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Editorial team

Contents | Περιεχόμενα

EDITORIAL | ΣΗΜΕΙΩΜΑ ΣΥΝΤΑΞΗΣ

ARTICLES

BOOK REVIEWS

CONFERENCE REPORTS

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EDITORIAL

Playing marbles, playing music

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While keeping an eye on their family's sheep and alpacas, Aymara boys in the Peruvian Andes play marbles. In their game they need to shoot the marbles over rocks and twigs and through clumps of grass as they aim for a row of small holes they have dug into the ground. The appeal of the game lies in how these rocks, twigs, clumps and holes acts as agents, and in where the marbles will be diverted to. Through this example, Smith (2017) highlights how it is not simply the case that children play with material toys. Toys – including the surface of the ground – also play with children.

The current issue of *Approaches* contains articles stretching from music-making programmes to music therapy with groups, individuals, couples, and families, in diverse contexts such as a prison, community settings, an inpatient psychiatric care facility, private practice, and an arts therapies organisation. Rich in their own right, each of these papers also dialogue with one another. Holding in mind the story of the Peruvian boys and their marbles, we might hear a strand of dialogue emerging in relation to various notions of agency. These notions feed into wider debates about who (or what) the players are when music therapy "works." Is the music therapist offering an "intervention" or "treatment"? What is role of the client and of musicking in the therapeutic outcome? What is the impact of the interrelations between therapist, client and music? What is the influence of the situated nature of the therapeutic encounter, including its sociocultural context? Alongside these considerations, further questions emerge about how music therapy works (including its spatial and temporal elements – the 'where' and 'when') and, indeed, about what we actually mean by saying music therapy "works."

Individualistic notions of agency champion lone individuals as holding within themselves the capacity to be actors. From this perspective, people are agents when they choose one course of action over another in order to produce a particular effect (Archer, 2003; Giddens, 1984). Various alternative perspectives are available however, some of which have long existed within indigenous knowledge systems (Enfield, 2017) and others that have more recently been integrated within Western critiques of individualised agency. Writing within relational sociology, Burkitt argues that people produce certain

effects on each other and in the world "through their relational connections and joint actions, whether or not those effects are reflexively produced. In this relational understanding of agency, individuals are to be thought of as 'interactants' rather than as singular agents or actors" (Burkitt, 2016, p. 323). Furthermore, from the perspective of new materialism, the capacity for agency emerges within the intra-action between human and non-human elements (McPhie, 2019). Such notions of distributed agency have informed and continue to inform understandings of music therapy as a situated relational encounter where therapeutic musicking is co-created by human and non-human elements that are reciprocally formed through assemblages of people, places, bodies, musical instruments, institutions, policies, technologies, ideas, and so on. Ansdell (2014), for example, has promoted the concept of musical ecology taking into account the place, time, and people who use certain things, are involved in certain relationships, and who are all becoming part of the music therapy action. Similarly, Flower (2019) has used Ingold's notion of meshwork to unpack how expertise is formed and enacted in music therapy along the interweaving trails of people, things, and places. In her research work, she endeavoured to navigate "through the 'unevenness' of the territory to not only trace the people, places, and activities through which music therapy's work is achieved, but also to unpick, if possible, the meshwork within which they interweave" (Flower, 2019, p. 155).

Instead of wondering whether it is the music therapist, the client, or the music that is doing the work, or how to balance the weight of each element most appropriately in the service of therapeutic outcomes, we could look at what is happening in the flow *between* such agents. Rather than limiting ourselves to asking only how, or where, or when, or with what, or why music therapy works, we could think with and play with how these facets come about through their intra- and inter-action. As you read this journal edition, we invite you to hold these considerations in mind.

In this issue, Helen Odell-Miller, Jodie Bloska, Clara Browning and Niels Hannibal focus on the process and experience of change in the self-perception of women prisoners attending music therapy sessions in the UK. In this mixed-methods exploratory study, which is based on the doctoral research of the late Helen Leith, we see how agency was distributed (through participants, the music therapist, the song-writing process, entry points into other programmes required for resettlement, to name a few elements) within a care ecology that generated participants' self-confidence. In a pilot case study, Peter McNamara, Ruyu Wang and Hilary Moss focus on the potential of music therapy to promote positive communication and emotional change for couples. By describing the shared musical space that was created in music therapy with a married couple in Ireland, their study shows how the intermingling of the music therapist, the couple, their memories, the song-writing process, the improvisation and the therapy room formed a care collective that could shift awkward interaction into expressive playfulness and a sense of shared agency. In her article, Rachel Swanick explores the impact of trauma on cognitive development in relation to music therapy with children and families. She argues that an important part of the therapist's role is to reflect on *why* their work can be effective and on what they do *together* with the client that helps. This points to an exploration of the factors of effective therapy, and Swanick proposes a pilot project using the Swanick-Chroma Assessment of Supportive Factors (SCAF) questionnaire, which is based on Lambert's four main factors of effective therapy: relationship/alliance, client characteristics, model of therapy, and expectancy. Kevin Kirkland and Samuel King write about a music therapy process-oriented intervention for adults who live with concurrent disorders. Drawing on their work in Canada with a group called 'Rap and Recovery', they

explore how rap-based music therapy can create a dynamic space for clients and therapists to "question individual and collective commitments, relationships, and identities in attempts to rethink and re-engage understandings of health and wellness" (p. 70). They outline the intermingling of rap as a catalyst for social reform, the organisational context of the authors' work, discourses of recovery, people's own complex histories of wellbeing and struggle, and their sharing of life stories in music therapy. The emerging sense of distributed agency that could come about in this music therapy care collective is linked to participants' sense of community, personal autonomy, and well-being. Lastly, Katrina Skewes McFerran and Jessica Higgins explore the *Just Brass* music programme for young people in Australia. With a focus on the role of leadership and facilitation in fostering connectedness and development, the authors interviewed a group of young leaders who had been involved in the programme. The findings show the interconnection between musicianship and wellbeing. The authors challenge methodological assumptions that tend to separate out the influence of leadership from the effect of the music in order to prove the wellbeing benefits of music.

Overall, the contents of this issue – taken together with the book reviews and conference reports – offer varied perspectives and questions promoting further our understanding of the human-nonhuman intertwining in music and wellbeing practices. In the opening story, the nature and purpose of the Peruvian boys' marble game comes about through an assemblage. Indeed, the marbles (and rocks and twigs, grass and holes) play with the boys as they play with these objects and with each other. By acknowledging joint action, distributed agency and the liveliness of matter (Bennett, 2010), we can open a space for the *between* in our work.

Closing this editorial, we warmly welcome Lucy Bolger from University of Melbourne, Australia who recently joined our team as associate editor of *Approaches*. Lucy's music therapy work with marginalised communities in Australia, Bangladesh and India, and her research interest in how the intersections of power and privilege influence people's understanding and access to music therapy (Bolger, 2015; Bolger et al., 2018) resonate with the ethos of *Approaches* and can offer another lens for engaging with notions of agency as these emerge in this issue.

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ΣΗΜΕΙΩΜΑ ΣΥΝΤΑΞΗΣ

Παίζοντας βόλους, παίζοντας μουσική

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Προσέχοντας παράλληλα τα πρόβατα και τα αλπακά της οικογένειάς τους, τα αγόρια της φυλής Αϊμάρα στις Περουβιανές Άνδεις παίζουν βόλους. Στο παιχνίδι τους πρέπει να χτυπήσουν τους βόλους πάνω από πέτρες και κλαδάκια και ανάμεσα από συστάδες χόρτων καθώς στοχεύουν μια σειρά από μικρές τρύπες που έχουν σκάψει στο έδαφος. Η γοητεία του παιχνιδιού έγκειται στο πώς αυτές οι πέτρες, τα κλαδάκια, οι συστάδες των χόρτων και οι τρύπες δρουν ως παράγοντες, αλλά και στο πού θα εκτραπούν οι βόλοι. Μέσα από αυτό το παράδειγμα, ο Smith (2017) τονίζει πως δεν είναι απλά ότι τα παιδιά παίζουν με τα υλικά παιχνίδια. Τα παιχνίδια – συμπεριλαμβανομένης της επιφάνειας του εδάφους – παίζουν επίσης με τα παιδιά.

Το παρόν τεύχος του *Approaches* περιέχει άρθρα που εκτείνονται από προγράμματα μουσικής δημιουργίας έως μουσικοθεραπεία με ομάδες, άτομα, ζευγάρια και οικογένειες, σε ποικίλα πλαίσια όπως μια φυλακή, κοινοτικά πλαίσια, μια μονάδα ενδονοσοκομειακής ψυχιατρικής περίθαλψης, έναν ιδιωτικό φορέα και έναν οργανισμό για τις θεραπείες μέσω τεχνών. Πλούσιο από μόνο του, κάθε ένα από αυτά τα άρθρα συνδιαλέγεται επίσης με τα υπόλοιπα. Κρατώντας κατά νου την ιστορία των Περουβιανών αγοριών και των βόλων τους, ίσως να ακούσουμε μια πτυχή διαλόγου να αναδύεται σε συνάρτηση με διαφορετικές έννοιες της αυτενέργειας (agency). Αυτές οι έννοιες τροφοδοτούν ευρύτερες συζητήσεις σχετικά με το ποιοι (ή τι) είναι οι παίχτες όταν η μουσικοθεραπεία «δουλεύει». Κάνει ο μουσικοθεραπευτής μια «παρέμβαση» ή «αγωγή»; Ποιος είναι ο ρόλος του πελάτη και της μουσικοτροπίας στο θεραπευτικό αποτέλεσμα; Ποιος είναι ο αντίκτυπος των αλληλεξαρτήσεων μεταξύ θεραπευτή, πελάτη και μουσικής; Ποια είναι η επίδραση της πλαισιωμένης φύσης της θεραπευτικής συνάντησης, συμπεριλαμβανομένου του κοινωνικοπολιτισμικού της πλαισίου; Παράλληλα με αυτές τις σκέψεις, προκύπτουν περαιτέρω ερωτήματα σχετικά με το πώς δουλεύει η μουσικοθεραπεία (συμπεριλαμβανομένων των χωρικών και των χρονικών στοιχείων της – «πού» και «πότε») και, μάλιστα, σχετικά με το τι όντως εννοούμε όταν λέμε ότι η μουσικοθεραπεία «δουλεύει».

Ατομικιστικές έννοιες της αυτενέργειας υπερασπίζονται ότι τα άτομα από μόνα τους έχουν εντός τους την ικανότητα να είναι δρώντες (actors). Σύμφωνα με αυτή την προοπτική, οι άνθρωποι είναι παράγοντες (agents) όταν επιλέγουν μια πορεία δράσης έναντι μιας άλλης, προκειμένου να παράγουν ένα συγκεκριμένο αποτέλεσμα (Archer, 2003· Giddens, 1984). Ωστόσο, υπάρχουν διάφορες εναλλακτικές προοπτικές, ορισμένες από τις οποίες έχουν υπάρξει εδώ και πολύ καιρό στα συστήματα γνώσης των ιθαγενών (Enfield, 2017) και άλλες οι οποίες έχουν ενταχθεί πιο πρόσφατα στο πλαίσιο των Δυτικών κριτικών προς την εξατομικευμένη αυτενέργεια. Γράφοντας στο πλαίσιο της σχεσιακής κοινωνιολογίας, ο Burkitt υποστηρίζει ότι οι άνθρωποι προκαλούν ορισμένες επιδράσεις μεταξύ τους και στον κόσμο μέσω των σχεσιακών τους συνδέσεων και των κοινών τους δράσεων, ανεξάρτητα από το εάν αυτές οι επιδράσεις παράγονται ανακλαστικά. Σε αυτή τη σχεσιακή κατανόηση της αυτενέργειας, τα άτομα πρέπει να θεωρούνται ως «αλληλοδρώντες» και όχι ως ατομικοί παράγοντες ή δρώντες (Burkitt, 2016, σ. 323). Επιπλέον, από την προοπτική του νέου υλισμού, η ικανότητα για αυτενέργεια αναδύεται στο πλαίσιο της ενδο-δράσης μεταξύ ανθρώπινων και μη ανθρώπινων στοιχείων (McPhie, 2019). Τέτοιες έννοιες της κατανεμημένης αυτενέργειας έχουν ενημερώσει και συνεχίζουν να ενημερώνουν κατανοήσεις της μουσικοθεραπείας ως μια πλαισιωμένη σχεσιακή συνάντηση όπου η θεραπευτική μουσικοτροπία συν-δημιουργείται από ανθρώπινα και μη ανθρώπινα στοιχεία τα οποία διαμορφώνονται αμοιβαία μέσω συναθροίσεων ανθρώπων, τόπων, σωμάτων, μουσικών οργάνων, θεσμών, πολιτικών, τεχνολογιών, ιδεών και ούτω καθεξής. Ο Ansdell (2014), για παράδειγμα, έχει προωθήσει την έννοια της μουσικής οικολογίας λαμβάνοντας υπόψη τον τόπο, το χρόνο και τους ανθρώπους που χρησιμοποιούν συγκεκριμένα πράγματα, εμπλέκονται σε συγκεκριμένες σχέσεις και που γίνονται όλοι μέρος της μουσικοθεραπευτικής δράσης. Ομοίως, η Flower (2019) χρησιμοποίησε την έννοια του Ingold για το πλέγμα (meshwork) ώστε να ξεδιπλώσει το πώς η εμπειρογνωμοσύνη διαμορφώνεται και διαδραματίζεται κατά μήκος των αλληλοσυνδεόμενων διαδρομών ανθρώπων, πραγμάτων και τόπων. Στο ερευνητικό της έργο, προσπάθησε να πλοηγήσει μέσα από την «ανομοιομορφία» του εδάφους όχι μόνο για να ιχνηλατήσει τους ανθρώπους, τους τόπους και τις δραστηριότητες μέσω των οποίων επιτυγχάνεται η δουλειά της μουσικοθεραπείας, αλλά και για να ξεδιαλύνει, αν είναι εφικτό, το πλέγμα εντός του οποίου διασυνδέονται (Flower, 2019, σ. 155).

Αντί να αναρωτιόμαστε αν είναι ο μουσικοθεραπευτής, ο πελάτης ή η μουσική που κάνει τη δουλειά, ή το πώς να εξισορροπήσουμε τη σημασία του κάθε στοιχείου πιο κατάλληλα στην υπηρεσία των θεραπευτικών αποτελεσμάτων, θα μπορούσαμε να δούμε τι συμβαίνει στη ροή *μεταξύ* τέτοιων παραγόντων. Παρά να περιοριζόμαστε στο να διερωτόμαστε μόνο πώς, ή πού, ή πότε, ή με τι, ή γιατί η μουσικοθεραπεία δουλεύει, θα μπορούσαμε να σκεφτούμε και να παίξουμε με το πώς αυτές οι όψεις προκύπτουν από την ενδο-δράση τους και τη δια-δράση τους. Καθώς διαβάζετε την παρούσα έκδοση του περιοδικού, σας προσκαλούμε να κρατήσετε αυτές τις σκέψεις κατά νου.

Σε αυτό το τεύχος, οι Helen Odell-Miller, Jodie Bloska, Clara Browning και Niels Hannibal εστιάζουν στη διαδικασία και την εμπειρία της αλλαγής στην αυτοαντίληψη φυλακισμένων γυναικών που παρακολουθούν μουσικοθεραπευτικές συνεδρίες στο Ηνωμένο Βασίλειο. Σε αυτή τη διερευνητική μελέτη μικτών μεθόδων, η οποία βασίζεται στη διδακτορική έρευνα της αείμνηστης Helen Leith, βλέπουμε πώς η αυτενέργεια διανεμήθηκε (μέσω των συμμετεχόντων,

της μουσικοθεραπεύτριας, της διαδικασίας συγγραφής τραγουδιών, των σημείων εισόδου των κρατούμενων σε άλλα προγράμματα που απαιτούνται για την επανεγκατάστασή τους, για να αναφέρουμε μερικά στοιχεία) μέσα σε μια οικολογία φροντίδας που γέννησε την αυτοπεποίθηση των συμμετεχόντων. Σε μια πιλοτική μελέτη περίπτωσης, οι Peter McNamara, Ruyu Wang και Hilary Moss επικεντρώνονται στο δυνητικό ρόλο της μουσικοθεραπείας να προάγει θετική επικοινωνία και συναισθηματική αλλαγή σε ζευγάρια. Περιγράφοντας τον κοινό μουσικό χώρο που δημιουργήθηκε στη μουσικοθεραπεία με ένα παντρεμένο ζευγάρι στην Ιρλανδία, η μελέτη τους δείχνει πώς το μείγμα του μουσικοθεραπευτή, του ζευγαριού, των αναμνήσεών τους, της διαδικασίας συγγραφής τραγουδιών, του αυτοσχεδιασμού, και του δωμάτιου θεραπείας σχημάτισε μια συλλογικότητα φροντίδας που μπορούσε να μετατοπίσει την αμήχανη αλληλεπίδραση σε εκφραστική αίσθηση παιχνιδιού και μια αίσθηση επιμερισμένης αυτενέργειας. Στο άρθρο της, η Rachel Swanick διερευνά τις επιπτώσεις του τραύματος στη γνωστική ανάπτυξη σε σχέση με τη μουσικοθεραπεία με παιδιά και οικογένειες. Υποστηρίζει ότι ένα σημαντικό μέρος του ρόλου του θεραπευτή είναι να αναλογιστεί *γιατί* η δουλειά τους μπορεί να είναι αποτελεσματική και τι κάνουν *μαζί* με τον πελάτη που είναι βοηθητικό. Αυτό οδηγεί σε μια διερεύνηση των παραγόντων της αποτελεσματικής θεραπείας, και η Swanick προτείνει ένα πιλοτικό πρόγραμμα χρησιμοποιώντας το ερωτηματολόγιο Swanick-Chroma Assessment of Supportive Factors (SCAF), το οποίο βασίζεται στους τέσσερις κύριους παράγοντες αποτελεσματικής θεραπείας του Lambert: τη σχέση/συμμαχία, τα χαρακτηριστικά του πελάτη, το μοντέλο θεραπείας και την προσδοκία. Οι Kevin Kirkland και Samuel King γράφουν για μια μουσικοθεραπευτική παρέμβαση προσανατολισμένη στη διαδικασία για ενήλικες που ζουν με συντρέχουσες διαταραχές. Αντλώντας από τη δουλειά τους στον Καναδά με μια ομάδα που ονομάζεται «Ραπ και Αποκατάσταση», διερευνούν πώς η μουσικοθεραπεία που βασίζεται στη μουσική ραπ μπορεί να δημιουργήσει έναν δυναμικό χώρο για τους πελάτες και τους θεραπευτές όπου μπορούν να αμφισβητήσουν τις ατομικές και συλλογικές τους δεσμεύσεις, τις σχέσεις και τις ταυτότητες επιχειρώντας να ξανασκεφτούν και να επανεξετάσουν κατανοήσεις της υγείας και της ευεξίας (σ. 70). Περιγράφουν την ανάμειξη διαφόρων στοιχείων – της ραπ ως καταλύτη για κοινωνική μεταρρύθμιση, του οργανωτικού πλαισίου του έργου των συγγραφέων, των διαλόγων σχετικά με την αποκατάσταση, των σύνθετων ιστοριών ευεξίας και αγώνα των ανθρώπων, και το μοίρασμα ιστοριών ζωής στη μουσικοθεραπεία. Η αναδυόμενη αίσθηση της κατανεμημένης αυτενέργειας που θα μπορούσε να προκύψει σε αυτή τη συλλογικότητα μουσικοθεραπευτικής φροντίδας συνδέεται με την αίσθηση της κοινότητας, της προσωπικής αυτονομίας και της ευεξίας των συμμετεχόντων. Τέλος, οι Katrina Skewes McFerran and Jessica Higgins εξερευνούν το μουσικό πρόγραμμα Just Brass για νέους στην Αυστραλία. Με έμφαση στο ρόλο της ηγεσίας και της διευκόλυνσης στην προώθηση της συνδετικότητας και της ανάπτυξης, οι συγγραφείς έκαναν συνεντεύξεις με μια ομάδα νέων ηγετών που είχαν συμμετάσχει στο πρόγραμμα. Τα ευρήματα δείχνουν τη διασύνδεση μεταξύ μουσικότητας και ευημερίας. Οι συγγραφείς αμφισβητούν μεθοδολογικές υποθέσεις που τείνουν να διαχωρίζουν την επιρροή της ηγεσίας από την επίδραση της μουσικής, προκειμένου να αποδείξουν τα οφέλη της μουσικής στην ευεξία.

Συνολικά, τα περιεχόμενα αυτού του τεύχους – μαζί με τις βιβλιοκριτικές και τις αναφορές από συνέδρια – προσφέρουν ποικιλόμορφες προοπτικές και ερωτήματα προωθώντας περαιτέρω την κατανόησή μας για την ανθρώπινη-μη ανθρώπινη συνύφανση στις πρακτικές μουσικής και

ευεξίας. Στην εναρκτήρια ιστορία, η φύση και ο σκοπός του παιχνιδιού των αγοριών προκύπτει από μια συνάθροιση. Πράγματι, οι βόλοι (και οι πέτρες και τα κλαδάκια, τα χόρτα και οι τρύπες) παίζουν με τα αγόρια καθώς τα ίδια παίζουν με αυτά τα αντικείμενα, αλλά και μεταξύ τους. Αναγνωρίζοντας την κοινή δράση, την κατανεμημένη αυτενέργεια και τη ζωντάνια της ύλης (Bennett, 2010) μπορούμε να ανοίξουμε ένα χώρο για το *μεταξύ* στο έργο μας.

Κλείνοντας αυτό το σημείωμα σύνταξης, καλωσορίζουμε θερμά τη Lucy Bolger από το Πανεπιστήμιο της Μελβούρνης στην Αυστραλία, η οποία εντάχθηκε πρόσφατα στην ομάδα μας ως αναπληρώτρια συντάκτρια του *Approaches*. Το μουσικοθεραπευτικό έργο της Lucy με περιθωριοποιημένες κοινότητες στην Αυστραλία, το Μπαγκλαντές και την Ινδία, και το ερευνητικό της ενδιαφέρον για το πώς οι διασταυρώσεις δύναμης και προνομίων επηρεάζουν την κατανόηση και την πρόσβαση των ανθρώπων στη μουσικοθεραπεία (Bolger, 2015· Bolger et al., 2018) αντηχούν με το ήθος του *Approaches* και μπορούν να προσφέρουν έναν άλλο φακό κατανόησης των εννοιών αυτενέργειας, όπως αυτές προκύπτουν σε αυτό το τεύχος.

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ARTICLE

Process and experience of change in the self-perception of women prisoners attending music therapy: The qualitative results of a mixed-methods exploratory study

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ABSTRACT

Women form a minority (4.8%) in the UK prison system, which is predominantly designed for men. A high number of women prisoners bring experiences of trauma and abuse with them into the system. The incidence of mental health problems is inordinately high compared to the general population. Whilst an increasing number of UK music therapists work in forensic psychiatry, providing treatment for mental disordered offenders, there is a dearth of music therapists working in UK prisons. There is correspondingly little research into music therapy and women prisoners.

The current article presents the qualitative results of a mixed-methods doctoral study carried out by Dr Helen Leith (2014). Using qualitative data, the study investigates whether there is a change in the self-perception of women prisoners attending music therapy and whether, if this is the case, they show an improved ability to engage with prison resettlement interventions. Findings for 10 participants indicated that women prisoners attending music therapy experience a change in self-perception and engagement in music therapy translated into behavioural change outside the music therapy room. Through adaptive interpretative phenomenological analysis of semi-structured interviews, themes indicated that participants showed an increase in self-confidence, self-esteem, self-efficacy, achievement motivation and a number of other areas relevant to successful resettlement. There was a reduction in the number of self-harm or behavioural incidences and attendance of other programmes improved.

For severely disaffected prisoners, music therapy provided an appealing and motivating intervention, which served as an entry point to other programmes required for resettlement. Women prisoners not only showed an enhanced ability to attend the programmes required for their successful resettlement; music therapy created aspirations, which is of significance to downstream outcomes.

KEYWORDS

forensic music therapy, women prisoners, self-perception, song-writing

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AUTHOR BIOGRAPHIES

The late **Helen Leith** was born in 1958. She studied bassoon and piano at the Musikhochschule Detmold, Germany. She later worked as a youth worker with young German women in France and Great Britain. For 25 years, Helen was a nun in a residential order in London. In 2005, Leith gained her Master in Music Therapy at Nordoff Robbins, London. She worked with women prisoners, from 2008 until her illness took hold, as project manager and delivering music therapist of a 'through-the-gate' music therapy project working with female offenders on their pathway through prison and back in to the community. In 2010, she was awarded a Mobility Fellowship by Aalborg University to undertake doctoral research, the qualitative results of which are reported in this article. Sadly, Leith died in 2014, shortly after having delivered her public PhD defence in Cambridge. In a tribute to Leith, it was written that there is 'no doubt that Helen has made an enormous impact on the prison [in which this research is based], not only in her music therapy work in the room with women, but also within the prison itself'. **Helen Odell-Miller** OBE is Director and Founder of The Cambridge Institute for Music Therapy Research at Anglia Ruskin University, Cambridge, UK. She undertook her PhD at Aalborg University, Denmark, and previously gained an MPhil from City University, in 1988. She trained as a Music Therapist at the Guildhall School of Music and Drama in 1976 and was a supervisor for Dr Helen Leith's PhD. [helen.odell-miller@anglia.ac.uk] **Jodie Bloska** is a Music Therapist and Clinical Research Fellow at The Cambridge Institute for Music Therapy Research. She studied Music Cognition and Psychology at McMaster University in Canada, where she obtained her BMus, before completing her MA in Music Therapy at Anglia Ruskin University in 2015. [jodie.bloska@anglia.ac.uk] **Clara Browning** is a Music Therapist working for Methodist Homes (MHA) and a special needs school in Cambridgeshire. She was previously a music therapy research assistant at Anglia Ruskin University, when she contributed to the work of this article. She studied Music at the University of Durham and completed her Masters in Music Therapy in 2017. [clara.browning@mha.org.uk] **Niels Hannibal** was born in 1960 in Copenhagen, Denmark. He graduated as a Music Therapist from Aalborg University in 1994 and defended his PhD in the same place in 2001. He is an Associate Professor in Music Therapy at Aalborg University, and was supervisor for Dr Helen Leith during her PhD research. Since 1995, he has worked as a Music Therapist in psychiatry, which is also his primary area of research. [hannibal@hum.aau.dk]

Note by the first author: This article is based entirely on the original research undertaken by Helen Leith, as published in her PhD, and summarises the study in article form. The authors for this article have had different roles in relation to the original manuscript and the subsequent writing of the article. Helen Odell-Miller and Niels Hannibal were supervisors for Leith's PhD research and as such helped Leith throughout the whole research process. In that sense, we both feel ownership to Leith's work, and we are both proud and honoured to be associated with this research. In order to give Leith's 'voice' we have kept to the original text as far as possible. Jodie Bloska and Clara Browning, who have assisted with the manuscript, are from Anglia Ruskin University. The article has added material to the original text and incorporated our views and reflections in order to present the unique work Leith carried out prior to her death in 2014.[1] Leith was aware we would eventually publish some of her work, but she could not be listed as an author as, sadly, we had not started writing the article before she died. I am grateful to Niels Hannibal, the other supervisor of her PhD at Aalborg University, and to Jodie Bloska and Clara Browning from Anglia Ruskin University – where Leith's mobility PhD Fellowship was also based in the UK – who assisted with the manuscript. Leith's full thesis is freely accessible through Aalborg University (see Leith, 2014).

INTRODUCTION

Women form a minority (4.8%) in the UK prison system (Prison Reform Trust, 2013), which is predominantly designed for men (Caulfield, 2010; National Offender Management Service, 2012; Smee, 2009; van den Bergh, Gatherer, Fraser & Moller, 2011; Corston, 2007). The proportion of mental health problems in these women is inordinately high compared to the general population: 78% female prisoners in the UK show signs of psychological disturbance, compared with 15% in the general adult female population (Plugge, Douglas & Fitzpatrick, 2006). Despite evidence for necessary therapeutic input (Corston, 2007), the specific needs of women, which differ considerably from those of men (Howard, Clark & Garnham, 2006; National Offender Management Service, 2012), continue to be neglected within the prison system.

[1] See Atkinson et al. (2015) for a tribute to Helen Leith.

A previous study carried out in London by Helen Leith and Mercedes Pavlicevic (Nordoff Robbins Research Department, 2009, 2010) evaluated music therapy input targeting female (ex-) offenders with emotional, psychological, mental health and/or substance misuse issues. The treatment programme offered music-therapeutic support to women who were struggling to engage with prison life and the resettlement process. It aimed to work with them during their passage through prison, helping to support attitudinal change, and to encourage a readiness to engage with the resettlement pathway interventions[2] on offer within the prison. For those women released from prison, the project offered continued support, helping the women through the challenging transition from prison to outside life. Building on the capacity music has to touch upon both 'inner' and 'social' processes (Dickerson, 1982; Odell-Miller, 1995; Pickett, 1976), community music activities were used to help forge relationships between individuals and communities (Wood, 2006; Wood, Verney & Atkinson, 2004), thus promoting social inclusion. Overall, the major needs for the women seemed to be addressing psychological issues and self-esteem, reducing self-harm and enabling rehabilitation and resettlement.

The current article presents the qualitative results of a mixed-methods doctoral study undertaken by the late Dr Helen Leith (2014), which explored the process and experience of change in the self-perception of women prisoners attending music therapy. Dr Leith's results are outlined here by her doctoral supervisors, who supported her throughout the research process, and two research assistants who assisted with the manuscript. The authors' choice to report the qualitative results from Leith's study is based on her own emphasis on the interview data she collected, which was the primary focus of the research, where the quantitative data played a supplementary role. The authors present an abridged version of Leith's doctoral thesis, where her own words are presented with limited additional inclusions or alterations.

Leith's (2014) doctoral thesis focused upon music therapy as a unique treatment modality – active and perceptive simultaneously (Aldridge, 1996) – with a capacity to bypass verbal processing, directly access emotional components of self (Magee, 2002), allow issues to emerge in a non-threatening way (Allen, 2010) and embody concepts of self (Magee, 1999). Self-concept has been the focus of numerous music therapy studies with a wide range of client groups (Ahmadi, 2011; Aldridge, 1995; Aldridge, Schmid, Kaeder, Schmidt & Sawyer, 2005; Bensimon & Gilboa, 2010; Chambers, 2008; Colwell, Davis & Schroeder, 2005; Johnson, 1981; Magee, 1999; 2002; Magee & Davidson, 2004; McFerran, Baker, Patton & Sawyer, 2006). However, at the time of Leith's research, the issue of self-concept within music therapy sessions for incarcerated women was a novel topic. This is an important area of exploration considering 53% of women in the criminal justice system report having experienced emotional, physical or sexual abuse as a child, and over 50% have been victims of domestic violence (Prison Reform Trust, 2010; 2013; National Offender Management Service, 2012; Smee, 2009). Such experiences can have a profound influence on an individual's self-concept; identity can become a central issue for people affected by trauma, adverse life events or a life

[2] 'Resettlement pathway interventions' refers to the UK government's strategy for facilitating the resettlement of prisoners. It consists of seven 'pathways' or areas where intervention may be required (accommodation; education, training & employment; health; drugs & alcohol; finance, benefit & debt; children & families; attitudes, thinking & behaviour). It takes gender differences in to account by adding two further 'pathways' for women prisoners (support for women prisoners who have been abused, raped or who have experienced domestic violence; support for women prisoners who have been involved in prostitution) (HM Prison Service, 2006)

situation in which they experience themselves as labelled or stigmatised (e.g., 'offender') (Chambers, 2008).

In music therapy and psychology literature, the term self-perception is often used interchangeably with a number of synonyms (e.g., self-concept, self-image, self-identity, self-schema, etc.). Exploration of literature and consideration of the best approach to take resulted in Leith (2014, p. 51) defining self-perception as:

> An internal representation of the self (Princeton University, 2008) which can be formed as an understanding, a sense, an impression, a feeling, a notion, a recognition, an apprehension. (Collins English Dictionary and Thesaurus, 2000)

Leith (2014, pp.28-40) undertook a comprehensive literature review, covering three demographics of female prisoners: prison, forensic psychiatry, and juvenile offenders/at-risk youth. She was able to conclude that, within these three demographics, music therapy can contribute to development in the following areas:

- Interpersonal skills and relationships
- Personal development
- Sense of identity
- Emotional regulation and coping skills
- Alleviation of psychiatric symptoms
- Connection with reality in the here and now
- Insight
- Locus of control

Music therapy in correctional and forensic psychiatry has been seen to alleviate symptoms of mental illness (Codding, 2002). This is in line with findings from research in general psychiatry (Gold, Heldal, Dahle & Wigram, 2005; Gold, Solli, Krüger & Lie, 2009), where music therapy has been seen to have the capacity to enhance functioning, reduce disability effects of mental illness and decrease the number and length of depressive episodes. It is also considered to provide valuable links to reality, where the concrete medium of physically playing an instrument may help establish links between an internal (delusional) reality and the external reality of the music therapy session (Loth, 1994), thus addressing a pressing need for mentally ill forensic patients to find ties with reality (Thaut, 1987). The physical, mental and emotional control required to participate in improvisatory drumming, for example, has appeared to foster awareness of negative emotions (Fulford, 2002b; Watson, 2002), opening up opportunities for work on anger management issues using a structured behavioural approach (Hakvoort, 2002).

Music therapy has been found to facilitate the reduction of stress and anxiety, allow for the constructive release of emotions and target realistic, time-limited goals (Gallagher & Steele, 2002; Loth, 1996; Thaut, 1989). For mentally ill offenders with limited insight and verbal capacity, it can offer a non-verbal means of self-expression and allows a space to reflect on interpersonal behaviour, acknowledge negative feedback and gain insight into learned patterns of behaviour (Cohen, 1987; Smeijsters et al., 2011). Music therapy sessions could challenge a prisoner's sense of identity

(O'Grady, 2009) and facilitate the search for positive alternative self-concepts (Hoskyns, 1995), as it can offer an experimental play space where learned patterns of behaviour can be explored and new ways of functioning can be experimented with. Chambers (2008) discusses the development and maintenance of a self-identity that is personally acceptable as a "mega-conflict" (p.356) for those living within the cultural constraints of an institutional life. The author found that the use of pre-composed songs in music therapy contributed towards the resolution of this conflict, by facilitating the creation of an alternative identity so that the individual was no longer solely defined by their label of mentally disordered offender.

Within the general prison population, music therapy has been found to create a bridge between subjective and objective thought processes (O'Grady, 2009), help prisoners express and process the feelings aroused by the frustrating 'here and now' of prison life (Daveson & Edwards, 2001) and move beyond the narrow constraints it imposes (O'Grady, 2009). It has also helped to create and nurture links between life 'inside' prison and life 'outside', particularly when a resulting product (e.g., in the form of a performance) could be shared with family and friends. However, the reality of 'outside' was also related with the often conflicted and painful reality of an individual's past before sentencing (Daveson & Edwards, 2001). The capacity to make these links is associated with the ability to self-reflect; the music therapy sessions enhanced the capacity to self-reflect on personal coping mechanisms, behavioural problems and the individual's index offence. Furthermore, reflection on interpersonal behaviour can facilitate the development of social and communication skills (Skyllstad, 2009), which could potentially have a beneficial impact on relationships.

Music therapy goals with young offenders and youth-at-risk shares the aims and objectives of music therapy with the adult population in both prison settings and forensic psychiatry. Music therapy has been found to provide a relaxing and playful supplement to cognitive behavioural programmes (Smeijsters et al., 2011; Wyatt, 2002). It addresses immediate issues such as accessing and expressing feelings, managing volatile emotions and decreasing hostile behaviour. However, it can also address longer-term outcomes by helping young offenders develop inner resources (Skaggs, 1997), by challenging and stimulating thought (Wyatt, 2002) and by developing pro-social skills and increasing self-esteem (Rio & Tenney, 2002).

The unique capabilities of music therapy, the high percentage of victimised women in prison and the stigma surrounding incarceration call for further research into the self-perception of women prisoners attending music therapy.

This article has been published on behalf of the late Helen Leith (the main researcher) by her supervisors, Helen Odell-Miller and Niels Hannibal, and music therapy research assistants Clara Browning and Jodie Bloska. Ethical approval was granted by Anglia Ruskin University and the National Research Ethics Service Committee East of England, Essex, in 2011.

OBJECTIVES

Given that little is understood conclusively about the gender-specific needs of women in the criminal justice system, music therapy research could offer an additional, novel lens through which to study the phenomenon. The present study investigated the process and experience of change in the self-

perception of women prisoners attending music therapy. Specifically, the research sought to answer the following questions:

1. Is there a process of change in the self-perception of women prisoners with non-psychotic mental health problems attending music therapy?
2. What is the nature of the experience of women prisoners with non-psychotic mental health problems attending music therapy, with particular reference to self-perception?

These questions sought to explore the phenomenon of change in self-perception as a dynamic process. In her full dissertation, Leith (2014) further aims to establish the effect of the process of change in self-perception on the ability to engage with prison interventions and its relation to treatment length.

Repertory Grid

As the main researcher also was the music therapist on the project, The Repertory Grid (RepGrid) Technique (Kelly, 1955) was used to elicit some of the constructs underlying her understanding of music therapy and women prisoners. The interpretation of the data produced through the RepGrid interview (see Leith, 2014, pp. 45-49) aimed to explicate some of the implicit assumptions and expectations she brought to the clinical work and research project. From the information gained from the interpretation of the data analysis, Leith (2014, p. 49) extrapolated the following:

> I see music therapy as contributing to the resettlement process of women prisoners in the areas of creative emotional self-expression, impulse control, reflexivity, self-awareness and self-agency. My assumption is that growth in the ability to self-reflect and to take responsibility for oneself and one's actions (inner locus of control) will influence the process of integrating the criminal offence. A revised perception of self, catalysed by this process, enables the individual to move on.

Study design

Leith (2014, p. 50) explained that including both qualitative and quantitative data in her study would help minimise personal bias and counterbalance strengths and weaknesses in her design. Minimising bias is, of course, an issue, given the fact she was both therapist creating the data and researcher analysing the same data. This resulted in the overall mixed-method strategy. The study followed a flexible mixed-methods study design (Robson, 2002), incorporating both qualitative and quantitative data. The data were collected concurrently, and the primary focus was on the qualitative data. This means that the analysis of interview data is the primary source, whilst questionnaires and other information had supplementary value to the overall findings and conclusions.

Retrospectively the mixed-method design showed to be an eminent choice, as Leith could use the findings to build her discussion, argumentation for her findings and her conclusion. This analysis and discussion is in the authors' view done, as can be seen further in the text, with transparency and

clarity; which shows the high standard of Leith's ability to navigate between being engaged as a therapist but also being respectful to the findings. She also illustrated how to utilise the RepGrid analysis as a means to avoid bias influencing the study in a harmful way.

METHODS

Participants

Twenty-two participants were recruited to the programme; 12 were unable to complete due to various reasons (transferred out of prison [4], mental health [1], conflicting schedules [1], unmanageable risk [2], incomplete data [1] and other unknown reasons [3]). Ten participants were therefore included in the final results (see Table 1 for details). Potential research participants either referred themselves to music therapy or were referred by key members of prison staff (ACCT Managers, Offender Managers, Healthcare staff, Personal Officers, Chaplains etc.). Recruitment was not linked to a specific diagnosis. All referrals with mental health-related problems were considered. The following prisoners were eligible for inclusion in the study:

1. Prisoners of all categories (remand, convicted, sentenced, lifers, Indeterminate Public Protection prisoners, Prolific and Priority Offenders, Restricted Status prisoners)
2. Prisoners with mental health difficulties (e.g. anxiety/mood/traumatic stress, personality and bipolar disorders, schizophrenia, depression, parasuicidal behaviour, substance misuse)
3. Prisoners showing self-isolating or challenging behaviour, and prisoners with no access to other activities due to their Restricted Status

The following prisoners were excluded from the study:

1. Prisoners suffering an acute psychotic episode, due to issues concerning informed consent and reliability of data. They were assessed for music therapy and offered a non-research place for music therapy if considered appropriate.
2. Prisoners who posed a significant risk to the researcher/research assistant, and where this risk could not be safely managed.
3. Foreign nationals who did not speak any English, due to lack of research resources to conduct interviews and measurements of foreign languages. However, those suffering from mental health problems or struggling to survive within the prison system were prioritised for a non-research place.

Music therapy sessions

This was a naturalistic study. For ethical reasons it was considered important not to impose constraints on the therapy in the form of a standardised treatment protocol. The natural course and length of therapy followed individual need. The participants attended weekly or biweekly individual music therapy sessions of 45 minutes in length. For the purposes of this study music therapy lasted

between eight sessions and 12 months. If needed, the individual could continue to attend music therapy after completing the study. Participants were encouraged to structure the sessions according to their needs. Many participants chose to start their sessions by telling the therapist how they were coping (or not) and what had been going on for them since the last session. Others were intent on losing as little time as possible to anything other than music-making. However, there was an overall trend of more talking in the early sessions and more focus on the music-making in later sessions. A number of music therapy methods were used in the sessions. The choice of content was entirely client-led and song-writing was the method most frequently chosen (see Figure 1).

