy approach and (b) difficult to replicate in community settings.

Resource heavy approach

Participants remarked that planning and organising collaborative sessions can be a timely process as clinicians need to establish their desired goals, session plans, and collaborative interventions. After a session, clinicians need to meet again to discuss their observations, reflect, and evaluate the need for future intervention. Participants stated that dedicated time for team meetings as well as administrative and institutional support are paramount to ensure the smooth running of collaborative sessions. One participant also described collaborative music therapy and speech and language therapy as a *"high cost, low volume service"* (Emma, SLT), recognising the financial cost of having two senior clinicians working simultaneously with one client.

Difficult to Replicate in Community Settings

Participants discussed how collaborative interdisciplinary working is more commonly found within complex specialist rehabilitation settings. Participants explained that it can be difficult to engage in collaborative working outside of these settings as some clinicians within the community may not have prior experience engaging in collaborative work and may not have the necessary connections and relationships with members of the opposite profession.

> It can be very difficult to get started with this type of work, especially for therapists working in the community (Jenny, MT).

Theme 3: Collaborative practices

Participants provided an insight into their collaborative music therapy and speech and language therapy practices. Three subthemes were established: (a) collaborative interventions, (b) therapists' roles, and (c) the collaborative relationship.

Intervention	Goal areas	Description
Familiar songs	Verbal expression; interaction; choice-making; sequencing	Singing familiar songs can trigger automatic speech and memory. The MT adapts a familiar song to make it more accessible for the client. The SLT emphasis key sounds, modelling mouth shapes to support sound production. Props such as toys can be utilised as additional visual supports.
Action songs	Gross motor; fine motor; sequencing; higher order thinking skills; interaction	The MT adapts an action song for accessibility. The SLT can model actions and gestures, supporting non-verbal communication.
Drumming	Non-verbal communication; interaction; attention; expression; creativity; gross motor; coordination; motor planning; listening	Drumming is an inherently social activity that provides opportunities for the client to connect without the fear of playing the wrong note. The drum provides an immediate auditory response regardless of musical background. The child drumming with the therapists can stimulate cognition and increase feelings of connectedness.
Musical games	Turn-taking; listening; control; eye contact; sustained attention; cooperation; interaction	Musical games are accessible and engaging ways to support social skills. Conductor – The client conducts the group, using cues to stop and start the music, vary tempo, and dynamics. Call and Response – Each player leads, and the group mirrors their rhythm. Pass the Beat – The MT starts by playing one beat and passing it around the circle. Participants turn towards the next person when passing the beat.
Improvisation	Cause and effect; non-verbal communication; expression	The MT attunes to the client and cross-modally reflects their actions and mood to reinforce cause and effect. The SLT utilises intensive interaction techniques to connect with the client. Both therapists are working to offer appropriate and meaningful interactions through which the client will feel valued, supported, and heard.
Visual prompts	Attention; choice-making	Visual prompts such as flashcards, timetables, and "now and next boards" support routine, structure, and consistency. These aids keep the client on task, assist in choice-making, and gives power to the client, allowing them to decide what they would like to engage in, and therefore increasing motivation.

Table 3: Collaborative interventions

Collaborative interventions

Participants shared the collaborative interventions and strategies they used within conjoint sessions to achieve their desired communication and social interaction rehabilitation goals. Table 3 draws together a range of collaborative interventions discussed by participants during the interviews.

Therapists' roles

Participants agreed that clinicians engaging in collaborative work need to demonstrate an openness and willingness to cooperate and be flexible and responsive within the therapeutic space. Participants were reluctant to offer strict roles for the MT and SLT and emphasised that an awareness of roles and responsibilities within the session is necessary, however, it is important to avoid dictating tasks and restricting clinicians as sessions need to remain client-led and not all aspects of collaboration will be clearly defined.

> It's a fluid process. We're supporting one another in how we interact and engage with the client (Emma, SLT).

The collaborative relationship

Participants agreed that *"the key to successful conjoint working is the speech and language therapist and the music therapist have to understand and respect each other's professions"* (Lauren, MT). Participants acknowledged that their strong professional relationships, consistent and clear communication, and years of collaborative practice has had a positive impact on the outcomes of their conjoint working. Participants stated that they feel comfortable and confident to work within a shared environment and recognise that it took *"a period of trial and error to establish an effective method of collaboration"* (Jenny, MT).

Theme 4: Need for further research

Participants identified avenues for future research that would support and enhance collaborative music therapy and speech and language therapy service provision for children with ABI. Two key areas for further investigation were recommended: (a) practice guidelines and (b) outcome measures.

Practice guidelines

Participants demonstrated their awareness of the paucity of research on collaborative music therapy and speech and language therapy within paediatric rehabilitation. It was noted that while case study reports have illustrated that collaborative working between the disciplines can increase speech output, improve speech intelligibility, and strengthen breath control with this population, little is known about the approaches and methods used to accomplish these outcomes. Participants welcomed further studies and practice guidelines that would address these gaps and enhance knowledge surrounding collaborative clinical practices.

> There's not a lot of resources out there for clinicians (Lauren, MT).

Outcome measures

A common discussion point raised by participants was the lack of appropriate outcome measures available to evaluate the work accomplished in collaborative sessions. Participants felt that existing outcome measures and assessment tools cannot accurately capture the progress a child has made as they are often *"very broad"* (Emma, SLT). Participants are currently using clinical notes, report writing, reviewing established goals, video analysis, and feedback from parents and guardians to evaluate the service and review the client's progress. Participants described the need for formalised outcome measures that can produce qualitative and quantitative data to accurately capture a client's progress as they will help to advocate for further resources to support service provision.

> We don't use any formalised music therapy outcome measures. There is a need for one for sure. And I think there's a huge market and necessity to develop one (Lauren, MT).

DISCUSSION

The findings from this study suggest that collaborative working between music therapy and speech and language therapy yields a number of benefits for children with ABI. The results also highlight the limitations of working collaboratively, provide insights into collaborative practices, and outline avenues for future investigation.

Interviews with participants revealed perceived positive outcomes of collaborative working. Participants described clients as being more attentive, motivated, and communicative within the collaborative environment when compared to a single disciplinary context. Music therapy is a stimulating, enjoyable, and playful medium to promote therapeutic change and engages children to participate in the rehabilitation process and in speech and language therapy intervention. These results align with findings from a number of case study reports (Kennelly & Brien-Elliott, 2001; Kennelly et al., 2001; Leung, 2008).

Music therapy and speech and language therapy can be effectively combined to enhance social capacity due to the structural elements and characteristics that music and language share. Besson and Schön (2001) explain that music and language are created by sounds and rhythm that are combined and organised to convey meaning through the rules of harmony and syntax. This similarity was viewed as a valuable tool by participants. Participants identified moments where music mirrors language. For example, the speech and language therapist stated that language is used consecutively in dialogue and conversation, in a way that is paralleled in musical call-and-response. The ability to listen, take-turns, and maintain attention are necessary to succeed in both scenarios. This study has highlighted that the rehearsal of communication and social interaction skills within a collaborative environment can help the client to learn and attain specific strategies to improve their interactions in external settings at an accelerated pace.

Additionally, the use of music provides a safe, predictable, and familiar structure that allows the client to explore and engage in non-verbal interpersonal interactions. It could be suggested that collaborative working lays the foundation for conversational exchanges by enabling the acquisition of necessary social skills. This reflects Bower and Shoemark's (2009) statement that "increased

interpersonal skills support [the client] to successfully engage in aspects of functional speech rehabilitation" (p. 71).

It can also be surmised that collaborative music therapy and speech and language therapy can have a positive impact on a variety of other domains of functioning in addition to the communication and social domains as illustrated in Table 3. Secondary gains in motor skills, cognitive ability, and emotional well-being can be a result of conjoint working. Leung (2008) notes that music therapy and speech and language therapy offer complementary approaches to rehabilitation which can provide more comprehensive and holistic intervention. This correlation warrants further investigation.

Collaborative working was viewed as a successful intervention, but participants expressed concerns about its challenges and how it can be a demanding and daunting undertaking for those without prior experience. Participants highlighted that successful collaboration will not happen immediately, and clinicians may require training and exposure to collaborative working to prepare them for entering into a shared space in order to support the needs of their client. Collaborative working training programmes should offer a balance between theoretical foundations, building communication and team-building skills, and practical opportunities for role-playing activities that can support healthcare professionals in developing the skills necessary for effective interdisciplinary collaboration.

Surveys conducted with music therapists on their experiences of working with speech and language therapists revealed that professionals' lack of knowledge and scepticism about music therapy has been a barrier to effective collaboration (McCarthy et al., 2008). This finding was echoed by music therapists in this study as they briefly shared that a lack of understanding and awareness surrounding music therapy inhibits the effectiveness of any conjoint intervention with other allied health professionals. Participants illustrated that clinicians must have a working knowledge of the opposite profession and an awareness of each professions' strengths to ensure successful collaborative working. No musical knowledge is required by the speech and language therapist yet mutual respect, trust, and understanding of clinicians' disciplines and therapeutic methods are essential to achieving fruitful outcomes. This idea is not exclusive to collaborative music therapy and speech and language therapy and is one that is reiterated by O'Doherty and O'Connor (2015) in their discussion of collaborative music therapy and neuropsychology for children with ABI and again by Twyford and Watters (2016) in their illustration of collaborative music therapy and occupational therapy for the same population.

The lasting impact of conjoint working outside of the therapeutic environment was recognised as one of the key benefits of collaboration between music therapy and speech and language therapy. However, participants shared concerns about how measuring progress is currently a difficult process to navigate. Clinicians have observed change in attention and engagement as a direct result of collaborative working which has subsequently accelerated communication rehabilitation. Practitioners are aware that subjective observations are not enough to advocate for this line of work, and the need for further research to identify which qualitative and quantitative outcome measures could capture these benefits was frequently expressed.

Limitations and recommendations

One significant limitation of this study was the small sample size, and therefore findings need to be interpreted with care. The interview data was also limited to a single rehabilitation setting in Ireland and may not represent the practices and experiences of clinicians across the country or internationally. Despite these limitations, to the best of the researchers' knowledge, this study is the first of its kind to examine the experiences of music therapists and speech and language therapists engaging in collaborative work for children with ABI. It offers unique insights into the benefits and challenges of collaboration in paediatric rehabilitation, while documenting the collaborative interventions found effective in supporting communication and social interaction skills. The findings of this study may offer a foundation for future enquiry into collaborative working between these disciplines and its potential impact on the rehabilitation of children with ABI.

Further research with a larger sample size is warranted. It is important to acknowledge that all three participants had extensive experience of working collaboratively and were advocates for this approach. While this provided rich insights into effective conjoint working and its benefits, it did not support an alternative view. Future research across a variety of clinical settings with newly qualified clinicians and those with no prior experience of engaging in collaborative working may help to provide a more holistic perspective into clinicians' attitudes towards conjoint working. Additional research that compares the impact of collaborative music therapy and speech and language therapy with controlled measures would support further development of the field.

CONCLUSION

This was an exploratory study to investigate clinicians' experiences of engaging in collaborative music therapy and speech and language therapy for children with ABI. The study also intended to identify the collaborative interventions and strategies used by clinicians with this population to develop communication and social interaction skills.

The findings demonstrate that clinicians perceive collaboration between the two professions to possess a multitude of benefits for the paediatric population. It was reported that conjoint working facilitates increased attention and motivation which in turn promotes and maintains adherence to the rehabilitation process. By contextualising the client's communication within an interactional musical environment, both the music therapist and speech and language therapist can create meaningful connections with the client to support and enable the acquisition of communication and social interaction skills.

The researchers also captured a variety of collaborative interventions and further explored the characteristics of effective collaboration. It is hoped that these findings will make conjoint working more accessible to clinicians and will encourage future collaboration between the two professions.

This research has identified that there is considerable potential for the use of collaborative music therapy and speech and language therapy in paediatric rehabilitation programmes, and further investigation is recommended to explore the complexities of joint working and to advocate for this resource-heavy approach.

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Ελληνική περίληψη | Greek abstract

Διερευνώντας τις εμπειρίες των επαγγελματιών σχετικά με την συμμετοχή τους σε συνεργατική μουσικοθεραπεία και λογοθεραπεία για παιδιά με επίκτητη εγκεφαλική βλάβη

James Burns | Rebecca Susan O'Connor

ΠΕΡΙΛΗΨΗ

Η μουσικοθεραπεία και η λογοθεραπεία χρησιμοποιούνται εκτενώς στην αποκατάσταση των δεξιοτήτων επικοινωνίας και κοινωνικής αλληλεπίδρασης μετά από επίκτητη εγκεφαλική βλάβη. Ένας αυξανόμενος αριθμός ερευνητικών στοιχείων υποστηρίζουν ότι η συνεργασία μεταξύ των δύο επιστημονικών πεδίων μπορεί να αποφέρει θετικά αποτελέσματα για τον παιδιατρικό πληθυσμό. Ωστόσο, λίγα είναι γνωστά για τις εμπειρίες των επαγγελματιών σχετικά με τη συμμετοχή τους σε συνεργατική μουσικοθεραπεία και λογοθεραπεία σε πλαίσια παιδικής αποκατάστασης, και υπάρχει ανάγκη περαιτέρω διερεύνησης και κατανόησης της συνεργατικής θεραπείας για τον εντοπισμό στρατηγικών βελτίωσης των αποτελεσμάτων των πελατών, καθώς και των εμπειριών των επαγγελματιών. Η παρούσα μελέτη είχε στόχο να εξερευνήσει τις εμπειρίες συνεργασίας των μουσικοθεραπευτών και των λογοθεραπευτών για την ανάπτυξη δεξιοτήτων επικοινωνίας και κοινωνικής αλληλεπίδρασης σε παιδιά με επίκτητη εγκεφαλική βλάβη. Η μελέτη σκόπευε επίσης να αποκτήσει περαιτέρω προοπτικές σχετικά με τις συνεργατικές πρακτικές, καθώς και τις στρατηγικές και τις παρεμβάσεις που χρησιμοποιούνται σε κοινές συνεδρίες. Πραγματοποιήθηκαν ημιδομημένες συνεντεύξεις με τρεις επαγγελματίες (δύο μουσικοθεραπευτές και έναν λογοθεραπευτή), οι οποίοι είχαν προηγουμένως συμμετάσχει σε συνεργατικές πρακτικές με αυτήν την πληθυσμιακή ομάδα. Οι συνεντεύξεις αναλύθηκαν χρησιμοποιώντας θεματική ανάλυση. Από τα δεδομένα προέκυψαν τέσσερις θεματικές ενότητες: (α) τα οφέλη μιας συνεργατικής προσέγγισης, (β) οι περιορισμοί της κοινής εργασίας, (γ) συνεργατικές πρακτικές, και (δ) η ανάγκη για περαιτέρω έρευνα. Τα βασικά ευρήματα υπέδειξαν ότι η κοινή εργασία μεταξύ μουσικοθεραπείας και λογοθεραπείας διευκολύνει την αυξημένη προσοχή και κινητοποίηση του πελάτη δίνοντάς του τη δυνατότητα να συμμετέχει σε διαπροσωπικές αλληλεπιδράσεις και να αναπτύξει επικοινωνιακές δεξιότητες. Η κοινή εργασία είναι ένα κρίσιμο συστατικό της πρακτικής της μουσικοθεραπείας με παιδιά με επίκτητη εγκεφαλική βλάβη. Μεγαλύτερες μελέτες κρίνονται απαραίτητες για να διερευνηθούν περαιτέρω οι πολυπλοκότητές της κοινής εργασίας και για να υποστηριχθεί αυτή η επιτακτική, αλλά απαιτητική προσέγγιση.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, λογοθεραπεία, συνεργασία, παιδιατρική επίκτητη εγκεφαλική βλάβη

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ARTICLE

The development and design of the Musical Functional Assessment Profile (MFAP) in autism

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ABSTRACT

The Musical Functional Assessment Profile (MFAP) in autism has been developed as a specific music therapy observational assessment tool to provide qualitative and descriptive information about the functionality of the child on the autism spectrum. It allows for assessing seven developmental functions: social interaction, communication and language, flexibility and anticipation, symbolisation, memory functions, motor functions and sensory functions. The MFAP tries to value the strengths, challenges, difficulties, and supports provided, considering current autism diagnostic criteria and treatment issues viewed from the perspective of neurodiversity. It may also allow the delineation of music therapy treatment goals and intervention planning related to a person-centred and a strength-based approach. The development and design of the tool is presented, and its practical advantages and disadvantages are discussed. Further research studies are required to determine the precise scope and accuracy of this tool; future directions are established for its validity and reliability process.

KEYWORDS

music therapy, autism, observational assessment, functional profile, supports, neurodiversity, person-centred, strength-based approach

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INTRODUCTION

Autism, named as autism spectrum disorder (ASD) in the *Diagnostic and Statistical Manual of Mental Disorders* (5th Ed.) (DSM-5; American Psychiatric Association, 2013), is a neurodevelopmental condition characterised by a variety of clinical manifestations with two main diagnostic criteria: (1) difficulties in reciprocal social interaction and communication and (2) the presence of repetitive and restricted activities and interests with unusual sensory issues, forming a dimensional spectrum. Its clinical manifestation can be highly variable from one person to another (Baron-Cohen, 2017; Valdez, 2019) and may undergo modifications throughout development, posing new challenges for the person (Autism Europe International Association, 2000). Also, in autism, strengths such as attention

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to detail, memory capacities and the possibility of detecting patterns may be present (Baron-Cohen, 2017). Considering a dimensional and complex valuation of autism, the interventions and supports are thought and planned collaboratively with the person on the autism spectrum, their family, and the service providers in order to maximise potentials, alleviate distress, improve adaptation, promote wellbeing and increase person-environment fit (Lai et al., 2020). Following these guidelines and the current controversy in considering autism as a disorder or as an expression of human diversity (Rickson, 2021), the author decided to use the term "child or children on the autism spectrum" and "autism" to name the condition throughout this publication.

From the beginning of its development, music therapy has been used for treatment of children on the autism spectrum with different purposes such as social interaction, communication and development of pre-verbal and verbal expressive language, stimulation of cognitive functions and motor skills, sensory modulation, supporting behaviour, schooling, and everyday life contexts or even to improve in bonding with caregivers (Reschke-Hernandez, 2011). In turn, there are extensive theoretical developments to explain why the discipline can intervene on the core aspects in autism (Dimitriadis & Smeijsters, 2011; Nordoff & Robbins, 2007; Wigram, 2002). Based on current systematic reviews and randomised controlled trials (RCTs), music therapy has presented mixed results. On the one hand, it has demonstrated positive outcomes for improving social interaction, verbal and gestural communication, social-emotional reciprocity, improving independent functioning, understanding basic emotions and fostering the parent-child relationship (Geretsegger et al., 2014; James et al., 2015; Marquez-Garcia et al., 2021). Findings from narrative reviews also suggest that music therapy can improve behaviour (Simpson & Keen, 2011), social responsiveness, communication, and joint attention skills (LaGasse, 2017). A more recent RCT by Sharda et al. (2018) has demonstrated that musical activities can directly influence auditory-motor connections in the brains of children on the autism spectrum, leading to gains in functional communication. On the other hand, a large multicentre RCT by Bieleninik et al. (2017), with a total of 364 child participants, indicated that improvisational music therapy (IMT; Geretsegger et al., 2015) does not affect autism symptom severity as indexed by the Autism Diagnostic Observation Schedule (ADOS; Gotham et al., 2007) social affect domain scores. Finally, in the latest review by Geretsegger et al. (2022), which updated the review of 2014, it was established that music therapy presents moderate evidence and that it could be associated with a global improvement in the severity of autism symptoms and in quality of life, with no adverse events reported after the intervention. In addition, no clear evidence of an improvement in social interaction and non-verbal or verbal communication was established immediately after the intervention. This new evidence is important as the review included more studies with larger samples, extended age groups, longer periods of intervention, inclusion of follow-up assessments, and by predominantly using validated scales measuring generalised behaviour.

The assessment in music therapy is a process which aims at knowing how the client relates to music as a way of understanding their living conditions, their problems, their potentials and resources, and what their therapeutic needs are (Bruscia, 2001). During this process it is necessary to apply some instruments in order to better understand the client who has been referred to treatment as well as delineate therapeutic goals. Moreover, the music therapist may also assess whether music therapy is an indicated approach (Ferrari & Marsimian, 2013; Smeijsters, 2005) and the client would benefit from the intervention.

In reference to assessment in the field of autism, music therapy can allow for revealing alternative and pre-verbal forms of communication as well as strengths, potentials and resources that cannot be observed in other more formal assessments (Møller et al., 2002). Given the complex nature of autism, a multidisciplinary and multilevel approach is required for assessment and intervention, aimed at addressing the diverse support needs and for improving functioning, quality of life and wellbeing (Bölte et al., 2014; Lai et al., 2020; Marquez-Garcia et al., 2021).

Based on previous music therapy assessment tools, the Musical Functional Assessment Profile (MFAP; Marsimian, 2019) creation arises from the need of a proper and suitable tool that can assess relevant aspects, offering unique information and integrating the functionality perspective of autism, which implies the development of functional, meaningful and social valid skills (Baetti, 2018; Bölte et al., 2014; Schuck et al., 2021). Also, MFAP integrates current diagnostic features from DSM-5 and a balanced view of neurodiversity (Leadbitter et al., 2021). Added to all these issues, the MFAP was created based on the need for a specific assessment tool for Argentine population on the autism spectrum, which may be based on cultural aspects and music therapy approaches currently used (Marsimian et al., 2021).

THEORETICAL BACKGROUND

Music has implications in various developmental functions such as communication and language, motor, sensory, emotional, cognitive and social functions (Pfeiffer & Zamani, 2017; Sacks, 2009; Thaut, 2018). This can provide information on different aspects of greater potentiality that the child can present, perhaps not observed through other activities or interventions. Moreover, music in the context of music therapy has become a great motivation and interaction stimulus for many children on the autism spectrum (Nordoff & Robbins, 2007) thus promoting an integrative experience that favours the deployment of its functionality.

In the context of Argentina, and considering the level of functionality, people on the autism spectrum are considered people with a disability. This view is integrated with the International Classification of Functioning, Disability and Health (IFC; World Health Organization [WHO], 2001). IFC provides a unified and consistent terminology framework to describe an individual's disability and the functional degree that it entails, including health factors and "health-related" factors, such as environment, education, job, level of social involvement and inclusion in a community. From this perspective, a person's disability is not merely conditioned by their physical and clinical characteristics, but also by the result of a dynamic interaction of a set of factors that can be modified over time according to various interventions (WHO, 2001). In line with these guidelines, Baetti (2018) proposes the Person-Centred Planning (PCP; O' Brien & O' Brien, 2000) as a global intervention criterion for the Argentinian Ambulatory Integral Model in Autism (AIM; Baetti, 2018), being the clinical context in which the MFAP tool was created and developed. The PCP considers the person as a subject with full rights, capable of setting goals and achieving those. PCP view proposes the construction of personalised supports aimed at helping people with disabilities to project their lifestyle and to approach it. According to Verdugo-Alonso and Schalock (2010), supports are the resources and strategies aimed at promoting development, education, interests and personal well-being of an individual, as well as improving individual performance. From the PCP perspective, the professionals

and the entire community would work for the removal of barriers, the planning and integration of supports, advocacy, consumer control and self-advocacy (Aznar & González-Castañón, 2019; O' Brien & O' Brien, 2000).

Likewise, PCP perspective is more closely related to the current neurodiversity paradigm (Singer, 2016) which posits that all individuals have a different brain with similar structures and, at the same time, different neurocognitive functionality; autism is considered one of these differences (Kapp, 2020; Ratazzi, 2021). In this sense, the intervention is thought around personalised supports, planned together with the person, the family and the service providers (Lai et al., 2020; Leadbitter et al., 2021), considering the community and how each context generates opportunities, accessibility and inclusion (Ratazzi, 2021; Thompson et al., 2020; Valdez, 2019), prioritising the individual's strengths, preferences and interests (Mottron, 2017; Schuck et al., 2021) and finally maximising the individual's potential (Lai et al., 2020). In relation to music therapy, Gattino (2019) proposes that on a clinical level and in research, the intervention planning should be person-centred, inquiring about the personal purposes and goals. Furthermore, Pickard et al. (2020) propose to rethink the intentions and purposes of music therapy practices in this field to maximise potentials while respecting autistic identity.

Due to the current shortage of music therapy assessment tools specifically designed for the population on the autism spectrum in the Spanish language as seen in compilations by Cripps et al. (2016) and Gattino (2021), there is a need to develop a new assessment tool. The MFAP can be usefully applied because it has some significant differences with existing ones such as the Music Therapy Diagnostic Assessment (MTDA; Oldfield, 2006), the Individual Music-Centered Assessment Profile for Neurodevelopmental Disorders (IMCAP-ND; Carpente, 2013), the Music-based Autism Diagnostics (MUSAD; Bergmann et al., 2015), the Assessment of the Quality of Relationship (AQR; Schumacher & Calvet, 2007), Nordoff Robbins Scales (Nordoff & Robbins, 1977) and the Individualized Music Therapy Assessment Profile (IMTAP; Baxter et al., 2007). These differences lie in the theoretical framework, the domains to be assessed, the types of musical tasks, the inclusion of supports and the age group to which it is directed. The MTDA and MUSAD are focused on the detection or differentiation of symptoms compatible with the diagnosis of autism, as well as observing in music therapy context the clinical characteristics compatible with these symptoms. IMCAP-ND, IMTAP, AQR and Nordoff Robbins Scales are focused on assessing different aspects so as to delineate a complete profile. IMCAP-ND and Nordoff Robbins Scales are based on a music-centred context and on IMT interventions (Geretsegger et al., 2015). AQR focuses on relational aspects but not on functional aspects. IMTAP is a complete assessment for functional issues with sensitive characteristics but not specific enough to complete an assessment profile of a person on the autism spectrum. Instead, the MFAP does not rely on the music-centred framework and in improvisational music therapy modalities in its pure way. According to Gattino (2021) it has a diagnostic and prescriptive purpose since it aims to assess child's characteristics and functioning but do not make a differential diagnosis as the MTDA or the MUSAD.

Following Waldon et al.'s (2018) assessment methods in music therapy classification, the MFAP is an observational method which may be applied at the initial assessment stage (Marsimian, 2022b). It is characterised by a structured observation in a controlled environment (Gattino, 2021) applying a set of musical tasks, to get access to the child´s functioning in different domains identifying strengths, difficulties and supports provided. Also, it implies an indirect observation (Gattino, 2021)

reviewing the records of the four initial assessment sessions. MFAP main purpose is to provide qualitative observational data that can complement other formal and non-formal assessments from other disciplines such as psychology, psychopedagogy, phonoaudiology and occupational therapy.

MFAP DEVELOPMENT

The MFAP development is primarily focused on clinical practice and is anchored on daily music therapy experience within hospital and interdisciplinary care with children on the autism spectrum (Baetti, 2018). It was created based on the need for documenting and reviewing behaviours that were observed during the first music therapy assessment sessions and the changes in these behaviours that happened over time. In addition, it served to communicate the interdisciplinary team what was observed in the music-based framework and to collaborate in goal setting and intervention planning.

It was thought starting from the proof of some assessment scales such as the Intramusical Relationships Scale (IRS; Ferrari, 2018), AQR (Schumacher & Calvet, 2007) and the Music Interaction Rating Scale (MIRS; Pavlicevic, 2007) over five years of clinical practice with children on the autism spectrum with varying ages and profiles. All three allow the assessment, from an intra and inter musical perspective (Bruscia, 1987), in vocal and instrumental modalities, but still lack information on sensory, memory or motor issues.

Similarly, the MFAP has been fundamentally thought and designed taking into account two other main tools that the author has repeatedly implemented during her clinical practice. The first is the Harper House Music Therapy Assessment developed by Wigram (1999, 2000) which proposes a detailed observation of autistic behaviours in the context of music therapy. The other one is the Autism Spectrum Inventory (IDEA; Riviere, 2001) which aims to assess twelve characteristic dimensions in people on the autism spectrum. These dimensions were articulated considering the core aspects of autism as they occur in a greater or lesser extent. IDEA's main purpose is not pointed to the differential diagnosis of autism but rather to assess the severity of the autistic traits that a person presents. When using IDEA within the interdisciplinary teamwork some aspects were not clearly detectable in music therapy. Consequently, it was thought the way to translate IDEA's dimensions to the music therapy context. In this sense, Wigram's Assessment was useful but did not have a clear systematic implementation. In addition, anticipation, imagination capacity and mentalising abilities were not contemplated in Wigram's Assessment.

From this starting point explained and for three years, the MFAP content delimitation of domains and subdomains was developed as well as the items, items sequence and their location in each domain. On the other hand, a first MFAP version was applied in clinical practice, as a way of systematising observations and collecting the first assessment data of several children on the autism spectrum referred to music therapy, considering the needs of the interdisciplinary team. After that, the literature was extensively reviewed contrasting the MFAP with existing tools and with consultation from a member of the International Music Therapy Assessment Consortium (IMTAC) (n.d.) who specialises within the field of assessment in autism.

For the following two years, some items were reviewed and changed based on the interdisciplinary team members' criteria. In addition, the tool was made known to fellow music therapists outside the health institution who gave their impressions on the matter. They suggested

some changes in some domains and subdomains, contributed to the clarification of some items, and proposed the creation of a scoring system. Subsequently began the systematisation of the procedures adjusted to a period of time, the specifications for the administration, and the assembly of the technical materials.

In 2019, there was a first introductory publication of the tool (Marsimian, 2019). During the last two years, a scoring system was created as well as a final report model to integrate all the assessment information. Also, the name of the tool has been changed since its first publication in 2019. Changing the word "protocol" to "profile" is much more appropriate given the potential reach of the tool.

For this publication, the theoretical foundations that support this tool were reviewed and expanded, explaining its bases within the neurodiversity paradigm. The next stage will be a second item revision with a group of experts, to maximise its content validity, prior to the tool validity and reliability process.

Based on Gattino (2021) principles for creating assessment tools, the following figure 1 shows a summary of the MFAP development process.

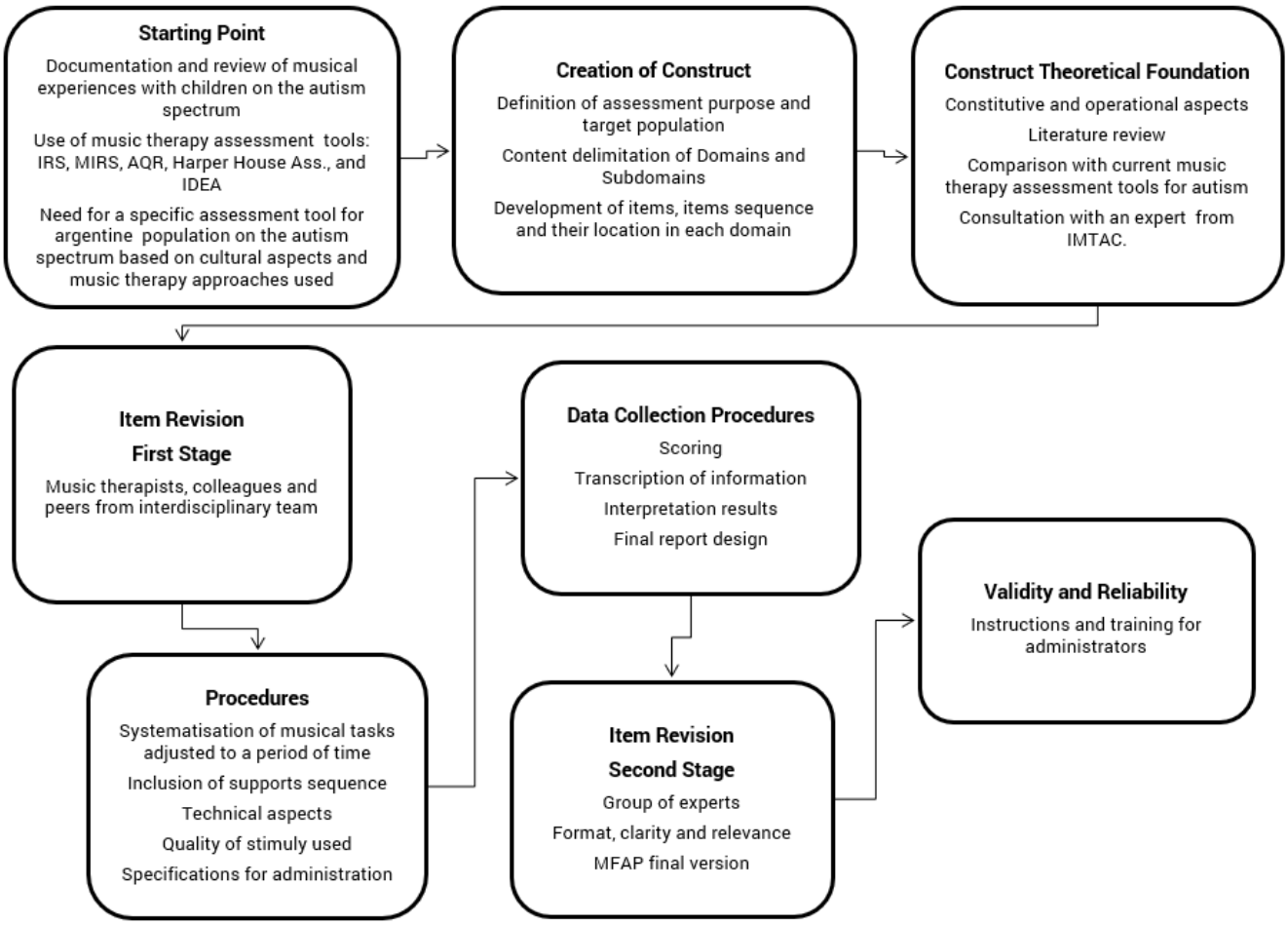

Figure 1: Summary of MFAP development

MFAP DESIGN AND STRUCTURE

The MFAP (Marsimian, 2022a) is structured in domains and subdomains which contain different functions to assess. It has an Intervention Guideline based on observations to make, and behaviours to target and elicit. Also, it has a Session Plan to follow the procedure along the assessment and finally, a Data Grid with the items to assess and to perform the scoring.

Domains and subdomains design

The first four MFAP's domains: (1) social interaction, (2) communication and language, (3) flexibility and anticipation, and (4) symbolisation are assessed and structured by the IDEA. Based on the IDEA, MFAP's social interaction and communication and language domains currently make up the first of the two current diagnostic criteria for autism; that is, the presence of persistent social interaction and communication deficits (Autism Spectrum Disorders, according to the DSM-5). The second diagnostic criterion has to do with restricted or repetitive interests or activities. This criterion is related to what Riviere (1998) proposes for flexibility and anticipation, and is assessed in this MFAP's domain.

The MFAP social interaction domain assesses joint actions and joint attention, and social interaction behaviours such as initiating and turn taking. It also assesses mentalising abilities linked to the Theory of Mind (Baron-Cohen et al., 1985; Baron-Cohen et al., 2000), such as requesting or showing an interesting object to the child, requesting for help, or the repetition of a musical activity. Lastly, it assesses emotional skills such as affect regulation, emotional awareness, and verbal expression about emotions. To assess this domain, musical experiences are used to foster engagement and motivation by singing or listening to preferable and familiar songs, improvising on the actions of the child and following the child´s lead (Geretsegger et al., 2015). Likewise, as LaGasse (2018) states, giving pauses as well as playing fast and playing slow can be part of this. In addition, allowing the exploration of different musical instruments and objects with colours, shapes and textures can foster engagement and motivation when assessing this domain.

The MFAP communication and language domain assesses the communicative function, that is, the presence of communicative behaviours such as the adult instrumental use of gestures or words to request, or the possibility to declare or comment on a shared experience. Also, expressive language which may be absent, functionally very limited or with a deceptive fluency (Riviere, 2001). Regarding receptive language, the MFAP assesses response to name, understanding of simple and complex commands, etc. Several studies in recent years have revealed significant information regarding the use of music as an intervention for the stimulation and development of language and communication in autism. Following Vaiouli and Andreou (2018), engagement and preverbal communication aspects were shown in the Finnigan and Starr (2010) and Paul et al. (2015) studies evidencing how through the use of songs, eye contact, gestures, social avoidance, imitation and turn taking behaviours are promoted. In regards speech production Lim (2010) and Lim and Draper (2011) studies indicated that children on the autism spectrum could improve the production of functional language as well as the understanding the information anchored in music, allowing an improvement in learning. Related to receptive language skills, Buday (1995) and Simpson and Keen (2010) studies compared the use of pre-composed songs versus speech condition to learn different target words and signs concluding

that songs were found to enhance receptive language skills. On the other hand, functional brain mechanisms underlying the processing of speech could be increased from the use of songs and therefore provide scaffolding for language in people on the autism spectrum (Lai et al., 2012; Sharda et al., 2015). To assess the communication and language domain, the MFAP procedure includes musical activities such as singing and pausing a pleasurable song, completing a song lyric, answering a sung question, understanding sung orders, etc.

The third MFAP domain, flexibility and anticipation, assesses flexibility, anticipation, planning, inhibitory control and working memory. It implies the assessment of the adaptation or opposition to environmental changes, transitioning and anticipating activities and routines. Also, what is called sense of activity which is for example, the presence of repetitive and restrictive behaviours, functional activities or complex activities with a purpose. This domain is closely linked to the executive function which has been investigated as a function with wide challenges in autism (Hill, 2004; Ozonoff, 1997). This domain is assessed from musical activities such as the tolerance for listening to songs, anticipating a musical activity or a session sequence, planning a musical activity, tolerance to change in a song content, following and inhibiting actions according to musical tasks, etc.

The MFAP symbolisation domain aims to assess the level of imitation from the most simple and evoked motor imitation to complex imitation based on internal models. That is, the ability to imitate in an intersubjective and spontaneous way, with subtle variations which are based on early patterns, resulting from affective attunement. In addition, this domain includes the assessment of imagination and fiction patterns, that is, if the child presents functional or symbolic play. Also, it assesses semiotic suspension mechanisms, which imply suspending actions or real properties of things to create gestures or metaphors. This domain is linked to the first autism diagnostic criterion (ASD, DSM-5) more specifically with difficulties in sharing an imaginative play. This domain is assessed from musical activities such as the imitation of gestures, movements and rhythmic and melodic patterns, the functional use of musical instruments and objects, the use of instruments to represent another object, the possibility of simulating daily life activities in the context of a song, etc.

The other three MFAP domains are memory, motor and sensory functions. The MFAP seeks to assess these domains that may also be affected or be present in different ways within autism according to several research studies which will be explained below.

Memory functions are important to be assessed since they may be increased for certain stimuli and interests. As Happé (2018) and Happé and Frith (2006) state, this aspect may be part of a different cognitive style. One of the memory functions that could be increased is tonal or musical memory (Heaton, 2003; Stanutz, et al., 2014), evidencing in some cases absolute pitch (Mottron et al., 1999), in addition to superior timbre processing skills (Heaton, 2009). The MFAP memory domain includes the assessment of implicit memory, musical memory, semantic memory, epic memory and autobiographical memory. For these functions, musical tasks include listening and recognising different sounds, songs worked on in the assessment, associating an event to a song, etc.

Regarding motor functions, Kanner (1943) previously described an unusual way of walking in children on the autism spectrum despite the fact that, to date, motor aspects are not part of the diagnostic criteria. However, difficulties in motor development milestones such as the age of crawling or gait can be predictive factors for autism. Likewise, authors have described difficulties in manual motor skills such as grasping and exploring objects (Sacrey et al., 2014), postural instability and delay

in posture development (Dawson et al., 2018), muscle tone and poor motor imitation (Rogers et al., 2003; Serdarevic et al., 2017) and delay in beginning of walking (Reindal et al., 2020). Finally, Donellan et al. (2013) and Thaut and Braun Janzen (2018) argue the importance of rethinking and assessing motor functions because in autism may affect other functions such as socio-emotional those of communication and behavioural ones. The MFAP motor domain assesses motor functions including tone and postural control, fine, gross and oral motor skills and motor praxis. Musical tasks include coordination of gait with instrumental performance, inhibition and action of movement according to certain tasks, using steady and predictable rhythms to perform a musical sequence, etc.

Regarding the MFAP sensory domain, the presence of unusual sensory interests is currently considered within the second main diagnostic criteria of restricted and repetitive behaviours in DSM-5. In the past decades they were already considered relevant for autism according to several authors within (Berger, 2002) and outside (Ayres, 1972; Dunn, 1997) the field of music therapy. Ayres (1972) defines sensory integration as the sensory information organisation for its use. It is a neurological process that allows making sense of the world, by receiving, registering, modulating, organising and interpreting the information that reaches our brain through our senses. In some cases, either by excess or by defect, sensory information is not properly processed and, consequently, the executive answer is incorrect. It is proposed that some behavioural and cognitive difficulties observed in autism could be due to this (Baker et al., 2008). According to several studies (Comín, 2015; Tomchek & Dunn, 2007) it is estimated that between 40 and 95% of people on the autism spectrum present a difficulty or disorder at the sensory level, which can manifest itself in one or more modalities, including visual, auditory, olfactory, gustatory, tactile, vestibular, proprioceptive. Recent research proposes three primary patterns of sensory processing: hyper-responsivity, hypo-responsivity and sensory-seeking behaviours (Dunn, 1997), although they do not occur in a pure way, but rather mixed profiles are found (Wakeford, 2018). As music is a multisensory experience capable of involving several senses in an active experience simultaneously (Srinivasan & Bhat, 2013), it is possible to be used intentionally to improve perception and sensory modulation in this population. The music therapist should know and assess core sensory features and sound-musical processing characteristics and work on the qualities of musical experiences, which can support sensory processing and modulation, so as to improve learning and development in daily life (Hernandez-Ruiz et al., 2022; Wakeford, 2018). There for, as stated by LaGasse (2018), it is essential to observe the child in various contexts and consider the individual sensory profile and needs before planning social or cognitive goals. The MFAP assesses sensory regulation, as well as the auditory, tactile, proprioceptive, vestibular and visual systems and also the presence of sensory hyper and hypo responses and seeking behaviours. The procedure implies different musical experiences such as active (improvising or singing) and receptive (listening) ones and using different musical instruments (texture, weight, colour, shape) to observe the sensory systems involved. The MFAP leaves out the gustatory and olfactory systems due to the difficulty of assessing these aspects in the music-based framework. As a summary, Table 1 shows the MFAP domains and subdomains.

Domains	Subdomains (functions)
1. Social interaction	Joint Reference Social Relationships Intersubjective and Mentalising Abilities Emotional Skills
2. Communication and language	Communicative Function Expressive Language Receptive Language
3. Flexibility and anticipation	Flexibility Anticipation and Planning Working Memory Sense of Activity
4. Symbolisation	Imitation Imagination and Fiction Suspension
5. Memory functions	Implicit Memory Musical Memory Semantic Memory Epic Memory Autobiographical Memory
6. Motor functions	Tone and Postural Control Gross Motor Skills Oral Motor Skills Fine Motor Skills Motor Planning
7. Sensory functions	Sensory Regulation Auditory Perception Auditory Processing Auditory Recognition Tactile Proprioceptive Vestibular Visual

Table 1: The MFAP domains and subdomains

Administration stages and procedure design

The MFAP is designed in four administration stages, taking four hours in total. This includes two hours for the procedure administration, divided into four half-hour assessment sessions, and two hours for reviewing records from them. For the Preparation Stage, based on Music in Everyday Life Questionnaire (MEL; Gottfried et al., 2018), a set of open-ended questions for caregivers were drafted to collect the child's musical information to include these stimuli in the assessment procedure. For analysis purposes, the sessions will be audio-visually recorded. Prior to assessment, informed consent will be requested from the child's caregivers. The instrumental set and materials will be

prepared and placed in the room. During the first stage, the music therapist will begin to bond and interact with the child and work on adaptation to the setting. The musical tasks corresponding to this stage are designed with the aim of including child's musical interests, as well as fostering motivation and interaction. During the second stage the musical tasks are characterised with a more structured guideline. The music therapist has already been recognised by the child as well as the environment and musical instruments that are used. Table 2 shows the four administration stages.

Preparation stage	1st assessment stage	2nd assessment stage	Data collection stage
	Intervention guideline		
	Session plan		
Questionnaire for caregivers Informed consent for audio visual records Instrumental Set / Materials	Session 1-Session 2 Assessment of Social Interaction, Communication and Language, Flexibility and Anticipation Domains	Session 3-Session 4 Assessment of Symbolisation, Memory, Motor and Sensory Domains	Review of audio-visual records Data grid Scoring Final report (treatment goals and supports outline)

Table 2: The MFAP administration stages

The MFAP procedure (Marsimian, 2022a) is comprised of an Intervention Guideline and a Session Plan. The Intervention Guideline is a set of intervention goals to observe behaviours or to elicit or target behaviours for assessing functions in each domain. The Session Plan is a series of musical tasks along the four sessions to assess the seven MFAP domains. Along the procedure, musical tasks are both active and receptive, such as singing pre-composed and recreated songs, performing musical instruments with various tasks, listening to pre-recorded music, performing different sound games, etc. They were thought and articulated considering promoting intersubjective behaviours, awakening interest and motivation through a natural interaction (Dawson & Rogers, 2010), assessing the functional profile in different domains and providing guidelines with more and less structure to observe the child's functioning in these two variants. Also, they were organised within a logical sequence, from least to most complex tasks, in accordance with a developmental perspective (Baetti, 2018; Valdez, 2019) and regarding the acquisition of musical skills (Bruscia, 2012; Ferrari, 2013). Finally, a hierarchical sequence of supports was included based on the prompting sequence proposed by Neitzel and Wolery (2009), which implies the use of visual, verbal, modelling and physical cues. The MFAP uses least-to-most strategy to ensure that the child successfully responds to the task and to add support when is needed.

According to the MFAP's Session Plan, each assessment session presents 8-10 musical tasks. In turn, for each musical task the music therapist will assess functions from more than one domain. This was thought to optimise the total MFAP's assessment time. The MFAP's practical application for Social Interaction Domain can be seen in the Appendix.

DATA INTERPRETATION AND FINAL REPORT

Once the scoring is finished, the music therapist will be able to assess the domains and subdomains of strength and difficulty. The music therapist may observe that strengths correspond to a good performance in almost all the musical tasks corresponding to the domain. Perhaps a greater focus and significant eye gaze as well as greater interest and motivation for some activities are observed, or that even the child asks to repeat a musical activity. In these circumstances it could be said that the domain functions assessed are present and consistent. The difficulties may be seen when, despite several attempts and providing supports, the child fails to complete the musical tasks corresponding to the domain. In this case it could be said that the function assessed is very inconsistent or cannot be seen.

Finally, the music therapist will integrate the acquired knowledge to set person-centred goals and prepare the MFAP final report. Treatment goals will be arranged in relation to: (1) the child's chronological age, (2) the functional profile in relation to potentials, strengths and difficulties assessed in all the domains (3) the child's family, environmental, school and socialisation context, (4) the sound-musical history and musical interests, (5) musical engagement activities, attention to detail and special interests assessed and (6) the supports provided. The MFAP final report has different purposes. It may be considered as a first music therapy report with relevant data about the bond laid with the music therapist and child's performance for the different domains in the offered music-based framework. Moreover, it can be shared with other professionals for interpretation data and to collaborate in interdisciplinary goal setting and future music therapy intervention planning.

DISCUSSION

The MFAP aims to assess seven domains, with their respective functions, organised according to 128 items that consider the main characteristics in autism. The items are scored by reviewing audio-visual records from the four initial assessment sessions.

The MFAP is designed to provide concrete, replicable and simple musical activities and tasks, such as singing or listening pre-composed and recreated songs, edited music or sounds, so that any music therapist, beyond their music therapy theoretical framework, can understand and implement. Although the MFAP's first assessment stage shares some guidelines with the IMT model, such as following child's musical interests, promoting the exchange and motivation through the musical experience (Geretsegger et al., 2015), the musical tasks are not purely improvisational. Furthermore, based on Marsimian et al. (2021), it is not a tradition for music therapists in Argentina to work from these modalities in a pure way. Rather, the approaches are hybrid, taking psychodynamic, cognitive-behavioural and/or neurological bases, and also frequently including other techniques such as auditory and receptive ones.

One of the challenges regarding the MFAP procedure is that includes songs and music interesting for the child. This could represent difficulties in terms of replicability for further research since it implies certain variability in the stimuli. More specifications for selecting songs and stimulus need to be included in the manual procedure.

Regarding the MFAP's length and duration, it can be complex because of economic and temporal aspects. However, the procedure and the sequence of supports were designed to provide the child greater chances of responding so as to visualise potentials and possibilities. This aspect supports the idea of Wigram (1999), who states that the music therapy assessment may avoid children's experience of failure as may happen in formal cognitive psychology assessments which imply tasks that become successively more difficult. This also seeks to alleviate the bias (Gattino, 2021) in terms of child´s performance, cognitive processing, motivation or fatigue and the fact that a most established bond with the therapist may allow greater demands. LaGasse (2018) states the importance of fostering engagement through musical and familiar materials in the beginning of an assessment process to later work on specific therapeutic goals. Riviere (1997) has pointed out the importance of giving more time in the assessment process, providing real interactive contexts and without haste and anxiety.

From a functional point of view, the MFAP has many similarities with IMTAP. However, the MFAP proposes to give a complete functional profile, assessing with the construct in full, without choosing most relevant domains, something that is proposed in IMTAP. Being a specific tool for autism all the domains are organised around this issue. For the same reason, the domains have a lower number of items compared to IMTAP. In IMTAP it is assumed that the strengths of the child are those domains not assessed, focusing the assessment on the domains where the therapist identifies difficulties from the intake sheet (Baxter et al., 2007). The MFAP assesses all its domains and observe the strengths and challenges from the musical guidelines provided. Also, the IMTAP has a specific musical domain that must be included in all kinds of assessments. This could be due to the fact that IMTAP does not originally have a protocol of pre-established musical activities. In the MFAP, musical experiences are the core of the assessment since it is proposed that music allows observing the different functions and motivates and interests the child in such a way to become meaningfully involved in activities.

The MFAP assesses basic functions visualising strengths and task´s accessibility, considering profiles with great difficulties including children with attention difficulties, absence of expressive language, slow cognitive processing and little social interaction. However, it may present limitations for children with greater possibilities in the musical aspects. Therefore, the development of a second version of MFAP will provide more complex guidelines to address this.

MFAP lines up with a balanced view of neurodiversity (Leadbitter et al., 2021), assessing and understanding the disadvantages of some neurological differences as well as the strengths inherent in cognitive diversity (Chapman, 2021). The MFAP may help approach the child´s strengths (Mottron, 2017) and collaborate in the planning of a strength-based approach (Pickard et al., 2020; Quintin, 2019) for music therapy.

The MFAP seeks to assess functions which allow collaborating in the planning of future interventions aligned with the strengths and the individual needs of the child (Marquez-García, 2021) not only based on deficits, but increasing the activities that produce natural learning, engagement and motivation (Schuck et al., 2021), social connection and autonomy (Leadbitter et al., 2021), trying to maximise the child's potential. It is the case of the assessment of communicative and language functions, which, for example, may allow in planning future intervention supporting augmentative and alternative communication interventions (Lai et al., 2020) with an analogue or electronic device (Kasari et al., 2014) and not by simply stimulating speech. From the assessment of the emotional and sensorial functions, the MFAP can collaborate in planning interventions that provide opportunities for

physical, sensory and emotional regulation (LaGasse, 2018) aiming to strengthen functional skills (Schuck et., 2021), adaptive behaviour and learning.

In line with some authors like Larose et al. (2021), who argue that it is essential to create tools that document the child's interests to think about their possible use on adaptive functions, the MFAP assesses qualitative aspects such as the level of engagement and motivation and musical interests that may appear during the procedure. A child with a privileged musical memory or who has a special interest for music may perform well on the MFAP assessment. This information may be helpful for including music into the child's routines, and as stated by Mottron (2017), to allow natural learning abilities, and helping to reduce problematic behaviours.

The MFAP proposes a procedure as well as a guide on how to gradually include supports, considering the child's response level. This last aspect is considered in IMCAP-ND but only in one of its three structural scales. When and how to provide supports is not clearly explicit. For the MFAP is fundamental to record types and amount of supports since the music therapist will probably use them as scaffolding for treatment. For example, if it was assessed that by giving visual aids the child responded appropriately, the music therapist can propose this to the interdisciplinary team, so that all those involved use this type of support. Another example would be providing visual support during the procedure by drawing or writing the content of a song. This could benefit non-verbal preschool children who access written language earlier than the oral one (Mottron, 2017). If it is assessed that the child benefits from a sung task (Lai et al., 2012; Sharda et al., 2015) within the MFAP procedure, this strategy can be used by a speech therapist, a psychologist or a teacher for different learning purposes. Comprehensively, the MFAP may give us an idea of the necessary supports that the child requires and collaborate in the future planning for a person environment fit (Lai et al., 2020).

Following guidelines from the neurodiversity paradigm and the consideration of autism, the MFAP does not seek to assess autistic traits in a music-based framework so as to treat them but rather knowing the child’s autism profile and planning adequate supports and intervention strategies on developmentally and functionally relevant, adaptive and useful skills (Schuck et al., 2021), with the ultimate aim of providing quality of life and well-being.

Regarding the information collected and since the MFAP assessment sessions are recorded, it points to a greater objectivity along the process. The MFAP does not produce a global score since it provides a “map” of developing areas of functioning indicating which task and by which support the child was able to perform successfully. In addition, scoring allows a qualitative part in which to mark engagement and motivation, attention to detail and special interest in any musical activity during the procedure. The resulting MFAP final report is a profile of the child’s performance. This report may be relevant for other clinicians as the language used is not limited to the specific music therapy context. Items are not formulated in parameters or musical elements as it happens in the music-centred or improvisational music therapy instruments. Rather they are formulated in relation to functions. This is an advantage for the music therapist who may not need to translate the information obtained.

Furthermore, it is stated that the MFAP may be applied by qualified music therapists with at least one year of clinical experience in autism. This may help to guarantee the expertise in the procedure application. Also, the scoring and the delineation of conclusions in the final report imply power of synthesis and content relationship.

Finally, the MFAP can fill the gap in observational assessment tools written in Spanish, avoiding translations and trans-cultural adaptations of other tools, the vast majority written in the English language.

LIMITATIONS AND FUTURE DIRECTIONS

Considering current guidelines in relation to the development of tools and the planning of interventions and resources in the field of autism in a participatory way (Geretsegger et al., 2022; Lai et al., 2020; Leadbitter et al., 2021), it may be relevant to conduct a survey with parents of children on the autism spectrum and also people on the autism spectrum to assess the relevance of the items and procedures included in the MFAP.

Regarding the tool development and from a psychometric point of view, the MFAP is at an initial level. It is aimed in the near future for its validation process as well as testing its reliability. There is a need to complete the refinement of the items for some domains. For finishing its content validity, a last round consultation with a group of experts formed by fellow music therapists working on this population will be carried out. The next step would be assessing its construct validity by applying a factor analysis, so as to test how far the MFAP items are related to each other and can measure the construct described. So as to obtain convergent validity evidence it could be useful to compare the MFAP construct with Sensory Profile (Dunn, 2016) and IMTAP measures. Considering reliability, it would be relevant to test inter-rater measures, so as to test items consistency between different observers which could be music therapists and also therapists from other areas.

Together these processes may help in outlining better, suitable and perhaps shorter administration procedures, describing operational definitions for a better construct understanding and improving the scoring system and interpretation results. Furthermore, it may be relevant to establish a training program for administrators. An additional future project will be to develop an app that will generate the MFAP final report based on the MFAP assessment, designed in collaboration with an adult on the autism spectrum.

CONCLUSION

The use of the MFAP may help music therapists to assess in a structured, objective and integral way, which may enrich the knowledge and understanding of the child on the autism spectrum. Also, it may allow planning appropriate music therapy interventions as well as person-centred goals that integrate current perspectives in autism and neurodiversity. In terms of validity and reliability, further studies and research are needed to corroborate the tool's accuracy.

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APPENDIX

Musical Functional Assessment Profile in Autism
MFAP

Intervention Guideline

Along the whole MFAP procedure the music therapist may consider the following:

1. Include songs suggested by caregivers in the initial questionnaire.
2. Validate the child´s interests for songs, musical instruments and sound objects offered fostering engagement and motivation during the musical experience.
3. Continue with the next musical task corresponding to each plan session if sufficient interest is not obtained or the child cannot complete it.
4. Use the same selected musical stimuli (song, edited music) to propose the different tasks in the procedure, if these call the child's attention.

MFAP - SOCIAL INTERACTION DOMAIN	
SUDOMAINS (Functions)	**INTERVENTION GOALS**
Joint Reference	• Sing a Hello Song. Observe eye contact and spontaneous gaze. • Play and share harmonic instrument (guitar, piano). Observe joint actions and joint attention through its use. • Interesting musical instrument out of reach. Observe if the child looks at it and looks at the music therapist (joint attention). • Observe joint attention to the musical experiences and to the music therapist. • Create a playful situation such as "the guitar hid." Observe joint concern.
Social Relationships	• Sing a familiar song. Observe closeness to the music therapist. • Name the child during the singing of a song. Observe awareness in being named. • Listen to a familiar song. Observe child's reaction. • Observe interest towards the music therapist and the musical proposals. • Imitate some spontaneous action of the child in the context of interaction. Observe awareness in being imitated. • Offer a sound object to share musical experience. Observe initiating behaviours and turn taking during a circular musical activity. • Propose a musical task with musical instruments by turn taking. Observe reciprocal interaction.
Intersubjective and Mentalising Abilities	• Show positive affect to the child, smile and exaggerate facial expressions. Observe child's reaction. • Provide and show how to play a musical instrument to the child, for example a xylophone. Observe if the child gives it or shows it to the music therapist. • Leave a musical instrument out of reach and name it: "Look at the…" Observe pointing behaviour. • Observe if the child asks for the repetition of a musical activity. • Use sound elements that require the therapist's help to be activated. Encourage the request for help. • Leave a space for a key word during singing a familiar song. Observe child´s reaction.
Emotional Skills	• Observe child´s emotional reactions by singing or listening familiar songs. • Observe emotional attunement during the musical interaction with the music therapist. • Listen to three fragments of songs that express three different emotions. Observe if the child identifies emotions listened in music. • Share emotions verbally in relation to the sensations produced by the musical stimulus. Observe child's verbal expression about ones' own emotions. • Suggest improvising three different emotional states with musical instruments. Observe emotional awareness.

Session Plan

MFAP – SOCIAL INTERACTION DOMAIN						
Musical experience	**Musical task**	**Suggested song**	**Duration**	**Instrumental set materials**	**Function to assess (subdomains)**	**Support sequence**
1. Welcoming Song	Wait-Observe if the child approaches the harmonic instrument Sing "Hello" song with harmonic accompaniment looking at the child in the eye at a distance of one meter.	"Hello, for you and for me". Use the same welcoming song chosen for the entire procedure.	2.00 min	Harmonic instrument (guitar/ piano) Voice	Joint reference Social relationships	Session 1: Unsupported Session 2: Verbal/ Visual support
2. Singing a familiar song	Sing a familiar song with harmonic accompaniment facing the child. Repeat the melody of the same selected song.	Select family song from the caregiver's questionnaire	2.00 min	Harmonic instrument (guitar/ piano) Voice	Joint reference Social relationships Emotional skills	Session 1: Unsupported Session 2: Verbal/ Visual support
3. Singing a familiar song introducing silences for key words **Naming the child in the song**	Sing a familiar song with harmonic accompaniment facing the child at a distance of one and a half meters. Introduce pauses in the song (the pause instead of a key word in the song) and observe the child's reaction. Take two pauses during the song. On a second opportunity, name the child as part of the lyrics of the song.	Select family song from the caregiver's questionnaire	3.00 min	Harmonic instrument (guitar/ piano) Voice	Intersubjective and mentalising abilities Social relationships	Session 1: Unsupported Session 2: Verbal/ Visual support

Data collection stage

Data Grid

MFAP – SOCIAL INTERACTION DOMAIN				
SUBDOMAINS (Functions)	**ITEM**	**SCORE**	**Engagement Motivation**	**Attention to detail Special Interest**
Joint Reference	1. Joint attention in greeting song			
	2. Joint action on instrument/sound object without significant joint gaze			
	3. Joint attention to a musical instrument out of reach and to the music therapist			
	4. Joint attention towards the music therapist and the musical activities proposed			
	5. Joint concern			
	Raw Score			
	Possible Score	**25**		
	% Subdomain			
Social Relationships	6. Closeness to the therapist for own motivation during the musical activity			
	7. Response to name (gaze, gesture, sound)			
	8. Awareness in listening of a familiar song			
	9. Interest towards the music therapist and the sound object that provides for exchange			
	10. Awareness towards the imitation of a child's action			
	11. Initiating behaviour during musical circular experience			
	12. Turn taking during musical experience			
	Raw Score			
	Possible Score	**35**		
	% Subdomain			
Intersubjective and Mentalising Abilities	13. Attention to the music therapist's emotional expression			
	14. Shows an object to the music therapist by sharing gaze, smiling or vocalising			
	15. Points at interesting object out of reach			
	16. Request (verbally or non-verbally) for the repetition of a musical activity			
	17. Request for help (verbally or non-verbally)			
	18. Response to the listening of a familiar song with pauses in key words			
	Raw Score			
	Possible Score	**30**		
	% Subdomain			
Emotional Skills	19. Emotional reaction to music and songs			
	20. Emotional attunement during musical experience			
	21. Identification of emotions (joy, sadness, anger) in music			
	22. Verbal expression about felt emotions			
	23. Exploring emotional states with musical instruments			
	Raw Score			
	Possible Score	**25**		
	% Subdomain			
TOTAL DOMAIN	**RAW SCORE**			
	POSSIBLE SCORE	**115**		
	% DOMAIN			

Item reference

MFAP - SOCIAL INTERACTION DOMAIN
ITEM- Assessed during the whole MFAP procedure
ITEM- Assessed during MFAP session 1 and 2

Scoring procedure

Once the four assessment sessions have been carried out with the child, the seven MFAP domains are assessed.

1. The audiovisual records of the sessions are reviewed.
2. The scoring is performed on the Data Grid.
3. Each item will be scored by observing the child's behaviour according to the moment in which it appears during the procedure.
4. Colour references will be used. Items coloured in light grey are observed and scored along the four assessment sessions. Items coloured in dark grey are observed and scored in a specific assessment session (session 1, 2 3 and/ or 4).
5. Follow the Scoring Scale to assign the score for each item. The MFAP items are scored trough a five-point Likert scale. The scoring implies three integrated measures, the frequency of response, the level of support provided, and the amount of support provided. The highest score (5) corresponds to a very high performance, the lowest score (0) corresponds to a poorer performance.
6. The scoring is obtained from the manual sum of the item's scores for each subdomain obtaining a raw score. This raw score is divided by a number of a preset score in each subdomain.
7. Consider that there are some items which imply a reverse grading scale. These item's raw scores are subtracted from the subdomain raw score.
8. For the total domain score the raw scores for each subdomain are added and divided by the preset score for each domain. This gives as a result the performance percentage for each domain.
9. Finally, when assessing each domain it will be marked with a cross if any musical activity produced greater engagement and motivation in the child. It will also be marked if the child showed attention to detail and/ or a special interest for any musical activity/item used during the procedure.

Scoring scale

	PRESENT AND CONSISTENT FUNCTION		**PRESENT AND INCONSISTENT FUNCTION**			**NOT SEEN FUNCTION**
FREQUENCY OF RESPONSE	ALWAYS (75-100%)	FRECUENTLY (50-75%)	SOMETIMES (25-50%)		RARELY (0-25%)	NEVER (0%)
TYPE OF SUPPORT	NONE	VERBAL/ VISUAL	VERBAL/ VISUAL	PHYSICAL	PHYSICAL	VERBAL/ VISUAL & PHYSICAL
AMMOUNT OF SUPPORT	SUPPORT IS NOT NECESSARY	SOME SUPPORT	MUCH SUPPORT	MUCH SUPPORT	MUCH SUPPORT	NO SUPPORT IS ENOUGH
SCORE	**5**	**4**	**3**	**2**	**1**	**0**

Ελληνική περίληψη | Greek abstract

Η ανάπτυξη και ο σχεδιασμός του Μουσικού Λειτουργικού Προφίλ Αξιολόγησης (ΜΛΠΑ) στον αυτισμό

Nuria Marsimian

ΠΕΡΙΛΗΨΗ

Το Μουσικό Λειτουργικό Προφίλ Αξιολόγησης (ΜΛΠΑ) στον αυτισμό έχει αναπτυχθεί ως ένα ειδικό εργαλείο αξιολόγησης παρατήρησης στη μουσικοθεραπεία για να παρέχει ποιοτικές και περιγραφικές πληροφορίες σχετικά με τη λειτουργικότητα του παιδιού στο αυτιστικό φάσμα. Το προφίλ αυτό επιτρέπει την αξιολόγηση επτά αναπτυξιακών λειτουργιών – κοινωνική αλληλεπίδραση, επικοινωνία και γλώσσα, ευελιξία και προβλεψιμότητα, συμβολοποίηση, λειτουργίες μνήμης, κινητικές και αισθητηριακές λειτουργίες – προσπαθώντας να αξιολογήσει τα δυνατά σημεία, τις προκλήσεις, τις δυσκολίες και την υποστήριξη που παρέχεται, λαμβάνοντας υπόψη τα τωρινά διαγνωστικά κριτήρια του αυτισμού και τα ζητήματα που αφορούν τη θεραπεία ιδωμένα από τη σκοπιά της νευροδιαφορετικότητας. Το προφίλ μπορεί επίσης να επιτρέψει τον καθορισμό των μουσικοθεραπευτικών στόχων και τον σχεδιασμό της παρέμβασης βάσει μιας προσωποκεντρικής και βασισμένης στα δυνατά σημεία προσέγγισης. Το άρθρο παρουσιάζει την ανάπτυξη και τον σχεδιασμό του εργαλείου αξιολόγησης και συζητούνται τα πρακτικά πλεονεκτήματα και μειονεκτήματά του. Η διεξαγωγή περαιτέρω ερευνητικών μελετών κρίνεται απαραίτητη για να καθοριστεί το ακριβές πεδίο εφαρμογής και η ακρίβεια αυτού του εργαλείου. Σκιαγράφονται επίσης μελλοντικές κατευθύνσεις για τη διαδικασία διασφάλισης της εγκυρότητας και της αξιοπιστίας του εργαλείου.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, αυτισμός, παρατηρητική αξιολόγηση, λειτουργικό προφίλ, υποστήριξη, νευροδιαφορετικότητα, προσωποκεντρικό, προσέγγιση βασισμένη στα δυνατά σημεία

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ARTICLE

Investigating trial feasibility of music care in hospice and palliative care

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ABSTRACT

The nature of hospice and palliative care (HPC) settings necessitates supporting residents' ever-changing needs and responding to unforeseeable situations – as such, this unpredictability has historically challenged the collection of high-quality data in such settings. Through a feedback consensus approach, this pilot study sought to determine the feasibility of implementing a clinical trial aiming to understand the impact of a recorded music care intervention on quality of life (QoL) in HPC settings. Four participants with a palliative performance scale (PPS) score of ≥ 40 were recruited. Pre-developed music care albums designed for HPC were used as an intervention for a minimum duration of 30-minutes. The Edmonton Symptom Assessment Scale, Hospice Quality of Life Index, and State-Trait Anxiety Inventory were implemented to mirror a future randomised controlled trial (RCT) design but were not statistically interpreted in this pilot study. Data collectors also recorded participants' and care providers' perspectives. Through feedback from participants, healthcare professionals, and music care experts, the intervention duration was reduced to a minimum of 15-minutes, and the PPS inclusion criteria requirement was eliminated. The number of outcome measures was reduced from three to one to mitigate participant burnout. Finally, participants indicated that the recorded music intervention was therapeutic, therefore justifying further study of QoL outcome measures. Implementing a second pilot to validate the changes to the RCT study protocol will be a critical step in the research process, although the results of this study can be considered by researchers conducting RCTs in HPC to inform best practices.

KEYWORDS

hospice and palliative care (HPC), music care, quality of life (QoL), trial-feasibility, randomised-controlled trial (RCT)

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INTRODUCTION

Global life expectancy is statistically longer than it has ever been across the course of human history. However, while the population may be living longer, research demonstrates that the increase in life expectancy has come at the cost of more prevalent chronic and degenerative diseases (Canadian Institute for Health Information, 2018). The Canadian population has seen an increase in the use of publicly-funded hospice and palliative care (HPC) (Health Canada, 2018), at least in some part due to this increased burden of chronic disease. It is projected that most adults by age 65 will have at least one or more chronic illnesses that they will live with for the remainder of their lifetime (Field & Cassel, 1997). As a result, individuals receiving HPC face not only chronic physical symptoms that contribute to a reduced quality of life (QoL), but also psychological distress and increasing dependence (Galfin & Watkins, 2011). As an example, the majority of cancer patients participating in a 2013 research study experienced both physical symptoms as well as existential distresses, which challenge QoL (Harrisdecima, 2013). To cater to both the physical and psychosocial needs of individuals receiving care, HPC focuses on an interdisciplinary approach to relieving symptoms of suffering and improving patient QoL (Morrison & Meier, 2004). However, QoL may suffer at the expense of reducing physical burdens (Field & Cassel, 1997), while attention to equally important psychosocial factors (Meneguin et al., 2018) may be neglected. For example, people receiving palliative care may suffer from polypharmacy and a variety of consequential intertwined adverse events, such as higher psychological distress (Assari & Bazargan, 2019; Gamboa-Antiñolo, 2020). Because HPC settings function not only to ensure minimal suffering but also to maintain QoL, this presents a dire need to develop and implement non-pharmacological approaches to support the goals of HPC.

One such non-pharmacological approach is the use of music care. Research has demonstrated that the benefits of music care, a non-invasive means of improving QoL, extend beyond negating the consequences of disease. Music care, distinct from music therapy, is an approach to care that provides the means for anyone, regardless of their musical competence or credentials, to use music in their day-to-day care of patients (Foster B et al., 2016). The music care approach was developed in a Canadian context by the Room 217 Foundation and has been tested and applied within the UK health and social care system. Music care is an accessible, cost-effective way to implement music initiatives and interventions in resource-constrained primary and community care settings. This includes contributing to improved spiritual solace and psychological well-being, in addition to the reduction in pain and fatigue symptoms (Archie et al., 2013; Clements-Cortés, 2004, 2010; O'Callaghan, 1976). With the additional benefits of being cost-effective, and little to no side-effects, the use of music care

is a promising adjunct in the HPC settings (Archie et al., 2013; O'Callaghan, 1976; Olofsson & Fossum, 2009).

Currently, a primary barrier to using music interventions in clinical settings is the lack of knowledge among healthcare providers on how they can be used appropriately. Compounding this issue is the lack of access to trained professionals such as music therapists (Silverman, 2007). Recorded music care resources, such as therapeutically-informed playlists and pre-recorded musical offerings are easily implemented by healthcare providers and other caregivers. When used in the context of the music care approach, recorded music offerings may facilitate a better and cost-effective means of providing person-centred music to HPC residents. A 2011 Cochrane review investigated the effects of 30 music-oriented interventions, 17 of which included listening to recorded music. The researchers found that the music interventions provided an effective means of managing symptoms and improving QoL with no side-effects (Bradt et al., 2016). Thus, the use of music care would prove beneficial for settings where music therapy is inaccessible due to cost and/or availability.

The purpose of this two-phased research programme is to evaluate the effectiveness of the Room 217 recorded music care resources as compared to a recorded poetry control intervention. The music care resources were purposefully developed but untested prior to this study for the HPC settings in alleviating common symptoms. Given the unpredictability and ever-changing nature of the patient experience within the HPC setting, as well as the lack of research performed on best-practices and person-centred non-pharmacological interventions in HPC, the research will be conducted in two distinct phases. Phase 1 involves the comprehensive testing of the research design and approach (trial feasibility) through a set of pilot studies. Phase 2 is the implementation of an ethical and feasible large-scale randomised controlled trial (RCT), informed by phase 1 findings. As previously mentioned, the control intervention in the large-scale RCT will be recorded poetry. Poetry was selected as the control intervention for the RCT in phase 2 as music and poetry have been shown to be processed by overlapping areas in the brain (Scharinger et al., 2022). Phase 1, part of which is examined in this paper, is necessary to verify that all research conducted in phase 2 will be performed in a person-centred manner and to minimise logistical problems. The results of phase 2 will ensure informed and evidence-based implementation of pre-recorded music interventions in the HPC setting. This current study evaluates and comments on phase 1 findings from the first pilot trial.

METHOD

The first pilot study in phase 1 of this research was conducted in December 2018 at two 10-bed residential hospices (Good Shepherd Emmanuel House and Dr. Bob Kemp Hospice) in Hamilton, Ontario. It was approved by the Hamilton Integrated Research Ethics Board (HIREB, approval no. 5316), and entered in the ClinicalTrials.gov database under number NCT03758703. Two fourth-year undergraduate thesis students (authors CK & AP) conducted this first pilot study with direction and guidance provided by their supervisor (author CM) and research team members (authors BF & SRB). The purpose of phase 1 of the research is to test feasibility and methodological assumptions associated with the RCT design. Methodological choices were aligned with the RCT design as discussed below.

Participants and recruitment

Phase 1 of this study initially recruited four participants who met the planned RCT inclusion criteria: (1) speak English, (2) complete the Edmonton Symptom Assessment Scale (ESAS) and have a score of 3 or higher on pain and anxiety, (3) have a Palliative Performance Scale (PPS) score of at least 40/100, and (4) be cognitively alert and competent to provide informed consent and complete the questionnaire. Informed consent occurred on day 1 prior to the initiation of the intervention or data collection. For compassionate reasons, participants were excluded if they had a prognosis of less than 2 weeks.

Intervention

Participants were asked to self-select and listen to a recorded music care playlist developed by Room 217 and available on the Spotify music streaming app. Each playlist is in the form of an "album" and consist of familiar and soothing sounds and songs designed for use in palliative and end-of-life care, but also in a variety of settings to reduce anxiety and agitation. The musical content of the albums was chosen by HPC stakeholders in a Canadian context and therefore are most applicable in HPC in Western settings. Recordings include 2-3 instruments and sometimes vocals. The tempo is set to 60BPM to support relaxation. Sample album titles include: Peaceful Presence, Classic Comfort, Spirit Wings, and Healing Light. Though these albums are widely used in the HPC setting in the Canadian context, their therapeutic impact has yet to be validated by clinical research. It is important to recognise that different individuals may respond to the music in different ways, and that this research programme will help to understand the effects of the recorded music care playlists more objectively. The intervention was administered daily for 30-minutes over the course of seven days, and participants were free to select different playlists each day. The music was delivered via a portable speaker system, allowing the data collector and family, if present, to engage in the intervention with the participant and interact with them whenever appropriate.

During this music care intervention, the participant was informed that there was no expectation to provide any verbal feedback about whether the music was enjoyable or not. They were allowed to simply sit back and listen, even to the point of falling asleep. The participant was also informed that the music could be stopped at any time to respect their level of comfort. Research students collecting data in this pilot study received two days (14 hours) of training on the use of music care strategies in healthcare contexts. Additionally, they received training on the administration of the outcome measure scales from a university professor and bedside manner training from a palliative care music therapist. Thus, research students were well equipped to respectfully and professionally conduct themselves in the context of this study.

Control

While this pilot study is part of phase 1 research and does not include a control measure, the future large-scale RCT will utilise poetry audio recordings as an active control. Participants will be given the same instructions as discussed in the Intervention section and will similarly be able to self-select a "playlist" of poetry. This pilot study's purpose was to determine trial feasibility and best practices

moving forward, and to preserve a patient-centred approach with regards to the length and scope of each participant's involvement. From a logistical standpoint, the differences in administering music-intervention sessions and poetry control sessions were deemed not significant and control participants were not recruited.

Outcome measures

Throughout the seven days of data collection, participants completed several self-reported questionnaires with the help of the data collector or HPC staff if required before and after the intervention. The daily involvement questionnaire (DIQ) was the first questionnaire that was administered every day before the intervention. It was used to identify if the participant had listened to music outside the context of this study, if at all, allowing researchers to control for this confounding variable. On the DIQ, data collectors also transcribed anecdotes from participants, reasons for drop-out, and participants' suggestions. These anecdotes and explicit conversations about study participation were evaluated to understand the feasibility of the phase 2 RCT protocol. In the context of the feasibility study, additional questionnaires were administered but not statistically evaluated: The Edmonton Symptom Assessment System (ESAS) and the State-Trait Anxiety Inventory Scale (STAI-S). The ESAS and STAI-S are two validated questionnaires that were administered every day before and after the intervention. The ESAS was used to rate the intensity of nine common symptoms experienced by palliative care residents, and the STAI-S was used to determine the presence and severity of current symptoms of anxiety and a generalised propensity to be anxious. On days one, three, and seven, an additional questionnaire, the Hospice Quality of Life Index-Revised (HQLI-R), was also administered before and after the intervention. The HQLI-R is a validated questionnaire that was used to assess four domains (psychophysiological, social/spiritual, and functional well-being) of each participant's QoL. After having notified the resident that the intervention was complete, the research investigator then completed the post-intervention questionnaires with the participant (Figure 1).

RESULTS AND DISCUSSION

This pilot study used a feedback consensus approach to determine the feasibility of conducting a music care RCT in the HPC setting. Several methodological changes are proposed to the original RCT study design to ensure subsequent feasibility studies and phase 2 of this research is conducted in a manner that respects participants' dignity, preferences, and capacity. The research team has also concluded that a second phase 1 pilot study is needed to validate the efficacy of the suggested methodological changes to maintain an ethical approach to research in the HPC setting. Although the inherent stochastic nature of HPC could not ultimately be eliminated, the proposed changes will allow for a more person-centred approach (Table 1). This may improve recruitment and completion rates for the second phase 1 pilot as the study is made less burdensome on the participants (Appendix A). Finally, the results also informed the next iteration of the RCT study design of phase 2 (Appendix A) and is currently being used to develop a training manual outlining the best practices for conducting research in HPC.

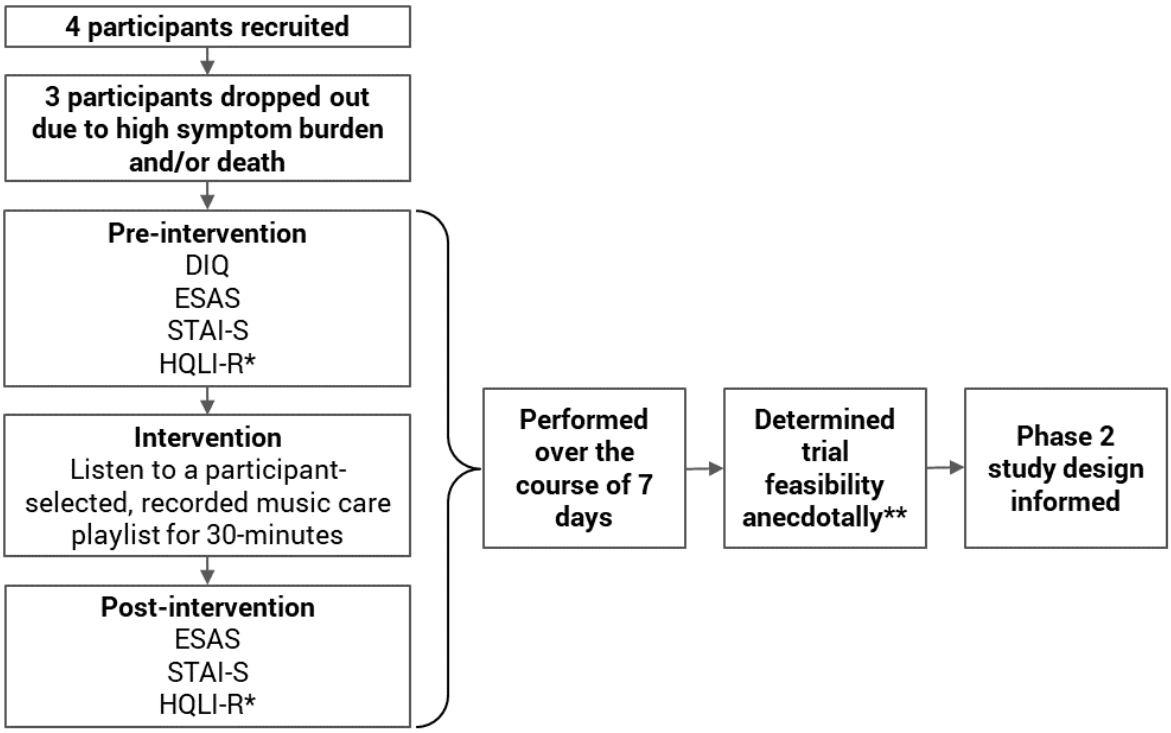

Figure 1: Flowchart of phase 1 study design

* HQLI-R questionnaire was administered only on days 1, 3, and 7 of data collection. ** Determined by inquiring participants' study experiences (including those who dropped out) to update study protocol accordingly, as well as consulting expert opinion from workers (including two HPC MTs, two HPC executive directors, and various nurses/personal support workers) who were available in the setting. DIQ = daily involvement questionnaire; ESAS = Edmonton Symptom Assessment System; STAI-S = State-Trait Anxiety Inventory Scale; HQLI-R = Hospice Quality of Life Index-Revised.

Three of the four participants either dropped out in the middle of the study or after day one due to high symptom burden and/or death. One participant remained in the study for the full seven days. Throughout the pilot week, all participants – including those who dropped out of the study – unanimously agreed that the current duration of the intervention (30-minutes) caused participant fatigue that made it difficult for them to complete the post-study questionnaires. Furthermore, there was an emerging consensus that using four different questionnaires to garner QoL and symptom severity was also too fatiguing. Gathering evidence from the literature and multiple music therapy and HPC professionals (see Table 1), we edited the proposed study protocol to meet participant preferences and adhere to evidence-based practices. To this extent, we determined that using only the ESAS, which has now become a standard of measurement in the HPC settings (Chang et al., 2000), would be used to measure the impact of the on participants. Furthermore, given the consensus of participants, the duration of the intervention was reduced to 15-minutes; this is also found to be the average duration of the typical music therapy sessions in primary care palliative settings. Taken together, we are hopeful that these changes will increase participant comfort levels when engaging with this research. As these modifications are grounded in the professional opinions and evidence from clinical practices of practising music therapists and individuals receiving HPC, we are confident that the quality of research will not suffer. Ultimately, it is important to ensure that participants, especially in settings like that of HPC, are respected and treated as humans first and study participants second.

We also opted to discard the inclusion criteria of ≥ 40 PPS and having a minimum ESAS score of 3. In HPC settings, where recruitment is already a limiting factor, such strict inclusion criteria may not be feasible and conducive to data collection. Furthermore, after consulting with professionals in both the music therapy and palliative care fields, we found that 1) PPS is not necessarily indicative of cognitive capacity, except at the extremes, and 2) all residents should be admitted and ideally have access to the interventions to determine the true effect of our intervention. In other words, it may be valuable to apply the study to the entire HPC population or employ a more pragmatic design, given that participants are English-speaking and are able to consent. This change may improve the generalisability of the study results. While these changes may improve the generalisability of the future studies in our research, it should be recognised that due to the small sample size of this feasibility pilot study, there is limited generalisability of the findings.

Modification to study protocol	Evidence and rationale
Only the ESAS will be used to assess participants' symptoms	To alleviate the level of fatigue associated with completing questionnaires and to increase participants' comfort levels.
Reduced intervention to 15-minutes	All four research participants explicitly expressed that 30-minutes was too long for the intervention sessions. HPC staff (including two MTs and three nurses) agreed that 15-minutes would be more appropriate. Data collectors noted that participants looked visibly fatigued at the 15-minute mark during multiple intervention sessions. This change has been made based on feedback to increase participant comfort levels when engaging with this research project.
Discarded inclusion criteria of ≥ 40 PPS and min. ESAS score of 3	Executive Directors and staff at both participating community hospices stated that this inclusion criteria would significantly limit recruitment due to majority of residents not meeting these numbers. For example, on day 1 of data collection, 10% of hospice residents met this inclusion criteria. This will help recruit more participants and may potentially improve the generalisability of study results.
Additional training for data collectors	In consultation with hospice stakeholders (HPC music therapists, staff, family members, residents if possible), the research team will develop an education module for data collectors to look for signs of discomfort, overstimulation, or other adverse effects of the music. This is critical since the inclusion criteria has been updated to include individuals who may not be able to stop the music/poetry themselves or who are unable to express the desire for the music/poetry to be stopped.
Add a question to the DIQ to ask if the participants also receive music therapy outside the music care sessions	This will allow researchers to gain an understanding of participant engagement in music therapy so it can be controlled for in the data analysis of the RCT.

Table 1: Summary of changes made to study protocol which will inform the study design of the follow-up feasibility study and phase 2 RCT

For compassionate reasons and due to the high symptom burden and fatigue of community HPC participants, it was not feasible for data collectors to obtain exact quotations during intervention sessions. Instead, data collectors scribed hand-written detailed notes documenting feedback from

participants on the DIQ. Table 1 includes (where applicable) the number of feedback points documented and that contributed to each methodological change. All four study participants expressed in at least one intervention session that music evoked emotions and helped them to explore emotions. They each described the healing capacity of music – connecting them to memories and assisting with processing of what had happened in their life and what was to come.

The completion of this phase 1 pilot trial is currently being used to inform the creation of a training manual. The content of the manual will be based on the experience of conducting this pilot trial, participant preferences, and best practices in the HPC settings as informed by the literature and professionals practising in these fields. The training manual will be intended to ease the recruitment process and provide data collectors with a comprehensive picture of how to best conduct the research in phase 2, commenting on aspects such as how to navigate emotionally charged situations and deal with the unpredictability of the setting. In addition, this training manual will help standardise the data collection process for the future RCT. On a broader scale, this training manual will also apply to any music care research conducted in these settings. All researchers will be aware of how to best conduct research in HPC and how to navigate scenarios which may pose problems to data collection and research quality. Ultimately, both the training manual and results of phase 2 will be important to healthcare providers as it will equip them with a new, convenient adjunct in HPC resident care.

Data collectors for this study will follow the training manual and the final research protocol developed for phase 2 of the study (Figure 2). This phase is intended to determine the effectiveness of the Room 217 music care playlists developed for HPC in alleviating negative symptoms and improving QoL. The phase 2 RCT will help objectively determine the effect of the Room 217 music care playlists on the QoL of hospice residents. Phase 2 will also introduce poetry playlists as a control intervention and will proceed as a pragmatic RCT design with half of the participants randomised into either the poetry or music care intervention arms. Figure 2 provides a schematic representation of the phase 2 pilot RCT study design, which can help future researchers who intend to conduct music care research in HPC settings.

LIMITATIONS

Several limitations exist in our study. The generalisability of the findings is limited by the fact that only four participants were recruited, of which only one completed all seven days of data collection. Regardless, all four participants and other healthcare providers and music care experts provided some form of feedback. This is indicative of the unpredictable nature of conducting research in HPC – a participant's level of pain and overall condition can change drastically within a short period of time and thus affect their participation. It is also of importance that the student authors of this study were also the primary data collectors. This may introduce potential biases, threatening the internal validity of our results. However, given the nature of this study, we do not expect it to significantly affect our findings. In phase 2 and in any future RCT conducted with our protocol, we recommend that data collectors are blinded masked and are independent of the rest of the research process. Due to the low sample size and number of participating sites, the results may inherently have low external validity. However, the results of phase 1 may provide healthcare providers and

researchers with valuable information and may be model for future RCT study designs in this population, and thus should not be disregarded due to the potentially low generalisability of the results.

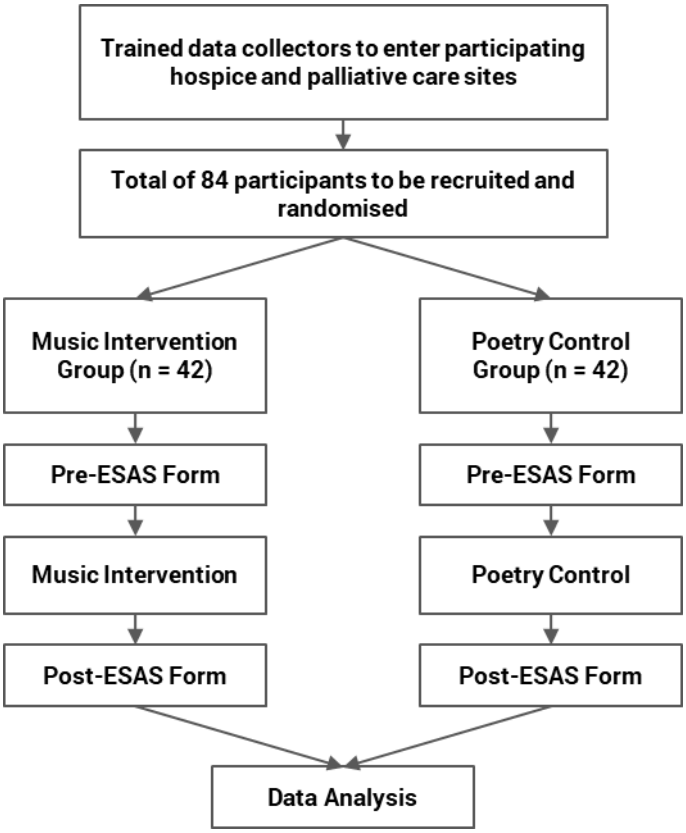

Figure 2: Schematic representation of the phase 2 pilot RCT[1]

CONCLUSION

Music care interventions such as the use of recorded playlists are important approaches to care that are still often met with hesitation. During the phase 1 pilot study, all four participants stated in at least one intervention session that recorded music helped evoke and explore emotions linked to memories of the past and what they believed was to come next. Data collectors' notes from several sessions indicated that participants, care staff, and hospice residents who declined to participate stated that music has a healing capacity. Whilst this pilot study did not include formalised qualitative interviews with participants and stakeholders, the anecdotal themes gathered from data collection sheets justify further scientific exploration of music's impact in the HPC setting. It is critical to collect evidence to understand the impact of music care on health and wellness outcomes so that caregivers and professionals are informed in their use of the music care approach in their care for community hospice residents. Music therapists are leaders in the field of music, health and wellness and play an important

[1] Data collectors will be recruited and trained according to the training manual and will enter one of three participating hospice and palliative care sites. From there, data collectors will recruit a total of 84 participants (method of sample size calculation indicated below), half of whom will be randomised into the music group, and the other half into the poetry group. The ESAS questionnaire will be administered prior to and after the 15-minute intervention for each of the seven days of data collection.

role in HPC. Music therapists can provide guidance and suggestions to care providers who choose to adopt a music care approach (Foster et al., 2021). In some settings, music therapy may be too costly or unfeasible to offer to all patients as often as requested. In this way, music care can be used to improve patient experience in their care facility in the context of limited resources. Furthermore, researchers should be aware of and ready to accept and adapt to the unpredictable nature of the HPC settings. This is especially crucial to recruitment and study completion rates. Researchers may consider the protocol developed from phase 1 of this study and incorporate the recommended steps to performing music care research in such settings. Finally, it is important to always consider the resident first as a person, and then as a study participant. In a setting where data is already difficult to collect, this may pose further problems to data collection and may cause the quality of research to suffer. However, resident dignity and preferences must be at the forefront of our considerations. It is therefore suggested that future research should consult the output of our study when performing research, especially music care research, in HPC settings.

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APPENDIX A: STUDY DESIGNS FOR FUTURE PHASE 1 & PHASE 2 RESEARCH

Phase 1: Follow-up feasibility study

The follow-up feasibility study will allow us to continue to test the feasibility and methodological assumptions associated with the RCT design in a larger sample given the small sample size of the first pilot study. The follow-up feasibility study will follow a similar format to the first pilot study, with certain changes to the study protocol that have been summarised in Table 1. In addition to these changes, researchers will also be testing the feasibility of poetry as the active control arm. Poetry was omitted from the first pilot study as playing recorded music versus recorded poetry from a logistical standpoint (i.e., time and equipment needed) is almost identical. However, it is necessary to test the use of poetry as a control intervention to garner the perspective and experiences of HPC residents prior to implementing it in the phase 2 RCT. Please note that the research team will determine if a third feasibility study is required, following the completion of the next follow-up feasibility study.

Phase 2: Pilot RCT

This study will employ a pragmatic RCT design as a mixed-methods study in which approximately half of the participants will be randomised into a control and the other remaining half in the experimental group. Randomisation sequences will be generated externally and allocation concealment will be employed. Group allocation will be revealed to subjects following informed consent, which is characterised by participants understanding the full details of this study and any risks that may present themselves. Because of the nature of the intervention, it is not possible to perform blinding and further stratification is restricted due to the small sample size. Confounding variables, like those of age, gender, and education, will be collected and controlled for during the statistical analyses.

The research team will not access the residents' health records. Instead, the in-house care staff will perform this screening and refer eligible participants to the research team. Participants randomised into the experimental group will receive and self-select a pre-recorded music care playlist, whereas those randomised into the control group will receive and self-select a pre-recorded soothing poetry playlist, daily, over the course of seven days, but are free to select different playlists within their intervention arm each day.

The music and poetry will be delivered using the same system with the same sound quality through a portable Bluetooth speaker system. The speaker system will allow others to listen with the participant. Pre-recorded poetry was chosen as a control intervention because it stimulates the same biological auditory system as music. This is an appropriate comparison for the pre-recorded music intervention because although it is delivered through the same fundamental biological pathway, poetry

sound waves are interpreted as non-patterned and non-musical. In contrast, music sound waves are interpreted as patterned and organised. It is important to recognise that, especially in the context of hospice care, it would be unethical to prevent participants from using music outside of the study. This is controlled for by performing pre- and post-evaluations exclusively for the session. In other words, this data will be collected concurrently rather than longitudinally. Further, an additional questionnaire (the daily involvement questionnaire) will be used to determine whether music has been used outside of the context of this study. This will allow the research team to later control for this (e.g., when it is used as a distraction technique outside of this study).

Prior to, and at the end of, each intervention, which will last for 15-minutes, one validated questionnaire, the ESAS, will be administered in order to evaluate the effectiveness of the intervention. Finally, an additional "daily involvement" questionnaire will be used as a means to ensure that the music intervention took place. This questionnaire will be completed on each of the seven days for each participant and will record their daily involvement. On the last day of the study (day seven), after the intervention, a semi-structured interview will be conducted to gather qualitative data concerning the effectiveness and opinions on the music or poetry interventions. The individual administering the above-mentioned questionnaires will remain with the resident for the duration of the intervention and listen to the intervention together with the resident; this holds true for both the control and experimental group.

With respect to the planned statistical analysis, changes in symptoms and QoL over time will be analysed using a mixed effects model approach. Because of their strength in dealing with missing values, mixed effects models are preferred over more traditional repeated measures ANOVA. This quantitative data will be analysed in the statistical program R. For the data collected through interviews on acceptability and satisfaction from participants, healthcare providers and volunteers, a thematic analysis will be conducted. NVivo10 will be used during the coding process to organise quotes and subsequently to display hierarchical content upon the completion of the analysis.

Ελληνική περίληψη | Greek abstract

Διερεύνηση δοκιμαστικής μελέτης σκοπιμότητας για την φροντίδα μουσικής σε ξενώνα ανακουφιστικής και παρηγορητικής φροντίδας

Arbaaz Patel | Caleb Kim | SarahRose Black | Bev Foster | Chelsea Mackinnon

ΠΕΡΙΛΗΨΗ

Η φύση του περιβάλλοντος ενός ξενώνα ανακουφιστικής και παρηγορητικής φροντίδας (ΞΑΠΦ) απαιτεί την υποστήριξη των συνεχώς μεταβαλλόμενων αναγκών των νοσηλευόμενων και την ανταπόκριση σε απρόβλεπτες καταστάσεις – ως εκ τούτου, αυτή η μη προβλεψιμότητα έχει ιστορικά αποτελέσει πρόκληση για τη συλλογή δεδομένων υψηλής ποιότητας σε τέτοια περιβάλλοντα. Μέσω μίας συναινετικής προσέγγισης ανατροφοδότησης, αυτή η πιλοτική μελέτη επιδιώκει να καθορίσει τη σκοπιμότητα της υλοποίησης μίας κλινικής δοκιμής με στόχο την κατανόηση του αντίκτυπου μίας προ-ηχογραφημένης παρέμβασης φροντίδας

μουσικής στην ποιότητα ζωής σε περιβάλλοντα ΞΑΠΦ. Συμπεριελήφθησαν τέσσερις συμμετέχοντες με βαθμολογία ≥ 40 στην Κλίμακα Ανακουφιστικής Απόδοσης [Palliative Performance Scale, PPS]. Προσχεδιασμένα άλμπουμ μουσικής φροντίδας προορισμένα για τον ΞΑΠΦ χρησιμοποιήθηκαν ως παρέμβαση για ελάχιστη διάρκεια 30 λεπτών. Χρησιμοποιήθηκαν η Edmonton Κλίμακα Αξιολόγησης Συμπτωμάτων, ο Δείκτης Ανακουφιστικής Ποιότητας Ζωής [Hospice Quality of Life Index], και η Κλίμακα Αξιολόγησης Άγχους [State-Trait Anxiety Inventory], αντικατοπτρίζοντας το σχεδιασμό μίας τυχαιοποιημένης ελεγχόμενης δοκιμής (ΤΕΔ), αλλά δεν έγινε στατιστική ανάλυση για την ερμηνεία αυτών στην παρούσα πιλοτική μελέτη. Η συλλογή δεδομένων συμπεριέλαβε επίσης την καταγραφή των απόψεων των συμμετεχόντων και των φροντιστών. Βάσει της ανατροφοδότησης των συμμετεχόντων, των επαγγελματιών υγείας και των ειδικών στη μουσική φροντίδα, η διάρκεια της παρέμβασης μειώθηκε σε τουλάχιστον 15 λεπτά, ενώ καταργήθηκαν τα προαπαιτούμενα κριτήρια συμμετοχής ως προς την Κλίματα Ανακουφιστικής Απόδοσης. Ο αριθμός των μέτρων έκβασης μειώθηκε από τρία σε ένα ώστε να μετριαστεί η υπερκόπωση των συμμετεχόντων. Τέλος, οι συμμετέχοντες επεσήμαναν ότι η προ-ηχογραφημένη μουσική παρέμβαση ήταν θεραπευτική, αιτιολογώντας έτσι την ανάγκη για περαιτέρω μελέτη των μέτρων έκβασης σχετικά με την ποιότητα ζωής. Η υλοποίηση μίας δεύτερης πιλοτικής μελέτης, για την επικύρωση των αλλαγών στο σχεδιασμό του πρωτοκόλλου της ΤΕΔ, θα είναι ένα καθοριστικής σημασίας βήμα στην ερευνητική διαδικασία, αν και τα αποτελέσματα της παρούσας μελέτης μπορούν να αξιοποιηθούν από ερευνητές που διεξάγουν ΤΕΔ σε ΞΑΠΦ για την ενημέρωση βέλτιστων πρακτικών.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

ξενώνας ανακουφιστικής και παρηγορητικής φροντίδας (ΞΑΠΦ), φροντίδα μουσικής, ποιότητα ζωής, δοκιμαστική μελέτη σκοπιμότητας, τυχαιοποιημένη ελεγχόμενη δοκιμή (ΤΕΔ)

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ARTICLE

Perceptions of GIM therapists transitioning from in-person GIM sessions to online platforms during Covid-19 restriction

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ABSTRACT

In March 2020, when COVID-19 was declared a pandemic, therapists were required to make the transition from in-person, face-to-face sessions with clients to online telehealth sessions. The challenges for therapists practising The Bonny Method of Guided Imagery and Music were particularly difficult. This study was conceived to understand how GIM therapists managed the transition and how they perceived the differences of in-person and online sessions. Seven therapists, all female, living and working in Australia completed in-depth interviews in June 2022 about each element of the session, and a thematic analysis identified grand themes and subordinate themes. Results show that there was a dislocation of physical, personal and therapy space online, with absent cues and missed opportunities for caregiving. Rapport was established online and the therapeutic process developed, but the components of the GIM session were not the same, and the transition for the therapist was challenging. Findings indicate that online GIM sessions may provide greater opportunity and immediacy for people to have therapy and experience GIM, but in-person GIM may provide greater safety and greater depth of experience. Limitations and future research recommendations are presented.

KEYWORDS

Guided Imagery & Music,
Bonny method,
therapists' perceptions,
in-person GIM,
online GIM

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INTRODUCTION

When COVID-19 was declared a pandemic on March 11, 2020 (WHO, 2020) and restrictions were imposed, therapists were faced with an immediate need to transition from in-person to online

sessions. Clients could no longer attend in-person due to restrictions on travel, density limitations, and fear of contamination, and they required therapy to cope with anxiety and fear in the emerging situation. Across many therapy and health services, therapists made the transition to offering telehealth or online sessions. This transition was particularly challenging for therapists offering the Bonny Method of Guided Imagery and Music (GIM) therapy.

GIM is a music-centered form of psychotherapy in which clients are engaged in listening to music in a deeply relaxed state, referred to as an Altered State of Consciousness (ASC) or Non-Ordinary State of Consciousness. Through the process of active imagination, the client engages in imagery, emotions and memories activated by the music. During the music listening component the therapist maintains a verbal dialogue using occasional interventions to seek descriptions from the client about their experience. This dialogue is superimposed over the playing of the music. At the conclusion of the music program clients are invited to process the experience through mandala drawing (Abbott, 2019).

The demands created by COVID-19 restrictions necessitated GIM therapists to offer online GIM sessions immediately, and this propelled many in the GIM community to adapt sessions for online delivery (Dimiceli-Mitran & Moffitt, 2020). Technological challenges where music was shared across multiple platforms necessitated new skills be learned. Initial challenges included (in part): Ensuring the client was safe and in a confidential space at home, that the music did not distort, that words could be spoken over the music, that the client felt safe with eyes closed during the playing of the music, and that if there was a drop-out of technology there were back-up plans in place (Dimiceli-Mitran & Moffitt, 2020).

In 2018, prior to the COVID-19 pandemic, Sanfi (2019) conducted an international survey of online GIM therapy. Only 8 therapists (7% of 170) at that time had used online delivery. In answer to a question about optimal conditions for online GIM, the therapists responded (in part) to have:

1. A clear verbal interaction during music listening
2. Good sound quality
3. Ability to control music continuously
4. Encryption/safe digital security
5. Rapport with client (Sanfi, 2019, p. 629).

The World Health Organisation declared COVID-19 a pandemic on March 11, 2020 (WHO, 2020), and the Association for Music and Imagery (AMI) held a meeting on the online Zoom platform to discuss how to conduct online GIM sessions via teleconference technology (2022, September 1). Topics included optimum technological requirements, ethical considerations, and all aspects of delivering a GIM session safely (Dimiceli-Mitran & Moffitt, 2020). Later, the Music and Imagery Association of Australia (MIAA) drew on the AMI documents to create Information Sheets and Consent Forms for clients, and these were made available to GIM therapists in Melbourne, Australia.

Early on in the pandemic, Milne and Costa (2020) used the term “dislocation” when referring to the changes in their primary medical health practice, in particular the spatial changes related to telehealth. This theme of dislocation, defined as a “situation in which something such as a system, process, or way of life is greatly disturbed or prevented from continuing as normal” (Collins Dictionary, 2022). During lockdowns there was a physical dislocation in that we had to stay at home, and then had

to be resilient moving in and out of lockdown. There was a time dislocation: The rhythm of the day, week, month and year, were all disturbed.

The city in which both authors live and work was subjected to repeated lockdowns between March 2020 and October 2021 amounting to 263 of a total 575 days (45.56%). Our motivation to conduct the study came from the shared experience of these multiple dislocations and readjustments.

LITERATURE

Music therapists had been using online technology for some time prior to the onset of COVID-19, and a large international study surveying music therapists' use of technology, including online music therapy, was conducted by Agres et al. in 2021. There were 112 participants from 20 countries including United States, Canada, Europe [9 countries], Australia, New Zealand, Asia and Bahrain. Conducted in 2020 the survey responses indicated that nearly one third of the respondents said that their practice was temporarily halted, and some lost their jobs due to the COVID-19 restrictions. A high number (76.4%) indicated that telehealth affected their listening attitude and made affect attunement difficult. Poor sound quality was an over-riding factor as was the latency of sound and poor internet functioning. The restricted view of the client was another detrimental factor. Faced with these issues the use of receptive forms of music therapy increased, including listening to music with clients, and assisting clients develop their own playlists for mood regulation (Cabedo-Mas et al., 2021).

Playlists were central to Giordano et al.'s study (2020) that was designed to reduce stress in frontline health workers (doctors and nurses) who were subjected to prolonged shift work, giving care to very sick patients, many of whom died, and the fear of being infected and infecting their own family members. Initially the participants (14 doctors and 20 nurses) were provided with three playlists (PL) to use remotely as often as needed:

1. Relaxation to reduce anxiety and stress (Breathing PL)
2. To support energy (Energy PL) and
3. To instill peace and calm (Serenity PL)

Participants were interviewed about their experience after one week and two new PLs were individualized with input from the participant. This individualized process was repeated for four weeks. Self-reports were collected and included scales on fatigue, fear, sadness and worry. Significant results (pre-post) were found on reducing fear, tiredness and worry at the end of the study.

An online group music and imagery program was devised as part of a wellbeing program (RUOK: Are you OK?) for health workers in a major hospital in Melbourne, Australia (Ip-Winfield & Grocke, 2021). The program was conducted between August-October 2020 during a lengthy lockdown of 111 days. Nine participants volunteered for the program, including psychologists (3), a prosthetic coordinator (1), occupational therapist (1), art therapist (1), music therapist (1), masseur (1) and music therapy student (1). The sessions were 30 minutes in length comprising a relaxation induction, statement of the theme (see below) and 5-7 minutes of music drawn from the GIM programs. The sessions were offered at 8:30 am before first shift of the day, and again at 2pm before afternoon shift commenced. Four themes were pre-determined and included:

- Week 1. What inspired you to become a [your profession]?
- Week 2. Best experience as a [profession]
- Week 3. Present moment feeling about the job
- Week 4. What does the future hold?

Participants gave verbal feedback on the imagery experience. A thematic analysis (Braun & Clark, 2006) identified six themes.

1. Being in nature
2. Immersed in music
3. Positive memories
4. Changed perspectives (a sense of being "part of a bigger plan")
5. Inner peace
6. Newfound strength ("I do make a difference")

In another study (McFerran & Grocke, 2022) University students were interviewed about their experience of online GIM sessions. University students were particularly impacted by COVID-19 lockdowns, and some completed two years' study without face-to-face meetings with lecturers or being on the campus. Three participants who received a series of 6-10 online GIM sessions were interviewed about their experience. Sessions were often adapted due to the clients being at home in a shared space with other members of the family, including children who were being home-schooled. The main adaptation was to use shorter pieces of music, while also maintaining interventions and the mandala drawing component. The two emergent themes from the participants' experience were that there was a sense of urgency leading to their involvement in GIM therapy, and there was an experience of surrender to the music and the process.

In a further study conducted by Giordano et al. (2022), modified individual GIM sessions were provided to hospitalized COVID-19 patients who were not intubated (n=40; Giordano et al., 2022). The study was a RCT with a control condition of treatment as usual (TAU). The experimental intervention was a modified Bonny Method session comprising five components: (1) A discussion and positive focus; (2) a customized playlist, (3) relaxation, (4) music listening with dialogue and (5) a concluding discussion to validate and reinforce positive experience. There was no mandala drawing. The aim was to evaluate the immediate effects of modified GIM on anxiety, heart rate, oxygen saturation and satisfaction with care. Those in the experimental condition had significantly lower anxiety (34.50 compared to 45.00, p=0.000) and significantly higher oxygen saturation (97.50 compared to 96.00 in the TAU condition, p=0.026).