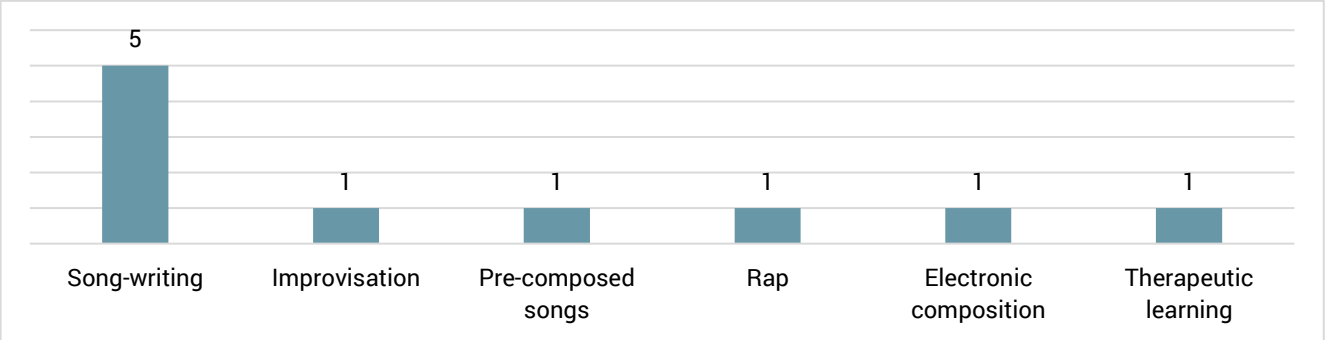

Figure 1: Clinical methods

Semi-structured interviews

Research participants took part in pre-, mid-, and post-treatment semi-structured interviews in order to capture the individual participant's experience and process in music therapy, their relationship to music, their change in self-perception and their engagement or non-engagement in prison interventions. Participants in short-term therapy, lasting 8 weeks, were interviewed pre- and post-treatment. Participants in long-term therapy were interviewed pre-treatment, at 8 weeks, and post-treatment. It was not possible to conduct a post-treatment interview with one long-term therapy participant (C), as she had been transferred to another prison establishment where there was no inter-prison video link available. However, it was possible to retain her for the research study as she had completed two interviews (pre-treatment and 8 weeks). The length of interviews varied from 16-52 minutes. Table 1 gives relevant background information on the research participants, the clinical method they engaged in and the interviews they completed.

The choice of semi-structured interviews allowed the interviewers to be guided by the interview schedule rather than constrained by it (Smith, 2003), and enabled them to probe interesting areas that emerged in conversation. Research assistants were engaged to conduct the semi-structured interviews on behalf of the researcher; this helped maintain the therapeutic boundaries, as the primary researcher was also the project music therapist, and avoid bias. Participants were interviewed by the same research assistant for all of their interviews to facilitate the building of trust and to allow for follow-up questions relating to previous interviews. The interview schedule was designed to cover the following topics linked to the research questions:

1. Music in everyday life (role, musical preferences, previous musical experience)
2. Self-description (strengths, difficulties, areas of desired change)
3. Engagement in resettlement programmes (employment, programme attendance)
4. Music therapy (expectations, fears, outcomes)

ID	Duration	Referral reasons	Clinical method	Offence	Age	Interviews
A	12 months	Isolation	Electronic composition	VATP†	30-39	PreT/8wk/PostT
B	11 months	Bereavement	Therapeutic Learning	VATP	50-59	PreT/8wk/PostT
C	10 months	Parasuicidal behaviour, isolation	Song-writing	VATP	40-49	PreT/8wk
D	9 months	Parasuicidal behaviour	Improvisation, song-writing	Drugs	30-39	PreT/8wk/PostT
E	8 sessions	Bereavement	Song-writing	Drugs	21-29	PreT/PostT
F	6 months	Parasuicidal behaviour, isolation	Singing pop songs	VATP	18-20	PreT/8wk/PostT
G	6 months	Bereavement, isolation	Song-writing	Drugs	40-49	PreT/8wk/PostT
H	8 sessions	Child adoption	Song-writing	Drugs	30-39	PreT/PostT
I	8 sessions	Relational problems	Rap	Burglary	18-20	PreT/PostT
J	4.5 months	Child adoption	Did not engage	Drugs	30-39	PreT/PostT

Table 1: Participant demographic information (Note: Participants C, D, E, F, G and J were selected for interview analysis)
†Violence Against the Person (VATP)

Questionnaires

Whilst the current article does not report the questionnaire data, it makes reference to the questionnaires in relation to the selection of semi-structured interviews for analysis. Self-report and staff observation questionnaires included:

- The Rosenberg Self-Esteem Scale (Rosenberg, 1965); a self-report scale used to measure self-esteem

- The Life Effectiveness Questionnaire (adapted to include both the YAR-PET [Youth at Risk Program Evaluation Tool] and the ROPELOC [Review of Personal Effectiveness and Locus of Control] versions) (Neill, Marsh & Richards, 2003). These provide both a self-report and staff observation scale to measure personal change in the following areas: personal abilities and beliefs, social abilities, organisation skills, active initiative/involvement, overall life effectiveness, internal/external locus of control, community engagement, communication skills, problem solving, goal setting, conflict resolution, respect and personal boundaries and self-esteem

The questionnaires were administered at baseline, session 4, session 8 and then every 8 sessions until the participant exited from the study. A final measurement when the participant exited the study completed the administration.

DATA ANALYSIS

Selection criteria

The semi-structured interview data of six participants were selected for thematic analysis (see Table 1). Adapted methods based upon Interpretative Phenomenological Analysis (IPA) (Smith, 2003) were used to analyse and interpret the data. These cases represented different treatment lengths and reflected proportionately the engagement of participants with varying music therapy methods.

The selected interviews provided four case samples of participants who engaged well with the therapeutic process (C, D, F, and G). One case (J) was selected because she had not engaged with the therapeutic process. Her attendance was poor and she consistently declined to engage with the music. One further participant (E) was chosen as she represented inconstancies or contradictions with regard to the validated self-report questionnaires also used in the study. It was considered that selecting interviews representing differing degrees of engagement and outcomes could help counteract selection bias. Common processes might be illuminated by juxtaposition (Barbour, 2001), enabling the “exception to prove the rule” (Barbour, 1999, as cited in Barbour, 2001, p. 1116). It could also provide a rich and complex picture of the phenomenon and enhance the discussion as explanations were sought for the inconsistences or contradictions (Mathison, 1988). Furthermore, it would help establish similarities and differences between research participants and could potentially give insight into optimal timing of therapy, treatment length and criteria with which to identify suitable candidates for music therapy.

Data preparation

The interview audio recordings were transcribed by an independent transcription service provided by Anglia Ruskin University in Cambridge, UK. All interviews were transcribed verbatim. Any names or identifying details, which could lead back to the individual participant, were eliminated from the text to protect participant anonymity. The researcher then compared the transcripts to the audio

recordings, completed missing words and corrected erroneous transcriptions. Paragraph numbering was inserted to facilitate the tracing of text units back to their original context.

Thematic coding

In order to guard against bias, an independent music therapist researcher was engaged to collaborate on the analysis of the semi-structured interviews. Both primary researcher and independent music therapist worked as a team. They both undertook the thematic coding of the interviews. Extensive measures were undertaken to guard against researcher bias and over-representation of the data, as member checking to ascertain the accuracy of representation of participants' thoughts was not considered viable for this study. They could also strengthen the reliability and validity of the analysis as disagreements and discussion could help refine coding frames (Barbour, 2001). Alternative interpretations offered could challenge existing ones, alerting the researcher to all potentially competing explanations (for further information, see Leith 2014, p. 92). The specific focus of the thematic coding was:

- Positive and negative self-perceptions
- Use and meaning of music in everyday life and in music therapy

Within participant analysis

Both researchers collated two tables for each participant, one for self-perceptions and one for music (see Figure 2). The codes of both researchers were discussed in the team. The primary researcher then collated the codes for each participant and ordered these according to a series of preliminary categories and subcategories. The collated tables were then sent to the independent researcher to be checked for accurate presentation of her data and feedback. The table was then revised to reflect her feedback.

Between participant analysis

Data illustrations were extracted from the individual participants' coding charts and reviewed in search of overarching categories common to some or all participants. Existing codes and categories were excluded to allow a fresh analysis of the data. The data illustrations were glued together in two large, separate charts (music and self-perception) following the low-tech 'long table approach' (see Leith, 2014, p. 83, Figure 4-7). If data illustrations were equally valid for more than one coding option, they were added by hand to the second option. This helped draw attention to potential links between codes. Data illustrations concerning music were divided into statements regarding the use of music in everyday life and the use of music in music therapy sessions. With regard to the self-perception chart, data illustrations which belonged to the same category and which seemed indicative of change in the way individuals talked about themselves were grouped according to interview (pre-treatment, eight weeks or post-treatment) (see Figure 2).

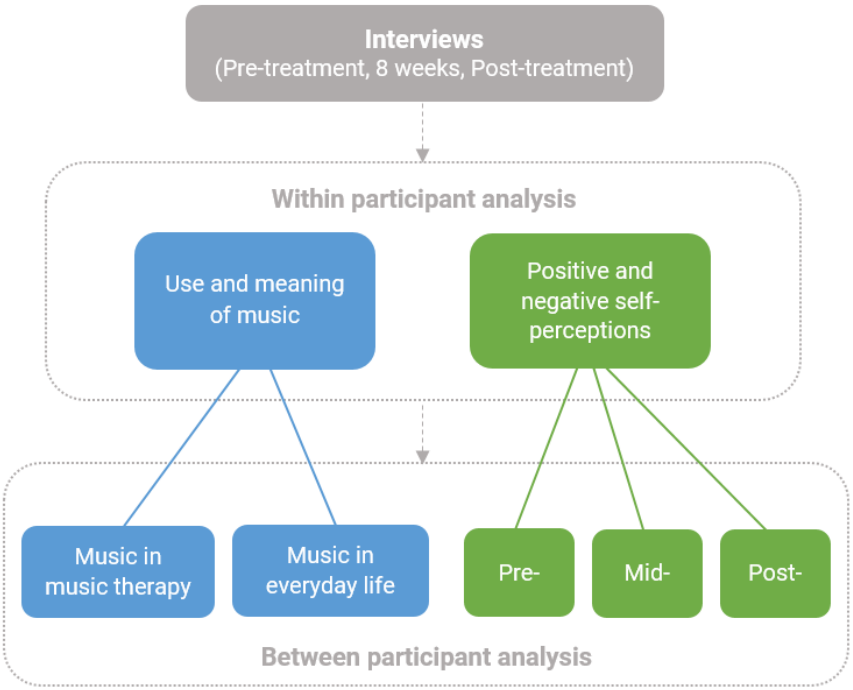

Figure 2: Coding themes and categories

RESULTS: SELF-PERCEPTION

The questions relating to topic 2 of the interview schedule (self-description) aimed to elicit information on the self-perception of the research participants. It was interesting to note that most participants struggled to describe themselves and mostly limited themselves to very general attributes such as friendly, caring, and helpful. Moreover, they could express conflicting views of themselves, not only within a single interview but also within a single sentence or paragraph:

> I tend to mix really well with people. I don't ever go out. When I'm here, I'm always in my cell. (Participant G, 1st interview)

To get an in-depth understanding of how participants experienced and perceived themselves, inference had to be made from how they spoke about themselves in other parts of the interview(s).

A number of categories and themes emerged from the data analysis (see Figure 3). Participants C, D, E, G, and J all spoke of dysfunctional relationships. Participant F did not speak about her family or past; however, deep scar tissue resulting from prolific self-mutilation and self-medication with drugs could be interpreted as indicators of relational difficulties. Participants developed maladaptive behaviours to help them survive in dysfunctional families. These can be categorised as 'internalising' and 'externalising' behaviours.

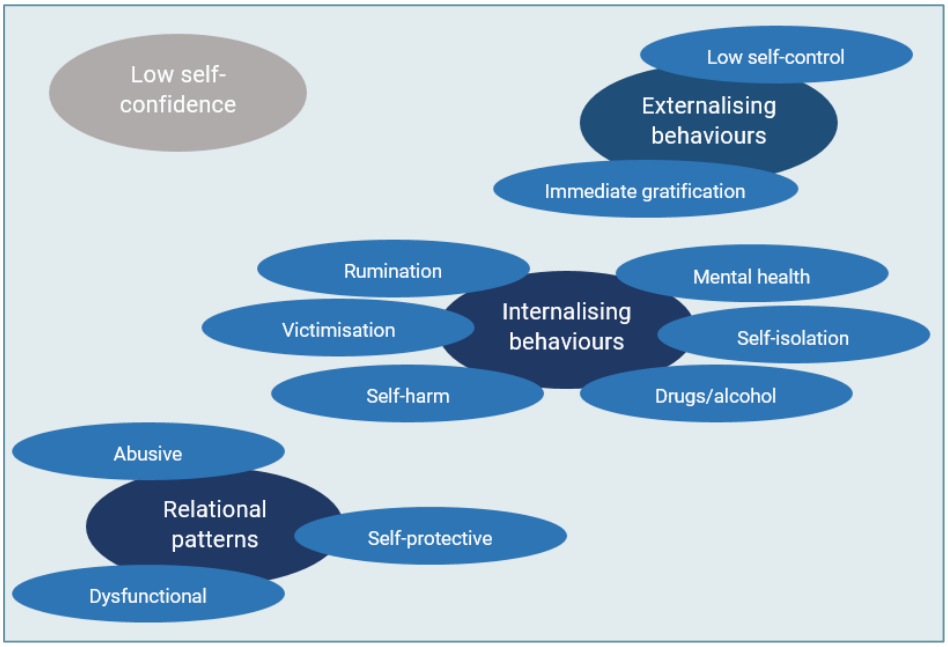

Figure 3: Self-perception categories and subcategories

Internalising behaviours

Internalising behaviours are characterised primarily by processes within the self where the experience of problematic emotions and energy are directed inwards (Matsumoto, 2009). Participants C, D, E, F, G, and J mentioned six core areas of internalising behaviours in their pre-treatment interviews (see Figure 4). These behaviours rarely functioned in isolation, but interacted with each other in a self-perpetuating vicious circle. Such behaviours were entrenched and participants were aware that they had come to depend on them and used them as, albeit self-destructive, coping strategies.

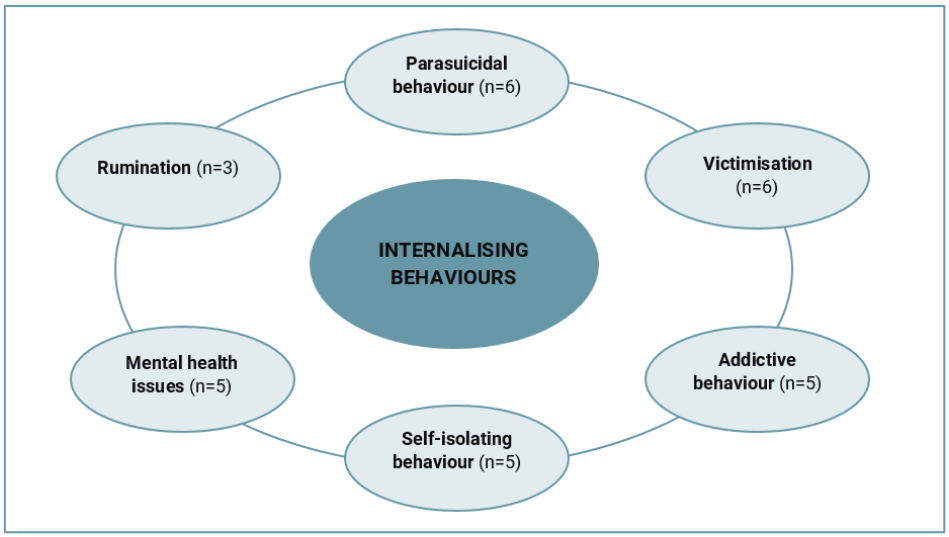

Figure 4: Pre-treatment internalising behaviours
(n = number of interviewees mentioning a theme [a total of 6])

Parasuicidal behaviour

The National Institute for Clinical Excellence (NICE) defines self-harm as "self-poisoning or self-injury, irrespective of the apparent purpose of the act" (NICE, 2004). It can also be understood in a wider sense to include the misuse of alcohol and/or drugs, and eating disorders (National Health Service, 2018). For the purpose of this study, the term 'parasuicidal behaviour' has generally been preferred to 'self-harm', as it refers to all non-fatal self-injury including suicide attempts and self-mutilation. However, in the following section both terms are used interchangeably. Table 2 reports on participants' pre- and post-treatment parasuicidal behaviour:

ID	Pre-treatment	Post-treatment
C	Prolific and enduring self-harming behaviour since early adulthood	Reduced self-mutilation incidents, no suicide attempts
D	Prolific and enduring self-harming behaviour since adolescence	Five-six months free of self-mutilation, no suicide attempts
E	Prolific and enduring self-harming behaviour since adolescence	Stopped self-harming
F	Prolific self-mutilation since age eight	Stopped self-mutilating
G	Periodic self-harm in response to negative life events	No self-harm in response to negative life events occurring during music therapy
J	Enduring self-harming behaviour since early teens	No change

Table 2: Pre- and post-treatment parasuicidal behaviour

Pre-treatment, participants C, D, E, G, and J reported that they habitually resorted to self-harming behaviours to cope with complex, painful feelings raised by long-term abuse, and had done this over a long period. This included both suicide attempts and self-mutilation, often on a prolific scale, as well as drug use or risky behaviour. Participant G had extended periods when she was free of parasuicidal behaviour and only self-harmed in response to negative life events.

In their mid-term or post-treatment interviews, participants D, E, and F reported that they no longer self-harmed:

> I've got to admit one thing as well, with doing music therapy I haven't self-harmed for ages. I've thought about it on a number of occasions. I have thought about it. I've got so angry on my wing and that; the first thing I would have normally done was get a razor blade but I haven't. So, I've been five, six moths so far I haven't self-harmed. (Participant D, 2nd interview)

And they saw this in relation to their engagement in music therapy:

> It [music therapy] stopped me self-harming. (Participant E, 2nd interview)

> I wouldn't say it's all because of music therapy but it has helped a lot. It has made me realise that I don't have to do that. I can take it out by writing music and stuff. If I'm pissed off, I'll write a really angry song. If I'm, like, feeling down, I'll write, like, a sad song or if I'm happy I'll just write a happy song… It's a different coping mechanism. Instead of picking up a blade and slicing myself, I pick up a pen and write a song. (Participant F, 2nd interview)

Addictive behaviours

Another self-destructive behaviour was the use of chemical substances and/or alcohol to self-medicate. Pre-treatment, participants C, D, E, F, and J defined themselves as 'users' and used drugs and/or alcohol in addition to self-mutilation to cope with their continual distressing and intense feelings:

> I think I used drugs to block out the fact that I felt different. (Participant D, 1st interview)

> I used drugs to suppress feelings about my mum. (Participant E, 1st interview)

> I find it so hard to deal with all those emotions, which is why I've suppressed it for so long with drugs. (Participant J, 2nd interview)

In addition to this, participants C and J reported having problems with eating. They had no formal diagnosis of an eating disorder but saw their food consumption as another aspect of their addictive nature. Table 3 below reports on participants' pre- and post-treatment addictive behaviour:

ID	Pre-treatment	Post-treatment
C	Alcohol dependence, not engaging with programmes	Working with Alcohol Relapse Prevention team and Alcoholics Anonymous
D	Addictive eating behaviours, not engaging with programmes	Working one-to-one with cognitive behavioural programme
	Chemical substance misuse, engaging with Counselling, Assessment, Referral and Throughcare (CARAT) drug treatment team	Detoxed. Setting up post-release community support. Intending to stay clean.
E	Chemical substance misuse, in contact with CARAT team	No change
F	Chemical substance misuse, engagement with CARAT team unknown	Detoxing. Intending to stay clean.
G	No substance dependency	N/A
J	Chemical substance misuse, known to CARAT team, engaging with Narcotics Anonymous	No change
	Addictive eating behaviours	No change

Table 3: Pre- and post-treatment addictive behaviour

Victimisation, vulnerability to exploitation, locus of control

Participants also made statements indicative of victim mentality, much of which was on the relational levels of domestic, sexual, or emotional abuse. An overwhelming desire to fit in and be loved left participants vulnerable to abuse, and feelings of being judged or misunderstood could result in defensiveness and mistrust. Table 4 below reports on participants' pre- and post-treatment victimisation behaviour:

ID	Pre-treatment	Post-treatment
C	Vulnerable to abusive relationships	Extricating herself from abusive relationships
D	Bullied	Self-assertive
E	External locus of control Vulnerable to exploitation	Strengthened internal locus of control No change
F	External locus of control External locus of control	Strengthened internal locus of control Strengthened internal locus of control
G	Compliant External locus of control	Self-assertive Strengthened internal locus of control

Table 4: Pre- and post-treatment victimisation and locus of control

Post-treatment, participants who had previously been easily intimidated and victimised reported standing up for themselves:

> I said, I'm not allowing this to happen no more, do you know what I mean? I'm watching myself and other ladies being manipulated because they know they can manipulate, do you know what I mean? And I stood up for myself and I went to the officers. They didn't hear me, so I went to someone who I knew would listen to me ... we both made the steps of challenging these people but having to do it in a non-aggressive way. (Participant D, 3rd interview)

Participant D had become aware of her victim identity and the need to address it. There was a sense of pride and achievement in those who had learnt to stand up for themselves:

> It's made me a much better person to think that I'm not going to do this [comply to others] no more. (Participant G, 2nd interview)

Participants D, E, and F all found that music therapy offered them a space in which to experience being in control:

> At first of, like, I knew that she was going to be more in control because I didn't have the confidence to take control and continue the music. I think she let me take control just to see where we went with it; but then I felt there was a couple

> of times when I did actually take control. Then the last few sessions if she took control back I was able to just carry on playing by following her; do you know what I mean? Like following her lead. And sometimes I was able to take that control back and try again; do you know what I mean? The last session we did when I actually took control and was able to keep it going. (Participant D, 2nd interview)

Rumination

Pervasive negative thought patterns were experienced by participants C, D, and F:

> "When I get angry, I can't just switch off, I just, like I said, I overthink, I just think and think and think about how hungry I am and how pissed off everything's making me" (Participant D, 2nd interview)

Participants C and F found song-writing an effective way of ordering thoughts by getting them out of their heads and onto paper:

> The songs that I'm writing are about the ways that I felt over the recent period and that. So I'm writing sort of, it's done in, like, poem form as to the way I felt inside at that particular time. It's just getting it out and letting other people know how I've felt and why I've been as I have. (Participant C, 2nd interview)

> [Getting it down on paper] makes me sort of feel, well, things aren't as bad as I might think they are. (Participant C, 2nd interview)

> I have the logic now to be able to try and iron out my faults as I think of a song. (Participant F, 3rd interview)

Self-isolating behaviour

The participants found it difficult to join in general prison life and activities, and reacted to this by isolating themselves. Many of them were doing so-called 'in-cell' work, as they reported lacking the self-confidence to mix with other prisoners and engage with prison programmes:

> Before, when you saw me last, I was unemployed and staying in my cell every day because I didn't have the confidence to come out. (Participant F, 2nd interview)

Table 5 below reports on participants' pre- and post-treatment self-isolating behaviour:

ID	Pre-treatment	Post-treatment
C	In-cell work	Engaging with Gym, Education and Programmes
D	Working on house block but needs escort to move around the prison	Working off the house block and moving independently
E	Unemployed	No change
F	In-cell work	Engaging with Education and Programmes
G	No security clearance for work. Stays in cell and doesn't mix with other prisoners	Attending Gym and mixing with other prisoners
J	Employed in Kitchen, doesn't mix with other prisoners	Employed in Kitchen, doesn't mix with other prisoners

Table 5: Pre- and post-treatment self-isolating behaviours

Post-treatment, participants C, F, and G reported that they had begun engaging in out-of-cell activities and mixing with other prisoners more:

> Normally I'd just sit and observe, whereas now I interact a bit more … I used to sit on my own quite a lot in a cell, but I don't do that now. I interact a bit more. (Participant G, 3rd Interview)

Participant D reported feeling more confident about moving around the prison independently:

> Before I was really scared to come off the wing, apart from when I used to come over for therapy ... [NAME] used to come and get me because I wouldn't come on my own, but, like, the last week or so I've been coming off the wing on my own … I didn't even think about it. Normally I get quite panicky. (Participant D, 2nd Interview)

Mental health

Mental health problems in the form of mood and anxiety disorders or trauma-related stress were also a defining element of the reality of participants C, D, E, F, and J's existence:

> I think more than anything, it's more and more depression that plays a bigger part on my offending. (Participant J, 1st interview)

Post-treatment, participants C and D, who had reported feeling depressed, now said they were feeling happier:

> I feel quite positive. I feel quite positive most of the time now. (Participant C, 2nd interview)

> I actually feel a lot calmer, a lot happier, more integrated, not so paranoid, which I had been, but I've definitely calmed down on the wing. (Participant D, 3rd interview)

Participants E and F remarked that friends had noted that they seemed happier:

> A few of my friends have said… I seem more happier. When I come back from music therapy I'm more happier sort of thing. (Participant E, 2nd interview)

> Everyone says that I seem a lot more happier all the time… because I'm back in my cell. I'm writing music and stuff like that as well. So that's right, I'm doing music every single day. It's good. (Participant F, 3rd interview)

Externalising behaviours

Externalising behaviours are characterised primarily by actions which direct problematic emotions and energy towards the external world such as acting out, anti-social behaviour, hostility, and aggression (Matsumoto, 2009). Low self-control, which can be seen as a major issue underlying externalising behaviours and defined as "the tendency to pursue short-term, immediate gratification whilst ignoring longer term consequences" (Blanchette & Brown, 2006, p.18), is of particular relevance to offenders.

Pre-treatment, all six participants selected for data analysis experienced difficulties regulating emotions and reactions in stressful situations. With family, peers, and fellow inmates this could lead to angry, aggressive behaviour. Whilst tense situations with fellow inmates were likely to be dealt with by open aggression, contentious situations with prison staff were sometimes responded to more indirectly with confrontational behaviour:

> I'll argue. I'll look for confrontation. Um, in the prison, say, I've done graffiti on my walls about officers which isn't very nice and I've sent letters to the officers that aren't very nice and stuff… (Participant C, 1st interview)

Post-treatment, participants C, E, F, and G reported an increased ability to regulate their reactions in stressful situations:

> Before, I would fly off the handle and start storming off and shouting and banging the doors … I've only done that once or twice in about 3 weeks now. I just tend to bite my tongue a bit and think, you know, when I want to get enhanced I can't afford to get a [negative] IEP[3] (Participant C, 2nd interview)

Participants F and G saw their enhanced ability to cope with stressful situations in direct connection with their music therapy:

[3] Incentives and Earned Privileges Scheme: IEPS define a prisoner's regime level (Basic, Entry, Standard, and Enhanced) and linked privileges. Three positive IEPS lead to an enhancement of prison status and related privileges. Three negative IEPS lead to a reduction of regime status and associated privileges.

> It's just… you can put so much emotion into when you're singing. Instead of getting, like, angry, shouting and punching and something and punching a wall or whatever, just sing. I mean I feel like a totally different person now… (Participant F, 2nd interview)

Participant F saw this as a new coping mechanism:

> I'm not as stressed out all the time and I've learnt a different… that's a good word… I've learnt a different coping mechanism on how to deal with my stresses and my emotions and my behaviours (Participant F, 3rd interview)

Participants were aware of a change in their way of thinking and increased ability to reflect and think of longer-term consequences:

> I can't force anything or rush it because then I will trip over my own feet and that's when it all goes wrong. So, I'm going to make sure when I go out the first week, probation, set up all my appointments, but I want to do a slow, gradual build-up so I can get used because I've been here for a while now, so I'm pretty institutionalised anyway from before. (Participant D, 3rd interview)

Self-confidence

All six participants described themselves as lacking in self-confidence in their pre-treatment interviews. Participants C and F also mentioned having low self-esteem. In their mid-term and post-treatment interviews, participants C, D, E, F, and G reported feeling much more confident:

> Yeah, more confidence, more self-esteem. I'm surprised at what I've done so far. I'm hoping to do quite a lot more. (Participant C, 2nd interview)

> I never thought I'd, like, feel confident enough to, like, come out of my cell and, like, go to education and now I just feel totally different. It's weird. It's good though. (Participant F, 2nd interview)

This increase in self-confidence was manifested in various activities within the prison. Participants C, D, and G each reported doing things that they would not have had the confidence to do before.

Self-efficacy

Participants also made statements indicative of an increase in self-efficacy. Perceived self-efficacy is defined as "an individual's subjective perception of his or her capability for performance in a given setting or ability to attain desired results and [has been proposed] as a primary determinant of emotional and motivational states and behavioural change" (Matsumoto, 2009). Growth in perceived self-efficacy was relevant to individual participants' pathway through the custodial sentence:

> It makes me feel good [when staff respond positively to changes in behaviour] because I think… I didn't think I would change as much as I have in the few weeks that I have. I didn't think it was possible but because I'm aiming towards enhancement and stuff like that, it's making me feel quite confident that I can do it. (Participant C, 2nd interview)

Significantly, it was also relevant to downstream outcomes post-release:

> I've come so far now and I've learnt so much so I don't think I'd ever go back to how I used to be. Everyone's going to have, like, their bad days when things happen to them, but I'm a stronger person now, so I know I'll overcome it. (Participant F, 3rd interview)

Creative self-expression and musicality

Prior to music therapy sessions, some participants enjoyed creative activities, and one participant (F) defined herself in terms of her creativity and musicality. Others were more reticent and insecure:

> I think I'm tone-deaf. So God knows what the music will sound like. (Participant C, 1st interview)

> I was a little bit embarrassed because I'm not a singer or I ain't got a voice. (Participant G, 2nd interview)

> The first few sessions that came on I couldn't … I just thought I didn't … I know I can't write the music, I know I haven't got the mind to sit there and put things down, and I definitely know that I won't be able to sing in front of her. (Participant G, 3rd interview)

Following music therapy, participants who had initially been uncertain about engaging with the music were surprised and pleased at their musical ability:

> I've been told that I'm not tone-deaf. I'm quite enjoying it because I'm writing my own little things now as well. One of the songs that we've recorded, so it's going pretty well. I'm really enjoying the music. (Participant C, 2nd interview)

> Never in a million years thought I'd ever put, make a song, my own words, and write it all rhyming and me singing it. And now I know I can do it. (Participant G, 3rd interview)

They identified themselves with songwriters and musicians:

> I know the songs where groups have done, like, *Everybody Hurts* and stuff like that, which is quite a powerful song. So I didn't realise that I would do

> something on that sort of thing, putting powerful words into, like, songs or whatever. (Participant C, 2nd interview)

> Making the music with her has been absolutely amazing. I've loved every minute of it, and I've loved doing it all, putting the music together. And I was putting all the words, and I love just walking round like a film star or a musician, do you know what I mean? I was just, like, singing along and making it up as I go along. (Participant G, 3rd interview)

RESULTS: THE ROLE OF MUSIC

Music in everyday life

Questions relating to topic 1 of the interview schedule aimed to elicit information on the role music played in everyday life of the interviewees. For all the participants, music played an important role in their everyday life:

> You'll be surprised, music is a big part in most people's lives because we all… if you walk onto our wing and that you'll hear sort of music playing and stuff like that. (Participant F, 1st interview)

> As soon as I wake up in the morning, I'll put the music channels on when I'm getting ready and then that's on all day… sometimes at night as well, like, on Mellow-Magic where it's all relaxed and calm and I sit there on my bed listening to all the oldies. (Participant F, 1st interview)

An analysis of the data showed six different functions of music in everyday life: relationships, memories, emotional regulation, communication, coping strategy and narratives (see Figure 5).

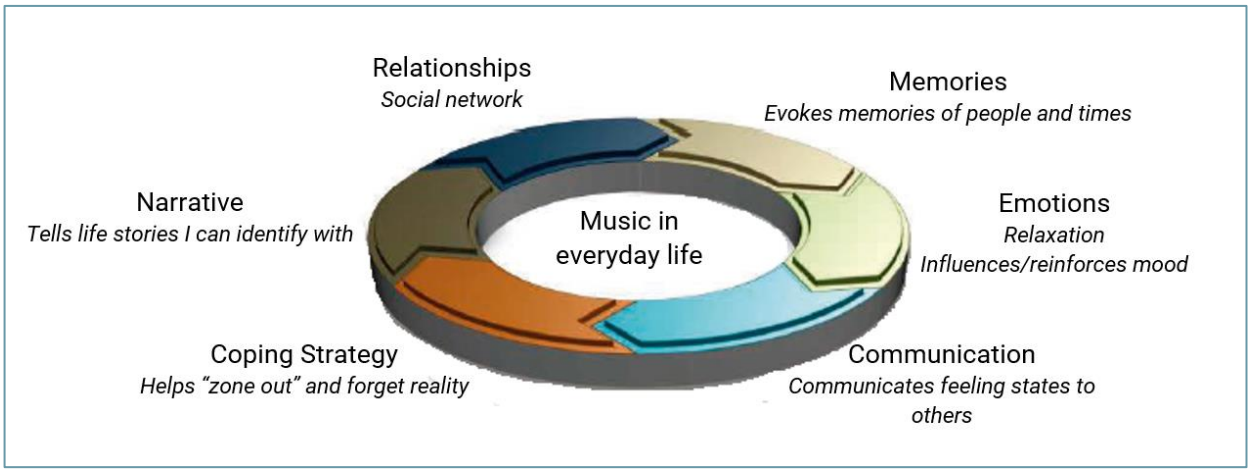

Figure 5: Functions of music in everyday life

Music in music therapy

Music as a medium in music therapy shared the six functions that music played in the everyday life of the participants. However, close analysis of the data revealed mechanisms specific to music therapy within these functions (see Figure 6). Additionally, a cluster of themes emerged around self-confidence and self-esteem, which were not evident in the data on music in everyday life.

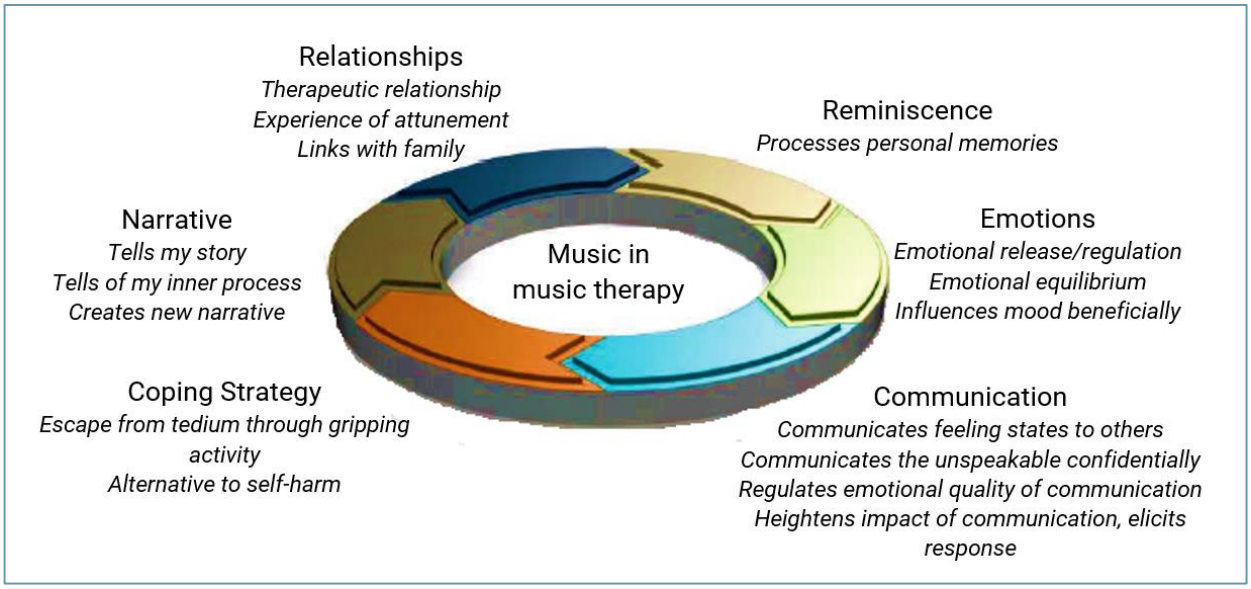

Figure 6: Functions of music in music therapy

Self-confidence

Eight elements of music in music therapy were identified that related to self-confidence outcomes: agency, healthy risk-taking, motivation, pleasure, sense of achievement, skill acquisition, purposeful activity, and perceived self-efficacy (see Figure 7). There was a complex interplay between the individual elements. With the exception of Participant J, all participants reported a growth in self-confidence in their post-treatment interviews and linked this to the attendance of music therapy:

> I never used to sing in front of every, anybody; now I sing in front of everyone. (Participant F, 3rd interview)

> [The music] made me more confident and more upfront. (Participant G, 3rd interview)

> I've come out feeling really good, do you know what I mean? I feel confident like I said. (Participant D, 2nd interview)

> Yeah, more confidence, more self-esteem. I'm surprised at what I've done so far. I'm hoping to do quite a lot more. (Participant C, 2nd interview)

> Now I've become a bit more confident than I was before, I wouldn't have done that and I wouldn't have got up and sung. (Participant E, 2nd interview)

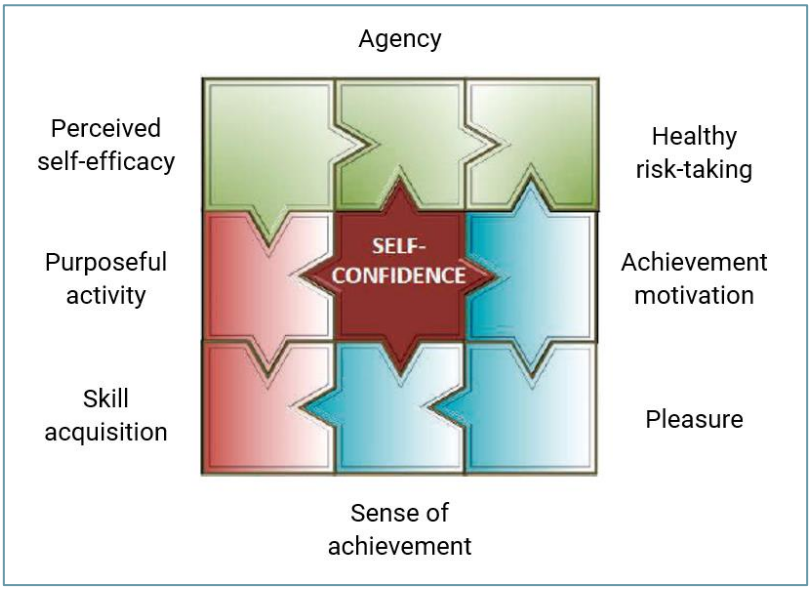

Figure 7: Self-confidence and related outcomes

SUMMARY OF FINDINGS

The analysis of the qualitative data found many self-statements indicative of change in the way women prisoners saw and described themselves pre- and post-treatment. Results showed that whilst static factors such as dysfunctional family backgrounds and histories of abuse could not be changed, dysfunctional ways of relating such as self-isolating or challenging behaviour, for example, could indeed be revised. Thus behaviours linked to past experiences of pervasive and enduring abuse, expressed through internalising and externalising behaviours, were amenable to change.

There was indeed a positive change in the way that research participants saw themselves and this impacted on their ability to engage in prison interventions, but also had positive effects on other areas such as parasuicidal and challenging behaviour. These benefits appeared to be directly linked to the use of music as a therapeutic medium in the sessions; indeed, the only participant who did not engage with the music also failed to make any significant changes in the way she saw herself. Although short-term therapy was not necessarily contraindicated, substantive gains were only made if a participant attended music therapy for more than three months. Short-term therapy required careful timing so as not to be subsumed by the overwhelming anxieties that arose pre-release.

The most important area of gain was growth in self-confidence/self-esteem with the related areas of agency, perceived self-efficacy, purposeful activity, skill acquisition, sense of achievement, pleasure, achievement motivation, and healthy risk-taking. An increase in self-perceived efficacy had implications for positive downstream outcomes, as a feeling of mastery in one domain, namely music, translated into a feeling of overall effectiveness. It could be hypothesised that growth in these areas was of particular import because it was associated with motivation and future aspirations. Participants who developed aspirations both for the immediate and the longer-term future all showed gains in achievement motivation, active involvement, agency, goal setting and time efficiency; all important elements for successful engagement with resettlement interventions.

Because self-perception is a subjective and complex phenomenon, measuring change in self-perception is notoriously difficult. Perhaps it is less important to capture whether or not there has indeed been an objective process of change in this domain. What is important is the subjective feeling the individual has of change and the meaning that they attach to it. As with perceived self-efficacy, it is the perception of the individual that something has changed and that they are now able to do and be things that were previously impossible that is empowering.

The findings from interview data revealed clear change in self-perception, whilst the questionnaire data was less convincing. However, it is possible that this subjective experience of change in self-perception was of crucial importance in helping research participants exit from their position of disengagement and start engaging with prison programmes. Data from the prison database on engagement patterns of individual research participants indicated clearly the positive impact change in self-perception had on participants' ability to renounce self-isolation and engage with prison programmes and resettlement interventions (see Leith, 2014, p. 131, Table 5-9).

DISCUSSION

The findings confirm a number of points highlighted by previous literature regarding music therapy for women prisoners. Music therapy, specifically in the form of song-writing, offered women prisoners an unparalleled opportunity to confront their often conflicted and painful pasts (Daveson & Edwards, 2001). Furthermore, sessions provided a relaxing and playful supplement to other verbal programmes (Smeijsters, Kil, Kurstjens, Welten & Willemars, 2011) and a creative 'play space' to explore alternative self-concepts (Hoskyns, 1995; O'Grady, 2009).

Music therapy was shown to have a positive effect on internalising and externalising behaviours. Not only did the sessions facilitate change in dysfunctional ways of relating (Lawday & Compton Dickinson, 2013), participants who had initially acted out in the search of immediate gratification started thinking of longer-term consequences. There is a possible link between improved self-control and perceived self-efficacy in line with the mastery experience of music therapy, as shown in Pool and Odell-Miller's (2011) investigation into music therapy and aggression.

Whilst earlier studies did not examine whether behavioural gains made in these areas in sessions transferred to situations outside of music therapy (Codding, 2002), this study showed conclusively that this was indeed the case. Thus, music therapy exercised not only a supplementary role as initially anticipated; for disaffected, self-isolating prisoners, it provided an entry point and acted as catalyst for engagement with prison programmes and interventions.