Honig et al. (2021) designed a multi-site RCT to determine if 10 biweekly sessions of The Bonny Method of GIM has an effect on depression, anxiety, stress and mental wellbeing. The study was designed for a sample of 28 participants, however COVID-19 intervened, and recruitment had to be terminated. A cohort of 10 participants completed the program, which was re-cast as a feasibility study (Honig et al., 2021). Two participants from the study were also interviewed. They had experienced both formats – they started with in-person sessions and then transitioned to telehealth via platforms such as Zoom technology. When asked to describe the differences in the delivery formats they indicated that 1) telehealth was beneficial, but initially less effective than in-person, 2) the therapeutic

relationship was developed and supported their transition and 3) their experience of telehealth improved as they gained familiarity (Honig & Hannibal, 2022).

Several studies have investigated the experiences of music therapists in making the transition from in-person to online sessions (Baker & Tamplin, 2021; Forrest et al, 2021; Fuller, 2021; McLeod & Starr, 2021; Molyneux et al., 2022; Shoemark et al., 2022). Baker & Tamplin (2021) interviewed 60 music therapists offering telehealth and found that they perceived telehealth as an adequate interim measure to maintain access to therapy, but in-person therapy was preferred by most. Telehealth was an alternative when circumstances required, or clients preferred. Advantages of telehealth cited were reduced travel time/costs, increased access for clients in remote areas, and increased engagement for some clients and caregivers. Disadvantages included technology/latency issues, more tiring to facilitate, decreased client engagement, and increased support needed for clients. In comparing telehealth with their usual face-to-face sessions, 56.7% (n=34) experienced it as similar, 36.7% (n=22) found the telehealth experience worse than face-to-face, while 6.7% of therapists (n=4) found telehealth superior to face-to-face and that the telehealth modality was better than their expectations.

The present study was designed to gather information about the experience of GIM practitioners using The Bonny Method of GIM who transitioned from providing in-person sessions to online sessions. It was envisaged that the findings would enhance the practice of GIM and inform the training of future GIM therapists. The study was approved by the Human Ethics Committee, University of Melbourne, HASS: 2022-23819-28560-3 (May 12, 2022).

Aim of the study

This study sought to understand the experience of GIM therapists in making the transition from providing in-person GIM sessions to online GIM sessions during 2020-2022, and to compare and contrast their views of online GIM therapy with the traditional in-person format. The study was conceived as a qualitative study in which in-depth interviewing was implemented to gain a sense of the GIM therapists' lived experience (Kvale, 1996) and to capture multiple perspectives of their experience

METHOD

The stance of the researchers

As qualitative research is inherently interpretive, the stance of the researcher is critical to the transparent process of identifying codes and themes (Braun & Clarke, 2020). Both authors in this study are experienced researchers having conducted multiple qualitative studies that have incorporated phenomenology, grounded theory and thematic analysis to elicit knowledge (Grocke, 2002, 2019; McFerran & Grocke, 2007; McFerran & Hunt, 2022; McFerran & Saarikallio, 2014). Both researchers are accredited Bonny Method GIM therapists with MIAA and author 1 is also accredited with AMI. Both have experience offering GIM in-person. Author 2 has also given GIM sessions online and received GIM sessions online. Both authors designed the study, co-wrote the ethics application, and consulted on the thematic analysis and write-up of the study. Author 1 conducted the interviews. Author 2 read the reduction of each participant's transcript and the emergent themes (see below under Data Analysis)

and then validated the sub themes and emergent grand themes. Any discrepancies were discussed until both authors were in agreement.

The Epoché

In the tradition of Husserl's descriptive phenomenology in which we were both trained, an Epoché is often used as a way to reflexively consider what pre-assumptions and biases the researcher brings to the investigation. It has been described as a way to bracket preconceptions in order to put aside assumptions that might otherwise lead us to generating false descriptions (Roberts, 2019). The idea of an Epoché has been thoroughly and repeatedly critiqued (Zahavi, 2021), but we choose to use it here because our own lived experience of the phenomenon we are seeking to capture through qualitative analysis is deeply relevant to our findings. We drew on our subjective knowing and used it to guide us towards the questions we asked, the ways that we gently probed for the deeper descriptions and the ways we approached the analysis of the data. We have been transparent about each step of the process so that these biases are revealed, and the reader is invited to decide for themselves if they remain helpful.

This study was infused with a desire to support GIM therapists by listening to their stories of grappling with an enormous transition in practice whilst simultaneously coping with their own experiences of fear and anxiety in response to the pandemic. Our assumptions were that this would be challenging. We felt the technology could be difficult. We thought that the sense of safety would be hard to achieve. We worried that therapists would not be able to provide care in the way they were used to, and clients might feel abandoned. We also made the transition with our colleagues and met our own challenges, but we felt a responsibility to explore what had happened and to try to make sense of it. Partly this was to validate efforts made by the therapists, partly to reap the potential learnings from what worked and what didn't, and also as a gesture of processing a shared experience of caring.

Participants

Recruitment of participants for the study was made through the MIAA. The invitation to participate was sent out via email by the Administrator of MIAA. The criteria for inclusion were that the GIM therapist had provided both in-person and online GIM sessions and were willing to discuss the benefits and disadvantages of both forms of delivery. The invitation explained that there would be an interview of 1-1.5 hours that would be recorded using Zoom technology. It was further explained that a transcript of the interview and reduction of the themes would be sent to them for verification. They were provided the opportunity to change any aspect of the final essence of their individual experience.

Participants contacted the first author by email if they were interested and a Plain Language Statement and Consent Form was emailed to them. If they wished to proceed a time was arranged for a Zoom interview and a copy of the interview questions sent to them. At the start of the interview the first author reminded the participant that the interview would be recorded and requested permission. The first author also reminded them that the number of GIM therapists in Australia was small and that they should bear that in mind in answering any questions to insure their confidentiality and that of their clients. This was a requirement of the ethics board approval.

Seven female GIM therapists responded to the invitation to be part of the study and they were interviewed in June 2022. Three had been practicing for more than 10 years, and four less than 10 years.

Data collection

In-depth interviewing is a common choice of data collection in qualitative research, and thematic analysis (Braun & Clark, 2006, 2020) is commonly used to analyse the data. The 23 questions designed for this study were a mix of closed and open-ended questions (see Appendix 1). Questions 1-5 focused on how the therapists prepared to transition to online sessions and Questions 13-18 were about technology. These were direct questions (Kvale, 1996) to elicit information, and a deductive analysis was applied by simply creating lists from the answers.

Other questions were designed as open questions (Kvale, 1996) to elicit information that required reflection and description. For example, questions 6-12 were about the elements of the session and whether they were the same or different in the two modes of delivery. The participants reflected on sessions given to clients and often elaborated on their experience as they compared the two forms of delivery. Questions 19-22 were about rapport and therapeutic process, and a final question (#23) asked about their overall experience. For these open questions the interviewer (author 1) drew on her experience in conducting phenomenological studies by providing opportunities for the participant to dwell on the experience by being mindful of creating space through silence. She encouraged elaboration in order to gain a fuller meaning of the experience as described by the participants. An example was participant 2 who struggled to find the right words to describe the absence of the "essence of the person" when providing the relaxation induction online. She said haltingly, (ellipses indicate 2-3 seconds of silence between phrases), that it was "like a dead body... a body with nothing you know, like the soul... there's nothing... the soul or the essence of the person's gone, it's not there."

Data analysis

The length of the interviews varied but were between 1-1.5 hours. They were recorded and transcribed automatically by Zoom. The transcriptions were sometimes inaccurate, for example the word "mandala" was transcribed by Zoom as "Mandela." The transcription of the seven participants interviews generated 79 pages of data, 1.5 spaced.

The procedure for analysis differed according to the nature of the question. The factual questions 1-5 and 13-18 were analysed using deductive analysis that generated lists. Questions 6-12 and 19-23 were analysed using the five steps based on Braun and Clark's (2006) thematic analysis:

1. The transcript was edited for accuracy against the recording. Inaccuracies in the automatic Zoom transcriptions were corrected and duplications and superfluous words removed.
2. A reduction was made of each transcript; emergent themes were identified and labelled. Important quotes from that interview were saved.

3. The reduction, emergent themes and selected quotes were returned to the participant with the questions: "Does the reduction capture everything?"; "Is there anything in the reduction that has been omitted?" A further question required by the Ethics Board was: "Is there anything in the reduction and the quotes that might identify you or your client/s?" Three participants requested material be removed as they, or their client/s may be identified.
4. Returning to the full data set the seven responses were collated according to each question. Questions 1-5 asked about how they prepared for the transition and the responses were collated (see below). No further analysis was needed. Questions 13-18 asked about difficulties with technology. The answers were collated as a list (Appendix 2) and no further analysis was needed. The questions that asked the participants to reflect on the differences between the two modes of delivery (questions 6-12), rapport and therapeutic process (19-22) and the therapist's lived experience (question 23) generated rich descriptions that were analysed using thematic analysis. Analysis was done sequentially, commencing with Participant 1's responses, noting important statements that suggested potential themes. As further transcripts were read similar statements were grouped to form emergent themes that were labelled cumulatively. Grand themes were then identified, and the emergent themes became the subordinate themes (see tables 1, 2, 3 and 4).
5. The second author verified the identification of subordinate and grand themes.

FINDINGS

Preparing for online (Questions 1-5)

To prepare for the transition to online GIM six of the seven participants read Sanfi's (2019) chapter and watched the 14 videos that accompanied that chapter (chapter 32) before they offered sessions to clients. Six participants attended the MIAA webinar, and three trialled with family members and /or GIM colleagues to enhance their skills. One participant prepared by "trial and error" (P7). Three participants purchased new equipment including a new router, a new computer, new headphones and microphones, and a Zoom Pro account for additional support.

All seven participants used the Zoom platform to conduct GIM sessions. Two participants commenced offering online GIM in March 2020, two in April 2020, two in June-July, and one began at the end of 2020.

Comparing the two forms of delivery (Questions 6-12)

In comparing the two forms of delivery (online and in person) for each aspect of the GIM session, participants described a dislocation of space during online sessions (see Table 1).

Grand theme 1: A dislocated space

Grand theme	Subordinate-themes	Example of participant responses
A Dislocated Space	Dislocation of physical space	"During in-person [sessions] you can bend your head to them... and you really couldn't do that online." (P1)
	Dislocation of personal space	"You are so in someone else's face... if you back off it looks like you're not interested and if you sit there looking at them, you look like you're... staring." (P1)
	Dislocated therapy space	"It's their personal space, the separation between personal and therapeutic space is not there." (P7)

Table 1: Grand theme 1: A dislocated space

There were three subordinate themes within this grand theme:

1. A dislocation of physical space
2. A dislocation of personal space
3. A dislocation of therapy space

Dislocation of physical space

Participant 7 described the sense of dislocation of the physical space as

> it's not the same experience… that ritual [for the client] of getting up, going to a clinic space or therapy space, knocking on the door; and for me it was I get up, I sit at my desk, I turn on my computer, I log on …. and now I am waiting. (P7)

There was dislocation of space within the session, for example the clients might be sitting on a chair in the prelude but might go to lay down on the floor for the relaxation (P3). Another client shifted rooms three times in a session due to the shared space with family all being at home (P6).

Finding a comfortable position to lead the GIM session online was difficult and described by P1 and P6. P1 said, "I really struggled where to position my body [online] … it's exhausting really …", and P6 noticed she sat with her neck and shoulders and chin jutting forward, whereas she was more comfortable in-person.

P1 described,

> during in-person [sessions] you can bend your head to them … and you really couldn't do that online. You never really know what the client is hearing online, whereas in person you probably do have a fairly good idea of what they're hearing 'cause you're in the same room.

There were various disruptions to the physical space and the progression of the session. These included neighbours and delivery personnel knocking on the front door, barking dogs, and cats clawing at the door wanting access.

Dislocation of personal space

Dislocation was also felt in the personal space, "You are so in someone else's face… if you back off it looks like you're not interested and if you sit there looking at them, you look like you're… staring (P1). And for participant 3, "with the online session, it's straight away in your face, almost the face facing directly, it's just really the… the big face in front. Participant 6 expressed it as, "I always found it more difficult those first few minutes. Just for me getting settled, someone else getting settled."

Changes in personal space were noted during the relaxation induction. Some participants felt the personal space was enhanced, "having the voice straight into their ears really helped centering, was really helpful to get them straight into that space" (P1), and "it's possible the person may be feeling more comfortable in their own space" (P3).

But P3 felt it was a distorted personal space, "it felt like you're scrutinising someone... your face is looking down as they go into this state of altered consciousness" (P1), and "it's kind of distorted because it's skewed in a certain way. There's something about looking at the whole person three dimensionally" (P3).

P5 found that she would turn on an angle, so that she was on the client's level when giving the induction, like a kinaesthetic empathy "I was twisting myself around... I wanted to be on that same [level]."

Dislocated therapy space

The third form of dislocated space was of the therapy space. As P7 expressed,

> it's their personal space, the separation between personal and therapeutic space is not there... They are coming into a therapy session, coming into that waiting room, potentially straight from just having had breakfast... they were in their personal life. (P7)

And for P5,

> in the in-person [sessions], the space is... it becomes a music space. And the client and the therapist and the room is in the music space. Whereas [online] the music is in my ears, and [separately] in the client's ears. (P5)

P3 commented that, "... something is not there. It's less substantial, I suppose... Like we're not sharing the air... [not] looking at the same thing from the same angle... [not] feeling the three-dimensional thing together, this particular reality together."

P2 was cautious in giving the induction: "There were always questions about safety in terms of the depth of the relaxation... people didn't go as deeply as they would if they were in the same room... they had to regulate themselves." P6 felt "they were not in the safety of a therapy space and couldn't go into a deep place knowing the therapist was sitting beside them physically."

When asked about the closure to the session, P3 commented

> we don't share the same space, they are using their everyday space, and it's not a declared therapeutic space... so when you say 'closure' it just becomes a word... how could they differentiate if they're staying in that same room the rest of the day because of work. Even if you encourage them to go outside and come back, they'll come back to the same place... I wondered that… if that might have had an effect on the outcome. (P3)

Boundaries were mentioned by P1,

> if someone comes to your house or comes to your room there's a kind of professionality... they're coming to your space, and that impacts the relationship and the boundaries and the therapist-participant roles [but] I don't think that's clear online.

Similarly, P2 said, "there's some transference that happens for the client when they come into a room and for us as well as the therapists. That was different in this space 'cause they were in their space, I was in my space."

Grand theme two: Absent cues and missed caregiving

Participants described aspects that were absent in the online session, including absent cues, and the absence of caregiving (see Table 2).

Grand theme	Subordinate themes	Example of participant responses
Absent cues and missed caregiving	Absent cues	"When a client walks in the room in the face to face [in-person] session, you can pick up what they are like and you can usually sense what their mood is, just from the something that radiates out of them. I couldn't pick up the little nuances online." (P2)
	Missed care giving	"I wasn't able to offer them that little bit of care that you can in an in-person session, in presenting them with the mandala materials, with the pastels, they had to do that themselves... it felt a little bit less generous." (P6)

Table 2: Grand theme 2: Absent cues and missed caregiving

Absent cues

P2 described absent cues as,

> When a client walks in the room in the face to face [in-person] session, you can pick up what they are like and you can usually sense what their mood is, just from the something that radiates out of them. I couldn't pick up the little nuances [online]... I learnt to be more observant.

P6 commented, "... online I spend quite a bit of time just getting to know how they are verbally, because I don't have that information as much as I had when they come in the door."

Absent cues during the relaxation induction were described as, "You can't really tell how relaxed they are – you're not there – you're guessing" (P3). P4 missed "not being able to feel the shift of energy or the warmth or see the skin tingle" and P6 missed seeing the signs of the whole body which you can pick up in an in-person session.

Missed caregiving

Participants reflected on missing the rituals of caregiving in the sessions. P6 said that in-person she "could give them a little bit of care putting the blanket or cover over them... to set the scene and atmosphere for a good session, like a sense of trust they can really let go."

For P1, "I wasn't able to offer them that little bit of care that you can in an in-person session, in presenting them with the mandala materials, with the pastels, they had to do that themselves... it felt a little bit less generous."

Participants also commented that they missed seeing the person out the door at the end of the session, as you would in an in-person setting "[there was no] shepherding out and saying goodbye, that movement process..." (P7)

Rapport, therapeutic process and transition (Questions 13-25)

Questions 13-25 asked about rapport, the therapeutic relationship, the benefits of online vs in-person, and their own experience of the transition (Table 3).

Grand theme three: Rapport and therapeutic process developed

Grand theme	Subordinate themes	Example of participant responses
Rapport and the therapeutic process developed online, but components were not the same, and transition was challenging	Rapport was built and therapeutic process developed	"rapport was enhanced, because of the difficulty we were working under.... I'm inclined to say it might have developed even better... rapport strengthened, it certainly didn't deteriorate." (P6)
	The components of the session were not the same	"GIM online is almost like a slightly different method." (P1) A) Sound checks B) Adaptations C) The depth of the ASC was different D) Providing interventions online was different E) Modifying the Mandala Sharing
	Transition was challenging	"sharing the problem with others... it helped to contain the anxiety about "what do I do... I was still able to offer something... it was good, interesting but also a challenge." (P2)

Table 3: Grand theme 3: Rapport and therapeutic process developed

Rapport and therapeutic process developed.

All seven therapists believed rapport was built through online GIM, and that there was a therapeutic process over time that deepened and was helpful to clients. "There was a sense of 'we are all in this together,' [referring to the COVID-19 restrictions], that a part of rapport building was to share a major experience together" (P4).

Another therapist felt rapport was enhanced, "*because* of the difficulty we were working under... I'm inclined to say it might have developed even better... clients appreciated that... rapport strengthened; it certainly didn't deteriorate" (P6).

P2 and P3 felt that "trust was developed (P2), and... [the] alliance I think is the same, the trust between me and them" (P3). P4 felt "connected with them the same way" (P4).

For P1, she felt closer to her clients online, compared to in-person, "we developed a very close relationship... they're in their own home and you are being invited into their home." P1 felt that the depth that she has reached with one client in particular as "being huge", and way surpassed any depth that she has found with any other client.

P7 felt her clients had more consistency with their sessions. Some had sessions fortnightly that would not have happened when their lives were busier. P3 commented "there is that urgency and immediacy that you are available online, on the spot... you're available for them, when they want, and in that time".

One therapist commented that online "feels almost like a slightly different method" (P1).

> [You are] not giving as much of yourself online... you're asking them to look after themselves in their remote spot, while you sit there at a screen and try to hold the space... But by the same token some people wouldn't have any therapy without it. (P1)

The components of the session were not the same

Participants offered new insights about online sessions and identified aspects that were not the same.

A) Sound-checks

All participants did a sound check with clients before commencing each session. This was difficult for clients who had little computer knowledge and experience. Clients had to check their microphone, device and headphones which put the responsibility back on them to ensure the session was set up in an optimal way. As the session progressed the clients would move and possibly shift the microphone, which then impacted what the therapist heard.

B) Adaptations

Participants described a number of adaptations they made for online sessions that may not have happened in-person. These included:

- Avoiding the working programs, due to concern about the client going too deeply
- Using shortened music programs
- Verbal sessions with music and drawing at the end of the session

- Supportive Music and Imagery (MI)
- Repeated listening to one piece of music
- Listening to the first piece of the music program without interventions from the therapist, then the therapist pausing the music and checking in with client verbally about the experience, before resuming with next piece of music (P3, 5, 7)
- Music Drawing Narrative (Booth, 2005-2006) worked well online, as the client listens to the music twice (once to draw and second, to write a narrative) (P2, P7).

C) The depth of the Altered State of Consciousness (ASC) was different

P2 felt "people didn't go as deeply as they would if they were in the same room". P4 however thought that "some clients went into the ASC quite deeply, depending on how experienced they were and how much trust they had in me, and in the therapy, and the equipment and settings (P4).

D) Providing interventions online was different

Five of the seven participants described difficulties where the interventions interrupted the flow of the music. P2 said, "Hearing the music was often a problem early on in 2020 where the client would hear the music but couldn't hear my interventions, or when the interventions happened the music stopped, they blocked out the music. But by 2021 that issue was resolved maybe as Zoom improved."

Similarly P5 said, "I learned early not to say "uh-huh" or 'umm" because the music would drop out. Whereas I think that's *more important* online, so that the client knows I haven't left the room, haven't left the space... that was difficult, but it seemed after, perhaps by the end of 2020, the beginning of 2021 this was improving."

Therapists monitored the number of interventions and the timing of interventions more online than in-person. Some made fewer interventions, but P4 made more interventions because she needed to know what was happening for the client. She was conscious of not exploring too deeply unless she knew whether they could handle their emotions. P6 said her interventions were delivered more slowly and close together. "I was cautious because of the distance between us."

P2 described that she used all her senses, being almost hypervigilant in the online sessions. Her inventions were focussed on the body for that reason.

E) Modifying the mandala sharing

Most commonly the clients took a photo of the mandala and shared the screen, but participants commented that the mandala came up rather large and that the client was a little square in the corner of the Zoom screen. Participants (therapists) who had two screens found that was optimal for viewing the mandala and the client's face clearly (P1).

For some clients who didn't have the skill or equipment to share, they held the mandala to the computer camera, and then the therapist asked the client to move it around to see the whole. Sometimes the colours were not clear, and sometimes they were distorted (P7).

A challenging transition

Many participants found the transition challenging. For P2,

> the transition itself was a positive experience – it gave me a sense of purpose and mastery, 'I can manage this,' and sharing the problem with others... it helped to contain the anxiety about "what do I do . . I was still able to offer something... it was good, interesting but also a challenge. (P2)

It was "challenging" for P2, P5, P6, "difficult" and "stressful" (P6) and "there was anxiety" (P2, P4, P6).

Grand theme four: Online provides greater opportunity for clients but in-person GIM may provide greater safety and possibly greater depth of experience

All seven therapists said they would continue to offer online GIM and cited many benefits of online GIM (see Table 4).

Grand theme	Subordinate themes	Participant responses
Online provides greater opportunity for clients but in-person GIM provides greater safety and possibly greater depth of experience.	Benefits of online sessions	"Online sessions are more convenient and more accessible for [busy] people." (P4)
	Benefits of in-person sessions	"in person, the music is filling the room, it's part of the environment and it's part of the therapeutic space." (P1)

Table 4: Grand theme 4: Online provides greater opportunity for clients but in-person GIM provides greater safety and possibly greater depth of experience

Benefits of online sessions

As P1 comments, "some people wouldn't have any therapy without it... It's less of an inconvenience for people to commit themselves", and P2 said,

> They don't have to leave their homes, as long as they have a place of privacy... [However], clients need to be more self-reliant and manage their own emotional space... and this puts more duty of care on the therapist about being aware of the client's emotional capacity before offering them full sessions.

P4 commented that, "I work with busy people... Online sessions are more convenient and more accessible for [busy] people." Similarly for P3, "for in-person sessions the client has to make an appointment and wait, but for online sessions the client might be at 'tipping point'... there is more urgency." P6 reflected on opportunities, "Zoom has made it possible for country people, and people interstate [to have GIM]... all those wonderful possibilities."

Benefits of in-person sessions

Participants were aware of the limitations of the online platform and reflected on their preference for in-person sessions.

> The quality of the music matters, the space matters and I like to have control over the speaker in front of me that the person next to me is listening to. The screen is two dimensional and the virtual spatial presentation mucks around with my sense of spatial awareness... [whereas] in-person the place is almost like a sacred place where you meet. (P3)

P1 also reflected on the music, "in person, the music is filling the room, it's part of the environment and it's part of the therapeutic space" (P1).

Other comments focussed on the therapeutic journey of travelling to the therapist. "There's something about the actual journey that begins when they (the clients) decide to come to the session" (P5).

P6 said,

> there is a different quality of presence... the therapist can control the space and know it is uninterrupted, it's safe, and that's not so when the space is in the client's home. Family members might be at home, which is different from getting in your car, going to a therapy session which has that distance from the very thing you might want to be talking about... that because of the situation [the client being at home], *couldn't be talked about...* (P6)

DISCUSSION

Many of the findings of this study are in accord with Sanfi's (2019) survey of optimal conditions for GIM online, including (in part) 1) clear verbal interaction during music listening, 2) good sound quality, 3) ability to control music continuously, 4) safe digital security, and 5) rapport with client"(Sanfi, 2019). Participants in this study unanimously confirmed that rapport could be built online and that a therapeutic process was maintained. One participant went as far as to say that the process was enhanced online. The two client participants in Honig & Hannibal's (2022) study similarly confirmed that the therapeutic relationship was developed and supported their transition.

The findings also confirm Baker and Tamplin's (2021) study of music therapists experience of offering online sessions. They found that telehealth was a viable alternative when circumstances required and that advantages included reduced travel time/costs, increased access for clients in remote areas, and increased engagement for some clients. Respondents in their study identified disadvantages that included technology/latency issues, that it was more tiring to facilitate telehealth sessions, decreased client engagement, and increased support needed for clients – all of which were identified in this present study as affecting GIM therapists.

P1 commented that GIM online was "almost like a slightly different method," which poses the question whether online GIM (Bonny Method) is an adaptation of the original method. Honig (2022) offers a thoughtful argument about this question. The two clients interviewed in his study felt that "the telehealth format was the *same, but a little different*" (p. 90, italics his). He clarifies that the telehealth (online) transition sessions were initially "experienced as less effect both *experientially* and *procedurally*" (p. 85, italics his), suggesting an important distinction relative to the definition of GIM. Definitions often list the elements of the GIM sessions that must be present in order to name it The Bonny Method (Bruscia, 2002). These are the procedural elements that on the whole are the same online as in-person. The difference between the two modes of delivery however lies in the experience, particularly when the client has already received in-person sessions. Honig (2022) discusses the dilemma further by clarifying that, "... a precise description of GIM with tight boundaries has utility for research because it improves validity and replicability... and in therapeutic practice it aids in precise and clear communication" (p.91). On the other hand Honig argues that "increasing the precision of language with which we define approaches draws boundaries that can limit practice, scope, and adaptability of therapeutic approaches" (Honig, 2022, p. 91).

Implications for the practice of GIM

Numerous themes were identified in this study that have implications for the safe and effective practice of GIM online, including:

1. The readiness of the client. P2 drew attention to the need for clients to regulate themselves. The onus is therefore on the therapist to determine whether online GIM is an appropriate method to use for clients who have difficulty in emotionally regulating themselves. Many of the participants in this study chose to use adaptations for this reason, by shortening the music and imagery component, or adopting Music, Drawing & Narrative (Booth, 2005-2006), or even just drawing to music. It should be remembered that the clients themselves were often distressed during the lockdowns and an in-depth exploration of personal issues was often not appropriate.
2. Safety at home. Several participants recounted situations where the client was not in a safe position at home to freely discuss their concerns. P6 commented that going to a therapy session provides distance from the family and that family issues may be the very thing the client wants to discuss. It was difficult to do that if the family was in the next room. Safety was also paramount in that the therapists insured that the Zoom session was locked immediately when the client entered the session. This aspect was also highlighted by Sanfi (2019) in his explanation of a safe encrypted platform to carry out online GIM.
3. Findings from this study suggest that the two most uncomfortable aspects of the session occur at the very beginning, welcoming the client into the session, and the closure of the session. P1 commented that if you sit too closely it can be too close for personal comfort, yet if the therapist sits back, it gives the impression of disinterest. An initial sitting back when the client joins the meeting, then moving forward to the closer position, might rectify this

discomfort. When asked about who ended the Zoom connection, two therapists said they waited for the client to exit first; others said they disconnected at the same time as the client.

4. There is no doubt that technology plays a major part in the smooth running of a GIM session online. Some participants in this study had clients who came to them through a government-supported therapy service, who did not have new technology equipment, nor the skills to effectively use them. In addition, the clients lived in shared housing with poor internet service. Adaptations were often needed for these clients.
5. Five of the seven participants commented that the verbal interventions interrupted the music. It is not clear why this occurred as the instructions in Sanfi's (2019) chapter and in the instruction leaflet produced by MIAA should have worked well. One possible answer is that clients may not have been wearing headphones.
6. Therapists referred to online sessions as being challenging, tiring, stressful and anxiety provoking. P6 commented, "there was always the [doubt] 'will it work today?' Will we get through a program, will I have to adapt?" "It was difficult but rewarding." The implication is that further training is needed and more practice with colleagues before offering online sessions to the public.

Implications for GIM training

Trainees undergoing advanced training in the Bonny Method of GIM were impacted by the COVID-19 pandemic in that there were restrictions on clients being able to attend in-person. Trainees needed to be skilled up to give online sessions, and this happened quickly with little time to prepare. A different study would be needed to determine how the trainees managed the shift from in-person to online, particularly for trainees who were just starting out and transitioned to online immediately. The authors believe the preferred way to proceed is for trainees to be competent with in-person GIM before being encouraged to offer online, particularly with regard to the depth of the induction, choice of music and level of intervention. However, when faced with a catastrophic event, such as a pandemic, this was not possible. Trainees need skills in managing technology for conducting GIM online, and trainers need to be sure that the trainee feels confident enough so that technological issues do not disrupt the smooth running of the session.

Participants in this study mentioned that their clients had to self-regulate, and this has implications for the training of GIM therapists who are working online. An incremental model of introducing the elements of the Bonny Method to new clients may facilitate a process of assessment, by commencing a first session with supportive MI, then in subsequent sessions introducing short pieces of music with interventions and slowly building to a longer music program or full program.

Participants in this study also made changes to the way they intervened. Some made more verbal interventions, one therapist made the interventions more slowly and close together, another held back because the interventions disrupted the flow of the music. These reflections have relevance for training trainees in The Bonny Method.

Limitations of the study

The purpose of the study was to gather information from qualified and experienced GIM therapists about their experience of transitioning from in-person to online GIM during the restrictions caused by the COVID-19 pandemic. The seven participants were all female, living and working in Australia. They were all trained in Australia, and are known to each other through professional development seminars. The findings of this study should be read with this in mind. A more heterogenous sample of gender and diversity would provide a different lens on the experience.

Both authors were impacted by the lockdowns between March 2020 and October 2021. The term "dislocation" for example, first encountered in the Milne and Costa (2020) article, and articulated in the Collins definition, "a way of life is greatly disturbed or prevented from continuing as normal" was chosen for the coding of the themes, as it resonated with the descriptions of the participants' experience.

An interviewer from a different city and State than Melbourne, Victoria, or from another country may have been less impacted by the pandemic and therefore have coded the responses differently.

On reflection, additional questions that could have been asked in this study would be about transference and countertransference. While some of the quotations hint at the impact of online sessions on both transference and countertransference a more in-depth study could elucidate some interesting outcomes that may impact on the practice of GIM and training of new therapists. In addition it would have been interesting to ask whether participating in the interview itself enhanced their knowledge and understanding of the transition.

CONCLUSION

The study has identified key themes in the practice of GIM online, and the lived experience of GIM therapists who transitioned from in-person to online sessions. Themes identified the differences between online GIM therapy and in-person GIM therapy, as a dislocation of physical, personal and therapy space online, with absent cues and missed opportunities for caregiving. Rapport can be established and there is a development of a therapeutic process online, but the components of the GIM session are not the same and the transition for the therapist may be challenging. Online GIM sessions may provide greater opportunity and immediacy for people to have therapy and experience GIM, but in-person GIM may provide greater safety and greater depth of experience.

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Ελληνική περίληψη | Greek abstract

Αντιλήψεις των θεραπευτών KNAM κατά τη μετάβασή τους από τις δια ζώσης συνεδρίες KNAM σε διαδικτυακές πλατφόρμες κατά τη διάρκεια των περιορισμών του Covid-19

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ΠΕΡΙΛΗΨΗ

Τον Μάρτιο του 2020, όταν η COVID-19 ανακηρύχθηκε πανδημία, οι θεραπευτές αναγκάστηκαν να μεταβούν από τις δια ζώσης συναντήσεις με τους πελάτες σε διαδικτυακές συνεδρίες τηλεϋγείας. Οι προκλήσεις για τους θεραπευτές που εφαρμόζουν τη Μέθοδο Bonny της Καθοδηγούμενης Νοερής Απεικόνισης και Μουσικής (KNAM) ήταν ιδιαίτερα δύσκολες. Αυτή η μελέτη σχεδιάστηκε για να κατανοήσουμε πώς οι θεραπευτές KNAM διαχειρίστηκαν την μετάβαση και πώς αντιλήφθηκαν τις διαφορές μεταξύ των δια ζώσης και των διαδικτυακών συνεδριών. Επτά θεραπεύτριες, όλες γυναίκες, οι οποίες ζουν και εργάζονται στην Αυστραλία, πραγματοποίησαν τον Ιούνιο του 2022 εις βάθος συνεντεύξεις σχετικά με κάθε στοιχείο της συνεδρίας, και η θεματική ανάλυση προσδιόρισε μεγάλες και δευτερεύουσες θεματικές κατηγορίες. Τα αποτελέσματα δείχνουν ότι υπήρξε μια μετατόπιση του φυσικού, προσωπικού και θεραπευτικού χώρου στο διαδίκτυο, με απουσία ενδείξεων και χαμένες ευκαιρίες για φροντίδα. Η σχέση εμπιστοσύνης διαμορφώθηκε διαδικτυακά και η θεραπευτική διαδικασία εξελίχθηκε, αλλά τα συστατικά της συνεδρίας KNAM δεν ήταν τα ίδια, και η μετάβαση για τον θεραπευτή ήταν δύσκολη. Τα ευρήματα υποδηλώνουν ότι οι διαδικτυακές συνεδρίες KNAM μπορεί να προσφέρουν περισσότερες ευκαιρίες και άμεση πρόσβαση στους ανθρώπους για θεραπεία και για εμπειρίες KNAM, αλλά οι δια ζώσης συνεδρίες KNAM μπορεί να παρέχουν μεγαλύτερη αίσθηση ασφάλειας και μεγαλύτερο βάθος εμπειρίας. Παρουσιάζονται περιορισμοί και συστάσεις για μελλοντικές έρευνες.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Καθοδηγούμενη Νοερή Απεικόνιση και Μουσική (KNAM), μέθοδος Bonny, αντιλήψεις των θεραπευτών, δια ζώσης KNAM, διαδικτυακή KNAM

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ARTICLE

Exploring the potential benefits of an online music-based meditation programme for family carers of people with dementia

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ABSTRACT

This study explores the potential psychosocial benefits of an online music-based meditation programme for family carers of people with dementia. Previous literature identifies the benefits of music and mindfulness in separate capacities for the promotion of wellbeing, positive mood and reducing isolation for family carers of people with dementia. No known literature currently exists combining meditation and music online specifically for this demographic. Thirteen family carers were recruited and participated in the study, attending a 30-minute session each week over four weeks. Additional music-based meditation resources were provided to be accessed outside the intervention at a time convenient to the participants. Data was collected through eight in-depth semi-structured interviews post intervention and analysed using Interpretive Phenomenological Analysis (IPA). There was an overall positive response from participants as the majority noted that participation in the programme had a positive impact on their mood, provided an opportunity to relax and practice self-care, process difficult emotions, and reduce feelings of social isolation. The facilitation of the programme in an online format allowed participants to access the intervention from the comfort of their home environment and negated potential barriers such as organising care, geographical location, mobility issues or access to transport. Findings from this study can be used as a base on which to develop further research in this area.

KEYWORDS

music,
mindfulness,
music-based meditation,
family carers,
dementia,
online, psychosocial support

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BACKGROUND

Caring for a family member who has been diagnosed with dementia is an often overlooked, arduous endeavour. The progressive and debilitating nature of the disease afflicts patients and their families for up to 20 years post diagnosis (Takai et al., 2009). Additionally, family carers of people with dementia are often tasked with managing long-term symptoms of dementia which can have a considerable effect on the family carers' mental and physical well-being as well as their quality of life (Lee et al., 2022).

In Ireland, there are approximately 195,000 family carers providing approximately 40 hours of care per week in the community (CSO, 2017); 60,000 of these family carers are providing care for people with dementia (Teahan et al., 2021). Due to the rigorous and time-consuming nature of the role, family carers of people with dementia are at an increased risk of experiencing carer burn-out. This may include extreme physical and mental fatigue, emotional exhaustion, lack of motivation, and decreased empathy towards others (Takai et al., 2009). These symptoms can afflict those who provide constant care to other people and have negative affective responses to caregiving. A lack of support for family carers has existed as a problem for many years with little to no access to respite or to routine supports. A recent Irish report stated that a staggering one in three carers have a diagnosis of depression while four in ten reported having a diagnosis of anxiety (Cox et al., 2019). Literature suggests that mindfulness-based programmes have the potential to help family carers of people with dementia cope with stress, anxiety and depression and promote positive well-being (Cheung et al., 2020; Collins & Kishita, 2019; Liu et al., 2018).

Mindfulness, mindfulness-based practices, music and mindfulness meditation and music-based relaxation – The similarities and differences

Given their significant overlap and widespread use, mindfulness and relaxation approaches are often used or discussed interchangeably by researchers and clinicians (Luberto et al., 2020) which can result in the difference between both practices becoming obscured. Moreover, despite concerted efforts to provide consensus descriptions, the term mindfulness has multiplicity of meanings due to its popularity with the general public. Due to considerable variations of its definition, methodologically rigorous research is somewhat absent (Crane et al., 2017; Van Dam et al., 2018). Hofmann & Gomez (2017) define mindfulness as "a process that leads to a mental state characterized by non-judgmental awareness of the present moment experience, including one's sensations, thoughts, bodily states, consciousness, and the environment while encouraging openness, curiosity, and acceptance" (p.3). This suspension of judgement allows for open-curiosity and compassionate acceptance of unhelpful thoughts and emotions. Mindfulness practices refer to exercises and techniques that cultivate this process (Baer et al., 2019). Mindfulness-based programmes are informed by theory and practice drawn from a convergence of contemplative traditions, science, medicine, psychology and education (Crane

et al., 2017) and support the development of a new relationship with self in the present moment. By attending to thoughts, feelings and body sensations experienced, greater attention, behavioural and emotional self-regulation, compassion and wisdom is developed.

When structured appropriately, music may support mindfulness meditation and is described as having three core functions: (1) A support for mindfulness meditation, (2) a focus for mindful listening, and (3) a focus for mindful active engagement (Dvorak, in review, as cited in Hernandez-Ruiz & Dvorak, 2021). It is a suitable medium to provide an object of focus for the client's experience, while "melody and rhythm draw the person's attention inward, and changes in harmony, instrumentation, and dynamics maintain the listener's interest" (Rappaport, 2014, p. 155). If distracting thoughts occur, the listener can be instructed to gently redirect focus towards the music (Goldman, 2021). The empirical examination of the use and impact of music on mindfulness meditation to date is rather limited. The potential for mindfulness-based music interventions to facilitate down-regulation of emotions and promote relaxation has been investigated (Goldman, 2021; Hernandez et al., 2021). By facilitating an online mindfulness-based music course for 54 non-musicians, the researchers analysed the use of various musical stimuli on promoting relaxation. Slower paced, legato, and repetitive music yielded the most positive results for relaxation when combined with mindfulness meditation.

While mindfulness practices teach *acceptance* of present moment internal events, relaxation practices teach strategies to *change* internal events (Luberto et al., 2020); the aim being to reduce physiological and psychological stress and decrease physical tension via activating the relaxation response. Relaxation is a component of other techniques including listening to music, imaging to music, receptive music therapy, or in the Bonny Method of Guided Imagery (Grocke & Wigram, 2007; McFerran & Grocke, 2022). The inclusion of visualisations and imagery in relaxation help the brain to become focused and enhances the aesthetic enjoyment of listening to music (Grocke & Wigram, 2007). The authors have chosen the term 'music-based meditation' to best describe the programme outlined in this research study. Receptive methods, relaxation, guided imagery, and mindfulness practices were incorporated into the music-centred programme which mainly focused on mindful music listening practice/receptive experiences as well as active engagement through singing.

As family carers usually provide constant care for people with dementia, their ability to access appropriate support for themselves can be a challenge. Family carers have increasingly busy schedules, especially as the disease progresses. Thus, it is essential to design interventions that consume less time but are effective (Cheung et al., 2020). A potential solution to this problem can be to provide an online intervention that the carer can access at home. Kishita et al. (2021) conducted an internet-delivered guided self-help acceptance and commitment therapy intervention for family carers of people with dementia and concluded that conducting the intervention online allowed them to reach out to carers in need of additional support who were isolated in the community.

Aims

Building on the literature presented, the exploratory study presented in this paper aimed to examine the potential psychosocial benefits of an online music-based meditation programme for family carers of people with dementia. An important aim of this study was to investigate the feasibility and viability of conducting a music-based programme within an online format, and this was completed as part of

postgraduate research study. Three music therapy postgraduate students (facilitators), alongside a PhD researcher (first author), and senior music therapist collaborated in the design and implementation of this research. Before the commencement of the programme, the facilitators received a one-day training in incorporating receptive experiences and mindfulness practices into music therapy practice as part of their postgraduate studies. This was led by a senior music therapist who had completed intensive mindfulness and meditation training. In order to explore the phenomenon, we conducted the telehealth study with a purposeful sample of family carers of people with dementia guided by the following research questions:

1. Are there perceived psychosocial benefits of participating in an online music-based meditation programme for the duration of four weeks?
2. What is the feasibility of facilitating this intervention online?

METHOD

This qualitative research is underpinned by phenomenology - the exploration of the lived experience, or phenomenon, observed by the participants of the research study (Tomaszewski et al., 2020). Ethical approval was sought and subsequently approved by the Research Ethics Committee at the University of Limerick. Informed consent was obtained from all participants prior to the commencement of the study.

Research design

This study consists of two phases: Phase 1: Intervention, and Phase 2: Evaluation. Phase 1 consisted of the design of the intervention structure, the recruitment of participants and the delivery of the music-based meditation programme. Phase 2 focused on the evaluation of the music-based meditation programme and aimed to gather the personal experiences of the participants via semi-structured interviews.

Thirteen participants took part in this study, all of whom were family carers of people with dementia. Three intervention groups at different times were offered and were facilitated by three student music therapists (Facilitator 1, 2, 3). Participants were assigned to one of three groups given their availability (Group 1, 2, 3). The small number of participants assigned to each group was deliberate to allow time for discussion. The attendance rate is outlined in Table 1 below. One participant assigned to Group 2 did not attend the live weekly sessions but utilised the pre-recorded resources provided.

	Week 1	Week 2	Week 3	Week 4
	[no. in attendance/no. assigned]			
Group 1	2/2	2/2	2/2	2/2
Group 2	3/4	3/4	3/4	2/4
Group 3	2/5	3/5	3/5	3/5
Overall attendance (weekly)	70%	80%	80%	70%

Table 1: Number of participants allocated to each group and attendance rate

Sampling and recruitment

To identify and recruit specific participants appropriate to this research project, a purposeful sampling method was used. Participants were recruited through TeamUp for Dementia Research, an online platform where Irish people with dementia and their families can register their interest in participating in dementia research. Details of the research study and inclusion criteria were circulated to participants. As per the inclusion criteria outlined below, participants were required:

- to be over the age of 18
- to have a proficient level of English
- to be in a familial relationship with the people with dementia
- to be currently co-residing or living within close proximity to their relative with dementia
- to have access to Wi-Fi and a phone, tablet, or laptop to access the online intervention

Intervention structure

Knott & Block's (2020) three-tiered model for delivering telehealth music therapy informed the design of the intervention. The model includes the compilation of pre-existing resources, creating individualised resources and the facilitation of a live telehealth session (see Figure 1). Participants took part in a 30-minute music-based meditation programme for four weeks via Zoom (Tier 3). The sessions consisted of breathing exercises, guided imagery meditation, songs, and peer discussion and was informed by 'Mindful Music', a mindfulness-based music intervention designed by a senior music therapist, which was devised to support university staff (Alqatari et al., 2022). The session structure is outlined in Table 2.

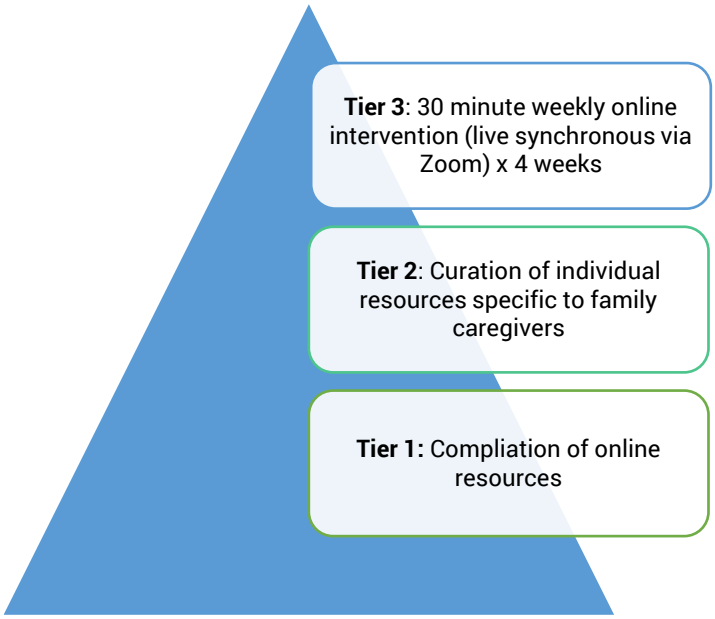

Figure 1: Visual representation of intervention structure based on model designed by Knott & Block (2020)

Activity	Details
Introduction	Verbal discussion. **Week 1:** Participants introduced themselves. **Weeks 2-4:** Participants discussed how their week has been.
Colour induction/ Body Scan (including relevant musical accompaniment)	Colour-based body scan. Participants imagine their chosen colour rising through each body part the facilitator brought awareness to. To conclude the participants would attach a different colour to the inhale and exhale during a deep breathing exercise. Participants were instructed to inhale as they heard the guitar picking an ascending broken chord and exhaling when they heard a descending broken chord.
Music-based meditation (including relevant musical accompaniment)	**Week 1:** Guided imagery on the concept of change, experiencing each moment while remaining one's self. **Week 2:** Compassionate awareness addressing kindness and friendship towards one's self. **Week 3:** Guided imagery meditation including a walk through the forest, including sounds of the forest to enhance the experience. **Week 4:** Guided imagery meditation on the concept of letting go, using one's self as the anchor and being proud.
Group singing	**Week 1:** 'Stand by Me' by Ben E. Kind. **Week 2:** 'Let it be' by The Beatles. **Week 3:** 'Lean on me' by Bill Withers. **Week 4:** 'You've got a friend in me' by Randy Newman.
Closing	Verbal discussion/feedback.

Table 2: Session structure for music-based meditation programme informed by Alqatari et al. (2022)

Participants were also provided with a series of music-based meditation recordings to access in their own time throughout the duration of the programme (Tier 2 & 3). The audio recordings provided were recorded pre-intervention by the facilitators of the programme. Each recording did not exceed 15 minutes in duration. Participants were encouraged to practice the exercises three times a week to support their progress. Development of this intervention required careful considerations surrounding the participants' access and ability to use the required technology. It was important to create an online location for participants to access the online resources easily. All participants were sent a link by email that would bring them directly to a Linktree webpage. An explanatory video was also provided for ease of access. All resources created were tailored specifically for this population with several options available to offer choice and meet the diverse range of musical preferences of the participants.

Data collection

To evaluate the outcomes of the intervention, semi-structured interviews were conducted individually with each participant in March 2022. Although the primary research question (Are there perceived psychosocial benefits of participating in an online music-based meditation programme for family carers of people with dementia?) formed the basis of the information sought from the participants, semi-structured interviews allowed for improvised conversation to "generate unexpected areas and insights for further inquiry" (Saldaña, 2011, p. 33). The data provided individualised perspectives, opinions, feelings, and beliefs about the participant's own personal experience of the intervention.

To negate possible bias, in Phase 2 the facilitators conducted the semi-structured interviews with participants who were not assigned to them in Phase 1. For example, as outlined in Figure 2 below, Facilitator 3 was assigned Group 3 for the intervention, but interviewed participants assigned to Group 2.

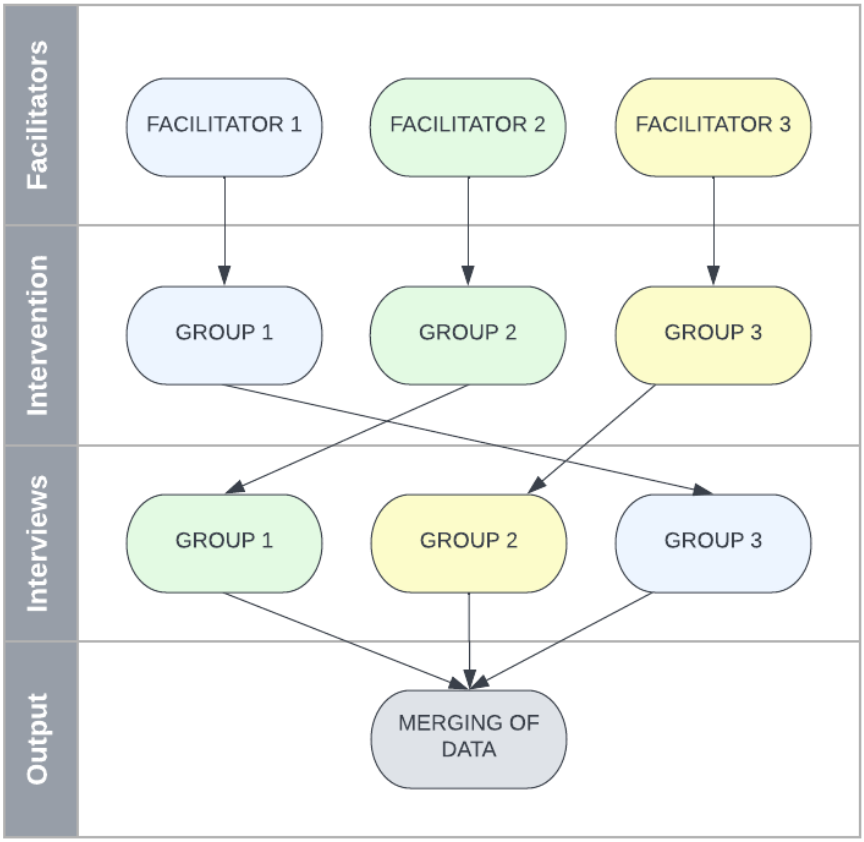

Figure 2: Visual representation of the assignment of facilitators to the intervention and evaluation phase

Interviews were conducted via Zoom with each participant the week succeeding the completion of the intervention. Interviews were 10-15 minutes in total. The interview questions were designed to evaluate the potential psychosocial benefits of the intervention (Table 3).

Example interview questions
• Tell me about your experiences of participating in the programme.
• Do you think that you benefited from taking part in the programme? How so?
• Did you find the technology easy to use?
• Were there any latency issues? How was the audio quality?
• Did you use the resources provided outside of the weekly session on Zoom?
• Would you have preferred if the sessions took place in person?

Table 3: Interview questions to evaluate benefits of intervention

Data analysis

Interpretative Phenomenological Analysis (IPA) was used to analyse the data gathered from each interview. IPA aims to "explore in detail participants' personal lived experience and how participants make sense of that personal experience" (Smith, 2004, p. 40). The researcher using IPA seeks to retrieve an in-depth analysis of the participants' response whilst also reviewing their own response and interpretation of the analysis. In accordance with Pietkiewicz and Smith's (2014) IPA guidelines, there are four analytic stages the researcher can use once transcriptions are complete. They include: (a) Rereading and making notes of interview transcriptions, (b) transforming notes into emerging themes, (c) seeking out connections between emerging themes and, (b) writing up the results in IPA style.

As IPA recognises the difficulty researchers face when removing themselves completely from qualitative research, the researchers of this project did not attempt to 'bracket' or negate any research biases. However, to reduce the impact of biases on the study results, the data and generated codes were analysed by members of the research team and the research supervisor with the aim of improving reliability and credibility of the results.

RESULTS

Demographic

A total of 13 people took part in the four-week online music-based meditation programme. Of the 13 participants, one was male and 12 were female. All participants were or had previously been long term family carers of people with dementia. Of the 13 participants that took part in the programme, eight people (one male and seven females) participated in the interview process (61%).

Themes

Five master themes were discovered. These were: (a) carer burden, (b) self-care, (c) social support, (d) online intervention and (e) music. Connections were sought between emerging themes and constituent subordinate themes were discovered. Each master theme included predominant sub-themes and are outlined in Figure 3.

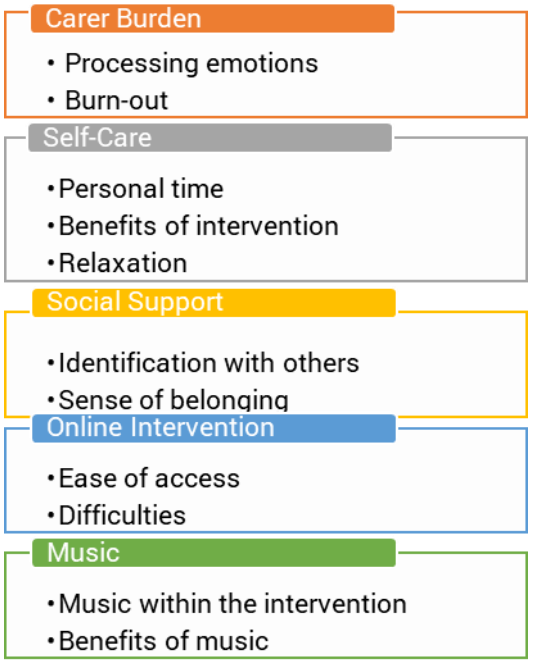

Figure 3: Visual representation of master themes and sub-themes

Theme 1 – Carer burden

Many of the participants spoke about their experience of burnout or the feelings they have daily: "caregiving is quite a high burnout so we kind of need to get energy from somewhere" (Participant F). Finding the time and energy to look for help seemed to also contribute to carer burden: "It is really difficult to motivate yourself to take time out unless you have something set in place like that" (Participant G). Another participant admitted the need for support but not knowing where to access it: "I didn't know where to go for any kind of support or help" (Participant E). On several occasions, the lack of support available for family carers was highlighted: "there's not so much support for carers" (Participant E). Carers felt burnout because of pressurising themselves to help their family member, leading to feeling as if they are "running out of mental petrol" (Participant F).