The issue of positive self-identity was as central for prisoners as for other client groups affected by stigmatisation. The present study shows that song-writing can be a powerful tool in the process of recreating a positive sense of self and enabling women prisoners to gain a deeper understanding of their internal and external realities. The song-writing process seemed to enable the creation of a new narrative in the form of lyrics and music. Recent research suggests that identity in prisoners might be reconfigured when participants rediscover themselves through music and reconnect with parts of their identity related to being human, rather than being a prisoner (Tuadstad & O'Grady, 2013); when performing music, the participants experienced themselves as musicians

rather than as criminals or prisoners. This was corroborated by the current study, where music therapy sessions were strongly linked to feelings of mastery, achievement, and pride.

Tuadstad and O'Grady's (2013) meta-synthesis also confirmed other findings of the current study, namely that music therapy functioned as a coping strategy, helping inmates escape the harsh realities of prison life. Additionally, they found that music therapy provided some prisoners with temporary respite from negative thoughts, traumas, and pains as well as offering an "alternative" reality, to momentarily "replace the need for drugs by providing an ecstatic, transcendent world of enjoyable musical experiences" (Tuadstad & O'Grady, 2013, p.222). Although this did not emerge in the thematic coding of the current study, it is conceivable that this was an aspect enjoyed by its participants, as all with the exception of one had histories of substance misuse. It could also be another explanation for why music therapy helped participants desist from parasuicidal behaviour.

LIMITATIONS

Analysis of the semi-structured interviews required extrapolation and thus this data could be less reliable and at risk of bias. However, due care was taken to extrapolate researcher bias and pre-understanding by employing independent researchers to assist with data collection and analysis. Additionally, cross-checking of the data-analysis by PhD supervisors and peer debriefing acted as a useful counterbalance against the dangers of over-interpretation of the data.

Attrition was a considerable issue during this project. Participants were transferred out without warning and access conditions were changed in accordance with security concerns. Therapeutic approaches had to change to adapt to the changed situation. Attrition issues were only addressed satisfactorily halfway through the project, when the prison agreed to put a hold on research participants until they had completed the programme.

The effect of observation bias cannot be ruled out. One-to-one therapeutic situations are rare in prison; the sheer fact of having access to music therapy could have contributed towards the outcomes of all the research participants of this study. It is also impossible to exclude therapist effect as no other therapists were employed by the prison that could have been involved in the project. Moreover, there is also the probability of selection effect, as prisoners elected to take part in the project, rather than being assigned to it.

This study was conducted solely by Helen Leith as music therapist and researcher. Her unique personality and musical skills must be considered an important factor in the therapeutic process and such factors are not discussed in this article. Her unique background of spending 20 years as a member of a Benedictine community gave her special prerequisite for empathising with this population (Leith, 2014, p. 42). Her way of initiation and building relationships with the woman was surely based also on these skills and experiences. However, it is important to notice that the women actually described their relations to the music more than the relations to the therapist. This underlines how having music as a therapeutic intermediate medium between client and therapist is of importance to people who are so limited in their ability to engage and communicate their inner state of mind, regulate their emotional response and to learn from experience.

FURTHER PATHWAYS FOR RESEARCH

Since the inception of this study, there has been an increase of music therapy research in this field. The findings of this study bring new knowledge to the field and hope to contribute to government policy-making in the UK and elsewhere. There is a need for further research to see whether the findings of this study can be corroborated. This would help establish whether these findings were at least due in part to a therapist effect or whether active music-making in music therapy has the capacity to catalyse change in self-perception. This would be best achieved through a multi-site investigation in different women's prisons, initially in the UK and then internationally. This research would test hypotheses arising from this study:

- Engagement in the music process is predictive of behavioural change in women prisoners attending music therapy
- Increased self-confidence and self-esteem are linked to increases in perceived self-efficacy in women prisoners attending music therapy
- Perceived self-efficacy is of importance to positive downstream outcomes in women prisoners attending music therapy
- Song-writing is a particularly relevant clinical intervention for this population

This particular study focuses on the resettlement of women prisoners. It would be of interest to conduct a similar study in the male prison estate to see whether the findings are gender-specific or not. This could give rise to an interesting debate as the desirability of an increase in self-confidence in male prisoners has not yet been established.

Another area of interest would be to investigate downstream outcomes by accompanying prisoners 'through-the-gate' and working with them post-release in the community, as is done in Norway. This would provide evidence not only concerning reconstruction of an acceptable self-identity post-release but also for music therapy's impact or lack of impact on recidivism.

CONCLUSION

This study arose from Leith's clinical work with disengaged women prisoners. After a period in music therapy, she observed what appeared to be a positive change in the way they saw themselves and a corresponding change in their ability to engage with prison programmes and interventions. Her experience of working with these women in and beyond prison in community settings taught her that their sense of identity was not only formed by their family and societal elements but also by their offending history. The qualitative results of her doctoral research indeed show a positive change in women prisoners' self-perception and the impact of this on their ability to engage in prison interventions and on their mental health.

The current findings are important as they correspond to areas considered to be of significance in gender-specific resettlement needs. Music therapy could be a necessary precursor to cognitive behavioural programmes if these were to be absolved successfully. Indeed, for severely demotivated women prisoners failing to progress through the system, music therapy could act as

entry point, creating the necessary preconditions for subsequent successful engagement with resettlement interventions.

If identity is the 'mega-conflict' conceived by Chambers (2008), music therapy offered participants an unparalleled opportunity to explore, rehearse and perform a new identity, often encapsulated in the lyrics of a song, before experimenting with this new identity in other settings within the prison. Not only were women prisoners able to rewrite their future script, they were able to re-form often painful, horrific biographies into a more manageable format; both processing and integrating past traumatic events at the same time.

This research provides another piece of knowledge in the evidence base for music therapy in prisons. The findings indicate that music therapy contributes to the resettlement process and sits comfortably within either resettlement paradigm. Music therapy was able to address both criminogenic risk factors and protective factors simultaneously, adapting its focus to the requirement of the immediate moment. For disengaged, demotivated prisoners, music therapy offers a playful, enjoyable space in which they can acquire new skills without even being conscious of the fact. Music therapy is accepted more readily than more conventional programmes, perhaps due to the music therapist not being seen as a member of the regime as well as music appealing to most people. Thus a gate can be opened up, which unlocks a productive pathway through the prison system for the individual and hopefully impacts on later downstream outcomes.

Leith embarked on this journey assuming music therapy offered a less-threatening alternative to verbal therapy. Following this research, she considered music therapy to be a starting point, a foot in the 'door' that is often kept resolutely closed to prison staff. She would thus revise the role of music therapy to 'entry point' for prisoners who are, for whatever reason, failing to engage with the resettlement process.

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Ελληνική περίληψη | Greek abstract

Η διαδικασία και η εμπειρία της αλλαγής στην αυτοαντίληψη φυλακισμένων γυναικών που παρακολουθούν μουσικοθεραπευτικές συνεδρίες: Τα ποιοτικά αποτελέσματα μιας διερευνητικής μελέτης μικτών μεθόδων

Helen Odell-Miller | Jodie Bloska | Clara Browning | Niels Hannibal

ΠΕΡΙΛΗΨΗ

Οι γυναίκες αποτελούν μια μειοψηφία (4,8%) στο σωφρονιστικό σύστημα του Ηνωμένου Βασιλείου το οποίο έχει σχεδιαστεί κατά κύριο λόγο για άνδρες. Ένας μεγάλος αριθμός φυλακισμένων γυναικών έχει βιώματα ψυχικού τραύματος και κακοποίησης τα οποία κουβαλάει και εντάσσει στο σωφρονιστικό σύστημα. Η συχνότητα των προβλημάτων ψυχικής υγείας είναι δυσανάλογα υψηλή σε σύγκριση με τον γενικό πληθυσμό. Παρά την αύξηση του αριθμού των μουσικοθεραπευτών που εργάζεται στην εγκληματολογική ψυχιατρική [forensic psychiatry] στο Ηνωμένο Βασίλειο παρέχοντας θεραπεία σε ψυχικά διαταραγμένους παραβάτες, υπάρχει έλλειψη μουσικοθεραπευτών που εργάζονται στις φυλακές της χώρας. Αντιστοίχως οι έρευνες που αφορούν τη μουσικοθεραπεία σε σχέση με τις φυλακισμένες γυναίκες είναι ελάχιστες.

Το παρόν άρθρο παρουσιάζει τα ποιοτικά αποτελέσματα μιας διδακτορικής μελέτης με μικτές μεθόδους που πραγματοποίησε η Δρ. Έλεν Λιθ [HelenLeith] (2014). Χρησιμοποιώντας ποιοτικά στοιχεία, η μελέτη διερευνά το κατά πόσο υπάρχει αλλαγή στην αυτοαντίληψη των φυλακισμένων γυναικών που παρακολουθούν μουσικοθεραπευτικές συνεδρίες και, αν συμβαίνει αυτό, το κατά πόσο παρουσιάζουν μια βελτιωμένη ικανότητα ως προς τη συμμετοχή τους σε παρεμβάσεις επανεγκατάστασης. Τα ευρήματα που προέκυψαν από δέκα συμμετέχουσες έδειξαν ότι οι κρατούμενες που παρακολουθούν

μουσικοθεραπευτικές συνεδρίες βιώνουν μια αλλαγή στην αυτοαντίληψη και ότι η εμπλοκή τους στη μουσικοθεραπεία μεταφράζεται σε συμπεριφορικές αλλαγές εκτός του μουσικοθεραπευτικού χώρου. Μέσω της προσαρμοστικής ερμηνευτικής φαινομενολογικής ανάλυσης [adaptive interpretative phenomenological analysis] ημιδομημένων συνεντεύξεων, οι θεματικές που προέκυψαν έδειξαν ότι οι συμμετέχουσες παρουσίασαν αύξηση της αυτοπεποίθησης, της αυτοεκτίμησης, της αυτο-αποτελεσματικότητας και των κινήτρων για επίτευξη, ενώ ενίσχυσαν και άλλα χαρακτηριστικά τους τα οποία σχετίζονται με την επιτυχή επανεγκατάστασή τους. Ταυτόχρονα, υπήρξε μείωση του αριθμού των αυτοτραυματισμών ή των επιπτώσεων που προκαλούσε η συμπεριφορά τους, ενώ βελτιώθηκε η παρακολούθησή τους σε άλλα προγράμματα.

Για τις βαριά αποξενωμένες κρατούμενες, η μουσικοθεραπεία παρείχε μια ελκυστική και ενθαρρυντική παρέμβαση που χρησίμευσε ως σημείο εισόδου σε άλλα προγράμματα που απαιτούνται για την επανεγκατάστασή τους. Οι κρατούμενες δεν επέδειξαν απλώς μεγαλύτερη ικανότητα να παρακολουθήσουν τα προγράμματα που απαιτούνται για την επιτυχή επανεγκατάστασή τους, αλλά μέσω της μουσικοθεραπείας απέκτησαν φιλοδοξίες, γεγονός που είναι σημαντικό για μεταγενέστερα αποτελέσματα.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

εγκληματολογική μουσικοθεραπεία, γυναίκες κρατούμενες, αυτοαντίληψη, συγγραφή τραγουδιών

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ARTICLE

Exploring a potential role for music therapy to promote positive communication and emotional change for couples: A single-session pilot case study

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ABSTRACT

This pilot case study explores a potential role for music therapy in relationship counselling by employing a case study design. It is contended that music therapy might support couples in understanding and communicating their relationship, affording opportunities for self-expression, emotional expression, communication (verbal and non-verbal) and social participation. The study was conceived with the objective of establishing a possible treatment or intervention which might stand alone or be included as part of a therapeutic service being offered to couples. Constructed around a single music therapy session with a married couple, the study comprised: an exploratory, semi-structured interview with the couple before the session; a music therapy session of 50 minutes' duration; and a follow-up interview with the couple after the session. Four major themes emerged: (i) guarded, needy, things not meeting; (ii) happy together, venturing together; (iii) deep union; and (iv) transcendence. Data analysis was based on Van Manen's (1990) phenomenological approach. The findings from this pilot project suggest music therapy's potential for couples in promoting deeper emotional connection, positive communication and emotional change. Although the results should be treated with caution given the limitations of the methodological design, this study suggests that music therapy may provide an intimate environment to facilitate intense interpersonal interactions between the partners of a couple. This is possibly a new area of practice for music therapists, and further research is warranted.

KEYWORDS

music therapy,
music,
couple counselling,
couple therapy

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INTRODUCTION

Image 1: Love by Alexandr Milov (Copyright John McNamara)

The image above shows a large sculpture created by Ukrainian artist Alexandr Milov entitled 'Love', which depicts two adults who have turned away from each other, perhaps as a result of betrayal, hurt, or disappointment in each other or their relationship. At the same time, the 'inner child' of each person is seen to be reaching out, trying to touch or connect with the other. One imagines that the smaller, less judgmental, less experienced, younger inner self is eager to relent and let go, not wanting to hold a grudge. One imagines the younger selves wishing to re-establish the easy, relaxed, warm intimacy of connection, to bypass or circumvent the more 'grown-up' grudge holding and petulant stubbornness within which they have each become defended. The adult selves appear protected, encased and potentially trapped.

The image opens this study because the focus of this research is whether engaging in music therapy might support couples as part of relationship counselling. The authors contend that music therapy might support couples in relationship therapy by appealing to the 'sensible' and 'mature' child within, and softening or melting the 'childish' and 'petulant' adult, perhaps beginning to dissolve the protective, defensive, imprisoning encasement portrayed in this image (Gregory, 2004). The music therapy session explored in this pilot study seemed to have potential in terms of providing an intimate space, and it is contended that music therapy could be a useful intervention for couples experiencing relationship difficulties.

LITERATURE REVIEW

Literature on music therapy and couple counselling[1] is scarce, with very few recorded studies in this area. Searches were conducted in the following databases, Google Scholar, Cochrane, PubMed, ScienceDirect, Sage, WileyOnline and the Gluckman Library for the terms 'Music in Counselling/ Counseling'; 'Music Therapy and Relationships'; 'Music Therapy and Couple Counselling'; 'Music Therapy as Couple Counselling'.

Couple counselling research is well established as offering statistically and clinically significant improvement for a substantial proportion of couples in reducing overall relationship distress (Lebow, Chambers, Christensen & Johnson, 2012). However, at least 25% of couples report less success and/or no long-term benefit, and further research is recommended in the field (Snyder, Castellani & Whisman, 2006). As early as 1991, the role of creative arts therapies was being considered in family therapy. Authors recommended in a special issue of *Arts in Psychotherapy* on family therapy and arts therapies that, given the fact that the creative arts therapies are successful at overcoming and circumventing strong defenses, bringing unconscious or covert ideas to the surface, their application to family therapy should hold a great deal of promise (Read Johnson, 1991). Social workers also advised in 1984 that couples might use personally meaningful music choices in therapy to explore interpersonal conflicts and distressing situations that they might not otherwise bring forward (Ho & Settles, 1984). Despite this early interest, literature is still relatively scarce regarding the role of music in couple counselling. Three studies are particularly significant here: Smith and Herteien (2016), Duba and Roseman (2012), and Baker, Grocke, and Pachana (2012).

Smith and Hertlein (2016) suggest that the relationship between music therapy and couple counselling is under researched and largely unknown to many clinicians in this field but that the innate power of music to connect so many portions of the brain, human psyche, and relational dynamics of client to therapist is unmatched by many other forms of therapy and practice.

The authors integrated a programme of listening to client-selected music into the therapeutic sessions and found the reported benefits for couples. Receptive music was found beneficial whether used in the waiting area, in the session area as the clients arrived and left, or within the couple counselling sessions (whether used for short or long periods of time). In particular, the authors present evidence that music used in couple counselling sessions can foster openness, encourage depth and wealth of disclosure, and enhance the willingness to change. While cautioning against unchecked implementation, they present evidence that music therapy has physical, psychological and emotional benefits, in particular through enhancing family communication, reducing anxiety and fatigue, and regulating blood pressure and respiration (Smith & Hertlein, 2016).

Duba and Roseman (2012) discuss the benefits of 'musical tune-ups' to couples in relationship, suggesting that because music therapy sessions do not require clients to speak any given language or have a certain degree of life experience or intellectual level, their applications are endless. They conclude that music, combined with a skilled counsellor (in this case not necessarily a music therapist) and an engaged couple, can bridge partners in ways that many other techniques fail to do. In a case study, they describe a couple with whom music was used as an additional tool to facilitate

[1] The spelling 'counselling' and 'counseling' were used in all literature searches to ensure coverage of relevant literature in different jurisdictions.

a fun and light-hearted activity designed to address two of the couple's goals: having fun and enhancing communication. The couple were reminded that although they will face challenges and difficult discussions during any given therapy session, it was still important to practise enjoying each other during the therapy context, as well as to learn something new about how the other was feeling and what they were thinking.

Music therapy specifically was reported to have positive effects on both the caregiver and spouse in terms of (i) engaging in music-enhanced enjoyment and relaxation; (ii) enhanced quality of spousal relationship; (iii) strengthened reciprocity; and (iv) increased satisfaction with caregiver role (Baker, Grocke & Pachana, 2012).

Given the scarce literature on couple counselling and music therapy specifically, broader relevant literature regarding music therapy and relationship work can be explored. Stewart (2002), for example, suggests that sharing music-making fosters emotional relationship, containment, security and trust, and that the experience of emotional relating and containment through the shared music-making contributes to a developed sense of internal cohesion and emotional self-awareness, and therefore the ability to engage in the unpredictable arena of social interaction. This aspect of music therapy work may be relevant to couples in counselling. Scheiby (2006) adds that music therapy can reveal 'blind spots' in self-awareness. Greater awareness of unconscious structures and a new openness to sharing emotion and to warmth and fun seem to offer a field of uncomplicated possibilities for couples to play and communicate safely together, and perhaps to rekindle the original shared emotional flame. Music is non-verbal and intrinsically emotional, and the sense of play and fun allows for small but significant acts of risk taking in expression. The authors contend that couples experiencing relationship difficulties may become 'stuck' in negative communication patterns, and the experience of bringing creativity and playfulness into the communication may assist to open up partners to new experiences and awareness. When the couple risk creative playfulness in their music-making, and find these are received, honoured and validated in the music by the music therapist, this may transform into 'successful' emotional disclosure and relating between the couple (Aigen, 2014; Jensen, 2001; Smith & Hertlein, 2016). According to Aigen (2014, p. 110), "[t]he therapist provides a container in which the client can project primitive feelings of rage that otherwise might threaten to overwhelm and destabilize a weak and vulnerable ego".

At the end of a section of music-making which results in feelings of intimacy, a vulnerable moment may be savoured for a time before the mind retakes control and defences are re-established. Client feedback sometimes includes reports that something 'moves' or 'shifts' psychologically or emotionally, offering awareness of opportunities for accommodation and change (Austin, 2008; Bunt, 2012). As many clients have reported, when you sing with someone you do not only share sounds, but also vibrations. Some clients have found this shared energy field as intimate, even more so than touch. The client and therapist can potentially affect each other on a level that goes deeper than words, and this may also be relevant for couples in therapy, an idea which is relatively unexplored in the music therapy literature (Austin, 2008).

Music therapy can help a person to gain insight into their needs and concerns, potentially allowing them to develop awareness of issues, thoughts, feelings, attitudes and conflicts (Wigram, Pedersen & Bonde, 2002). Chazan (2001) says that one of the aims of psychodynamic therapy is insight, the capacity to understand one's own defences and motivations, to be aware of one's own

responses, to appreciate the meaning of symbolic behaviour. Insight, to be effective, must be emotional and not merely intellectual, and although it refers primarily to self-awareness and self-knowledge, it is also used to refer to the capacity to understand others (Chazan, 2001). Growth in awareness of the other is also significantly positive for change and personal growth. When either person in a relationship changes even a little, the relationship changes; if both change together in a positive way, possibilities for benefit may accrue. The inspiration for this study is the possibility that two people may gradually gain insight into themselves and each other through participation in music therapy sessions. Gaining insight offers a more realistic perception of the truth of ourselves and of others. Insight and realistic perception mean opening the door to parts of ourselves and of the other of which we were previously unaware. The aim of therapy is to make the unconscious conscious, to learn to see aspects of oneself and of others to which one had been blind (Chazan, 2001). Sensitivity to and awareness of other people and how they feel may be fostered through music therapy group work. Music therapy offers the development of other-awareness, of relationship and, significantly, the opportunity for difficult experiences or feelings to be identified and shared. This process is sometimes not available in everyday life, but it is possible in music therapy to develop awareness and a realisation of the impact of actions and feelings on others (Watson & Vickers, 2002). Pavlicevic (2003) suggests that music therapy groups may be informed by verbally-based group theory, but the therapists work directly through music, being highly skilled at using a flexible and dynamically insistent medium to draw the group together.

The emotional power of music is as ubiquitous and famous as it is mysterious. Budd (1992) suggests that music communicates a process which is experienced with emotion and its value is dependent upon its ability to arouse emotion in the listener. Forms of human feeling are much more congruent with musical forms than with the forms of language, therefore music can reveal the nature of feelings with a detail and truth that language cannot approach (Juslin & Sloboda, 2011).

Shared music-making is widely reported to contribute to a meaningful and mutually engaging social connection (Matthews, 2015). Music therapy song writing may improve group cohesion and social interaction (Aldridge, 2005). Edwards (2011) discusses the use of musical elements to co-create mutually satisfying encounters; these encounters may create a strong foundation for future capacities for intimacy and positive relating such as promoting self-awareness, self-expression and communication.

Within couple counselling, conflict often arises from mismatches in perception and need, which lead to misunderstanding, hurt feelings, escalation, anger and emotional withdrawal (Gurman, 2008). When interpreting the behaviour of others, people assume they are perceiving reality. Interpretation can lead to misunderstanding and, therefore, to conflict. Misunderstandings can occur even in long-term relationships and it may take an outsider, such as a therapist (or therapeutic group), to show that perception is relative (Chazan, 2001).

In summary, the literature in the field can be collated into four areas of relevance to couple counselling practice: (i) increasing self-knowledge, self-awareness and emotional awareness; (ii) increasing awareness of others and fostering relationship; (iii) facilitating self-expression and communication; and (iv) enhancing social interaction. The rationale for this pilot study is based on the hypothesis that music therapy might allow a couple to express emotion, listen to each other and potentially experience deeper awareness of self and partner.

AIMS AND OBJECTIVES OF THE STUDY

The aim of this study was to explore the potential for music therapy to contribute to couple counselling. The objectives were to pilot one music therapy session with one couple to explore how music therapy might contribute to positive communication and shared emotional intimacy, and to examine qualitatively the experience of music therapy for one couple. The couple selected were identified by a relationship counselling centre as a healthy couple. They were selected for the pilot so that the approach might be tested with a healthy couple before testing on couples experiencing relationship difficulty. This was based on ethical concerns around piloting a new approach on a more vulnerable couple.

During the session of this pilot study, the following music therapy techniques were integrated: call and response music-making, free improvisation in music, joint song-writing, and meditation using receptive music therapy techniques. The choice of these techniques was based on previous practice experience and on related literature in the field. More specifically, these techniques were recommended in papers relevant to this study (Bruscia, 2014; Mössler, Assmus, Heldal, Fuchs & Gold, 2012). Given its exploratory nature, it was decided to pilot this study prior to engaging in a larger empirical study.

METHODOLOGY

The study method included three main components: (i) an exploratory interview with the couple conducted before the music therapy session; (ii) a 50-minute music therapy session; and (iii) a follow-up interview with the couple conducted after the session had finished.

A case study is an in-depth study of a situation; a method used to narrow down a very broad field of research into one easily researchable topic (Pope & Mays, 2006). An exploratory/pilot case study was the method used for this study. Pilot studies play a fundamental part in health research. A pilot study contributes important data to assist researchers in the conduct of their study. Undertaking a pilot study provides the researcher with the opportunity to collect preliminary data, evaluate their data-analysis method and clarify the resources required in a larger study (Doody & Doody, 2015).

Van Manen's (1990) phenomenological approach was used to inform the data analysis process. This phenomenological approach was followed to explore the benefits and challenges experienced by this couple receiving music therapy and to explore the learning experiences of conducting this pilot study (Van Manen, 1990). The data was compiled from the interviews, therapist's journaling, video analysis, interviews and feedback. Interviews were semi structured. Van Manen's process of phenomenological enquiry was followed, step by step, to bring together the therapist's observations, the interview data and the video analysis. The six steps of Van Manen's hermeneutic phenomenological study are: (1) Turning to a phenomenon which is of serious interest; (2) Investigating experience as it is lived rather than as it is conceptualised; (3) Reflecting on the essential themes which characterize the phenomenon; (4) Describing the phenomenon through the art of writing and re-writing; (5) Maintaining a strong orientation to the original question; and (6) Balancing the research question by identifying parts and the whole (Van Manen, 1990).

The interviews focused on the experiences of the couple regarding their engagement in music therapy activities with their partner and the experience of the process in terms of learning about the other person, relating and communicating. Congruent themes emerged from the process of categorising and organising verbal, non-verbal and musical contributions. These themes were further refined, filtered and categorised, which yielded more general, principal themes. These themes were subject to further refining and categorisation, resulting in four main themes.

Ethical approval was obtained from the University of Limerick ethics committee. A process of exploration was carried out to find subjects, during which two marriage counselling organizations were approached. These organizations assisted the researchers by identifying potential couples who might be appropriate. An information letter briefing the couple on the nature and extent of the investigation and a consent form were given to the two subjects prior to the study. Informed consent was given to each individual in the relationship couple separately to ensure informed consent.

The 50-minute music therapy session comprised the following elements: (i) opening musical game; (ii) first free improvisation; (iii) song writing; (iv) receptive music therapy; (v) second free improvisation; (vi) finish – gentle music and silence and finish.

The video recording of the interviews and the session were transcribed. The transcripts were subjected to a line-by-line examination. Lee and McFerran's (2015) process of Interpretative Phenomenological Video Analysis was followed.

Validity of the data was ensured by returning to the participant couple with the emerging themes for their assessment in terms of congruence with their understanding of their own experience. The participants responded to the coding and interpretation positively and supportively, with minor clarification to language used to describe their experiences. Interview data was transcribed and coded by two researchers to check for bias; journaling and research supervision ensured that any bias was checked and the researchers returned to the couple to check that themes were consistent with their experience. Audio-visual recordings were analysed through written descriptions primarily, and specific sections of interest were transcribed.

Two researchers undertook this study (authors one and two). The first author conducted the music therapy session. The second author conducted the pre- and post-session interviews and the three-month follow up. The third author provided research supervision throughout the process.

Description of the couple participating in the pilot study

The couple who took part in the session were a married couple in their early 40s, who had been in a relationship for 14 years and had one child. They were Irish nationals, identified as heterosexual, and both worked in the area of mental health and addiction. They were selected on the basis that they reported no current serious marital problems and that they were part of a stable and loving relationship.

As explained above, the rationale for identifying a couple who were not experiencing crisis in their relationship was that, firstly, the study was exploratory, and secondly, and most importantly, the safety of participants was paramount.

RESULTS

This section focuses on the results of the pilot study, but first a description of the session is provided. This description outlines the key components and processes of the session alongside some reflections regarding the therapist's own emotional responses. For purposes of confidentiality, the couple are identified as M (male partner) and F (female partner).

Description of the session with reflection on the process

Element (i): The Opening Musical Game was designed to be a warm-up to introduce the couple to the experience of playing music together, an activity they had never shared before. A certain amount of initial self-consciousness and embarrassment was expected and proved to be the case. The subjects were invited to play a short sequence on a drum and the other to respond by answering with the same sequence; they were free to modify the beat from time to time. This was done using a single, large, shared drum. To begin, a beat was initiated by the therapist and passed around between the therapist and the two subjects. After a couple of rounds the therapist stopped playing the drum and supported the subjects in the game using chords on the guitar. The game lasted for four minutes. The beat changed several times and the game became playful as they tried to catch each other in an incorrect response. The opening musical game seemed important, on reflection, although it was a little tense and awkward. It seemed to begin the process of relaxing the couple and to establish a playful and safe atmosphere. It seemed to lay the groundwork for the subsequent stages.

Element (ii): The First Free Improvisation was designed to create a shared musical space and to build on the musical relationship that began in the open musical game. This section was designed to establish their individual expression and to encourage listening to each other's unique voice. The couple seemed to begin to share the space, and interacted in the way they played together. They listened to each other, responded to each other, and were aware of each other in the music. The couple were using two glockenspiels. The therapist supported their music, playing the guitar using chords of C, A minor, G, E minor, F and D minor when they played on the white notes, and F# minor and C# minor when they played on the black notes. This section lasted approximately ten minutes.

Element (iii): The Song Writing was intended to offer opportunities for musical sharing and cognitive sharing. The couple were invited to recall a special place or time, a significant, shared experience. They chose this together and developed the following song together also, agreeing to the activities when these were proposed by the therapist. The couple chose a recent holiday which had provided a peaceful, shared experience for them; they recalled sitting together in the evenings and looking out over fields where hares played and settled down for the night. The experience comprised emotion of which they had not been aware, and the song writing process allowed them to delve deeply into what was shared in those moments. The couple dictated the lyrics, chose the key, the tone, the pitch direction of the melody, and suggested some of the notes. The therapist added some structure and organised their words in order to create rhyming lyrics, which the couple requested. Writing the song took approximately 20 minutes. This activity offered an opportunity to share creativity, recall the shared experience, find out what the other noticed, felt was important and wanted to share. The exercise was designed to encourage communication, intimacy and emotional sharing. It is suggested that such mutually satisfying encounters may create a strong foundation for future capacities for

intimacy and positive relating (Edwards, 2011).

Element (iv): Receptive Music Therapy was designed to allow the couple to relax and reflect on the memory and shared emotion of the experience that was the basis of the song. The couple was invited to face each other, to hold both hands and to make eye contact to encourage communication. As they sat in that way, the song they had written was slowly and gently played and sung to them by the music therapist. After about five minutes, it was apparent to the therapist that the experience of eye contact and holding hands was becoming uncomfortable for one of the couple, and they were both invited to close their eyes. This seemed to relieve the discomfort. The gentle playing of the song continued for a further seven or eight minutes. There was a sense of sharing an intimate moment. After this section it seemed clear to the therapist that something had changed for the couple. A new, much more fluid, more relaxed atmosphere seemed to prevail, and the small therapy room seemed to become much more spacious.

Element (v): The Second Free Improvisation was designed to capture and to amplify the experience in the previous section, and to bring into shared musical expression whatever might have happened in the previous section. In this Second Free Improvisation, the tone was significantly different from the First Improvisation; the music was slower, more synchronised with little if any disharmony; it felt like a profound sharing was taking place. This section had lasted for approximately eight minutes when the time came to finish the session.

Element (vi): The session was over and the subjects were invited to relax. The therapist played some quiet notes on the guitar during these relaxed minutes. A sense of awe prevailed which, eventually, seemed to demand silence and respect and everyone sat quietly for a few minutes. Then the therapist invited the participants to gently return to awareness of the room and the present moment, the end of the session. The therapist thanked them, took some feedback and left the room. After the session, the second interview was conducted. Three months later the third interview was conducted.

Pre and post interview results

Pre-session interview

The couple described their relationship pre-session as: “really getting on, we have fun together but we also piss each other off, as every couple do”. When asked how they communicate presently they described themselves as follows:

> If there’s something coming up, an event…. (looking at him) Yeah we just discuss it, the logistics of it or the finances of it, yeah, we just kind of make decisions and say like will we do this? (F)

> I like that to get her blessing or get her ideas and stuff like that. And yeah but also like stuff that’s going on with my family. There’s nothing that… I can’t talk to her about. (M)

> There’s a kind of flow. (F)

In the pre session interview, the couple stated that although music is not a huge part of their relationship, it plays a part in connecting closely.

> F: You know that once in a blue moon, we sit in here and we play music and it's not something like that we planned to do, it just kind of happens. And we will go through apple music and we won't put an album on. It'll be like, do you remember this song?
>
> M: Do you remember this tune?
>
> F: And this song. And someone will take control and they'll play, it's like "oh god, do you remember that?" And we'll kind of talk about where we were in our life when we were listening to that. And concerts or oh, I used to listen to that album all the time…
>
> M: The most fun I've had with music was creating music for our wedding, the actual songs for the ceremony, but then we had a playlist that played during the meal. And just sitting here, we had a couple of nights like that.

When asked about emotional intimacy, the couple noted that intimacy comes and goes, depending on the time of life, business of schedules, work and family commitments:

> F: We'll have times where we are really close and times where we are not as close. And it kind of comes and goes. *[M said "comes and goes" simultaneously]*
>
> M: Erm, yeah, even though like say we are disconnected, there's something that… I trust us. I trust us as a couple that even if we are in the dip. Yeah, I'm not panicking that oh, god are we going to break up or anything like that, that doesn't come into it, it's just - okay, we are here.
>
> F: *[intake of breath]* Yeah, sometimes that's not even about us, it's about outside stuff. He might be preoccupied about something else or I might be preoccupied about something else and I kind of just pull back. I can have a tendency to retreat a little bit. When my head is elsewhere I'll retreat a little bit. A lot of the time I like to kind of work stuff out in there (pointing to her head), so I'll be a little quiet maybe for a day or so.

Post session interview

After the session, the couple were asked to reflect on the music therapy session:

> F: A little bit uncomfortable at first, because I'm not a bit musical and it was kind of more up here (gesturing to her head) than in here (gesturing to her body). But I kind of got into it, especially the last piece. It was powerful. Yeah, there was a lot of feeling, there was a lot of wonderful feeling. Yeah I really, really enjoyed it.
>
> M: Yeah, it was the same for me, yeah, a little bit self-conscious at the start, but I didn't let it get in the way too much. There's lots in it, lots of nuances and stuff, with bits of feelings and thoughts and memories. Yeah it's quite powerful And exciting as well. Especially that piece in writing the song.
>
> F: Yeah.

The female described writing the song as

> …particularly profound, a sense that no matter what's going on, the storm or whatever is going on the surface, underneath there's kind of, yeah, there's a solidness there. We come back to that, and come back to that. (F)

When asked to comment on the music-making in the session, the couple both expressed having experienced embarrassment at times, but concluded that the benefit of shared music-making, for them, was just being present, right there at the moment for each other, there was no expectation, nothing to do, nothing to worry about.

The vulnerability of improvising was noted as a powerful activity:

> …cause it's vulnerable, it's vulnerable. We don't know what we are doing, you know. That's vulnerable. It's kind of unconscious what's going to come out because we have no control over it. There's always going to be a bit of "oh, sugar!" (laughter). What's going to happen? But there was nothing that would have gone on that wasn't helpful. I think I learnt something from every single bit of it. (M)

Results of the phenomenological analysis

In bringing together the interview data, therapist observation and journaling and video analysis, four significant themes emerged.

Theme 1: Guarded, needy, things not meeting

This theme arose principally from early in the session when everybody was feeling understandably awkward when the couple were invited to experience the vulnerable position of playing music together for the first time.

At the beginning there was a sense of self-consciousness, disconnectedness and tension in the room. The sense was noticed by both researchers in their reflective journals.

> I found it a little bit uncomfortable at first… and it was kind of more up here (gesturing to her head) than in here (gesturing to her body). (M)

> I suppose initially, emotions would be foolishness, or silliness. (M)

> I'm maybe a bit selfish here, we're supposed to be connected in this but I was just off on my own stuff. (F)

> It felt kind of foolish and embarrassing at the start. (F)

These sample comments led to the idea that unease, nervousness, apprehension and some of the distance and poor connection that normal life can confer was extant at the beginning of the

session. The comments were congruent with the experience of the researchers and also with the views expressed in interviews.

Theme 2: Happy together, venturing deeper

This theme arose as the session developed from sharing music to the writing of the song. As they relaxed into the sharing of music, most of the awkwardness dissipated and a relaxed and comfortable atmosphere prevailed. Concepts and comments in relation to this part of the session were:

> There is more of a sense of connection. (M)
>
> There was a playfulness in it, almost childlike, kind of like child fun and see what happens. (F)

As the session developed, the music played by the couple seemed to synchronise gradually. It was not uniform; there seemed to be an imbalance in the relationship. The imbalance was noted, reflected and discussed by M and F towards the end of the session and in the post session interview. The imbalance was presented by the couple as a relationship problem for them that was not being addressed.

> I'm just thinking the [music] that we threw out just raked up a ton of emotions. Just love, and peace and contentedness and yeah. (M)
>
> There was joy in it. Just not being in my head so much and banging on that (glockenspiel) as well just got me out of my head. (F)
>
> We still have stuff to work through and stuff but we're okay. (M)

Theme 3: Deep union

When the couple listened to the final version of the song they had written together, they became united in a shared memory, and the atmosphere felt intimate and profound. Some examples of comments recorded in relation to this part were:

> M: Writing the song, that… How do you describe it? It's that (deep exhale) big breath (F nods her head), and it… We're okay we're in good shape…
>
> F: Yeah, there was a lot of feeling, there was a lot of wonderful feeling.

During the song writing piece, the unity that sometimes gets lost in a relationship was recalled and brought front and centre. The lyrics centred around a holiday they had taken together and the music made the moment seem very personal and special; it seemed to draw emotion to the surface in a way had not happened either on the holiday or since.

> M: No matter what's going on, the storm or whatever is going on the surface, underneath there's kind of yeah, there's a solidness there. We come back to that, and come back to that.
>
> F: No matter where your head goes and you might think certain things or you know. So you know I think for me there was just a huge sense of yeah this is it.

Theme 4: Transcendence

Towards the end of the session the therapist perceived a profound quiet and deeply personal atmosphere. The therapist felt like an intruder as he observed the developing warmth and unity of the subject couple. Comments that were recorded were:

> M: Yes, it's kind of like seeing you or not seeing the mask or seeing your persona, it's actually seeing you.
>
> F: Yeah, yeah
>
> M: This feels like you're sharing a vulnerable moment;
>
> F: Yeah something has kind of shifted. And for the better; definitely, I think it just opens a whole new… What I don't know. But it does. A new depth, a new level.
>
> M: Something very deep, much deeper than I expected happened: I felt it in my stomach, like a ball of energy, a warm feeling.

This final part of the session was very quiet with very little talking from M or F; a quiet depth seemed to fall into the room. One of the couple whispered "I just spent three weeks in France", and the therapist's notes reflect what occurred in this part of the session:

> As the music continued their heads moved slowly closer together during the whole time the music was playing.
>
> This improvisation felt, seemed, to be profound, deep, quiet, calm, There was almost no eye contact between f and m, just one moment to share a quiet smile during the music but otherwise it felt/seemed like four and a half minutes of musical unity.

The couple commented after this part of the session as follows:

> I am sure for both of us, we will be having conversations, there are loads of nuances in that, tons of stuff, like, tons of information, that will take a while to decipher. There will be a lot to process from that. (M)

When the findings of this study were subsequently checked with the couple, their responses remained positive, referring to the "power of the music" to "weave a kind of magic" and saying that "it's amazing how you can just get into the whole thing in such a short time" (F). At the time of writing, they are still grateful for the experience and have subsequently begun to talk privately about some of the things that came up for them during the process and to use the experience to deepen their relationship.

Creative description of the session

The findings were brought together in in a written, creative description, developed by the researchers during the process of analysis, to describe the pilot case study. This creative reflection is in keeping with Van Manen's approach.

> By writing and rewriting the essences and themes arising in the data… themes condense into a discursive whole which we may call 'theory'. Responsive-reflective writing is the very activity of doing phenomenology. (Van Manen, 1990, p. 132)

The session was like "a journey" or "a walk" into a swimming pool from the shallow end to the deep end. The Opening Game and First Improvisation felt shallow with only a little meaning. When the Song Writing began, it seemed we reached the beginning of the pool's decline and started the descent into deep water. A harmony seemed apparent after about 20 minutes, and seemed to be firmly established by the end of the song writing process. That process seemed to prolong the descent and to offer many connections and opportunities for shared emotions and memories. Then the session came to a very still and deep place, which we entered through the receptive music: playing and singing the song that had been written, slowly and softly while the couple held eye contact, for a time, and then closed eyes and held hands. Second improvisation seemed profound, deep and still. It was as if communication needed no words or looks, it was just being. The music had changed and seemed harmonious, slow and beautiful. The journey into the deep was complete. In the space of an hour, the session seemed to be a journey from a shallow, unsettled, uncomfortable beginning through increasing closeness, emotional honesty, positive regard and sharing, finishing in a place of sincere, profound connection.

DISCUSSION

The findings of this pilot study suggest that music therapy may assist couples in relating and expressing emotion, and communicating and connecting non-verbally, and warrant further exploration. The project was conceived with the objective of establishing a possible treatment or intervention which might stand alone or be included as part of a therapeutic service being offered to couples. Whilst this case study focused on a relatively healthy couple, its findings suggest that the elements of listening, self-expression and non-verbal communication afforded by music therapy may possibly benefit those experiencing relationship difficulties. Music therapists might be able to work as part of a relationship guidance organisation alongside marriage guidance counsellors in a number of ways. For example, music therapists could offer one or two such music therapy sessions at the beginning of the therapeutic journey. This could have the effect of shortening the time it takes to enable a couple to lower defences and to unite in the approach to shared difficulties. However, this might require joint working with psychotherapists to maintain therapeutic relationships across sessions. Alternatively, where couple counsellors experience blocks or difficulties in verbal work with couples, the involvement of a music therapist might assist by offering creative, non-verbal approaches to communication and self-expression. It is recommended that music therapy might be explored as part of established

evidence-based couple counselling services (Gottman, 2002). Referral by relationship counsellors to music therapy would be recommended to ensure that appropriate couples are referred. The non-verbal nature of this intervention may support some couples for whom verbal communication and listening are difficult. This effect should be explored through further research because it represents a relatively new area of investigation and practice.