One participant discussed the denial their family member is experiencing in relation to their diagnosis: "I think in my particular case, my husband is in denial that he has dementia, so it makes it a little bit more difficult". This participant continued to explain that:

> Something like this [the sessions], I can just say I am doing a mindfulness course, I am doing breathing exercises. It is something that is easier to access than other types of supports that I have to hide away in the house to do. (Participant G)

Participants emphasised the benefit of the programme in providing a safe space to process their emotions. One participant stated:

> The second week [of sessions] when she [the facilitator] said right think of a colour, breathe it in, breathe it out. I was able to attach with the colour going out with negative thoughts or negative people that had annoyed me or weren't for me but going against me. So, I was able to breathe them out and say, okay, there's my colour, but I'm also attaching negativity to my colour. (Participant A)

In addition, another participant discussed how the sessions provided her with a space for reflection, she said: "to reflect on my own emotions and my own feelings [which] helped me to process it all" (Participant E). She spoke of how the intervention helped her process the grief of her parents. She had been a family carer for both her mother and father and was finding it hard to process their passing: "The sessions have really helped me to allow… things to be released and let go" (Participant E).

Theme 2 – Self-care

Participants' inability to find time for self-care in their daily routine was spoken of by all interviewees. They spoke of the difficulty they have when it comes to taking time away for themselves: "I've never really tried to do anything for myself" (Participant A). The main reasons for this included lack of discipline, motivation, lack of resources and time in their day. However, each participant appeared to be aware of the necessity for incorporating self-care into their lives as carers. Participant C spoke

about how she believes that "you need to be in good form yourself to be able to deal with whatever it is you need to deal with".

Although the need for self-care was acknowledged, "I have found that the more you are able to look after yourself, the easier it is to care for somebody else" (Participant G), it became apparent that some participants experienced guilt when thinking about taking time for themselves: "As a daughter, you can just be ridden with guilt the whole time because you are not doing enough… sometimes you can just burn-out from trying to do too much because it is a situation that is not going to improve" (Participant H).

Four of the participants spoke about how the intervention gave them the incentive to try and build self-care into daily life. The consensus from them was that the intervention allowed them to get back into using meditation as a tool for self-care: "I suppose it gave me time to think, as yourself as important as anybody else as well" (Participant B).

Theme 3 – Social support

One of the main benefits of the programme appeared to be the idea that the participants could identify with each other, "people that are in the same situation, and they understand, you all understand what the other is going through" (Participant D). Participants acknowledged that the idea of sharing this space with other family carers was special saying: "I did feel there was something quite special about sharing things, sort of feelings and experiences with others. Even though you don't know the others, you do feel you've got a bond with them" (Participant E), while another commented: "You knew that they were in the same boat as yourself, so it was a nice, shared experience" (Participant H).

The social aspect of meeting people appeared important as one participant noted, "Even just the social, meeting people… it was a good experience overall and I am glad I did it" (Participant F). Although the intervention was online, there appeared to a sense of belonging for the participants, "It felt like I was in the room with other people. Even if it's virtual, you know, I still felt very much part of it" (Participant E).

Theme 4 – Online intervention

The technology appeared to be widely accessible for most participants. The intervention worked well online, connecting people that otherwise may have never met: "The great thing about Zoom is that you can do something like this all over the country, really. It shouldn't matter where you are. You can still get people involved" (Participant G). Another participant noted that the delivery of the intervention online made the programme more accessible to her:

> [I] could have had my mom here and put her in another room and left one of my kids sit with her and watch a quiz on the telly for the half an hour. I am quite happy that it was online. (Participant A)

Similarly, another said, "I suppose for just half an hour, I think to be going somewhere to do it would detract from… Is it worth it for just a half an hour meditation? In that sense, the online was a better experience" (Participant G).

Participants could also use the resources for this programme in their own time which was another significant benefit. One participant commented that "it is something that you can also practice outside of the actual session. I did try it and I fell asleep to it. I tried the visualisation and the breathing exercise. That is useful as well." (Participant G). Participants recognised that while Zoom or other online platforms may not be for everyone, it does have a place:

> It is not the same as meeting people but you kind of get used to it. Too much online isn't good, it is quite tiring on the eyes. The once a week was no problem. The online world is here to stay and that necessarily may not be a bad thing. (Participant F)

Another participant had a similar opinion, "I think Zoom has a place. I don't think it is going to disappear now because we are back to normality [Post-Covid]" (Participant F). While the benefits of technology were noted by most participants, others had difficulty accessing the intervention online stating "I'm not very computer literate" (participant D). Participants also recognised that singing on Zoom is not the same as in person, "for everybody to sing in Zoom there's always or can be delays or things like that" (Participant C).

One participant spoke of the potential benefit of extending the time to facilitate social interactions between the participants: "There might have been a few minutes where we might have gotten to chat, where that might have gone on a little bit for us… as maybe a relief kind of our situations" (Participant A). An extension in time would have allowed the participants to engage in verbal communication amongst themselves and "if somebody was struggling with something that maybe somebody else might have been able to give a suggestion" (Participant A).

Theme 5 – Music

The participants highlighted the contribution of music to the sessions. A common view amongst the interviewees was that the music benefited the sessions: "Music has been a great power of healing and keeping people together" (Participant A). One participant discussed the contribution of the guitar in the sessions: "The guitar strumming as an indicator of your breath and things… it does add more to the mindfulness itself rather than just being silent" (Participant C).

Perhaps it is easier to get involved musically online, "I actually like singing, I just don't like anybody hearing me" (Participant G). For this participant the sing along at the end while muted on Zoom was an enjoyable experience.

DISCUSSION

It was important to evaluate the accessibility of the online intervention for participants, particularly the advantages, disadvantages, barriers, and limitations. Overall, for this sample of family carers, the advantages seem to outweigh the disadvantages. Participants from all over Ireland were able to access the intervention, diminishing potential barriers such geographical location, access to transport, childcare, or organising care of their family member. Being able to access the intervention from the comfort of their own home was invaluable to the participants as there was less time needed for travel

to the location or organisation. Participants admitted that travelling somewhere to participate in the intervention would hinder the mindfulness aspect of the programme.

Most participants said that the intervention had a positive impact on their wellbeing. The intervention provided "30 minutes for ourselves, it can just really set you up" (Participant B). This is important as research has shown that family carers have a high possibility of developing mental health issues (Brennan et al., 2017; O'Dwyer et al., 2016; Joling et al., 2018). Spousal carers are also likely to prioritise the health of people with dementia over their own (Brennan et al., 2017) and this was evident in this study as participants described their inability to take personal time in their daily routine and feeling the need to constantly care for their family member.

By implementing the three-tiered design adopted from the work of Knott & Block (2020), the pre-recorded material provided participants with an accessible medium to complete music-based meditations at a time convenient to them. By having these materials available exterior to the live weekly sessions, this helped the participants to access support when they needed it. Cheung et al. (2020) found that when family carers integrate mindfulness practices into their daily routine, there is a greater probability of it becoming a technique to combat stress relating to caring for a family member. The data presented thus far supports the idea that continuous and purposeful use of the pre-recorded music-based meditation resources may promote positive coping mechanisms for family carers.

The intervention provided a social outlet for the participants to engage with other family carers of people with dementia in the same position. As one participant commented, each person could "understand what the other is going through" (Participant D) which provided the participants with a shared social experience and sense of connectedness. Participants suggested that the intervention could have provided a stronger focus on informal discussion between the family carers at the end of each session. This could enhance feelings of social connection and support as well as providing an outlet for emotional expression.

The quality of sound delivered through an online videoconferencing platform is an issue that was anticipated by the researchers. Latency, the delay between auditory/visual signals from one device being received at the other, is a significant challenge, particularly when facilitating online music interventions that seek to achieve synchronous interaction and involvement (Baker & Krout, 2009; Lightstone et al., 2015). The choice of platform is important to avoid sound absence during musical group activities as well as configuring the technology to an optimal level (Folsum et al., 2021). When sound absence occurred, a select few participants would be unable to hear the musical accompaniment of the song, removing the essence of the activity. This may be rectified by selecting specific settings to assist with sound, using external microphones and an audio interface, or alternatively, a more music-friendly platform could be used.

Difficulty in accessing the online intervention was not a prominent issue in this study but must be acknowledged. Some participants needed support each week from a family member who were adept at using technology. The authors would recommend providing a guide to using Zoom and facilitating test calls with participants pre-intervention to ensure successful participation and attendance, while also increasing independence.

Although the benefits of mindfulness-based programmes are largely documented, less attention has been paid to potential harm and adverse reactions and this remains an under-researched area.

Although no negative reactions were recorded in this study, potential areas of harm must be considered. This may be related to the participant, programme and/or facilitator and necessary precautions on how to monitor and negate them should be addressed (Baer et al., 2019).

LIMITATIONS

Due to the small sample size, the results of this study cannot be generalised and must be interpreted with caution. Furthermore, our sample is limited in relation to gender with the majority of the participants identifying as female. This could be attributable to different coping strategies between males and females (Papastavrou et al., 2007), or that it is approximated that 60-70% of unpaid family carers of people with dementia are female (Alzheimer's Research UK, 2015). Future recommendations include a larger sample size, extending the intervention time to allow for socialisation between participants, and the inclusion of pre and post qualitative measures to evaluate the benefits of the intervention.

CONCLUSION

This study demonstrates that an online music-based meditation programme can be a useful psychosocial support for family carers of people with dementia and provides evidence for the development of future research in this area. The intervention was described by participants as 'relaxing', 'enjoyable' and 'an escape' from the stresses of being a caregiver. The facilitation of the intervention online allowed participants to access the intervention from their own home, negating barriers such as organising alternative care for their family member with dementia. Similarly, the inclusion of additional resources allowed participants to access supports at a time that was convenient for them or when they needed additional psychosocial support. The development and provision of psychosocial supports for family carers of people with dementia is essential and should be a public health priority (Bressan et al., 2020). Online music-based meditation is a low-cost, accessible intervention that has the potential to promote positive well-being and self-care practices for this population.

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Ελληνική περίληψη | Greek abstract

Διερευνώντας τα πιθανά οφέλη ενός διαδικτυακού προγράμματος διαλογισμού με βάση τη μουσική για τους οικογενειακούς φροντιστές ατόμων με άνοια

Lisa Kelly | Rosanna Connolly | Ita Richardson | Katie Togher | Betty Killeen | Hilary Moss

ΠΕΡΙΛΗΨΗ

Η παρούσα μελέτη διερευνά τα πιθανά ψυχοκοινωνικά οφέλη ενός διαδικτυακού προγράμματος διαλογισμού βασισμένου στη μουσική για οικογενειακούς φροντιστές ανθρώπων με άνοια. Η υπάρχουσα βιβλιογραφία προσδιορίζει τα οφέλη της μουσικής και της ενσυνειδητότητας υπό ξεχωριστές ιδιότητες ως προς την προαγωγή της ευζωίας, της θετικής διάθεσης και της μείωσης της απομόνωσης για τους οικογενειακούς φροντιστές ανθρώπων με άνοια. Προς το παρόν, δεν υπάρχει βιβλιογραφία που να συνδυάζει το διαλογισμό και τη μουσική διαδικτυακά ειδικά για αυτή τη δημογραφική ομάδα. Δεκατρείς οικογενειακοί φροντιστές επιλέχθηκαν και συμμετείχαν στη μελέτη, παρακολουθώντας μια εβδομαδιαία συνεδρία διάρκειας 30 λεπτών επί τέσσερις εβδομάδες. Προσφέρονταν περαιτέρω μέσα διαλογισμού βασισμένα στη μουσική ώστε να είναι προσβάσιμα εκτός της παρέμβασης σε χρόνο που βόλευε τους συμμετέχοντες. Τα δεδομένα συλλέχθηκαν μέσω οκτώ εις βάθος ημι-δομημένων συνεντεύξεων που πραγματοποιήθηκαν μετά την παρέμβαση και αναλύθηκαν με τη χρήση της Ερμηνευτικής Φαινομενολογικής Ανάλυσης (ΕΦΑ). Υπήρξε συνολικά θετική ανταπόκριση από τους συμμετέχοντες καθώς η πλειοψηφία επεσήμανε ότι η συμμετοχή στο πρόγραμμα είχε θετικό αντίκτυπο στη διάθεσή τους, παρείχε την ευκαιρία να χαλαρώσουν και να ασκήσουν την αυτοφροντίδα τους, να επεξεργαστούν δύσκολα συναισθήματα, και να μειώσουν το αίσθημα της κοινωνικής απομόνωσης. Η διεξαγωγή του προγράμματος σε διαδικτυακή μορφή επέτρεψε στους συμμετέχοντες να έχουν πρόσβαση στο πρόγραμμα από την άνεση του περιβάλλοντος του σπιτιού τους και περιόρισε πιθανά εμπόδια όπως η οργάνωση της φροντίδας, η γεωγραφική τοποθεσία, τα προβλήματα κινητικότητας ή η πρόσβαση στα μέσα μεταφοράς. Τα ευρήματα αυτής της μελέτης μπορούν να χρησιμοποιηθούν ως βάση πάνω στην οποία μπορεί να διεξαχθεί περαιτέρω έρευνα σε αυτόν τον τομέα.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσική, ενσυνειδητότητα, διαλογισμός βασισμένος στη μουσική, οικογενειακοί φροντιστές, άνοια, διαδικτυακό, ψυχοκοινωνική στήριξη

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ARTICLE

"That's what makes me authentic, because what we do makes sense" – Music professionals' experiences of authenticity: A phenomenological, hermeneutical interview study

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ABSTRACT

Within music education, music therapy, and music performance theory, various perspectives on the concept of authenticity have been discussed and investigated. Authenticity seems to be a concept with wide possibilities for application and likewise wide definitional borders, which makes it hard to investigate. Drawing on the knowledge and framework developed by Bøtker and Jacobsen (2023), we wish to continue the investigation of authenticity within three music professions from a practice-based perspective. For this study, music therapists, music educators, and music performers (six participants) were interviewed twice about their experiences of their own authenticity when facilitating musical activities with children and adults (parents or teachers). The interviews were transcribed and analysed using a thematic coding analysis: deductively using the conceptual framework by Bøtker and Jacobsen as well as inductively by looking for new emerging themes across these three professions. The findings confirm the conceptual framework but also suggest an expansion, adding the element of 'Values'. The new framework consists of six elements that all pertain to the experience of authenticity: relationship, role, context, professionalism, personality, and values. Furthermore, another theme appeared through the inductive analysis – 'floating-anchoring' – describing and synthesising the connection between the reflective and the sensorial awareness that supplement each other in the experience of authenticity within these three music professions. This floating-anchoring synthesis is suggested as a relevant framework for training and education within the three music professions.

KEYWORDS

authenticity,
music education,
music therapy,
music performance

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INTRODUCTION

The motivation behind this article is an aspiration to create an opportunity for professional reflection across three different music professions – music education, music therapy, and music performance – on the concept of authenticity. Though widely used across various disciplines, authenticity is an ubiquitous term that is elusive in nature with different local meanings, making it difficult to define and operationalise (Brüntrup et al., 2020; Elafros, 2014; Froehlich & Smith, 2017; Grazian, 2018; Kreber et al., 2007, 2013; Lacoste et al., 2014; Lewin, 2020; Parkinson & Smith, 2015; Pitchford et al., 2020; Safran, 2017; Schwartz & Williams, 2021).

Some scholars regard authenticity as a concept balancing on the limits of language or even being beyond the domain of objective language (Golomb, 1995; Kernis & Goldman, 2006) while others regard the concept as being "consigned to the intellectual dust-heap" (Born & Hesmondhalgh, 2000, p. 30). Nevertheless, many scholars still believe that the phenomenon of authenticity has its place within academia. Investigating 'the authentic teacher,' Laursen (2005) concludes that "the concept of authenticity is appropriate as a designation of teachers' personal competence as a whole" (p. 210). In Laursen's view, authentic teachers have personal, embodied, and realistic intentions concerning their teaching and work in contexts that are fruitful to these intentions.

Within music educational research, some scholars acknowledge the concept of authenticity despite all its paradoxes. As Dyndahl (2013) argues, "there is no option to reject the concept of authenticity either, no matter how many paradoxes and contradictions it may produce […] notions of authenticity play key roles in the decisive relationship between music, meaning and identity" (p. 113).

There are several definitions, understandings, and applications of the concept of authenticity across music professions. Many scholars align with the music education scholar Merlin Thompson, initially describing the concept in terms of genuineness or realness, using related terms such as sincerity, truthfulness, honesty, originality, pureness, realness, rootedness, amicability, self-transparency, and being true to one's (musical) self (Bingham et al., 2022; Ferrara, 2017; Hedigan, 2010; Johnson, 2022; Moore, 2002; Qirko, 2019; Ríos, 2017; Stamatis, 2019; Viega, 2015; Weisethaunet & Lindberg, 2010). However, further definitions, understandings, and perspectives split off into various directions and philosophical considerations. As Thom argues, "if the authentic may be defined as that which truly is what it purports to be, then the question of authenticity can be raised in relation to anything that purports to be anything" (2011, p. 91). Below follows a short introduction to authenticity as it can be applied and understood within the three musical professions.

Authenticity and music education

Within music education, many 'authenticities' co-exist. In their study on various perspectives on authenticity, Parkinson and Smith (2015) conclude that institutions and individuals connected with music education "have a responsibility to place the issue of authenticity at the center of pedagogy, curriculum design, institutional strategy and disciplinary knowledge share, in order for the field to develop in ways that are beneficial to all involved" (p. 93). However, when talking about authenticity within music education literature, it is important to notice the many different perspectives underlining this concept.

Amongst some of the conceptions within music education literature, there is the notion of 'authentic learning', referring to the use of real-world relevant resources, knowledge, procedures, and problem-solving when teaching music. Furthermore, authentic learning applies a student-centred approach and a focus on the process rather than the product (Crawford, 2019; Eiksund & Reistadbakk, 2020; Kallio et al., 2014; Ojala & Väkevä, 2015; White, 2021).

There seems to be a connection between authentic learning and a focus on the students' individual and extra-curricular musical interests being recognised in classroom activities. Creech et al. (2020) connects authentic learning with notions of 'informal learning' and 'non-formal teaching' "with the teacher modelling, supporting, advising, and guiding" (p. 66).

Authenticity is applied in other ways as well. On one hand, the concept of authenticity was used in relation to a preservation of the musical context or culture in a teaching situation; a 'music-in-culture'-perspective or 'context-authenticity' (Johansen, 2020). Some world music education scholars mention this notion of authenticity when teaching original genres of music using traditional instruments while also relating to the cultural context (Johnson, 2000; Palmer, 1992; Torchon, 2022).

On the other hand, we find a more subjective authenticity perspective focusing on "the experience and vitality of expression among the persons involved, a 'true-to-oneself'-perspective" (Johansen, 2020, p. 158). However, Johansen further elaborates that "to enable a person to be acting like one's 'true self', they have to experience a bridge between subject and context authenticity" (p. 158). When it comes to this rather personal delineation of the concept, or what Johansen (2020) refers to as 'subject authenticity', Thompson (2016), drawing on the writings of both North American and European education scholars, argues that the 'teacher's authenticity' is an important and desirable feature within both music education and education in general. This, both in terms of students being interested in teachers "whose knowledge, competency, and credibility is held in place by an anchor of authenticity" (p. 173). But also in terms of the teacher, being true to themselves as "fundamental to the integrity and wholeness of the teacher's example" (p. 173). Thompson also refers to educator and scholar Parker J. Palmer, who calls teachers to listen to "the voice of the teacher within, the voice that invites me to honor the nature of my true self" (p. 173). Thompson (2018) describes how "musicians express who they are because music's technical, expressive, explorative, and formal demands prompt all varieties and intensities of personal involvement" (p. 12). He therefore argues how the music teacher, who teaches with personal authenticity, should likewise recognise the students' authentic selves in the music educational processes in terms of both "supporting and challenging students' true self" (p. 14). As Hendricks (2018) states, "authenticity on the part of the teacher is a prerequisite for modeling integrity and wholeness in our students"

(p. 148). This notion of 'authenticity on the part of the teacher' is what is aimed at investigating in this study.

Authenticity and music therapy

Within music therapy research, the notion of authenticity has been applied in terms of cultural and/or genre specific knowledge and competences which, in some cases, can cause challenges when it comes to musical authenticity (Viega, 2015; Yehuda; 2013; Young, 2016).

From a 'subject authenticity'-perspective, Ann Majerus (2018) describes how "authenticity is perceived as an important component of a music therapists' therapeutic identity […] Being authentic as a therapist supports the creation of trust and safety in the therapeutic relationship" (p. 29). McGuigan (2020) describes how "heuristic research can provide a framework for the development of authenticity as a person, researcher, and music therapist" (p. 18). What he discovers is that both cognitive and embodied approaches are part of the therapeutic presence, and that these approaches are necessarily guided by a sincere intention to be authentic and open to experience. According to McGuigan, being authentic is felt "either consciously or unconsciously by the people we meet in our everyday interactions, our clients, and also in ourselves" (p. 15).

Inspired by Inge Nygaard Pedersen's (2007) notion of 'the music therapist's disciplined subjectivity', Dahl (2018) argues for the music therapist's 'disciplined authenticity' from an existential, psychological perspective. He also argues, drawing on Daniel Stern's 'vitality forms' (Stern, 2010) and in line with Mc Guigan (2020), that authenticity can be felt by others.

In an investigation of music therapists use of their voice in music therapy practice, Bingham et al. (2022) discover, through interviews with music therapists, that authenticity is regarded as an important element of the music therapeutic practice. Authenticity is described as a complex composition of personal and professional qualities embodying skills and engagement. It also includes the music therapists' "clinical stance (e.g., theoretical perspective), clinical consciousness (e.g., their awareness of all that is happening clinically), and self-awareness (e.g., reflexivity) of these therapists, reflecting the ways these therapists draw together their training, clinical and personal experiences" (p. 6). Furthermore, they describe how authenticity is considered to be "connected to professional and personal growth: an embodied experience of self that was deeply felt and simultaneously illusive and hard to define" (p. 6). Despite its simultaneously profound and illusive nature, authenticity is thus recognised as a valid element in relation to personal and professional development. Thus, we aim to investigate this notion of authenticity – this complex composition of personal and professional qualities.

Authenticity and music performance

Authenticity is considered an important artistic value by scholars, music performers, and listeners (Bertinetto, 2019; Froehlich & Smith, 2017). Within music performance theory, various definitions, discussions, and applications of authenticity co-exist.

There seems to be two main paradigmatic approaches to the concept of authenticity: 1) The realist point of view, where music is considered authentic in terms of it being "created by musicians whose cultural identities reflect the essence of the genre" (Elafros, 2013, p. 109). In this perspective, authenticity seems to be inscribed in the music and the performance. 2) The constructionist point of view purports that music is a tool in the continuous constructing of identities, such that authenticity is ascribed to the music or the musician (Elafros, 2013).

One realist approach to authenticity is Kivy's (1995) four musical authenticities. These are rooted in Western classical music theory and relate mostly to different aspects of faithfulness to the intentions of the composer or to the aesthetic norms of the contemporary time of the composition. Kivy also touches upon 'personal authenticity' or 'expressive authenticity', which concerns a "personal style of originality in performance" (Thom, 2011, p. 96) in addition to "the faithfulness to the performer's own self" (Kivy, 1995, p. 7).

From a constructionist point of view, Bertinetto (2019) argues that there could be a specific sense of authenticity in the performer being 'true to the moment'. He calls this 'artistic authenticity' of which a key aspect is the musician's "attentiveness and responsiveness to the moment of performance" (p. 10). This seems to be in line with Froehlich and Smith's (2017) notion of 'authenticity of purpose', concluding that "what qualifies a piece as good lies in the way it is produced, composed, and brought to the audience's attention. Again, the primary criterion for "quality" remains authenticity of purpose" (p. 71).

Authenticity is also an important aspect of Richter's (2021) concept of *musical thinking* – a specific state of consciousness where the performing musicians must connect with their intuition and reduce their analytical thinking. "Authentic musical thought implies independence and freedom of play which in turn suggests limits to analysis" (Richter, 2021, p. 130). Musical thinking involves both intentionality, but also temporal, embodied ideas alongside an integration of both intuitive and literal dimensions of interpretations. The guiding principles of this musical thinking are "awareness, attention and presence rather than delivery, perfection or security of execution" (p. 129). This connects with McKinna's (2014) research on the authenticity of the touring musician. One participant describes how focus is not on playing perfectly as there can be lots of mistakes during a performance, but more important is the "connection between yourself, the music and the audience and the room" (McKinna, 2014, p. 64). McKinna (2014) also describes how the participants seem to aim for a level where they can "communicate with sincerity and honesty – in other words, with authenticity - and this is more important to the audience and band than every correct note" (p. 64).

Within contemporary, popular music performance theory, Moore's (2002) first-person, second-person, and third-person authenticity depict authenticity as ascribed to the performer from the outside by the listener. First-person authenticity, or 'authenticity of expression', is present when the performer "succeeds in conveying the impression that his/her utterance is one of integrity, that it represents an attempt to communicate in an unmediated form with an audience" (p. 214). Second-person authenticity, or 'authenticity of experience', "occurs when a performance succeeds in conveying the impression to a listener that that listener's experience of life is being validated, that the music is 'telling it like it is' for them" (p. 220). Third-person authenticity, 'authenticity of execution', "arises when a performer succeeds in conveying the impression of accurately

representing the ideas of another, embedded within a tradition of performance" (p. 218). The former two, it seems, belong primarily within the constructionist approach to music performance, while the latter belongs primarily within the realist approach. For this study, we will focus on the former two. However, unlike Moore's (2002) theory, we examine authenticity from the music performer's perspective, that is: in terms of 'communicating in an unmediated form' and 'validating the listener's experience of life' and not only 'conveying an impression of' this.

FOCUS OF THE RESEARCH

For this study, we focus on the subjective experience of authenticity, as well as the meaning and value embedded in this experience, from the perspective of music professionals. We do not attempt to clarify all the philosophical underpinnings of the concept of authenticity within music professions, genres, cultures, sub-cultures, and disciplinary fields, but rather seek to explore authenticity from a professional and practice-based point of view, as experienced by different music professionals. Considering the paradigmatic discussions of authenticity as having either a realist or constructionist view, we adopt a constructionist stance, examining how authenticity could be experienced from the inside of the music professional and not be ascribed from the outside. In that regard, we argue for a constructionist understanding of authenticity as being possible to 'ascribe from the inside' of the person performing the music for or with other people. The purpose of this is to seek new knowledge about how experiences of authenticity could be used to enrich our professional practices and reflections to the benefit of therapists, teachers, and performers as well as clients, students, and audiences.

Research question

How can experiences and understandings of the phenomenon of authenticity from music professionals across the three different professions of music therapy, music education and music performance be described? What are the possible applications of such descriptions?

Some reflections on terminology

The term 'music performer' is applied in this article to clarify that the focus of the study is related to these music professionals' experiences of and reflections on their music performance on stage in front of an audience. It could be argued that some music performers prefer the term 'musician' as they do not always identify as 'performers' as this term may have certain connotations. For instance, Bicknell (2015) connotes that "a performance is a special kind of event, one that, by its very nature, has elements of artificiality" (p. 57). The interviewees themselves applied the term 'musician' (Da.: 'musiker') in the interview, as the term 'music performer' (Da.: 'musikudøver'/'musikperformer') is not a widely used term in Danish. However, this English term is maintained to highlight that the notion of 'the musician' is an important part of all three music professionalisms. All three specialisations are centred around professionals who, in their professional work, draw on their own music, their own musicianship, their own musical expressions in different ways. Hence, even though

some of the music professionals are not 'performing' musicians, they are, in our opinion, still musicians.

METHOD

This study is part of a larger research project, MUFASA (Music, Families, and Interaction), researching the effect of different music activities with 'regular', non-referred families with children aged 7-10 years old. The MUFASA research project investigates how activities within music therapy, music education, and music performance with families can influence family well-being and communication. The research project adopts a resource-focused approach, focusing on strengthening family interaction, parental well-being, and child well-being (Jacobsen et al., 2022).

Benefitting from the research design of the MUFASA project, this study explores the different music professionals' experiences of their own authenticity in professional practice. The primary research methodology is phenomenological, aimed at investigating music professionals' experiences and understandings of the phenomenon of authenticity, but also hermeneutical in that the primary author is an insider-researcher, analysing and interpreting the data with a professional background as music therapist, music educator, and music performer.

The epistemological foundation of the collected knowledge is thus constructionist, considering that knowledge obtained was created through social interactions as well as through interactions between individuals and the surrounding world (Matney, 2019).

Data collection consisted of six semi-structured research interviews, which were transcribed verbatim, and analysed through a thematic coding analysis (Robson & McCartan, 2016). When analysing the data, a deductive approach was applied to search for specific, predetermined elements as well as an inductive approach was used to look for other themes appearing in the material. In the coming sections, the research process will be elaborated in greater detail.

Participants

In the MUFASA research project, three types of music professionals were included: music therapists, music educators, and music performers facilitating different kinds of music activities. This gave the possibility of looking across these three professions in different ways. Unfortunately, the shutdowns due to Covid-19 meant that it was not possible to launch family concerts. As a result, no music performers participated in the pilot project. However, the first author invited two music performers into the interview study to get their perspective on the subject. As part of their professional life, they facilitated concerts for and with children and parents, teachers, and caregivers (hence, the same population as in the MUFASA project). One music performer, K., made outdoors "corona-concerts" for children and adults in kinder gardens.

All in all, three music therapists, two music performers, and one music educator participated in this study. It should be mentioned that these music professionals had mixed professionalisms: two out of three music therapists also served as music performers in different settings, and one music therapist also worked as a music educator. The music educator also worked as a music performer, and the two music performers also worked as music educators. This disciplinary entanglement among the interviewees is described in Table 1.

Music therapists (E., R., T.)	Music educator (G.)	Music performers (K., O.)
Music therapist	Music educator (children + adults) + music performer	Music performer + music educator (children)
Music therapist + music performer		Music performer + music educator (children)
Music therapist + music performer + music educator (adults)		

Table 1: Professional profiles of the six interviewees

Procedure

A total of six semi-structured interviews were conducted, with a pre- and post-interview conducted within each music professional group. Two weeks prior to the first interview, interviewees were sent preparatory material containing general considerations regarding the concept of authenticity and questions to initiate reflections about their own experiences of authenticity and/or inauthenticity. The pre-interviews comprised two group interviews (one with music therapists and one with music performers) and one solo-interview (with music educator). These pre-interviews were conducted at least three weeks before the musical activities.

Only one music professional from each of the three groups facilitated the different musical activities. At least three weeks after the termination of the musical activities these three music professionals were then interviewed. Hence, all of the post-interviews were solo-interviews.

All the musical activities in the research project were video recorded. The video material was reviewed by the first author/reviewer before conducting the post-interviews to get an overview of the content of the music sessions and to inform the interview questions. Hence, during post-interviews, if reflecting upon specific moments in the sessions, the interviewees were given the possibility to watch the moment on video if they wished. The overall procedure is depicted in Figure 1.

Figure 1: Elements of the data collection process

The purpose of the pre-interviews was to initiate reflections among the music professionals about their own experiences of authenticity in relation to their professional work in general, and to activate awareness of this phenomenon for the musical activities that they would be facilitating later on. The overall design was therefore structured to activate as much reflection and awareness on their experiences of authenticity as possible, both in connection to general considerations and specific situations within a specific musical, practical framework.

Data collection

The interview questions for the pre-interviews were centred around the music professionals' experience of their own authenticity or inauthenticity in connection with their work life. It contained the following headings: 'the use and understanding of the concept of authenticity', 'the family perspective', 'the understanding of own professionalism', 'settings', and 'values'. Towards the end, interviewees were asked whether they resonated with selected quotes and statements from previous research about authenticity (e.g., Bøtker & Jacobsen, 2023) .

The post-interview questions related to specific activities under the headings: 'experience and understanding of your own authenticity', ''settings: participation in a research project, 'moments of authenticity/inauthenticity', 'the relational aspect', 'wearing a mask or having a role', and 'advantages, disadvantages, relevance'. There were also clarifying questions regarding statements from the initial pre-interview.

All interviews were semi-structured to let interviewees formulate and describe their experiences as freely as possible, but within a specific framework and under the premise of looking for an understanding of this specific phenomenon (Kvale & Brinkmann, 2014). Consequently, questions could be answered on the interviewee's own initiative. Some questions were only briefly answered while other questions could take up a lot of the conversation.

All six interviews were audio recorded and then transcribed by the transcription programme 'Happy Scribe'. However, we ran into difficulties with this software as the interviews were not conducted in English. Consequently, the audio files were therefore revisited repeatedly while the transcriptions were carefully corrected. The interviews lasted an average of 1 hr 39 min.

The transcripts were sent back to the interviewees who were encouraged to correct or add if they wished. They were also given some follow-up questions if there were any doubts or if something needed further elaboration. All interviewees approved the transcriptions with some additions or corrections, but not all had the time to answer follow-up questions, which was of course respected.

Analysis

The analysis comprised five steps: the first four steps were carried out within each separate interview while the last step was carried out with material from all six interviews (see Table 2). The transcripts were analysed deductively using a conceptual framework regarding the experience of authenticity within music therapy, music education, and music performance developed by Bøtker and Jacobsen (2023; see Figure 2 and its accompanying textual elaboration). In the analysis, we looked for statements that could support and possibly develop this conceptual framework. The data was, thus, coded based on its five elements: relationship, role, context, professionalism, and personality.

However, the transcriptions were also analysed inductively as we wanted to stay open to new themes that could either supplement the five elements or reveal new elements of interest and relevance for the study.

Analysis within each separate interview	
1 Coding	Deductively based on the five elements Inductively into emerging themes
2 Condensation	Coded text excerpts are written in a more readable prose
3 Compilation	Condensations are compiled in a coherent text, possibly organised in sub-themes
4 Extraction	Compilations are refined into short extracts
Analysis across all six interviews	
5 Cross-thematisation	Extracts are organised under sub-themes within each element and theme across the six interviews

Table 2: The five steps of analysis

The experience of authenticity within music therapy, music education and music performance is associated with several interconnected elements that must be related in a meaningful way for the experience of authenticity to arise and be experienced from within. The challenge, as a music professional, is to operate these different elements and navigate the span between authenticity and inauthenticity within these in an ever-evolving personal and professional learning process.

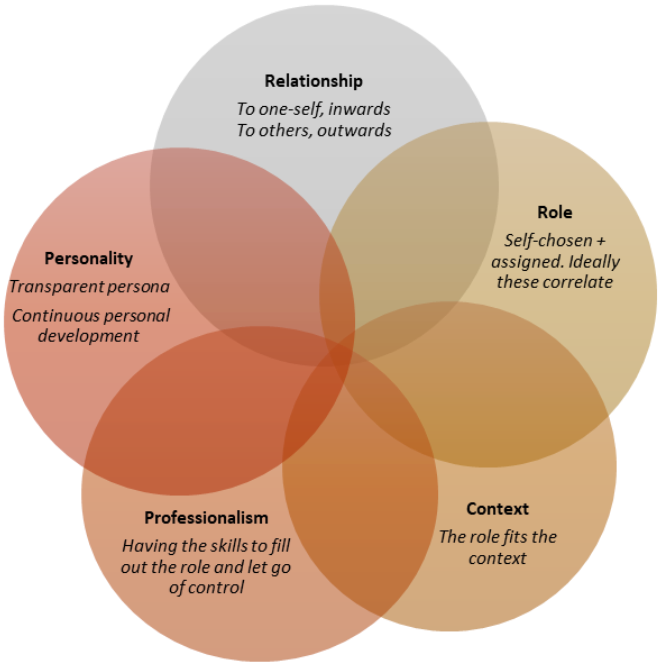

Figure 2: The interconnected elements of authenticity within music disciplines (Bøtker & Jacobsen, 2023)

The analysis commenced in Microsoft Word processing software by marking and coding statements in the transcripts and making notes in the margin. Next, the coded material was transferred to OneNote to monitor the six interviews and their themes as best as possible. Here, all excerpts from the transcripts were condensed into a more coherent and readable prose while keeping wording as close as possible to the interviewees' original statements. The condensations were then compiled into a new coherent prose. From these compilations, short sentences were extracted. In cases of themes with many extracts, these were further grouped in sub-themes. Finally, all the extracts from the six interview analyses were organised in a table in Word, adding new sub-themes to describe the essence of the different extracts across the six interviews.

The analysis process can be considered an initial process of decontextualisation, where "the analyst separates data from the original context of individual cases and assigns codes to units of meaning in the texts" (Starks & Trinidad, 2007, p. 1375). This is reflected in steps one to four. This is followed by a process of recontextualisation where "he or she examines the codes for patterns and

then reintegrates, organizes, and reduces the data around central themes and relationships drawn across all the cases and narratives" (Starks & Trinidad, 2007, s.1375), as described in step five.

FINDINGS

In this section, we will elaborate the findings from the analysis of the six interviews. We commence with the elements from the conceptual framework (Figure 2) which was investigated through a deductive analysis. Next, we shed light on the findings that emerged through the inductive analysis.

The deductive analysis aimed at investigating, developing, and possibly confirming or rejecting the elements of the conceptual framework. All five elements from the framework were found in the analysis. Table 3 provides an overview of the number of coded excerpts in step one of the deductive analysis process, partly from the three pre-interviews, and partly from the three post-interviews after the music activities (in brackets).

	Music therapist		Music educator		Music performer		All in all
Relationship	30 + (27)	*= 57*	18 + (29)	*= 47*	50 + (23)	*= 73*	177
Role	11 + (2)	*= 13*	12 + (6)	*= 18*	8 + (5)	*= 13*	44
Context	8 + (6)	*= 14*	21 + (10)	*= 31*	8 + (5)	*= 13*	58
Professionalism	33 + (31)	*= 64*	21 + (37)	*= 58*	51 + (42)	*= 93*	215
Personality	15 + (12)	*= 27*	7 + (14)	*= 21*	27 + (23)	*= 50*	98

Table 3: Distribution of deductively coded excerpts

These elements will be elaborated later in this section. A sixth element, 'values', emerged through the inductive coding process. This was included as a topic in the pre-interview guide. However, in five out of six interviews, interviewees brought this up before being asked about it, either by reflecting explicitly about their values, or more implicitly by reflecting on the wishes, aspirations, and aims underpinning their professional actions. All interviewees often linked these values to their experiences of authenticity in connection with their professional work. The count of excerpts in this newly created element of 'values' can be seen in Table 4.

	Music therapist		Music educator		Music performer		Total
Values	8 + (1)	*= 9*	10 + (12)	*= 22*	39 + (14)	*= 53*	84

Table 4: Distribution of inductively coded excerpts

It is important to emphasise that this is not a quantitatively focused study and therefore the above figures have not been subject to further analyses. The tables merely demonstrate how the analysis confirmed and added another element to the conceptual framework (Figure 2).

During the qualitative analysis, the coded excerpts were further distilled and refined as to essentialise the content of the six elements. In the following sections we will explain these findings further.

The five – now six – elements

There is an incredible number of thoughtful and exciting statements and reflections in the six interviews that not only confirms the five elements, but also expands on them. As much as we would like to, we cannot convey all the material within the scope of this article. We therefore review the six elements in a rather general manner. More details can be found in the Supplementary Materials[1] which display all findings from step five of the analysis process.

When presenting the six elements, we include quotes to illustrate the content of these elements. Since many quotes were taken from conversations between two or more people, there will be several […]-markings, which illustrates that listening sounds and comments from others have been omitted to provide a better flow and to get the point across as clearly as possible. As an introduction to each element, we will briefly present the sub-themes that have emerged at step five of the analysis process.

Relationship

In the conceptual framework (Figure 2), this element is divided into 'Relationship to others – outward' and 'Relationship to oneself – inward'. However, through the analysis, we found a mix of these two perspectives where the music professionals described their attention as simultaneously outward and inward. The element 'Relationship' thus became threefold.

'Relationship – Outward'

The sub-themes related to this part of the element include: attention to the participant's needs, dynamics, and engagement; organising activities in relation to needs and motivation; and flexibility regarding methods and activities.

In their reflections, the interviewees describe a focus on 'the other', the participants, and their needs, dynamics, and engagement. There is a focus on the ability to organise activities based on the other's needs or motivation, which O., in the capacity of music educator, reflects upon:

> But, but it's just like … if it [a predetermined activity] somehow becomes the focus of the session, then we lose the opportunities to go where ... where the children also have some kind of fire burning, or a motivation of their own, because it's actually something they're interested in, musically.

The music performer, K., also stresses the importance of focusing on the audience, being very flexible in the planning of activities and in the choice of methods and songs, stating: "So, we only have a set list until we have a new one, you could say." Likewise, music therapist, R., reflects on authenticity in terms of 'being with the other':

> it feels nice to go this way, we go together […] if it's authentic or there's a flow in it, then ... it just works, and then there are some things that my consciousness kind of leaves out. […] It doesn't mean much anymore. […] Then I feel that I am with the other.

[1] The Supplementary Materials are available as a separate downloadable file on the article's webpage in Approaches.

'Relationship – Outward and inward'

This element is divided into the following sub-themes: contact outward, contact inward – sensing both own and others' boundaries; using one's own sense of humour, one's own experiences; using one's own energy and motivation – also in the music; and the outer relationship has inner implications.

The music therapist T. describes this simultaneous outward and inward contact: "Feeling the other particularly intensely can only happen when I am authentically present, right here and now. Tuned into the other and in touch with myself."

Many of the interviewees' reflections on this outward-inward relationship revolve around the ability to involve oneself and one's personal experiences to engage the participants and engage oneself. As music performer, K., describes it: "The children help to drive forward the pace, the experience, the action... each other ... us.... I don't think that is possible if the adult is not authentic. If you're not ALL into it, why should the kids be?"

Likewise, music therapists, E. and R., reflect upon disclosing personal experiences in the therapeutic work and how the connection with the client can disappear if just pretending:

> E: […] she needs me to show, also, that things can be difficult. […] and that's where the authenticity comes in, right. […] Because ... she also has that sense of bullshit, you know. So, she just shuts down if it's bullshit, you know. […]
>
> R.: Yes, because you very well know that this authenticity must be present.
>
> E.: It must be there.
>
> R.: You can't just make things up (laughs) […] It needs to have some ... connection to reality.

In this borderland of both inward and outward attention, there is a focus on using one's own energy and motivation – in musical as well as non-musical activities. All interviewees reflect on the necessity to find the music activities meaningful to themselves, while ensuring that it also makes sense for the participants. Likewise, the element contains statements regarding how the external relationship with the other has internal implications for the experience of authenticity.

'Relationship – Inward'

This covers the following sub-themes: to be the person one is – also as professional. Trusting one's own instincts; attention to one's own energy, preferences, impulses; and attention to inner conflicts.

According to the interviewees, being an authentic music professional is deeply related to the person they are and their inner life and vitality. The experience of authenticity or inauthenticity can be used as a guiding tool, or a kind of barometer, according to music therapist, T.:

> it can serve as a barometer, you know […] authenticity, […] that you can feel that you are actually being moved or… being in… you know, resonance […] For me, it would be very easy to feel if I am in a situation where I experience myself as inauthentic […] then it bounces off of me.

Authenticity, according to the interviewees, concerns the ability to listen to and trust their own instincts. This is something that music educator, G., tries to convey to her adult music students. "It's

very much focused on teaching them to trust ... their own instincts and to know themselves well enough so that what they do becomes authentic, because it IS them."

All the interviewees talk about being aware of their own energy, musical preferences, and impulses, exemplified here by music performer, O.: "when you can somehow feel 'this sounds good', or 'I feel like dancing to that', […] clearly, it means a lot […] So yeah, you must like it yourself."

Overall, the analysis of this element shows that the music professional's awareness of the relationship is an extremely significant element in the experience of authenticity in one's professional work. According to the interviewees, the music professional must be able to navigate between being very aware of what the participants say and communicate, and being very aware of how this is experienced in oneself. Furthermore, an inward attention and contact with one's own energy, preferences, and impulses supports the experience of authenticity, both in the musical relationship and in the relationship in general.

Role

In the conceptual framework (Figure 2), this element concerns the role taken on by the music professional and the role being ascribed from the outside by others. Ideally, these two correspond. The sub-themes that emerged in the analysis of this element are as follows: taking on a role outwardly; performing professionalism; settings and relationships can affect the role; different professions provide different roles; external as well as internal expectations can affect the role; navigating between several different professions; and stepping out of the role can create a shift in the relationship.

The interviewees agree, across professionalisms, on several different things. When they talk about 'role', it can be related to the role or function that they are assigned from the outside. But it can also be related to a role that they only presume they are assigned, as music educator, G., has experienced when conducting a certain adult choir:

> […] in reality it was probably because I didn't quite dare to be myself. I think. Surely, I thought I had to fill out a role that didn't really feel natural. […] Perhaps there was an expectation of me being ... very charismatic, personality-wise, and I don't know if I was that (laughs).

The concept of 'role' is often linked to their own experience of the role that they take on and show outwardly, and the experience of authenticity that this can create or hinder. Music therapist, E., describes her 'therapist role' and the results of not taking on that specific role:

> I started during this spring... uh... to allow myself to feel that tiredness. And then just be present with that. Uhm…. And something really good actually came out of that a couple of times. […] Because... then I don't try to […] put on that therapist role: "Ghhhrk, now I'll just put on this suit, um... and use the tools that I know... can give, can make sense..." […] because then it ruins the authenticity.

Music performer, O., also expresses how she takes on a role in her professional work while also connecting it with being a 'genuine human being':

> for me, quite personally ... it's very much about being ... being a present and genuine human being ... Also ... I mean ... even if, in some of the things I do, I take on a ... a role, in one way or another.

Several of the interviewees talk about how the role they take on can feel more or less correlating with the energy or motivation they have for their professional tasks at hand. For example, music therapist, E., at times, experiences herself as some sort of actor, putting on a 'therapist suit' and acting like a therapist but not necessarily experiencing herself as particularly convincing: "sometimes you must pull out that uhm 'therapist suit', right […] so... it's kind of ... becoming a movie actor who isn't necessarily... A-class, but... maybe rather B-class.

In terms of taking on a role, many of the interviewees also describe distinguishing between private persons and professionals. For example, music performer, K., describes how she can enhance the features in herself necessary for her professional work – features that are also conditioned by the people she is with such as children:

> My job as a musician is extremely outgoing, and I am not like that […] In reality, I'm a very, very private person […] I think, when standing on a stage, like that, and throwing my arms out and going "whoa whoa", then you'd think: "Wow, she's really an outgoing type of person", right. To some degree. And I really don't think I'm like that, privately. […] but I AM like that ... in the company of children.

Almost all interviewees have a multidisciplinary profile, which can be an advantage in the professional work, giving the opportunity to be a role model, as music educator, G., states:

> So, for me, I think that there is some authenticity in maintaining ... uh ... the musician, also when teaching. […] that you are not afraid of using yourself […] be a role model once in a while. […] that you feel okay demonstrating something or doing things that they can engage in.

However, this multi-disciplinarity in professional profile can also give rise to internal conflicts, as music therapist, R., experiences when she is expected to do music therapy, but is also employed as a psychotherapist:

> It just didn't work. […] I remember sitting afterwards and being really frustrated… What had gone wrong for me in my work with that group? […] It wasn't about me and that situation, actually. […] It was really... that I did things I didn't wish to do or wasn't supposed to do.

Hence, the element of role, according to the interviewees, is connected to the role they take on - by virtue of their professionalism – and the role they are ascribed to from the outside. Furthermore, it is related to how they perceive themselves in that role, conditioned by a resonance within themselves, as well as the ability to be a present and genuine human being whilst maintaining their professional tasks.

Context

The sub-themes related to this element are as follows: new and unfamiliar settings can affect authenticity; good settings enhance professionalism; ignoring the contextual aspects, having 'binocular-vision'; and external demands, expectations, cultures, and challenges affect authenticity.

In the conceptual framework (Figure 2), the element 'context' is understood as how the role fits the context. The analysis shows that the experience of authenticity by the music therapists and music educators can be affected by contextual factors such as new and unfamiliar settings for their work (e.g., participating in this research project). New and unfamiliar settings did not seem to be an issue for the music performers. In addition, the music performers did not participate in the MUFASA-research project, and as such are not influenced by these research frameworks.

All interviewees reflect on how contextual factors such as external demands and expectations, organisational cultures and restructuring, or challenges in staff groups can affect their work and their experience of authenticity. Music therapist, E., shared:

> I have simply been… pissed off during this reorganisation. Um... And then some days I've simply just thought: "Well that has to... that's deposited right there on the shelf and now I'm going in here". And I haven't been able to really involve myself emotionally, but I've been able to handle it and have this professionalism and be... how can you put it ... authentically professional. […] but without being emotionally involved in it, you know.

Likewise, music educator, G., reflects on the variations in her work effort as a result of the conditions on her different workplaces:

> [...] if you only talk about it all the time, and it always ends up with... we've spent seven meetings on this, and then: "No, we can't afford it anyway" […] Well, that drains more than anything […] Whereas the places, […] where we get into action fairly quickly, [...]they get more out of their employees, and […], you just give that thirty percent more. […] Perhaps because then you're also allowed to do something where you... where you are passionate about it, and think that you can, indeed, really be allowed to be authentic in what you do.

All six interviewees reflect on the advantage of being able to ignore the disturbing contextual conditions by having a 'binocular view' and focusing on what is important in their professional work, related to their core competencies. As music therapist, T., describes it:

> I get an image of ... you know, of the binoculars, right. That you just […] zoom in and in reality leave everything else […] outside. And if that zooming in somehow becomes... sincere, you know, then maybe it's easier to make space for the authenticity.

Music educator, G., talks about how this research project and the video recording can impact her:

> So, the moment you sort of get into some kind of flow, it becomes very secondary, because then I'm really just in the room with them. So, I've kind of ... created a reality together with them, and then the other thing isn't really that important, because then my most important task, right there actually, is to have ... you know, to be present together with them. And if my head is there all the time, then I'm not present with them, and then somehow I think that I'm not actually authentic either.

Likewise, music performer, K., talks about how she can go on stage and forget about the serious illness of a loved one:

> I can be on the phone with the hospital and doctors and everything ... six minutes before I go on stage. Then it's time, and I go on stage, and then it's just out of my head. […] Because then it's about what's in front of me and the kids who are there, right. […] fortunately, it's an ability I have, because otherwise I think it would be incredibly troublesome.

Based on the analysis, the contextual conditions for the music professionals can be considered a significant factor that influences their experience of authenticity. The analysis also shows that, across professions, they emphasise the ability to be able to focus on their practical work, to 'zoom in', set aside disturbing factors, and focus on what is right in front of them.

Professionalism

In the conceptual framework (Figure 2), 'professionalism' refers to having the skills to fill out the role and let go of control. This element contained many excerpts in the initial part of the analysis (see Table 2), which is perhaps not surprising, considering the focus of the interviews being the experience of authenticity in relation to professional work. Numerous interviewees' reflections relate to their professionalism: their competencies and skills, the content of their practical work, and what they find important in their work and in their way of being a music professional. The element contains many different sub-themes, not all of which can be elaborated within the scope of this article (please refer to the Supplementary Materials for more details). The coded interview excerpts about authenticity within this element are organised in the following sub-themes: focusing on what is needed, initiating relevant activities, setting oneself aside; balancing one's inherent personal qualities in the professional work; using one's skills to act and react flexibly and meaningfully for oneself and the participant; being aware of fatigue and low energy; being aware of one's inner life, one's own motivation, musicality, and creativity – and use it in a balanced way; having good colleagues and good facilities; balancing well-known experiences and routines with new material; knowing oneself and continuously developing one's professional skills; and taking responsibility, creating structure, setting limits, and ensuring basic trust.

Overall, there are many reflections concerning the importance of being flexible when initiating activities, and the ability to apply one's own skills to act and react meaningfully for both the recipient and the music professional. The music performer, O., talks about being able to organise musical activities for children and adults around a certain balance or 'bliss point':

> … that bliss point between something familiar, implying that they don't get totally overwhelmed and confused, and something which in one way or another has a new taste to it, so that they become curious, and uhm ... and want it.

The music therapist, E., reflects on how the implementation of meaningful and relevant activities also affects her experience of authenticity: "Well, it's also about being able to ... ask the relevant questions or ... initiate the relevant activities or... you know. That's what makes me, or my way of being, authentic, because what we do makes sense."

In addition to this professional flexibility, most interviewees talk about being able to balance themselves and their own personality and energy in their professional work. They touch upon subjects such as fatigue and low energy, and how this can be either bypassed or applied in their professional work. Here, a rather big difference emerged between music professionals as the three music therapists found it necessary in their work to acknowledge this fatigue and occasionally show it or use it as T. describes: "I can register that "Oh, my God I'm tired," […] but maybe that's also what's needed right now. Maybe that is also what is called for right now in the relationship, right."

On the other hand, music educator, G., mentions that even though she is tired, she can neither acknowledge it nor be tired when facilitating activities for a large group of people:

> If I go into a room with 15 children, then ... you just can't do that, not in the same way [….] and even ... Without saying it, I actually can't BE tired either. So, you just can't do that. Then it just ... shatters. There is so much […] about the flow that must be in the room, which relies on the fact that I'm the one who creates it.

G. also mentions how she, as both a music educator and as a music performer (see Table 1), can occasionally ignore her own lack of energy, and that the experience of authenticity can thus be distant:

> The moment you walk into that teaching room or concert room to play a concert, you just have to pull it out of a hat somehow, whether you feel like it or not. […] It might just be about, from how far away the authenticity must be retrieved.