The study was limited in several ways, and as a pilot can only indicate some benefits and potential upon which future research can build. It is true that single session evaluation reports have limited value for practice (Miles, 1979; Yin, 1981), but this does not necessarily diminish the quality and impact of music therapy in this session. The reported results of this music therapy session for the participant couple were positive, especially regarding the depth of connection reported. As such, the results signpost to what might be possible, and the authors contend that this area of work is novel and worthy of consideration and development by music therapy practitioners and researchers.

For ethical reasons, the participants were deliberately chosen for their lack of serious marital problems or issues. They were a couple who had experienced couple counselling in the recent past. Bruscia (2014) suggests that there is no inherent reason that music therapy may not have a role in improving the experience of people who do not have diagnoses or who do not suffer with particular pathologies. People regularly choose to engage in a range of therapies, e.g. massage, acupressure and acupuncture, reiki, hot stone therapy, hydrotherapy and reflexology. Many forms of therapy are available and advertised to the public for various reasons. Some of those reasons are the opportunity for life enhancement, relaxation and stress relief, personal growth and pleasure. On this basis, a music therapy session might enhance connection for people in a couple relationship.

We would recommend further studies using content analysis, video analysis by external professionals and interviews with participants as key to the development of similar interventions. Couple counselling can often be contentious and adversarial and, as with other kinds of conflict, healing does not happen until solutions are sought in partnership (Gottman & Silver, 2005). The prospect of investigating some of the areas mentioned in this report is appealing and exciting; this work offers a potentially new area for music therapists to cultivate.

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Ελληνική περίληψη | Greek abstract

Εξερευνώντας τον δυνητικό ρόλο της μουσικοθεραπείας να προωθεί τη θετική επικοινωνία και τη συναισθηματική αλλαγή των ζευγαριών: Μια πιλοτική μελέτη περίπτωσης βασισμένη σε μία συνεδρία

Peter McNamara | Ruyu Wang | Hilary Moss

ΠΕΡΙΛΗΨΗ

Αυτή η πιλοτική μελέτη περίπτωσης διερευνά έναν δυνητικό ρόλο της μουσικοθεραπείας στη συμβουλευτική των σχέσεων, με τη χρήση ενός σχεδίου μίας μελέτης περίπτωσης. Γενικότερα, κυριαρχεί η άποψη ότι η μουσικοθεραπεία μπορεί να υποστηρίξει ζευγάρια στο να κατανοήσουν και να επικοινωνήσουν τη σχέση τους προσφέροντάς τους ευκαιρίες για αυτοέκφραση, συναισθηματική έκφραση, επικοινωνία (λεκτική και μη λεκτική) και κοινωνική συμμετοχή. Η μελέτη αυτή σχεδιάστηκε με στόχο την καθιέρωση μιας πιθανής θεραπείας ή παρέμβασης που θα μπορούσε να λειτουργήσει ανεξάρτητη ή να συμπεριληφθεί σε μια θεραπευτική υπηρεσία για ζευγάρια. Η μελέτη συγκροτήθηκε στη βάση μίας μουσικοθεραπευτικής συνεδρίας με ένα παντρεμένο ζευγάρι, και περιλάμβανε: μια διερευνητική, ημιδομημένη συνέντευξη με το ζευγάρι πριν από τη συνεδρία, μια μουσικοθεραπευτική συνεδρία διάρκειας 50 λεπτών και μια συμπληρωματική συνέντευξη με το ζευγάρι μετά τη συνεδρία. Από τη μελέτη αναδύθηκαν τέσσερις μείζονες θεματικές: α) επιφυλακτικοί, απαιτητικοί, χωρίς σημείο συνάντησης, β) ευτυχισμένοι μαζί, αποτολμώντας μαζί, γ) βαθιά ένωση, και δ) υπέρβαση. Η ανάλυση των δεδομένων βασίστηκε στη φαινομενολογική προσέγγιση του Βαν

Μάνεν [Van Manen] (1990). Τα ευρήματα από αυτό το πιλοτικό πρόγραμμα υποδηλώνουν τη δυνατότητα της μουσικοθεραπείας να προωθήσει τη βαθύτερη συναισθηματική σύνδεση, τη θετική επικοινωνία και τη συναισθηματική αλλαγή των ζευγαριών. Παρόλο που τα αποτελέσματα πρέπει να αντιμετωπίζονται με προσοχή λόγω των περιορισμών που εμπεριέχει ο μεθοδολογικός σχεδιασμός, αυτή η μελέτη υποδηλώνει ότι η μουσικοθεραπεία μπορεί να προσφέρει ένα οικείο περιβάλλον για να διευκολύνει τις έντονες, διαπροσωπικές αλληλεπιδράσεις μεταξύ δύο συντρόφων. Αυτό είναι ίσως ένα νέο πεδίο πρακτικής για τους μουσικοθεραπευτές και είναι απαραίτητη η περαιτέρω σχετική έρευνα.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, μουσική, συμβουλευτική ζευγαριών, θεραπεία ζεύγους

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ARTICLE

What are the factors of effective therapy? Encouraging a positive experience for families in music therapy

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ABSTRACT

This article discusses the impact of trauma on cognitive development, linking this to a review of some of the literature available on the factors that enhance the therapeutic experience. Although the literature reviewed concerns general psychotherapy, further discussion is offered on the impact of the findings on music therapy. In response to the findings and the author's continuing clinical music therapy work in the field of the impact of trauma, a pilot project is proposed using the Swanick-Chroma Assessment of Supportive Factors (S-CAF) questionnaire, which is based on Lambert's four main factors of effective therapy: relationship/alliance, client characteristics, model of therapy, and expectancy. The S-CAF questionnaire can provide opportunities for professionals and the referred family to reflect on the levels of emotional and practical support available to them before and after the therapeutic process. It is proposed that the more the family feels emotionally supported, the greater the chance of success during and after therapy. A pilot research scheme is proposed to test the effectiveness of the S-CAF, with the creative arts therapists associated with Chroma (a creative arts therapies agency in the UK) undertaking the questionnaire as part of the therapeutic process (during assessment and evaluation). The results from the questionnaire will be used to inform the goals of the therapy, providing support to the family where needed.

KEYWORDS

trauma,
therapeutic alliance,
assessment

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INTRODUCTION

I have worked for Chroma, a UK arts therapies agency, since 2016. Chroma employs nearly 100 creative arts therapists who work as either music, art or drama therapists across the country. During a management meeting at Chroma HQ, the leadership team asked, "What is it that makes our therapy effective?". Although we could talk about success stories and the benefits of our different modalities, we could not identify anything specific. What were the qualities that helped us have a positive impact

on our referred families? I decided to look into the qualities of successful therapy and feed back to the team. I have a professional interest in assessment, having written an assessment training manual on the Assessment of Parent Child Interaction (APCI) (Swanick & Jacobsen, 2019) and built the foundations for the Chroma model of multi-disciplinary assessments, which incorporates the APCI and Fagus questionnaire (Beech Lodge School, 2016). The APCI is an objective musical assessment which measures the attachment style and parenting skills of the family, whilst the Fagus monitors the educational and social development of the child, from the point of view of school. I started to reflect on how we could develop an assessment tool that measures the qualities of successful therapy and how this impacts upon the family, to help families have the best possible experience of therapy. In my music therapy work with adopted children, I have often shared my thoughts with other professionals on the powerful impact that the wider family has on the child and the therapy space. A child is often referred to Chroma at a time when the family are in crisis. There can be a reduction in emotional resilience, and the family feel they cannot cope with the behaviours of the child. If a family accesses the support offered by the therapist and professionals there seems to be, in my experience, a higher chance of a positive therapeutic outcome. All these thoughts, reflections, research and experience have informed the development of S-CAF in the hope that we, as therapists, can provide consistent, individual and useful care for the families that we work with. The aim of this paper is to describe the process of development which led to creating S-CAF. Firstly, there is a review of findings on how trauma affects the brain, followed by a discussion on the factors that contribute to effective therapy. The paper concludes with a proposal for a pilot scheme to test the effectiveness of S-CAF on measuring resilience and effective therapy with families.

TRAUMA AND THE BRAIN

Research has shown that children who are exposed to trauma often experience challenges with cognitive abilities, and experience changes to their brain structure (Enlow et al., 2012). Children may present with a reduction in executive functioning, and their brain structure can show a reduction in volume in the cerebral cortex and hippocampus. They can also experience challenges in cognitive domains, indicated by IQ levels and reading and maths ability.

Enlow et al. (2012) found that interpersonal trauma in infancy had a negative and enduring impact on children's cognitive development (past the age of five), even when adjusting the data for environmental contexts. Some physically traumatic events have a direct impact on the brain, i.e., a head injury caused by physical abuse or severe malnutrition. When the trauma is psychological, the damage is caused by overloading the stress pathways in the brain. Extreme stress causes changes in the chemical and hormonal balance in the brain, as well as damaging the neurotransmitters that connect the different areas. Enlow et al. (2012, p. 1005) state that "because early brain organisation frames later neurological development, changes in early development may have lifelong consequences".

Bremnar (2006) discussed the long-term effects of the child experiencing high levels of stress. After trauma, the brain shows long term changes in neurochemical systems and specific brain regions. The production of cortisol increases dramatically, and the hippocampus, amygdala and prefontal cortex are affected. As the brain is flooded with cortisol, neural pathways change, causing dysfunction

in cognitive processes. The hippocampus, amygdala and prefontal cortex all play a part in verbal and actual (visual) memory and emotional regulation, meaning that the child will struggle in times of stress into his adult life.

Winnicott (1971) proposed that the child's relationship with their caregiver (specifically their mother) is the biggest indication of future mental wellbeing. If a child does not feel safe or is not psychologically/physically safe, their levels of cortisol (a stress hormone) rise. When this increase is long term, the neural pathways in the brain are permanently changed.

Richard Anderson (1978) developed the idea of humans arranging cognitive information in schemas (or schemata). A schema is the 'mental framework' in which we remember and organise information. As we mature, our schemata help us by providing a social and emotional anchor for our behaviours. With our schemata as a cognitive base, two further skills of emotional understanding are employed in our reactions to others – reflective functioning (how we understand feelings) and then mentalisation (seeing things from another perspective) (Goulding, 2007).

In children who have experienced trauma, the schemata are dysfunctional. For example, in a good enough environment, a child will learn that if they cry or ask for help, their caregiver will respond by soothing and listening to them. The consistent caregiver will meet the emotional and physical needs of the child more often than not, giving the child a functional emotional schema to refer to. When caregivers are in crisis, they may not have the capacity to meet the needs of the child. If the child cries, the parent does not respond in a thoughtful way. The child either feels catastrophically overwhelmed or dissociates from the situation. As the child matures, this dysfunctional schema becomes their reference point in times of stress, and the child will react by behaving in a similar way.

To understand further the impact of stress on brain function, it is important to look at working memory. A healthy prefrontal cortex is essential to working memory. As noted above, this is also a key area that is affected by trauma. Extreme stress can cause structural damage which lessens the capacity of working memory (Luethi et al., 2008)

Working memory holds temporary information and is responsible for reasoning, behaviour and decision making. Theorists have argued that working memory is directly related to the development of cognitive processes in humans. Cognitive abilities in childhood are reliant on a successful working memory; in fact, the capacity of working memory is a predictor for these abilities (Case, 1985; Jarrold & Bayliss, 2007). Kail (2007) led a longitudinal study on working memory in children from one year old until later life and found that this area of brain development was the strongest indicator of reasoning ability in maturity. Working memory is affected physiologically by acute and chronic stress (Arnsten, 1998). The effects of stress on the physiology of the brain – both functionally and structurally – can help explain how stress impacts mental ill health. When we are stressed, working memory capacity is reduced, and therefore so is our ability to think reasonably and make decisions, possibly adding more stress to our daily lives. Mood states, whether positive or negative, influence the chemical structure of the brain, which can also affect problem solving (Revlin, 2007).

As well as having implications for the young person, the impact of trauma on the brain has implications during therapy. For information to be stored in long-term memory (and remembered as a changing experience), it needs to have meaning and association with previously acquired knowledge, i.e., it needs to be relevant to our lives. One way to ensure relevance is with mental repetition, which improves memory storage. A further key element of relevance is motivation. If a person is fully

engaged in a task or moment, they will remember it as a sensory experience. In therapy, there must be time to build positive experiences, with links to the client's subconscious, in order for the therapy to be truly effective. Regular and consistent therapy sessions become imperative to positive change (Thomas, 2006).

Having established working memory capacity and repetition of behaviours as key elements in the learning processes of humans, we can now start to think about how this relates to change through the therapeutic process.

FACTORS FOR EFFECTIVE THERAPY

Many therapists will experience positive outcomes in their work with clients. This success may be measured using a questionnaire, or standardized tool. It may be that the client feels more resilient and ends the treatment when they are ready. An important part of the therapist's role is to reflect on the journey that opened up with the client – "Why did it go so well? What did we do together that helped?" In the following section, I will discuss research around what makes an effective therapeutic experience.

According to Lambert (1992), there are four main factors in a therapeutic relationship, which can be divided into 'therapist issues' and 'client issues'. Lambert weighted each of the four factors with a percentage, relating to how much they affected the therapeutic experience. The two factors that the therapist has control over are 'relationship' and 'model'. *Relationship*, which accounts for 30% of the overall therapy experience, is associated with the character of the therapist; namely, warmth, empathy and acceptance. The *model* used by the therapist accounts for 15% of the therapy experience. Then, there are two factors which are 'client issues'. Firstly, the client's *hope* and expectancy for the outcome of therapy (whether hoping for a positive or negative outcome). This accounts for 15% of the overall experience. Secondly, the client also brings *extra factors* – or characteristics – which make up 40% of the experience and include the client's inner strength, support system and the influence of their environment. If the weighting for the therapist factors and client factors are added, the therapist carries 45% of the responsibility for a positive outcome in therapy, whilst the client carries 55% of the responsibility (Lambert, 1992).

Thomas (2006) tested Lambert's theory in a family counselling context. In this study, therapists reported a higher emphasis on the therapeutic relationship, followed by the client's expectancy of the therapy. When surveyed, clients emphasised the importance of their expectancy for the therapy. However, the majority of the factors for effective therapy from a client point of view were associated with the therapist. Using Lambert's proposed factors for effective therapy, the following section will draw on literature to highlight the important aspects set out in the original study (Lambert, 1992).

Therapeutic relationship/alliance

Horvath and Greenberg (1989) suggest that the therapeutic alliance can be broken in to three areas:

- Bond: The relationship between the therapist and client.
- Goals: The aim of the therapy that the therapist and client work upon.
- Task: The methods used to work on the goals.

Sharpley et al. (2006) state that in order for the goals and task to be completed, there needs to be a solid and meaningful therapeutic bond. This emphasis on the therapeutic relationship, with the therapist at the heart of it, has certainly been found in many literature reviews over the past 20 years. Lantz (2004) found that 'relationship factors' including empathy and listening skills suggested more positive outcomes than, say, techniques or theories. The therapeutic relationship, or alliance, is a space where client and therapist work together to create goals for positive change – and this is common to all modalities of therapy. Teyber and McClure (2011) state that the relationship is built on trust, acceptance and empathy. Empathy is a key element in forming any human relationship. As social creatures, we respond to body language, tone of voice and eye contact, and can sense when the other is listening acutely to us. Therapists can enhance the relationship by understanding the client's experiences and intentions; showing interest and engaging with them on their journey (Sharpley et al., 2006).

The point in the treatment at which the alliance is made will have a direct impact on the outcomes of the therapy. McCoy-Lynch (2012) ran a study with psychotherapists, using questionnaires to capture their experiences on the factors of effective therapy. Over 50% of the therapists interviewed stated that the first two to four sessions were the most important when building bonds, with some therapists reporting a sense of the relationship within the first ten minutes of a session (Littauer, Sexton & Wynn 2005). Factors such as how long the client has waited for therapy, the efficiency of the organisation or therapist at responding to enquiries, and the initial contact for the first appointment will add to the foundations of the therapy alliance.

Empowering the client in the therapy process is important when considering the balance of power in the therapeutic alliance. Sullivan, Skovholt and Jennings (2005) found that therapists who were struggling to start positive change in their clients had new success when they discussed this barrier with their client. This action seemed to lead to the finding of a joint solution to the problem and reaffirmed the mutual alliance. In parallel to this, Littauer et al. (2005, p. 30) surveyed 36 clients after their second psychotherapy session and the found the following qualities to be most important: "be warm, calm, responsive, be prepared and have a plan, listen attentively, be understanding, and balance specific questions with comments and conscientious listening".

Black et al. (2005) discuss the influence of attachment styles and behaviours on the ability to make and sustain relationships. This seems particularly relevant when discussing trauma and work with children. When a client is feeling unsafe, they will revert to their original behaviour patterns. In the therapy space, these behaviours can become heightened in the transference of the therapeutic alliance. If the client has experienced trauma through parental abuse or neglect, they may subconsciously revert to this as they feel vulnerable in the therapy space. This can harm the relationship, and therefore the outcomes of the therapy. Attachment styles in clients cross two elements of the factors of effective therapy: the therapeutic alliance and the 'extra factors', or client characteristics.

Client characteristics

Bachelor et al. (2007) found a high correlation between the client's motivation, symptomology and relationship skill in positive outcomes in therapy, echoing Lambert's (1992) findings stated earlier.

When the client is invested in the process of therapy, it will help to create a safe space where difficult feelings can be explored (Sullivan, Skovholt & Jennings, 2005). This is the crux of therapy: trying to understand why the client is in turmoil and how that relates to their life – past, present and future.

As the client's personality affects the progress of therapy, so does the therapist's. The therapist needs to be reflective and flexible, working in partnership with the client. They need to feel positive about the outcomes of the therapy and communicate this to the client (Whitbourne, 2011). Interestingly, evidence shows that the amount of experience, training or professional skills a therapist has do not have a significant effect on the therapy experience (Hersoug et al., 2001). Hoglend (1999) found that variables such as therapist personality, training, years of experience and even amount of supervision had inconclusive results with regard to the outcomes of therapy. However, Hoglend did find that unplanned or early endings with clients were more highly associated with inexperienced therapists, which could be related to the building of the therapeutic alliance.

Model

If we return to Horvath and Greenberg's (1989) three areas of the therapy relationship, the model used by the therapist would be the 'task'. In creative arts therapies, the task is the modality of the therapy – whether that be one of the specific disciplines of art therapy, dramatherapy or music therapy. When a referral is made, it is usually with a modality in mind. Sullivan, Skovholt and Jennings (2005) detailed numerous studies showing that the modality of the therapy was unimportant as most approaches will offer positive change. This again suggests the force of the therapeutic alliance is key to the change process. The modalities that Sullivan, Skovholt and Jennings referred to were associated with traditional psychotherapeutic thought, and there was no evidence available at the time of writing on arts therapies models.

Hoglend (1999) suggests that the therapist must find a balance between clinical judgement, creativity and flexibility in order to bring about change. The therapist must use a range of therapeutic tools to meet the needs of the client. When clients are asked about their experiences in therapy, they do not always speak of the modality, but of the relationship and characteristics of the therapist (Carr, 2011).

McCoy-Lynch (2012) found that from the interviews in the study there were several themes for successful therapy. Therapists suggested that being open to new ideas and receiving regular supervision was important to them when informing their practice. One interviewee shared that "not being complacent, going to training, reading books, expanding your skills and thinking and recognising your own countertransference" (McCoy-Lynch, 2012, p. 26) are all ways to develop and support clients. All therapists agreed that high numbers of sessions, consistency of the therapist and frequent (weekly, for example) sessions all contribute to successful outcomes in therapy.

Expectancy

When a client seeks out therapy, a self-referral, they are more likely to succeed in the therapeutic process (Hoglend, 1999). Summers and Barber (2003) shared this view in that the client's pre-treatment expectations, added to the alliance created between the therapist and client, will have a

positive impact. In Lambert's (1992) original study, the expectancy of a positive outcome by the client contributed to up to 15% of the therapeutic outcome. Sprenkle and Blow (2004) also found this therapeutic variable important and suggested that this factor was not specific to a particular model of therapy. In Thomas's (2006) replica study of Lambert's work (discussed above; Lambert, 1992), both therapists and clients felt that hope for positive work being done was of higher significance than was expressed in Lambert's study. Therapists felt that hope represented 27% of the emphasis in the therapeutic experience (ranked second), whilst clients believed this to be the most important factor (30%).

Winger (2010) suggests that although there are myriad of reasons why people seek therapy, the one common factor is hope; it is the "essential therapeutic factor" (Winger, 2010, p.6). Hope for the possibility of change is open to all people from all cultures, experiencing all challenges. When feeling hopeful, clients are more likely to believe in their future and value, and this is then linked to self-esteem, positive personal relationships and overall wellbeing (Basset, Llody & Tse, 2008). With 80% of clients receiving therapy experiencing enhanced general wellbeing (Synder, Michael & Cheavens, 2006), Synder proposed 'The Psychology of Hope' model (Synder, 1994). This is a two-component theory: *Pathways Thinking,* which is associated with a client's ability to "produce one or more workable routes to their goal," and *Agency Thinking,* which regards the client's ability to move along these routes to their goals (Winger, 2010, p. 11). For hope to be present, both components need to be available to the client. Synder (1994) proposed several blockages to The Psychology of Hope – stress, negative emotions and difficulties with coping. Clients who are experiencing high levels of difficulties will struggle to engage in the often painful and challenging journey of therapy. They seek therapy in despair, without hope. As discussed earlier, the lack of hope could be due to the extreme impact of their presenting problems, leading to a reduction in the capacity of working memory and therefore a reduced ability to think reflectively about their issues.

REFLECTIONS ON LITERATURE

The research reviewed here suggests that, although there are many factors that create an effective therapeutic space, the therapeutic alliance and the motivation of the client are the most important factors. Meeting the client where they are emotionally will enable the therapy process to have positive outcomes as the therapist works flexibly and empathetically with the client. As professionals, we may even have a duty to ensure that the client is in the 'right place' for therapy to start. This could include having a safe base, resources to call upon (time, money and people), reduced symptomology and a motivation for change to happen. To ensure this, there needs to be more emphasis on assessment before therapy, and funding in place to ensure therapy can take place regularly to allow the therapeutic alliance to take hold and grow.

What are the implications for music therapy?

The four main areas described above – therapeutic relationship/alliance, client characteristics, model and expectancy – can be used in a variety of therapy settings. How do these factors relate specifically to music therapy with children and families, and how can therapists use them to enhance their work?

The factors reaffirm the therapist's responsibilities to give the family the 'benefit of the doubt' (Swanick & Jacobsen, 2018). This means that even though the family are accessing therapy to relieve their difficulties, the therapist has an obligation to shine a light on the positive aspects of the family. Often a referral for music therapy will be specifically for the child. However, by understanding the dynamics and emotional landscape which surrounds the child, the therapist can have a more positive effect, and therefore a greater chance of enabling sustainable change after therapy. In this supportive way of working, the child not only gains positive attachment experiences and tools for coping and understanding through therapy, the family does, too. This, in turn, can foster stronger bonds between parent and child and an enhanced sense of resilience for the future.

Music therapy has an evidence base on the power of creating attachment and alliance through its emphasis on nonverbal communication (Cropper & Godsal, 2016; Saotome, 2010; Swanick & Jacobsen, 2019; Van der Kolk & Saporta, 1991). For the child who has experienced trauma in the levels needed for therapy, using spoken language may not be possible (and they may not be 'in touch' with their experiences in this way). Music provides an accessible way for the child and therapist to meet each other and create a safe and meaningful bond without words. With this bond comes the therapeutic relationship needed to explore, understand and nurture the child's inner world. Furthermore, music therapy can bring solace to a child as well as give them a method for managing intense emotional experiences (Saarikallio & Erkillä, 2007).

In the UK, the role of the music therapist has commonly been part of a wider, multi-disciplinary team, typically in schools and NHS settings. In recent years, the source of funding has changed and now the families and professionals referring children to music therapy have a bigger impact on the goals being set for the work (Thomas & Abad, 2018). With this in mind, 'extra factors' and the expectancy of the family may also have an increased impact on the subsequent outcome of the therapeutic contract. In the music therapy work that is undertaken with traumatised and/or adopted children, extra factors such as the stability of the family and their ability for reflective functioning will affect the child's experience of therapy; the child may start to change and realign themselves in the therapy room, but without the ripple effect of change in the home environment, it may end there. The music therapist can bring something of themselves to support the family – offering regular time for the family to reflect on the process they are going through, and being available to encourage in times of difficulty or celebrate small successes which will create a further bond within the family. They can learn coping techniques and resilience (along with the child) by being heard by the therapist and therefore feeling more supported in the journey. Having a positive experience with an empathetic professional will increase the sense of hope and expectancy for the future.

THE SWANICK-CHROMA ASSESSMENT OF SUPPORTIVE FACTORS (S-CAF) QUESTIONNAIRE: A PROPOSED PILOT STUDY

In order to address the themes offered by the literature review and discussion, a pilot study of a questionnaire has been proposed. The pilot study will use data collected by the associate therapist of Chroma, using the Swanick-Chroma Assessment of Support Factors (S-CAF) questionnaire. The questionnaire is divided into sections which reflect the highlighted factors of effective therapy: relationship between parent and child, client and therapist factors, model and expectancy. Each

section has questions that are used to ascertain key qualities for the major factors. For example, the question "How easy is it to be affectionate with your child?", helps the assessor to understand the relationship between parent and child and their perceived attachment experiences (see Figure 1). The questionnaire uses a Likert scale, which typically uses numbers to rate an experience/issue, along with some qualitative questions. The aim of adding qualitative questions to the number rating scale is to encourage reflective thought and therefore add to the expectancy predictions of the family.

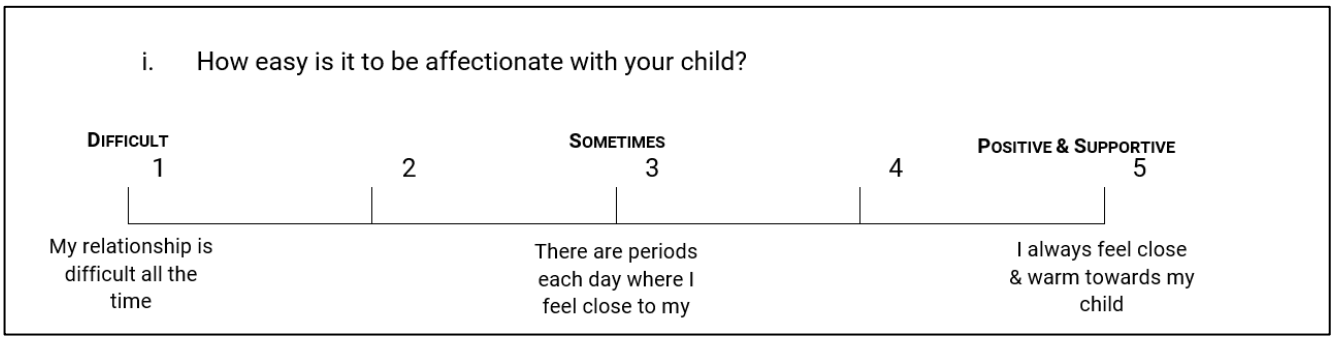

Figure1: An example question from S-CAF

The proposed pilot study is based on the hypothesis that by assessing the emotional and practical resources available to the family at the time of referral, and subsequently meeting needs where appropriate, the family will experience a positive experience of therapy and increased hope for the future. A positive outcome will take into account an increased attachment and/or increased understanding between parent and child, increased hope for the future, a stronger sense of emotional resilience and coping skills in the client and family.

Proposed method and participants

To test the validity of the S-CAF, a pilot scheme will be run through Chroma Therapies Ltd (www.wearechroma.com). Chroma is the UK's largest arts therapies organisation and specialises in working with attachment and trauma, as well as neurological issues. The funding for much of the work is provided by the Adoption Support Fund (ASF) and commissioned by local and regional authorities for social services. The ASF provides funds for essential therapies for families who have adopted children or who have Special Guardianship of children who have been removed from their birth family. The associate creative arts therapists who undertake the contract work for Chroma will use the S-CAF as part of their initial assessments and final evaluations on each case.

At the point of referral, the questionnaire will be used by the lead therapist to assess the current situation of the family and their alignment to the factors. The information from the questionnaire will be used to collect data and to inform the professional team of the family's supportive factors. The professionals involved may or may not use the outcome data to implement further support for the family (information on this will be collected at the evaluation stage).

Therapy will unfold as planned. At the end of the therapy, the lead therapist will contact the family and evaluate the therapeutic process using the S-CAF. The pilot scheme will run for six months, with the average length of therapy through the ASF being 22 weeks.

Participants for the S-CAF will be adoptive families referred for arts therapies through social services (in the UK) and entitled to funding from the ASF. Children aged between three and 16 are eligible for the S-CAF.

DISCUSSION

The S-CAF questionnaire has been shared with social workers in London and the South West of England (through two regional training days provided by Chroma), with positive feedback. Several associate therapists from Chroma have also used the questionnaire, and the S-CAF has been moulded with the need of the users in mind with the aim of gathering useful information on the family.

The S-CAF questionnaire is an evaluation tool with an emotive underpinning. It asks the family to reflect on their current experiences and identify what is difficult and what is working well. For some families, this level of self-reflection can be hard as they may feel trapped in managing challenging behaviours or in denial about anything but the positive aspects of their relationships. As Lambert (1992) and Thomas (2006) found, the 'extra factors' or the client characteristics play a large part in the outcome of the therapeutic experience. When working with children, those extra factors are not only in the child client, they are heavily influenced by the family making the referral, as the child is still dependent upon them. The S-CAF questionnaire hopes to encourage a sense of responsibility in the family through their reflection on and understanding of the relationships with the child. Furthermore, the professionals working with the family are able to see the holes in the safety net around the child and help to fill them by providing resources individually tailored to the family needs, so that the child and the family have the best possible chance of experiencing positive change. The resources needed may not require additional funding; it could be an extra phone call or meeting each week to help the family feel heard.

Ideas for further research using the S-CAF questionnaire are still in early development. The questionnaire will be used both pre- and post-therapy with families, and a full data set collected. It is hoped that supporting the wider family will have the predicted positive impact, and that the S-CAF questionnaire will be a useful addition to the evaluation tools used by music therapists. The S-CAF may also be appropriate to use with other therapeutic mediums, such as art or drama therapy, or even outside the creative arts field in social work and NHS settings.

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Ελληνική περίληψη | Greek abstract

Ποιοι είναι οι παράγοντες της αποτελεσματικής θεραπείας; Ενθαρρύνοντας μια θετική εμπειρία για τις οικογένειες στη μουσικοθεραπεία

Rachel Swanick

ΠΕΡΙΛΗΨΗ

Αυτό το άρθρο εξετάζει την επίδραση του τραύματος στη γνωστική ανάπτυξη, συνδέοντας τις πληροφορίες με μια ανασκόπηση ενός μέρους της διαθέσιμης βιβλιογραφίας η οποία αναφέρεται στους παράγοντες που

ενισχύουν τη θεραπευτική εμπειρία. Παρ' όλο που οι πληροφορίες που επανεξετάζονται εδώ αφορούν τη γενική ψυχοθεραπεία, προβάλλεται μια γενικότερη συζήτηση σε σχέση με τον αντίκτυπο που έχουν τα ευρήματα αυτά στη μουσικοθεραπεία. Ως απάντηση στα ευρήματα και στη συνεχή κλινική μουσικοθεραπευτική εργασία μου στον τομέα των επιπτώσεων του τραύματος, προτείνεται ένα πιλοτικό πρόγραμμα που χρησιμοποιεί το ερωτηματολόγιο Swanick-Chroma Assessment of Supporting Factors (S-CAF) το οποίο βασίζεται στους τέσσερις βασικούς παράγοντες αποτελεσματικής θεραπείας του Lambert: τη σχέση/συμμαχία, τα χαρακτηριστικά του πελάτη, το μοντέλο θεραπείας και την προσδοκία. Το ερωτηματολόγιο S-CAF μπορεί να προσφέρει ευκαιρίες στους επαγγελματίες και στην οικογένεια που παραπέμπεται για θεραπεία να αναστοχαστούν πάνω στα επίπεδα συναισθηματικής και πρακτικής στήριξης που διατίθενται πριν και μετά τη θεραπευτική διαδικασία. Προτείνεται ότι όσο περισσότερο η οικογένεια αισθάνεται ότι υποστηρίζεται συναισθηματικά, τόσο μεγαλύτερη είναι η πιθανότητα επιτυχίας τόσο κατά τη διάρκεια όσο και μετά τη θεραπεία. Προτείνεται λοιπόν ένα πιλοτικό ερευνητικό πρόγραμμα για τον έλεγχο της εγκυρότητας που έχει το S-CAF, με τους δημιουργικούς θεραπευτές μέσω τεχνών που σχετίζονται με την Chroma –έναν οργανισμό για τις δημιουργικές θεραπείες μέσω τεχνών στο Ηνωμένο Βασίλειο– να εντάσσουν το ερωτηματολόγιο ως μέρος της θεραπευτικής τους διαδικασίας (κατά την αποτίμηση και την αξιολόγηση). Τα αποτελέσματα από το ερωτηματολόγιο θα χρησιμοποιηθούν για την ενημέρωση των στόχων της θεραπείας παρέχοντας στήριξη στην οικογένεια, όπου απαιτείται.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

τραύμα, θεραπευτική συμμαχία [therapeutic alliance], αξιολόγηση

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ARTICLE

Rap and recovery: A music therapy process-oriented intervention for adults with concurrent disorders

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ABSTRACT

Drawing on their experience facilitating a group called "Rap and Recovery," the authors examine the intersections between recovery and psychodynamic views of health and share their social justice perspectives to consider how clients with concurrent disorders might develop senses of agency, well-being, and community in weekly music therapy sessions. They present theoretical influences as well as practical details, including the description of a Rap and Recovery session. This includes a critical, reflexive analysis of professional roles and considerations. The authors conclude that the power of rap-based music therapy to nurture, disrupt, and transform serves as a dynamic space for clients and therapists to question individual and collective commitments, relationships, and identities in attempts to rethink and re-engage understandings of health and wellness.

KEYWORDS

music therapy,
recovery,
concurrent disorders,
addictions,
mental health,
rap,
Hip-Hop

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INTRODUCTION: TOWARDS A DYNAMIC VIEW OF RAP AND RECOVERY

The creation of any music therapy programme, including Rap and Recovery, raises critical questions about what it means to be human and to dwell in relation with others, including careful consideration of therapeutic intentions, processes, and outcomes. What roles does music therapy play, if any, in facilitating individual agency and community-building among clients with concurrent disorders? How do music therapists balance diverse views and discourses of health with perspectives of recovery that afford clients agency and autonomy? These are questions that have torn, teased, and tugged at us as therapists during our planning, decision-making, conversations with clients, and post-group discussions as healthcare professionals.

Our use of rap as a medium for music therapy initially evolved out of client interest and curiosity around music-making and the use of beats as dynamic forms of individual and collective expression. Drawing on the rich history of rap as an expression of the social-political Hip-Hop movement from the 1970s combined with the global goals and directions in place at our healthcare facility, we began exploring options for developing weekly rap sessions for clients with concurrent disorders who demonstrated a fascination with listening to and performing rap. In our programme, we ask clients to write lyrics to the same beat for a group rap, record and then discuss rap lyrics from a personal perspective as related to their mental health and recovery.

Before discussing the Rap and Recovery programme, reference to the healthcare context in which we work as music therapists will help to set the stage for the discussion that follows. The clients described in this article were in a Canadian inpatient tertiary care facility at different points in time between 2013-2018 (see *Client consent* below). In Canada, tertiary care is for those requiring a high degree of care for acute psychiatric mental health needs. At our particular facility, clients have complex concurrent substance addiction and mental health disorders, including at least one Axis 1 diagnosis. Most of those we support are male. There are treatment facilities in the area for women; however, men are reported to have higher rates of addiction than women, with the latter having higher rates of anxiety and mood disorders (Pearson, Janz & Ali, 2013). Referrals come from a variety of sources, including other medical facilities, the court system, and clients themselves who choose to receive treatment.

Our onsite organisation and its overarching, provincial healthcare system focus on individual recovery and care planning for each client and offer a wide range of professional services. Unlike some drug addiction centres, ours does not enforce a policy of zero tolerance but views recovery as a process during which some relapses may occur as individuals work towards wellness. Clients are assessed and re-assessed during their stay for indicators of cognitive, physical, emotional, spiritual, and mental wellbeing by an interdisciplinary team with backgrounds in diverse fields, including therapeutic recreation, social work, psychology, occupational therapy, nursing, spiritual care, art therapy, and indigenous care, among others. Team members at different levels meet regularly with each other and with clients. Clients are also expected to participate in a variety of mandated and optional programmes in pursuit of their wellness. Duration of treatment is according to individual client needs, progress, and self-identified goals. The establishment of realistic goals on the client's part can sometimes be a challenge.

It is necessary for readers to understand the range of concurrent disorders clients at our work setting experience. The impact of severe psychosis coupled with years of what is often polysubstance use (use of crack, crack cocaine, crystal methamphetamine, heroin, marijuana, fentanyl, opioids, amphetamines, and methamphetamines, among others) can result in acute disruption to an individual's attention, insight, planning, and impulse control. Self-determination and agency, qualities that music therapists support and seek to nurture in clients from the onset of treatment, are commonly affected or have failed to develop from an early age. Often, clients have complex backgrounds that may include homelessness, poverty, brain damage from chronic substance use, Post-Traumatic Stress Disorder, as well as comorbid diagnoses, such as personality disorder, anxiety, depression, psychosis, and stimulant use. Music therapists read and study admission profiles of clients and, when possible, attend rounds in order to understand and manage interdisciplinary complexities of client care. As

music therapists, we have found that individuals with concurrent disorders benefit most from shared support and consultation by a team of healthcare professionals.

In this collaborative environment, we have also found that music therapy programmes offer an inviting space for clients to share their life stories, to use music as a dominant form of self-expression and creativity, to explore and rethink senses of self and others, and to consider and plan a future that embraces healthy living. Services we provide as music therapists have challenged us to develop meaningful, authentic, and inclusive programmes facilitated with respect for the clients. In turn, the programmes have won the respect of the clients.

Nowhere have the challenges and successes of our roles engaged us most passionately than in the organisation and development of our Rap and Recovery group. We discovered, in the early development of the programme, that many clients in our weekly sessions were attracted to and fascinated by beats and programmed rap music and, further, that the use of rap facilitated engaged discussion and self-disclosure between clients and music therapists. We believed that the insights expressed could be starting points for more in-depth conversations about health, healing, and wellness. Consequently, much of the direction for our initial sessions was client-driven through our interactions with them as we introduced the rap programme in the onsite music therapy studio.

From the programme's inception, we have attempted to listen carefully to client needs and interests with the goal of making programming content relevant. At the same time, we have discovered that clients with addictions and concurrent mental health needs are often not well enough to guide their therapy entirely and to make informed choices about their health, given complex histories of substance use and their physical, psychological, and emotional needs. In these instances, clients benefit from programming structures coupled with input, choice, and maximizing personal agency. The extent to which client-centred versus therapist-centred structures shape weekly rap groups is fluid and co-emergent.

Our music therapy sessions are also contextualised by rich cultural legacies that reflect and draw on the influence of rap music as a catalyst for social reform. We did not establish our programme as a framework for social change. It was initially organised rather spontaneously as an activity-based programme without a great deal of critical reflection on our part. In the confluence of programme planning and discussions about client health that emerged each week in the studio, we began to appreciate the complex web of actions, intentions, and beliefs that were shaping and inspiring our work. The stories we started hearing and sharing as colleagues were narratives of adversity and pain, of starting and restarting, of fragmentation and wholeness, chaos and calm, and most tenderly, tales of hope and transformation. The narratives expressed by group participants regularly even today are narratives about health and vitality that we also enact and re-enact in our quest as music therapists to stay healthy (Bonde, Ruud, Skånland & Trondalen, 2013; Solli, 2015). Thus, while our implementation of the Rap and Recovery group may have initially been in response to client demands for a particular genre of music, our relationships with individuals at the facility and our values and beliefs as individual therapists far exceed the boundaries of classical behaviourism and humanism. We are acutely aware of our Caucasian male status as therapists, yet embrace the underlying philosophy of Hip-Hop to offer a social justice lens that is inclusive of all participants regardless of race, culture, social status, class, gender, and sexuality.

We are also mindful that our readings of and assumptions about wellness and how we seek to support others make us complicit in the worlds we seek to co-create with clients. Possibilities and constraints for them to express healthy senses of self and other are paralleled by limitations and opportunities for us as therapists to be attentive to our belief systems and values, as well as the institutional discourses and demand structures that inform therapeutic programming.

Some colleagues have remarked, "Rap? How intriguing! How does that work?" Others have made comments such as, "Rap? I hate rap. I could never do that". Renshaw (2015) and Viega (2015) note that music therapists need to be aware of their potential cultural limitations in regards to rap music. The use of rap in music therapy requires a certain level of understanding and respect for rap as an art form (Tyson, 2002). Tyson came from a social work background and is arguably one of the first writers who brought to light the therapeutic benefits of Hip-Hop and rap. Lightstone (2012, p. 46) states that "an important component of therapy with oppressed and marginalised people is working toward feelings and realities of empowerment and learning to use that sense of empowerment to overcome the oppression they suffer". Rap music can act as an empowering and transformative agent by offering challenges to the politics and ideology of the dominant culture (Bishop, 2002; Stephens & Wright, 2000). Use of rap in music therapy can offer more immediate access to discussions about oppression, social justice, feminism, and empowerment.

Our writing draws on our histories and experiences as therapists as well as the theoretical influences that have shaped our actions and thinking about Rap and Recovery over time. We describe the details of participant consent and key terms before reviewing the literature on rap in music therapy. We then shift to focus explicitly on the Rap and Recovery programme and its transformation over time. We recognise that a therapist's tastes in music may differ from music used for therapeutic purposes. Do we enjoy rap music ourselves? We believe that therapists need to find value and connection to musical genres preferred by clients. In order to relate to clients authentically through rap, we remain mindful of its potential therapeutic benefits. Over time, our learning, reading, and inquiry about rap have engaged and strengthened our appreciation and value of this musical genre. Discovering the anti-oppressive origins of Hip-Hop and rap anew, and observing clients' progress in our Rap and Recovery programme, have confirmed for us the value of rap as a focus of music therapy. The first author teaches university students about the benefits of rap as well as the skills needed to use rap in a variety of music therapy settings, including mental health, harm reduction, and federal corrections (post-prison) settings. Coincidentally, the growing use of rap within the field of music therapy has contributed to the development of new work opportunities for music therapists.

CLIENT CONSENT

Content for our writing was collected between 2013-2018 when multiple music therapists, interns, and practicum students were at our facility to assist with programme review and reflection. We collected a variety of data: medical chart reviews, audio recording and videotaping of Rap and Recovery groups, formal client observations, one-on-one videotaped post-session interviews with rap participants, and informal client assessments. These were gathered and analysed to better understand the perceived benefits of the Rap and Recovery programme from clients, as well as specific information about their

participation and progress in weekly sessions. We also used data to inform music therapy programming.

DEFINITION OF TERMS

Music therapy

Ken Bruscia (1998e) defines music therapy as a form of therapy that uses music experiences and client/therapist relationships for therapeutic change. It is often well suited for those in recovery given its theoretical attention to views of empowerment (Procter, 2002; Rolvsjord, 2004); anti-oppressive practice (Baines, 2013; Kirkland, 2004); resource-orientation (Rolvsjord, 2010; Ruud, 2010); agency (DeNora, 2000; Ruud, 1998, 2010); well-being (Ansdell, 2014; Ansdell & DeNora, 2012), and other core qualities of life consistent with "a person's positive health, strengths, capabilities and efforts towards recovery" (Herrman, Saxena & Moodie, 2005, p. 137).

Models of care

Our approach to Rap and Recovery has been shaped by different theoretical models which serve to address the complexity of client needs and personal health from multiple perspectives. However, two primary theoretical influences are woven into our work with clients and reflected in the case examples below. These are recovery and psychodynamic models of care. American music therapist Ronald Borczon's (1997) recovery model focuses on hope, healthy self-concept, empowerment, and meaning, among other qualities. While recovery is a term typically meaning the ending of an addiction, we use it here to represent a recovery of the self when mental health issues have significantly compromised everyday functioning. The second overarching model of care we use is informed by psychodynamic theory. This theory is useful for those with serious mental health and substance use issues and who have not often understood the connections between addiction, mental health, and adverse experiences and whose relationships with self and others has been fractured. In this context, psychodynamic music therapy aims to help clients better understand the roots and effects of substance use and mental health conditions (Hadley, 1998; Kim, 2016). We encourage clients to look at unconscious patterns, scripts, and emotions that affect their current functioning. A key goal for the client is to cope effectively by exploring and understanding patterns that may interfere with health. Equally important is the focus on developing agency in maintaining health. We view each session as a type of verbal improvisation akin to clinical psychologist and music therapist Teresa Leite's (2003, p. 124) work, "where meaning is co-created by therapist and patient together".

The role and function of the music therapist

After the first author became a music therapist, he trained in the Bonny Method of Guided Imagery and Imagery (GIM) (Bonny, 1998) under the tutelage of the late Linda Keiser Mardis. In this method, metaphors can emerge in the client's imagery and may also emerge from the music itself. The essence of a metaphor is "understanding and experiencing one kind of thing in terms of another" (Lakoff & Johnson, 1980, p. 5). This important insight informed our music therapy practice in the Rap and

Recovery group setting. The first author found inspiration in the writing of Lars Ole Bonde's (1997; 2000) concept of GIM as a metaphor-based therapy. In his approach to music therapy, ways that clients engage both in music and in the therapeutic relationship can be metaphors—like a microcosm or a constellation—of insight into the client as a whole. The music therapist listens attentively to these metaphors, which offer meaning that can be co-discovered, pondered, and expanded in therapy (Kirkland, 2007). In the case of rap, for example, a client may be unable to complete writing a rap each time. Task completion is an ongoing challenge for some participants. Viewed as a metaphor, one might wonder if the successful completion of recovery is a parallel challenge. Another client refers to himself as a king and writes a rap called "God is a G," an allusion to the gangster. Schizophrenia can have a feature where polarised thinking, including archetypal images, are expressed, a finding supported by Bent Jensen (2004). The client's lyrics sway back and forth between God and Satan, and he is challenged to separate the appeal of a gangster/drug dealer lifestyle with aspirations for getting "clean" and living a healthy life. Such metaphors may be indicators of well-being, and they can readily express themselves in music therapy sessions where clients might otherwise be cautious about revealing their thoughts. As music therapists, we share our observations of clients in the Rap and Recovery session at unit rounds, in medical records, and explore metaphors with clients themselves according to the level of insight they disclose.

Rap and Hip-Hop

Rap and Hip-Hop have deep musical and cultural roots in African American history since the 1970s, and in recent decades the use of rap has expanded as a genre popular with a wide variety of people from various cultural backgrounds, as noted by music therapist Susan Gardstrom (1999). Music therapist Aaron Lightstone (2012) clarifies that there is often confusion between the terms rap and Hip-Hop; the latter usually refers to a cultural group and broader cultural context whereas rap is the musical expression of that social group or movement. Charis Kubrin (2005), a sociology professor, defines rap music as a type of music that incorporates rhythmic speech uttered over a musical beat. Both rap and Hip-Hop have roots against marginalisation and oppression (Washington, 2018), despite the current counter-flow found in much of it today. Drawing on views of individual and community empowerment in the historical development of Hip-Hop and rap, it is nevertheless evident that rap in music therapy can be a powerful agent of change and expression, as evidenced in the edited book by Hadley & Yancy (2011), *Therapeutic Uses of Rap and Hip-Hop*.

Concurrent disorders

Concurrent disorders refers specifically to co-occurring substance use and mental health disorders (Centre for Addiction and Mental Health, 2012). Multiple levels of substance use along with one or more mental health diagnoses on Axis I are typical among those we support. Reiger, Farmer and Rae (1990) note that many individuals who have a substance use disorder other than alcohol also experience a mental health disorder. In 2012, the National Survey on Drug Use (SAMSHA, 2013) and Health estimated that 20.1 million adult Americans, that is, approximately 9% of the nation's

population, use illicit drugs. Statistics of this magnitude confirm the prevalence of concurrent disorders and the need for thoughtful and well-informed responses from healthcare providers.

We have witnessed the impact of persistent psychosis and substance use in our workplace. Many of our clients struggle with focusing, insight, planning, and impulse control. Health challenges that are part of concurrent disorders are made more complex by homelessness, poverty, brain damage, Post-Traumatic Stress Disorder, and comorbid diagnoses of Hepatitis C and HIV. Several individuals may have personality disorder traits from clusters A, B, or C. Multiple perspectives and facts are necessary for effective music therapy practice in this setting.

LITERATURE REVIEW: RAP IN MUSIC THERAPY

The use of rap for therapeutic purposes in a concurrent disorders setting carries many benefits. First, our programme serves to extend the zone of comfort and personal safety afforded by the physical environment. Second, it encourages clients to be active meaning-makers and agents in their health. We have found that clients in Rap and Recovery seem to engage directly in recovery rather than being passive recipients of treatment and care (Davidson et al., 2009; Deegan, 1996b). This may provide ego mastery experiences (Crenshaw, 2006). Third, the use of rap in music therapy highlights the need for cooperation and team-building among group members. Clients need to consider all of the elements and steps required to record a song. What needs doing first? What kind of beat, what instrumentation, what hook/verse/chorus, and whether they want to employ rhyme or not. Not all interactions between clients are positive. Nonetheless, the group serves as a space for exploring interpersonal dynamics and possibilities for being part of a community. A fourth and paramount benefit is that clients with different levels of creativity and musical experience can discover, question, and reconstruct personal and collective senses of identity through musically facilitated, therapeutically guided activities. Those who participate in the programme enjoy the processes as well as products. These, among other reasons, are why the Rap and Recovery programme is popular and was recently rated by clients as one of the top programmes at our facility.

Support for the use of rap in music therapy may be found in several contexts, including mental health and recovery settings (Bednarz & Nikkel, 1992; Borling, 2017; Gallagher & Steel, 2002; Gold et al., 2013; Gold, Solli, Krüger & Lie, 2009; Mössler, Chen, Heldal & Gold, 2011; Vega, 2017). Research has shown that rap in music therapy can assist with symptoms of psychopathology, including quality of life and social skills (Renshaw, 2015; Gold, Wigram & Voracek, 2007; Gooding, 2011). It is only in recent years that the therapeutic value of rap as a personalised form of expression in music therapy contexts has received increased attention (Evans, 2010; Gonzalez & Hayes, 2009; Hadley & Yancy, 2011). Alvarez (2011) argues that there is a lack of strength-based and youth-centred options for therapy. Hadley and Norris (2015), Renshaw (2015), and Esala (2013) support standard practice and cultural competency for music therapists to incorporate the primary musical interests of clients. Some music therapists still view rap as an inferior form of music whose elements only support aggression and dereliction (Hadley & Yancy, 2011). In contrast to attitudes of some therapists, however, they assert that, "some rap narratives are also filled with themes regarding the importance of family, positive role models, perseverance/resiliency, warnings/cautionary tales, positive self-image, healthy choices, change, and planning for the future" (Hadley & Yancy, 2011, p. xxvii). Evans (2010) argues that rap is

usually not perceived as therapeutic, but in his use of rap with adolescent clients, he found that it quickly fostered a non-judgmental therapeutic alliance. Music therapist Laurien Hakvoort (2015) describes similar benefits, writing that rap in music therapy can address treatment goals of stress regulation, anger management, self-esteem, self-confidence, and expression of emotion. Renshaw's thesis (2015) concludes that rap music is being used more frequently in music therapy treatment with adolescents and young adults in a wider variety of settings. Using rap in a school setting, Uhlig, Jansen and Scherder (2015) maintain that it can decrease aggression and aid emotional regulation.

A therapeutic, personalised approach to rap is in keeping with what Bruscia (1998e, p. 9) describes when he says that songs give voice to a gamut of expression: fears and triumphs, aspirations and disappointments, secrets and honesty, failures and successes, all through a socially sanctioned avenue of expression. Elligan (2001; 2004) applied rap as therapy to connect with young adults through a culturally sensitive lens. Freed (1987) argues that songwriting for those with chemical dependence helps facilitate improved self-esteem, greater self-disclosure, and enhanced self-concept. Baker & Wigram (2005) provide thorough coverage of songwriting methods and applications written by music therapists from several countries working in a broad range of population settings. Frisch (1990) similarly uses songwriting with adolescent psychiatric inpatients for coping with anxiety, change and working through difficult issues in a safe and appealing environment as well as expressing intense emotions. The music therapy process in this context helps foster trust between therapist and client. Cynthia Vander Kooij (2009) writes about recovery themes in songs written by adults with serious mental health issues. Clinical outcomes of songwriting as a therapeutic intervention in her research include improved self-esteem, healthier anger management, anxiety management skills, and enhanced social interactions. Psychosocial, spiritual, and emotional support may also be possible through the provision of songwriting opportunities, as evidenced by Clare O'Callaghan (1990; 1996). Day, Baker, and Darlington (2009, p. 24) look at women's experiences recording and performing, concluding that the public performance and recording of songs created in group therapy can be worthwhile experiences – "a culmination, even a reward for, the emotionally challenging work that has gone beforehand". Vander Kooij (2009) concludes that clients writing and performing their content can foster creative engagement in problem-solving, and invites them to express thoughts and feelings associated with their health-related challenges. Clients experience disempowerment as a result of illness or injury (Robb, 1996) apart from possible systemic and social stigmatisation and oppression. The rap-writing process empowers individuals to tell their stories (Day, Baker & Darlington (2009). Magee et al. (2011) support the perspective that clients can develop much more agency in therapy by making and editing recordings, adding digital effects, using available sounds, beats, loops and tracks to compose, and creating personalised or collaborative projects. Additionally, Magee et al. (2011) say that recordings can make meaningful gifts for loved ones; memories or creative output of a client's expression towards recovery and the recording serve as achievements sharable with others. In our music therapy programmes, some clients have e-mailed their recordings to family members or friends, and even created a video clip to share on a social media platform.

Our approach to Rap and Recovery overlaps with what Lopez-Rogina (2015) describes in her thesis as conscious rap. She cites McQuillar (2007, p. 2) in defining conscious rap as including "songs that are responsible, thought-provoking, and inspirational toward positive change or a cry of protest

against social injustice". Such songs tell stories about life, share a moral, or express issues faced by human experience in the pursuit of health (Lopez-Rogina, 2015).

EMBARKING ON A NEW JOURNEY: SETTING UP THE RAP AND RECOVERY GROUP

Session rationale

When the first author began working at the concurrent disorders treatment facility, he encountered a keen interest for rap among clients. He recognised that they had a proficiency and desire to record raps and, as our music therapy studio was set up with the capacity for recording, he introduced a group programme for new clients on the first secured assessment and stabilisation unit and called the programme 'Rap and Recovery'. This unit is where all clients are admitted and receive intensive support as well as diagnostic clarification and care planning for complex health concerns and substance use withdrawal management. The programme title, beyond its alliterative appeal, illustrates balance and tension between rap as a favourite genre of music and, in health-based language, the possibility of recovery.

We later began to further embrace the Rap and Recovery programme because of rap's social justice and anti-oppressive origins (McQuillar, 2007). We also embrace rap in response to the call for music therapists to be culturally competent (Goelst, 2016; Olsen, 2017; Sloss, 1996). Being culturally competent involves more than basic knowledge of and exposure to music in other languages across different geographies; it also requires appreciation and sensitivity for a variety of music cultures and subcultures, meaning music popular within a specific group. In our case, clients have very diverse cultural backgrounds, yet many share an affinity for rap. Those who do not have close connections to rap are still familiar with it, which can make the approach accessible. In order to better serve clients as music genres change and expand, there is a need for alternative and emerging areas of music therapy practice. Ken Aigen (2001, p. 90) writes, "[music]…holds up the possibility for cross-cultural connection. Because you have got this objective entity within which people from very different backgrounds can now meet". Treatment approaches in music therapy require interventions that appeal to a diverse client demographic and that challenge notions of how conventional music therapy is applied. Using rap in music therapy is thus a way of connecting to clients artistically and therapeutically. Working within an art form that was born out of marginalisation requires cultural competence and understanding of systemic oppression.

The second author introduced a strong feminist lens to the rap programme. References to feminism have come to include not only issues of gender and gender performance (Rolvsjord & Halstead, 2013), but sexuality, race, and environmental issues, among others (Bodry, 2018). A familiar narrative among those living with addiction is the stigma attached to marginalisation and mental health. Social justice and feminist views of rap and recovery support a premise that encourages individual agency and positive self-concept (Veltre & Hadley, 2012). Regardless of each client's reasons for being interested in rap, the programme has sustained an enthusiastic ongoing membership.

Harnessing this popularity of the Rap and Recovery programme, we began to offer it a second time in the week for regular treatment units. This way, when clients transitioned from assessment to treatment, they could continue to participate in rap-based music therapy sessions throughout their stay at the facility. We added a third group for a newly opened unit for clients with refractory (treatment-resistant) psychosis and longer-term stabilisation needs. These clients can similarly transition to treatment units. Offering the programme on all units also allowed for continuity of participation, since the health status of some clients can fluctuate throughout their stay. When the second author came to the facility as an intern, we embarked on an ongoing discussion and analysis about how to best run the session, which in turn led to formal data collection for our inquiry. At the time, we also had the luxury of a second intern on site (there are two part-time music therapists at the site, so there was overlapping supervision of both interns) who would co-lead Rap and Recovery for the treatment units with the second author while supervised by the first. Planning and post-discussion analysis of rap sessions developed over time. We also embarked on an exploration into what music therapists and allied professionals have been doing with rap in mental health and addictions settings.

Goals in rap and recovery

Action in psychotherapy comes from the premise that clients do best when they are actively engaged in their therapeutic process. This influence stems from the works of Crowe & Justice (2007) and Montello & Coons (1983), who detail two levels of music therapy practice in psychiatric settings. One level is process/insight-oriented; the other is a supportive/activity level intended for those who may be more acutely unwell and unable to do process work. Our session often incorporates elements of both approaches. Key processing components include engagement in verbal debriefing; identifying and expressing feelings; demonstrating self-awareness and insight; displaying empathy towards others; engaging in problem-solving; and developing a sense of hope. Benefits of a supportive activity-level approach include here-and-now awareness; reality orientation; socialisation; self-esteem improvement through success-oriented experiences; diversion and leisure skill development; increased impulse control; and development of attention span. We also cite Teresa Leite's (2003) work with music improvisation groups for acutely psychotic clients. These sessions involve a psychodynamic perspective, use containment, highlight boundaries, aim for higher control of impulses through self-awareness and here-and-now approaches, and emphasise group process with each person having equal opportunity to participate. We employ a regular frame to the session elements: introductions, theme and discussion, writing, recording, listening, discussion, and summary/closing. This particular template includes consistent behaviours and interactions on the parts of the therapists in order to increase trust, safety, and reliability. With containment, we are referencing Bion (1978/1994), Cartwright (2010), and Kirkland (2013), where elements of music and songwriting can offer containment through structure, a slow, steady rhythm, beginning and ending, and song title. We accompany this within a supportive framework that encourages resilience, capability, and success through the overall structure of the group. Boundaries include respectful interactions with others, physical boundaries, an emphasis on equal input and participation for all clients, as well as helping clients learn management of their emotional expression and extent of disclosing traumatic experiences in order to foster self-regulation abilities. We emphasise relational perspectives of how

clients relate to music, to themselves, to other clients, and the therapists, since concurrent disorders can disrupt relationships of all forms. Music as a means of play and reciprocity is central to relationship in both psychodynamic and anti-oppressive views of healthcare. Bishop (2002) identifies that an essential component to therapy for those who are often marginalised and oppressed is to support empowerment and success-oriented experiences. We seek to achieve this through the exploration of topics that are recovery-based and personally meaningful; that is, topics that are common to clients in recovery as well as themes that reveal themselves over time. These themes can range from regret and self-blame to confidence and assertiveness.

Client attendance and programme structure

In our weekly session, the number of participants is limited to six because of room size, professional guidelines for healthcare practitioners working alone, and by client needs, since groups larger than six can detract from therapeutic outcomes. Assessment and screening are ongoing, with attendance based on client interest and their potential ability to participate in a 45-to-60-minute session. We include clients referred to music therapy and who express an affinity or curiosity for rap. We are also mindful of the need to invite clients who may benefit from the programme, but who may not for various reasons, step forward to attend.

Session format

The extent to which we structure and guide each weekly session depends on a variety of factors, including abilities of clients to self-organise individually and as a group, and the extent to which we use song title themes to guide sessions. We organise chairs in a circle as a symbol of wholeness and community, and as a visual reminder for clients to be aware of one another. Upon arrival, introductions are made, then the session format is explained before song title/theme selection, beat selection, lyric writing, recording, listening, and post-recording processing.

Planned and organic themes

We have experimented with therapist-chosen and client-chosen themes, that is, organic themes that emerge through group discussion. In the case of the latter, we are referring to client-driven themes that arise out of an initial check-in and group consensus. Organic themes can invite agency and group decision making and cooperation. Some clients prefer a given theme or choice between two themes followed by a group vote. Once deciding on the theme, we discuss what associations and feelings come to mind, then ask them to listen to a collection of beats for one that best captures the essence of the song title and its mood. On one occasion, an all-male group decided to write about women and drugs and their perception of the connection between the two. Follow-up discussion centred on how the clients chose female partners who also used substances. Another benefit of organic themes is to create opportunities for clients to engage in social interaction with one another from the start of a session rather than focus solely on the music therapist, a common occurrence with a pre-determined theme. Using planned themes helps with time management, as it can be challenging to complete our

programme in a 45-60 minute time frame. We have had sessions where we ask a group to select a theme, but also have a backup theme ready if time is a concern.

Whether we use planned or organic themes, there is an initial group discussion in order for clients to gain clarity about a topic and develop its content or focus. Sometimes we combine planned and organic themes using images as inspiration for songwriting. The first author, for instance, uses National Geographic visuals—pensive landscapes, a spring tree, a flower growing out of concrete, a locked gate, a damaged statue, individuals from other cultures with a range of facial expressions and in a variety of situations—a range of symbols and metaphors that clients may embrace as a focus for lyric writing. Clients are invited to select a laminated image they connect with, or that tells a story and invites them to write. A symbol of the Self (Jung, 1975) aids clients to explore aspects of themselves through projection and metaphor. We find that clients who routinely attend the rap group express appreciation for creative variations of this therapeutic support.

Lyric writing

In the writing stage, each client composes lyrics to a common theme and beat. Each individual's lyrics are then recorded on separate tracks and become part of a collective rap. After a theme and beat are selected, there is a brief group discussion to check and develop client understandings of the topic and brainstorm ideas for songwriting. For clients who are unfamiliar or uncomfortable with rap, we describe it as poetry or as spoken word or reflective writing over a beat, or encourage them to jot down ideas and thoughts related to the song title. Clients are invited to write lyrics that rhyme or not. The beat is usually played loudly to engage and inspire active participation through deep immersion in music. While clients are writing lyrics, the music therapist may make notes of group attendance and progress as well as client observations and comments of significance. The therapist holds a clipboard and writes notes discreetly in order to provide time and space for clients to reflect on and write lyrics without feeling pressured, i.e., we aim for a casual atmosphere where there is space to immerse in the writing process without the clients feeling as though group facilitators are impatiently waiting for them to finish. Paper with a song title at the top of it is distributed on clipboards for clients to write lyrics to a rap beat for approximately 15 minutes. We have learned not to distribute lyric-writing templates until after the initial group discussion since some clients have challenges with impulse control and may immediately start writing before discussion and clarification of the weekly theme.

Although we have found that it is often helpful to have the beat playing in the background when clients enter the studio, some clients respond to this with an immediate impulse to begin writing. The challenge here is that sometimes there is merit to validating this enthusiasm by immersing directly into the writing. In contrast, there can be value in slowing down, taking time to greet each other, to check in, and to flesh out the topic of the day. The clients may need a reminder to practise self-regulation. With that in mind, one of our key approaches is that writing will not start until the distribution of clipboards. Sometimes clients bring their notebooks, in which they have previously written lyrics that they wish to record. In these instances, we urge them to write new lyrics about the topic of the day in order to feel connected to the group session. However, it is first fruitful to ask clients who have already done some writing what topic they wrote about, whether it would be useful to explore their writing as a Rap and Recovery session theme of the day, and check with other group participants

for feedback. When this happens, we suggest that clients with previously written lyrics spend time developing, reviewing, and editing them. Other times we may suggest that they bring personalised writing to a one-on-one or small-group Recording Studio programme session. The music therapist validates clients for working on lyrics independently, while reinforcing the integrity and cohesion of the group over individual interests and agendas.

We also emphasise clients' needs above our interests or personal issues. For this reason, music therapists do not participate in rap writing. If clients ask us about this, as they rarely do, we say that we do not want to take the focus off their recovery, and that we are there to support their needs. We feel that the merits of client-centred sessions outweigh the benefits of therapist self-disclose. Clients do not expect therapists and other practitioners at the site to participate in the group process, and we believe such participation can detract from a client's development. Our premise is that therapist participation and self-disclosure are almost always inappropriate. One may argue that therapists could participate without self-disclosing, yet such an approach, in our opinion, is not possible, since no matter what one writes — or seeks to edit while writing — remains an expression of self. If a therapist were to avoid disclosure in lyric writing, it would not serve to model what the aim of the session is for the clients. While some recovery centres have staff who make use of self-disclosure, it warrants further investigation as to whether this is an effective approach. Given the range of cognitive and emotional challenges the clients may possess, we also do not participate because we feel that the writing and sharing of therapist-written raps could readily be perceived as out-skilling the clients with rhyme, grammar, and clarity, and act as a deterrent to returning to the group.

Post-writing / pre-recording

Different scenarios unfold after lyric writing, since some clients may understandably be hesitant about recording at the microphone in front of others. Sometimes a good primer for rapping at the microphone is to first read the lyrics out loud to the beat, which can serve as a rehearsal. We also stress that a recording does not have to be perfect on the first take and that there is room to re-record it.

Recording

After clients write their rap lyrics, they are invited to record them. We avoid starting recording until everyone has finished writing, otherwise the activity of clients at the microphone can be distracting for those who are still completing their lyrics. In each Rap and Recovery session, we record all clients who wish to record, which may be challenging in a 45-60 minute time frame. The music therapist emphasises the value of taking ownership of one's lyrics through participation in the recording process. Clients always have the option of not recording. For those who do record, headphones help clients hear their voice and follow the beat. Those who may be uncomfortable rapping but who are eager to participate in the recording process are encouraged to speak or sing the words over the beat.

In our experience, we found that when one client leads the way, others gain courage. Shared experience in recording can promote cohesion among group participants. Perspectives of rap writing and recording that highlight barriers such as anxiety and self-disclosure can often be "tempered by the view that if the setting is supportive, it can be very empowering for clients to conquer their vulnerability

through the performance of their songs" (Baker, 2013, p. 23). Clients are typically very supportive of each other as demonstrated by their frequent use of applause following a client's recording.

The broader therapeutic value of recording is in the early stages of exploration in the field of music therapy (Day, Baker & Darlington, 2009; O'Brien 2006; Turry, 2005). Some benefits we have noted in our programme include planning, rehearsal, and completion of a finished product/artefact. As far as planning is concerned, clients in the Rap and Recovery programme need to focus on how their recording will look and sound. What speed of beat will work best? How will they deliver their words to the beat, i.e., what emphasis or style do they want to convey? Will rhyme and structured sentences be used? How loudly will they perform their rap? The authenticity of delivery and vocal expression are other considerations when planning the performance of a rap.

Creating a recording naturally requires a performance. This has its therapeutic benefits for clients, as evidenced by Baker (2013, p. 23), who uses grounded theory to conclude that performance can positively affect well-being, and that "recording and performing one's own song is an 'act of courage' because it places the client front and center stage". In our Rap and Recovery programme, clients take turns recording, encouraging each other as the process unfolds. Each client has a separate vocal track for ease of editing. When the recording is done, we play it back and adjust volume levels and effects, then discuss the lyrics, and listen to the song again at least once. Repeated listening invites participants to savour the completed project and to hear something new now that discussion has taken place. We find it best to play the song at full volume.

Recording also enables group participants to have a tangible, completed product of their rap session, an important factor identified by Fulford (2002). The process and the product are both of value. When group members in our sessions contribute to a collective rap on a given theme, the final recording can later be divided into sections, so that clients can have a copy of their recording segment and lyrics. A group rendition of the song can only be shared among them when all clients provide consent. Similar to Baker (2013), we find that the performance of a rap enhances pride and ownership and that members of the group support each other's risk-taking and creativity.

The recording process and soundtracks they produce also serve as documents to reflect on a client's learning and development over time. Recordings in this context can be used as sources of inquiry and reflection by both client and therapist during a subsequent rap session.

Rather than make our weekly group too dry and process-oriented, we seek to convey the joys of creativity and the fun of making a recording that can be converted into an mp3, and encourage clients to support each other in their self-expression. Each client has a personal music folder on our recording studio computer, which allows everyone to save songs on an mp3 player or similar device. We also encourage participants to store songs on an off-site storage platform or drive.

Post-recording processing

Group discussion follows the song recording. Therapists use this opportunity to inquire about the rap experience and lyric content, to ask clients how they feel about hearing their lyrics, to offer observations, and to provide feedback based on goals for each client. This is an opportunity for clients to talk about segments they heard in their own and other group members' raps. During this time

therapists facilitate client-to-client interactions. We maintain an awareness that clients can come to groups expecting to talk to the therapist only, and less so with each other.

Post-recording processing also checks for emotional responses from group members, recognizing that it may raise significant feelings about hearing oneself. Externalising feelings and thoughts and then listening to them again can reveal the impact of a client's experience. This is informed partly by Gladding et al. (2008), who discuss the technique of lyric analysis in detail, stating that lyrics can be used to help clients relate to themselves more profoundly, and access memories, emotions and thoughts that they may otherwise not disclose with traditional talk therapy interventions.

During the post-recording phase, the music therapist quickly adjusts microphone volume levels, reverberations, and other output factors to maximise the feel of a polished product. Clients express enthusiasm and surprise at the recording quality. The group often experiences a collective feeling of success.

Therapeutic considerations for group facilitation

In order for a Rap and Recovery group to be effective, the music therapist must consider and make use of specific interventions. These interventions reflect individual and group needs, goals and objectives. Below are specific considerations/supports that we have identified in our programme development and delivery over time that draw on the experience, sensitivity, and skills of the music therapist.

Song title (theme) selection

The first consideration is developing a suitable and engaging theme/song title for lyric writing. We sometimes write various ideas on a large sheet of paper as a way to brainstorm ideas and develop group consensus about a possible writing topic. Clients often say they want to write about recovery because of the name of the programme and the primary aim of treatment. The notion of writing about recovery invites discussion about what the components of recovery mean to clients, since the word recovery is generic.

Clients often prefer a therapist-selected theme because it can offer a framework and support for group participation each week. From a music therapy perspective, the use of planned themes can provide a structure with therapeutic intent. Examples of planned themes include "If I see this through," 'Childhood,' 'My awakening,' 'Success story,' 'Then and now,' 'Hero's journey,' 'Suffering and Transcendence,' 'Fuck mental illness' and 'If I'm really honest'. Themes are sometimes chosen based on their assessed suitability for clients from a particular healthcare unit. For example, 'Why I started using drugs' may be an engaging theme for the first assessment and stabilisation unit, where clients have recently arrived. The intention is to explore different aspects of recovery. Themes often help provide a framework or container for clients who are experiencing a myriad of challenges as they withdraw from substances and begin medication to address issues such as psychosis, mania, paranoia, and impulsivity. The use of planned themes ensures that each weekly session will have fresh content, thus reducing the risk of becoming too predictable. Additionally, pre-chosen themes allow

group facilitators to reflect on types of beats that will be congruent with a topic when inviting clients to write about and discuss their thoughts and feelings. The beats we use are curated or created.

Beat curation and creation

A key role of the music therapist is to choose or create specific, appropriate beats for the Rap and Recovery group. Beat curation and creation include consideration of elements such as beat creation or selection — the prevailing mood of the beat, pacing, ambience, and inclusion of multicultural influences. Music therapists sometimes incorporate non-Western instruments and scales in order to evoke different moods, provoke introspection, and appeal to the cultural diversity and backgrounds of clients.

We typically ask clients to choose a beat from among our collection to find one that matches the topic, seek consensus from group members, then place the beat in the software programme. Optionally, we have pre-loaded eight to ten different beats into GarageBand so that they are already in place and looped to a 30-minute length. A 30-minute beat track allows us to have the beat playing as clients enter the music therapy studio. Second, it supports lyric writing without background interruptions, which typically occur when the therapist needs to rewind a beat in order to play it again.

Therapist-selected or created beats are chosen mindfully in order to match the theme of a session. We sometimes set the beats per minute at a slower tempo than most traditional rap, at about 70 beats per minute. The slower tempo allows clients to recite their lyrics at a measured pace. For those working on self-regulation and for those who struggle with mania, a slower beat can support restraint. We have found that standard rap beats are static and often do not offer a change of direction. When we want to emphasise the possibility of transformation and encourage positive change, we construct a beat that unfolds over time into a hopeful sound and outcome. A theme such as ‘My hope’ can benefit from a supportive beat track that contains the musical metaphor of overcoming strife to result in a better life.

Beats are created rather than selected from pre-existing beats on occasion. In the case of our ‘Success Story’ session, clients gave input about the pace of the live beat, which allowed the speed of the rap to be individually adjusted. When each client had finished writing a rap, we were able to conclude the song a few bars later, giving each client a self-contained song. Clients expressed a strong sense of teamwork in this instance. Spontaneous applause followed each self-contained rap and clients expressed appreciation to the music therapists for creating and modifying the beat for them. Clients said it felt like they were doing a studio recording with a live band. Self-created beats entail considerations. Although there are benefits to creating a self-produced beat rather than using a standard one, this is not always realistic due to other constraints on time and commitments in other areas of practice. On occasion, we have been fortunate when a client has composed a beat and thus can be a featured artist for peers to write lyrics to their song.

When the music therapist chooses the beat, it is intended to support the emotional tone and resonance of the topic and is playing as clients enter the studio to set the atmosphere for the session. This use of beat reflects Viega's (2014, no page) concept of Ambient Music. His comprehensive understanding of this topic includes the “use of electronics to create acoustic spaces that do not exist

in nature". His definitions attribute elements of mood and emotion, intention, immersion in sonic worlds, and other vital components worth considering for purposes of our rap group.

Frontloading songwriting

'Frontloading' refers to ways in which a group is oriented to the purpose of the session and self-reflection primed by having a brief discussion about the song title/theme of the session when there is one. Frontloading serves as a forum for clarifying ideas and making them explicit and accessible. Clients sometimes find it challenging to imagine being successful with recovery, and many have no concept of future goals. Supportive coaching can set the stage for successful lyric writing. For example, one week we offered the theme of 'What's hard about recovery?' and indicated that there would be a second part of our session. Clients wrote to the beat for approximately 15 minutes and were then asked them to do further writing about 'What's my solution?'. From a therapeutic perspective, we felt this organisation would inspire client agency in recovery. Two clients sat in silence for a lengthy period and stared into space in thought. A third scrawled in circles on his notepad. A fourth looked up and shrugged, saying, "I have no idea," and others nodded in agreement. The group was invited to reflect on what they could do about their circumstances, to consider that they may have choices and decisions and input into their health. All participants wrote lyrics that spoke of their challenges with recovery, and most added a solution or 'answer'. Though their solutions were often simple statements that they should not use drugs, group participants remained highly motivated and supportive of one another. Frontloading, in conjunction with the accompanying discussion, highlighted ways that clients could be specific about their recovery, determine what they wanted to address or achieve, and decide how to actively pursue recovery rather than being passive participants, the latter being one side effect of chronic institutionalisation and hospitalisation.

Freestyling and structured songwriting

Some clients prefer using freestyling. While we do welcome freestyling as an option for new clients in our group, we have found that guided therapeutic writing process invites focused and thoughtful exploration and expression of a topic. With freestyled lyrics, it is common for individuals to make use of previously overlearned passages of their own or other songs. Also, some freestyled raps may accentuate pre-existing thought disorders, pressured speech, paranoia, and tangential thinking so that sometimes freestyling does not support the client's skill development around planning, self-regulation, and reflection. We have observed that this can be particularly true for clients with schizophrenia, schizoaffective disorder, and some forms of bipolar disorder in which mania is high, where an expression of the disorder includes a fascination with rhyming schemes and disjointed streams of consciousness.

We recognise the value of freestyling and believe that in some contexts senses of clarity and understanding can emerge without formal lyric writing, particularly in one-to-one contexts when processing focuses on one individual. Additionally, we have noted that clients with freestyling skills often demonstrate a strong sense of musicality. We look for positive ways for them to use their musical talents while learning to participate with their peers in a group setting.

Songwriting support

What happens when clients do not write lyrics? We view each group as a community of people with varying needs and levels of awareness and attention. When a client does not write after a few minutes, we check to ask how that individual is doing. Some say they have no idea what to write; some struggle to find words that rhyme, and an occasional few are unable to write lyrics at all. Different forms of support may be given to those experiencing writer's block or who are unsure how to proceed. One-on-one assistance scribing, brainstorming, and anchoring ideas provides support with understanding and processing ideas and communicating in English. Sometimes a brief one-on-one discussion between the music therapist and client sparks writing ideas. Finally, some clients do best by beginning with improvised or freestyled lyrics. Even if clients do not write or freestyle, they can speak about their understanding and experience of the topic. We aim to be careful not to convey a judgment by the music therapist or peers that not writing and not recording implies a failure on the part of the client, because they are sometimes doing the best they can.

Recording support

The process of participating in a group recording can create feelings of anxiety and pressure. Baker (2013) notes specific contexts in which such feelings may arise: when clients have a life-long experience of being judged and may have insufficient inner resources to manage the performance context; when the context may not support them well (e.g., degree of audience support); and when public performance is clearly outside the client's comfort zone (p. 24). A supportive psychodynamically-oriented group environment coupled with themes such as 'When I'm kind to myself' can soften feelings of apprehension. Recording can lead to self-efficacy and promote a sense of care among participants. Perhaps it is because the Rap and Recovery programme occurs in a small-group setting that it may be more comfortable for some participants than formal, musical performances in front of large audiences.

Another level of recording support involves technology; specifically, the roles and skills of the music therapist in managing software and microphone levels, and recording client performances (Crowe & Rio, 2004; Magee et al., 2011). The music therapist must pay careful attention to client lyrics, key themes, vocal expression, confidence, strengths and challenges. What if the lyrics are challenging to understand? We encounter this as well, which is why it is essential for the therapist to notate or observe a keyword, image, metaphor, or element of exploration from the lyrics. These can be windows for exploring a feeling, thought, intention, or development that has meaning for the client. The focus in these instances may be a core issue or a health-based statement that the client has made. For clients with acute withdrawal symptoms and active or residual psychosis, encouragement and validation are staples.

Post-recording and processing

Sometimes very dark, honest, and raw lyrics may be expressed in the context of our rap programme. Clients and their lyrics must be validated and supported during the post-recording stage of discussion and reflection. The music therapist is cautious not to focus solely on a client's artistry, use of rhyme,

or performance skills in the delivery of a rap. For example, one 20-year-old male client's lyrics were poetic and artfully delivered. Clients clapped and cheered and 'high fives' were given. At the same time, his lyrics focused on a previous overdose on fentanyl from which he nearly died. He had experienced other previous and dangerous overdoses and required Naloxone for resuscitation. Following his presentation in our group, we checked with him about his current level of wellness and how he felt about the overdose. We also checked in with other group members, given that they too may have been triggered by listening to the lyrics. The client expressed a desire to choose life and expressed remorse that he had nearly died over impulsive and excessive drug use. Following the group, we made an entry of his lyric content and discussion in his medical record. We also informed the primary nurse on his unit. This example shows the value of some debriefing after lyrics are written and recorded.

Another example from a Rap and Recovery session comes from a new female 42-year-old group member. She made overt reference in her lyrics to sexual abuse she had experienced as a girl by her mother. We believe it is essential to acknowledge topics traditionally perceived as private or taboo topics when in a group setting. Given the high ratio of sexual abuse and trauma histories in clients with concurrent disorders (Poole, Urquhart, Jasiura, Smilie & Schmidt, 2013), it can be vital to allow space for individual clients and the group as a whole to understand that such topics can be discussed and will be carefully honoured and respected. We aim to avoid repeated silencing of difficult topics. After a group session has ended, the therapist will routinely check in one-on-one with a client to see how they are doing after disclosing in the group. The therapist will also chart and update unit nurses after a group, keeping the client's safety in mind. Rather than retraumatise an individual, the intent is to provide what psychologists Christian, Safran and Murin (2012) term a corrective emotional experience. When clients disclose adverse experiences in music therapy, we also inform them of other groups and resources at our healthcare facility that provide additional support for redressing their histories.

The majority of clients, in our experience, initially express a lack of insight into the roots of their addictions. These individuals may benefit from support understanding unconscious drives that fuel addiction. In these cases, the music therapist must remain mindful when making explicit and voicing any unconscious connections or symbolism in the lyrics a client produces, especially in a group setting, in order to uphold their sense of agency and dignity. Sometimes clients feel awkward when asked suddenly to discuss their lyrics on a deep level in front of the group. This feeling is tempered by support from others in the group, which can make the space feel safer, and less as though the music therapists are prodding a client to disclose or be vulnerable. When addressed with respectful openness that normalises challenges, reduces stigma and conveys a tone of care, a certain level of straightforwardness and honesty can be illuminating for clients. In rap-based music therapy, this may involve asking about lyrics that seem unrelated to the theme or pointing out that a client's lyrics are suggestive of returning to substance use in the near future. At the end of the group, we ask clients what the 'take-away' of their group experience was; specifically, what was something they discovered about themselves or what did they learn from the experience? The therapeutic significance of this processing discussion is to attempt a synopsis of what took place, while providing a sense of closure for the weekly Rap and Recovery session.

Recordkeeping

We enter notes and observations after a group in the form of entries in the clients' electronic medical records. Using assessment, the music therapist can attend to ways in which the client engages in music therapy and how this engagement confirms, contradicts or embellishes a specific diagnosis, or identifies issues and behaviours that support or impede a client's recovery progress from substances.

CLIENT NARRATIVES: CASE EXAMPLES

First case example: Quinn, Alex, and Xavier

At one point, there had been several new admissions to the assessment unit. After their admission, three clients, Quinn, Alex, and Xavier, decided to attend weekly music therapy rap sessions. When they first arrived at the studio, we used a created beat and played it as they entered the room. They immediately looked enthused as we distributed pads of ruled paper and pens. They were eager to write, and since we had decided upon an organic session, the question of a common theme with shared significance for songwriting emerged. Quinn suggested 'Women and Drugs'. The other two participants nodded in agreement. "What is it about women and drugs?" we asked. The topic invited conversation about the clients' circumstances prior to admission and whom they had chosen as girlfriends or sex partners. All three participants agreed that they got involved in these relationships because these women also used substances and often enabled them to use substances.

Group members began writing to the beat. Alex was the most challenged with putting his thoughts on paper. He sought a great deal of attention stemming from what we believed to be fragile self-worth. He was distressed and did not write for several minutes before expressing a wish to leave the group. We engaged in some supportive redirection to balance his anxiety – perhaps around not feeling competent to write lyrics at this early stage of his recovery, coupled with a desire to not be embarrassed in front of peers – with his desire to rap and thus remain part of the group process.

After 15 minutes the other two clients had completed some lyrics while Alex had jotted down a few lines, welcomed as a success. Quinn and Xavier chose to record their lyrics and enjoyed putting on headphones and rapping to the beat with vocal expression and inflection. Alex chose to listen to the recordings rather than read what he had written.