The two music performers, O. and K., do not talk specifically about fatigue during concerts,. Instead, they share that fatigue can show up after the concert, if it has been a "*heavy concert*", as K. labels it, where she has spent a lot of energy engaging children and adults. O. shares similar sentiments especially for concerts for parents of very young children: "I was completely exhausted when we finished. […] I simply had to sit and stare straight into the air for two hours when we had played two or three concerts like those."

According to all six music professionals, the ability to establish a framework for social interaction and ensuring basic trust is considered essential. The analysis reflects that the way in which this is executed is related to personal ways of being a music professional. Music educator, G., talks about being able to set the necessary boundaries from the start and use music to 'play out' these boundaries. Music performer, O., spends time communicating verbally to make the adults and children feel safe whereas music performer, K., would rather show than tell. Music therapist, E., talks

about being able to 'take care of the space' and look after those who seek help while having an overview of the process.

Across the interviewees, there is consensus about how years of experience result in greater flexibility, a greater ability to have confidence in one's own expertise, and the ability to recognise what is important and what feels right for oneself. K., who works as both a music performer and music educator (see Table 1), reflects about becoming more aware of and clear about what she wants as a music professional as she becomes more experienced, stating: "I don't want to spend my time compromising with myself and the way I... and what I think the children should receive."

Overall, this element contains many different aspects of the different professionalisms in terms of competencies to act and react flexibly and meaningfully, follow where intuition and creativity leads, facilitate good frameworks for the activities, secure basic trust for the participants, and register one's own limits and energy. In music professional work, all interviewees recognise that fatigue is occasionally present but managed differently in practice.

Personality

In the conceptual framework (Figure 2), the key words for this element concern a continuous personal development as well as having a transparent persona. Through the analysis, the following sub-themes have been created: being oneself; being honest and 'in tune'; personal history and social preferences affect the personality and thus professionalism; doing things in one's own way; sharing one's own experiences and at the same time maintain one's own boundaries; personality being present in the musical material; personality affecting the professionalism; and setting aside one's own feelings, impulses, and preferences.

Having a transparent persona involves being able to express clearly to the outside what is experienced on the inside, thereby revealing one's personality. Across the interviewees, there is more or less attention to this element – the personality – to what it means for their music professional work, and their experience of their own authenticity. This is exemplified by music educator, G., who talks about being passionate about music: "if it's not something I'm passionate about, if it's not something where I feel I'm authentic, then it's hard for me to sell it." This is also reflected by music therapist, E., stating that: "[…] there must be some degree of me... now I'm E., but I am also the therapist... here... So, the balance of that, uhh... […]. Without it becoming private-personal, but rather... more like ... overall personal-therapeutic."

This element of personality also contains statements regarding 'doing things in one's own way'. As music therapist, T., expresses: "If it feels right for you, then it's probably right for you." Music performer, K., also mentions this: "You know, what works for me doesn't necessarily work... for you and vice versa, right."

Music educator, G., and music performer, O., also advocate for being yourself and doing things in the way that suits you best:

> G.: Because if anything, children can see right through you in no time, if you are not yourself.
>
> O.: There is not like a one-size-fits-all […] I have also seen people do things where I thought; Okay, I can see that it works. I simply can't see myself doing it.

Music performer, O., recalls experiences where she tried out the same material as another colleague: "[…] it always just fell to the ground with a BANG when I tried to do the same, right."

In that sense, the analysis shows that musical activities and materials are often connected to the individual and might not work for another person despite being from the same profession. Within this element, there are also sub-themes related to how personality is present in the musical material and how professionalism can be affected by the personality. Music therapist, R., talks about using music to attune to others through sound, but at the same time also register and attune to her own feelings. She can put her personal experience into sound:

> It feels like a coherent - authentic probably - expression. It gives me an experience of being in control - that the inner and the outer are connected; the fact that I am able to come up with a relatively precise musical expression of my own personal experience.

Also, music therapist, R., uses the phrase "*using authenticity therapeutically*", stating that her authenticity can be applied in relation to her professional work. Music performer, K., is often, during interviews, considering what she thinks is fun and important and is aware of not compromising her own ideas and wishes:

> It's damn fun to do a pirate concert, but you can ... but you don't have to be dressed up! So, there's something about ... that if children are going to catch it, and if children are going to be engaged and preoccupied by it, then somehow it must be ... a little silly and a little 'adult-haha'. And I really don't wanna do that.

Conversely, this element, 'personality', also concerns being able to disregard one's own feelings, preferences, and impulses. According to music therapist, R., there is a risk of losing track of what is happening in the music and the relationship when only focusing on one's own process and expression. She has concerns about losing the sense of the process when enjoying her music and 'being in a good place':

> It's interesting if it puts ... puts my focus out of control, right. To be in a good place. […] that's what the conflict is about when I sit at the piano. You know, if I disappear too much into my … my own. Because I enjoy it so much.

Likewise, according to music educator, G., being a teacher requires the ability to confine the inner performer at bit: "you have to restrict yourself, because in teaching […] even if you ARE the one, you're not the centre of attention." On the other hand, when playing concerts and being on stage as a music performer, G. talks about consciously developing and displaying specific aspects of her personality:

> I may have had to work a little on finding that diva side […] which is sometimes required on a stage. […] But I also think it's because I don't just go; "Hey! Look

> at me!!" I think that perhaps if you feel that way, it might not be quite... quite the same difference. Maybe it depends on what you're coming from.

The music performer, K., has her own personal strategy when it comes to daring to stand on a stage: "You know, you have to arrive at some kind of … "I don't freakin' care. I'll just do it", right."

In short, the element of personality concerns the possibility to apply personal expression, creativity, feelings, and preferences in professional work. This includes sharing personal experiences or presenting material in a personalised manner. However, the element of personality also includes statements regarding the music professionals' ability to either emphasise or tone down one's own impulses, personality traits, and feelings for the benefit of the process.

Values

The extracts that have emerged in the analysis have been organised under the following sub-themes: professional values; interpersonal values; and personal values. As previously mentioned, this element is new and has emerged through the inductive part of the analysis. Values are either expressed explicitly by the interviewees articulating values in their work, or not expressed explicitly as values but as essential focal points that have weight in their professional work or their understanding of music or children.

Professional values are related to the professional and/or methodical work and the professional context. The music educator, G., discuss the importance of creating something of value for the participants: "[…] I would like it to be something that could create value for them as child-parents together. […] You know, something that did that, but also created a common value for the group."

Later in the interview, however, music educator, G., reflects more on 'creating something of value' and questions her earlier statement in the light of the concept of authenticity:

> Well, it's a funny thing. I think those times when you are able to just let go of the idea of adding value that is probably where it IS authentic, because then you are beyond that. So, the problem is, I guess, if you start to think too much about it, and it seems that nothing is being added. Then it's probably precisely because it's not authentic, or because you're really out of the flow.

Likewise, music performer, O., talks about being able to let go of agendas and being able to let the music have value in itself, rather than facilitating music activities to train, for instance, the literacy of children:

> […] "now we're having music, because then we will be good at reading in five years" […] I don't know ... It's such a ... ... a paradox in a way. I think it is Keld Fredens who once said that if music is to have ... all the good side effects that it can have, then it must have value in itself. […] ... ... It is only when you treat the music as something that has value in itself that you actually have a CHANCE to get those side effects."

Music performer, O., will not make music with children just to improve their reading skills. The value for her is in the positive side effects of music that cannot be forced. This relates to music therapist, R., stating: "I think authenticity is also pretty much about... about living according to what you want, right. According to the principles you think are important in this context."

The interpersonal values are connected to statements that describe the relational aspects of the professional work. The music therapist, R., talks about equality and common understanding, about being a living human being who is influenced by and affects other people. Music educator, G., touches on topics such as equality, co-creation, participation, community, and "*creating a reality together with them*." The music performers, O. and K., touch on music as folk culture, an activating and involving get-together. They mention aspects such as community, participation, inclusion, fun, play, fantasy, and co-creation.

The personal values are rooted in statements regarding the interviewees' aim to maintain contact with themselves and their music in their work. For example, music therapist, E., wishes that "*there is something of me present in the music therapy*" and music therapist, R., emphasises being "*present and in a certain sense vulnerable*." For the music educator, G., there is a focus on being present, "*being there,*" and being in touch with her own desire to make music, to continue to develop musically, and have an active musicianship. For the music performers, O. and K., there is a focus on genuineness, credibility, and authenticity as a value in their work, being true to their own aesthetic values, not compromising with themselves, being open to many kinds of music, and not least to have fun.

SYNTHESIS OF FINDINGS

This study has expanded on the initial conceptual framework (Bøtker & Jacobsen, 2023) by adding an extra element of values and supplementing with in-depth content for all elements. Many of the elements in Figure 3 are undeniably entangled. They have diffused boundaries, ambiguities, an enormous breadth, and a crisscrossing interconnectivity. The analysis and the above findings may therefore appear a bit forced but should be viewed as an attempt to separate things with the aim of understanding and offering the possibility of reflection.

Through the inductive analysis, another theme appeared which, under closer scrutiny, could prove to function as a synthesis. The theme appeared with the music educator, G., who referred to the ability to "*go in helicopter mode occasionally*" and get an overview of the activity while it was happening.

All six interview transcripts were analysed with this theme in mind and in five out of the six transcripts, text excerpts were coded for this emerging phenomenon. The term covers an aspect that can be found in quotes from all the music professionals: The twofold state of sustaining a musical or non-musical activity while also reflecting on the activity in progress and planning the further course of the process. Many excerpts from this theme could be categorised into one or more of the other six elements which made it appear as contained within all elements or, the other way around, encompassing all the six elements. Hence, it appeared as a relevant theme to use for further synthesis.

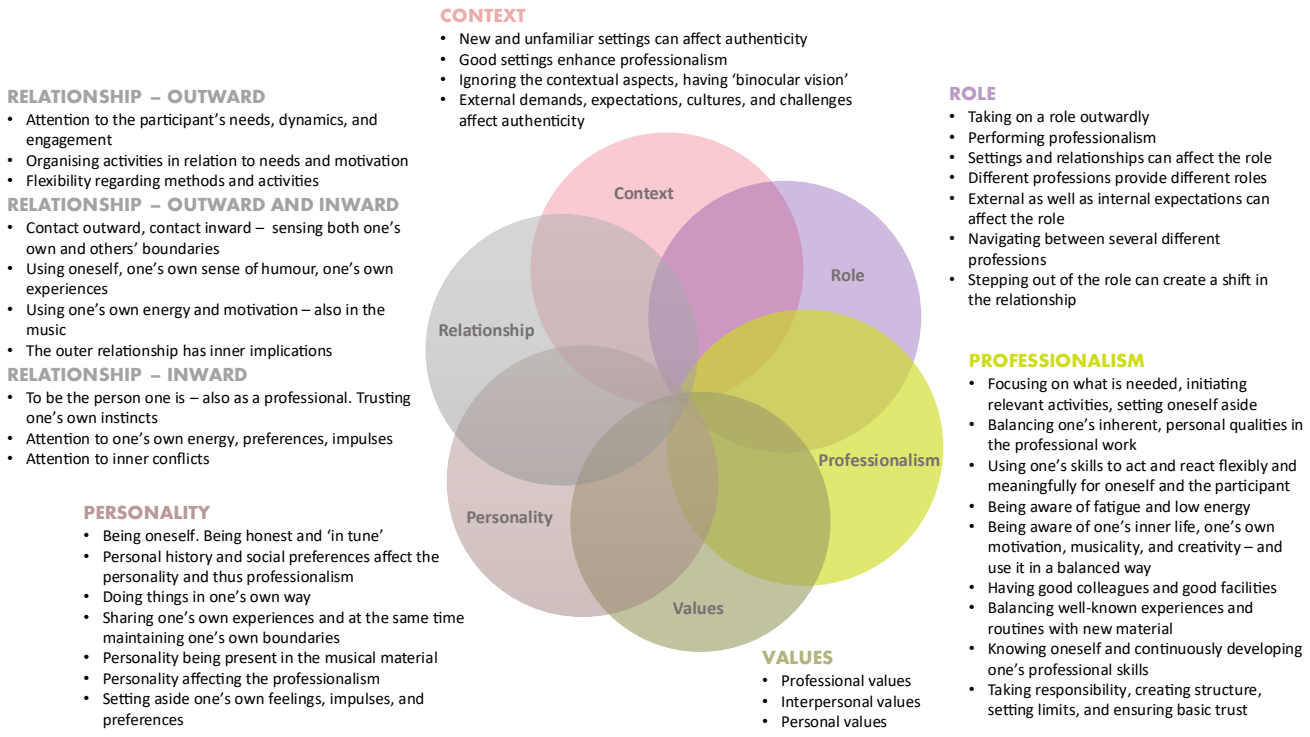

Figure 3: The elements of authenticity across three music professions

This theme, which was initially named 'helicopter-facilitator', appears as a significant part of the interviewees' experience of themselves as authentic professionals. The theme was later re-named 'floating-anchoring,' inspired by the water lily which manages to have a floating and flexible platform on the surface while being attached to and nourished by the bottom of the lake and water through its long stem. The metaphor is an attempt to give an impression of how a facilitator of musical activities can sustain engagement with the participants (anchoring) while having an analytical and reflective awareness at another level of consciousness (floating) at the same time.

The theme 'floating-anchoring' comprises of the following three sub-themes: a twofold awareness between sensations and analytical reflections; being able to assess the further progress of the activity; and dependent on an inherent balance of attention – inward and outward

Music educator, G., reflects on this phenomenon, which originated in the metaphor of a helicopter:

> […] I can't maintain that authenticity or that flow if I can't be both down … but also .... be ... like, go in helicopter mode occasionally, because that's where I […] have an overview of it; "Is now the good time to change?" […] ... "Should we do this once more or shouldn't we?" So, it's always a 'sensing-feeling-thing', which I think will be connected to that 'helicopter'.

According to music educator, G., this experience comprises a state of sensing and having a professional reflective overview at the same time. Likewise, music performer, O., who also works as a music educator, mentions this dichotomy between the perception of what is happening here-and-now, and reflecting on how to respond to what is happening here-and-now:

> There was always someone who fell out of the circle or didn't want to join us when we had to sing […] And that just meant that my radar went like this; "Okay, who's sitting over there, how are they doing today, who's sitting over here, how are they doing today", while I was doing the first hello-song […] And in some sort of... conglomerate of all possible sensations I've had, I decide if we're going this way or that way.

Music therapist, T., also mentions this duality in her attention and connects it with her own understanding and experience of authenticity:

> So, I have a ... I have a professionalism running right next to ... like, just parallel to the presence, right, or ... or with the 'now'. ... And when they kind of complement each other, then it becomes – in the music therapy setting – for me, it becomes something where I can.. um... understand myself as being authentic.

Finally, music performer, K., also describes situations where she navigates between a sensorial and a reflective level whilst facilitating musical activities for a large group of people:

> I make an effort of […] putting them into a new context. […] So, taking the 'troublemaker' M. on stage in front of 400 people, even though the adults are standing there thinking "OMG, she can't do that man, she can't control that!" […] And then suddenly he stands there and finds out that […] there is nothing he can do ... because I have one hand on his shoulder, and I know exactly what he must do. So ... so he can't freak out. So, the fact that you can actually... as an outsider, through music, give them a completely new role.

Despite all the non-verbal reactions from the participating adults in the audience, music performer, K., drawing on her many years of experience, is completely aware of what is going to happen, how it is going to happen, and why it happens.

As a synthesis combining the six elements included in the experience of authenticity across the three different music professions (with the phenomenon of "floating-anchoring", the first author created the following illustration (see Figure 4): The top part of the figure (REFLECTIVE) illustrates the previous conceptual framework of authenticity. The flower of the water lily and its six leaves illustrate the various elements that the interviewees have related to when reflecting on their experiences of authenticity in connection with their music professionalism. The flower also illustrates which elements could be activated and reflectively related to while simultaneously facilitating musical activities. These elements can of course have greater or lesser weight and focus for various reasons.

The bottom part of the figure (SENSORIAL) contains concepts and terms from the music professionals' descriptions of their experiences of authenticity from an active, musical perspective. These are some extremely lush and sensuous descriptions of being closely connected with intuition, of being dissolved and flowing into another soul, of meaningfulness, of coherence, of being absorbed in the relationship with children, of playfulness, imagination, and presence in a

bubble of shared energy. It is described as something almost magical, a feeling of something unhindered, a current you tap into, a feeling of inspiration, and of the music getting wings.

The phenomenon of 'floating-anchoring' can hereby be regarded as a fluctuating mode of consciousness enabling the music professional to observe the specific and also interconnected stances in the experience of authenticity as a music professional. This includes being in the creative, musical moment or in a position of reflection about what exactly encompasses and affects that actual moment, and from there on considering the next steps in the moments to come.

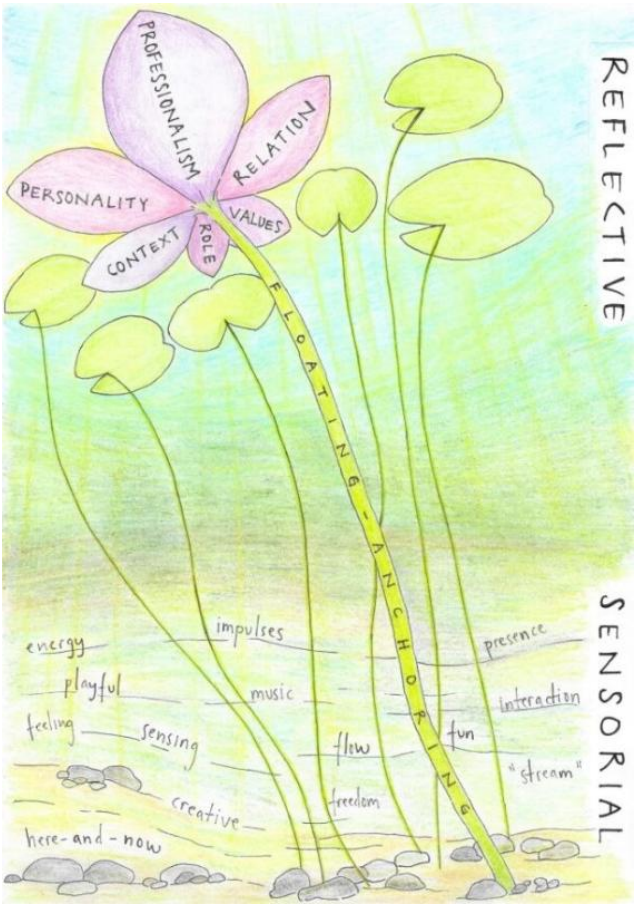

Figure 4: "Floating – anchoring"; The experience of authenticity as a fluctuating mode of consciousness

DISCUSSION

In this section, we will further discuss the findings in light of the theories mentioned in the introduction. We also wish to convey the limitations of this research study and discuss possible applications.

Many of the above synthesis elements can be related to Thompson's (2016) thoughts on authenticity, in particular his inward/outward awareness, stating that "authenticity always involves the individual's turning inward, and second, authenticity is always connected to its social context and how that social context takes its shape" (p. 172). Thompson's perspective aligns well with *the element of relationship*, in particular the inner/outer relationship where the music professional is aware of what is happening in the outside and inside relationship (e.g., being aware of one's own energy, feelings, and own impulses) at the same time. This also connects with McKinna's (2014) research showing a music performer's need to have "some kind of connection between yourself, the music and the audience and the room" (p. 64).

Thompson's thoughts also connect with *the element of context* and all the external factors that can influence the experience of authenticity. In this study, context is related to the frameworks and settings where the music professional work, the economic challenges, or the expectations from colleagues and leaders, and how this can interfere with the experience of authenticity.

Furthermore, Thompson (2016) states that "authenticity is distinguished by the consistency individuals have in aligning their actions or behavior with their 'motivations or intentions'" (p. 172). This view relates to another element, *the element of values*, in terms of what drives, motivates, and influences on the choices of the music professionals in their work.

Looking at Figure 4, we can find many similar aspects to Bingham et al.'s (2022) description of authenticity as a complex constellation of personal and professional qualities. Authenticity, according to Bingham et al., embodies skills and engagement but also "expresses genuineness, reveals the personality, and personifies the unique relationship with clients" (Bingham et al., 2022, p. 6), which can be related to *the element of personality*. Bingham et al. (2022) also include a clinical stance which is something that interviewees in this study have not explicitly touched upon even though they have discussed their methods and their intentions behind their activities. Given that clinical stance was neither included in the interview guides, nor seemed important to the interviewees, it was not considered in the analysis either. Bingham et al.'s (2022) findings also include the notion of a clinical consciousness which is described as an "awareness of all that is happening clinically" (p. 6). This specific awareness of all that is happening is mentioned by all interviewees even though none of them use the term 'clinically'. Hence, if we remove the term 'clinically' and replace it with 'in practice', this specific awareness, a 'practice-awareness', would also include all of the music professionals who participated in this study. It would then cohere, in a cross-professional perspective, that this specific intense attentiveness is needed to initiate and facilitate meaningful activities in their different music professional practices.

In this study, the experience of authenticity is also connected to *the element of role,* which is informed by both inside and outside expectations. It is inherent in the music professionals' practical work that the role changes and the inner and exterior expectations towards the role changes as well. This could be connected to Bertinetto's (2019) notion of authenticity as being 'true to the moment.' In that sense, authenticity would not be related to being true to oneself but being true to the specific music professional role in that moment. Bertinetto draws on the works of Dodd (2014) regarding improvisation, stating that improvisation is about "coping with challenges in the moment" (as cited in Bertinetto 2019, p. 11). This is also reflected in the statements of the interviewees which contained *the element of professionalism*: authenticity as a music professional is about being flexible, being able to change plans, facilitate relevant activities, and ask the relevant questions. Being a music professional is, in that sense, an improvisational act, being able to act and react sensibly and meaningfully for oneself and for the other.

Here it could be relevant to return to Richter and his notion of musical thinking. Richter (2021) argues for a connection to the intuition and a diminishing of the analytical side, with the guiding principles being awareness, attention, and presence. In his study, findings show that reflective awareness is part of the practical work of the interviewed music professionals, but they all emphasise that adhering solely to a cognitive, reflective awareness is unsatisfying. It could be argued, from this study, that in the in the music professional practice, there are degrees of analysis or reflective awareness, dependent on the needs of and the communication with the participants and the overall trajectory of the session. In this sense, the reflective aspect is regarded as something that can ideally enhance the creative flow and the authentic presence of the music professional. The

conception of floating-anchoring illustrates this two-fold attention and the simultaneous and fluctuating process between both the reflective and sensorial awareness.

Limitations

The intangible field of investigation

The theoretical concept and the lived experience of authenticity as a phenomenon can be difficult to describe and articulate. Analysing the transcriptions and their relation to the experience of authenticity has thus been strenuous. In the analysis, the experience of authenticity can seem somewhat concealed, as the word authenticity is not often mentioned. It calls for an acknowledgement of the fact that when searching for an understanding of this rather ambiguous phenomenon, it is essential to be able to reflect and analyse the periphery of it, and then, during further analysis and interpretation, apprehend the implicit meaning behind the explicit utterances as they come forward in a coherent complex. This has, at times, been challenging to capture and convey using interview quotes.

The process of decontextualising during data analysis has occasionally seemed forced. Many text excerpts are coded and categorised into several elements which are undeniably interconnected. It is all entangled in a kaleidoscopic jumble, which makes it difficult to separate and sort out to obtain clarity. There are many ways to perceive the phenomenon of authenticity and presumably more elements to support these perceptions. As an example, none of the interviewees talk explicitly about 'culture', or 'cultural identity', or about 'gender', 'minorities', or ‘ethics’. Interviewing other music professionals from other professional or cultural contexts could presumably reveal other elements.

The empirical framework of this study consists of interviews with music professionals facilitating musical activities primarily for children and their parents, teachers, or caregivers. However, the theoretical framework does not solely comprise literature focusing on the experience of authenticity of music professionals within a family-oriented perspective. To the best of our knowledge, literature on that very specific topic is sparse. The theoretical framework is thus gathered from a broad range of literature on authenticity and music activities with many different kinds of human beings.

Researcher as interviewer

The interviews were conducted by the first author, whose professional identity consists of a mixture of all three professions. This can be an advantage, in terms of an insider-perspective to the life worlds of the interviewees and their professional experiences. However, if the researcher’s own presumptions are not made conscious, it may inhibit in-depth questions and a more curious and open approach. Hence, shared and tacit knowledge may contribute to a deeper understanding of the music professionals' experiences, but at the same time cause premature categorisations of these experiences. To clarify my own presumptions, the first author made an extensive epoché at the beginning of the research process and attempted an open approach to the life worlds of the interviewees during data collection and analysis. Alongside the research process, the first author kept a research logbook to be aware of one’ own reactions, reflections, and parallel processes during

the investigation. This was done not to avoid bias, but to be aware of bias, as Gadamer (1975) has argued: "prejudices are not only unavoidable, they are necessary, as long as they are self-reflectively aware" (as cited in van Manen, 2014, p. 354).

Participants

The selection of interviewees for the research project was mostly decided in advance, as the interviewed music therapists and the music educator were all participating in the MUFASA-project for which this study serves as follow-up research. The two music performers were invited to participate in this study based on their experience with musical performances for children and their parents, teachers, or caregivers.

More interviews and more interviewees could have added more perspectives to the study. However, interview data from just six interviewees enabled a thorough deductive as well as inductive analysis and avoided data overwhelm, which is in line with van Manen (2014) stating; "Too many transcripts may ironically encourage shallow reflection" (p. 353).

Only female music professionals participated in the interview study, and this may have given a skewed picture of the experience of authenticity. Interviewees of other genders might have provided different perspectives on the phenomenon. Returning to van Manen (2014), phenomenological research is not striving for empirical generalisations and so "it does not make much sense to ask how large the sample of interviewees, participants, or subjects should be, or how a sample should be composed and proportioned in terms of gender, ethnicity, or other selective considerations" (p. 353).

Several of the interviewees have mixed professional profiles (see Figure 1). They employ one specific music professionalism in the activities of this study, but they draw on several music professionalisms in their reflections during interviews. This multidisciplinarity certainly reflects the reality of many music professionals today and is meaningful in terms of looking across professions. It does, however, challenge the possibilities of distinguishing between them.

Data analysis

The analysis was carried out by the first author. Validity of the analysis could have been improved by involving more collaborators. This could have been done by asking coauthors or other researcher colleagues to consider parts of the transcripts and let them code and analyse the text in order to compare and find nuances of understanding.

Although we primarily wanted to look for similarities across music professions and investigate the experience, understanding, and use of the phenomenon of authenticity, some small differences could be discerned. However, the data was insufficient to ascertain whether it was a significant difference or whether these differences were simply because of other factors such as the interviewees being different or the interviewees focusing on something specific.

Data saturation (Dai et al., 2019) is probably unobtainable in this context because the experience of authenticity is so individual, and the concept of authenticity is paradoxical (Dyndahl & Nielsen, 2013). As Bingham et al. (2022) describes it: authenticity is an embodied experience of self that is both "deeply felt and simultaneously illusive and hard to define" (p. 6). This was taken into consideration within the phenomenological methodology exemplified by van Manen (2014) describing the eidetic reduction, which is what happens while testing the meaning of a phenomenon

in order to grasp essential and meaningful insights about it: "the eidetic reduction makes the world appear as it precedes every cognitive construction: in its full ambiguity, irreducibility, contingency, mystery, and ultimate indeterminacy" (p. 230). According to van Manen (2014), the important thing to ask is, "does this textual portrayal of the eidos of this phenomenon or event point at a difference that makes a meaningful difference?" (p. 230).

Validity and transparency

Transparency can be hard to maintain given that the field of investigation is complex. It can be challenging to be explicit about all the little decisions during data analysis whilst maintaining focus and clarity in the dissemination. It is not possible to assess the value, strength, originality, and significance of a phenomenological study using procedural methods such as member's check or triangulation. "The validity of a phenomenological study has to be sought in the appraisal of the originality of insights and the soundness of interpretive processes demonstrated in the study" (van Manen, 2014, p. 348). We cannot judge the originality of insights ourselves, however, we have tried to be thorough and provide as much information as possible regarding the research process. In the dissemination of the findings, we focused on giving voice to the interviewees through the many direct interview quotes. In the Supplementary Materials, we included the cross-disciplinary overview of all the extracts that developed through the analysis.

EPICURE, the qualitative research evaluation agenda developed by Stige et al. (2009) is often used when evaluating qualitative music therapy research. The acronym refers to various elements of importance in the research process: engagement, processing, interpretation, critique, usefulness, relevance, and ethics (p. 1504). Referring to the notion of "processing" (p. 1509), we would like to emphasise that this research has been conducted with the aim of exploring and grasping the phenomenon of authenticity, while at the same time conveying this descriptively. The research process has been thorough and systematic, presenting the empirical material and the findings both textually and visually. The position of the first author as interviewer and researcher as well as music therapist, music educator, and music performer has also been disclosed so as to be transparent about the fact that qualitative research, and the notion of processing, involves "appraisal and contextualized judgment" (Stige et al., 2009, p. 1509).

Application

Having the six elements framework (Figure 3) in mind, we would argue for authenticity as a valid, relevant, and possible starting point for reflection on our music professional practices. Asking questions such as, "When do I feel authentic as a music professional?", "Why? Why not?", and "Which elements influence my experience?", could be helpful in approaching the core of one's own professional practice and one's interpretation of the profession. Allowing an openness towards the experience, accepting that sometimes it does not emerge, and growing in the knowledge about the many ways in which to approach the experience, could possibly enhance the understanding of our own agency and offer new perspectives on the kaleidoscopic experiences of authenticity.

Additionally, the phenomenon of 'floating-anchoring' could be valuable in terms of understanding and relating to the two modalities, the sensorial and the reflective, which complement

each other in the practical work, and which are connected by this notion of 'floating-anchoring' (Figure 4). From an educational point of view, the concept of floating-anchoring being at the core of one's music professional authenticity could presumably find application in the way we prepare, train, and educate students to become future music educators, music therapists, and music performers. This coheres with the aspiration of Parkinson and Smith (2015) stating that, in order for their field [music education] to develop for the benefit of all involved, authenticity should be "at the center of pedagogy, curriculum design, institutional strategy and disciplinary knowledge share" (p. 93).

With the knowledge now distilled from interviews with practitioners holding 10-20 years of experience, we would argue for a possibility to be more explicit about this phenomenon during training and ensure that students have the opportunity to incorporate an awareness of their own music professional authenticity even before they start their professional career. This could, in our view, have positive effects on their professional work and furthermore on their encounters with future students, clients, and audiences.

CONCLUSION

In this research study, we aimed to explore the phenomenon of authenticity as experienced in the professional practices of music education, music therapy and music performance. This study was conducted in an attempt to grasp and further understand the phenomenon of authenticity and convey this understanding to a broader community of music professionals. Hopefully, this could contribute to a deeper understanding of ourselves as music professionals.

The research questions guiding this investigation were as follows:

- How can experiences and understandings of the phenomenon of authenticity from music professionals across music therapy, music education and music performance be described?
- What are the possible applications of such descriptions?

A deductive and inductive analysis of six interviews with three different kinds of music professionals resulted in a framework (Figure 3) outlining six different elements affecting the experience of authenticity.

- *Relationship*: authenticity as deeply connected to the outward relationship that music professionals have with the participating students, clients, and audiences as well as the inward relationship that music professionals have with themselves. These relationships are ideally experienced and managed in a simultaneous inward and outward awareness, considering both the needs and reactions of the other and the instincts and impulses of themselves at the same time.
- *Role*: authenticity as related to the role that music professionals are taking on but also the role that music professionals are ascribed from the outside. External as well as internal expectations affect the role and the music professionals' experience of authenticity.
- *Context*: authenticity as affected by external demands, cultures, settings, and frameworks. It can, at times, be necessary to establish a 'binocular-vision' and ignore the contextual factors to enhance authenticity in the music professional practical work.

- *Professionalism*: authenticity as related to the (musical) skills needed to carry out the work. Being skilled and having the competence to flexibly act and react meaningfully for others and for oneself. Being able to balance one's own preferences, energy, inner life, and personal qualities into the professional work and thereby ensuring basic trust.
- *Personality*: authenticity as being honest and being oneself alongside the professional task. In this regard, the experience of authenticity as a music professional is about doing things in one's own way, letting the professionalism be affected by the personality, and letting the personality be present in the musical material and activities.
- *Values*; authenticity as guided and affected by the underlying values in the music professional work. These values can be related to professional perspectives, inter-personal perspectives and personal perspectives.

A reflective awareness regarding the above six elements can be carried out directly in the active, professional work, but also in retrospect. In an attempt to connect these six elements with the lived experience of authenticity, a synthesis of two positions is illustrated in Figure 4 suggesting the conception of 'floating-anchoring' as the connection between the reflective, cognitive awareness and the creative, sensorial presence of the music professional. It is important to state, though, that there is no favoured position to hold. Rather, the awareness of floating-anchoring could enable the unhindered fluctuation between these two, optimally simultaneous, attitudes that encompasses the music professional work.

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Ελληνική περίληψη | Greek abstract

"Αυτό είναι που με κάνει αυθεντικό, επειδή αυτό που κάνουμε έχει νόημα" – Οι εμπειρίες της αυθεντικότητας επαγγελματιών μουσικών: Μία φαινομενολογική, ερμηνευτική μελέτη συνέντευξης

Julie Ørnholt Bøtker | Turid Nørlund Christensen | Stine Lindahl Jacobsen

ΠΕΡΙΛΗΨΗ

Στους χώρους της μουσικής εκπαίδευσης, της μουσικοθεραπείας και της θεωρίας για τη μουσική εκτέλεση έχουν συζητηθεί και διερευνηθεί ποικίλες όψεις της έννοιας της αυθεντικότητας. Η αυθεντικότητα φαίνεται να είναι μια έννοια με ευρείες δυνατότητες εφαρμογής και ομοίως ευρεία όρια ορισμού, γεγονός που καθιστά δύσκολη τη διερεύνησή της. Αντλώντας από τη γνώση και το θεωρητικό πλαίσιο που αναπτύχθηκε από τις Bøtker και Jacobsen (2023), επιθυμούμε να συνεχίσουμε την διερεύνηση της αυθεντικότητας εντός τριών μουσικών επαγγελμάτων μέσα από μία προοπτική βασισμένη στην πράξη. Για την παρούσα μελέτη, μουσικοθεραπευτές, μουσικοπαιδαγωγοί και μουσικοί ερμηνευτές (έξι στο σύνολό τους) συμμετείχαν σε δύο συνεντεύξεις με θέμα τις εμπειρίες της δικής τους αυθεντικότητας όταν συντονίζουν μουσικές δραστηριότητες με παιδιά και ενήλικες (γονείς ή εκπαιδευτικούς). Οι συνεντεύξεις μεταγράφηκαν και αναλύθηκαν ακολουθώντας θεματική κωδικοποίηση και ανάλυση – απαγωγικά με βάση το εννοιολογικό πλαίσιο των Bøtker και Jacobsen, καθώς και επαγωγικά για την εύρεση νέων αναδυόμενων θεματικών σε αυτά τα τρία επαγγελματικά πεδία. Τα ευρήματα επιβεβαιώνουν το εννοιολογικό πλαίσιο,

αλλά επίσης υποδηλώνουν μία διεύρυνση, προσθέτοντας το στοιχείο των «Αξιών». Το νέο πλαίσιο απαρτίζεται από έξι στοιχεία που όλα αφορούν στην εμπειρία της αυθεντικότητας: η σχέση, ο ρόλος, το πλαίσιο, ο επαγγελματισμός, η προσωπικότητα, οι αξίες. Επιπρόσθετα, μέσω της επαγωγικής ανάλυσης, προέκυψε μία επιπλέον θεματική – «αιώρηση-αγκύρωση» – περιγράφοντας και συνθέτοντας τη σχέση ανάμεσα στην αναστοχαστική και την αισθητηριακή επίγνωση που αλληλοσυμπληρώνονται στην εμπειρία της αυθεντικότητας εντός αυτών των τριών μουσικών επαγγελμάτων. Αυτή η σύνθεση αιώρησης-αγκύρωσης προτείνεται ως ένα σχετικό πλαίσιο για την κατάρτιση και την εκπαίδευση ατόμων σε αυτά τα τρία μουσικά επαγγέλματα.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

αυθεντικότητα, μουσική εκπαίδευση, μουσικοθεραπεία, μουσική εκτέλεση

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SUPPLEMENTARY MATERIALS

"That's what makes me authentic, because what we do makes sense" – Music professionals' experiences of authenticity: A phenomenological, hermeneutical interview study

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Extracts overview – cross-disciplinary

This document covers all the extracts created in the analysis of the six interview transcripts. These extracts were organised in sub-themes within each element and across the three disciplines. Hence, the steps 4 and 5 in Table 2 (see Article). The extracts have been formulated by first author during analysis, however, many of them still contain phrases or wordings from the original interviews. Quotes are referenced by the letter of the specific interviewee. When the extracts are based on statements from one interviewee, they are followed by the letter of the specific interviewee. When the extracts are condensations of statements from more than one interviewee there are no references after the extract.

Relationship – Outward
- Attention to the participant's needs, dynamics, and engagement
- Organizing activities in relation to needs and motivation
- Flexibility regarding methods and activities

Relationship – Outward and Inward 4
- Contact outward, contact inward – sensing both one's own and others' boundaries
- Using oneself, one's own sense of humor, one's own experiences
- Using one's own energy and motivation – also in the music
- The outer relationship has inner implications

Relationship – Inward
- To be the person one is – also as a professional. Trusting one's own instincts
- Attention to one's own energy, preferences, impulses
- Attention to inner conflicts

Role
- Taking on a role outwardly
- Performing professionalism
- Settings and relationships can affect the role
- Different professions provide different roles
- External as well as internal expectations can affect the role
- Navigating between several different professions
- Stepping out of the role can create a shift in the relationship

Context
- New and unfamiliar settings can affect authenticity
- Good settings can enhance professionalism
- Ignoring the contextual aspects, having 'binocular-vision'
- External demands, expectations, cultures, and challenges affect authenticity

Professionalism
- **Fo**cusing on what is needed, initiating relevant activities, setting oneself aside
- Balancing one's inherent, personal qualities in the professional work
- Using one's skills to act and react flexibly and meaningfully for oneself and the participant
- Being aware of fatigue and low energy
- Being aware of one's inner life, one's own motivation, musicality, and creativity – and use it in a balanced way
- Having good colleagues and good facilities
- Balancing well-known experiences and routines with new material

- Knowing oneself and developing one's professional skills on an ongoing basis
- Taking responsibility, creating structure, setting limits, and ensuring basic trust

Personality

- Being oneself. Being honest and 'in tune'
- Personal history and social preferences affect the personality and thus professionalism
- Doing things in one's own way
- Sharing one's own experiences and at the same time maintaining one's own boundaries
- Personality being present in the musical material
- Personality affecting the professionalism
- Setting aside one's own feelings, impulses, and preferences

Values

- Professional values
- Interpersonal values
- Personal values

Floating - anchoring

- A twofold awareness between sensations and analytical reflections
- An ability to assess and plan ongoing activities
- An inherent balance of inward and outward attention

Relationship – Outward	**Music therapists** (E., T. & R.)	**Music educators** (G.) + (O. & K.)	**Music performers** (O. & K.)
Attention to the participant's needs, dynamics, and engagement	Being more attentive to the client than to one's own private life. Being authentic is to be "with the other." (R.) Being "in tune" (T.) with the other. The experience of authenticity emerges in the interaction.	The flow and experience of authenticity is dependent on the participants' input and on the group dynamics. (G.) Passive and absent participants affect "the common flow" (G.), as well as G.'s experience of her own authenticity. The activities should also animate and engage the adults, as the opposite can affect their commitment and presence and their own sense of authenticity in the activities with the children. (O.)	Being able to create a relationship with the adults by tuning into the children's energy, commitment, and courage. Adults can be difficult to engage, and their lack of engagement can also deter the children from engaging. Focus is on the relationship and the dialogue, not on playing right or wrong. A good concert is a concert where the children have had fun and have been seen and heard. It is easier for K. to come forward when it is for the sake of others and the focus is on the recipient.
Organizing activities in relation to needs and motivation	Being able to remain in what is needed by others, even if it can be challenging. The focus is on the other. Being together in achieving a goal, being in a process and an interaction together.	A continuous attunement to the group; how they feel, how they react to the activities, and what they want from the group. Seizing these inputs and using them to plan the next step. (G.) Paying attention to the children's signals such as body language, movements, and facial expressions, and including these in the activities. Taking the children's motivation as a starting point, what they are preoccupied with and where there is "some sort of fire burning." (O.)	Activities involving the children's bodies, their suggestions, and their energy to generate a shared experience of the music. (O.) Being able to organise and perform the concert considering the children's concentration span in order to create a relationship and a sense of community.
Flexibility regarding methods and activities	Having an awareness of what the other person is experiencing - an attunement that can provide freedom to make clinical choices that will benefit the client. (R.)	Being willing to deviate 100% from plans, if assessed that they will not work out as planned. (G.) Having a plan, coming into the group with an openness as to how it will play out. (K.)	The children and their wishes, needs, and demands are the starting point for the concerts. Having a very flexible set list that can be varied according to the audience.

Relationship – Outward and Inward	**Music therapists** (E., T. & R.)	**Music educator** (G.)	**Music performers** (O. & K.)
Contact outward, contact inward – sensing both one's own and others' boundaries	Keeping a balance between always being able to listen inwardly to yourself and outwardly to the client. Being tuned into the other yet still aware of yourself.	Being able to sense – when working with families - the boundaries of adults as well as children and at the same time being aware of your own boundaries and standing by them: "This is how the boundaries are in this room when I am the one who is here." (G.) Being able to hold on to your own authority and stand by your own choices when meeting dissatisfied adults.	Being aware of yourself and your own impulses, as well as connecting with the children and their engagement and responses, connecting with the band and being able to lead the band and be in flow with them, so that they can all interact with the audience in the best way.
Using oneself, one's own sense of humor, one's own experiences	Not just making something up or pretending, because then the client "shuts down" (E.) and the relationship is affected. Sharing your own experiences and being on equal terms with the children, as they can sense "bullshit." (E.)	Being able to empathise with other people's feelings and be guided by them. Being able to have fun together, making jokes.	Having your whole 'self' involved in what you do. "If you are not involved in it with ALL of yourself, why should the children be?" (K.) Using self-irony as a form of communication and as a relational technique to make the adults laugh. (K.) When K. uses irony in interaction with both children and adults, she can make fun, clarify the settings, and give the parents a "kick in the ass" (K.) without losing the role of performer.
Using one's own energy and motivation – also in the music	There is "some me" (E.) present in music therapy, something authentic, as this enables you to receive something from the other. Being able to create a connection between your inner life and outer musical expression. Being able to "surrender to the music" but not "get lost in the music," (R.) because then there is a risk of forgetting the client.	Initiating activities that you find meaningful and feel authentic in, and keeping an eye on how they are received by the participants at the same time.	Having methods of accessing your own energy and entering into the relationship (e.g., songs involving movement).

The outer relationship has inner implications	The relationship is important for the experience of your own authenticity. Being able to find your own authenticity by being "sensitive, using your intuition and in every way reading the small cues that are in the relationship." (R.)	Sessions with little feedback from the participants can result in an experience of being highly analytical, speculative, and evaluative. A "superego thing." (G.)	The children's involvement helps to drive the action, the energy, the pace, and the sense of community in the group, but this requires that the facilitator is authentic.

Relationship – Inward	**Music therapists** (E., T. & R.)	**Music educator** (G.)	**Music performers** (O. & K.)
To be the person one is – also as a professional. Trusting one's own instincts	Being there with who you are and to allow yourself to be in that state - together with others. To "be with yourself" (E.) can open up to another sense of togetherness and can enable the other to be open to another presence and act differently. Being aware of yourself and how you are moved, bored, or "in tune" or "resonating" with others. (T.)	Being able to trust your own instincts and believe in what you sense and notice. Knowing yourself well enough so that what you do becomes authentic, because it is rooted in yourself. Having expertise and experience that allows you to react to your sensations.	Relating to the musical person, you are: if you have a deep voice, it can seem inauthentic to sing in a very high-pitched voice to match the children's voices. There is a certain kind of pragmatism associated with being authentic. It must be feasible in your own system – both practically and musically
Attention to one's own energy, preferences, impulses	Focusing on your own energy makes it possible to give something to others. Being well-balanced within yourself and having confidence in yourself and in the relationship gives room for authenticity. The music created is matching your inner life.	The experience of your own authenticity can be affected by your level of energy and by the expectations you have of yourself.	Being aware of your own preferences, impulses, and desires, such as what you think sounds good and what makes you want to dance."You know, you must enjoy it yourself." (O.)
Attention to inner conflicts	A conflict can arise between focusing on the needs of others and being able to express yourself and creating a good musical base for the clients. Being tired makes it harder to become fully present with yourself, as well as with others – it is difficult to be "tuned in properly." (T.)	Discrepancy between inner energy and outer facade can evoke feelings of inauthenticity. A "light version." (G.) Being able to "work your way into" (G.) authenticity by forcing yourself to be attentive and present.	Themes of self-confidence can come into play. If O. feels that she is failing, musically, and does not have the skills, then it feels inauthentic and like something that is not right.

Role	Music therapists (E., R. & T.)	Music educators (G.) + (T.)	Music performers (O. & K.) + (G.) + (T.)
Taking on a role outwardly	Putting a lid on your own private responses and instead taking on a role outwardly."When you have to seize the ... you know, the role of therapist. Instead of being just purely authentic." (E.) There must be a distance between the private and the professional when taking on the "role of therapist." (E.)	Generally, G. can experience having a natural role of authority and feels "completely at home" (G.) in what she does. Having the role as an expert who must lead someone to another place or facilitate learning. (T.)	Being a "present and genuine human being (...) even if, in some of what I do, in one way or another I take on a ... a role." (O.)
Performing professionalism	You can put on the "therapist suit" (E.) or take on the "role of therapist" (E.) using the professional tools and methods you have in your profession. You can pretend sometimes. Play a role. Indicate presence. It can be compared to being an actor sometimes – and sometimes more of a B actor than an A actor. (E.) Performing a music therapist.	Having the role of the one keeping up the energy, even if you are a little sick. You can't BE tired even if you are. Taking on a more energetic appearance than you have can feel like "selling the participants a 'light version'." (G.) The difference between inner and outer energy can be felt extra clearly when G. turns up the outer energy, despite illness and low inner energy.	As a musician on stage, G. experiences having to find a performer attitude, a "diva attitude" (G.), and be more extroverted than she is. Musical expertise is not enough. A show must be delivered, and "the audience must feel 'contained'." (G.) Having a different role on stage than in private. Being "extremely outgoing" (K.) on stage, even though she is not like that privately. It's a role that K. can access and reinforce.
Settings and relationships can affect the role	The role is easy to be in when it is within a familiar framework and you know your means of action. But it can, at times, be more challenging, for example, in this research project. R. can have doubts when something is new and when she feels she must perform it well. It can activate thoughts about how the others perceive the activities and her. Consequently, she can experience playing a role where the inner experience does not match what she expresses on the outside.	In some situations, G. may feel pressured to assume the role of authority. For example, having to justify herself as a teacher or "playing a role that doesn't really feel natural" (G.) can be uncomfortable or feel inauthentic. G. can experience a difference in the role of authority when conducting children's choirs compared to adult choirs. An imposed role of authority is, for G., filling a role, delivering what she must, but without feeling that it is natural or something that gives her energy.	Being with adults, K. experiences taking on a different role, e.g., conforming and being polite. Being with children is "liberating." (K.) Being together is straightforward. K. can experience having many roles during concerts where other adults are very passive. She must be a musician and a manager, helping the children by explaining and managing the settings and their limitations. Having many roles during one concert costs a lot of energy. "You become an octopus with 27 arms,

			because you also have to manage everything else, right." (K.)
Different professions provide different roles	According to T., there is a difference between being an authentic music performer and an authentic music therapist because they contain different roles and different skills. According to R., there is a difference between being a music therapist for someone and facilitating music therapy activities for someone (as in the Mufasa-project).		According to T., there is a difference between being an authentic music performer and an authentic music therapist, because they contain different roles and different skills. Musical material from the band can be difficult to integrate into teaching. It can, for K., feel like she is not faithful to the original material. "Suddenly, there is too much of a movement song to it." (K.) The musical material must fit the role.
External as well as internal expectations can affect the role	R. has several professional roles in her position (psychotherapist and music therapist) and can occasionally feel pressured into music therapy professionalism. Others' expectations make her (R.) obliged to do music therapy, even though she would prefer to focus on psychotherapy. Being forced into a specific professional role can create frustration and challenges in doing the job well.	Being given authority from the adults: "Well, you know what you're doing, you're the teacher." (G.) Previous role models (choir directors with big personalities) can influence G.'s expectations of her own role and appearance as a choir director.	To be perceived as a theatre rather than as an active concert: "the further out we go [*in the countryside*], we have become more and more of a theater,"(K.) where the audience sits passively instead of participating actively. Pretending that you are a different kind of musician – if you suddenly feel that you do not have the skills or competencies – can be experienced as inauthentic.
Navigating between several different professions		Being able to use your multidisciplinarity flexibly and meaningfully. Using your musicianship as a music teacher provides an experience of authenticity. Not being afraid of using yourself, not being afraid of being a role model and showing your musician side as a music teacher.	

Stepping out of the role can create a shift in the relationship	G. has experienced it as positive when stepping out of the role of a teacher and becoming more "just me." (G.) This can create a shift in the relationship.

Context	**Music therapists** (E., T. & R.)	**Music educators** (G.) + (O.)	**Music performers** (O. & K.) + (G.)
New and unfamiliar settings can affect authenticity	When the setting is new and unfamiliar, it can affect the experience of one's own authenticity. New settings or performing new tasks can create a greater awareness of how others experience the activities. Consequently, R. is more in her conscious thoughts than "with the other." (R.) New settings (e.g., a research experiment) increase the level of mental activity in E., who can experience herself as more uneasy, 'stiff', and not as authentic in her presence. Your skills as a professional can be challenged if the settings change and the competencies are not quite sufficient.	The framework for G.'s work – the Mufasa-project – affects her experience of authenticity in relation to the teaching she usually does. When the group is small it all becomes "very vulnerable and exposed in one way or another - for them too." (G.) There will be more focus on each individual participant. A small group is less dynamic than the larger groups G. is used to. It becomes more difficult to engage the children when the group and the energy is smaller. The time frame is different. The duration of sessions is sometimes too long for children to concentrate. G. experiences overruling her professional intuition. Instead of ending: 'thank you for today', she continued the session. "It felt wildly inauthentic and very like (...) actually just like I was dragging my feet." (G.) The fact that the setting is unfamiliar means that it is experienced as more vulnerable by G. Thus she also occasionally experiences herself as inauthentic.	
Good settings can enhance professionalism	Good premises, instruments and professional collegiality make it possible to develop professionalism. Familiar settings are more relaxing for E., as she can use her ideas and methods flexibly. Having the opportunity to choose your professional paths and pursue your interests.	Support and freedom of method from managers and colleagues make G. give "at least 30% more." (G.) Being allowed to manage independent projects helps to give "a boost" (G.) to everyday work. If G. is not given the freedom to unfold her professionalism, she finds that it drains her.	

Ignoring the contextual aspects, having 'binocular-vision'	Being able to trust the structure and not letting it influence you too much gives room for authenticity, according to T. Being able to ignore the context can be an advantage. T. sees an image of binoculars, where you "zoom in and, in reality, leave everything else that you find 'arhhrr' [frustrating] outside." (T.) If "zooming in" is sincere and focused, authenticity can occur, according to T.	G. has no problems being videotaped - as long as things go well. But she imagines becoming much more aware of the camera if things go badly. The solution, in her view, is to focus on what she's doing and try to forget about the camera. "Once it [the music] is up and running, (...) there's still some authenticity in it, because ... it still vitalises something." (G.)	K. possesses an ability to be not terribly influenced by the setting and the context. She focuses on the children who want to engage in dialogue. Everything else she doesn't notice. Being able to ignore the people (usually adults) who are not participating in the concert.
External demands, expectations, cultures, and challenges affect authenticity	Workplace-related or colleague-related challenges can affect the degree of emotional involvement in the practical work with clients, in E.'s experience. It can be challenging to have to adapt your work to wishes, needs and expectations from colleagues and employers. Wishes and needs other than the clients' can affect R.'s work and her ability to be present. External expectations can create frustration and the experience of being drained. There are different ways of being authentic depending on the context. The context influences and generates different experiences of your own authenticity and presence. It is possible to be "authentically professional," (E.) but it can be difficult to be emotionally involved if there are many extraneous pressures.	The structure of the practical work can affect G.'s way of being present (e.g., a certain repertoire, a specific end result, or a concert). G. becomes more bound by this and experiences herself as less flexible G. experiences that her gender can influence people's expectations of her professionalism. She experiences having to prove that she can play instruments Collaboratory challenges and frustrations in the organization can make the work a bit heavy for G. It drains her energy and is experienced as "fundamentally frustrating." (G.) G. can experience resistance at various institutions in relation to her wishes for work conditions and salary, which can make it difficult to find energy for her practice. Lack of support results in G. doing what she must, but no more than that: "Okay, I'll take care of the basics, and that's how it is." (G.) Collaboration with over-committed and very ambitious parents can affect and disrupt G.'s work in relation to how she organizes her teaching.	It can be difficult to "maintain a cohesive group if suddenly there are also motor skills games going on." (O.) These kinds of side activities must go away completely when O. plays concerts. The further they go into the countryside to play their concerts, the more they are labelled and considered a theatre, (K.) where the children must sit in fixed places on their own cushions. Occasionally, K. must spend time instructing children and adults on how to participate in an "active concert." (K.)

	Specific wishes for O.'s work, from the teachers at the institution, can affect O.'s perception of her practice. She has done her job, but with a "GIANT alarm in my stomach saying, 'this won't work'." (O.) A discrepancy between outside needs and dogmas, and her own professional intuition can affect her way of being present. A "feeling of clipped wings." (O.)