Once the entire group had listened to the work-in-progress, we asked about the hook. The hook or a chorus/refrain can be an effective means of summarizing song content, moral, and meaning. "What's next? What's the moral of the story? Where does this story go?" At this point, the participants' lyrics were graphic and raw, with themes of blatant substance use and misogyny.

The group was unsure what the hook should be. Alex began crying, then listed the circumstances that had led to his admission. "I don't know," he continued, "it's all fun 'til the drugs are done". The first author typed his phrase on the computer in a Word document in large font: 'It's all fun 'til the drugs are done'. The music therapist said, "Alex, I think you've found the hook". He beamed. The group agreed. Group participants added the hook to their rap and, after a short production, it was ready for listening to from start to finish. Exhilaration was evident with smiles and handshakes.

Building on this enthusiasm allowed therapists to ask clients what does happen when the drugs are done. How does that feel? What happens next? Get more drugs? Questions of this type brought an awareness of how distraught the three men felt after using substances, along with some awareness of feelings and issues such as depression, PTSD, ADHD and psychosis which the substances had been used to medicate and mask. Alex recorded the hook, saying it twice.

We listened a second time and then a third time to the completed song. When asked about his thoughts about the lyrics, Xavier had a serious expression on his face, then concluded, “I’m shocked”. He was disturbed by their graphic description of drug use and the derogatory depiction of women. He said the group should work on something more positive in the next Rap and Recovery session. They all agreed. We reminded group participants of the lyrics from a Jimmy Buffet (1977) song called Margaritaville: "Some people say there's a woman to blame, but I know it's my own damned fault”. The music therapists clarified that it is not about blame, but about taking responsibility for one's choices and changing the habits or patterns that impede health. We validated clients’ willingness to identify negative depictions and roles of women in their lives, and their honesty about their inner thoughts, saying that uncovering those and making changes requires courage. A sense of group had emerged from interactions among these three participants, and an agreement that an orientation towards recovery was a good idea. Psychodynamically, group cohesion and meaning making was happening along with the acquisition of insight around the contexts and reasons the clients engaged in substance use. These contexts would serve as a starting point for uncovering further aspects of self, personal history and increased self-worth.

Second case example: Chand

Chand is a young male of East Indian descent with a diagnosis of schizoaffective disorder. His deceased father reportedly had the same diagnosis. He had three previous hospitalisations for psychosis. Chand also has a brother with schizophrenia, with whom Chand had had a physical altercation just before his current admission.

Chand came to his first Rap and Recovery group and presented as regressed in age. Though 25 years old, his behaviour matched that of a young teenager. He had an inflated sense of ego and was eager to step up to the microphone. At this first rap session, the theme was, ‘Why I started drugs’. His lyrics were grandiose and involved sexual jokes and gratuitous violence that emulated what he described as the essence of rap. He noticed, though, in the participation of other clients in that all-male group, that they took the theme seriously.

One music therapist said to Chand, "So, the song is called ‘Why I started drugs’. Help me to understand the connection between your lyrics and why you began using substances”. This challenged Chand to reflect on how he might mask thoughts and feelings by emulating the personas of other rappers. Rather than scold clients about misogynistic lyrics, we let clients know that such lyrics are not okay in music therapy and that part of recovery is exploring how to have healthy, respectful relationships with ourselves and others. Psychodynamically, we speculated that Chand was revealing unconscious patterns he had learned from many sources. A single misogynistic reference in his lyrics combined with some of his music listening preferences when viewed as metaphor reveals patterns of patriarchy in his family. That patriarchy included a now deceased but historically

controlling and abusive grandfather; the client's East Indian heterosexual and homophobic male peer group; roles of women in his family that reinforced his ways of being in the world; and also his fragile ego that resulted in overcompensation in his self-expression.

Chand was also grieving his father's death. His father had passed away when Chand was 15. He found his mother to be particularly overbearing and reported passive suicidal ideation in response to her. Perhaps to compensate for his feelings of worthlessness polarised with psychotic features of grandiosity, Chand would describe himself as the king and aspire to be a kickboxing champion. At other times he reported believing that he was Macbeth and that his life would unfold along a similar trajectory (Shakespeare, 1988). With Chand, as with other clients experiencing schizophrenia or schizoaffective disorder, the archetype of the king—usually experienced as a polarity between success and failure or good and evil—can be useful to explore when an individual is capable of processing discussion (Jensen, 2004). Chand was able to grasp that his life did not have to end in defeat and tragedy like Macbeth's had. He looked at correlations between depression and an embedded belief that his life would, as he said, "crash and burn". It is helpful whenever possible to draw upon the client's own words to support them in uncovering cognitive distortions.

A referral arrived for Chand to one-to-one sessions for the purpose of expressing and processing his feelings of depression and sense of loss after his father's death and to cope more effectively with his enmeshed and dysfunctional family. In these sessions and other music therapy groups, there was strong transference on Chand's part onto his male therapist whom he experienced as a father figure. This mostly manifested as a desire for attention mixed with ongoing emotional distancing. A therapeutic goal was to nurture Chand to be genuine with his feelings and to develop his maturation beyond a place that was regressed and anchored to a time when he was about 15 years of age.

Sometimes receiving what one has deeply desired arouses other fears and feelings that can be challenging to allow and incorporate. He would miss appointments, skip groups, relapse, then unexpectedly stop by the studio. Though he could be serious about the death of his father in discussions and within his rap lyrics during an individual session, his default persona would emerge in a group rap session, wherein Chand once again recorded misogynistic lyrics. While other male clients in the group responded in laughter, there was one female client in attendance who immediately spoke up.

She had experienced sexual abuse in her past and said that she was learning about healthy boundaries in other groups. She then gave Chand feedback about his lyrics, feedback he tried to dismiss by arguing as he had done previously in group that his lyrics were reflective of rap in general. He understood that this section of his lyrics was not okay and we suggested he quickly edit his lyrics for re-recording. The female client received praise for speaking up. She reported feeling good about having been assertive. Chand, though, despite post-group processing, would not return to rap group after that. While he made some progress during his stay, we suggest that his expectation of things not working out was part of that script when he was discharged for continued serious infractions.

Third case example: Jafar

This 20-year-old male of Persian heritage received both individual and group rap-based music therapy. He was admitted with a diagnosis of schizoaffective disorder and polysubstance use. After his

admission to our healthcare facility, the assessment unit psychiatrist immediately referred Jafar to music therapy because of a history of several near-death overdoses in the past few months, coupled with his self-identified talent for creating beats and writing rap songs. While most clients spend less than a month on the assessment and stabilisation unit, Jafar spent most of his nine-month stay there because of intermittent relapses when given increased independence to be on a regular treatment unit.

Gracious and polite, Jafar wrestled with making changes to his health. This battle also expressed itself in the content of his rap lyrics. We found that Jafar responded positively when challenged to write lyrics that were honestly about himself and his recovery rather than about popular club scenarios and phrases that appealed to his persona as a rapper. We wondered, as with Chand, about the involvement of the ego and barriers of self-awareness.

On one particular occasion, about six months into his stay at the treatment facility, he arrived for an individual session, lyrics in hand and a beat in mind. The rap he had written was primarily about partying. He was eager to record it and dismissive of any opening check-in or dialogue. When asked what we thought about the song, the second author addressed the avoidance of depth and inquired about Jafar's motivation for not writing about his obstacles to recovery. The client shrugged, saying he did not know why. We discussed a potential barrier being his relationship to his persona as a rap artist and what he thought others wanted to hear. We added that this could cover up a personalised relationship with himself and his music and therefore with others. Jafar felt this had merit.

The following day, he returned to another individual rap session, eager to record what turned out to be a highly personal and recovery-informed song. He said, "You guys gave me a hard time yesterday". He appreciated the bluntness and his lyrics that day reflected this insight. As music therapists, we often speak with clients about recovery in the context of practising consistent, healthy actions and behaviours that are informed by self-awareness. Such a call is challenging for almost everyone. There continued to be times when Jafar remained in his room and refused to attend sessions. However, we maintained invitations to attend individual and group sessions, and the candle for him to attend programmes again and become involved with music was reignited through continued support of his treatment team and psychiatrist. Some staff members on the care units demonstrate an active interest in the recordings clients produce, and this help motivates clients to stay engaged in ongoing writing and reflection between sessions.

Three weeks later he attended a rap group where we introduced an approach that is akin to fill-in-the-blanks for lyric writing. We adapted a work by Canadian poet Shane Koyczan (2007, no page) called 'This is my voice,' which opens and ends with "This is my voice. There are many like it, but this one is mine," a phrase we used to anchor lyric sheet handouts. We adapted this poem with its themes of social justice and self-empowerment because it makes use of many 'I' statements such as "I am," "I wonder," "I want," "I hope," and "I cry". These personal declarations help clients to access self-reflection, meaning, thoughts and feelings, hopes and desires. As part of the group rap session, participants watched Koyczan's performance of the poem on YouTube, a poem filled with passion and expression. The group then discussed social justice on personal and social levels and noted how the poet owns his words through his delivery of them. Clients were impressed and inspired.

They wrote lyrics to a beat chosen for its confidence and drive. Clients were encouraged to recite their lyrics with similar conviction to what they had witnessed in the video. Jafar wrote the following text. Underscored words are those provided by music therapists in the template. His lyrics reveal an

orientation towards health, and the struggle between polarised states of anguish and hope, substance use to the edge of suicide, and a level of honesty we had not heard him previously express with such clarity:

> *I am* everything I hate
> *I wonder* if it's a debate
> *I hear* everything they state
> *I see* drugs as escape
>
> *I want* to change my fate
> *I am* constantly in ruins
> *I pretend* I know what I'm doing
> *I feel* that I can change
>
> *I worry* about my brain
> *I cry* when I think about the pain
> *I am* trying to see another way
> *I understand* I might not see another day
>
> *I say* what I better mean
> *I dream* to be forever clean
> *I try* to not think about the craving
> *I hope* to not ever cave in
>
> *I am* everything I love

Process-wise, Jafar's lyrics invited further exploration, both on a personal level and with other group members. The combination of lyric writing and 'I' statements revealed his gamut of hopes, fears, aspirations, and even love. Highlighting his phrase, "I see drugs as [an] escape" allowed him to discuss the escape, and allowed the music therapists to ask the group if anyone else had experienced the same feeling. Almost all participants agreed that drugs were a means to escape anxiety, depression, and boredom.

By the end of his stay in treatment, Jafar had returned to attending the Rap and Recovery group regularly. His discharge plan was to continue making beats and recording songs at home. Jafar had made rocky but steady progress in his challenges with self-regulation and impulsivity. His progress involved growing self-awareness of unconscious patterns of self-sabotage and self-destruction. He also responded well to expressions of care. Therapeutic rapport was maintained through regular check-ins with him about his senses of health and wellness, his experiences of us as therapists and how he perceived the therapeutic alliance, his perceptions of his treatment stay, inquiries about which topics would be helpful to explore next, and through gentle reminders that music therapy was available during times he isolated himself.

CRITICAL REFLECTIONS AND INSIGHTS: MAKING SENSE OF RAP IN MUSIC THERAPY

We discovered that Rap and Recovery is not quintessentially a series of weekly templates and activities but a gathering of bodies, minds, and spirits that come together to explore, challenge, and transform individual and collective ways of being and becoming through creative and critical inquiry and expression, self-reflection, and group dialogue with the music therapists.

We often experience how humanised clients feel to get a reprieve from the secure assessment and stabilisation unit when brought to a music studio complete with microphone, recording equipment, electric and acoustic guitars, an electronic drum set, and full-size electric piano. Clients often find solace in the aesthetic experience of music, an area recently discussed by Inge Nygaard Pedersen (2017). Co-founder of the first Canadian music therapy programme, Nancy McMaster often remarks that the music therapist may be one of the only people who brings beauty into an institutional setting (N. McMaster, personal conversation, 27th October 1987). We experience beauty in clients' courage and vulnerability, their artistry and creative self-expression, and the connections they make to themselves and others.

We recognise that each person has varying needs and levels of self-awareness, and that these frequently change depending on client wellness and circumstance. Sometimes a music therapy rap session presents opportunities to validate clients at specific stages of recovery. Other times, we have discovered, it is vital to challenge unhealthy and potentially harmful ideations, so we do not tacitly approve and become complicit in their perpetuation of unhealthy patterns. Yalom and Leszcz (2005) write that patients with serious mental illness may thus need or prefer therapists who can be "firm, explicit, and decisive" (p. 496). Directional responses of this type require different skills and sensibilities on the part of the music therapist. We began to recognise that it can be helpful to challenge clients when their lyrics and group interactions are not supportive of their recovery or that of other group members. The authors recognise that incongruence and differences in narratives about health and wellbeing have their place in the context of therapy. We are ever mindful of seeing clients as people who are, like all of us, seeking and sometimes struggling to find their way in life.

We were challenged by the social justice roots of rap and Hip-Hop when we encountered routine use of popular rap lyrics that glorify substance use, misogyny, and crime. Such lyrics sung by highly successful rappers can distort the clients' perception of what it means to be successful. Renshaw (2015, p. 44) poses the question as to how music therapists navigate the lyrical content of rap music specifically when using this genre in treatment. It is evident that there may be no set protocol for working with clients in a variety of settings for various mental health purposes when it comes to lyrics that promote hate, or are vulgar, offensive, misogynistic, homo- or trans-phobic (Short, 2013). There are at least three primary distinctions and considerations. One is that for initial individual sessions we routinely seek to see what the client brings to the recording studio. In a group, this is different, because we must ensure the safety of the group. We achieve this through teachable moments. While censoring lyric material is described as detrimental (Short, 2013), other groups at the site should be considered in this context. For example, in a group such as Men Seeking Safety, for those who have experienced childhood sexual abuse, is there no container for offensive statements, graphic and violent imagery, and projections of anger? There is likely not. A second concern is that while it is undoubtedly true that

clients sometimes show more vulnerability once they feel safe enough, the opposite is true as well. Once a client perceives that there are no limits of self-expression, the therapist runs the risk of affirming the client to continue uncensored for the sake of rapport. We recently had a client whose lyrics were violent, highly misogynistic, and contained veiled threats toward a person outside of the facility. This client, diagnosed with antisocial personality disorder, was eager to record and distribute his lyrics. Once the client has obtained an mp3 of any final product they recorded in music therapy, they have full control over the distribution of it. We discussed the client's lyrics with him: he expressed a desire to be known as king of misogyny. We explained the caution we had about providing him with his recordings and that we needed to consult management about giving him access to his recordings. Risk Management also provided input and concluded it could be harmful to the client and others to hear his recordings. Ethically, do we support clients in producing hate speech against others? Do offensive rap lyrics support the health promotion of the client? Does the music therapy profession aim to promote the creation of such lyrics? It is for these reasons that our practice has evolved to maintain zero tolerance of the recording of offensive lyrics, whether for distribution or not.

Some colleagues have expressed the viewpoint that a deep exploration of issues within music therapy cannot occur until establishing a stronger therapeutic alliance. In Rap and Recovery, however, clients often disclose underlying issues through their lyrics in the first session. We have come to understand that when we honour, contain, or even solicit 'heavy' topics, this is where rapport can develop. Once clients have an experience of their lyrics not only being heard but valued and sustained through curiosity, there is a feeling that Rap and Recovery can be a place of nurturing. Group cohesion that focuses on health and wellbeing may also catalyse personal change. There is also some evidence that the addition of music supports greater rapport between client and therapist (Cook, 2013; Pasiali, 2013). Attending to, interpreting, and responding to details that inform an individual's understanding of self and others calls for music therapy skills that nurture healthy interactions that can calm trauma responses of fear, anxiety, and detachment. Working in relationship with another person requires time, space, and support for that individual to explore, question, and transform deeply held views of themselves and others. Our psychodynamic lens of music therapy serves to strengthen clients' self-understanding and connections to others (Kim, 2016). The focus on integration and relationship means that underlying causes and drives behind addiction receive exploration on multiple levels.

A nurturing and integrated view of music therapy also means that the writing, discussion and recording of rap is not focused on musical performance and ability. Different musical elements, including lyrics, beat and rhyme, require specific therapeutic considerations in the development of client agency, self-identity and senses of authenticity. It is common for individuals with schizophrenia, schizoaffective disorder, and bipolar disorder to fixate on rhyme and exhibit pressured speech and stream-of-consciousness in the creation and performance of rap. Such clients tend not to be as guarded in music therapy and therefore likely to express and discuss their frustrations and aspirations. In the Rap and Recovery music therapy group, we pair music-based experiences with therapeutic processes of critical self-reflection, ownership and commitment to recovery. We encourage clients to think about themselves in different ways so that they can start to make informed and independent choices about their health and wellbeing. We have learned that space and opportunity for clients to be caring and cared for, as well as discussion about their personal needs and backgrounds of trauma, in combination with music, are what nurture authenticity in a Rap and Recovery session.

CONCLUSION

Like other healthcare practitioners, music therapists need to follow the tide of shifting techniques, genres, and technological advances that can transform our profession and scope of practice, while providing a range of health-promoting interventions to our clients. Music therapy clinicians and educators need to develop basic proficiency with music technology (Crowe & Rio, 2004; Hahna, Hadley, Miller & Bonaventura, 2012; Jones, 2006). Jones (2006) calls for music therapists to expand their intervention repertoire by acquiring the ability to interface technology with research and clinical practice. Although the music therapy profession has traditionally not required technology for various reasons, including self-sufficiency, practicality and simplicity, music therapists should understand and develop the skills needed to incorporate technology into their practices as an essential component of therapeutic programming.

Despite a lack of attention to "clinical uses of music technology" (Hahna, Hadley, Miller & Bonaventura 2012, p. 457) in many music therapy training programmes, there is evidence of change. A shift in the comfort level of music therapists using technology for therapeutic purposes has been seen in recent years, as illustrated by Hahna, Hadley, Miller and Bonaventura (2012), Magee and Burland (2008a, 2008b), Magee et al. (2011) and Misje (2013). Crooke (2018) discusses beat making in music therapy and calls for an alternate perspective that sees adeptness with musical technology as akin to aesthetic performance on acoustic instruments. Additionally, Michael Viega (2018, p. 1) offers a valuable humanistic perspective of the use of recording technology in working with adolescents towards "cultivating agency, expressing and voicing selfhood, and nurturing stakeholder engagement". Such literature serves to disrupt traditional views of what constitutes music therapy practice and participation.

Though a music therapy rap-based group presents several challenges, it also has many merits. One of the most compelling reasons for using rap with clients is that even when topics of discussion are challenging, there is still a sense of fun, novelty and creativity to the overall music therapy experience. Rap is very popular with the population we serve. Clients describe the group as "cool" and report that it is appealing because of the popularity of rap music in their music listening repertoire. The social justice roots of rap help free it from belonging to an elite group of musicians and performers. We hope that the descriptive details we have offered about our Rap and Recovery group will serve other music therapists who are seeking a process-oriented model of music therapy at mental health and addictions treatment centres.

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Ελληνική περίληψη | Greek abstract

Ραπ και αποκατάσταση: Μια μουσικοθεραπευτική παρέμβαση προσανατολισμένη στη διαδικασία για ενήλικες με ταυτόχρονες διαταραχές

Kevin Kirkland | Samuel King

ΠΕΡΙΛΗΨΗ

Αντλώντας από την εμπειρία τους με μια ομάδα που ονομάζεται «Ραπ και Αποκατάσταση», οι συγγραφείς εξετάζουν το σημείο συνάντησης της αποκατάστασης και των ψυχοδυναμικών θεωριών της υγείας, και μοιράζονται τις προοπτικές τους σχετικά με την κοινωνική δικαιοσύνη με σκοπό να μελετήσουν τον τρόπο με τον οποίο πελάτες με ταυτόχρονες διαταραχές μπορούν μέσα από εβδομαδιαίες συνεδρίες μουσικοθεραπείας να αναπτύξουν μια αίσθηση αυτενέργειας [agency], ευεξίας και κοινότητας. Οι συγγραφείς

παρουσιάζουν θεωρητικές επιρροές καθώς και πρακτικές λεπτομέρειες, συμπεριλαμβανομένης της περιγραφής μιας συνεδρίας της ομάδας «Ραπ και Αποκατάσταση». Σε αυτό το πλαίσιο συμπεριλαμβάνεται μια κριτική, αναστοχαστική ανάλυση των επαγγελματικών ρόλων και θεωρήσεων. Οι συγγραφείς καταλήγουν στο ότι η δύναμη που έχει η μουσικοθεραπεία που βασίζεται στη ραπ να γαλουχεί, να διαταράσσει και να μεταμορφώνει την κάνει να λειτουργεί ως ένας δυναμικός χώρος εντός του οποίου οι πελάτες και οι θεραπευτές μπορούν να αμφισβητήσουν τις ατομικές και συλλογικές τους δεσμεύσεις, τις σχέσεις και τις ταυτότητες επιχειρώντας να επανεξετάσουν και να επαναπροσλάβουν την έννοια της υγείας και της ευεξίας.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, αποκατάσταση, ταυτόχρονες διαταραχές, εθισμοί, ψυχική υγεία, ραπ, χιπ-χοπ

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ARTICLE

The role of leadership and facilitation in fostering connectedness and development through participation in the Just Brass music programme

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ABSTRACT

Many extracurricular music programmes provided for Australian students highlight wellbeing benefits; although the programmes vary significantly, with some being uniquely tailored by facilitators to the specific needs of each group, and others being manualised and delivered across the country. This research project investigated a manualised brass ensemble programme run by The Salvation Army with students from schools in areas of disadvantage. We interviewed a group of young leaders who had been involved in the programme for a number of years and asked them to reflect on their experiences of participation and leadership, both individually and as a collective. Analysis highlighted the importance of programme facilitation and leadership, as demonstrated through the understandings of the young people that their wellbeing was prioritised over their musicianship within the programme. This finding may provide a feasible explanation as to why some very different music programmes, from tailored therapy groups to manualised ensemble-playing on brass instruments, result in similar wellbeing outcomes being described by participants. It also challenges the demands of evidence-based research methodologies that attempt to separate out the influence of leadership from the effect of the music in order to prove the wellbeing benefits of music.

KEYWORDS

community music,
music therapy,
young people,
leadership,
connection,
personal development,
identity,
musical resources,
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INTRODUCTION

Music is increasingly being used as a tool for promoting student wellbeing in Australian schools and community settings. The potential of music for this function has been endorsed by evidence presented at hearings for the Victorian Parliamentary Inquiry into the Extent, Benefits and Potential of Music Education in Victorian Schools (Stevens & Stefanakis, 2014), with claims made about improvements in social, emotional, academic, and creative domains (Parliament of Victoria, 2013). This emphasis exists alongside the inequitable provision of music education programmes within schools. Whilst independent schools continue to fund and resource high-quality music programmes, government schools have been increasingly pressured to focus on the core subjects of English, maths and science (Proctor, Freebody & Brownlee, 2015). School leaders are then encouraged to stretch their remaining budgets across those topics considered to be elective, such as the arts, languages other than English, and media/technologies.

Within this neoliberal context where schools are dominated by economic thinking[102], a number of external organisations have begun to provide music programmes for Australian school students to fill gaps in arts provision. The in-school programmes do not provide the kind of extended and systematic music opportunities that are associated with skill acquisition (Lowe & Belcher, 2012), as they are usually relatively brief and often focused on more immediate outcomes such as performances and exhibitions. School staff can be enthusiastic about such programmes because they expose students to the arts and artists in ways that are impossible within the school curriculum; an approach we have labelled the 'Exposure Model' (McFerran, Crooke & Hattie, 2017). Indeed, a number of Australian programmes described in the literature claim wellbeing benefits such as increasing student confidence (e.g., Haynes & Chalk, 2004), academic outcomes such as NAPLAN scores (e.g., Vaughan, Harris & Caldwell, 2011), as well as general claims towards increased cultural capital (e.g., Robyn, 2010). However, staff also experience frustration at the demands externally provided programmes make on the school timetable and the resultant reduction of classroom time in which they are expected to achieve the core learning outcomes. Therefore, even when the financial responsibility of providing arts programmes is significantly reduced in this way, tensions continue to exist within schools because of the burden staff perceive in making space in the overcrowded curriculum and the expectation that they will provide support to non-teacher trained professionals.

These barriers have contributed to the need for out-of-school music programmes for students, where providers take full responsibility and place no pressure on the school system. Higgins (2008) describes the emergence of community music in the UK as addressing gaps such as these, with an intention of addressing barriers to access and inclusion. Although 21st-century community music has evolved from these roots, the commitment to values such as social justice, participation and hospitality remain, amongst others (Bartleet & Higgins, 2018). This is demonstrated in programmes for youth around the globe, including the sustainably funded Youth Music programme in the UK (Mullen & Deane, 2018), the Aardvark music programme in Australia (Bolger & Hunt, 2018), and in multiple countries around the world, including Israel, Venezuela and others (Cohen, Silber, Sangiorgio, & Iadeluca, 2018). The focus on access, equity and cultural participation demonstrated in such programmes is balanced with fostering youth resilience; although the question of 'delivering empowerment' has also been soundly critiqued within the discourse (Rimmer, 2018). Although some

programmes do take place in schools, many choose to serve youth beyond the barriers enacted by the neoliberal school systems that dominate many developed countries.

The focus of this article is one such out-of-school music programme that has been running in the Geelong area in Victoria, since 2010, and is now expanding across Australia and New Zealand through the infrastructure of The Salvation Army. The Just Brass programme, as the name suggests, focuses on brass ensemble playing, and players meet every week to rehearse as a whole band, crossing school boundaries and forming a music-based community. The Salvation Army purposefully focuses on recruiting from less privileged schools and invites primary school students in Grades 3 and 4 to participate, providing them with brass instruments, free individual tuition, and transport. Just Brass then provides a manualised programme where facilitators are expected to implement set session plans, activities and discussion points. Just Brass leaders are given online access to a Leader's Toolkit, which contains resources, rehearsal plans and pedagogical suggestions. This expectation of following a predetermined plan is in some ways more similar to music education than to music therapy and community music programmes, which both emphasise tailoring to participants. Music therapists typically focus on designing unique programmes through a process of assessment of needs, design, implementation and evaluation (McFerran, 2012). Community musicians tailor with a slightly different emphasis – on the importance of collaborative designs and adjusting to participant interests (Bartleet & Higgins, 2018). This makes the Just Brass programme both distinct but also similar, since skilled facilitators of all types are likely to tailor the given resources and structures to suit the needs of the specific group.

Despite the differences in approach, anecdotal reports often suggest the outcomes of such programmes are similar. It is common for school staff to describe student engagement in a range of music programmes as being confidence-building, and to see more benefits for students who have greater needs for inclusion within the school community. The first author has observed this phenomenon previously, in a different research partnership with The Salvation Army (McFerran, 2008). In discussion with the Just Brass programme leader, John Collinson, we decided to investigate this more closely, in order to gain further understanding of the positive outcomes of this distinct music programme, and the leadership and group music-making conditions that afford these benefits.

METHOD

Research design

In order to better understand this phenomenon as the basis for comparison between programmes, we chose to gather rich descriptions through first-hand accounts, and adopted a descriptive phenomenological lens for this purpose. Linda Finlay (2011) explains Husserl's descriptive approach to phenomenology as aiming to encounter the less tangible meanings and intricacies of our social world by focusing on a person's lived experience. This was appropriate to our task since the social context provided by Just Brass was of interest, as well as the ways that young people would choose to describe the programme. Jonathan Smith has described how this creates a double hermeneutic, whereby "the researcher is trying to make sense of the participant trying to make sense of what is

happening to them" (Smith & Osborn, 2015, p. 41). Although Smith is describing a more interpretive form of phenomenology (IPA) than used in this study, Simms & Stawarska (2013) claim that phenomenological methods should always require the researcher to not only describe the data but make careful interpretations, attending to "the unsaid within what is said" (p.13). Our intention was to generate rich descriptions that would provide a foundation for us to compare aspects of the particular experience for these young people with those described in other programmes.

Participants

The Just Brass programme has now involved over 1,200 people (both participating students and community members) across eleven programmes. Since we had no desire to generalise from a representative sample, we sought a contained, purposive sample from which to gather rich descriptions. In collaboration with the programme founder, we identified a leadership group consisting of seven young people who began the programme in 2010 and were now in middle high school. This group suited our purposes because they had prolonged engagement with the programme and were potentially more able to articulate their experience than younger participants. When invited, the young people were enthusiastic about participation based on the information in the plain-language statement and a careful explanation from the second author that emphasised how participation was voluntary. They chose to use names rather than pseudonyms, with parental permission, and details are provided in Table 1.[1]

Name	Age	Year level at secondary school	Instrument	School
Bailey	15	10	Trumpet	Private School
Caitlin	15	9	Trombone	Public School
Ebony	14	9	Euphonium	Public School
Grant	16	11	Tuba, trombone & euphonium	Private School
Hamish	13	8	Percussion	Home-Schooled
Hunter	15	9	Tenor horn	Public School
Lachlan	15	9	Trombone	Private School

Table 1: Participant details

Data collection

Data was collected through an initial individual interview with each participant, followed by a focus-group meeting to discuss the researcher-generated descriptions and themes. The individual

[1] Ethics approval was from the HREC at the University of Melbourne #1646579.

interviews were conducted by the second author and based on the research question: *How do a group of young people describe their experiences of participation and leadership in the Just Brass programme?*

The second author asked for descriptions of the programme, sought clarity about aspects of the description, followed up with more questions related to what had been described, and offered summarised statements to the participant so they could agree or clarify in the focus group. Care was taken to describe the phenomenon in inclusive ways in these statements; acknowledging the broad views of the participants and their own histories (Simms & Stawarska, 2013). The authors were conscious of the role that both researchers and participants play in the co-construction of data, as described by Finlay (2011), and we used supervision to engage reflexively with the reactions and pre-assumptions that were provoked during the interviews. In keeping with phenomenological methods (Finlay, 2009), these biases were bracketed in the interview and consciously acknowledged as part of the reflexive analysis described below.

Data analysis

A seven-step process of descriptive phenomenological microanalysis was used (O'Grady & McFerran, 2007). To begin, the transcriptions were analysed separately, beginning with the identification of key statements and clearance of material that was not related to the research question (Step 1). The key statements were then categorised into structural meaning units (Step 2), where descriptions of the same aspect of the phenomenon were gathered together from across the parts of the interview. A second round of analysis then re-categorised the data into experienced meaning units that grouped statements that seemed to have the same underlying meanings (Step 3). The iterative analysis involved movement between these layers and both researchers played a key role, discussing multiple interpretations of each grouping. In total, 127 experienced meaning units were created out of the seven interviews and participants' own words were maintained throughout the creation of the meaning units in order to honour the young people's unique voices. A description of the essence of each individual's interview was then created (Step 4) and shared with each participant in order for them to offer feedback and correct any misunderstandings that may have occurred through the analytic process (Step 5). A collective analysis was then undertaken, where the meaning units from the seven participants were gathered together under what eventually became eleven collective themes (Step 6).

In order to illustrate the movement from individual to collective analysis, we have included an example here about the creation of the collective theme of 'social capital'. During the creation of individual meaning units (Steps 2 and 3), a number of individuals seemed to be describing how Just Brass enhanced their status within their communities and schools. Meaning units from five of the participants seemed to contribute to this larger theme, and were drawn together in Step 4. The relevant meaning units (in the original words of the participants) were:

- "I feel proud that everyone knows who I am at Just Brass"
- "Playing an instrument gives me a reputation and other opportunities"

- "It's a good feeling meeting people from all over the world and playing for them"
- "Other people think it's really cool that I do these gigs and do advanced music in school"
- "It feels good that we have something to share and give back to the community when we perform"
- "Working towards performance goals helps keep us driven"

As we worked across the individual meaning units, we saw that a number of the collective themes were similar and we expanded the label of this theme to become: 'Just Brass provides opportunities to increase social capital', incorporating a range of ideas that had seemed distinct into this higher-level category. The final collective theme then included the following individual meaning units.

- We get lots of cool opportunities to play at special events and things and it gives us a really good feeling to play and support people
- It's a good feeling meeting people from all over the world and playing for them
- I have the opportunity to meet other kids from different Salvation Army corps
- We get special opportunities
- Just Brass has given me opportunities to go to places for the first time
- There are lots of travel and performance opportunities around the country, which is really good
- Playing an instrument gives me a reputation and other opportunities
- I've met other highly respected musicians by touring and travelling and they kinda get to know you and has gotten me opportunities to play in other bands
- Working towards performance goals helps keep us driven and makes us look good when we play well
- Other people think it's really cool that I do these gigs and do advanced music in school
- When I grow up I wanna be a concert band conductor and lead others

Once we came to a point of saturation (Strauss & Corbin, 1998) in categorising the individual meaning units into collective themes, the second author returned to the young people for a focus-group discussion of our findings. All seven young people, as well as founder John Collinson, attended the meeting and were provided with a copy of the collective themes we had generated. The young people had the opportunity to add further insights –for example, expanding the vocabulary and imagery used previously to describe the programme– and critique the analysis. The young people felt strongly that there were too many distinct themes and that many of them were interconnected and inseparable, which led to the creation of two global categories.

The two global categories that were created incorporated both the common and significant themes. These themes were then used to generate a distilled essence of the experience as described by the participants, utilising their words and idiom as much as possible (Step 7). We will begin the results section by presenting the distilled essence and the details of meaning units that comprised them. We will then use the two global categories to present a discussion that contextualises these themes with some relevant ideas about music and leadership from the literature.

RESULTS

> Just Brass is different to what many of us thought it would be before we started. It's been more than having fun and connecting with other people, even though those things have definitely been there. We've had the opportunity to develop into leaders who are respected by younger members of the band as well as by people outside of the Salvos – it's made us look cool. Not only have we been exposed to new music styles and established advanced music skills, for many of us it has provided opportunities to travel and perform and learn how to deal with performance anxiety. It's not always perfect, and working together in groups means dealing with issues, but we're encouraged to develop as people and give something back, as well as grow as musicians. Most of us feel that Just Brass provides the safety and support that is needed for us to express ourselves and build our confidence, and we have a lot of respect for one another and our leaders. Plus, it has introduced some of us to Christianity and increased our connection to the wider Salvation Army community, as well as to the specific people in the programme. Just Brass is more than any one individual; everyone has a part to play and contribute. (Distilled Essence)

Eleven collective themes were identified and verified by the young people and are presented with a selection of pertinent statements that succinctly illustrate the theme.[2]

Collective theme	Illustrative statement
Connection to others	"It feels good knowing that I've got somewhere to go each week and that I'll have friends there" "Being in Just Brass means that we are connected with people from all around Geelong" "We know each other so well that we're pretty much like a family" "We're all so close and connected to each other"
Linking to Christianity	"Just Brass has introduced me to Christianity, which has been an important aspect of my life and helped me through things and helped my self-esteem; Christianity has given me confidence that I can always talk to God no matter what" "Just Brass isn't overtly religious but Christianity is part of the underlying culture of the band"

(Table 2 continued)

[2] Full data set can be made available on request.

Developing musicality	"We connect with each other through the music by learning the qualities of each other's playing and matching our tones" "We go deep into the music experience at Just Brass and because we all play individual parts, we're really needed and valued musically"
We work hard but have fun	"At Just Brass we are trusted with responsibilities and respected" "We have so many shared memories and in-jokes"
Opportunities to increase social capital	"Working towards performance goals helps keep us driven and makes us look good when we play well" "Other people think it's really cool that I do these gigs and do advanced music in school"
Developing as leaders	"In Just Brass I've learnt about friendship and leadership, how to help the younger kids" "I've also learnt how to lead myself and be responsible"
A safe and supportive space	"Just Brass is a safe space and somewhere too get away from your troubles" "The support that Just Brass gives me has helped me through really hard times in my life, it means so much to me"
Giving something back	"It feels good that we have something to share and give back to the community when we perform"
Developing maturity and confidence	"It feels good when my other friends and people like John see that I have potential to do something with my life and this has given me confidence and maturity in other areas of my life too" "Just Brass has helped me overcome my nerves and boosted up my confidence; it's taught me who I am"
Overcoming performance anxiety	"I used to feel nervous and edgy when we performed but everyone is so supportive and afterwards I always realise that my playing wasn't actually *that* bad"
Just Brass is more than that I thought it would be	"I wasn't expecting Just Brass to be anything more than just a music education programme"

Table 2: Illustration of quotes categorised under Collective Themes

Two global themes were created as a way of capturing what seemed to be the central categories in the data.

1. Personal Development for the Young Leaders - developing musicality, developing as leaders, developing maturity and confidence, opportunities to increase social capital, and overcoming performance anxiety.
2. Being Part of a Community - giving something back, connection to others, linking to Christianity, and a safe and supportive space.

Two of the themes are not encompassed by the global themes, namely: Just Brass is more than what I thought it would be, and we work hard but have fun.

DISCUSSION

Global theme 1: Personal development for the young leaders

The Future Leaders Group has been developed at the South Barwon Corp of the Just Brass programme in response to the interests and capacities of the young founding members of the programme, as well as newer members who have shown leadership qualities. The seven young people interviewed in this study chose to describe a number of ways they had grown during their involvement in the programme.

The young people in Just Brass are given opportunities to further their leadership skills. For example, members of the Future Leaders Group described being invited to 'hang out with' a leader of one of the larger Melbourne Salvation Army corps; play at numerous functions in the greater Geelong region; and regularly lead rehearsals at their weekly band practices. As well as these opportunities, the young people felt recognised as leaders within the larger Just Brass programme and encouraged to act as mentors to younger musicians in the beginner bands, recognising and appreciating the sense of responsibility that comes with leadership. A number of the participants acknowledged that they enjoyed being looked up to by, and helping out, the younger people in the programme ("I feel proud that everyone knows who I am at Just Brass" (Bailey) and "we empathise with the younger kids and know the fear of being on stage" (Caitlin)).

These descriptions of leadership experiences match well with Gialamas's (2012) views on innovative leadership as having three dimensions: interpersonal inspiration (motivating all members of the institution); modeling standards of behaviour and ethos; and commitment to serving one's community. The Just Brass programme is designed to promote qualities like these, and the young people are shown through all three components of leadership how to be innovative leaders. The young Just Brass leaders have learnt to model appropriate behaviour to the younger band members and, as Lachlan expressed: "We model the right behaviour as well modelling how to play music". This statement shows maturity and self-awareness, and demonstrates how the programme fosters personal development by placing young people in positions of authority and trusting their capabilities. As Cook & Howitt (2012) posit, the qualities of great leadership mirror those of musicianship: high levels of mastery; being attuned to their context; openness to experiential learning; and an ability to provide sufficient structure to enable others to be their best.

Like many community music programmes, Just Brass teaches the fundamentals of music literacy and instrumental technique. However, as Ebony recounted, this programme goes further towards imbuing students with a deeper and "more nuanced understanding of the music and the reasons why musicians make particular musical decisions". Pavlicevic and Ansdell (2009) describe this process of cultural learning (musicianship) and direct social participation (musicking) as 'collaborative musicking' (p. 358). Grant expanded this concept of collaborative musicking further, recalling that "we connect with each other through the music by learning the qualities of each other's playing and matching our tones." This statement shows that the young people in Just Brass have developed not only keen and discerning aural skills but also a sense of responsibility, mutual trust in each other, and the interpersonal skills of matching, mirroring and reflecting back the music of others.

Global theme 2: Being part of a community

During the focus-group interview, Ebony spontaneously formulated a touching analogy for how she sees Just Brass in response to hearing the 11 themes.

> I kinda envisioned it like Just Brass is a city kinda thing, with all these different themes as the mini suburbs. And that's like the umbrella of the things that we do and then, like, cos, like, in all the suburbs there's, like, different houses but all those houses are connected because they live in the same city.

This illustration poignantly summarises the collective themes that make up the global heading of Being Part of a Community. Every participant talked about the importance of knowing that they were part of something bigger than just themselves and that they feel truly connected and valued within the programme. Lachlan described the joy and importance of being part of a group who "share a passion"; while Caitlin shared that "it's a good feeling watching my friends in band get along so well".

Whilst a range of community groups can foster similar feelings of connectedness, McFerran (2010) describes how musical engagement promotes a uniquely deep, interpersonal connection, both on a micro and macro scale (p.73). Some evolutionary theorists refer to this unique capacity of music as the reason for its ongoing existence. The musical conditions enhance emotional connectedness on the one hand (Dissanyake, 2009), whilst simultaneously reducing the potential for disagreements based on political, social, or intellectual differences on the other hand by removing the emphasis on verbal interaction (Cross & Morley, 2009).

Perhaps even more profoundly, a number of the young people also spoke about the opportunities they have been given to share their talents with the wider community, resulting in a sense of both self-worth and gratitude. In Lachlan's words: "it feels good that we have something to share and give back to the community when we perform."

Over the last decade, the positive-psychology movement has shown the far-reaching positive health effects of gratitude upon individuals and cultures (Martin, 2011). These young people readily expressed their appreciation of the opportunities they had, and displayed a number of other

characteristics associated with Seligman's flourishing life – such as experiencing pleasure and joy in their experiences; as well as a meaningful life – being emotionally connected and committed to one another and the programme. Despite being the youngest, and often quieter, member of the group, Hamish's statement that "I've learnt about friendship and leadership…how to help the younger kids" shows the development of real empathy and dedication to his community.

Finally, all of the young people described how Just Brass feels like a welcoming and safe place, where they could be themselves and feel "comfortable bringing other people along" (Hamish). Furthermore, a number of the participants shared that, during hard times in their life, the consistency, support and acceptance of the programme gave them a sense of purpose and helped develop resilience in the face of challenges. Hunter acknowledged that "the support that Just Brass gives me has helped me through really hard times in my life, it means so much to me", while Lachlan described the programme as "a safe haven" for him.