Professionalism	Music therapists (E., R. & T.)	Music educators (G.) + (O. & K.)	Music performers (O. & K.) + (G.)
Focusing on what is needed, initiating relevant activities, setting oneself aside	Professionalism is about choosing a focus. Focusing on what is important for the client and what the client needs, even if it conflicts with your own needs, impulses, or preferences. Being able to "ask relevant questions" and initiate "relevant activities" (E.) makes the work meaningful and the presence authentic. Being able to sort irrelevant and disturbing (extraneous) elements and set them aside Lifting the others' relationships into the spotlight Being able to "pull yourself a bit up in a helicopter" (E.) and not get carried away by your own feelings, only expressing them if relevant Being able to set aside your own preferences in a professional understanding of what is in focus Focusing on the participants and their relationship with each other. The music therapist is not at the centre of it, but facilitates this relationship, which is meaningful. (R.)	Professionalism is about being able to balance the relationship, notice what is going on, and initiate activities accordingly. Being able to "be present" and create "a reality together with them"[the children] (G.) is important for the experience of authenticity. Making an ongoing assessment of the activities that are initiated in relation to the inputs that the children give. Being able to lead, fail, and be the bad example are important factors in teaching. G. wants the children to take ownership of what is going on, while she keeps the responsibility for the process and can maintain the flow of the session. Assessing whether there is value in the activity for everyone, or just for some individuals. Both options are perfectly fine. As a music teacher, you must be able to set yourself aside.	Organizing concerts in consideration of the attention span of children. Varying the activities without "channel surfing" here and there. Ensuring dynamic and suitable variety so that children and parents can be invited into the world of music and have an experience of community. Finding that "bliss point between something familiar, which means that they don't get totally overwhelmed and confused, and something that in one way or another tastes like something new, so that they become curious, and uhm ... and want it." (O.) Being able to pass on new material so that no one feels stupid or on shaky ground when they "actually just have to experience something." (O.) Being able to discern and professionally assess the order of musical experiences so as to create a good structure throughout a concert. Being able to create a framework that gives children the opportunity to maintain their innate, inherent musicality. Selecting and rejecting material can be done based on your own taste and personal preferences but must also be seen in light of whether it works for the target group. It is possible that it is not the best song in the world, but "it is probably the best song in the world for what I want." (O.)
Balancing one's inherent, personal qualities in the professional work	Keeping a balance between professional life and personal life. You can be real and authentic without sharing private thoughts.	Your professionalism is affected by who you are as a person as well as the temperament and personality you have	Don't spend too much effort on what others think but do what you think works best: "What I think is funny, will be the funniest, right." (K.)

	Having confidence in yourself and in the situation. Being able to balance the personal and the professional and trust that you have the competencies needed. Professionalism is affected by the personality, but balanced in relation to how much space the personality takes up.	Doing things that give you energy. Finding your inherent qualities as well as finding out where and how these come into play most fruitfully. Communicating why you do what you do, but also accepting that not everyone likes it. (K.)	Stand up for what you believe in. Make use of what makes sense to you and leave out what doesn't make sense."So, I can't convey that. (…) Because I simply don't think... I don't think that's right." (K.) Avoid exposing other parents to activities that she herself, as a parent, has experienced as awkward: "Okay, if I thought that this was deeply ridiculous when my children were two years old ... then they probably think so too (*laughs*), right." (K.)
Using one's skills to act and react flexibly and meaningfully for oneself and the participant	Having ideas, methods, and techniques that can be applied flexibly when meeting different people. Having musical competencies to respond in a musically authentic way. Awareness of the relationship with the other and what he/she is going through, gives the music therapist the freedom to make clinical, musical choices that will benefit the other. Being able to feel free and indulge in the music without an underlying awareness of purpose. Not being hindered by anything, being able to express what you want. Feelings and moods are transformed into sound. Technical level is no obstacle. A non-ego-defined experience, not being conscious of performance or of "outside gazes." (R.) Experiencing yourself as inspired and being able to react on impulses that	G. experiences herself as a more authentic music educator when she includes her music performer expertise. A teacher's professionalism is about keeping an eye on both the musical and the social elements. Being able to read the children's bodily expressions and understand how they feel, so as to initiate , change, or vary the activities accordingly in order to maintain the children's engagement, joy, interest, and regulation. (O.)	Having the competence to know what works in certain groups and situations, and having the techniques and methods that are suitable for you and the people you are with. Being flexible and able to vary the concerts according to the input you get from the audience. Having a set list until you have a new one. As an experienced musician, K. has 300 songs in her repertoire, which can be freely varied and adapted. Thus, flexibility can depend on the degree of experience. Musical expertise is about having musical competence but also about having the ability to assess your own potential and limitations and your own means of being authentically present in the most suitable way. Experiencing yourself as lacking the skills to carry out the task can have an impact on the experience of your own professionalism and authenticity. "If I somehow (…) experiences myself as not musically capable … then it feels inauthentic to me." (O.)

	come from yourself and from others. Being able to "surrender to the music" but not to "get lost in the music." (R.) Being able to react and adapt to the situation with your instrument. Being aware of when you are taking up a lot of space (perhaps too much), and when you can be carried away by your own music. Taking up space can be potentially limiting for others. Balancing how much space you take up. Being able to create a musical space, but with room for and attention to others. However, taking up space is not necessarily negative. Performing the participants' relationships through music is a joint project but the responsibility of the music therapist. Understanding the musical means, understanding – through the music – how others feel. Using the music to help the participants to go "to their playful place" (R.) and be allowed to join them without this being noticed.		Being able to see the children's personalities and – through the music and the activities – being able to "put them into new contexts." (K.) Although it is 'utilitarian music', it can still be an aesthetic product as well. It can be important to make the music aesthetically exciting, so that adults find it exciting to listen to Being able to make the music accessible in a meaningful way in "bite-sized pieces" (O.), even if it is unfamiliar. Being able to introduce children to a wide range of music.
Being aware of fatigue and low energy	Fatigue can mean that you as a professional can fall back into old habits and patterns that are not appropriate. "A certain arousal present in the system" is required to be "awake and directed towards the outside world."(R.) It becomes easier to attune and find	Being able to carry out your work despite a lack of energy is also part of professionalism, although this can be experienced as less authentic and like "running on autopilot." (G.) It's hard to have an off day as music professional. The work is demanding and requires energy and your full attention.	You must try to "pull it out of your hat" when you enter a classroom or a stage, "whether you feel it or not" (G.)

your way into the relationship and the interaction.	The activities facilitated depend on G.'s personal commitment and energy, and this can be more difficult on bad days
Authenticity is not about being very energetic, but about being true to the energy you bring on the specific day, according to E. The personal present energy can be used as an asset in the therapeutic work.	On bad days, G. doesn't feel like being "committed" or "contributing" (G.), and her teaching may well be characterized by this: "It may not really come through that you are passionate about it. So, it might be more like … ordinary." (G.)
It is essential to be able to use and allow your tiredness as well as be present with what you are. This can activate new ways of behaving and socializing in the relationship.	There is a difference in how bad it feels to be "on autopilot" (G.) when comparing a longer teaching course to a single workshop.
When you can be who you are, others can also be who they are. "And one of the times there was actually one of the young people that I ... talked to who... ... who also opened up to something else. (...) I think it has something to do with my... my way of being presen.t" (E.)	Large groups can be more challenging than solo students; G. can't say that she feels ill; she can't "actually even BE it." (G.) It is her responsibility to facilitate the process and carry the energy.
You don't have to be private about your tiredness; you can be tired without saying why.	With experience, you can become better at delivering professional content, despite a lack of energy.
Not hiding your tiredness in your professional work is authentic.	You must try to "pull it out of your hat" (G.) when you enter a classroom or a stage, "whether you feel it or not." (G.)
Being particularly attentive during vulnerable periods. Take care of yourself so you don't get exhausted.	You can work your way into authenticity by starting with pretending. Later, it feels real because you work your way into it.
	In case of illness, it can be essential to be professionally skilled enough to be able to carry out the activities despite a lack of energy.
	It is also important to bear with yourself when you do not deliver what you want to deliver.
	There will always be days when it doesn't work so well. But with

		a strong professionalism you can carry through a lot even on bad days.	
Being aware of one's inner life, one's own motivation, musicality, and creativity – and use it in a balanced way	Being able to recognise your inner life as well as your reactions and impulses and where these come from and use them in therapy. What you say and do must have some "connection to reality." (R.) You can't just make something up. Being honest, so that the children can comprehend and reflect on what you say and what they experience. Using your own experiences in a balanced way gives the feeling of being with an authentic person. Give a "piece of some reality." (T.) Being able to apply your own emotional life adequately. Not putting a lid on your own feelings but being able to "turn it up and down." (E.) Facilitating activities that you enjoy can be positive for others as well.	Keeping in touch with the music and what it means to you as well as why it is important to teach people to play music. Keeping your own musicality and creativity going, in order not to become bitter; "oh my, I haven't been able to do that" (G.), and to be able to be a role model. When you are in a good place with your music and grounded in your professionalism, it becomes easier to accept how others live with their music. Not being overambitious on behalf of others. It is essential, according to G., to consider what feels authentic and meaningful to yourself as well as be aware of whether it makes sense to others at the same time.	Using your creativity to see the potential in music, being able to make unfamiliar material accessible using well-known means, (such as egg shakers)
Having good colleagues and good facilities	To have colleagues, so as to not feel so alone as a music therapist. Having good facilities, such as well-equipped rooms with many instruments.	Being able to regard yourself as a supplement in an interdisciplinary collaboration and collaborating with professionals who have different skills.	
Balancing well-known experiences and routines with new material	Initiating new and unfamiliar activities can activate a feeling of inauthenticity because it can become more difficult to pay attention to how participants are feeling and whether adjustments need to be made.	A significant part of professionalism is not to stagnate, but to keep up and develop continuously. With time and experience, G. feels that she is getting better at being who she is and accepting that her teaching is "the way it is." (G.)	Listening to new music and keeping up to date and being open to what is happening in music culture in order to communicate with the children at eye level. Being open to all music - "If it works, it works." (K.)

	Just because something is new, it doesn't have to feel inauthentic. You must be able to "venture into something where you feel in deep water." (R.) Being careful about leaning back too much in routines and familiar activites, as this can lead to laziness and a lack of alertness in terms of reading the cues of others. It is essential to fluctuate between something old and familiar and something that feels new and unfamiliar.	It takes time to get a "professional backpack" (G.) that is comprehensive enough to respond to whatever needs there may be, listen to your instincts, and dare to believe that they are okay. G.'s professionalism is centered on an ability to be continuously curious and to "dare to be in the room instead of leaning back." (G.)	
Knowing oneself and developing one's professional skills on an ongoing basis	With greater experience comes greater flexibility. With experience, distinctions between different professions are not as sharply defined. It becomes less important to define your profession but more important to "be with those families" (R.), regardless of how that is expressed.	Going from recent graduate to experienced professional implies both professional and personal development. Professionalism changes over time, but you can also be authentic as a recent graduate: "You can easily be authentic and then have to stick to a plan more often." (G.) As a recent graduate, it can be more difficult to be grounded in your professionalism. You are more attentive, it takes more effort, and it can be "hard work to be AS alert as you are when you are new." (G.) It's about "being yourself in the work," because "the more authentic you are as a recent graduate, the faster you get it... 'the professional backpack' (...) because you somehow find a way to be well-balanced." (G.) Being young and with limited experience can have an impact on the experience of authenticity and authority. As a recent graduate, it can be challenging to teach people who are much older.	With experience come more knowledge and more competency in terms of justifying one's professional choices. With experience comes the ability to lean back and be more mindful of what you think is right.

		As a recent graduate, it can be difficult to follow your gut or professional intuition when you are faced with older, more experienced colleagues. (O.) As an experienced teacher there can be a risk that you lean back too much into your routines. When the work becomes routine, G. can start to make mistakes because she relaxes too much. Her professionalism is therefore centered on an ability to be continuously curious.	
Taking responsibility, creating structure, setting limits, and ensuring basic trust	Being able to "attend to the therapeutic space" (E.) and look after those who seek help, by focusing on their process.	It is G.'s responsibility to set limits and structure so that there is consensus. Sometimes, the group can figure out the structure and rules on their own. At other times, not at all "I'd rather be strict the first two times, and then we can have fun the rest of the year." (G.) The limits are primarily about having room to play and unfold, but with respect for the group. Does it affect others or not? If so, clear rules must be set. Setting limits for children if the parents don't, even if they are present, can feel like stepping over the parent's boundaries a bit. G. has no problem with it, however, but she "doesn't think it should be necessary." (G.) G. facilitates the space and defines the guidelines for parents and children. For example, it is ok to withdraw as long as you don't disturb others. Being able to set necessary boundaries and use the music to "'play in' the rules (...) there are so many things about rules and manners that we can 'play in'."(G.)	To ensure that both children and adults feel safe to do what makes them comfortable. The adults [parents/teachers] are the children's safe persons, and making the adults feel safe will instill safety and trust in the children. The facilitator must be able to "maintain a sense of community" (O.) and communicate the guidelines and rules for the group when together. Setting boundaries for what you can and cannot do in the room. Rules and guidelines can be communicated both by talking and by doing certain things; taking the lead, being a role model, and showing or telling "Now we'll do this" (O.). At the same time, one has to be true to one's educational and human values. To convey, in a friendly and simple way, what is ok to do in the space you create together. It can be more difficult to establish rules and guidelines when parents are involved. Children often get "much, much more out of being at a concert

	without the parents than with the parents." (K.) As a musician with a band, a microphone, and a stage, you have a lot of power and can use that setting and role to help adults change their perspective of their children. Making them see the children in a new way. Being able to give children new possibilities and experiences of success, to be able to put them in a new context. You can "challenge so many things" (K.) as someone coming from the outside, when you're on a stage.

Personality	Music therapists (E., T. & R.)	Music educators (G.) + (O. & K.)	Music performers (O. & K.) + (G.)
Being oneself. Being honest and 'in tune'	There may be a need to give something of yourself, something personal - verbally and/or non-verbally – so as to appear "genuine and present to the other." (E.) Authenticity is about having a "degree of me" present in the professional work. Not "privately-personally" but "personally-therapeutically." (E.) Being authentic as a music therapist is about balancing your own person and personality with your professionalism to maintain the relationship. Being aware of when you are moved – and sometimes showing it or articulating it as part of your work. Experiencing your feelings as a "barometer."(T.) Being able to feel yourself being moved, being in tune, or resonating with the clients' feelings. If your emotional life is not active, or impressions "bounce off," (T.) it can be experienced as inauthentic.	Being able to be yourself in what you do is relevant for both music teachers and musicians. (G.) If you are not passionate about it or authentic, it is difficult to "sell it" (G.) and get others involved in the activities. Being curious and daring to "be in the room instead of leaning back." (G.) When you must be 'yourself', your product – the teaching – is also characterized by this, because people are different (K.) It is essential to ask yourself; Why do you teach? Based on what? What are you serving them? (K.) Being able to pass on the good experiences that you have had, can be "very satisfying for me, because it was something I myself was really happy about." (O.)	Being able to be yourself in what you do is relevant for both music teachers and musicians (G.) Being a real person present in what you do. It is nice to have "knowledge and didactics and aesthetics (...) But it is just so important to be a human being." (O.) Being able to make demands on the audience, to involve them and expect something in return. Being able to use one's own sense of humor, including irony, in the company of children. Otherwise, it will feel inauthentic for K. Being playful, curious, and making fun of yourself. It doesn't matter if you play the wrong notes. Being able to reinforce inherent aspects of yourself and live those out on stage. K. has an extroverted side that is easy for her to expand when she is with children.
Personal history and social preferences affect the personality and thus professionalism	According to E, your personality is affected by the attachment patterns and disorders you carry with you, which also affects your professionalism. Old themes from your personal history or your personality can affect how you interact as a professional. Especially if you are tired, according to R.	The experience of professionalism is affected by your own personal history as well as good and bad experiences. Previous experiences can influence personal preferences regarding who you would like to teach. At the same time, those you teach can in turn influence the experience of yourself as a professional.	K. prefers the company of children – as she is "motivated by the children." (K.) K.'s passion for children nourishes the contact to and the relationship with the children. K.'s social and relational preferences influence how the concerts unfold and who K. pays attention to, i.e., children, especially "the unruly children." (K.)

	Early attachment experiences influence R.'s skills in the relational aspects of music therapy.		K. makes use of her personal fondness and devotion for children to help caregivers see their children from another perspective.
Doing things in one's own way	It can have a powerful effect if the music therapist can use herself and her experiences actively in a balanced way. You get a "piece of reality" (E.) from the therapist, and it becomes an expression of something authentic. Pretending and just "making things up" (E.) can disrupt the relationship with the client; "So, she just shuts down if it's bullshit, you know." (E.) According to T., authenticity depends on what feels right and meaningful to the individual."If it feels right for you, then it's probably right for you." (T.)	Doing the work as yourself, not as others do it "because if anything, children can see right through you in no time, if you are not yourself." (G.) Not being a copy of others, even if what others are doing works well. It doesn't necessarily work as well when you do it yourself. Finding your own way of doing things, converting the material to suit you – here authenticity is a super important concept, according to G.	The material must be connected to the person you are. It might not work for another person, another type, or in another body. There is no "one-size-fits-all."(O.) It must make sense in one's own body and one's own system. "So, it was so amazing [*what a colleague did*], and it always just fell to the ground with a BANG when I tried to do the same, right." (O.) Being able to integrate music and dance steps from other cultural backgrounds and making them your own, so that it's not pretentious, but experienced as authentic. They are "MY body's movements." (O.) You can be clear and understandable in many ways, depending on who you are. "You know, what works for me doesn't necessarily work... for you and vice versa, right." (K.)
Sharing one's own experiences and at the same time maintaining one's own boundaries	E. restricts what she wants to share – to protect her own family who live near her workplace and are known by the families she works with. R., on the other hand, may find it good and relevant to share her own challenges in parenting. Sharing something gives the experience that they "are both human" (R.), which can give hope to families who have defined themselves as "problem families." (R.)		

	Personal boundaries are dependent on your personality, in terms of feeling that your boundaries have been overstepped when sharing personal experiences. Sharing something and being honest (R.) For the sake of the children.		
Personality being present in the musical material	Being able to be "essentially me" (R.) on a specific instrument that suits the expression and personality. R. uses the music to attune to others and herself through sound, and in that way also become aware of how she is feeling. "Using authenticity therapeutically." (R.) The children and families often return to the activities that she herself enjoys doing: "Can't we do that again?" (R.) Experiencing the connection between inner experiences and the external musical expression. "It feels like a coherent – actually authentic! – expression." (R.) Being able to "come up with a relatively precise expression in sound of my own personal experience" (R.), can provide an experience of being in control, when the inner and the outer are connected in this way. Having an instrument where you can "be there,""be authentic, actually, and express... what's inside" (R.) Music can express the inner life. There is coherence.	For G., there is value in not being afraid of using herself in a teaching situation, putting herself forward and creating something musically that people can lean on. Using yourself and the instrument on which you express yourself best and acting as a facilitator for a teaching process. Using herself means that G. does not always think hierarchically but sees her students as equals. They are co- creating the music. Using activities that G. enjoys and that suit her. However, for some participants it may well be very challenging. A discrepancy may arise between what activities she prefers and how they are received by the participants.	Acknowledging your own resistance to certain genres or songs and bypassing this in your own material. Using your own musical preferences in the preparation of concerts and teaching. Organizing and editing the activities and the musical material so that it suits your temperament, personality, and communication style. Enjoying the music yourself. Doing what you feel good about. Having fun so that the children have fun too. "If you have a little self-confidence and a little craziness (...) then children are easy to engage." (K.) Personal knowledge, understanding and acquisition of new music are meaningful to O. Both in terms of being able to communicate the music to others in relation to her own interest in the music, and in terms of being able to enjoy the music and be happy about it and not feel alienated from it. Being able to work aesthetically with 'utilitarian music'. Not believing everything that is written in the textbooks or what professionals say but go your own way and make the material fun and enjoyable for yourself.

			Sometimes you must be “pragmatic to be authentic.” (O.) Organize your concert, your music, so that it makes sense to you, and you come forward, clearly, as the person you are. Not changing yourself or the material to adapt to the wishes or demands of others. (K.) Her own personality can make some things more challenging for G., for example when presenting herself as a frontperson or lead singer on a stage and trying to be like other lead singer role models. Experience has taught G. that she does not need to be anything other than who she is, which is experienced as more authentic by her.
Personality affecting the professionalism		Being an authentic musician and an authentic music teacher is characterized by the type of person you are, your temperament, and personality. The basic feeling is the same, that "you are yourself" (G.) and that you try to "stand up for who you are" (G.), but this can be expressed in different ways, depending on professional qualifications and tasks.	Being an authentic musician and an authentic music teacher is characterized by the type of person you are, your temperament, and personality. (G.) The basic feeling is the same, that "you are yourself" (G.) and that you try to "stand up for who you are" (G.) but this can be expressed in different ways, depending on professional qualifications and tasks. Standing firm about what you think is fun and important, and not compromising on what you want to pass on. (K.) Not changing yourself or the material to adapt to the wishes or demands of others. (K.)
Setting aside one’s own feelings, impulses, and preferences	If R. disappears too much into her own experience, she can lose focus, because she is "in a good place" and "enjoys it so much." (R.)	It requires the ability to set yourself aside as a music teacher, to tuck away the performer a little. A teacher is not at the center of attention. (G.)	It requires extroversion to stand on a stage and be a "diva" (G.) Something that G. doesn't necessarily think she carries naturally in her personality.

	You can lose your awareness of the whole when you primarily focus on your own process, your own expression. Being able to choose the connection to and the relationship with the client over your own preferences, even if this can cause an inner conflict and require some effort.	What is good for you is not necessarily good for others.	Being able to overcome self-criticism and nervousness; "I don't give a damn" (K.), and go on stage and just do it. Being able to forget everything outside the concert and focus on the here-and-now with the children and the families. There can be a difference between what you express as a private person and what you can display as a professional on stage.

Values	Music therapists (E. R. & T.)	Music educator (G.)	Music performers (O. & K.)
Professional values	Living and working according to "what you like to do" (R.) The principles you find important. Working in accordance with what you find important. Being guided by a conscious choice about a direction. Being able to use the music to join other people "in their playful place." (R.) Letting others be in the center of things and participate in their relationships with each other, without them being aware of you.	Letting others be "the ones who shine." (G.) Not talking down to children, not being patronizing. Being able to provide something that creates value for the individual family and for the whole group. Being able to set limits and create frameworks that inspire creativity. Creating unity, cohesion, and focus.	Stimulating curiosity about children's culture and children's literature. Making cultural life accessible - also in everyday life. Speaking up for the children's cultural life. Transfer: that the activities are so simple that everyone can bring them and use them at home. Children must be involved, they must not be talked down to, physically, verbally, or spiritually. The child as an aesthetic person with aesthetic needs. Children must be able to participate with their entire bodies. Fostering new perspectives and understandings of children. Music has value in itself. Quality (musically, and regarding equipment) That the music also has some "adult deliciousness." (K.)
Interpersonal values	Equality and common understanding. Feeling that "we are both human." (R.) To be a living human being who is affected by others and affects others.	Equality and co-creation. Making room for others. Participation. Inviting others into the music so that they can feel it in their own bodies. Community, ownership. Participation. To "create a reality together with them." (G.)	Folk culture - music as equal participation. Folk culture - that music is not an "expert thing." (O.) An activating and engaging activity that involves the children's bodies and their ideas. Companionship and community. Responsibility. Decency.

			Making space for participation. Respect. Involvement. Independence. Fun. Playfulness. Imagination. Co-creation with the audience. Connection and relationship to the audience. Friendliness, respect, cooperation.
Personal values	That there is "some me" (E.) present in music therapy. Being able to share something from your own life. Being present, "vulnerable" and “susceptible." (R.)	Maintaining your own desire to make music. Continuing to develop musically in order to inspire, engage, and motivate others. Having active musicianship. Being present - "being there." (G.)	Genuineness, credibility, and authenticity. Generosity, being able to give. Being true to yourself and your aesthetic values. Not compromising with yourself. Being open to various kinds of music. Having fun.

Floating - anchoring	**Music therapists** (E., T. & R.)	**Music educator** (G.)	**Music performers** (O. & K.)
A twofold awareness between sensations and analytical reflections	Having an awareness in "the now" (T.), and at the same time having a professional awareness can provide an experience of authenticity: "it becomes something where I can... um... understand myself as being authentic." (T.) Being able to see things in a larger process perspective, while at the same time being able to be playful and intuitive. Not just "flowing along" (T.) and "flowing into the music" (T.) but focusing on the therapeutic process and relational aspects. Experiencing moments of "flow and stream" (R.) where the music "joins together" (R.) and reveals the way forward.	It contains both an analytical level and a feeling-sensing-being level. Being able to be "down in (...) a sensing-feeling thing" (G.) and at the same time be able to "go up in helicopter mode occasionally." (G.) This continuous analysis of the activities is part of "maintaining flow" (G.), "...that's where I can sort of see the the process as a whole." (G.) Being able to be consciously aware of what is going on, but at the same time trying to be "in flow" (G.) with the participants so as to approach the experience of: "now we are in this, emotionally, together." (G.)	Sensations are used to anticipate how, and which activities are to be communicated and initiated. As a mediator and facilitator of a musical experience, you have a responsibility to "drive it forward." (O.) As a musician, you have a greater opportunity to drive it forward without taking everyone into account. O. tries to scan the children, their movements, their involvement in the activity, and their regulation and arousal levels. Then she "tries to decode whether there is a need to turn up or down the intensity, so that as many as possible can still keep their interest and the desire to participate." (O.) The focus is on being able to keep the children's / the participants' commitment and attention in the group and the community by paying attention to their behavior and feedback, as well as by variation and flexibility.
An ability to assess and plan ongoing activities	Being able to assess, based on the participants' feedback, how long the activity should continue and being able to respond appropriately. Having an overview of "possible paths to take and being able to navigate them." (R.) Having mental energy and eye for the process as a whole; having a clear sense of possibilities.	Being able to notice what happens in the relationship and initiate activities accordingly. Facilitator must be able to go into helicopter view occasionally, to maintain flow and a feeling of trust in the group, see the big picture, so that the group gets a feeling that they can relax. There is a plan. Having a flexible plan that can be changed as needed. That's also what music is about. Adjusting according to what is needed.	Regardless of being in a concert or teaching context, focus is to read the group in relation to which activities are to be initiated. Paying attention to the children, seizing their responses, and using these in the concert, but at the same time maintaining the interaction with the band. Being able to have a plan or an idea of a direction, but at the same time being able to let go of that plan if something else is needed.

	Being able to think long-term and see the importance of the interventions for the process.	Being able to assess continuously the activities that are taking place and the activities that must follow. Which choices are the best to make and what consequences can those choices have. It is an "inner reflection." (G.)	Continually assessing and keeping an eye on "what should we do next?" (O.) To see the big picture and make the process move forward.
An inherent balance of inward and outward attention	Too much focus on the inner relationship (and the connection between one's own inner life and the outer, musical expression) can reduce the ability to see the process as a whole. It's about balance. A blend of and balance between more aspects of consciousness; the intuitive and the analytical. Being aware of yourself but also in contact with a "reflective level" (T.) containing thoughts about both internal and external conditions. This takes place simultaneously on many levels. Being able to "surrender to the music" (R.) but not to "get lost in the music." (R.) Being able to be in your own space, to be 'yourself' and at the same time in the professional space, to be the 'therapist'. Balancing your attention.	Too much conscious awareness about creating new strategies all the time is experienced as a "superego thing" (G.) and a "thinking session." (G.)	O. draws inspiration from the concept of 'receptive orientation' [Da.: *receptiv rettethed*], which describes an attention to both the material being worked with, the child, the whole group and then yourself at the same time.

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ARTICLE

"Music therapy is the very definition of white privilege": Music therapists' perspectives on race and class in UK music therapy

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ABSTRACT

The resurgence of the Black Lives Matter movement in the summer of 2020 following the death of George Floyd highlighted, once again, the racial and socioeconomic inequities permeating western countries, and galvanised music therapists in the UK and elsewhere to reflect on the importance of race and social class in their profession and therapeutic practice. These discussions have a longer history in the US; in the UK they are in their infancy. Building on the 2020 British Association for Music Therapy Diversity Report (Langford et al., 2020), this study aimed to contribute to the burgeoning discussion in UK music therapy by inviting trainee and qualified music therapists to reflect on how – often intersecting – racial and socioeconomic inequities impact on music therapy training and practice and what changes are needed for music therapy to become more relevant to and representative of minoritised communities. Data were generated using an online qualitative survey (N=28) and five follow-up telephone interviews, allowing for both breadth and depth in an area where there is a paucity of research, and a higher level of "felt anonymity" for a potentially sensitive and threatening topic. Reflexive thematic analysis informed by critical race theory was used to develop three themes from the data: 1) Posh white ladies: the typical music therapist; 2) White normativity and fragility in music therapy; and 3) Music therapy: undervalued and too costly. In the conclusion, we synthesise the participants' accounts into recommendations for diversifying the music therapy profession in the UK.

KEYWORDS

classism,
middle-class,
people of colour,
qualitative survey,
racism,
thematic analysis,
white fragility,
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INTRODUCTION

The Black Lives Matter resurgence in the summer of 2020 following the death of George Floyd, once again, drew attention to the intersecting racial and socioeconomic inequities permeating western societies and prompted discussion of race and class inequity[1] in UK music therapy. Notable moments in this discussion included the British Association for Music Therapy (BAMT) Diversity Report (Langford et al., 2020), a keynote by Professor Wendy Magee at the 2021 BAMT conference, which addressed themes from the Diversity Report (see below) and particularly the issue of structural inequity within the music therapy profession, and the online panel discussion on Racial Awareness in Music Therapy (BAMT, 2021), providing insight into lived experiences of racism for UK music therapists of colour, both within the music therapy profession and in clinical practice. In response to these discussions, BAMT launched an Equality, Diversity, Inclusion (EDI) and Belonging network in January 2022 (Millard, 2022), and the *British Journal of Music Therapy* recently published a special edition on EDI and belonging (Millard, 2022)[2] as well as several individual papers on this theme (e.g., Lindo, 2023; Vencatasamy, 2023).

This study seeks to be part of these ongoing conversations by inviting trainee and qualified music therapists in the UK to reflect on how – often intersecting – racial and socioeconomic inequities impact on music therapy training and practice and what changes are needed for music therapy to become more relevant to and representative of minoritised communities. These discussions have a longer history in the US (e.g., Hadley, 2013, 2021; Hadley & Norris, 2016; Norris, 2020; Webb & Swamy, 2020, 2022), although, as Leonard (2020) notes, in relation to Black music therapists and clients, there remains a paucity of research exploring clients' worlds and the subjective experiences of therapists. In the UK, other than the BAMT Diversity Report, this is the first study of which we are aware to explore music therapists' perspectives on race and class in the profession.[3]

To provide a context for this research, we overview the requirements of UK music therapy training, and then summarise the findings of the BAMT Diversity Report. Next, we outline some of the key tenets of the bodies of theory informing this research – namely, critical race theory (CRT) and

[1] We draw a distinction between equity and justice on the one hand, and equality on the other – equity and justice centre the dismantling of oppressive structures whereas equality centres integration of marginalised groups within existing structures (Leonard, 2020). Following Leonard, we capitalise Black but not white to emphasise our focus on equity and acknowledge that while Black people tend to identify themselves through their racialisation, white people do not. We use Whiteness to describe a position of structural advantage, the position from which white people view and experience the world and a set of typically unmarked and unnamed cultural practices (Frankenberg, 1993).

[2] It is disappointing that this did not include any papers specifically focused on race and class.

[3] Since this paper was submitted for review three papers have been published (Lindo, 2023; Myerscough & Wong, 2022; Vencatasamy, 2023) – see below - centring centre the experiences of music therapists of colour, whereas our study, like the BAMT Diversity Report, explored the views of white music therapists as well as music therapists of colour.

Black feminism. Finally, to locate this research in an international context, we briefly overview relevant explorations in the international literature on race and anti-oppressive/multiculturally competent practice in music therapy.

Music therapy training in the UK

Music therapy training in the UK varies in theoretical emphasis between the various trainings available and is required to meet standards of proficiency (SoP) for arts therapies determined by the Health and Care Professions Council (HCPC 2023), which regulates the profession across the UK. The HCPC SoP have been recently critiqued from a disability studies perspective (Pickard, 2020) and are currently under revision. All training courses are at master's level and have to be HCPC-approved. There are currently 10 training institutions, including Nordoff and Robbins trainings in three different locations (BAMT, 2023). All UK trainings include music improvisation as part of their curriculum, which means that spontaneous interactive musical elements will be a part of every trainee's learning process. Psychodynamic theory is incorporated into most trainings, with varying levels of emphasis. Community music and associated social theories of shared music making are also incorporated into most trainings to some degree. There is a strong emphasis on practice placement (in, for example, healthcare, community and educational settings) as a core learning experience, and all trainees are required to complete a number of hours of personal therapy during their training. Historically, most courses have stipulated the highest level of classical music training in the UK as an entry requirement (Wetherick, 2016).

Recent research and commentary on music therapy training and the wider profession in the UK – published after the current paper was submitted – has explored:

(1) three "ethnic minority" music therapists' views and experiences of training, highlighting financial barriers to accessing training, the lack of support for trainees of colour and feelings of alienation and isolation in a predominantly white university, the lack of focus on race in training and the unconscious bias of white peers and staff, and recommendations for change including improving cultural awareness, decolonising the curriculum and increasing diversity within training courses (Lindo, 2023);
(2) racial issues in music therapy and the impact of Brexit through autoethnography and examples of casework (Vencatasamy, 2023);
(3) the experiences of two minoritised music therapy trainees – a woman of colour and a trans, queer and disabled white person –through a "semi-structured discussion" (Myerscough & Wong, 2022).

Research has also highlighted economic and cultural barriers to music education in the UK (Creech et al., 2016). As Vencatasamy (2023, p. 4) noted, "With conventional Western orchestral instruments, the cost can be so high as to be exclusionary, engendering a sense of elitism. Cultural barriers also exist; music as a 'serious' career path is not a luxury often afforded to people of colour." A recent report by the EDI in Music Studies Network (Bull et al., 2022) on the music higher education sector, including music therapy, highlighted the underrepresentation of Black British and British Asian

people among music students and that music students appear less likely to come from working class families.

The British Association for Music Therapy Diversity Report

Demographics of UK music therapists

The BAMT Diversity Report (Langford et al., 2020) examined the demographics of UK music therapists and it seems likely that the vast majority[4] of the 509 music therapist survey respondents[5] identified as white; 80.16% identified as female. The report suggests most participants came from relatively affluent backgrounds, with most: not first-generation graduates (59.53%), having access to privately funded music tuition (91.16%), never having to claim free school meals (90.37%), and trained in western classical music (87.18%) (similar demographics have been reported for US music therapy [Fansler et al., 2019]). In comparison, the 2021 national census identified approximately one in five UK residents as being from non-white ethnic groups (Office for National Statistics, 2022) and Black and ethnically minoritised groups are more likely to be living in poverty (Khan, 2020). Thus, these demographics show that the UK music therapy profession does not represent the wider population it seeks to serve. This means that music therapy clients from socially marginalised groups typically do not have access to "self-relevant role models" (Covarrubius & Fryberg, 2015).

Experiences of marginalisation and priority areas for addressing the lack of diversity

The Diversity Report included questions about experiences of marginalisation and areas for BAMT to prioritise to address the lack of diversity within music therapy – taking seriously music therapists' responsibility for "levelling the playing field." Participants reported routinely experiencing "inequality" and discrimination *within* the profession based on race and socioeconomics (and age, gender, and disability) (see also Webb & Swamy, 2000). Participants of colour reported feeling silenced and dismissed by other music therapists and encountering defensiveness when raising issues related to race and racism – one commented that the refusal to engage is often fuelled by music therapists' sense of themselves as having good intentions: "because you are a therapist you mean well and that's enough" (p. 7). The authors developed seven overlapping and intersecting categories from the data on areas to prioritise to diversify the profession (the % in brackets denotes the proportion of respondents who referred to a particular area):

[4]Participants were asked about "ethnicity" and whether they spoke English as a first language – it seems that they were given fixed response options for the ethnicity question but the options were a mix of nationalities, ethnic or racial categories. There seemed to have been a problematic elision of UK nationalities with Whiteness (Mayor [2012] argued that the elision of "American" with Whiteness reinforces white normativity), as the following percentages and categories were reported – in total, 85.45% of respondents identified as "British/English/Welsh/Northern Irish/Scottish," "Irish" and "any other White Background" (the latter implying that the previous two options described white backgrounds). In the "multiple ethnicity/other" category, some respondents identified their ethnicity as "White British." As such, it is unclear how many respondents identified as white. In future research, there needs to be clarity around and clear distinctions made between nationality, race and ethnicity.

[5] This represents just under 50% of the BAMT membership; the respondents were mostly qualified music therapists (90.57%).

- Increasing the accessibility and diversity of training (65%) – by diversifying staff and course content, removing financial barriers to entering the profession, and acknowledging that historically at least there has been a Eurocentric/western bias in training;
- Increasing diversity in professional practice (30%) – through greater diversity in leadership roles and in BAMT, and the development of an EDI strategy within BAMT;
- Increasing support (28%) – both financial support for trainees and support for minoritised music therapists;
- Improving access to continuing professional development (CPD) (17%) – on racism and cross-cultural music therapy;
- Raising awareness (12%) – of music therapy in disadvantage communities, and music therapy as a career option, and addressing the lower status of music therapists compared to other allied health professions;
- Increasing representation (6%) – of minoritised music therapists and raising awareness of the diversity of clients; and
- Improving equality (3%) – through equal pay and ending unpaid work.

Continuing the conversation

Both the survey respondents and the authors of the report highlighted the need for further research – the report authors "Invite[d] the wider Music Therapy community to engage, collaborate and contribute to the continuing conversation to identify and implement the next stages of this process to better the profession for all" (p. 2). Although the Diversity Report involved the generation of qualitative data, and some extracts from the open-ended survey responses were quoted, the focus of the report was a descriptive summary of the responses. The current study aims to build on this valuable summary by providing a more in-depth qualitative exploration of the views and experiences of trainee and qualified music therapists, informed by insights from CRT (Mayor, 2012) and Black feminism (Sajnani, 2012).

As noted in the BAMT Diversity report, although there is a pressing need to explore racially/ethnically and socioeconomically marginalised music therapists' experiences of discrimination and exclusion within the profession, wider examinations of the impact of race and class must include both white people and people of colour (as the Diversity Report did). We now outline some key tenets of the bodies of theory informing this research – CRT and Black feminism.

Critical race theory and critical race feminism

Currently a political football in the "culture wars," CRT was developed by predominantly Black law professors in the US in the late 1980s and early 1990s to challenge the view that US law was value-free; instead, they argued the law legitimates a racially oppressive social order.

Although its roots can be traced to earlier activism by Black women, Black feminism as a theoretical framework developed from critiques of the exclusion of women of colour from the women's movement in the 1970s and 1980s (e.g., hooks, 1984; Lorde, 1984) and it interrogates the intersections of race and gender in structuring social inequity and injustice (Crenshaw, 1991; Sajnani, 2012).

Both CRT and Black feminism examine how white supremacy and the subordination of people of colour are created and maintained (Brown & Jackson, 2013), with the latter focusing specifically on women of colour. In CRT, racism is viewed as normal and ordinary, rather than exceptional, and an integral part of US and other western societies (McDowell & Jeris, 2004) – a key critical race theorist Derrick Bell (1992) dubbed this "racial realism." Both frameworks conceptualise race as socially constructed based on categories created by society rather than science (Daftry, 2020); race is constructed in ways that meet the needs of the white dominant group, and being white means gaining access to greater economic, political and social security. Within the socially constructed system of race, the white race is viewed as "normal," the standard for humans and culture, and all other races as "deviant" and "abnormal" (Moodley et al., 2018).

The concept of white privilege captures the advantages bestowed upon white people based on their race in a racially hierarchical and unjust society (McIntosh, 1989). In CRT, Whiteness is conceptualised as property, a tangible commodity with significant value (Harris, 1993): "the concept of whiteness is built on both exclusion and racial subjugation" (p. 1737). Thus, even though race is understood as a social construct, the material implications of race and racism on the lives of both the privileged and the marginalised are acknowledged.

Another key critical race theorist, Alan Freeman (1978), introduced a distinction between the perpetrator's and the victim's perspective on racial discrimination. As Brown and Jackson (2013) outlined, the perpetrators' view frames racial discrimination as the result of conscious discriminatory behaviour by individuals, not a social or a structural problem. The solution is to eliminate the racists, individuals motivated by racial hatred. Racial discrimination is the responsibility of this group of individuals; people who are not perpetrators have no responsibility to resolve the problems caused by racism. When the actions of perpetrators have been addressed, "what remains in terms of the socio-economic order is presumed to be the just condition of society" (Brown & Jackson, 2013, p. 15). From a CRT perspective, defining racism as conscious decision making and actions motivated by discriminatory intent overlooks unconscious forms of racism (Lawrence, 1987).

Instead within CRT there is an emphasis on discriminatory effects and the victim's view of discrimination – actions can have a racially neutral justification but nonetheless have a disproportionately negative effect on minoritised groups and the social conditions of the racial underclass – these social conditions would improve with meaningful challenges to injustice. Racism includes both intentionally motivated behaviours and unconscious acts resulting from an acculturation process into dominant cultural beliefs that view people of colour more negatively than whites (Lawrence, 1987). Racism is ingrained in the social fabric and existing institutions and power structures - to the extent that it is almost invisible or unrecognisable, particularly to those who benefit from it (Daftary, 2020; McIntosh, 1989). Motivation-centred conceptions of racism are inadequate to capture how integral racism is in the everyday lives of people of colour.

As Daftary (2020) outlined, CRT scholars are overt in their social justice aims and reject the notion that scholarship and individual scholars can be neutral and "unbiased." CRT-informed research should contribute to attempts to dismantle the ideology of white supremacy and racially defined power inequities.

The influence of CRT has extended beyond law, and it has been argued to provide a strong theoretical framework to guide empirical research related to inequities in applied fields such as social

work (Daftary, 2020), education (e.g., Yosso et al., 2009) and counselling (McDowell, 2004). The BAMT Diversity Report offered an ostensibly atheoretical summary of the survey responses; we argue that to rigorously explore music therapists' accounts of race and other structural inequities, research must be grounded in a theoretically informed understanding of race and racism. Otherwise there is a risk of perpetuating problematic assumptions around race. There have been some brief references to CRT in the music therapy literature (e.g., Leonard, 2020) and some engagement with CRT and Black feminism as frameworks for practice in the wider creative arts therapy literature (Mayor, 2011; Sajnani, 2012). CRT has been suggested as an alternative to Eurocentric theoretical frameworks for working effectively with Black clients in music therapy and pursuing health equity (Leonard, 2020).

Racial and socioeconomic inequity and diversity in music therapy internationally

Our research will contribute to wider international conversations within music therapy and music education about racial and socioeconomic inequities and diversity. These conversations are dominated by the voices and scholarship of western and particularly US music therapists. Alongside CRT and Black feminism, our research and analysis are informed by the critical perspectives on race, and to a much lesser extent, class, in this literature.

There has been some examination of the racialised subjectivities of music therapists (Hadley, 2013a, 2021; Kunimura, 2022; Silveira, 2020) and the experiences of racially minoritised music therapists (Beer, 2015; Kim, 2008). There have also been calls for white music therapists to interrogate their racial positioning and privilege (Hadley, 2013b). There have been critiques of racism and anti-Blackness in music therapy (Norris, 2020), and of the way the positioning of music therapy as neutral and the assumption that music is a universal language provides a veil for privileging Whiteness (Webb & Swamy, 2020). There are also critical discussions of the privileging of western classical music within music education (Bull, 2019) and the way gatekeeping practices around training, such as requiring proficiency in western classical music and academic achievement, often serve to exclude people with marginalised identities from entering the profession (Fansler et al., 2019). Most recently, research has explored the experiences of minoritised trainees in the US (Gombert, 2022; Imeri & Jones, 2022).

In relation to the theoretical and values frameworks informing training and practice, there have been discussions of anti-racist education and pedagogy (Hadley, 2019), developing culturally safe ways of working with Black, Indigenous and people of colour (Jones et al., 2004; Truasheim, 2014), and (multi)cultural competence in music therapy practice (Belgrave & Kim, 2020; Hadley & Norris, 2016; Swamy, 2014).

Music therapists and other creative arts therapists, particularly in North America, have proposed various frameworks for anti-oppressive practice (Baines, 2013, 2021) with members of socially marginalised groups and radically inclusive, social justice-based music/creative arts therapies approaches (Bain et al., 2016; Collier & Eastwood, 2022; Fansler et al., 2019). Some of these are inclusive of race, such as community music therapy (e.g., Ansdell & Pavlicevic, 2004; Stige & Aaro, 2012), resource-oriented music therapy (Rolvsjold, 2006), and feminist music therapy (e.g., Curtis, 2012; Hadley, 2006). Curtis (2012, p. 4), for example, defined her practice of feminist music therapy as

focusing on "dimensions of power and privilege in cultures characterised by institutional sexism, along with the interplay of other such oppressions as racism, classism, heterosexism, ageism, and ableism." This quotation from Curtis illustrates that social class is sometimes considered as one of a number of intersecting oppressions in the music therapy literature (e.g., Hadley, 2006; Rolvsjold, 2006; Stige & Aaro, 2012). Furthermore, some middle-class music therapists have acknowledged their class privilege (e.g., Baines, 2021; Curtis, 2012; Hoskyns & Hadley, 2013). However, there has been little in the way of specific and sustained focus on social class and class privilege in the music therapy literature to date.

THE CURRENT RESEARCH

The current research is not fully informed by CRT – although the research includes music therapists of colour, we're not using qualitative research to establish counter narratives based on their experiences (Daftary, 2020). We did not apply CRT tenets to the research question and design, but they have informed the analysis and presentation of the research. We chose to focus on race *and* class as these are the two dimensions of privilege/marginalisation that arguably define the profession in the UK (Langford et al., 2020). Furthermore, as previously noted, race and class inequity often intersect. For example, people of colour in the UK, particularly of African heritage, are proportionally more likely to be working-class than white people, despite the conceptualised "Whiteness" of the UK working-class (Mondon & Winter, 2018). This research contributes most directly to the strand of international literature interrogating and critiquing the racialised norms of music therapy.

The research addresses the following questions:

1. How do music therapists perceive race and class to impact and shape the profession and practice of music therapy in the UK?
2. How do music therapists think music therapy in the UK can become a more equitable and inclusive profession and practice?

Researcher positioning

It is important to acknowledge that we are all white and middle-class – two of us are music therapists and one an academic psychologist – and as beneficiaries of unearned racial privilege (Morris, 2016), we have a responsibility to instigate discussions of race and racism within music therapy (see also Gombert, 2022; Mayor, 2012). We conducted this research as white people striving to become increasingly racially aware and actively anti-racist – to quote two white researchers who examined racism in family therapy, McDowell and Jeris (2004): "We absolutely acknowledge that we have not 'arrived' in this process" (p. 84). Conducting this research was a learning process, and we got things wrong (as we discuss further below). We hope that being honest about our white normative assumptions encourages other white researchers to not avoid researching race out of a fear of discomfort and making mistakes (see also Myerscough & Wong, 2022). We also acknowledge the reality, as one participant pointed out, that as white people we are more likely to be listened to on matters of race.

METHODOLOGY

Research design

Data were generated from 28 participants using an online qualitative survey and from follow-up telephone interviews with five survey participants. Online surveys were chosen because of the sensitivity of the research topic and the high levels of what Terry and Braun (2017) termed "felt anonymity" associated with this method. Surveys also enabled a "wide-angle lens" (Braun et al., 2021) on the topic and the recruitment of a relatively large group of participants with a range of experiences and positions, from across the UK. Follow-up telephone interviews allowed for more in-depth exploration of participants' experiences and provided them with a greater sense of anonymity than a face-to-face interview (Braun & Clarke, 2013). Data were analysed using reflexive thematic analysis (TA) to develop key themes across participants' responses and provide a rich description of the data (Braun & Clarke, 2022). The analysis was initially broadly inductive, grounded in the participants' sense-making, and underpinned by a critical realist ontology and contextualist epistemology (Braun & Clarke, 2022). Critical realism assumes the existence of a material reality, separate from human ways of knowing, but acknowledges that experience of reality is shaped by culture, language and political interests. Thus, a critical realist ontology allowed us to acknowledge the intersecting material realities of racism and social class and the political interests that shape human knowledge. Contextualism is concerned with the situated and contextual nature of meaning; the central metaphor of contextualism is "the human act in context" (Tebes, 2005, p. 216). In a contextualist epistemology, knowledge is contextually located and provisional, and inherently reflects the researchers' positionings. In the later stages of the analysis, the data were interrogated for their dialogue with concepts from CRT and Black feminism. So, the analysis was also deductive in the reflexive TA sense of using critical theory as an interpretative lens for reading and making sense of the data (Braun & Clarke, 2022).

Participants and recruitment

Participation was open to HCPC-registered music therapists and trainee music therapists on HCPC-accredited training programmes. Participants were recruited through BAMT. The survey link was distributed to regional network groups of BAMT via group coordinators, allowing participant recruitment from most regions of the UK. Survey participants were asked to provide contact details if they were willing to take part in further data generation. Interviewees were selected from respondents who gave rich and detailed survey responses. Participants were asked to self-describe their socio-demographics (e.g., How would you describe your racial/ethnic background? How would you describe your social class?). Their responses are summarised in Table 1. The participant group consisted of 23 registered music therapists and six trainees.

Gender		Race/ethnicity		Disability		Social class		Sexual orientation	
Cisgender woman	23	White British/ European	19	No	27	Variant of middle class	18	Heterosexual	20
Cisgender man	5	Mixed	3	Yes	1	Middle/working class	3	Other	4
		White Jewish	2			None	3	Bisexual	2
		Black Caribbean	1			Working/lower class	3	Gay	1
		Brown British	1			Unsure	1	Pansexual	1
		Catholic	1						
		Cornish	1						

Table 1: Survey participants' self-identified demographics

Data generation

Ethical approval was granted by the University of the West of England Psychology Ethics Committee. The survey consisted of 12 open-ended questions and was delivered via the Qualtrics survey platform (see Box 1). The questions were designed to be open and not to steer participants to a particular analysis around race and class, but given social prohibitions against overt expressions of racism (Augoustinos & Every, 2007), and white fragility around racial stress (DiAngelo, 2011), we acknowledge the potential for socially desirable responding even in a relatively anonymous online survey. The questions addressed: race and class in training and practice and as potential barriers to accessing music therapy, and ways to address barriers on an individual and a structural level. As there can be a high level of roll-off with qualitative surveys, with participants closing the browser window when they realise they have to answer questions in their own words, to avoid such participants wasting their time completing demographic questions, these followed the substantive questions (Braun & Clarke, 2013). The survey was piloted on five trainees and no changes were made following the pilot.

The follow-up interviews each lasted around one hour and were audio-recorded and transcribed orthographically for the purpose of analysis. The interviews were loosely structured around the participants' survey responses. It was notable that ethnically minoritised participants and participants of colour were articulate about racial and other structural inequities in UK music therapy; the white participants were less so and their interviews often drifted from an explicit focus on race and class.

The white, middle-class identities of the first author (researcher) and second author (research supervisor) were not disclosed in the survey or interview participant information (see the Discussion for further reflection on this). Most telephone interviewees asked about the first author's positioning. One participant of colour asked about this expressly to ascertain the safety of the conversation.

1. Do you feel that race and social class are relevant considerations in music therapy? Please explain your answer.
2. Please tell me about any discussion of race and social class in your music therapy training.
3. Please tell me about any other training you have undertaken that addressed issues of race and social class in music therapy, either during your time as a trainee, or since becoming a qualified music therapist.
4. Do you think race and social class should be on the agenda for music therapy training?
5. In what ways, if any, do you feel that your own racial background/ethnicity and socio-economic status influence your therapeutic practice?
6. In your music therapy practice, would you say that you draw mainly on instruments and musical resources from your own cultural heritage?
7. Do you think your ethnicity and socio-economic background affect how your clients perceive you? If so, in what ways?
8. Do you feel that concepts such as white privilege or the recent Black Lives Matter movement hold any relevance to the music therapy profession? Please explain your answer.
9. Do you perceive any barriers to people from socio-economically disadvantaged groups and Black and minority ethnic communities accessing music therapy in the UK? Please explain your answer.
10. If you think there are barriers, how can individual music therapists play a role in addressing these?
11. If you think there are barriers, what do you think music therapy as a profession could do to address these?
12. Is there anything else you'd like to tell me about race and social class in music therapy?

Box 1: Main survey questions

Data analysis

The interviews were transcribed verbatim and the survey responses downloaded into a Microsoft Word document for the purposes of analysis. The survey responses and interview transcripts were treated as one dataset, and the first and second author began to familiarise ourselves with the data by reading and re-reading and reflecting on the content. We met to share our reflections and then both separately coded some of the data. We met again to discuss and reflect on these initial attempts at coding and then the first author proceeded to code the entire dataset. We met to discuss potential themes and at this point reflected on resonances between the patterning in the data and CRT and Black feminism, and we began to use these bodies of theories as interpretative lens to deepen our analytic engagement with and "take" on the data.

The themes reported in the Analysis are illustrated by anonymised data excerpts. Survey excerpts are tagged with SP (survey participant) and interview extracts IP (interview participant). Individual participants are not identified through a number or pseudonym to protect anonymity. To enhance readability, typing errors in survey data extracts have been corrected.

THEMES

We report the following three themes: (1) Posh white ladies: the typical music therapist; (2) White normativity and fragility in music therapy; and (3) Music therapy: undervalued and too costly.

Theme 1: Posh white ladies: The typical music therapist

This theme explores the participants' framing of the typical music therapist as a privileged white, middle-class woman, with lived experiences far removed from many clients, and therefore unable to meaningfully relate to most clients, and these clients unable to relate to them. This strongly echoes the BAMT Diversity Report finding that the profession is dominated by affluent, white, classical musicians. These women were perceived to dominate positions of power and authority within the profession. For many, this meant people from different backgrounds wishing to enter the music therapy profession might feel alienated (Fansler et al., 2019). The "posh white lady" presented herself in various guises across the data, both self-identified and from an outsider perspective:

> People look at me and see a posh white lady and say to themselves, 'what does she know about my life and my experiences?' and to a large extent, they're right. (SP)

> …some of it was definitely because I was a white middle-class woman, and this boy [a service user] may have had a lot of white middle-class women making decisions on his behalf and dictating. (SP)

The "posh white lady" music therapist was understood as married to a man who supports her financially. She was able to afford to train and then to enter a career with little opportunity to earn a living wage – a "hobby" career designed around a heteronormative family construct. Many participants who self-identified as white, middle-class women acknowledged the privilege that facilitated their training and practice as music therapists:

> I can afford to work as I do as a music therapist because I am financially supported by my partner in a traditional, white middle-class family set-up. I felt all the role models I saw in my training and since have been reflections of myself. This is validating and unconsciously reassuring, whilst at the same time being elite and exclusive of those not in the same bubbles (SP).

Several participants adopted a limited critique of the dominance of white, middle-class music therapists, observing how this might be problematic with regard to diversifying the profession:

> This profession is dominated by white middle-class women. This is self-selecting, and perpetuates difficulties (SP).

> The difficulty is with this narrow group being the voice and face of the profession, it's hard to see how those in disadvantaged positions would aspire to this career or feel understood or heard once they get there (SP).

> We need more people of colour in positions of authority, who can be visible. Is there a single music therapy lecturer anywhere in the UK who is Black or Asian? (SP)

These excerpts raise the question of role models – the "solution" to the dominance of "posh white ladies" is promoting working-class people and people of colour to positions of authority and visibility within the profession. In the wider music therapy literature, it has been argued that without simultaneous structural change such integration will not result in justice for people of colour: "Any calls for access and empowerment in music therapy amplify our existence within unjust systems and our participation in their perpetuation in education, theory, research, practice, and praxis" (Norris, 2020, p. 1; see also Fansler et al., 2019). Some participants offered a more systemic and structural critique, observing how the foundations of the music therapy profession in the UK are firmly embedded in neo-colonial Eurocentric white privilege (see also Gombert, 2022):

> The people who have been running the training courses, writing the literature, are just kind of stuck in one place, just like dinosaurs you know just kind of stuck in this other way of thinking about things. And all this stuff about 'oh are we psychodynamic,' 'are we person-centred,' that's a very unhelpful circular argument that never seems to go anywhere (IP).

The description of people leading the profession as dinosaurs evokes a strong image of people lumbering around, out of touch, with antiquated value systems, fixed in time like fossils. Whilst role models who are working-class and people of colour are important (Imeri & Jones, 2022), this more structural critique suggests leaders shaping the values of music therapy may be reluctant to change or critically examine a system that works in their favour. Instead, the leaders are portrayed as "stuck," absorbed in pointless discussions and detached from more pressing social issues.

Participants self-identifying as anything other than white and/or middle-class positioned themselves as outside of dominant norms for the profession (Imeri & Jones, 2022; Langford et al., 2020; Vencatasamy, 2023). Some described adopting certain characteristics to attain the same professional credibility as their archetypal middle-class counterparts. This included affecting a different accent, wearing different clothes and adopting different behaviour, sometimes to the detriment of relationships with clients, who might find them more relatable as their authentic self[6]:

> I have changed the way I dress…I also chose not to have tattoos as I thought this would not look good for my career and help me be a 'blank slate'…I wanted to fit in with this group of professionals, I dress how they dress and try to behave like them and I thought this would help my career (SP).

[6] People of colour cannot change their race, although some fairer skinned people of colour may pass as white (Ong, 2005), and they can adopt the dress and speech styles of white middle class therapists.

> I have felt that my thoughts may have been disregarded as a result of my accent – when presenting I often adopt a different accent from a higher socioeconomic status (SP).

Participants also described being othered or pathologised in their training due to their working-class background (see Langford et al., 2020):

> I introduced myself AND social class (the lecturer asked) and when I said "lower class" she almost appeared offended and dismissed it because I "speak well" – my class is my class and I am not ashamed, but it appears others are and feel threatened when presented or faced with it (SP).

> My background is from a single-parent family. I grew up in a council house and one of the first things we were told to read was a chapter in which single mothers were spoken about in a derogatory manner […] and my psychological wellness/attachment style brought into question (SP).

In summary, participants felt that white, middle-class music therapists must acknowledge their class and race privilege and how their positioning might limit the professional ethos and values of music therapy, marginalising people outside of the white, middle-class norm. Role models were viewed by some as important and participants highlighted the lack of role models for music therapists of colour in the UK.

Theme 2: White normativity and fragility in music therapy

This theme explores the impact of race and racism in music therapy training and practice, through the intersecting concepts of white normativity and white fragility: the former captures the way white people and culture are constructed as "neutral," the standard for humans and culture (Morris, 2016), the latter the psychological difficulties white people have in talking about race and racism. Conversations about racism may trigger defensive reactions or responses such as anger, fear, and silence (Gombert, 2022; Imeri & Jones, 2022). White fragility contributes to racism by dismissing white domination and racial conditioning (DiAngeleo, 2011). Kruse (2020, p. 144) argued that: "Of the many ways that music educators and scholars might enact white fragility, racial silence may be one of the most powerful." Participants both commented on white normativity and fragility in the profession and some arguably also enacted these in their responses (see also Gombert, 2022). For example, racial silence was evident when several participants maintained that unconditional positive regard can transcend differences of race and class:

> When I am in the room with a client, my job is to connect where possible with the other person in the room with positive regard – this is a humanistic leveller (SP).

Unconditional positive regard, one of the core conditions of humanist therapy, means accepting and acknowledging lived experience without judgement or dismissal (Cooper & McLeod, 2011). However, caution is needed so that it is not used to disregard the lived experiences of clients, and that the therapist's privilege obscures difference (Gombert, 2022; Myerscough & Wong, 2022). Turner (2020, p. 1) observed that when Carl Rogers was working with a Black client: "Rogers assumes that the client resides within the same cultural space – cultural container – as Rogers himself. That he fails to acknowledge or question this now widely recognised, fundamental assumption is an example of Rogers' privilege at play." McEvoy et al. (2020) reported similar accounts in research on therapists' perspectives on the role of social class in talking therapies, with most framing class differences as something the therapeutic relationship, facilitated by the therapist's non-judgemental stance, can and should transcend. Their participants presented class differences as an initial barrier to the therapist and client connecting as individuals. Such accounts can be understood as reflecting – problematically ableist – notions of "colour-blind" or "oppression-blind" thinking, which deny the material and experiential consequences of oppression (McDowell & Jeris, 2004).[7] Hadley and Thomas (2018) argue that the humanist psychology of Rogers and others promotes a westernised ideal of humanity as transcending cultural specificity. Another example of the enactment of white normativity in the data was the use of terms like "ethnic" and "world" – as in "ethnic drums" (SP) and "world instruments" (SP) – to describe non-western cultures –framing Whiteness as the standard for human culture, and anything outside of this as "other" (Gombert, 2022; Lindo, 2023). This is succinctly encapsulated in a poem by Nate Holder entitled "If I were a Racist" (2020):

> If I were a racist
> I'd call all non-white music 'World Music'
> After all, it's them and us.

Furthermore, Ewell's (2020) discussion of Feagin's (2009) notion of a structural and institutionalised "white racial frame," which promotes and justifies a white worldview, and privilege and dominance, in the context of music theory could equally apply to music therapy.

A few participants also derived currency from international travel – "it was travelling widely that really gave me a full working knowledge of different cultures" (SP) – with travel framed as an opportunity to "embrace different cultural heritages, I always come home with the musical instrument that reflects that culture" (SP).

White normativity was evident in training experiences – most participants stated their training included very little coverage around race and class. Some participants framed this as a reflection of the period in which they trained; others described tokenistic lectures about multicultural working (Hadley & Norris, 2015), rather than multiculturalism being integrated throughout the curriculum (Fansler et al., 2019; McDowell, 2004):

> I recall very little discussion about social class in the training generally. There was no discussion about race at all, as far as I recall. There was a short seminar series about using music from outside the western canon (SP).

[7] "Colour-evasive" and "oppression evasive" are non-ableist alternatives (Leonard, 2020).

Many participants felt that consequently, UK music therapists are ill-equipped to work with people of colour and clients from non-western cultures (Lindo, 2023). When Indigenous non-western musical traditions were taught in music therapy training, they were perceived as detached from their spiritual and cultural significance (Hadley & Norris, 2015):

> apart from one or two token jazz classes, one folk music workshop and a djembe workshop (which was given by a white male music therapist), improvisation was taught with a classical music lens. I come from a jazz tradition and found most of our musical resources classes irrelevant, outdated or infantilising (SP).

Participants reported that when therapy with non-western clients/clients of colour does not work, music therapists were inclined to blame the client rather than reflect on the inadequacies of their practice (Hadley & Norris, 2015):

> white and mainstream musical expression is immediately understood and worked with but non-white musical expression, which may sometimes come in the form of more ritualistic/spiritual music is seen as something which needs to be 'shifted' (SP).

Accountability for the impact of racial difference in the therapeutic space was spoken about at far greater length by participants of colour than white participants. In the wider literature, Norris (2020) critiqued music therapy in the US as perpetuating psychological wounds inflicted upon Black music therapy clients, through the lack of acknowledgement of race in training and practice. Whilst most participants agreed music therapists must examine their work through a critical lens, being mindful of the broader power structures impacting lived experience, some suggested the UK music therapy profession has allowed white, middle-class music therapists not to think about race and class (Lindo, 2023):

> I find it hard to believe that I have been a practising music therapist for over twenty years, and it is only now that I am thinking about these things (SP).

The following extract refers to a trainee cohort that included one Black woman amongst an otherwise all-white group. Implicit is the refusal of the training programme to acknowledge race and racism. It is interesting to note that even though this was provided as an example of the participant's growing awareness of race and racism, the language and framing here is nonetheless rather passive – the Black music therapy trainee "felt herself othered," rather than *was* othered by the institution or cohort – and the participant sidesteps thoroughgoing responsibility for and self-examination around how they may have participated in this othering:

> The Black female left after term 1. We did not talk about this openly amongst ourselves or with our teachers. In hindsight, I am sure this woman felt herself to be othered in blind racism ways that I now feel more aware of (SP).

Regarding entry criteria for becoming a music therapist, historically training courses have stipulated formal western classical training and grades as a pre-requisite (Fansler et al., 2019; Hadley & Norris, 2015; Langford et al., 2020). While most UK training courses have now broadened this to "a high standard of musicianship," at the time of writing some entry criteria for training programmes (e.g., Anglia Ruskin University and the University of Roehampton) still refer to classical instrumental grades as indicators of musical ability in their entry requirements. Participants spoke about privileging classical music within music therapy, and devaluing and marginalising other musical traditions (see also Gombert, 2022; Vencatasamy, 2023):

> Classical music and psychotherapy is based on a lot of fundamentally racist ideas. (IP)

> We're all white, we're all middle class because we're all classical music. You know, and that's what classical music is, it's white and middle class. And if you're not classical music, you're othered, in the music therapy world (IP).

The history of western classical music is firmly embedded in colonialism and social elitism, demarcating the boundaries of the European middle and upper classes (Bull, 2019). The colonial legacy of western classical music means that in UK training programmes international music therapy students will often be from a western classical music background. Some participants noted that it is often assumed that people of colour in the UK will identify with different musical traditions from white people, but because of colonialism this is often not the case:

> I grew up thinking western music was the only way to hear and play music, in the same way that my family did. Indian classical music which would have been our natural heritage was usually seen as inferior (SP).

> you get people who then say 'well I'm very culturally diverse,' or 'I use multiculturalism within my music' or 'my approach with my clients,' and then actually what are you insinuating, culture doesn't, isn't tied to colour, are you insinuating that culture is somehow the same? (IP).

The second extract highlights the way "multiculturalism" can be used as a euphemism for race and a way of avoiding directly discussing race (Mayor, 2012; McDowell & Jeris, 2004).

Participants of colour especially highlighted the dominance of white western theoretical traditions/psychologies within music therapy (Baines, 2013; Gombert, 2022; Hadley & Norris, 2015; Vencatasamy, 2023) and conceptualisations of mental health. One participant who moved to the UK to train noted that international students:

> come into a very western space where psychological thinking is skewed by colonial thinking and where there is evidence of bias and prejudice towards ways of being and psychologies that are non-white (SP).

Such "colonial thinking" shores up white normativity – western psychology becomes the standard – and can result in the stigmatisation of the behaviours of non-western clients and clients of colour that do not conform to the standards for white normativity (Moodley et al., 2018).

Participants observed that many white music therapists have a self-image as well-meaning, well-intentioned good people who help others (Langford et al., 2020), and therefore position themselves as operating outside of systems of inequalities and are reluctant to engage in discussions about class and classism, and race and racism (Gombert, 2022):

> There's a whole system of oppression and classism, elitism, racism, that simply, as therapists it is too difficult to look at because people that have positioned themselves as therapists, think of themselves as being very enlightened (IP).

> It felt like I was coming in and trying to tear down these blocks of their identity because I think it's been so much of who they are, that it feels to them like you are trying to rip their world apart a little bit, and it feels too difficult (IP).

Participants articulated how music therapists of colour typically have to navigate white music therapists' discomfort and defensiveness (Gombert, 2022; Langford et al., 2020). The problem often gets projected back onto them and normative Whiteness remains unexamined as a result (Gombert, 2022; Imeri & Jones, 2022). The following interview extracts capture the lived experiences of participants of colour within the UK music therapy community:

> they start to put psychoanalytical and psychodynamic theory in the mix, just to cloud the issue. You know, that use of therapeutic language which then muddies the water, so the person feeling oppressed feels that they have no comeback, and when you get people then colluding with that, you end up being silenced. (IP)

> responses like 'so where do we draw the line then,' you know 'are we saying that classical music is racist,' 'are we saying that psychotherapy is racist'… from my experience of being a person from an ethnic minority community who is used to being silenced, I found that I had to choose my words very carefully, and I found I stopped short of saying what I wanted to say (IP).

> I've spoken to a number of Black people who feel that it's just not worth it to come out and say anything, they feel like it's too much of a risk. And I think that it's heartbreaking, and I think that it says so much – it speaks volumes about their lived experience (IP).

These excerpts suggest that music therapists of colour often chose silence to protect themselves from, and to navigate, white fragility (McDowell, 2004). Participants of colour in McDowell's research on the experiences of family therapy trainees similarly described non-engagement/withdrawal or choosing their battles as ways of managing racism and avoiding negative attributions (e.g., "oversensitive," "troublemaker").

In summary, white normativity and fragility presents itself in UK music therapy in various guises – through a reluctance to acknowledge race, and structural inequities, or viewing race as a mere cultural difference that is readily transcended through a non-judgemental stance on the part of the therapist (Gombert, 2022), through white music therapists' defensiveness and discomfort with race (Gombert, 2022; Imeri & Jones, 2022) and their simultaneous sense of entitlement to appropriate, and claim to fully *know*, the musical traditions of non-western cultures (Fansler et al., 2019), and through the emphasis on white western musical and theoretical traditions in training and practice (Gombert, 2022).

Theme 3: Music therapy: Undervalued and too costly

This theme explores the simultaneous undervaluing of music therapy in the UK, including within the profession itself, and the socioeconomic and structural barriers to entering the profession for many. These barriers work to maintain the middle-class and white normativity of music therapy, and individual music therapists collude in this shoring up of socioeconomic and racial privilege within the profession by undervaluing their labour and giving it away for free. This theme also captures the way race and socio-economics impact on access to music therapy services.

Participants presented music therapists working for free as undervaluing the music therapy profession and preventing those without socioeconomic privilege from entering the profession:

> The biggest, most important thing that people need to do is stop working for free (IP).

> There's an interesting narrative, when we were training, that you don't want to be doing more than three days a week therapy, and it's nonsense. And I think it was created so that people wouldn't imagine, people wouldn't expect or want five days a week working in music therapy (IP).

Some participants perceived this advice to limit the hours spent in therapeutic practice as a way of reframing the lack of available work post-qualification, implying music therapy is undervalued even from within the profession. Some commented that trainees are not taught to manage being a self-employed music therapist, implicitly positioning music therapy as a "hobby job" for the socioeconomically privileged. Others argued that valuing your time at a "high" price is a luxury afforded by self-assurance and entitlement:

> you are required to be a 'good enough' practitioner to warrant being funded, but also it is often necessary to explain or defend the validity of the profession as a whole. I feel that my background gives me the confidence to do this. (SP)

> it's a privileged position if you imagine yourself as the sort of person who can charge a lot of money…it takes tremendous self-confidence. We need training to think about ourselves properly (IP).

Some participants identified the lack of secure, well-paid work as a prohibitive factor in diversifying the profession:

> all the non-white, non-middle-class women realise there's no work, or that there's no secure work, and they bail out (IP).

The suggestion here is that working-class women and women of colour would pursue a career as a music therapist if there was secure, paid work available (see also Fansler et al., 2019). The following participant argued that change will only come if there is funding for music therapy services:

> When people become aware that it's [music therapy] a thing, that they should feel entitled to, then they will start asking for it. And when they start asking for it, it will become on everyone else's radar, and there'll be funding for it, and then there'll be more jobs, and then you'll get more diverse people going into the profession because there'll be more work (IP).

Other participants highlighted the wider social inequalities that shaped who had the luxury of a musical education at a young age (Lindo, 2023; Vencatasamy, 2023). Whereas young people from working-class backgrounds focus their education towards earning potential and their parents spend money on essentials such as food, not music lessons, middle-class young people have access to private music tuition and can afford to entertain potential careers with less financial predictability and stability. The current de-prioritisation (Bull, 2019) of music education in the UK means less funding for and availability of music-making in education. Those without access to privately funded music lessons are often excluded from pursuing music as a career option, including music therapy. Participants felt that to push for social change and to diversify the profession, music therapists share a responsibility, alongside community musicians and educators, to advocate for inclusive and relevant music education, promote opportunities for music-making for the whole community, and the psychosocial benefits of musical participation (see Rolvsjord, 2006):

> It requires us as a profession and as musicians to work differently…doing that work in community groups, and not only saying this is an orchestra for kids, but this is an orchestra for your entire family. We will learn together…parents as well…they want what's best for their kids. They just don't have any understanding how music can play a role in their child's need to transcend not only their class, not only their economic status, but their colour, and their perception of what is success. (IP)

Likewise, individuals wishing to access music therapy services are often financially prohibited from doing so:

> Music therapy has such a stigma of being an expensive therapy (SP).

> the middle class buy into it, you know like when my mum got dementia we were able to make that choice and buy it in for her, but not everyone can do that, not everyone has that financial option (IP).

Participants described various barriers to accessing music therapy services in addition to finances. Individuals and caregivers must often navigate complex systems to request music therapy and self-advocate for funding. Despite some schools using pupil premium funding[8] to buy music therapy services, many individuals are overlooked if their behaviour is not disruptive to others, carers cannot afford or advocate for therapy on their behalf, or because of their race:

> children who tend to get referred to music therapy within schools are the kids who are acting out yeah? Because they're causing a problem, people want a solution (IP).

> in schools, you tend to get the autistic kids (IP).

> the individual referrals, they were all white. In Birmingham! [9] (IP).

Such barriers to accessing therapy are not limited to children. Several participants stressed the importance of the therapist ensuring their referred clients can access therapy in a practical sense:

> It's not just holding down the session in the space in the therapy room, it's as much about getting people there, getting the support there, making sure the room is suitable for them (IP).

This excerpt highlights the facilitative role of individual therapists and organisations in ensuring appointments are appropriately scheduled and clients are helped with practicalities like transport and childcare arrangements. US psychotherapists Kim and Cardemil (2012) offer pragmatic considerations for working with low-income clients – providing food during therapy sessions, partnering with non-traditional mental health providers such as schools and churches to advertise services, and offering services during non-business hours – as an acknowledgement that "class plays a tremendous role in determining who can miss work for a therapy appointment and who cannot" (Kim & Cardemil, 2012, p.3).

Many participants noted that music therapy is often misunderstood as something other than an allied health profession:

> many organisations believe therapy is a luxury and music therapy more of an activity or entertainment than an intervention (SP).

[8] Government funding to improve educational outcomes for disadvantaged children in schools.

[9] In the 2011 census, just over a third (35.6%) of the population of Birmingham was Asian or Black.

> We need to make the case that music therapy isn't just a 'nice thing' to have but that it has all these other ripple effects that increase access to other health services, and that it is vitally important to our clients (SP).

In terms of forward steps to promote more equitable access to music therapy, participants suggested that therapists and organisations need to promote music therapy in ways that will make it more widely known, in an accessible and less esoteric form. Music therapists also need to advocate for music therapy as a clinical intervention separate from education or entertainment. To affect greater diversity of both therapist and client groups, participants articulated that music therapists must advocate for change from the bottom up, in music education and widening access to community music-making. Participants also highlighted that the lack of living wage jobs served to maintain a white, middle-class professional body (Langford et al., 2020), and individual music therapists must demand fair renumeration for their labour and not work for free.

GENERAL DISCUSSION

Some white participants appeared disinclined to engage in direct discourse on race – avoiding addressing race in survey questions that asked about race *and* class and drifting from a focus on race in their interviews – whilst participants of colour, and some white participants, addressed race with candour. Some (notably white) participants advocated for more limited solutions, such as the importance of people of colour in leadership positions acting as role models for potential trainees. Others advocated for a comprehensive restructuring and reorganisation of the profession in order to address structural racism and other inequities. There were lots of intersections between our findings and the priority areas identified in the BAMT Diversity Report for diversifying the profession. However, we argue that a strong response to racial and socioeconomic inequities in music therapy must be grounded in critical theory, a prioritisation of social justice and equity over equality, and a definition of racism that moves beyond intentionality to encompass unconscious bias and structural and institutional inequity, and a critical interrogation of Whiteness. We have presented CRT and Black feminism as fruitful frameworks for guiding research and discussions around race in UK music therapy.

As Daftary (2020) argues, researchers conducting CRT-informed research should outline measures needed to address oppressive structures and conditions. Therefore, we now synthesise participants' responses into recommendations for making UK music therapy a more equitable and just profession, noting points of convergence and divergence with the BAMT Diversity Report. The recommendations are directed to individual music therapists, and particularly to those who embody class and race privilege, and leaders within the profession. Domains of intervention include the "critical consciousness" (Fansler et al., 2019; Leonard, 2020) of individual music therapists, the curriculum, pedagogy and entry requirements of training courses, wider education, health policy and provision.

Reflecting on Whiteness

Although the BAMT Diversity Report noted a general need for learning and reflection, and training on racism, there wasn't an overt emphasis on a critical interrogation of Whiteness – either by individual white therapists or at a broader level within the profession. The participants in the current study emphasised the need for reflection on racial privilege, and participants of colour in particular highlighted the need to reflect on the *implications* of Whiteness for people of colour (Hadley, 2013b; Imeri & Jones, 2022). Therefore, the first recommendation is that white music therapists continue to critically reflect on, and take responsibility for, their own racial identities and privilege, and the impact this may have within therapeutic and interpersonal relationships, particularly with people of colour.

Some participants also indicated that white, middle-class music therapists need to move beyond developing awareness and skills to actively working for social justice (Hadley & Norris, 2015). The BAMT Diversity Report emphasised the need to platform, support and increase the visibility of people of colour within the profession, but consistent with the lack of focus on Whiteness and white privilege in this report, there wasn't an emphasis on those in positions of power using their privilege in support of people of colour and from working-class backgrounds. Therefore, white, middle-class music therapists, particularly those in positions of leadership, are urged to advocate for those who are silenced (Rodriguez et al., 2021). The BAMT Diversity Report also emphasised the need for secure employment, but our participants went further and wanted socioeconomically privileged music therapists to acknowledge their role in making the profession inaccessible and financially unviable to those without such privilege and enabling the "hobby job" status of music therapy by working for free. Music therapists and their employers share an important responsibility for ensuring individuals receive fair remuneration for their labour and skills, recognising their value and worth from the outset.

Diversifying training programmes

There was some acknowledgement in the BAMT Diversity Report of the dominance of the western classical tradition within UK music therapy. Our participants emphasised that at the time of their training, there featured very little input relating to working with musical traditions outside of the western classical tradition, and they described a therapeutic focus on Eurocentric psychodynamic theory (Fansler et al., 2019; Lindo et al., 2023; Vencatasamy, 2023). As previously noted, there has been considerable progress with regard to the emphasis on western classical music in training programmes, with most programmes broadening their musical entry requirements in recent years. Developments such as the community music therapy movement and neurologic music therapy have also broadened the range of practice within the profession (e.g., Ansdell & DeNora, 2012; Thaut & Hoemberg, 2014). Consistent with the emphasis in the BAMT Diversity Report on increasing the visibility and representation of people of colour within the profession, including in leadership roles, the participants articulated a need for a greater diversity of staff in training programmes, which – in turn – they argued could potentially lead to a greater diversity of trainees. A number of participants articulated that music therapy training would benefit from contributions from practitioners from a wide range of musical backgrounds, to offer a broadening of perspectives and support music therapy practitioners to work effectively with musical and cultural expressions different from their own.

Lobbying for funding and greater access to music therapy training and services

The BAMT Diversity Report emphasised the importance of funding for training, and our participants highlighted the importance both of funding for training and for music therapy services to increase their accessibility (see also Lindo, 2023). They argued that the music therapy profession must also lobby for greater recognition from the UK National Health Service, for music therapy services to become more widely available. In line with the BAMT Diversity Report, our participants also argued that music therapists must advocate for wider access to music education and community music-making, particularly in more socioeconomically deprived areas. Furthermore, music therapy as a potential career and an intervention needs to be promoted in accessible and inclusive ways; this is an area strongly indicated for future research.

Study evaluation and reflection

In line with CRT principles, it is important to reflect on and be transparent about how our, and particularly the first author's, positioning as white and middle-class impacted the research (Daftary, 2020). The first author did not disclose her race/ethnicity or class on the premise that the participants could then project their own idea of who the researcher might be. The first author had not fully considered that as a white person she had been taught to not see her race as relevant (McIntosh, 1989); her lack of disclosure therefore could be interpreted as a tacit disclosure of Whiteness. Researcher transparency is an important consideration when researching race and class and, in future research, we recommend that researchers consider disclosing their positioning from the outset, especially if they occupy positions of social privilege. Researcher disclosure may be particularly important for participants from marginalised groups with regard to the need to feel safe to speak openly.

As noted, an online qualitative survey was chosen to generate data as we assumed participants would welcome the high levels of felt anonymity associated with this method (Terry & Braun, 2017). This choice was validated indirectly though detailed and frank reflections in the survey responses, and more directly by participants explaining their reluctance to be interviewed: "This is an incredibly small nepotist profession and what you say matters. I would have been contacted for a follow-up interview but I was too worried about the implications for my career." This in itself speaks volumes about white normativity and fragility within the music therapy profession and is an important consideration for future research in this area. The lack of anonymity in a small profession is particular a concern for music therapists of colour. One participant stated that it was impossible to participate in this research as a music therapist of colour and be anonymous because of the small number of people of colour within the profession. This raises questions about the ethicality of the obvious next step for research, from a CRT standpoint, of conducting qualitative research with UK music therapists of colour and from working-class backgrounds to develop counter narratives based on their experiences (Daftary, 2020). However, since this paper was submitted for review several such papers have been published, including music therapists of colour reflecting on their own experiences (Myerscough & Wong, 2022; Vencatasamy, 2023) as well as researching the lived experiences of other music therapists of colour (Lindo, 2023).

As noted, the participants of colour were open and articulate about race and racism within UK music therapy. White participants tended to focus more on social class and topics more indirectly related to race. On reflection, the first author observed that, as a trainee music therapist, she struggled with intervening into the participants' narratives to bring them "back on track" and to push them to dwell with something they clearly found uncomfortable. We recommend that in future research on race and racism, researchers keep in mind that a willingness to participate in research on race and racism may not equate to a willingness to and comfort with talking openly about this topic. Researchers conducting interviews should reflect on their positioning in relation to participants and develop workable strategies for keeping interviews focused on the topic at hand.

As demonstrated in the analysis, white normativity shaped the responses of some white participants in various ways and, as previously noted, it is also probable that concerns about social desirability had an impact. At the same time, it is likely that music therapists who volunteered for the study were highly motivated to engage in discussions around race and class, and so the accounts we have presented provide a particular analysis of the "problems" of race and class in music therapy and potential "solutions."

In conclusion, white, middle-class music therapists in the UK are called on to continue to reflect on and interrogate their Whiteness and white privilege, and those in positions of leadership especially are encouraged to use their privilege in support of music therapists who are racially and socio-economically marginalised. Training programmes would strongly benefit from continuing to broaden their frameworks to include theories and psychologies from beyond the traditional western canon and an anti-racist lens. Trainees of colour and from working-class backgrounds need "self-relevant role models" (Covarrubius & Fryberg, 2015) when training. Music therapists should also lobby for removing barriers to accessing music therapy training and services.

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Ελληνική περίληψη | Greek abstract

«Η μουσικοθεραπεία είναι ο ορισμός του λευκού προνομίου»: Οι απόψεις των μουσικοθεραπευτών σχετικά με την φυλή και την κοινωνική τάξη στη μουσικοθεραπεία του Ηνωμένου Βασιλείου

Tamsin Mains | Victoria Clarke | Luke Annesley

ΠΕΡΙΛΗΨΗ

Η ανάδυση του κινήματος Black Lives Matter το καλοκαίρι του 2020 μετά το θάνατο του George Floyd επεσήμανε, για ακόμη μια φορά, τις φυλετικές και τις κοινωνικοοικονομικές ανισότητες που διαπερνούν τις δυτικές χώρες και κινητοποίησε τους μουσικοθεραπευτές στο Ηνωμένο Βασίλειο και σε άλλες χώρες να αναλογιστούν τη σημασία της φυλής και της κοινωνικής τάξης στο επάγγελμά τους και στη θεραπευτική τους πρακτική. Αυτές οι συζητήσεις έχουν πιο μακρά ιστορία στις ΗΠΑ· στο Ηνωμένο Βασίλειο βρίσκονται σε πρώιμο στάδιο. Στηριζόμενη στην αναφορά για τη διαφορετικότητα (Diversity Report) που δημοσίευσε το 2020 ο Βρετανικός Σύλλογος Μουσικοθεραπείας (Langford et al., 2020), η παρούσα μελέτη είχε ως στόχο να συμβάλει στην αναπτυσσόμενη συζήτηση της Βρετανικής μουσικοθεραπείας, καλώντας εκπαιδευόμενους και καταρτισμένους μουσικοθεραπευτές να σκεφτούν πώς οι – συχνά αλληλοεπηρεαζόμενες – φυλετικές και κοινωνικοοικονομικές ανισότητες επηρεάζουν την εκπαίδευση και την πρακτική της μουσικοθεραπείας και ποιες αλλαγές χρειάζονται για να καταστεί η μουσικοθεραπεία πιο σχετική και αντιπροσωπευτική για τις μειονοτικές κοινότητες. Τα δεδομένα παρήχθησαν με τη χρήση μιας διαδικτυακής ποιοτικής δημοσκόπησης (N=28) και πέντε επακόλουθων τηλεφωνικών συνεντεύξεων, γεγονός που επέτρεψε εύρος αλλά και βάθος σε έναν τομέα όπου υπάρχει έλλειψη έρευνας, καθώς και ένα υψηλότερο επίπεδο «αισθητής ανωνυμίας» για ένα δυνητικά ευαίσθητο και απειλητικό θέμα. Η αναστοχαστική θεματική ανάλυση, ενημερωμένη από την κριτική φυλετική θεωρία, χρησιμοποιήθηκε για την ανάπτυξη τριών θεματικών ενοτήτων από τα δεδομένα: 1) Εύπορες λευκές κυρίες: Η τυπική μουσικοθεραπεύτρια, 2) Λευκή κανονιστικότητα και ευθραυστότητα στη μουσικοθεραπεία, και 3) Μουσικοθεραπεία: Υποτιμημένη και πολύ δαπανηρή. Στα συμπεράσματα, συνθέτουμε τις αφηγήσεις των συμμετεχόντων σε συστάσεις για τη διαφοροποίηση του επαγγέλματος της μουσικοθεραπείας στο Ηνωμένο Βασίλειο.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

ταξισμός , μεσαία κοινωνική τάξη, άνθρωποι του χρώματος, ποιοτική έρευνα, ρατσισμός, θεματική ανάλυση, λευκή ευθραυστότητα, λευκή κανονιστικότητα, λευκό προνόμιο, εργατική τάξη

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COMMENTARY

A commentary on "'Music therapy is the very definition of white privilege': Music therapists' perspectives on race and class in UK music therapy" (Mains et al.)

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This commentary is meant to be in conversation with the work of Tamsin Mains, Victoria Clarke, and Luke Annesley (2024) as it has been detailed in their article entitled*: "Music therapy is the very definition of white privilege": Music therapists' perspectives on race and class in UK music therapy*. When I was approached to write this commentary, I questioned the ask: I wondered if a music therapist of colour based in the UK might be more qualified to respond to this paper, in that they would be a more prominent stakeholder in this discourse than myself, a Black/mixed race woman born, raised, and currently living in the United States. With that in mind, I would like to begin by squarely uplifting the work of the two UK-based groups: "We Are Monster" founded by Davina Vencatasamy and Michaela de Cruz, an affinity group for BIPOC (Black, Indigenous, People of Colour) music therapists (de Cruz et al., 2024), as well as the Antiracist Book Group Alliance, an ongoing gathering of justice-minded individuals, committed to the dynamic journey towards aspirational, anti-oppressive practice (@antiracist_book_group_alliance; Scott-Moncrieff et al., 2024). I am inspired by these efforts and feel honoured to be connected to these like-minded individuals an ocean away, who work to hold our profession accountable to its professed person-centred values.

To locate myself more substantially and perhaps illuminate why I am the person engaging with this article, I would like to share a bit about how I approach and understand the role of race within music therapy practice. As can be inferred by my self-described identity as a Black/mixed race woman, I come to this topic as a racialised person, so my lived experiences inform my understanding

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of how race manifests within the therapeutic process and within collegial relationships. As a Black person who has worked with mostly Black and Brown people as a clinician, I found a home within the framework of cultural humility (Tervalon & Murray-García, 1998) and have been working for the past several years to more deeply understand its applicability to music therapy practice. Applying this lens to our profession, music therapists are called to hold space for and elevate the centrality of cultural identity for the people they work with, as well as how culture influences one's relationship with music. At the same time, the music therapist is tasked with engaging in ongoing reflection about their own identities and how they are present within the therapeutic relationship. Cultural humility accounts for the reality that racial dynamics are continually at play within the therapeutic relationship and we, as clinicians, have an obligation to be considerate of and interact with that reality (Hadley & Norris, 2016). I have had the opportunity to teach several master's level courses and continuing education workshops on this subject and facilitated dialogues informed by the framework. Mains et al. (2024) reference being influenced by the tenets of both Black feminist thought (Hill Collins, 1990) and Critical Race Theory (Delgado & Stefancic, 2012) as they engaged in this research. I too view these frameworks as essential knowledge sources for music therapists with undeniable applicability to our work and include them within much of my teaching. I have also written about the potentials of cultural humility within music therapy (Edwards, 2022a) and explored how it helped me to understand and engage with my own clinical work (Edwards, 2022b; Edwards, 2023). Each time I teach or write on this subject, the people I am in community with and the scholars I encounter help me to uncover more truths about and possibilities of this work. I am thankful to engage in a framework that is flexible enough to accommodate how I, and the world around me, continues to shift and change.

This research study from Mains et al. (2024) endeavoured to understand more fully how music therapists perceive the impact of race and class on music therapy practice in the UK, and to ascertain ideas as to how the profession can become more equitable and inclusive. This article calls us to remember a tenet of qualitative research, that a small number of participants (in this case, 28 participants via an online survey, with five participants participating in follow up interviews) does not necessarily negate potential generalisability. While there are ways that this research could have utilised some qualitative research techniques to make the analysis more robust – like participant checking, triangulation, and comparative analysis – the researchers do help us to be open to the notion that their findings can be perhaps *logically* applied to the profession at large, if not statistically (Luker, 2010). The authors suggest this logical application of the qualitive interview data by connecting sentiments from participants with existing literature on the state of music therapy training in the UK and reflections from the British Association for Music Therapy Diversity Report (Langford et al., 2020), as detailed in the discussion section of this article.

This article uplifts and models a number of liberatory techniques, like clear positionality statements and researcher transparency, ongoing reflexivity, the referencing of critical theory throughout, and an unabashed "calling out" of white normativity and fragility baked into the DNA of music therapy as a codified profession. This article is incredibly useful in the clear, emphatic naming of the harmful exclusivity of our profession. It is speaking to, most clearly, white clinicians who both embody and benefit from the normativity and fragility defined in this paper. It critically engages with the interview data, pointing out overt contradictions between declared values and actions within

statements from interviewees. It lays bare the shrinking from personal responsibility, lack of self-reflection, and the oppressive ideology these music therapists were exposed to in their training programs that continue to inform their practice. Through the analysis, many needs for the profession are identified: continued reflection for white middle-class music therapists in the UK, more inclusive and liberatory frameworks within training programs, increased access to both training and services, and more role models for trainees of colour within the academy. This research helps readers engage in the important first step of acknowledgment, but what lies ahead for our profession is action. *How* might these needs be addressed and *who* is responsible for addressing them?

One reflection in the closing section of this paper stands out to me profoundly, where it is named that the article's first author, a trainee music therapist, struggled in moments where white participants focused more on social class in their interviews and indirectly engaged with the topic of race. This is reflected in the survey data as well, where it was noted that some white participants would seem to avoid addressing race in survey questions that explicitly asked about race and class. They note that participants of colour, and some white participants, addressed race directly and with clarity. The suggestion for future researchers, then, is to keep in mind that just because someone volunteers to participate in a study about race and racism, does not mean they will comfortably or readily engage in dedicated dialogue. The authors urge researchers to reflect on their positionality in relation to that of participants, in terms of how that might influence the topics explored during the interview and to develop strategies to steer interviewees back to the intended topic. While avoidance of the topic at hand can manifest across research contexts, this perceived discomfort and avoidance feels specific to conversations about race and class, identifiers that have been historically relegated to the unspeakable or taboo, subjected to the notion that it is "impolite" to call out experiences of harm and discrimination (Okun, 2022a).

I am struck by, but not unfamiliar with, what this first author experienced during the interview process, and what the survey data seems to illuminate. I too have encountered students, teachers, and fellow clinicians who might label themselves as comfortable with speaking on race and racism, or even think of themselves as well-trained or versed in all things Diversity, Equity, and Inclusion (DEI), and yet shrink away from the opportunity to courageously dialogue about the subject. This disconnection between professed values and actions possesses a sort of disorienting bitterness that makes it hard to call out the inherent contradiction, and even harder to dismantle. What is being communicated in the first author's reflection compels me to apply this incongruity to our profession at large. What could it mean that practicing music therapists might *think* that they both understand and adequately address the centrality of race in clinical work, without the certainty of any tangible or widely accessible accountability measures? How does that belief hold up against the reality that there are no structures in place to check for true engagement with the topic and assess "competencies" as is the case with other domains of practice? Is this another branch of white fragility, where there exists a desire to give the allusion of alignment with progressive ideals, while still maintaining the comfort of the status quo? Or is this a manifestation of fear, hiding behind the façade of the "right" words to stave off the vulnerable act of embodying humility? Our profession is at an impasse as humility is required to admit what we do not yet know and what harmful, yet normalised ideology must be unlearned (Leonard, 2020; Norris, 2020; Thomas & Norris, 2021).

It is required for us, and our profession, to tolerate the inevitability of mistakes and rupture, and to sustain ourselves throughout the hard, messy work of accountability and repair.

In the States, the American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT) acknowledge the importance of cultural identity and sensitivity in their Code of Ethics and Board Certification Domains respectively. And yet, there exists a lack of clear, standardised, and accessible accountability measures to ensure the responsible integration of this topic across curriculum. I am connecting this to the focus of the study at hand, in that race and class, and how they interact with one another, can be salient aspects of identity and thus cultural situatedness. Culture is lauded as important but has not been given the same time and attention as other aspects of music therapy training. Diversity is also named as being critical. However, according to the AMTA (2021) survey of the profession, 88.34% of the profession is white, without any substantial recruitment efforts in place to connect with prospective students from underrepresented groups and increase accessibility to training, let alone significant changes to make the profession more inclusive and welcoming to those who reside outside the dominant, white culture. The dialogues about race within music therapy in the United Kingdom and United States are not so dissimilar: they are both in process, existing in theory, and yet unrealised, bound by the perseverance of colonial thought across generations. The article mentions that conversations about race have been going on for longer in the US, but I want to clearly state that we do not sit atop the hierarchy of wokeness by any means; we are not absolved nor pious. Let us not forget that these conversations in the United States originated amongst clinicians of colour, initially relegated to gatherings that were seen as “unofficial” and “informal”. The clarification of these topics was often forged outside of the academy, through the support of affinity groups, peer supervision, and fugitive educational spaces, before it was trepidatiously invited into it. An example of such a genesis might be the Black Music Therapy Network (www.blackmtnetwork.org) and Black Creative Healing (www.blackcreativehealing.com) with Marisol Norris, Natasha Thomas, and Adenike Webb at the helm. Both communities do not exist under the umbrella of a particular school or institution and yet, they both offer ongoing educational opportunities and community supports. Their existence argues that legitimate knowledge does not purely exist in the ivory tower of academe (Okun, 2022b) but instead, exists amongst and within community, and that knowledge can be demonstrated, shared, and expanded upon in a myriad of ways. They are examples of what can occur when a community offering is created by the community members themselves, addressing needs that have been identified, experienced, and embodied by stakeholders.

I am thankful to the authors for embarking upon this research and thus inviting the profession into this important dialogue. I feel that the way to respectfully engage in this work and make it truly applicable to our profession is to hold it accountable to its identified aims. In that way, I would like to point out that it might have been helpful for the researchers to detail more explicitly how they themselves interrogated their own whiteness in order to engage with this research process. This modelling might support white aspiring allies in their own practice and increase the efficacy of this undertaking in and of itself. As mentioned above, Black Feminism (Hill Collins, 1990) and Critical Race Theory (Delgado & Stefancic, 2012) are introduced as influential frameworks, but the authors state that these lenses only were made manifest in the analysis and presentation of the findings, not in the formulation of the research questions or study design. This explicit naming is crucial for the

reader and a responsible disclosure on the part of the authors. However, it does point to a need for a more careful integration of these aspirational, liberatory frameworks so that they more substantially influence how we, collectively, not only understand, but engage in research. This illuminates, once again, the hard work that is bridging resonate values with tangible practice.

What could follow this work is research that uplifts the experiences of BIPOC identified clinicians whose voices have been historically excluded from the academy. While it may be tempting to ask these individuals to chronicle the ways in which the profession has harmed them, and burden them with the task of identifying solutions, I wonder what it might be like to instead find resource-oriented ways to uplift aspects of lived experience that might otherwise have gone unacknowledged and undervalued. I am eager for research that illuminates and clarifies how a music therapist's music culture of origin, one that resides outside the Western music canon, helps them to truly meet therapy participants where they are at, in ways that are both flexible and affirming; how another taps in to their own music lineage as a self-care practice and resourcing ritual to sustain themselves in the midst of emotionally taxing clinical work; how another has studied the specific function of a culture's music, which activities of life it accompanied/s and why, and remains curious about how that could be both explored and centralised within the therapeutic process; how another knows the legacy of resilience and resistance they are born of, how their people's music survived and is still here, living and breathing within them, and how those same themes of resilience and resistance are undoubtedly appropriate for therapy. This research invites us to look closely at and sit with the discomfort about what is. Who will answer the call about what comes next?

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COMMENTARY

A commentary on "'That's what makes me authentic, because what we do makes sense' – Music professionals' experiences of authenticity: A phenomenological, hermeneutical interview study" (Bøtker, Christensen & Jacobsen)

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The term authenticity is much used today. I have lived through the 1970s and have seen it used in parallel with the word creativity. Many people from a variety of musical contexts have used creativity with a wide variety of meanings, some of them containing paradoxes and contradictions. It might mean improvising with students in a school classroom or performing a Beethoven sonata beautifully. Creativity was a useful word in that it brought musicians together despite the contrasting meanings within it. The term authenticity seems to have a similar function of uniting contrasting voices.

Authenticity is often closely associated with Charles Taylor's 1992 book. (This is most clearly done in an article by two of these authors; see Bøtker & Jacobsen, 2023) in which he laments the advent of the term authenticity in his critique of the challenges of modernity which he sees as a denial of common values in a search for self-fulfilment. He identifies what he calls the malaises of modernity:

> Individualism is, Taylor recognizes, both a major accomplishment of modernity and one of its most troubling attributes. It is a good thing that the personhood and agency of an individual has been recognized and greater freedom has come to make real human progress. At the same time, the loss of the sense of belonging, of purpose, and of one's proper place within the cosmos was swept away by what has become, in more extreme iterations, an existentialism full of dread… Individualism led to the breakdown of the sense of order in the cosmos, which led to disenchantment… These malaises all involve a high place for

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> "authenticity" as a central virtue of modern moral thinking. Rather than faith, hope, and love, which all bear a sense of duty and constraint, the central concern of modern ethics is to be authentic—to be true to oneself. (Spencer, 2023)

Taylor calls for a version of authenticity that includes not only being faithful to ourselves, but also faithfulness to a social authenticity which requires a respect for difference. This article in *Approaches* (Bøtker et al., 2024) is a valuable contribution to this debate.

To initiate their debate, the authors of this article in *Approaches* call on two musical theorists. The first is Peter Kivy who sees it necessary to pluralise authenticity in the title of his book *Authenticities: Philosophical Reflections on Musical Performance* (Kivy, 1995). This book was written in response to the historically informed performance movement in the Western classical tradition which had developed from the 1960s. Kivy's background is a philosopher and musicologist. His four notions of authenticity all relate to issues of performance. As a child, I was brought up as a piano student to play the right notes (i.e., to decode the musical notation) which represented the composer's intention, correctly; indeed, much of the judgements in these exams concentrated on this aspect alone. Kivy expands on this first area/notion by requiring the performer to understand the composer's intensions as expressed in the score. Going beyond this, he also debates where improvisational practice fits into the culture of the time of composition. The second area/notion, which he calls sound, includes both the composer and the nature of listening at the time of composition. The third area/notion concerns not only historical instruments but also the venue for which the composition was intended. Here, he sees that a concert-hall performance and a German romantic aesthetic way of listening may be in conflict with the original context. Specifically, I refer to German romantic aesthetic way of listening as associated with the rise of the concept of absolute music and based on the Kantian ideal of disinterestedness.Would Hildegard of Bingen (1098-1179) if transported into a 21st century car circling the M25 playing on Spotify one of her antiphons, say with some amazement and incredulity: "But I wrote it for the feast of St Ursula". How would Bach feel about his cantatas performed outside of a Lutheran liturgical context? It is possible that it is the contradictions between the various forms of authenticity that formed the plurality in the title of Kivy's book. His fourth authenticity concerns a "personal" ideal (Kivy, 1995, p. 108), suggesting that a performance is a "unique product of a unique individual" (p. 123). This allows the performer to make personal decisions about how to perform the work. This may mean additions and adaptations of the original score, including improvisational and arranging techniques of various kinds, which appear to contradict the notion of fidelity to the composer's intentions. The obligation of the performer is to "display the decorative object to the best advantage" (p. 286) and this amounts to presenting the best possible version of a work at a specific moment in time.

I am reminded here of early popular music competitions on television such as *Stars in their Eyes,* where performers had to replicate not only the notes of the song but the costume and gestures of the original artist, resulting in an almost complete reproduction of the original. As these competitions developed, the assessments have changed and moved towards more of a concentration on personal authenticity, that makes a version which is distinctively the performer's own version of the original song that they are covering. An example would be Eva Cassidy's version of *Somewhere Over the Rainbow* as compared with the Judy Garland version from the film *The Wizard of Oz.*

In my own experience, I met a more extreme form of authenticity which is linked with the notion of appropriation. I found this when supervising students who were exploring some of the drum traditions of sub-Saharan Africa. In their original tradition, who could play was limited by gender, tribal identity and membership of a particular practising family. Should, or even can, this be maintained if the instruments are transferred out of their original context? I can remember the surprise of one student arriving at the university seeing me, an aging English woman (also wearing a clerical collar) playing a djembe. Traditional gender limitations to authenticity have also been part of debates in Western classical musical culture such as the maleness of British Anglican cathedral choirs.

The second theorist used in the article is Allan Moore who is Emeritus Professor in the Department of Music and Sound Recording, University of Surrey, where he researched questions of music and meaning, using music analysis and hermeneutics. Starting with the classical tradition, he became very involved with popular music, becoming the coordinating editor for *Popular Music* and initiating a network of music scholars researching all manifestations of Progressive Rock. Much of his writing is based on rock and contemporary folk. He, like Kivy, favours the plurality of authenticities based on the work of Gilbert and Pearson (1999):

> Artists must speak the truth of their (and others') situations. Authenticity was guaranteed by the presence of a specific type of instrumentation … [the singer's] fundamental role was to represent the culture from which he comes. (Gilbert & Pearson, 1999, pp. 164-165)

From this, Moore distils three types of authenticity:

> That artists speak the truth of their own situation; that they speak the truth of the situation of (absent) others; and that they speak the truth of their own culture, thereby representing (present) others. (Moore, 2002, p. 209)

I wonder if Bøtker, Christensen and Jacobsen were wise to choose these two theorists from the world of performing music in various concert situations to initiate the debate. They acknowledge that all the participants in their study were female. There might be gender-based differences which would account for some of their divergences from the concepts of these male theorists, particularly because of gender restrictions imposed in the musical traditions of many cultures. Furthermore, bearing in mind that up until the beginning of the 20th century, women were prohibited in some European cultures from playing many instruments, at least in public contexts.

These views of authenticity in relation to gender may be occasioned by the relationship to context of various types of musicking. Women's musicking was often in the home or school, and women seldom had access, in those times, to acquiring musical literacy. There is a profound difference between music traditions that are literate through some form of notation and those which are orate. In these two musical types, the relationship with the past is very different. The move towards historically informed performance cannot really be the same as the use of musical improvisation in music therapy which is much more rooted in the present without the constraints of a printed score. The traditions of Kivy and Moore are very much based on a musical product whereas the traditions examined by Bøtker, Christensen and Jacobsen are primarily concerned with process.

It would have been interesting to examine the development of the improvisational culture of music therapy which can be seen as a musical rebellion against the increasing control of the performer by the composer which developed within the 20th century Western classical tradition (Boyce-Tillman, 2000). So, in choosing Kivy and Moore as theorists of authenticity, the authors may be drawing on a musical tradition that is too different from the ones under scrutiny. However, I do love the development of the helicopter role and the "floating–anchoring" role as it does attempt to draw the tradition of music therapy into the process of analysis.

In addition to these two theorists dealing with musical performance, they also draw on music education in the form of Laursen (2005) who relates it to a combination of personal competence and personal qualities. The authors reduce this to personal competence. Competence in this area is very different from the technical competence of a music performer. They were also only able to recruit a limited range of subjects for their research, particularly from the musical performance world. The two performing musicians in the study appear to be largely in the music education area, which is not really parallel to the performances analysed by Kivy and Moore.

I do like the findings and development of the previous model of Bøtker and Jacobsen (2023). and the addition of Values (which figure in both Kivy's and Moore's research). This is particularly important in an age when the value of music in the education context is often reduced to what it contributes to what are regarded as more important subjects such as reading and mathematics. The literature that Bøtker, Christensen and Jacobsen reviewed at the outset (which I have critiqued above) may not be relevant except in so far as what is examined in the article are really authenticities rather than authenticity. I wonder how the six authenticities identified in the article sometimes conflict with one another in people's practice. Does personality sometimes conflict with professionalism or role with context? I wonder how the six authenticities identified in the article sometimes conflict with one another in people's practice. Does personality sometimes conflict with professionalism or role with context? The final conclusions of Bøtker, Christensen and Jacobsen are very helpful. The detailed identification of the six areas of relationship, role, context, professionalism, personality and values provide music therapists with a useful way of reflecting on the authenticity of their own practice

The article reveals some of the dilemmas present in Charles Taylor's view of authenticity. How far is being authentic being true and faithful to oneself (in line with Rousseau and Kant) and how far is it largely social even if involves moderating one's own sense of self in order to relate to others (in line with Hegel and Dewey) as in group improvisation (Yehuda, 2013)? These paradoxes are well expressed in this passage from the article:

> In short, the element of personality concerns the possibility to apply personal expression, creativity, feelings, and preferences in professional work. This includes sharing personal experiences or presenting material in a personalised manner. However, the element of personality also includes statements regarding the music professionals' ability to either emphasise or tone down one's own impulses, personality traits, and feelings for the benefit of the process. (p. 21)

If the authors had examined their adopted theories (or theoretical framework) in more detail, some of this dilemma may have become more evident. Nevertheless, this is a very useful article in that

it examines, in some detail, the need for reflection on the hidden and clear authenticities that characterise twenty first century musical cultures. I hope the authors will pursue it further.

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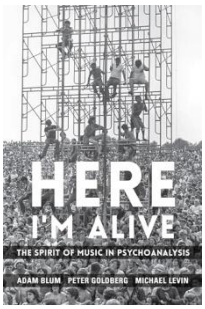
BOOK REVIEW

Here I'm alive: The spirit of music in psychoanalysis (Blum et al.)