Broadening Rolvsjord's (2006) concept of music as a resource for psychological wellbeing, engagement with a music community may be an even greater resource for young people whose need for peer engagement is primary. Jose and Lim (2014) found through their large sample surveys, that whilst self-reported feelings of social connectedness did not act as a safeguard against depression in young people, identifying as being socially connected did seem to ameliorate some symptoms. For the young people in the Future Leaders group, Just Brass has turned out to be much more than simply the music education programme they were expecting when they began, and they now see it as 'a family'. Just Brass has also become the medium for connection to the wider Salvation Army community. As a Salvation Army programme, Just Brass is fully resourced by staff, volunteers, finances and stated philosophy. The Salvation Army volunteers have become mentors to the young people and have provided a stepping stone for many becoming part of the church and faith community, beyond simply the music programme. As Caitlin acknowledged, "being in Just Brass means that we are connected with people from all around Geelong."

However, not all Just Brass programme locations have the financial and community benefits of being supported by their local church. The differences between programme locations and the impact this has on outcomes needs to be explored further in future research.

Just Brass not only provides a strong connection to the community of The Salvation Army but also seems to connect young people to the wider musical community of greater Geelong through performances, touring, and other opportunities. For example, Bailey described how touring has led to further musical experiences:

> Yeah, well, I guess I've obviously met other high-respected musicians, umm, by touring and traveling, which is, yeah, good, because then they kinda get to know you as well. And yeah... Like meeting Ken Waterworth, the conductor of Staff Band, has gotten me an opportunity to play in the Territorial Youth Band, which has been great too.

Rolvsjord (2010) persuasively argues that access to musical opportunities and resources helps build individuals' sense of identity and promotes resilience and wellbeing. She claims that engaging and investing time in the pursuit of musicking provides opportunities for the development of

character strengths, which leads to energy and enjoyment (p. 123). As Stige and Aarø (2011) describe, music "provides people with various artefacts, such as musical vocabularies and formulas, works, instruments, and techniques. Such artefacts are tools that people can use in processes of cultural learning and identity development" (p. 123). For the young people in this study, their musical experiences in Just Brass have afforded them both individual and collective resources such as these: "it's a good feeling meeting people from all over the world and playing for them" (Hamish).

As well as developing the young people's sense of self-worth, for some of the interviewees Just Brass has "introduced them to God" and brought them into the faith community. Participants spoke about attending church even though there is no expectation that young people will participate beyond the programme; as Caitlin described, "Christianity is part of the underlying culture of the band". Just Brass does not apologise for being a Christianity-based programme and provides students with Christian resources and opportunities for Christian mentoring and pastoral care when requested. One of the programme's three foci is "to contribute to the personal, social and spiritual development of children and young people in the programme" (Just Brass online brochure, 2016). However, Just Brass' primary mission is to "transform young lives through music" (Just Brass website, 2016). The young people seemed to feel this musical commitment as more prominent than any secondary evangelistic aims, describing Christianity as "an element and it's good that it's a little bit there, but not the major factor" (Bailey) and conveying that "there's no pressure" to become part of the church (Ebony).

CONCLUSION

The descriptions provided by these seven young leaders within The Salvation Army's Just Brass programme are slightly different, but also surprisingly similar, to the kinds of experiences reported by school-aged participants in other forms of music programmes. Whilst the Just Brass programme is not a music therapy intervention, music therapists working in the community music sphere, or therapists who see their clinical work through a community music therapy lens (Stige & Aaro, 2011), can learn much from the experiences of Just Brass participants. Just Brass also provides a sound example of a sustainable programme model for music therapists who seek to start programmes that aim to change systems (Vaudreuil, Bronson & Bradt, 2019) and are then continued by non-music therapists. There is a distinction between the amount of freedom and control experienced in tailored therapy programmes for youth struggling with mental health challenges (McFerran, 2011) as compared to the more developmental focus of these young people who have overcome performance anxiety, developed maturity and confidence and given something back to their community. This may reflect the different needs of the two groups; the first are grappling with crises bought on by challenging personal circumstances suiting therapy, as opposed to a need for social capital and access to resources in order to have equitable opportunities for success and achievement. But there are also many similarities. Music affords opportunities for both fun and focus, as seen in this study and in an array of other music programmes (MacDonald, 2013). It also promotes bonding and cohesion between young people who participate in making music together, and develops a sense of connectedness (McFerran & Rickson, 2014). Young people also regularly report appreciating the

safety and support provided by a facilitator who is committed to their wellbeing and flourishing (Baker & Jones, 2005).

This suggests that the way in which participation is fostered is a critical mechanism for the success of any music programme for young people. Whilst classroom music teachers face the demands of measurable musical achievement in addition to managing ever-changing groups of 25 or more students, these programme facilitators are afforded the freedom of a different kind of focus and can move beyond curricular demands. The young people in this study were clearly appreciative of the generous leadership and mentoring they had experienced. They knew that their development was being privileged over their skills, but they were also clear that music-making was the process by which they would achieve this outcome. Similarly, participants in music therapy groups describe valuing the kindness and understanding of the therapist who uses music to foster personal expression and increased insight into the challenges they are facing in order to help them cope better with their circumstances (McFerran & Teggelove, 2011).

Music therapists are often challenged to provide evidence about the benefits of their services, and to do so using carefully controlled designs that separate the influence of music from the benefits of the therapeutic presence (Abrams, 2010). This study suggests that the two should not be separated, and that it is the combination of the conditions afforded by shared music-making, plus the intentions of the music facilitator to foster personal development, that leads to positive outcomes. This partially explains why there is not as much difference in the outcomes described from participating in different types of music-making experiences (tailored versus prescribed) as would be expected if it was facets of the music that made the difference.

More research is needed to better understand what kind of leadership facilitates personal growth from participation in music-making programmes. Given the reasonable evidence base for the predominantly humanistic profession of music therapy, it is likely that many of these qualities are to do with the facilitator's ability to create mutually empowering conditions with music, that convey respect, understanding, and emotional presence. However, further research will allow this to be more carefully examined, and more empirically based outcomes to be posed.

ACKNOWLEDGEMENTS

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Ελληνική περίληψη | Greek abstract

Ο ρόλος της ηγεσίας και της διευκόλυνσης στην προώθηση της συνδετικότητας και της ανάπτυξης μέσα από τη συμμετοχή στο μουσικό πρόγραμμα Just Brass

Katrina Skewes McFerran | Jessica Higgins

ΠΕΡΙΛΗΨΗ

Πολλά από τα εξωσχολικά προγράμματα μουσικής που παρέχονται στους Αυστραλούς μαθητές υπογραμμίζουν τα οφέλη τους για την ευεξία των συμμετεχόντων· αν και μεταξύ τους τα προγράμματα αυτά διαφέρουν σημαντικά, με μερικά να προσαρμόζονται από τους διοργανωτές αποκλειστικά στις συγκεκριμένες ανάγκες της κάθε ομάδας, και με άλλα να κωδικοποιούνται, να μετατρέπονται σε εγχειρίδια χρήσης και να διανέμονται σε ολόκληρη τη χώρα. Η παρούσα έρευνα μελετά ένα τέτοιο κωδικοποιημένο πρόγραμμα με σύνολο χάλκινων πνευστών το οποίο διοργανώθηκε από τον Στρατό Σωτηρίας [The Salvation Army] με μαθητές από σχολεία υποβαθμισμένων περιοχών. Πήραμε συνεντεύξεις από μια ομάδα νέων ηγετών που συμμετείχαν στο πρόγραμμα για αρκετά χρόνια, και τους ζητήσαμε να αναλογιστούν τις εμπειρίες συμμετοχής και ηγεσίας, τόσο μεμονωμένα όσο και συλλογικά. Η ανάλυση κατέδειξε τη σημασία του τρόπου διευκόλυνσης και ηγεσίας των προγραμμάτων, όπως αυτή καταδεικνύεται μέσα από τις αντιλήψεις των νέων ότι η ευεξία τους είχε προτεραιότητα έναντι της καλλιέργειας της μουσικότητάς τους στο πλαίσιο του προγράμματος. Αυτό το εύρημα μπορεί να προσφέρει μια εφικτή εξήγηση ως προς το γιατί ορισμένα πολύ διαφορετικά μουσικά προγράμματα, από τις προσαρμοσμένες θεραπευτικές ομάδες έως το κωδικοποιημένου τύπου ομαδικό παίξιμο χάλκινων πνευστών, καταλήγουν στην περιγραφή παρόμοιων αποτελεσμάτων ευεξίας από τους συμμετέχοντες. Αυτό το εύρημα αμφισβητεί ακόμη τις απαιτήσεις των ερευνητικών μεθοδολογιών που βασίζονται σε τεκμηριωμένα στοιχεία οι οποίες επιχειρούν να διαχωρίσουν την επιρροή της ηγεσίας από την επίδραση της μουσικής με σκοπό να αποδείξουν τα ευεργετικά οφέλη της μουσικής.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

κοινοτική μουσική, μουσικοθεραπεία, νέοι, ηγεσία [leadership], σύνδεση, προσωπική ανάπτυξη, ταυτότητα, μουσικοί πόροι, αίσθηση του «ανήκειν»

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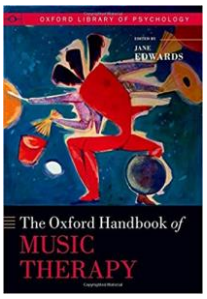
BOOK REVIEW

The Oxford handbook of music therapy (Edwards, Ed.)



Reviewed by Alison Talmage

University of Auckland, New Zealand

Title: The Oxford handbook of music therapy **Editor:** Jane Edwards **Publication year:** 2016 **Publisher:** Oxford University Press **Pages:** 981 **ISBN:** 978-0199639755

REVIEWER BIOGRAPHY

Alison Talmage is a music therapist, teacher, and doctoral student at the University of Auckland, New Zealand. Alison has worked with individuals and groups across the lifespan, and currently specialises in community singing for adults with communication difficulties related to an acquired neurological condition. [alison.talmage@auckland.ac.nz]

Publication history:
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First published 9 Oct 2019

The Oxford Handbook of Music Therapy, edited by Australian music therapist and researcher Jane Edwards, is an ambitious work of almost 1000 pages, with over 50 eminent contributing authors and a foreword by psychologist Colwyn Trevarthen. This book is a welcome addition to the extensive series of Oxford Handbooks.

A book of this size and scope requires a clear structure and signposts for the reader. Edwards has structured this book in five sections or "frames": (1) Music therapy contexts and populations across the lifespan, (2) Approaches and models of music therapy, (3) Music therapy methods, (4) Music therapy research, and (5) Music therapy training and professional issues. I recommend beginning with her introduction to the book and her opening chapter in each section, which provide a helpful overview. Addressing the familiar challenge of defining music therapy, Edwards emphasises that music therapy is context-dependent and responsive to the individual, with "multiple practices developed uniquely in each region of the world" (p.5). While the book's 50 chapters certainly reflect professional breadth and expertise, the text is predominantly Eurocentric, with authors from Europe, North America and Australia. I particularly enjoyed the late Carolyn Kenny's writing, but had hoped for other adventurous writing to reflect contemporary values related to culture and diversity.

In Section One, Edwards emphasises that professional competence requires understanding of both clinical populations and four contexts of practice – medical, developmental/educational, mental health, and community – while acknowledging that some work bridges multiple areas. In a discussion of evidence-based practice, Edwards promotes all forms of research and calls for accurate terminology, such as clear distinctions between accounts of music therapy and music medicine. These values are sustained throughout the book. The remaining twenty chapters in this section describe music therapy with infants, children, young people, adults and older people, with a range of medical, developmental, sensory and psychosocial issues.

Turning from diagnostic to theoretical frameworks, Section Two describes eleven music therapy approaches, selected on the basis of prior publication or inclusion in music therapy education in the "English-speaking world" (p. 417), in the literature, and in introductory professional training. The juxtaposition of these models in one volume encouraged me to flip between chapters and to reflect on my preferred ways of working and our eclectic stance here in New Zealand. I was drawn to Carolyn Kenny's metaphor of the river as our "field of play", depending on "grounded energy", natural flow, mutuality, and a lack of "interventions" (p. 480). Edwards' own view in the Introduction is that music therapy, as an active process with intentions of growth and change, can be considered an intervention – however collaborative the process, music and music therapy can (and perhaps should) provoke as well as soothe. My own metaphor for this section is a New Zealand braided river – its different channels flowing in the same general direction, sometimes crossing, merging and separating, but each following its own course.

The short third section has only four chapters and I wondered whether these chapters could have been integrated with Section Two. In the introduction to this section, Edwards seeks to define methods, techniques and procedures, and briefly discusses song-writing, improvisation and composition. Aasgaard and Ærø's chapter on song-writing provides structured guidelines, musical examples and a discussion of technology, followed by chapters on group work (Pavlicevic) and receptive methods (Grocke).

Research is addressed in Section Four, with two separate overviews (by Edwards and Wheeler) followed by examples of grounded theory (Daveson), phenomenology (Ghetti), randomised controlled trials (RCTs) (Robb & Burns), mixed methods (Erkkilä), and research in medical settings (Colwell). As this book is dedicated to students, I wondered whether Edwards considered these the most accessible approaches for student projects – with the exception of RCTs, which remain uncommon in music therapy research but prized by the medical community. I would have liked to see a chapter about action research, a particularly accessible and transformative approach for aspiring practitioner-researchers (Stige & McFerran, 2016); although there are connections with grounded theory, these are distinct methodologies. I recommend that student researchers read this section alongside Wheeler and Murphy's (2016) *Introduction to Music Therapy Research*.

Finally, Section Five considers five important professional issues: training (Hanser), developing work (Ledger), interprofessional practice (Twyford), professional recognition (Nöcker-Ribaupierre) and self-care (Trondalen). Drawing on her doctoral thesis, Ledger makes effective use of poetry to reflect on experiences and challenges – advice that might extend to readers of all chapters, given the expertise and calibre of all the authors:

> Development takes patience,
> It won't happen overnight.
> You might never feel "established"
> So just work towards "alright".
> (p. 882)

I would have liked to see a further chapter discussing the value of clinical supervision in ensuring safe practice and continued professional growth for both students and professionals. Trondalen's

chapter on self-care includes a short section on supervision, but self-care is by no means the only purpose of supervision. Perhaps the absence of a discrete chapter is a reminder that supervision for new graduates and experienced music therapists is optional in many countries.

While I am delighted to have a print copy of this book to dip into, I am also aware of contemporary opportunities to append online audio, video and other electronic resources, and hope these authors might consider this in their future writing. The strength of this book lies in the coherent structure and abundance of professional voices, and vignettes, which provide insights into the therapeutic process. Like many music therapists, my professional journey has taken unexpected turns, and I would have valued this book during my training and when considering new professional opportunities. I am aware of several areas of practice that remain uncommon or unknown here in Aotearoa, New Zealand, and I hope this book will boost our confidence to address these gaps. Congratulations to Jane Edwards and team for bringing these voices together in one volume.

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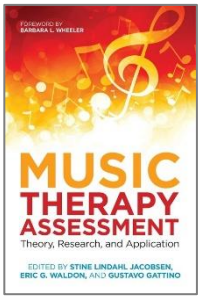
BOOK REVIEW

Music therapy assessment: Theory, research, and application (Jacobsen, Waldon & Gattino, Eds.)



Reviewed by Martin Lawes
Integrative GIM Training Programme, United Kingdom

Title: Music therapy assessment: Theory, research, and application **Editors:** Stine Lindahl Jacobsen, Eric G. Waldon & Gustavo Gattino
Publication year: 2018 **Publisher:** Jessica Kingsley Publishers **Pages:** 432 **ISBN:** 9781785922954

REVIEWER BIOGRAPHY
Martin Lawes is a UK based music therapist with 20 years clinical experience in special needs education, adult mental health and palliative care. Martin is additionally trained in Guided Imagery and Music (GIM) and founder of the London based Integrative GIM Training Programme. He is former chair of the board and former chair of the Education Committee of the European Association of Music and Imagery (EAMI). [martinlawesmt@gmail.com]

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This comprehensive guide to music therapy assessment, based on the work of the International Music Therapy Assessment Consortium (IMTAC), is a very welcome addition to the literature. The first four chapters provide an introduction and overview of assessment written by the editors. Each of the remaining chapters is dedicated to a specific assessment tool and written by its creator. In her forward, Barbara Wheeler suggests that developing more effective assessment is important both clinically and in giving music therapy credibility as a discipline. She notes that there has been slower progress in the development of assessment than there has been in the case of clinical technique. This book certainly makes an important contribution in the way it gathers together so much key information about assessment along with the 16 tools presented.

In the introductory chapters, the editors describe how music therapy assessment has evolved from a clinically-based to a more research-based discipline in which the focus is on providing detailed descriptions of assessment and evidence of reliability and validity. In Chapter 1, an overview of the different purposes that assessment can have is included, whether undertaken before, during or after therapy. Four assessment methods or processes are discussed in detail; reviewing, interviewing, observing and testing. I found it particularly useful to have the key terms clarified and differentiated including assessment, evaluation, measurement, test, score, standardised, uniformity, normative comparison and norm-referenced interpretation. I realised the importance of using terms correctly in developing an adaptation of the Assessment of the Quality of Relationship (AQR) tool for use in my own work (Lawes, 2012). This tool is presented in its original form in Chapter 10 of the publication being reviewed here. Through discussion in supervision as I was developing my adaptation, I realised that I was using the scientific term ‘measure’ too loosely. Whilst the method I developed did produce

quantitative data, so that I appeared to be measuring, and was doing so in a way that was informed by a scientifically validated tool, my method itself had not undergone any sort of validation procedure. The problem with this, I came to realise, was that I was potentially opening up my work as a music therapist, and in consequence music therapy itself, to criticism from scientifically minded practitioners from other professions. I needed to avoid claiming that I was measuring and choose to use the term 'evaluating' instead. For music therapy to develop its credibility with other disciplines it is important that terms are used, and key concepts understood, in an informed way. The opening chapters of the book provide a very useful new resource for music therapists to help them develop their knowledge.

Chapter 2 focuses on psychometric and theoretical considerations. Psychometrics relate to the construction, administration and interpretation of tests designed to measure psychological variables. Test and assessment theory are discussed with a lot of information provided about validity and reliability. These are central to the scientific credibility of standardised tools. Whilst most of the chapters in the book focus on such tools and their associated tests which in some way quantify what happens in music therapy, Chapter 3 focuses on assessment when no such testing is involved. A literature review is included, the editors noting the complexity of some non-test tools and the time they take to apply, making them perhaps better suited for use in research than in everyday clinical work. This is a practical point of the type I would like to have seen further discussed. The main aim of the chapter is to guide therapists in choosing, understanding and structuring the observations they use to assess their clients if not using standardised tests. The focus is on 1) behaviour observation, 2) tactile and body observations and 3) interaction/communication observations. Other areas of observation may be as important, which the authors acknowledge, dependent on the clinical population and their needs.

The presentation of 16 different existing assessment tools by their developers in the remainder of the book represents a first in the literature. The editor's intention is to fill the need for such a compendium for music therapists as well as for commissioners and stakeholders. It is most especially in meeting this need that the new book is so valuable. The authors of the individual chapters present an overview of the development, nature, theoretical underpinning, procedures and clinical use of their tools, with information also provided about obtaining the tools and about training in them.

The tools come from both North and South America and from Northern Europe and have been developed for use in a variety of settings. The majority of the tools are population specific. In some cases, the authors suggest their tools may have applications beyond those originally intended. Whilst this may be the case, I think it would have increased the accessibility of the book for the reader trying to work out which tools may be of interest, if the chapters had been grouped together more according to clinical population as I do below, for instance, with the client application identified in the chapter heading.

Three of the tools, those developed by Carpente (Chapter 5), Wigram and Jacobsen (Chapter 9), and Schumacher, Calvet and Reimer (Chapter 10), are designed for use with children and young people with autism and related neurodevelopmental and communication disorders. Bergman's tool (Chapter 7) is intended to diagnose adults with autism, though its use with children with autism is also being developed. Ferrari's tool (Chapter 18) has been used to assess children and young people with autism and other pervasive disorders as well as those with pathologies identified by the author as mental weakness (this term being perhaps a little unfortunate in a contemporary text), Down syndrome and

West syndrome. Another tool, that developed by Roberts (Chapter 8), is intended to assess children with special needs more generally (and can also be used for adults). A further tool developed by Moreau (Chapter 6) is intended to assess children and young people in psychiatric settings. The tool developed by Jacobsen (Chapter 14) is used to assess parent-child interaction.

Erkkila and Wosch's tool (chapter 15), based on the MIDI toolbox, is intended for use with different clinical populations. It has been used to assess music therapy for clients with major depression, with what is identified (again perhaps a little unfortunately) as mental retardation, and with developmental disorders. Storm's tool (Chapter 16), which focuses on the voice in music therapy, has also been used with adults with major depression though Storm believes there is the potential for its use with other populations. Cassity's tool (Chapter 17) is used in adult psychiatry.

Hald's tool (Chapter 13) assesses the interpersonal communication competencies in music of people suffering from acquired brain injury. Lipe's tool (Chapter 11) assesses cognitive abilities in older adults with dementia, McDermott's (Chapter 19) also being used with this client group, and York's tool (Chapter 12) identifies and measures residual music skill in adults with Alzheimer's disease and other forms of cognitive impairment. Finally, Magee's tool (Chapter 20) is used to assess awareness in disorders of consciousness.

In summary, this is an excellent and important new contribution to the literature. I would strongly encourage interested readers to purchase the book to discover for themselves the range of approaches taken in developing the tools discussed, with their varied, if often related purposes and procedures.

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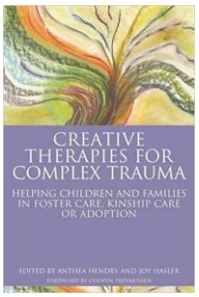
BOOK REVIEW

Creative therapies for complex trauma: Helping children and families in foster care, kinship care or adoption (Hendry & Hasler, Eds.)



Reviewed by Aksana Kavaliova-Moussi
Independent scholar, Canada-Bahrain

Title: Creative therapies for complex trauma: Helping children and families in foster care, kinship care or adoption **Editors:** Anthea Hendry & Joy Hasler **Publication year:** 2017 **Publisher:** Jessica Kingsley Publishers **Pages:** 256 **ISBN:** 978-1-84905-724-0

REVIEWER BIOGRAPHY
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In recent years, complex childhood trauma has become a topic of research of many scientists and therapists. In 2005, Bessel van der Kolk proposed a new diagnosis of Developmental Trauma Disorder (DTD), published in the Psychiatric Annals (2005). In 2009, van der Kolk and colleagues published their proposal to the working parties of the Diagnostic and Statistical Manual of Mental Disorders, asking to include DTD into the DSM-5 (van der Kolk et al., 2009). The diagnosis was not included due to political and ideological reasons (Bremness & Polzin, 2014; Schmid, Petermann & Fegert, as cited in Hendry & Hasler, 2017). However, many clinicians see that the concepts of developmental trauma and complex trauma are more accurate than the DSM-approved Post-Traumatic Stress Disorder (PTSD) when talking about the effective approaches in trauma therapy.

Creative Therapies for Complex Trauma is a collection of the work of many skilled creative arts therapists who provide their practical experience in working with child survivors of childhood trauma and their adoptive caregivers. The book aims to provide theoretical and practical help to the support community of these children to meet their specific needs.

The editors, Anthea Hendry, a social worker and an art psychotherapist, and Joy Hasler, a teacher and music therapist, are both based in the UK and work with adopted children and their families. In this book, they combined theoretical knowledge on complex trauma and creative

therapies with clinical applications of creative therapies, including art psychotherapy, music, drama, play, and dance movement therapies.

The book is arranged in three parts, effectively grouping the chapters by the following topics: 1) Theories of complex childhood trauma, creative therapies and implications of these theories for caregivers; 2) Clinical applications of creative therapies for childhood complex trauma; 3) Application of theoretical knowledge about complex trauma and creative practice in the education system.

Creative therapies discussed include the Health and Care Profession Council's (HCPC) regulated types such as art, music, and drama therapy, as well as dance and movement therapy and play therapy, which currently are not approved through the HCPC.

In his foreword, Colwyn Trevarthen, a professor of psychology and psychobiology at the University of Edinburgh, stresses the critical message of this book: that, with the trauma-informed support of professionals and caregivers and responsive teaching, children can overcome their past hurts and recover mentally and physically. In their introduction, Hendry and Hasler state that the book is for anyone who works with or looks after child survivors of complex trauma. The authors also provide a thorough description of each chapter.

Chapter 1 by Franca Brenninkmeyer gives an overview of theoretical developments of the concept of complex childhood trauma. It talks about the DSM-5 and the ICD-International Classification of Diseases, the importance of recognition of complex trauma in children (which, as was mentioned earlier, was not accepted by the workgroups of the DSM-5). The author thoroughly examines recent research, gives a current definition of complex childhood trauma, and explains the seven domains of impairment: attachment, biology, affect regulation, dissociation, behavioural regulation, cognition, and self-concept. Brenninkmeyer explains the difference between PTSD and a proposed diagnosis of developmental trauma disorder.

In Chapter 2, Andrea Hendry introduces key trauma researchers: Schore and Siegel with their Dyadic Developmental Psychotherapy, Perry with the Neurosequential Model of Therapeutics, and van der Kolk with his Attachment Regulation and Competencies model. The author talks about the importance of developmental re-parenting, which addresses deficits caused by early experiences of abuse and neglect; parental involvement in the therapy process, the need for a holistic, multidisciplinary and multi-agency approach and the contribution of arts and play therapies in this complex work.

In Chapter 3, Janet Smith talks about the implication of trauma theories for caregivers. The author stresses that caregivers need support in their understanding of complex trauma and difficulties that come with parenting these children. The specific training in developmental re-parenting, recognition of secondary trauma, the importance of a secure base for caregivers including extended families and friends and the impact of caregivers' own history are discussed in great detail with case vignettes. This chapter introduces the concept of carers as part of the Team Around the Child (TAC) and their involvement in all stages of the process.

The Collaborative Assessment is a topic of Chapter 4. Joy Hasler talks about the assessment developed at the Catchpoint- an adoption agency where the author works. The author describes in detail the assessment format and the written report, with helpful tables and an example of such a report. The assessment draws together reported and observed behaviours based on the attachment theory and concepts of the developmental trauma disorder.

Alan Burnell and Jay Vaughan describe a Neuro-Physiological Psychotherapy (NPP) approach to assessment and treatment in Chapter 5. They offer a fantastic visual representation of developmental trauma (Figure 5.1, p. 99) and a short but detailed description of the NPP model (Figure 5.2, p. 101). The authors combine theoretical information about working with each of the three parts of the triune brain (primitive, limbic, and cortical) with case vignettes that deepen readers' understanding of the material.

In Chapter 6, Andrea Hendry and Elizabeth Taylor Buck describe Dyadic Art Psychotherapy, its development, and three approaches such as child-led, joint engagement, and co-construction of a narrative. This approach aims at enhancing caregivers' sensitivity and reflective functioning in both parties, and again, illustrative vignettes are very helpful.

Music therapy for attachment and trauma is introduced by Joy Hasler in Chapter 7. A theoretical framework is introduced in detail, combined once again with great clinical vignettes, so that even a Certified Trauma Integration Clinician and a music therapist like myself found plenty of useful information and examples of music-based interventions.

Chapter 8 by Joy Hasler is an interview with Molly Holland, a dramatherapist. Something about this format seemed a little jarring as it was so different in style to the other chapters. The chapter still gives a reader a description of the work dramatherapists do with complex childhood trauma. Some readers would have preferred this chapter to be written in the same format, with clearly outlined case vignettes instead of a dialogue.

In Chapter 9, Renee Potgieter Marks discusses the path of a play therapist who found how to combine play therapy and the EMDR (Eye Movement Desensitization and Reprocessing/Bilateral Stimulation). It is a gripping account of a professional who decided to explore different ways of working with complex trauma and adapting already-developed approaches to suit the needs of children.

In Chapter 10, Hannah Guy and Sue Topalian introduce Dance Movement Psychotherapy (DMP), its theoretical background based on the Neurosequential Model of Bruce Perry, Dyadic Developmental Psychology, Theraplay, and Trauma-Focused Cognitive Behavioural Therapy (TF-CBT). The authors explain key approaches (e.g., mindfulness, improvisation, playful experimentation, using of music, props, circle) and give plenty of illustrative vignettes.

In Chapter 11, Marion Allen explores many difficulties that child survivors of trauma experience in school and introduces a supportive approach with many strategies. The author describes short vignettes and gives examples of valuable strategies for everybody working with children and adolescents. The strategies offered deal with delays in cognitive functioning, sensory and emotion regulation, issues with homework, sexualised behaviours, attention to the adjustment of the level of challenges at school, and the introduction of routines and structures. All of this information is imperative for professionals working with confirmed or suspected cases of trauma.

The final, 12th Chapter, by Sarah Ayache and Martin Gibson, introduces their work within a specialist residential school for boys with social, emotional, and behavioural difficulties. The authors talk about the evolution of the treatment model from cognitive and behavioural to relational and affect-regulation-based, give examples of the cases they work with and challenges faced by both children and staff members. It is an excellent, concise illustration of a multidisciplinary-work approach that has its challenges and successes.

I appreciated the case-vignette format in nearly every chapter as it gives the reader a more thorough understanding of this population and the therapeutic approaches that can be used. The book as a whole offers both theoretical and practical knowledge, is easy to read, and provides excellent references for a deeper understanding of complex trauma work. It is a useful resource for both trauma-trained therapists and those who are just beginning their path in the field. It does not aim at providing all information on trauma therapy, and it would be impossible to do so in one book. As mentioned earlier, it gives readers a necessary theoretical background on neuroscience of trauma and its clinical application in various creative therapeutic approaches. Clinicians can pursue more education and training in trauma therapy if they choose to, and this book has the potential to motivate them to take these steps.

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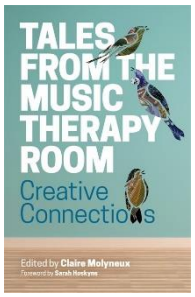
BOOK REVIEW

Tales from the music therapy room: Creative connections (Molyneux, Ed.)



Reviewed by Kimberly Sena Moore

University of Miami, USA

Title: Tales from the music therapy room: Creative connections **Editor:** Claire Molyneux **Publication year:** 2018 **Publisher:** Jessica Kingsley Publishers **Pages:** 168 **ISBN:** 9781785925405

REVIEWER BIOGRAPHY

Kimberly Sena Moore, PhD, MT-BC, teaches at the University of Miami. Her research focuses on emotion regulation development, and her professional work on advocacy, policy and social media communications. [ksenamoore@miami.edu]

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> I wadn't [sic] aware that words could hold so much. I didn't know a sentence could be so full.

Those words were spoken by Kaia, the protagonist in Delia Owen's (2018, p. 103) novel *Where the Crawdads Sing.* Although Kaia was expressing wonder at the power of words in poetry, to me this sentiment also applies to *Tales from the Music Therapy Room: Creative Connections,* a collection of writings by a group of New Zealand music therapists that seeks to capture the essence of music therapy. Words often seem inadequate when trying to explain the emotional, interactive and responsive aspect of engaging musically with a client. Even when the focus is on nonmusical goals, which describes my clinical approach, there is something extraordinary that occurs in the connections we make with clients in the music therapy space. *Tales from the Music Therapy Room* is the best attempt I have read to capture that feeling. This book emerged from a collaboration between practitioners who responded to a call by editor Claire Molyneux to write creatively about their clinical practice. The result is a collection of poems and short stories about the therapy space (Part 1), music therapy work (Part 2), and personal journeys as music therapists (Part 3).

Some of the writings serve as a narrative of the thoughts a music therapist might have in preparing for and facilitating a music therapy session. For example, in describing her therapy rooms Molyneux includes some thoughts and questions she has as she prepares each room for the day's sessions:

> The piano is next. No stool for this child - he stands to play, his chin barely reaching the keys…Will he use one or both hands to sound the keys on the piano?" "What will it be first? The drum? Checking to see if I remembered the egg shakers? Some negotiation outside the room to try and bring in a new instrument?" (pp. 28-29)

In a later chapter, music therapist Heather Fletcher describes how she transitioned a young client to the session by having him sit on the stairs and shuffle up and down the steps as she sang "This is the way we climb the stairs" to the tune of *Here we go round the mulberry bush*. Fletcher notes the client "doesn't have a problem going up the stairs. I am, in fact, preparing him for the end of the session, when he needs to go down the stairs, which, up until now, has always been very traumatic for Sammy" (p. 64). Sure enough, it worked, and at the end of the session the client successfully shuffled downstairs, thus avoiding the crying that had occurred in previous sessions.

Other chapters focus more on the process within music therapy work, with some capturing moments in time and others growth over the course of treatment. In the aptly named chapter "Moments in Music Therapy," author Libby Johns describes two sessions she had with clients as "told by the therapist, *the narrator*, and **the music**" (p. 71, italics and bold in original). The formatting of the text is intentional, as Johns:

1. includes objective descriptions of what occurred during the sessions: "Dexter plays (the piano) innately, with expectation and anticipation. I jump on the opportunity and match the sustained chord with a vocalisation…" (p. 72);
2. portrays what occurred musically: "'**Piano, piano, piano' pause 'one two three four piano.' The melody jumps and falls then rises, building tension and anticipation**" (p. 73, bold in original); and
3. shares reflections on the clients and session moments: "*Dexter was a young boy, playful and certain of what he wanted and disliked. Certain sounds and events could become overwhelming for him as he developed his sensory integration and self-regulation skills*" (p. 72, italics in original).

In contrast, Marie Willis sketches out an entire relationship with a client in a five-page poem, from initial referral through assessment and growth over the course of music therapy treatment. The journey ends with the client's passing and Marie being invited to play at the remembrance ceremony (p. 94):

> A request – to play
> A ceremony – to celebrate
> A song repertoire shared
> A favourite story read aloud
> A remembering
> An acknowledgement of strengths
> An expression of gratitude
> Chimes: a story-telling motif.

What makes these writings impactful and effective is the creativity the contributors were empowered to have as they sought to capture their experiences as music therapists. As Sarah Hoskyns wrote in the foreword, this collection is "the artistic responsiveness of therapists to their own practice." (pg. 9). Each chapter is unique in its portrayal of these experiences and reflections. The writings themselves are beautiful in their simplicity; as such, the book could be read in a single

afternoon. However, I found myself reading no more than three chapters at a time. Though this did not take long, the chapters stimulated my own contemplations and I wanted to savor the time to read and reflect.

This is what *Tales from the Music Therapy Room* offers – an inspiration for reflection. As a clinician I resonated with many of the moments, emotions and journeys shared by the authors. It validated my feelings and experiences as a music therapist, and captured much of what is difficult to describe about music therapy practice. As an educator, I see this book serving as a stimulus for reflexive practice, particularly for students with some clinical experience (e.g., seniors in their last semester of practicum or graduate students in advanced clinical training). Different chapters can be used as prompts for class discussions about preparing the session space, being musically and clinical responsive to clients, and understanding the clinical thought process that occurs during a session. One poem in particular is well-suited for music therapy interns – the fifth poem from the final chapter – which is a poetic letter-to-self that captures the transition from intern to new professional. Finally, as a researcher, I feel this text, though not a traditional "study," contributes to the body of arts-based research. It provides strong and varied examples of how to capture and present clinical information through creative writing.

In describing his journey from singer-songwriter to music therapist, author Ajay Castelino writes that he "discovered…the niche of music therapy rests in the crevice where talking therapies were less effective" (p. 145). This statement captures the niche of *Tales from the Music Therapy Room* – a contribution to the music therapy literature that rests in the crevice where simply talking about music therapy practice is less effective.

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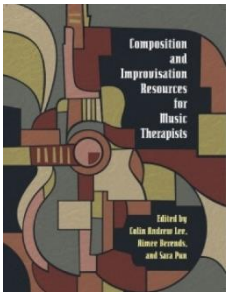
BOOK REVIEW

Composition and improvisation resources for music therapists (Lee, Berends & Pun, Eds.)



Reviewed by Gráinne Ravani Foster

Nordoff Robbins, UK

Title: Composition and improvisation resources for music therapists **Editors:** Colin A. Lee, Aimee Berends & Sara Pun **Publication year:** 2015 **Publisher:** Barcelona Publishers **Pages:** 288 **ISBN:** 978-1937440787

REVIEWER BIOGRAPHY

Gráinne Ravani Foster, MPhil, MSc, LRIAM, is a practising music therapist with Nordoff Robbins in Glasgow and Edinburgh. Her current clinical caseload includes adults with dementia, ethnic minority young women with mental health issues, and children and young adults with additional support needs. She has presented several aspects of her clinical work at national and international music therapy conferences. Before qualifying as a music therapist from Queen Margaret University (2013) she specialised in composition for an MPhil in Music and Media Technologies at Trinity College Dublin (2007). She is also the Scotland area group co-coordinator for the British Association of Music Therapy. [grainne.ravanifoster@nordoff-robbins.org.uk]

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This book of resources for composition and improvisation within music therapy seeks to "inspire and capture your creative spirit", inviting you, the readers, to "tap into your own compositional and improvisational potential as artists and therapists" (p. xv). The volume is a companion to *Song Resources for Music Therapists* (Lee & Pun, 2015). Clearly grounded in music-centred and aesthetic approaches to music therapy practice, the editors emphasise the importance of an "informed clinical and artistic response" (p. xv) to a client's playing within music therapy practice, and the necessity of developing musical skills through practising and learning new idioms and musical styles. While doing so, however, they invite clinicians of all theoretical approaches to make use of the material provided.

Of the 26 contributors, 13 have links to Wilfred Laurier University, being alumni, current students or faculty staff. Other contributors range from music therapists based elsewhere in Canada, to clinicians and researchers working in the United States, England, Scotland and Israel. The work of the late pioneering music therapist and composer Paul Nordoff also features through the inclusion of his series of compositions *Music for Eleven Eurhythmy Exercises*.

This book differs from Colin Andrew Lee's previous publication with Marc Houde, *Improvising in Styles* (2011), which provided a workbook-style approach aimed more broadly at music educators and musicians as well as music therapists. Instead, this book offers a collection of compositions, improvisational themes and interactional frameworks primarily for use by music therapists. Similarly to this prior publication, audio examples of some of the pieces throughout the book can also be heard (via an online link), in addition to the scores printed throughout.

The book is divided into seven sections. The first section, entitled *Compositions*, is the largest, offering a diverse selection of 26 pieces from 11 composers, many of which were born directly in response to work with individual clients, or were inspired by various ethnic influences including Armenian folk music and Canadian aboriginal hand-drumming. Each notated composition is prefaced by an introduction by the composer outlining the clinical reasoning behind each composition, salient details of the musical style and, in some cases, suggestions for its appropriate use with particular clinical populations. The scope and depth of the compositions vary widely, from the short-form *Modal Reflection* by Catherine Haire (pp. 16-17) to the more in-depth setting of the E.E. Cummings poem *In Time of Daffodils* to music, composed for SATB choir by Brian Abrams (pp. 43-48).

The remaining six sections focus largely on aspects of improvisation in music therapy. The second section, *Improvising with Orchestral Instruments*, offers brief historical and practical overviews of the qualities of the flute, oboe, clarinet, trombone, marimba, xylophone, violin, viola, cello and double bass, along with instrument-specific exercises and techniques related to using each instrument in clinical improvisation. The section *Themes in World Styles* follows; a rather short section of four chapters which offers insights into Tango improvisation for guitar, the art of Indian Solkattu music, Balinese Gamelan music, and Indian Raga-inspired guitar-playing. The subsequent section, *Themes in Contemporary Styles*, provides examples of song-writing within rap, hip-hop and funk styles, as well as describing a variety of pop, rock and jazz vamps and harmonic frameworks.

Within the first chapter of the next section, *Receptive Themes*, Nechama Yehuda uses the second movement of Beethoven's Piano Concerto No. 4 as a resource for clinical improvisation through the lens of a clinical vignette with a five-year-old boy. In the subsequent chapters of this section, Colin Lee offers five receptive themes inspired by his work with several clients, suggesting that these musical sketches be used as 'A' sections, or as bridges to freer, improvised passages.

The sixth section of the book, *Levels of Interaction* by James Robertson and Colin Lee, is perhaps the most structured and pedagogic of the sections. The authors lay out Robertson's conception of four levels of interaction as a means for the therapist to frame his/her approach to improvisation with a client: *Foundational Support*, *Reciprocal Support*, *Enhance*, and *Challenge*. Five in-depth musical examples using different instrumental/vocal combinations are subsequently provided of these four levels of clinical improvisation, with clear clinical rationales outlined for the musical-therapeutic approach offered in each case. The authors suggest that these exercises be used by two music therapists or two students, with opportunities for each player to workshop and role-play both therapist and client roles. In this way, they invite the players to consider more deeply the "detailed intricacy of the therapist's response to a client's improvising" (p. 200), and thus increase their awareness of their own responses in the moment-by-moment unfolding of a session.

In the seventh and final section of the book, *Interval Explorations*, Lee offers nine exercises based on the musical intervals of a major 2nd, 3rd, 4th and 5th, suggesting different overall musical forms in which to practise them. He emphasises the importance of listening with intention to the tones and their relationships, and suggests experimenting with different instrumentation as well as separating the voices within the pieces in order to role-play the parts using two players as before. He envisages the pieces as a "springboard to develop clinical listening skills" (p. 253), and in this way aid the therapist in discerning further musical detail when improvising with a client. The book's somewhat

uneven structure is not balanced or tied together with a chapter of concluding thoughts, instead ending rather abruptly with a page listing further musical resources.

A central tenet of the book which is returned to throughout is the concept of using structured pieces "as a catalyst for freer improvisations" with a client (p. 253). This in my opinion is the book's strength, as it certainly offers the reader a wide variety of compositional and improvisational themes and pre-composed pieces, in short and longer forms, spanning a broad spectrum of styles from classical and folk to pop, jazz and funk. In addition, the *Levels of Interaction* framework described by Robertson and Lee with notated examples offers a clear and helpful means of framing therapeutic thinking when improvising with a client.