Reviewed by Katy Bell
Independent scholar, UK

Title: Here I'm alive: the spirit of psychoanalysis **Authors:** Adam Blum, Peter Goldberg & Michael Levin **Publication Year:** 2023 **Publisher**: Columbia University Press **Pages:** 304 **ISBN:** 97802 3120 9458

REVIEWER BIOGRAPHY

Katy Bell trained as a music therapist at Anglia Ruskin University in Cambridge, and as a psychoanalyst with The Site for Contemporary Psychoanalysis in London. She has worked for many years within the NHS, in mainstream and special schools and with multi-agency organisations. She now has a private practice where she sees people for analysis and for music therapy. [katy.bell@ntlworld.com]

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In the "Preface: Liner notes" of this wide-ranging, thought-provoking book the authors Peter Goldberg, Adam Blum and Michael Levin set out their key assumption that human musicalisation begins in-utero and underpins much of human "psycho-somatic-social life" to an extent that is generally overlooked today. Written collectively as an exploratory project over five years of monthly gatherings, the book itself, set out in two halves as a vinyl record with Side A and Side B, resembles an album of songs (chapters) based on a common theme but with each differently extemporised through the three voices. The writing elaborates recurring motifs, which provide the experience of a live "working-through." In an interview recorded as part of the podcast series *Psychoanalysis On and Off the Couch* (Schwartz, 2023), episode 148, Peter Goldberg observes to Harvey Schwartz: "…the book is not a psychoanalytic book about music; it's a sort of musical book about psychoanalysis, in the sense of how we are operating at a kind of musical level when we practice."

Music therapists are familiar with creative ways of thinking about and employing music to effect social and community change. In this work, written from an orientation of the analyst's position beside the couch, the authors ground their use of the word *music* fundamentally on Boethius's concept of *musical humana*. Boethius, was a Roman politician, writer, and philosopher during the Early Middle Ages. Strongly influenced by the works of Plato and Aristotle, he wrote prodigiously. One of his works which was particularly influential in the middle ages is *De institutione musica* in which he put forward the notion of a tripartite division of musical types: *musica mundane* (cosmic music), the orderly numerical relations that control the natural world; *musica humana* (human music), the union of body and soul in which he argues that the beauty of anatomical harmony, plus the relationship to the soul,

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is analogous to musical order and symmetry; and *musica instrumentalis*, audible music produced by voice or instruments.

By referencing Boethius's concept of *musica humana* early in the book, the authors establish a framework that underpins their view that the socio-cultural-individual system by which humans thrive is essentially musical. They term this musical system *the weave*:

> The work of psychoanalysis, in this view, is to facilitate fuller and freer vibration at each node of this series, cultivating and amplifying the idiomatic freedom of each instrument to sing through the chorus of *musica humana*, to resound the psyche-somatic energies of being human, to surf the waves of the weave (p. xix).

They add to this conceptual framework that:

> One of the projects of this book will be to recover, as Laplanche once did, aspects of Freud's monumental oeuvre that suggest an alternate, perhaps more musical Freud – indeed, as Phillips once put it, a 'post-Freudian' Freud, a Romantic Freud. (p.xviii)

This statement is a reference to the characterisation of Laplanche's work in his return to the letter of Freud's text; a method of reading Freud, strictly according to Freudian principles, which led to a complete rethinking of the foundations of psychoanalytic theory and practice. From a recovery of Freud's abandoned seduction theory, Laplanche (1987) developed a "general theory of seduction" which outlines the crucial importance of the Other in the transmission of enigmatic messages or signifiers as a key element in the creation of the unconscious: in Laplanche's words, "The *enigma* is in itself a *seduction* and its mechanisms are unconscious" (Laplanche, 1987, p.128). This theory, which could be viewed as a post-Freudian model, is aligned simultaneously with the irreducible foundation of psychoanalysis and with human subjectivity.

Theoretical influences in the book are drawn largely from the Independent Group of psychoanalytic thinking, focusing on the relationships between people rather than the drives. They include Donald Winnicott, Marion Milner, Jean Laplanche, Jacques Lacan, Thomas Ogden and Adam Phillips. Philosophical influences include the works of Martin Heidegger, Maurice Merleau-Ponty and Peter Sloterdijk.

The established premise for the book is that to fulfil our potential as psychical, embodied, and social beings, we must acquire a way of becoming "recognisable members of a cultural collectivity that both includes the nuclear family and extends beyond it in social scope and history" (p.xii). The authors elaborate that, born in a state of "utter insufficiency" – a state Freud called Hilflosigkeit (helplessness) – the infant's experience of perceived attacks from the outside world becomes "tempered by the forecasting of temporal continuity, organised into the weather of play" (p.89).

Whilst recognising that many theorists have made similar claims, the trio highlight their departure from the majority of theses (that acquired systems of belonging are inscribed through language or cultural practices and norms) in their assertion that our system of belonging is essentially musical. The term coined to encapsulate this way of being in "the socio-cultural-individual musical system" is the weave. In order to achieve this it is proposed that contemporary analysts need to be

both good conductors and – in order to work creatively with different patients, to re-member those who have become fractured and dislocated from society - able to jam: "to help one's patients become not necessarily fellow analysts but fellow artists, moved by the ethos of the weave" (p.xix). Examples of potential strands of the weave permeate the book, many of which resonate with the practice of music therapy. Selected for this review are a small number to offer a sample of style, rather than give a full account of the work.

THE BODY'S WAY OF DREAMING

In this early chapter, the authors notice a shift of interest in their contemporary analytic practice from *what* is being communicated between analyst and patient to *how* it is being communicated. Bodies, it is argued, do not communicate through words but "speak" through symptoms that are manifestations of repression and psychic conflict, and the place where the everyday sound environment contains musical potential is in live interaction with other embodied beings. It is observed that if the prototype for musical life is found in the prosody of sound exchanges between infant and caretakers, then it is no surprise that the vocal exchanges we have with other people over the course of the day carry the potential, in the music of conversation and embodied interaction, of a renewed connection between our embodied existence and our being in the world.

Just as hearing a "piece" of music may fail to move us musically so, the authors observe, the most incidental, random collection of sounds within a functional timeframe might be capable of producing a musical experience. A parallel is drawn between Bion's injunction to put memory and desire aside (Bion, 2007), in order to fully experience a session in real time, and the degree to which we must relinquish what we know about a formal piece of music so that the actual musical experience may be enhanced.

Resonant musical experience born of communal perception is, the authors articulate, very different from the use of sound patterns noticeable in the "mute sound prisons" (p.12) of obsessional and compulsive mental states – states in which access to a shared sensory world has been replaced by repetitive use of patterns within the chamber of a "sensory cocoon." Music, here, is no longer available for creative use but functions exclusively to regulate (quieten?) and control emotional life.

References are made to Didier Anzieu with links to the sensory envelope that he describes in his paper "The Sound Image of the Self" (Anzieu, 1979). In this paper Anzieu sets out to describe the way in which a foetus is immersed in a bath of sound from five months of intrauterine life onwards, and how a composite of sense registers from this time forms our fundamental sense of ourselves as being bodily intact and distinct from our surroundings. There is much in Anzieu's book (1995) *"The Skin-Ego"* that could usefully be explored as companion reading for this section. Beyond the skin ego and in-utero sound mirror, attention is given in the chapter to the sound communities in which we live, shaping our bodily sense of self, and through which we are linked to the ideological and social patterns of our cultural and economic surroundings. It is through this aspect of the weave, the authors argue, that our embodied subjectivity is shaped culturally.

THE RHYTHM OF THE HEAT

There is a playful observation at the beginning of this section, characteristic of the style of this book, that Freud famously avoided taking the train, as he did writing about music. The paradox of the former is accentuated in the way Freud chose to describe what he called the "fundamental rule" of psychoanalysis, free association, by inviting the patient to speak whatever comes to mind – as if one were riding a train and noticing the changing views that passed the carriage window.

Evocations of the embodied experience of riding in an old-fashioned carriage, the repetition of rhythm of wheels over track and the encapsulated passing of time, are elaborated as ways of exploring "rhythmized consciousness," offered here as a corelate of Freud's (1913) "evenly suspended attention."

Rhythm as the rudimentary organisation of perceptual experience is widely explored in this chapter, which includes its function in our sense of embodiment, the repetition of the frame in psychotherapeutic work, the rhythm of sexuality and the effect of movement in music. Rhythm is also traced in the verbal to-and-fro of the analytic process and the quasi hypnotic dream-like states that approach the "dreamlike unreality" described by Abraham (1995). Finally it is linked to the shifting, wordless alpha and beta functions of Bion's theoretical legacy. Adapting the notion of alpha and beta functions to a carer rocking a baby to sleep, the authors suggest "a kind of 'beat-function,' rhythmizing the infant into dreaming" (p.29). The other end of this spectrum is the unravelling that takes place when a patient's world has no rhythm:

> When consciousness fails to become rhythmised it can get no help from shared beats and becomes a slave of quantity without quality. When things are dysfunctional in the rhythm section there is only noise, nausea, the disintegration products of a quantified, reified world. (p. 33)

Getting the hang of, or falling into a rhythm is seldom conscious, but instead it "takes hold without fanfare as a kind of found creation" (p.33). This "found creation" is linked implicitly to the individual's own style – when the patient can express their material in their own way. "One must learn the necessity of a scansion that comes to fold and unfold a thought," Derrida is quoted, "This is nothing other than the necessity of a rhythm – rhythm itself" (p. 28).

RE-MEMBERING, RE-BEATING AND WORLDING-THROUGH

The title of this chapter borrows from Freud's paper *Remembering, Repeating and Working-Through* (1914), the point of this effort being to remember, rather than being stuck in a cycle of repeating:

> When the trauma of a broken embodiment becomes iterated into the repetition of a sampled loop (sometimes called a symptom), a disruption of the continuity of going-on-being becomes a patterned, anticipatable, musical landscape, a ritual substitute through which to harness otherwise totally chaotic noise. (p. 157)

Musical compositions (and improvisation), the writers observe, become a temporal framework in which to dwell between the predictability of home and the arena of the world. In this way music is like a symptom – doing two jobs at once, spiralling out towards the world in what Sloterdijk (2014, p.157) calls "an incessant gesture of life," while reaching back from the world towards the indistinctness that precedes finding the world anew." It is noticed that this alternating movement which permeates many of Freud's seminal papers on psychoanalysis – *A Note Upon the Mystic Writing-Pad (*1925), *Mourning and Melancholia* (1915) and the fort-da of *Beyond the Pleasure Principle* (1920) – "becomes the to-and-fro of subjectivity itself, being in music at the same time as one is being made by the music" (p.157-158). It is awareness of this alternating movement that is identified by the authors as being a remusicalisation of the analytic space.

CONCLUSION

This is a book brimming with theoretical couplings between psychotherapeutic practice and music, weaving connections between individuals and communities. We are invited at the outset to share in a "musical voyage" (p.xii) – a voyage which is suffused with the creative energy of a live musical collaboration. The pleasure, and sometimes the necessary frustration, of this voyage is like the opening of a conversation that leaves the reader buzzing with thoughts and observations, eager to join in.

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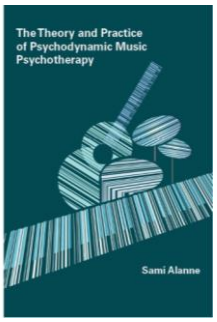
BOOK REVIEW

Theory and practice of psychodynamic music psychotherapy (Alanne)



Reviewed by Marianne Rizkallah
North London Music Therapy, United Kingdom

Title: The theory and practice of psychodynamic music psychotherapy **Author:** Sami Alanne **Publication Year:** 2023 **Publisher**: Barcelona Publishers **Pages:** 377 **ISBN**: 9781945411793 **E-ISBN:** 9781945411809

REVIEWER BIOGRAPHY

Marianne Rizkallah MA GSMD is the Director and Founder of North London Music Therapy (NLMT) CIC and was the Vice Chair of the British Association for Music Therapy from 2019-22. For NLMT, she specialises in working with adolescents and adults with mental health conditions such as stress, anxiety and depression, including working with professional musicians. She began a PhD in 2023 with the Guildhall School of Music & Drama on the subject of power dynamics within therapeutic dyads. Marianne is also a professional singer and vocal coach. [marianne@northlondonmusictherapy.com]

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Many music therapists in the UK and wider afield would consider themselves psychodynamically informed. Many have received training with a focus on psychoanalytic texts. In practice, though, when working with patient groups and in clinical environments often far away from the private practice-style consulting room, there can feel a need to make clinical adaptations. When asked to define the difference between, for example, transference and projection, many would struggle. It can feel like, when discussing moments of clinical importance, that terminology doesn't matter when music therapists are working with the person in front of them.

Yet the terms are different; they mean different things. They come from different theorists and apply in different contexts within clinical work. They describe similar but particular aspects of the human condition, both of which music therapists see within sessions all the time. If we know about their distinctions, we will have the opportunity to discuss these aspects of our work in greater depth. The beauty of psychoanalytic writing is its complexity and the skill with which significant amounts of minute human endeavour can be noticed, thought about, given language to and worked with. The ways in which non-verbal and musical interactions can also be thought about, with the same set of theories, is humbling.

Sami Alanne is an extensively published music therapist and lecturer, especially on the topic of psychodynamic music therapy. The majority of his writing is in his native language, Finnish. He states in the Preface that this book was intended to provide an English language reference to English-speaking music therapists who were unable to access his work because of the language

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barrier. Furthermore, this book developed from the interests of English-speaking colleagues interested in his existing monograph (Alanne, 2014) and numerous publications in the Finnish language.

Psychodynamic music therapy, what it is and how it works is explained in significant and thoughtful detail. While the book neatly fits into the lineage of psychodynamic music therapy texts (Alvin, 1966; Bruscia, 1987; Bunt & Hoskyns, 2002; Darnley-Smith & Patey, 2003; Edwards, 2015; Hadley, 2003; Priestley, 1994), it also expands on them, charting its history more thoroughly and fully than ever before. Alanne's clinical knowledge is superb; one would be hard pressed to find a more comprehensive book on the subject matter. It deserves to become a staple handbook for every music therapist interested in applying psychoanalytic principles to their work, whether they are in training or advanced in their career. That is not, however, to say it is an easy read.

In the introduction, Alanne states that the book is intended as a learning aid, to be read perhaps as part of a seminar series, but certainly with a teaching companion and not to be digested on one's own (p. 3). Certainly, the experience of reading the book for review, while tremendously enriching, also felt hard going. It is not so much that the writing is dense, more that there is a lot of information packed into every sentence. As a practising clinician for a decade, with a further degree in the foundations of psychodynamic psychotherapy, I still found many sentences where I wanted to make a note to follow up a point or do some further reading. It will fill in many intellectual gaps. For those not used to the terminology or familiar with psychoanalytic history and how to begin thinking about the concepts, the sheer amount of information could be overwhelming.

Alanne makes no apologies for this and nor should he. His recommendation to experience his writing more holistically runs parallel with an exhortation not to dumb down the subject matter itself. Psychoanalytic literature is complex. It considers the deep facets of the human psyche. It is the stuff that truly goes on in therapy of all stripes, including the transferences around music therapy, whether it is recognised as such or not.

Having acknowledged that the amount of "information, psychological theory, knowledge and skills, often complex in their nature" within the book may frighten a beginner (p. 2), what might have been a helpful olive branch is a greater emphasis on case studies throughout the book. There is a great tradition of music therapy case studies as teaching aids (several examples are quoted in Jones and Odell-Miller, 2023) and it would have been possible to provide a greater number and breadth of examples without diluting the effectiveness of the primary content. Especially for those earlier in their careers, it can sometimes feel hard to believe that what is being talked about in terms of psychodynamic music therapy actually happens in sessions until it has either been witnessed in one's own clinical work or a case example brings an idea out of theoretical concept into something more like actuality. Case studies do not feature until page 82 and it was until this point that I found myself hoping for relief from the density of information.

The book is divided into several sections, most of which are theoretically based. A chronological history of psychoanalytic thought and how it applies to music therapy begins the main body of the text. Next are two weighty theoretical sections: the first attempts a thorough overview of the clinical theory, with the second taking the theory into the clinical space with a specific focus on working through. The final two sections are based firstly around differing clinical approaches and then explore the how of how music therapy works using psychoanalytic approaches. These sections feel a little more constrained compared to the previous two sections which take up half of the book and have

been allowed to stretch out and flex their muscles. A small section at the end considers music therapy with different patient groups, with a welcome overview of the whole book to conclude the whole piece.

Despite the depth of information, the book is well worth persevering with, diving back in and back in again, because the sheer amount of nuggets of wisdom feel powerful and giving the more one reads. Some of the most helpful exhortations are the simplest and most elegant: on page 42, when referring to unconscious communication, he makes two statements: "What the client says is not always what the client means", and before this, "What kind of a latent meaning does it have?" Both slipped into the middle of a sentence, it is the sort of statement, that when read repeatedly, can be applied to so many clinical situations. On the following page, Alan provides a list of considerations for the practising music therapist. They are so thoughtful and clearly drawn from considerable analysed experience that it feels like having a beloved supervisor on one's shoulder, unflappable in their knowledge and reassurance.

It is Alanne's considerable knowledge that has enabled him to write this book. Music therapists interested in this style of working will find much in this text to develop and enrich their psychodynamic music therapy clinical practice. Alanne's recommendation to absorb the book in small sections, preferably as part of a seminar series, is a very appropriate way to tackle the book. In this way, that will make it possible to take in as much enriching information as possible.

In contemporary music therapy writing, much attention is rightly given to equity, diversity, inclusion and belonging (EDIB; Mains et al., 2024; Pickard, 2020; Vencatasamy, 2023). With psychodynamic music therapy labelled in journal articles as "the consensus model" and unhelpfully set in academic opposition to Creative Music Therapy (Ansdell 2002), it can often be seen within the profession as old fashioned, problematic and out of date. Common criticisms of psychoanalysis centre around its heteronormativity, sexism and roots in colonialist thinking (Frosh, 2013; Khanna, 2003).

Alanne does not address these criticisms, not in regard to psychoanalysis nor psychodynamic music therapy. Considering the current focus on EDIB, this lack of consideration of psychoanalysis' criticisms is an omission from the book. While the psychoanalytic concepts of transference, countertransference and the unconscious mind are, to this reviewer, essential tenets of successful music therapy, it does not absolve the theories espoused in the book – as with any theories across music therapy and beyond – of the opportunity to be criticised.

A new section in a future edition would elevate this already excellent text to a further well-rounded resource. This book is an exemplar in technique to the converted and a rich banquet of information for those newer to the topic. More case studies to bring the text to life, and earlier in the work, would have helped to bring the theory off the page. However, when Alanne is able to deliver such a substantial contribution to the literature in a way that will surely be beneficial for so many music therapists, it is hard not to simply be grateful for the book's existence.

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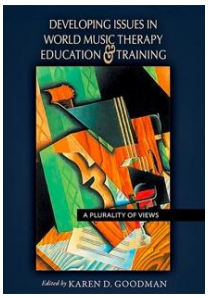
BOOK REVIEW

Developing issues in world music therapy education and training: A plurality of views (Goodman, ed.)



Reviewed by Tim Honig

Westfield State University, USA

Title: Developing issues in world music therapy education and training: A plurality of views **Editor:** Karen D. Goodman **Publication year:** 2023 **Publisher:** Charles C Thomas Publisher **Pages:** 368 **ISBN:** 978-0-39-809402-7

REVIEWER BIOGRAPHY

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In *Developing Issues in World Music Therapy Education and Training: A Plurality of Views* (Goodman, Ed.), the reader is invited into current conversations within a global community of music therapy pedagogy. Goodman has brought together a compelling group of contributors who grapple with a broad range of subjects in music therapy education and training, such as hybrid teaching models, interprofessional issues, and post-graduate training. The book is a collection of individual essays, although the reader will find common themes shared between chapters.

Developing Issues will be of greatest interest to those engaged in or preparing for music therapy pedagogy. Each essay is accessible for this audience: contributors provide introductions to complex theoretical aspects of the topics at hand. The overall collection enjoys a light editorial touch as each chapter functions as a stand-alone essay. Depending on the reader's needs, it can be useful as a collection or as excerpted chapters suitable for readers who have an interest in any one particular topic.

Set apart from the rest of the collection, the book begins with an opening essay on *transversality*. In it, Gilbertson sets the tone for a dialogue that centres transparency, reciprocity, trust, and intentional examination of power, particularly by people who hold the greatest discursive power within a system, like music therapy educators. Gilbertson presents a challenge: What do we mean when we use the word "community" to refer to those who practise and teach music therapy? Can a community exist in a space of difference? What does it mean to belong within a community – a concept that is, by definition, built on the belonging/otherizing dualism? Perhaps, as Gilbertson suggests, we maintain a sense of community *through* the dialogic and radically trusting act of transversality which can allow us to be locally situated and globally connected. Gilbertson's essay highlights themes that begin to emerge between chapters and helpfully focuses the reader on

considering a balance of local focus and global consciousness, of difference and sameness.

Following Gilbertson's essay, the book is presented in five sections. Part I describes new or unique frameworks and content areas for music therapy education and training: Gilboa describes the development and current state of music therapy training in Israel; Strehlow provides a model for teaching free improvisation within a psychodynamic frame at the Hamburg Institute for Music Therapy; Short and Heiderscheit discuss incorporating content on interprofessional collaboration into entry-level music therapy education and training; and Fachner makes the case for providing music therapy trainees with areas of core neuroscientific knowledge through problem-based learning. Part II contains essays on online formats of education and training in music therapy: Henry explores instructional technology for blended hybrid and online teaching formats, and Mercadal-Brotons discusses survey results about online graduate music therapy training programmes.

Part III consists of two chapters related to inclusivity: Taylor calls for a music therapy curriculum that examines and rethinks sources of implicit bias, particularly in cultivating a more racially inclusive musical repertoire. Then, Edwards and Baines connect queer theory with the music therapy curriculum. It is noteworthy that this section on inclusivity contains no chapters that engage directly with current discourse on disability studies, neurodivergence, or racial, ethnic, linguistic, or socioeconomic bias outside of the US context; these topics are of utmost importance within the global conversation around music therapy pedagogy (e.g., Gombert, 2022; Shaw et al., 2022).

In Part IV, contributors discuss *Professional Opportunities* in music therapy education. Kennelly, Jack, and Dun describe the process of developing a supervision framework within a localised professional music therapy community; Clements-Cortes provides an overview of specialised and advanced training for music therapists; Procter takes a more fine-grained look at the history and current state of Nordoff-Robbins Music Therapy training in the UK; and Krout describes a ukulele programme centred on community-building and well-being.

Part V contains two chapters on *Ongoing Issues and Possibilities*. Kavaliova-Moussi presents survey results exploring the perspectives of music therapists who pursue training outside music therapy, and Iwamasa discusses issues related to accreditation, competencies, and programmatic oversight situated primarily within the US while providing context about credentialling processes in four other countries. Iwamasa's chapter contributes to an ongoing debate about the Certification Board for Music Therapists (CBMT) in the US. In taking a position that the CBMT exam should be understood for all its benefits and limitations rather than eliminating or re-imagining it, Iwamasa highlights tensions relevant to educators and doctoral students around the world who are engaged in balancing competing priorities to prepare new music therapists for their career: To what degree should curricula be tailored to a credentialling process? To professional competencies or board-certification domains? To lived practice? To a specific therapeutic approach?

Among the widely varied topics in this collection, Iwamasa's closing chapter recapitulates two themes that emerge among the essays. One relates to how educators have balanced a tension between the need for recognition by governments, credentialing bodies, and the public, and understandings of what is needed to prepare music therapists to flourish in their careers. Crucial to this theme is the question of standardisation of music therapy education and training, and contributors present differing perspectives on this topic. I find this disagreement healthy, perhaps a

sign that, as Gilbertson writes in Chapter 1, this may be a community that is secure and safe enough to root and shift.

Another theme is how music therapy educators reckon with growth in the field: growth of knowledge and literature, of approaches, and of settings and groups that music therapists serve. This requires shifts at the curricular level (e.g., chapters by Gilboa; Iwamasa; Mercadal-Brotons; Procter; Short & Heiderscheit; Taylor), within course design (e.g., chapters by Strehlow, Edwards & Baines; Henry), and within professional communities (e.g., chapters by Fachner; Kennelly, Jack & Dun; Clements-Cortes; Kavaliova-Moussi).

One strength of this text is that the contributors provide historical or cultural context for their topic. Another is that many of the essays contain practical approaches for educators. In some cases, essays would have benefited from engaging more deeply with the complexity of the topic at hand. For example, Edwards and Baines provide an accessible introduction to queer theory with strategies for teaching about gender, sexual orientation, and otherizing within a music therapy curriculum, but stop short of radically reimagining embedded norms, values, and hierarchies within music therapy education that a queer theory lens can help us envision (e.g., Fansler et al., 2019).

No text of this scope can be fully representative of global music therapy education discourse. Still, there are crucially important omissions that I found problematic. The book is framed as providing a plurality of views, but the text omits perspectives and cases centred in Central, South, or East Asia; Africa; and Central and South America – a staggering proportion of the world. Instead, music therapy education and training outside of the Global North is only occasionally represented in chapters that contain survey results or in providing supplemental context. All authors are situated in North America, Europe, Australia, and Israel, centring voices within communities of entrenched power. Echoing several of this text's contributors (e.g., Edwards & Baines; Taylor), music therapy pedagogy must continue to reckon with bias that continues to situate knowledge production and expertise within colonising nations (e.g., Metell et al., 2022). Perhaps by no fault of the contributors, this collection perpetuates the hegemonic position of the Global North in music therapy discourse. In her preface, Goodman acknowledges that there remains much to write about music therapy education and training worldwide. Far from a limitation, I found this appropriate to the text's intended scope. It does not, however, explain the bias reflected in authorship and topic.

While this text will be of greatest interest to music therapy educators, selected chapters may be of interest to entry-level music therapy students as they begin their transition from student to professional: Chapter 11, which provides helpful detail and context for various specialised trainings; Chapter 14, which explores why and how some music therapists pursue education outside of music therapy; Chapter 8 to support students in cultivating a more inclusive musical repertoire and therapeutic positionality; and Chapter 10, which can provide students a more comprehensive understanding of how and why professional supervision can be a normalised aspect of their professional life.

In some ways, *Developing Issues* continues the mission of Goodman's 2015 collection, *International Perspectives in Music Therapy Education and Training*, for example in exploring the themes of global/local and sameness/difference. In addition, the present text takes on important new themes and topics reflective of rapid changes within the profession and the world. The contributors to this

collection provide us with in-depth, practical discussions of cases and topics in music therapy education and training that may perhaps contribute to other existing conversations centred on reaching toward possibilities as we root and shift in dialogue.

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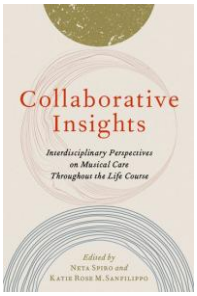
BOOK REVIEW

Collaborative insights: Interdisciplinary perspectives on musical care throughout the life course (Spiro & Sanfilippo, eds.)



Rachel Darnley-Smith
Independent scholar, UK

Title: Collaborative insights: Interdisciplinary perspectives on musical care throughout the life course **Editors:** Neta Spiro & Katie Rose M. Sanfilippo **Publication year:** 2022 **Publisher:** Oxford University Press **Pages:** 184 **ISBN:** 9780197535011

REVIEWER BIOGRAPHY

Rachel Darnley-Smith was until recently Senior Lecturer at Roehampton University where she taught on MA and PhD programmes in music therapy and latterly counselling psychology . She trained in music therapy at the GSMD in London in the 1980s and her most recent publication is *Psychodynamic Approaches to the Experience of Dementia; Perspectives from Observation, Theory and Practice* (2020), co-edited by Sandra Evans, Jane Garner and Rachel Darnley-Smith and published by Routledge. [rdarnleysmith@gmail.com]

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During 2017-2018 I was fortunate enough to attend sessions of the interdisciplinary UK Commission on Music and Dementia, which met on several occasions in the House of Lords, Chaired by Baroness Sally Greengross (Bowell & Bamford, 2018). The wide-ranging presentations from many experienced practitioners, commissioners, and researchers prompted debate, for example as to what constituted therapy, art or recreation; what was more important for whom and when. What was striking was the time given to this debate and that there was a sense that not only is there room for acknowledging difference, difference is crucial in enabling any practice to look in on itself (so to speak) and to stay alive.

Neta Spiro and Katie Rose M. Sanfilippo, editors of a fine new volume have taken this interdisciplinary approach further and broadly encapsulated a range of helping musical practices (including music therapy, community music, and education) and research under the heading of *Musical Care*. Each chapter is explicitly an interdisciplinary collaboration: At least one author is a music therapist/researcher and at least one other "a researcher with work in a related discipline," including "psychology, education, sociology, and public health" (p.2).

The tone set is at once pragmatic with a fluid movement between research informed practice and practice informed research. But what is most satisfying overall maybe is that the editors and chapter authors explicitly avoid arriving at a place of some kind of completion, with each chapter including a "call to action" through a consideration of "future directions" (p.9). This is as wise as it is creative, the field that they stake out is vast for one book. A further distinctive feature is the framework of life stages. Spiro and Sanfillippo write how they highlight "the transformations and changes in the application of musical care as life progresses" and prioritise "the experiences within

the life stages over the diagnoses and contexts usually associated with them" (p.5). Again this allows for fluidity: the purpose or meanings of music may or may not vary greatly across the life course but may come in vastly different forms or modes of performance. This may be part of the very richness in the intergenerational projects to be found in end-of-life care, as described by Tsiris, Hockley and Dives (pp.130-131) and illustrated in different ways throughout the book.

It can be surprising to note that as recently as 2000, systematic enquiry into whether music therapy worked was relatively rare (see Wigram & Loth, 2000). This volume is an illustration of the sheer quantity and appropriateness of research that practitioners can now draw upon to substantiate what was once solely an intuition or general observation of what might be effective or good for people. All the chapters provide detailed accounts of research with some chapters functioning as substantial reviews. In Chapter 1, *Musical Care in Infancy*, Sanfilippo, de l'Etoile, and Trehub provide a welcome update on the links between infant musical engagement and musical care interventions, described here in contrasting terms as natural and targeted musical interactions. I found it most satisfying the way in which this distinction is later synthesised, the natural musical interaction, the type we all engage in informally and spontaneously, informing the targeted.

The question of what type of research for what type of knowledge is also given consideration. In Chapter 5, *Musical Care in Older Adulthood*, Stuart Wood and Stephen Clift provide an important acknowledgement of both the benefits and limitations of current experimental research, together with the necessity for qualitative studies that capture in a more immediate way the experiences and testimony of all those involved. Indeed, it was excellent to see clearly laid out the way in which testimony can inform some of the priorities for experimental research which in turn may support some of the long held intuitive *thinking* of practitioners.

The book raises many interesting questions and discussion points: In Chapter 3, *Musical Care in Adolescence*, Suvi Saarikallio and Katrina Skewes McFerran (together with another comprehensive review of literature) provide an important consideration outlining where music might not be helpful or experienced as care, in this case where it might be used for "reinforcing more complex moods and emotions, and even end up worsening pathological states" (p.75). This type of close observation, whilst probably common amongst practitioners, raises the question, crucial when considering the limits of professional practice, when is musical care not care? Is music making with/for another or alone always care?

I also wondered about a distinction to be made between the notion of musical care as a noun, (such as musical care for children) and as a verb, the very activity of care. In some case studies, for example, I wanted to know more about the intersubjectivity and felt experience of being with another and the musical care components of this, together with the attendant relational thinking from music therapy and other relevant disciplines such as psychotherapy. This perspective began to be explored in Simon Procter and Tia DeNora's chapter, *Musical Care in Adulthood* where they present the matter of "'how' one person works to be with others […] hearing all that they have to offer as music and responding to this" (p.95). To my mind this acute listening in music that they describe is central to a notion of musical care for another, natural or targeted. Acute listening is of course implicit throughout the book, but in response to the *call to action*, I was certainly left feeling that both these questions are worth future development and research. They are certainly a testament to the rigour and ambition of the book which has already led to a wider initiative around the development of an international musical care network, see https://musicalcareresearch.com/

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CONFERENCE REPORT

The 3rd European Association of Music and Imagery (EAMI) conference: 'The power of music – embodiment, trauma healing, spirituality'

Petra Jerling
North-West University, South Africa

CONFERENCE DETAILS

The 3rd European Association of Music and Imagery (EAMI) conference
'The power of music – embodiment, trauma healing, spirituality'
21-25 September 2022, Denmark

AUTHOR BIOGRAPHY

Petra Jerling (PhD, M.A. Positive Psychology and M. Mus. Music Therapy) is a certified music psychotherapist in private practice, MUSIC & WELLBEING, in South Africa. She is a qualified BMGIM and MI therapist and is a member of EAMI (European Association of Music and Imagery) and SA-ACAPAP (South African Association for Child and Adolescent Psychiatry and Allied Professions). She has published in the Nordic Journal of Music Therapy and Music Therapy Today. She has presented papers at the World Congress of Music Therapy, SA-ACAPAP, PASMAE, OPTENTIA and the 2022 EAMI conference. [musiekterapie@gmail.com]

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The biennial European Association for Music and Imagery (EAMI) Guided Imagery and Music (GIM) conference themed, *The power of music - moving towards the core of Guided Imagery and Music,* took place in Denmark from 21st through 25th September 2022. The call for papers was sent before the pandemic, as the conference was originally scheduled for 2020. Due to travel restrictions, a one-day online conference was held in September that year, but the planning for a full, in-person conference went ahead. The same brave team from Denmark—Inge Nygaard Pedersen, Catharina Messel, Charlotte Dammeyer, Julie Exner, and chair Bolette D. Beck—was responsible for both the online conference in 2020 and the hybrid conference in 2022. The invitation read as follows:

> The conference will honour the spiritual qualities and affordances of music as the centre of the GIM method, and the ways in which the music moves and transforms our body, emotions, mind, and spirit, changes our ways of being in relationships and as citizens. The urgency of living in a world facing global conflicts, pandemic, climate crisis, trauma and terror challenges us in both private life and on collective levels. How can the music empower GIM clients to find their path? (Beck et al., 2022, p. 1)

Publisher: Queen Margaret University Edinburgh | Centre for Person-centred Practice Research

Sixty-four delegates were welcomed at the Trinity conference centre in Fredericia, Denmark. The five days were filled with learning, sharing, inspiration, empowerment, music, and energy. After so many online conferences, we had an opportunity to see each other face-to-face with the bonus of the hybrid option for those unable to travel. Sixty-six delegates joined online.

Recognising the worldwide situation, the pandemic, as well as the war between Russia and Ukraine, the one-day pre-conference had *GIM and trauma healing* as its focus. Many European music therapists were actively involved in trauma work with war refugees. As the only South African delegate (not impacted by the war so directly), I felt humbled witnessing European music therapists' commitment to make a difference in many lives through music.

Two organising team members, Bolette Beck and Catharina Messel, together with Steen Lund, started the pre-conference with a workshop on treating trauma using music and imagery and GIM. In this workshop, we took turns to be the therapist or client, and this exercise brought home the fact that working with such deep trauma also affects the therapist. We were reminded to consider transference and countertransference, the importance of supervision, and self-care. Engaging in dyads opened opportunities to share our own experiences of trauma. The very important question of which music to choose in trauma-focused music therapy sessions was discussed and explored in the dyads. Key points included starting with music for relaxation before moving on to music that could be comforting for the grieving client. In this way, the client's window of tolerance could be opened incrementally, which could also lead to acceptance.

Flowing seamlessly, Rikke Høgsted, the first guest speaker after this workshop, gave us insights into the psychology of mental strain, the psychological and emotional pressure that one can experience as a result of stressors at work or in one's personal life. Mental strain can lead to burnout (psychological exhaustion) and secondary trauma (compassion fatigue). We were made aware of the signs that we should be looking out for within ourselves and our colleagues regarding burnout or secondary trauma. Delegates were given an opportunity to write a poem about accepting that therapists are not superheroes (Box 1). Another activity was to role-play different kinds of therapists - over-involved (red), under-involved (blue), or aligned (green). Whilst writing the poem brought hope and gratitude to mind, participating in the role-play created an opportunity to laugh at ourselves and realise the importance of personal balance.

The main conference started with Dea Siggaard Stenbæck's keynote exploring the role of music within psychedelic therapy. It was fascinating to listen to a clinical psychologist, who holds a PhD in neuroscience and is involved in music and psychedelic research (developing a music program to use with psilocybin interventions), especially when one considers how GIM was conceived by Helen Bonny. GIM was first implemented after Bonny's research experiences at the Maryland Psychiatric Research Centre, where music was used as a complementary therapeutic input during LSD therapy. The purpose of those experiments was to enhance the inner experiences of clients. It was later found that music alone, without LSD, could facilitate such experiences (Bonny & Summer, 2002). Bonny's work was extraordinary and she left behind a legacy, as we can see in these current studies on music within psychedelic therapy.

The keynote speaker on day 2 was Denise Grocke from Australia, who addressed dislocation and displacement during the pandemic. Grocke drew on her own background of dislocation and alluded to the displacement of so many through the ages, not only during the pandemic. The displacement of so

many people in the current war in Ukraine came to mind again. Grocke focussed on re-connection and using GIM during COVID-19. She discussed the value of GIM and the resilience of GIM therapists, pointing out how this music therapy method is still relevant.

Simon Høffding assumed a philosophical point of departure in his keynote as he shared his eight-year journey with the Danish String Quartet, exploring how they experienced making music together. Høffding focused on three forms of musical communication: (1) Motor-resonance, where two people spontaneously move together in the music without this being planned or rehearsed; (2) Explicit coordination, where one of the two focuses overtly and consciously on the other in a (sometimes desperate) attempt to synchronise better; and (3) Interkinaesthetic affectivity, where two people really feel they are in a similar space without any bodily or conscious effort (Høffding, 2018). He ended his presentation with this very important question: do we, as therapists, recognise any of these in our rapport with clients?

Apart from the keynote presentations that were streamed for online delegates, three presentations and/or workshops (two on-site and one online) could be chosen for the rest of each day from Thursday to Sunday. Papers and workshops concerned the exploration of music, including new music programmes, specially composed music, improvised music, validating and revising taxonomies of music, and new methods of analysing music. Other presentations explored adaptations of GIM, including Music and Imagery (MI), Music Imagery Relaxation technique (MIR), and Music Breathing (MB). Each topic and presentation were a reminder of how each and every GIM application is still relevant especially in this time of war and in the aftermath of the pandemic.

Various case studies were included that addressed applications in different settings. Due to the pandemic, a lot of work revolved around trauma, stress, and burnout. These were addressed with many different clinical populations, including working with people experiencing addiction, cancer, dementia, cerebral palsy, complex diagnoses, mental disorders, and even fertility. My own presentation highlighted the power of music in the process of change with a client who suffered from a dual diagnosis: post-traumatic stress disorder (PTSD) and substance use disorder (SUD). Using the supportive music and imagery method and offering the client the opportunity to use his own music led to an ongoing connection to his inner resources and deeper self-awareness, even years after music therapy had ended.

Photo 1: Gangspil

Photo 2: Danish saxophone quartet

True to an in-person conference experience, there were other highlights away from the conference rooms. During the conference, we were privileged to have two live concerts (also streamed for online delegates). We were treated to traditional Danish music by Gangspil and the Danish saxophone quartet.

I'm only human

What a crazy surprising team

I'm here, I'm here that's all

How to meet above – not the victim, not the blamer

I am a human, not a magician, and that is enough

To blame or not to blame, that is the impulse

Dark calmness

Let's find our secret escape space!

Life is so precious

I am human after all

Accepting, respecting, and nurturing our human vulnerabilities

Find the little moments that count

Feeling of the intensity, vulnerability and strength in constant motion

I don't need to die on any cross here

Thankfully I am only human after all

I am human after all, I want space in which to grow

I want safety, connection and support

Why feel as a superhero?

Box 1: Delegates' poem: I'm only human

The camaraderie was tangible in the bus when delegates travelled together to the Koldinghus castle in Kolding where we could learn and experience a little bit of Danish history. The new GIM graduates were introduced and welcomed into the circle of GIM therapists in the Koldinghus church hall. The wonderful acoustics were well utilised by the exquisite harp music played by Julie Exner. The GIM fellows sang the GIM hymn, specially composed by Bolette Beck. Graduates each received a special Nordic gift in the form of an amber necklace and a personal message from their trainers, followed by a toast and celebration.

Photo 3: Koldinghus church hall

Photo 4: Julie Exner playing the harp

Photo 5: Newly graduated GIM fellows and their trainers

This highlight continued when we returned to the conference centre. It was our last evening together and we were treated to a lovely three-course meal and wine. We could reminisce about our experiences and dance together with live klezmer music by the Channe Nussbaum trio.

Photo 6: Channe Nussbaum trio

The experience was invaluable for me on many levels, as a delegate, presenter, friend, and colleague. This conference allowed me to become part of a community that makes a difference in trying times. In South Africa, music therapy as a health care profession is still young and less acknowledged when compared to other countries. Thus, the connections that I made and the knowledge that I gained through the conference made for personal growth that I can only be grateful for.

It was no easy task to host a hybrid conference and in spite of technical difficulties, the team worked hard to have everything run smoothly. The organisers promised that the conference would be "brimming with music, dialogue and empowerment of the growing GIM community" (Beck et al., 2022, p. 1). This promise was kept from start to finish.

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CONFERENCE REPORT

The 8th SIMM-posium (Social Impact of Music Making)

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CONFERENCE DETAILS

Social Impact of Music Making 8th SIMM-posium,
Queensland Conservatorium Griffith University
20-22 November 2023, Australia

AUTHOR BIOGRAPHY

Catherine Threlfall is an experienced music therapist, community music leader, teacher, and researcher passionate about making participatory music making accessible to communities in regional Australia. Catherine is deeply committed to health equity and the social impact of participatory artmaking, the subject of her current PhD research. Since 1993 she has worked in community, education, special education, post-school options, community health, aged care, research and tertiary settings as a community music leader, teacher, therapist, advisor, practitioner scholar, mentor, writer, and presenter. Catherine's career has taken her from Gippsland to the Yarra Ranges, Melbourne, Darwin, rural Northern Territoty and to the Mallee. Catherine is a change leader, driving the growth of community music, music therapy, and participatory artmaking in the Mallee's regional centres and remote towns, including intergenerational programs, inclusive community music groups, and outreach music therapy with underreached children, young people and families in partnership with place-based change organisation Hands Up Mallee. [catherine@sunraysiaartsandlearning.com.au]

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The 8th SIMM-posium (Social Impact of Music Making) was the first time this dynamic gathering of researchers and practitioners has been held in the Oceania region, taking place in Meanjin on the lands of the Yugarabul, Yuggera, Jagera and Turrbal peoples at the Griffith University Conservatorium of Music. I took the opportunity to attend this hybrid event in person along with more than 100 delegates from 24 countries, to present, connect and discuss the incredible range of research and practice shared in this forum.

A deep sense of place was established from the outset as Gimilaraay elder Uncle Glenn Barry welcomed us with an Acknowledgement of Country and warmed up the space playing the yidaki. There was a refreshing sense of informality throughout the three days, and an explicit and implicit invitation to presenters and delegates to be authentic, real, bold, critical, courageous, and generous.

From the very beginning of the symposium First Nations ways of being, learning and researching were centred. The purposeful celebration and privileging of indigenous voices was timely and much needed, given recent events in Australia where the referendum for an Indigenous Voice to Parliament was defeated, and tensions around the ongoing impacts of colonialism and the long road to healing run high.

The opening keynote delivered by Australian First Nations researcher Naomi Sunderland left delegates with a sense of hope, as she opened with song, presented transformative values-led

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research in remote Australia, and conceptualized research as healing. She invited researchers and practitioners to see research as a spiritual practice, and to be aware of connections to country as a resource for healing and renewal. A heartfelt response from indigenous weaver and singer Ivy Minniecon left no doubt about the important role of First Nations led research in the "long unwinding" process of healing in colonised nations like Australia.

Apart from the three keynote sessions the symposium offered a format of three to four 10-minute provocations, followed by 30 minutes of discussion, with only one stream of presentations. This allowed for an interactive and lively forum. From my perspective, it was a challenge to condense a complex topic into 10 minutes, and many presenters cut their presentations short with on-the-spot editing or ran over time. The allocated discussion time generally allowed enough space to discuss only one or two questions in any depth. With such stimulating and sometimes contentious topics it may have been of value to add extended yarning circles in a space other than a lecture theatre for even deeper discussion and highlighting of more voices.

The scope of presentations was extremely broad. Within the space of a few hours, we journeyed from the personal – such as Kate Daly's story of recovery through artistic citizenship – through to the systemic, including Gillian Howell and Jane Davidson's account as music and wellbeing researchers attempting to work across systems and disciplines to generate a critical mass for funding.

There were recurring calls throughout the forum for creating cross-disciplinary connections in support of music making for social impact. Presentations by community musicians, psychologists, social workers, music therapists, artists, music educators, youth workers, researchers and academics raised the important question of how we can work together to advocate for making room for creativity and wellbeing at a systems and policy level. It was refreshing and exciting to think about music therapists taking a role in cross sector efforts for social justice, and a reminder to us of the importance of building connections outside of our discipline.

The second keynote by Jioji Ravulo set the scene for thinking about music as resistance to unjust social norms, and celebrated music as disruption. His energetic, joyful, and impassioned presentation of his work in making space for lived experience and youth voices from both inside and outside of detention was thought-provoking. It was a powerful reminder that music has many dimensions. The day-to-day life of music therapists in Australia in health and education systems often privileges the role of music for individuals and groups in creating connection, bringing joy and calm, and supporting growth and learning. In this, music making as a political act is sometimes pushed to the background. The keynote was a welcome disruption to my thinking and my everyday practices.

A theme of music making and compassion was also beautifully woven throughout the three days. Canadian Music Educator Gabby Smith's presentation of femme pedagogy and transforming music education gently introduced the deep importance of bringing care, compassion, and collective wellbeing into the music classroom. Alexandra Gorton and Frankie Dyson Reilly provided a window into the life of neurodiverse artists and performers, and reminded us of the value of Universal Design, building kindness and welcome into all spaces for all people.

The power of care and compassion was elevated in the third keynote by Te Oti Rakena titled Rewiring Global Minds: Celebrating Indigenous Musicians as Norm Entrepreneurs. Te Oti shared and modelled a quiet resistance in tertiary music education, speaking of the important work of responding

with compassion to sometimes reactive and fearful colleagues during the process of indigenising systems and structures.

This keynote raised some important questions around how people entering tertiary education can be prepared for working with social impact of music making practices in their careers as artists and performers. For the music therapists present it also led us to ask if current music therapy norms are fit for purpose in Oceania, recalling the groundbreaking work of Carolyn Kenny in bringing an indigenous perspective to her work as a music therapist. I was also led to reflect on how the social impact of music for collective wellbeing is closely linked to the evolving conversation in music therapy about post-humanism. I saw close links with the call for taking a collective approach, and for showing care, vulnerability, and inviting the whole person to show up in the therapy space.

There was music embedded in multiple ways in this symposium. Sandy Sur from Vanuatu responded to Te Oti's keynote through stories of the water music of Vanuatu, followed by a beautiful sung response from Aunty Candace Kruger singing to call on the ancestors, bringing us all to focus on the relationship between music and country. Delegates were also treated to a Soundbath and live performances of original compositions from music students from the Conservatorium, a welcome change from the intensity of words and thoughts.

The 8th SIMM-posium created a precious space to reflect on the role of music making in creating a more equitable society. It was an invitation to remember that music allows us to be active at both a micro and macro level at the same time. I left this symposium with a determination to continue to share music for the collective good. The words of Australian First Nations elder, doctor, writer and academic Helen Milroy, as shared by Naomi Sunderland in her keynote, that healing will happen when we are both "soft and strong at the same time" continue to resonate.

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CONFERENCE REPORT

Trauma, music and music therapy

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CONFERENCE DETAILS

Trauma, music and music therapy
17-18 April 2023, Poland

AUTHOR BIOGRAPHIES

Sara Knapik-Szweda, PhD, MT-C, is an Assistant Professor at the University of Silesia in Poland. Her research interests include family-centred music therapy and resource-oriented music therapy. She is the author of numerous articles and the book concerning music therapy and autism - *The Significance of Music Therapy Techniques in Supporting the Development of Children with Autism.* [sara.knapik-szweda@us.edu.pl] **Agnieszka Sepioło** MT-C, is an Assistant at The Karol Szymanowski Academy of Music in Katowice. She works as a music therapist in educational and medical settings in Silesia, Poland. Her research interests are related to music therapy with hearing loss, developmental diversity, and music therapy in new technology. [a.sepiolo@am.katowice.pl]. **Anna Konopacka**, MT-C, works as a music therapist in a school for deaf and hard of hearing children and is a lecturer at the Karol Szymanowski Academy of Music in Katowice. Her interests are related to music therapy with deaf and hard of hearing people and the importance of silence in therapy.[a.konopacka@am.katowice.pl]

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INTRODUCTION

The international conference *Trauma, music and music therapy* was hosted by The Karol Szymanowski Academy of Music in Katowice, Poland on 17th - 18th April 2023. We had the honour of listening to different speakers from Europe and the United States, and in this report, we offer our perspectives drawing on our experience as delegates and members of the organising committee.

The psycho-physical consequences after the outbreak of the Covid-19 pandemic, the current armed conflicts across the world and the unpredictable economic situation in some countries are only some examples highlighting how “trauma” – the main conference theme – is highly relevant in today’s world. Focusing on trauma, music and music therapy, this two-day conference stressed the importance of expanding our knowledge about trauma.

Through the programme of presentations, workshops and discussions on the intersection of music therapy and trauma, varied perspectives were discussed such as attachment and

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developmental trauma in the context of foster care, neonatal music therapy, mother and infant bonding, family music therapy, and refugee trauma. The keynote speakers of this conference were Viggo Krüger (Norway), Christine Wilhelmsen (Norway), Eva Phan Quoc (Austria), Claire Ghetti (Norway), Simon Procter (United Kingdom), Gene Ann Behrens and Barbara Wheeler (USA). The entire conference was conducted in English. There was access to live streaming of the oral presentations. The conference had 120 international participants, including 22 online attendees in total.

Photo 1: Conference logo

THE CONFERENCE PROGRAMME

The initial day of the conference featured four sessions. To commence, attendees had the privilege of listening to keynote speakers' presentations. Gene Ann Behrens delved into the intricacies of polyvagal theory within the context of music therapy for trauma. Her thorough exploration of trauma, coupled with its correlation to the therapeutic potential of music, served as a well-considered and effective launching point for subsequent presentations at the conference. Following this, Barbara Wheeler presented her insights into trauma research in music therapy. Subsequently, Simon Procter shared his experiences working in a community mental health centre with a self-referred individual who had a traumatic childhood.

The second session commenced with a presentation by Viggo Krüger and Christine Wilhelmsen, who shared insights into their work on community music therapy with adolescents in Norway. Their emphasis lay in formally transforming challenges faced by young individuals, such as identity issues, neglect, abuse, and mental health struggles, into valuable outcomes through the process of music therapy. Ludwika Konieczna-Nowak then presented on the theme of the crucial roles trust and safety play in the therapeutic process when working with individuals who have experienced attachment trauma in the realm of music therapy. Following this, Łukasz Miga shared his experiences from the perspective of a music therapy client. The third section featured presentations on trauma among refugees, musicians, and victims of a car accident. The conference concluded with a concert featuring various musical styles performed by children, students, and the organising committee.

The second day of the conference was replete with presentations on perinatal, neonatal, and family music therapy. The first section commenced with presentations by Gene Ann Behrens, who introduced a neuro-informed approach to trauma treatment. Eva Phan Quoc explored a different trauma-sensitive approach in attachment-based music therapy, focusing on family-centered therapy and cases involving unresolved traumas of individual family members. Claire Ghetti examined the role of music therapy as a trauma-preventive measure within neonatal intensive care settings, based on the Longitudinal Study of Music Therapy's Effectiveness for Premature Infants and their Caregivers (LongSTEP). The second section seamlessly transitioned through presentations on music therapy among premature infants and their families, perinatal trauma, and ways of providing music therapy support in settings that enabled and nurtured female communities after many traumatic life situations.

The conference concluded with three simultaneous workshops: 1. "How to present/listen to music in a receptive way – possibilities and traps" conducted by Krzysztof Stachyra, 2. "Put down roots in your peace of mind" - an application of metaphor in art therapy in trauma-informed interventions led by Katarzyna Borkowska, and 3. Vocal and instrumental integration among participants, prepared by students.

Photo 2: Group photo (taken by Agata Sepioło Photography)

REFLECTIONS FOR THE FUTURE

The conference provided a diverse perspective on the theme of trauma, presenting the latest knowledge and practices in response to contemporary challenges such as armed conflicts, post-pandemic consequences, refugee situations, religious trauma, family dynamics, and other daily experiences. The conference provided an opportunity for reflection on the significance of being aware of neurological and biochemical changes in the body during the experience of trauma or its episodes. This awareness is crucial in the planning and execution of music therapy sessions. The importance of a strong theoretical foundation and appropriate support in addressing overlapping traumatic situations, such as war, illness, emotional difficulties, and other struggles, was emphasised.

Additionally, the conference explored how cultural and social differences among participants influence the perception of trauma itself. The concept of trauma is not reserved only for serious life-threatening situations; it can affect any individual regardless of their age or circumstances.

The evening concert was a unique experience where we could come together through music. The words from John Lennon's "Imagine" song were particularly meaningful, as the entire audience sang, "and the world be as one." The song is a symbolic international call for peace, especially when thinking about current armed conflicts.

According to the reflection of the organising committee and discussions with participants, for future conferences, it might be a good idea to consider introducing changes to the conference structure, such as allocating more time for questions and discussions, and organising roundtables with similar thematic fields, because they were not included in the conference program.

The conference highlighted the importance of awareness that every music therapist encounters trauma in various circumstances and with different clients. We would like to express our joy at participating in the conference, and we hope that we will have an opportunity to meet again in Katowice in a similar or even larger gathering.

Photo 3: A few frames from the conference's concert (taken by Agata Sepioło Photography)

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