It is unfortunate, however, that the flow of the book is marred by many typographical errors throughout, not only common mistakes such as the misplacement of apostrophes, misspellings and omitted words, but also errors which create ambiguity of meaning. For example, in describing the piece *Reed Horn Blues in D*, the composer in question writes about the opportunity to make some noise within the piece, describing how "this is *atypical* feature of the blues idiom" (p. 22, author's own emphasis) where this should read "a typical".

A wider critique of the book relates to the clear gap in the music therapy literature in terms of publications which address the actual *processes* of composing music *with* clients, rather than *for* clients. A number of other publications have addressed song-writing (e.g., Baker, 2015; Baker & Wigram, 2005) or offered valuable case-study information on unique journeys with clients as composers
(e.g., Viega, 2013), however the act of composing with a client, particularly within instrumental music, has yet to be explored in a systematic way. Rather than addressing this gap, instead the book mostly follows the traditional approach of therapist as composer and client as a receiver of pre-composed works. One exception to this is Michael Viega's chapter *Sanctify and Testify,* which delves into three clients' individual processes of composing rap and hip-hop songs. Viega provides insights into his role as facilitator of the clients' song-writing, the clients' individual processes, and useful details of the studio production, mixing and editing techniques.

A further aspect to highlight is the paucity of references within the book to music technology and the ways in which it can facilitate compositional and improvisational processes. The elements described above within Viega's chapter, along with a brief mention of the *GarageBand* iPad app within Houde's chapter on *Vamps and Harmonic Frameworks* (p. 177) are the only brief mentions given to music technology within the book, the lack of an exploration of which is, I believe, a distinct oversight.

In summary, I found this book to be a useful potted source of ideas, frameworks and styles with which to expand my musical skills and inform my practice, sitting comfortably within the canon of practical musical resources for clinical work. In reflecting on the overall aims of the book, however, in my personal experience the volume fell short of truly inspiring and capturing my creative spirit, or fully tapping into my compositional and improvisational potential. That said, perhaps this book paves the way towards a publication which offers a platform for the clients' voices to be more clearly heard and actively involved in the compositional process. If such a volume were to provide more comprehensive insights into the actual mechanics of composing, including an examination of the use of relevant technology, this would be an innovative and most welcome addition to the literature.

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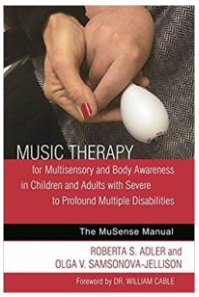
BOOK REVIEW

Music therapy for multisensory and body awareness in children and adults with severe to profound multiple disabilities: The MuSense manual (Adler & Samsonova-Jellison)



Reviewed by Gretchen Chardos Benner

Piedmont Music Therapy, USA

Title: Music therapy for multisensory and body awareness in children and adults with severe to profound multiple disabilities: The MuSense manual **Authors:** Roberta S. Adler & Olga V. Samsonova-Jellison **Publication year:** 2017 **Publisher:** Jessica Kingsley Publishers **Pages:** 208 **ISBN:** 9781785927362

REVIEWER BIOGRAPHY

Gretchen Chardos Benner, LMSW, MT-BC earned her bachelor degrees in Music Therapy and Viola Performance from Duquesne University. She completed a music therapy internship through The Cleveland Music School Settlement. Her master's degree in social work was earned from University of Pittsburgh. Her clinical focus is mental health treatment. Following four years working in a psychiatry department at an inpatient hospital setting, she founded a private practice Piedmont Music Therapy, LLC in North Carolina. Piedmont Music Therapy staff serve various clients of all ages in Greater Charlotte. Benner remains active through local and national service positions in music therapy. [director@piedmontmusictherapy.com]

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Music therapists interested in improving or enhancing their clinical effectiveness with clients who have profound and multiple disabilities (PMD) may be interested in reading this text. The 208-page manual is full of clinical suggestions and resources authored by a pair of board-certified music therapists who have a combined total of over 43 years of clinical experience in the field of music therapy. The text is divided into three parts. *Part 1: Sensory Development and Detours On The Road of Life* details the sensory process and foundation for treating persons with intellectual and developmental disabilities. The authors provide a comprehensive explanation of the physiological responses to music, which assists the reader to better comprehend the rationale for the authors' creation of this approach (explained in Part 2). The authors also include instruction that assists in organising long-term treatment plans for individuals with PMD.

Part 2: The MuSense Program: A Music Therapist's Toolbox defines the programme and clinical application within an inpatient setting for adults with severe to profound intellectual and developmental disabilities. The MuSense Program is defined as methodically directing multisensory processing and body awareness development for persons with severe to profound intellectual and multiple developmental disabilities. A further explanation describes the purpose of the auditory input of music as "to trigger an alteration of the homeostasis set points […] and catalyze the adaptational

change leading to improved extero-entero-proprioceptive awareness" (p. 66). Underlying this approach is the need to "prioritize the needs and goals of each individual carefully" (p. 74). The MuSense Program rests within quality-of-life core domains: physical and emotional well-being, interpersonal relations, self-determination, personal development and extero-entero-proprioceptive awareness. Chapter 3 in Part 2 is particularly instructive as a suggested initial inventory to implement a MuSense Program (pp. 80-84) is listed. Throughout the text, Adler and Samsonova-Jellison's clinical expertise shines, such as their emphasis on the clinician being a competent documenter of various assessment types.

The authors' humanistic approach is richly articulated. An example of a humanistic thread that is woven throughout the text is witnessed when the authors encourage music therapists to be steadfast and diligent when establishing a therapeutic relationship for client anticipation and participation. The wealth of terminology and diagrams used can benefit music therapists seeking accurate descriptors for clients' reactions to body and sensory awareness.

Part 3: MuSense With Various Ages and Populations provides greater detail according to specific populations. It should be noted that no peer-reviewed research is cited throughout the entire text, which typically is needed to confidently support replication or validate efficacy. *Part 3* begins with the MuSense Protocol applied to paediatrics explained from the perspective of Xueyan Hua, Music Therapy Intern, in Chapter 5. The next chapter shows adaptations of the MuSense Program for a paediatric client with dual diagnosis of Down syndrome and autism spectrum disorder written by Samsonova-Jellison. She also wrote Chapter 7, which illustrates elements of the MuSense Program being incorporated to treat a young child with autism spectrum disorder. Chapter 8 includes a case study by Andrea Clark following a tactilely defensive individual within a group treatment setting. The next chapter, by T. Grant Howarth, Music Therapy Intern, studies an older adult with profound intellectual disabilities secondary to intracranial injury unspecified, quadriplegia/paresis unspecified of the lower extremities, and hypothyroidism not otherwise specified who attended group treatment sessions. The manual is described as being applicable to music therapists serving diverse populations; however, individuals with PMD are the primary focus throughout the manual.

The ample vignettes and in-text citations provide readers the opportunity to differentiate their reading experience by exploring concepts, approaches and rationales according to their interest. Sheet music for original MuSense Songs discussed in the vignettes, blank templates of documentation forms and a thorough reference list are additional offerings. Missing from the reference list are authors' published studies pertaining to MuSense. The authors also grant digital access of Assessment/Summary of Progress Form and 18 audio files of the original songs through the publisher's website. Song files act as a tutorial to highlight musical elements that the authors deem instrumental in the treatment focuses of the MuSense Program.

The MuSense Manual provides access to a detailed programme designed by board-certified music therapists to treat individuals with PMD. The authors may provide renewed initiative and curiosity for new professionals or self-education. Overall, the manual is warmly written by music therapists that seem passionate about their dedicated years of work and are committed to share their findings and recommendations to best support a "positive impact on lives of people trapped in bubbles in a world they cannot accurately perceive or understand" (p. 21). *Music Therapy for Multisensory and Body Awareness in Children and Adults with Severe to Profound Multiple Disabilities* is a manual that integrates

physiological research when working with individuals who may yearn for the relationship and outlet available through music therapy treatment.

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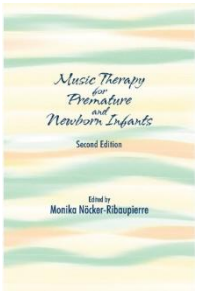
BOOK REVIEW

Music therapy for premature and newborn infants (2nd ed., Nöker-Ribaupierre, Ed.)



Reviewed by Wendy Jeenes

Independent scholar, UK

Title: Music therapy for premature and newborn infants (2nd Edition) **Editor:** Monika Nöker-Ribaupierre **Publication year:** 2019 **Publisher:** Barcelona Publishers **Pages:** 310 **ISBN:** 9781945411458

REVIEWER BIOGRAPHY

Wendy Jeenes graduated with a master's degree in music therapy at the University of the West of England in 2016. She has been practising as a midwife since qualifying in 1991 and currently works as both a hospital-based midwife, delivering care to high-risk women, and a music therapist, each part-time, in Cornwall, UK. [wjeenes@cornwallmusicservicetrust.org]

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As the editor quotes in her preface to the second edition, "the course of human development is shaped by the exchange between psychosocial and neurophysiological process" (p. xviii). Increasingly neuroscience provides evidence of the important role of reflective and sympathetic parenting in normal brain development and successful attachment. Emotional development in infants is contingent upon the latter, and the attention now paid to perinatal mental health and the early experiences of infants bears testament to this.

Neonatal Intensive Care (NICU), Neonatal Unit (NNU) and Special Care babies are disadvantaged from the start because the normal path of early infant development is interrupted at an early stage and it is recognised that the sequelae of premature birth can impact attachment adversely. As both a practising midwife in the UK and practising NNU music therapist, I witness this disruption frequently, affecting both parents and babies. Reviewing this book has been a joy: the contributors represent a pool of experienced music therapists from The Americas, Europe and Australia who feel an imperative, with different lenses, to support, contain, repair, encourage and preserve the precious link between parent and infant through the medium of music and voice.

The book is divided into two parts: Part One: The Basics (probably more appropriately 'the essentials'), and Part Two, focussing on research and clinical practice.

A comprehensive description of the neurodevelopment of the infant written by Heidelies Als, Harvard professor and founder of NIDCAP (Newborn Individualised Developmental Care and Assessment Programme), is well placed at the beginning of the book. Her work has informed neonatal care models in NICUs/NNUs the world over, such as the FINE (Family and Infant Neurodevelopmental Education) programme in the UK. An understanding of neurodevelopmental support of premature infants is essential for music therapists to both develop a programme in NNU/NICU and also to engage with the discourse and ethos of the unit in which they work.

Chapter Two provides thought-provoking, quantified detail about the auditory processes of infants both in and ex utero, highlighting the potentially damaging effects of noise on the preterm infant's development.

Chapters Three and Four address music and the emotional experience and development of infants from both a psychoanalytic and developmental theory perspective. Maiello hypothesises that the maternal voice or *'sound-object'* (p. 68) represents a separate experience for the infant pre-birth, and that the infant has a sense of me/not me before birth. The infant learns trust with the regular, rhythmic coming and going of maternal voice; this trust extending and developing beyond birth as the newborn continues to hear maternal singing and talking. This resonates with neuroscientific enquiry that suggests the unborn infant begins to develop a sense of its own body (UCL 2018), potentially experiencing a degree of physical separateness before it is born.

Even premature babies are born with many possible, independent ways of communicating (seeking eye contact, turning away, grimacing, splaying fingers, sucking), but it is only through consistent, repetitive, attuned interaction with a parent/carer that the infant begins to self-regulate emotionally, and Daniel Stern's theories are widely drawn upon in Chapter Four to effectively illustrate this.

Part Two begins with a chapter by Menke, Keith and Schwartz describing the impact of stress (both physiological and psychosocial) on pregnancies, families and babies, using a broad evidence base. The authors include a concise research review of music therapy interventions addressing the stressors for this demographic.

Editor Monika Nöcker-Ribaupierre's own chapter describes the maternal voice as a bridge for the infant between worlds; from intra- to extrauterine life, then from NICU to home. In her chapter she extends the metaphor to suggest the voice is also a bridge for the mother between pregnancy and sudden motherhood, and also as an emotional element of connection. Nöcker-Ribaupierre sensitively highlights the mother's emotional plight in NICU, describing what many of us may discover in neonatal work; that in reality many mothers find it emotionally impossible to sing at all. She describes her use of recorded maternal voice as providing yet another bridge where mothers cannot use their own voices, for whatever reason (the inference being that babies might be in different hospitals in some cases), while acknowledging that live interaction is preferable if possible. ASM (Auditory Stimulation with the Mother's Voice) enables a continuing relationship between mother and baby – it addresses bonding, interaction and infant development.

In the following chapter, an example of the practical application of Nocker-Ribaupierre's ASM technique is documented by Zimmer, and for the first time in the book socioeconomic/political factors influencing families are specifically considered. The term 'Mentally Retarded Mothers' (p. 173) was unexpected; many readers would be more comfortable with the terms *learning disability* or *additional needs.*

Mark Ettenberger's excellent chapter focuses on Family Centred Music Therapy in Colombia. He includes a useful and comprehensive table of studies conducted on the subject.

The theme of viewing the infant in the context of the family is extended in the following chapter to older babies with severe and complex medical and surgical needs. Here Shoemark and Tucquet describe an admirable model of care in The Royal Children's Hospital, Melbourne, Australia, where

music therapy (as described in this chapter) is frequently the first intervention offered to families. A shared discourse and vision of care by all staff is the take-home message for success.

American researcher and music therapist Joanna Loewy has developed an evidence-based, standardised approach to providing a NICU music therapy programme: First Sounds: Rhythm, Breathe and Lullaby. In Chapter Eleven she highlights contemporary ideas and themes inspirationally and eloquently, as well as describing the programme and providing an example of a programme proposal complete with referral criteria.

The concluding chapter is written by Deanna Hanson-Abromeit, who has over twenty years' experience in the field. Here she aims to guide music therapists setting up a NICU programme and comprehensively provides expert and detailed information and suggestions, including an example of a proposal outline. Her chapter reads as a manual.

In my experience, knowledge of care models and the culture of NICU/NNU/special care is essential for music therapy work in this field. Specialist NICU music therapy training, although established in America, is less established elsewhere. This book broadly covers the theory and evidence a music therapist needs, and would supplement a period of clinical orientation for those considering music therapy in this field.

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CONFERENCE REPORT

Music therapy and autism

Charlotte Smith
Independent scholar, UK

CONFERENCE DETAILS

Music therapy and autism
16 November 2019, Wales, UK

AUTHOR BIOGRAPHY

Charlotte Smith graduated as a music therapist from the University of South Wales in 2019. She currently works as a freelance music therapist with a range of children and adult clients. Before becoming a music therapist, Charlotte was a primary school teacher, now with 12 years teaching experience. She currently also gives instrumental tuition on piano and woodwind instruments. Charlotte is interested in continuing and expanding her clinical work with children and young people in educational settings. [charlotte.85.smith@gmail.com]

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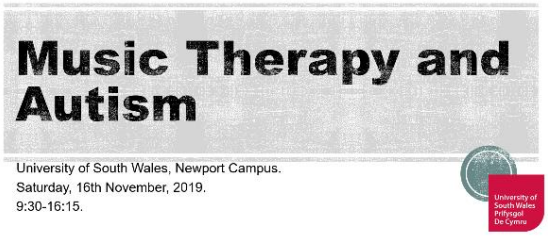
INTRODUCTION

The *Music Therapy and Autism* conference was the first music therapy conference to be held at the University of South Wales (USW) at the Newport City campus. The university is also home to the newly named, Helen Kegie Centre for Therapies which consists of five one to one therapy rooms, a family/play therapy room, two music therapy rooms and two art psychotherapy rooms.



Photograph 1: Conference logo

The conference was hosted by Elizabeth Coombes who is the course leader and senior lecturer on the MA Music Therapy course. The conference evolved from the successful publication in 2019 of the book *Music Therapy and Autism Across the Lifespan: A Spectrum of Approaches,* co-edited by Henry Dunn, Elizabeth Coombes, Emma Maclean, Helen Mottram and Josie Nugent. The book was referenced throughout the day with insightful lectures from some of the authors in the book. The day consisted of four lectures from five speakers with varying perspectives, a panel discussion at the end of the day and poster presentations by USW students and graduates sponsored by Jessica Kingsley Publishers. Around 80 delegates attended the conference comprising of music therapists, students and other health care professionals. The day was started with a welcome and introduction from Coombes where she invited delegates to engage in reflective and interactive discussions throughout the day.

Neta Spiro: Scaling up scaling down: Perspectives on outcome measurement in research with children with autism

The first lecture was presented by Neta Spiro (Centre for Performance Science, Royal College of Music, London). She began by discussing the use of outcome measures in research studies with children with autism and how this has become a relatively established area with many publications in this field. Spiro then put forward the idea of assumptions and expectations when designing a research project and when constructing the research questions. In the case presented, the assumptions were that change was going to happen and that interaction between client and therapist would occur.

Spiro then talked through the process of her study entitled *Analysing Change in Music Therapy Interactions of Children With Communication Difficulties* (Spiro & Himberg, 2016). The purpose of the study was to analyse interaction and change and what drives those changes during music therapy sessions. Five client-therapist dyads participated in the study. The clients were aged 4-5 years old with an autism diagnosis and the therapists were asked to send video footage of a first and last music therapy session from the clinical work. Spiro and Himberg (2016) developed an annotation protocol to annotate behaviours that are observable in the videos. The annotation was completed by people with no background information in order to remain impartial and they were also not from a music therapy background. The aim was to observe the individuality and mutuality of these behaviours during music therapy and to compare the results between dyads and between the two sessions annotated. The behaviours observed were categorised into three elements: facing behaviours, still or moving, pulse. The video footage was also coded by experts with experience in music therapy. The results produced a series of spoke diagrams and bar chart diagrams which can be viewed in the original publication. The diagrams highlight the results, comparing the dyads in the first and last sessions, and show where levels of interaction and changes in the three categories can be observed. The diagrams presented by Spiro helped to give a clearer understanding of the study and the results found. On reading the full article after the conference I was interested to read the full list of results. It was thought-provoking for me to read that the results provided differing perceptions of the therapist and the annotated observations. Spiro discussed the scaling up or scaling down of the research and how this related to her study. It was concluded that in scaling up the study, such analysis of video would not be feasible for huge data sets. Spiro concluded the presentation by stating that when undertaking research, the key factors to consider are: 'What key ideas are driving the research?' and 'What is the purpose of the study?'

Beth Pickard: Autism diagnosis or neurodivergent identity?

Beth Pickard is the course leader for BA in Creative and Therapeutic Arts and a senior lecturer on the MA Music Therapy at University of South Wales. Pickard's presentation offered a perspective on the way society views and interacts with people with Autistic Spectrum Conditions (ASC). Pickard has a chapter in the recent publication, "Music Therapy and Autism Across the Lifespan" (Dunn, Coombes, Maclean, Mottram & Nugent, 2019, pp. 297-329), which provides further insight into her presentation.

Pickard began her presentation by explaining her own personal positioning and discussed the neurodiversity movement, challenging the medical model of an autism diagnosis (Singer, 2016). The

medical diagnosis of an Autistic Spectrum Conditions (ASC) is assessed using the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) criteria (APA, 2013). Pickard highlighted the use of language within the diagnostic tool and drew attention to these words: "deficit, impairments, restricted, fixated, inappropriate, difficulty, misreading, highly sensitive and over dependent" (APA, 2013). The viewpoint put across is that this use of negative language in the medical model does not give opportunity to celebrate autism as part of a person's identity. As a neurotypical music therapist, when working with clients I feel that it is part of our practice to focus on what the client can do and is doing during the session rather than what they cannot. This has also given me an opportunity to reflect on how much the education system uses this terminology.

Pickard introduced us to a friend and colleague who identifies as autistic. Simon Richards was asked for his perspective in an interview. His overall opinion was that first and foremost it is about knowing the person not the diagnosis. In gaining his perspective Pickard provided the opportunity to critically reflect on how we offer people with ASC a voice when further developing our own understanding of neurodiversity. From this perspective it was suggested that adaptations should be made to the environment, attitudes, systems and society rather than attempting to change the person with ASC.

Pickard also discussed the evidence collated in the Time-A RCT (Bieleninik et al., 2017) and the implications of the results. The Time-A RCT is an example of an outcome measure study in music therapy, however the results showed no significant differences in the reduction of symptom severity before and after the music therapy. The language choices here imply that the purpose of the music therapy is to reduce symptoms, following a medical model where symptoms are something to be cured. "The goal of reducing symptoms is considered by autism advocates to be an antiquated approach to helping individuals with autism live more satisfying lives" (Turry, 2018, p. 87).

Pickard concluded the lecture by encouraging delegates to challenge ourselves, to consider our own personal positioning and to consider the inclusivity of advocates of people with autism. And finally, encouraging delegates to focus on and celebrate the diversity within our societies.

Emma Maclean and Claire Tillotson: How do music therapists share? Exploring collaborative approaches in educational settings for children with autistic spectrum conditions

I was particularly interested to hear Emma Maclean and Claire Tillotson's presentation due to my clinical interests and experiences. I also found their chapter in the 2019 book of great interest. The main focus of the presentation was to talk about their roles in working with other practitioners. They asked the question, why music therapy and what unique perspectives does it bring to the person and the team? With creative delegate participation and the use of *menti.com,* we created a word mosaic, describing what music therapy can bring to the person and the team. When collaborating with other professionals, it is valuable to share knowledge and to find out what their understanding of music therapy is. Generating aims was illustrated using a triangle to establish three different perspectives about the child's abilities and needs. The three perspectives are: the child's voice, staff/family/carer and therapist perspectives. Maclean and Tillotson used case examples to highlight the benefits of engaging in a collaborative approach whether it be with teachers, speech and language therapist or

occupational therapist. Schools want children to be in a ready-to-learn state of mind. Cross-disciplinary thinking allows for a range of approaches to support the child in the music therapy session and in their environment.

The presentation then moved on to thinking about how we share key moments. The use of measurement tools such as *Assessment of the Quality of Relationship Scale* (Schumacher & Calvet-Kruppa, 1999), *Sounds of Intent* (Ockelford & Welch, 2012) and *Nordoff-Robbins Scale* (Nordoff & Robbins, 1977) is discussed in detail in relation to case studies in the book chapter. "Using measurement tools that accurately account for changes in the process of therapy may increase trust and understanding and have a role to play in detailing the approaches that are being used" (Maclean & Tillotson, 2019, p. 223).

Counterpoints for consideration were put forward in considering the use of outcome measurement tools. On producing a set of numbers or a measured scale for each of these tools, what does it mean for integrating the therapy into the multi-disciplinary team and what does it mean for the child? There is also the consideration that in producing a set of data or following set statements on a measurement tool, is there a risk of reducing the complex processes in the music therapy sessions.

Tina Warnock: How non-verbal voicework in music therapy can support intersubjective relatedness for children with ASC

Tina Warnock began her presentation with a breathing and pentatonic singing exercise. The exercise was welcomed by delegates to start of the final presentation of the day. Warnock also wrote a chapter in the 2019 book which is an interesting read and further details the discussion points of her presentation. The presentation began by discussing how ASC can impact on vocal communications, developing a sense of self and experiencing relationships. Vocal communication was discussed by looking at the impact of a non-verbal or absent voice and then a verbal voice for a child with ASC. For a neuro-typically developing child, the emotion and intention within our voices is innate and developed through mother-infant interactions. The role of the music therapist is then to provide a holding space to create dyadic interactions and musical exchanges which reflect those mother-infant interactions for the child with ASC.

Warnock referred to Stern's (2010) *Forms of Vitality*. Stern describes the dynamic forms of vitality as the five key qualities of movement, time, force, space and intention (Stern, 2010). Warnock discussed the developing sense of self as a circular process, describing sensory processing difficulties as being at the centre for children with ASC. This circular process was developed from theories of Stern (1985) with layers built upon each other. Warnock discussed the impact of ASC on building meaningful relationships and how building these meaningful relationships relies on the child's capacity to develop a sense of self and to perceive and share the emotions of others and on the caregiver's emotional availability.

This led to an interesting discussion for a child with ASC. If there is an impact on their capacity to relate then this will in turn affect the dyadic interaction between mother-infant. Due to the reduction of reciprocity from child and primary caregiver, the parent well-being can also be affected and the musicality in their voice may change or decrease. The role of the music therapist is to provide the experience of relationships through voicework, relating to the mother-infant forms of communication.

Warnock discussed a case study over a period of years in which she discussed matching the tone and timbre of vocal expression. She used shared pulse and Voicework which consisted of using consonant sounds, repeating them back, and developing question/answer dialogues. The aim of these techniques during music therapy was to strengthen the client's emergent sense of self and in doing so, develop his capacity to relate to others and build meaningful relationships.

PANEL DISCUSSION

The panel discussion provided an opportunity for the differing perspectives to come together to share some commonalities and to discuss the variety in ways of working. And in the middle of it all, a commonality of trying to ensure to give the client their voice.

The panel welcomed the opportunity to revisit theories such as Stern through a new lens. The panel discussed actively involving the service user and carers in the delivery of education. Also, the use of the word 'conditions' rather than 'disorders' opened up a discussion and language use. Further to the discussion were the reflections of an autistic music therapist working with an autistic client. The discussion asked; What would be the impact on the therapy process itself of an autistic music therapist working with an autistic client? How would the training process for the music therapist be experienced? Would the music therapist have further understanding into the client processes, perceptions and self-identity? Since we each experience everything differently and subjectively, is this an area of future research?

POSTER PRESENTATION AWARDS PROVIDED BY JESSICA KINGSLEY PUBLISHERS

During the lunch break, delegates had the opportunity to read the poster presentations from USW students and graduates. Delegates were invited to vote for two winning posters. The categories were; most creative/innovate poster design and most engaging poster design. The prize-winning posters were Sally Holden (poster title: 'The Kernow effect') and Erin Williams-Jones (poster title: 'Rewiring Our Thoughts').

HARMONI CYMRU

We were delighted to be provided with music by Harmoni Cymru. Harmoni Cymru is a not-for-profit company who have developed a ward residency programme of weekly interactive music sessions in hospitals across the Cardiff and Vale Health Board. They have recently expanded their work to include other therapeutic interventions, including the creation of an aphasia-friendly choir in the Stroke Rehabilitation Centre and Llandough Hospital. In photograph 2, Vicky Guise playing the Flute and Lynnsey Coull Gwynedd playing the Harp, both are qualified music therapists from the University of South Wales.

Photograph 2: Lynnsey Coull Gwynedd (harp) and Vicky Guise (flute)

CONCLUDING THOUGHTS

The day provided a rich and diverse range of topics, materials, discussions and reflections. The varying perspectives and approaches heard throughout the day were refreshing and reassuring. Most of the day focussed on working with children. My own work as a freelance music therapist has led me to be currently working with children and adults with a range of conditions including autism. I wondered about the approaches and perspectives of working with adults and if the outcome measures discussed throughout the day would be used in the same way. The panel opened up this discussion when looking at the wide and varied contexts in which music therapists could potentially work.

As a neurotypical music therapist working with clients with ASC, I was able to reflect on the relationships experienced by my clients. I thought about the ways in which my own practice is related to the mother-infant interactions and I wanted to revisit Stern (1985, 2010). On reflection of the day, I was left to wonder what could we do to be more inclusive as a society and to promote inclusivity of people with ASC's? I thought about my own personal positioning as a neurotypical music therapist and our intentions as music therapists when working with people with ASC. It is important to maintain our own identity in our knowledge of building and establishing the therapeutic relationship. A reflection point to conclude: Is the importance of the therapeutic relationship relayed to other professionals in collaborative working and do others involved in the child's care see this as important? I ask this question because for me the therapeutic relationship is the fundamental building block of the clinical

work, reflective of the mother-infant relationship. I wonder about any challenges faced by music therapists in explaining and discussing the music therapy work to other professionals.

The discussions throughout the day shared their varying perspectives, professional viewpoints and research in the field of music therapy and autism in the context of identity, outcome measures, collaboration and relationships.

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CONFERENCE REPORT

CIM19 – Conference on Interdisciplinary Musicology 'Embodiment in music'

Elli Xypolitaki
University of Sheffield, UK

CONFERENCE DETAILS

CIM19 – Conference on Interdisciplinary Musicology
'Embodiment in music'
26-28 September 2019, Graz, Austria

AUTHOR BIOGRAPHY

Elli Xypolitaki is an MA student in Music Psychology at the University of Sheffield (UK). She holds a BA Honors in Psychology (Aristotle University of Thessaloniki, GR) and has worked as an Erasmus+ intern at the Nordoff Robbins music therapy charity in Edinburgh. After her Bachelor studies, she spent six months as a research intern at the Centre for Systematic Musicology of the University of Graz, AT, where she got involved in a group of projects about interactive music learning, psychophysiological aspects of music-listening and philosophical approaches to musicality. Currently, she aims at building bridges between academic environments and clinical practices. [exypolitaki1@sheffield.ac.uk]

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Exploring the 'hows' and 'whys' of music is a real challenge, one that necessarily requires cross-disciplinary scholarship. In recent years, musicological inquiries have greatly embraced such prospects with numerous publications, events, and transdisciplinary dialogues. In this changing landscape, the Society for Interdisciplinary Musicology (SIM, www.idmusicology.com) has the explicit aim of promoting scholarly interactions between humanities, sciences and practically oriented disciplines in the area of musicology. In an attempt to provide such meeting points for music research, SIM organizes every one or two years the Conference on Interdisciplinary Musicology (CIM). Originally developed by Richard Parncutt, this conference series aims at fostering epistemologically distant collaborations between all musically relevant disciplines and paradigms. The latest conference of the series, CIM19 (https://sites.google.com/view/cim19/home), was held on the 26-28th September 2019 at the Centre for Systematic Musicology of the University of Graz (Austria).

The main theme of this event is captured by the following question: "What does it really mean for music cognition to be embodied?". In what has been an insightful three-day event, scholars from diverse backgrounds tried to critically engage with this question and reflect upon the theoretical, empirical and performative aspects of embodiment in musical contexts. At the crossroads of interdisciplinary musical discourse, CIM19's themes revolved around the centrality of body and action in human musicality as interpreted through philosophical, historical, linguistic, social, psychological, experimental, artistic or even political perspectives. Along these lines, CIM19 instigated dialogues on the cultural diversity of musical subjectivity across time and space, emphasizing the role of a

physically-rooted intersubjectivity in the development and manifestation of musical life, style, and identity. Delegates' shared, yet diverse, interests allowed CIM19 to be an enlightening meeting place for exploring the embodied and social factors associated with musical activities through the lens of cross-disciplinarity.

KEYNOTES

The conference opened with a keynote given by Renee Timmers (The University of Sheffield, UK) on the role of cross-modal correspondences in shaping time and tempo during music performances. Starting from the overall-agreed relationship of movement with temporal cues as displayed in musical acts, she argued that the strong connection between time, tempo and movement is better understood through cross-modal correspondences. From this point of view, action might be the building block of this profound interplay, highly influencing the shaping of these musically-related modalities and their further correspondence. Such a perspective, she suggested, might prove useful for understanding performance communication and planning, as well as phenomena such as synaesthesia.

Following up on the embodied notions of music cognition, Fred Cummins (University College Dublin, IE) in his keynote "Audition as sense-making, and its contribution to the shared human lifeworld", conceptualized our bodily interactions with the world as a sense-making activity which manifests itself through touch, vision and, last but not least, audition. Elaborating on the physically-grounded modes that enable this body-surroundings reciprocity, he then turned to musicking, suggesting that musical co-doings constitute a form of auditory sense-making which allows for collective constructions of the world to arise. This co-creation of meaning, he argued, is clearly evident in joint musicking, as well as ritualistic practices, and portrays a physicality that surpasses the predominant, disembodied, linguistic notions of meaning construction.

From a complementary perspective, Anthony Chemero (University of Cincinnati, USA) shared his view on the role music research can play in understanding human cognition more broadly. He suggested that music perception and performance are fields of inquiry with high relevance for a deeper comprehension of embodied cognitive processes encouraging, hence, the exploration of the valuable possibilities the musical body has to offer. By thoroughly presenting a pile of empirical evidence on auditory perception and musical performance, he drew connections with embodied cognitive science, arguing for the importance of embracing such musicological orientations in the study of the human mind.

In the final keynote of CIM19, "Understanding Musical Empathy: Perspectives, Problems, and Possibilities", Dylan van der Schyff (Oxford University, UK) addressed the concept of empathy in the context of human musicality. Moving beyond representational, and folk notions of empathy – often based on attribution and recognition of mental states – he argued for the corporeal foundations of our ability to understand others. This primal capacity, as he argued, develops through associations of bodily movements and facial or vocal expressions with our own somatic experience. On account of this, he proposed Interaction Theory (IT) as an appropriate framework for understanding musical empathy. The latter is well-positioned to go beyond 'internalist', disembodied views, and to explore the role of the situated body in musical experience. In addition, he further elaborated on musical empathy through a recently emerged approach to cognition – the 4E framework (embodied, embedded,

extended, and enactive), which draws insights from affective neuroscience, developmental research, social cognition, phenomenology, and dynamical systems theory.

PRESENTATIONS

During these three days of intellectually rigorous debates and thought-provoking discussions, participants had the opportunity to attend different sessions covering the following topics:

- Bodies, brains, and musicking
- Embodiment beyond the body: Politics, philosophy, and audiomarketing
- The musical body in theory and practice
- Coordination, action, and perception
- The body in cultural context
- Experimental approaches
- Musical meanings in mind and action
- Musical interventions
- Listening and feeling with(in) the body
- Instruments, practice, and performance

Each session included two parallel sub-sessions with four talks each, allowing the delegates to attend the presentations pertinent to their scholarly interests. Beyond the conventional conference format, some of the talks were delivered virtually. This layout gave remote presenters a chance to share their work with the Graz attendees without flying to Austria and allowed them to respond to questions from the audience in real time. Regular talks were also live-streamed and remote participants could pose their questions to the presenters via comments on the YouTube livestream session of the talk.

On the last day of CIM19, a poster session was held, which, in addition to the traditional posters, introduced a new form of virtual presentation, the *flash talks*. These were short videos of five minutes, in which presenters were able to outline a brief overview of their research. The videos were played on repeat during the poster session and participants had the chance to explore the content of their choice either by attending the screenings or engaging with the poster presenters, or both.

REFLECTIONS ON CIM19

After contemplating these days of scholarly exchanges, I feel that CIM19 has been an insightful event, full of novel and inspiring ideas on music, body and cognition. Scholars from diverse epistemological backgrounds came together and created a stimulating environment, necessary for new perspectives to arise and interdisciplinary prospects to flourish. Endorsing embodiment's explanatory value in the musical context poses key challenges to the musicological discourse, and CIM19 has provided a good starting point for us to address the demands and encounter these newly-established horizons with creativity and open-mindedness. As an early-career researcher entering the musicological field, I found the discussions with the participants to be very engaging and promising of a prosperous, cross-disciplinary future of music research. Embracing novel prospects requires receptiveness and flexibility

and I feel extremely lucky for having found myself among inspiring scholars, ready to learn from the past and move towards an unknown, challenging future with optimism and cooperation.

Moreover, CIM19's semi-virtual conference format, following the guidelines as originally developed for the 15th International Conference on Music Perception and Cognition and the 10th triennial conference of the European Society for the Cognitive Sciences of Music (Parncutt, 2018) that took place in the University of Graz in July 2018 (https://music-psychology-conference2018.uni-graz.at/en/), enabled scholars to virtually attend or present their work from every part of the globe at low financial and environmental cost. In times of climate change, adopting environmentally-friendly formats through virtual participation carries profound benefits, especially in the reduction of carbon emissions related to air travel, while it also introduces more inclusive ways of conferencing for those who cannot afford travelling. However, conferences are not only meeting points for intellectual debates, but also places for scholars to mingle and interact with each other. Semi-virtual formats can definitely complicate this social aspect, yet technological advances offer creative alternatives to the new order of things. Understanding the importance of socializing in conferences, CIM19 included a virtual-socializing event, during which physically-present delegates had the chance to interact online with remote participants through the Zoom software. Upon discussion with the attendees of the event, being able to virtually socialize is an intriguing option that preserves the social significance of conferencing, often ignored or impossible in semi-virtual formats.

In conclusion, CIM19 has been an illuminating, intellectual rendezvous for researchers, scholars, and performing artists interested in the profound interaction between embodiment and music. Body and action reveal new paradigms to the musical domain, and CIM19 has offered us the chance to discover, elaborate and reflect on the possibilities of this rich interplay. Embodied-friendly notions of music cognition become more and more relevant for a vast array of musical experiences and cultivate our knowledge on the complexity of music through a new lens that surpasses the mental and embraces the corporeal. From historical themes of 'music and the flesh' to performance and composition, this musical viscerality is a very promising prospect that will push the boundaries on the ways we approach and research music. In my humblest of opinions, such intellectual novelties will not be strictly confined to 'detached', theoretical frameworks, but will rather introduce fresh paradigms to the clinical and therapeutic applications of music. Steps towards body-centred praxes of music therapy have already been taken, yet the road is long and the possibilities still await us to explore and develop. As the musical body is gaining epistemological ground, my prediction for the years to come suggests a deeper realization not only of the pertinence of embodiment in the therapeutic process but, more broadly, of the highly intertwined relationship between the musical, the corporeal and the eudaimonic.

Reflecting on the aftermath of my experience as both a coordinator and participant of the conference, I believe that CIM19 has considerably broadened my perspective on the body-music entanglements, motivating me to pursue collaborations beyond the realm of music, yet very germane to it. Understanding the musical body but also exploring music through its physicality is a complex mission and one that emphasizes the importance and relevance of cross-disciplinary partnerships. In order to establish these synergistic grounds, the Society for Interdisciplinary Musicology (SIM) will vigorously continue to organize the CIM conferences (next CIM date and location will soon be announced) and run its own international peer-reviewed journal, the *Journal of Interdisciplinary Music*

Studies (JIMS, https://musicstudies.org/). Following up on CIM19's theme, JIMS will publish a special issue on the topic (including submissions of the CIM19 presenters), for those interested in discovering the cross-disciplinary pathways and reciprocities of music and embodiment.

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CONFERENCE REPORT

Sixth conference of the International Association for Music and Medicine

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CONFERENCE DETAILS

Sixth conference of the International Association for Music and Medicine
30th – 31st May 2020, Boston, Massachusetts, USA

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The International Association for Music & Medicine (IAMM) is a registered non-profit organisation formed in 2009 to encourage and support the use of music in medical contexts including research into the benefits of music, and its specialised applications in healthcare.

Under Patravoot Vatanasapt's presidency the conference was organised by the Berklee College of Music, Boston University in collaboration with the IAMM. It was chaired by Suzanne Hanser, Professor and Chair Emerita of the Music Therapy Program at Berklee College of Music and Vera Brandes who chaired the scientific committee. The event was hosted in an online format due to the global COVID-19 pandemic. In the light of the circumstances, the organisers reframed the conference in a novel format, which reflected their tremendous effort and creativity to successfully provide a high-quality online event to the international community.

The purpose of the conference was to bring together scholars from a variety of countries and disciplines across the globe to promote discussion on cross-cutting issues regarding the use of both music and music therapy interventions in the medical context. Throughout the presentations, the speakers looked at the processes involved in such interventions, discussed study designs for research in the field, shared information and approaches to key challenges, disseminated existing data sources, and fostered the development of new sources of music and music therapy interventions grounded on past research findings around the world. Physicians, surgeons, musicians, music therapists, composers and researchers in the field of music contributed through remarkable panels, special interest groups, papers and posters. Panels and special interest groups facilitated discussions and there was an emergence of new, revised and integrated agendas for research and clinical work with experts in the field of music and medicine. Participants presented results through papers and posters from a variety of population-based studies conducted in both developed and developing countries.

Lectures revealed several areas of intersection between musicians, scientists, physicians, and music therapists around the use of music in medical contexts.

The highlighted themes discussed were: music therapy in response to COVID-19; music adaptations for diverse physical conditions; applied technology; therapeutic music; the use of the voice for healing; the acoustic intelligence of ecosystems; frequencies and their impact on the emotional field; musicians' health; trauma; critical care; cardiac care; movement disorders; music therapy and premature babies; dementia and end of life care; as well as opportunities for research in the field of music-sound health.

The panel on 'Finding harmony: The music response to COVID-19', moderated by Brian Jantz, with presentations by Tian Gao, J. Todd Frazier, Jennifer Townsend, Seneca Block, Mark Fuller and Hannah Foxman, introduced innovative alternatives to provide access to music therapy care. The audience gained insight into how the presenters' work changed in response to the pandemic situation. The presenters talked about the stages they went through in creating new ways to deliver music therapy interventions such as using new materials, applications, and methods as they transitioned to telehealth. In addition, they discussed protocols for one-to-one sessions, services for staff and projects with community musicians working in collaboration with music therapy departments.

Outstanding presentations on the outcomes of implementing applied technology for people with physically challenged conditions to facilitate their access to music making brought awareness to the need to revisit the concept of 'physical limitation' and to broaden understandings of diversity. Violinist Adrian Anantawan caught the audience's attention with his own inspiring life story of finding creative strategies to overcome a physically challenging condition by, for example, adapting a violin to make music with a high level of expertise. Tod Machover shared his fascinating and innovative developments for new music technologies including hyperinstruments, robotic operas, a device that turns the voice into vibration and software that allows people with a range of abilities to compose. He invited the audience to train the interdisciplinary multisensory musical doctors of the future. David Monacchi presented his work on the sonosphere and the acoustic intelligence of ecosystems. By sharing his journey on the study of sound intelligence, the organised sounds of nature and biodiversity (independent of humans as composers), he raised awareness of the need for taking action to protect nature that is quickly disappearing. He brought the provocative thought of the potential connection of the sonosphere with healing by building a space for people to experience the soundscape of ecosystems in 3D. Sunil Iyengar presented on research opportunities and the numerous studies supported by the National Endowment for the Arts (US) such as: music for surgical pain management, autism and family wellbeing, opioid use prevention, adolescence brain development, building resilience among critical care health professionals and social and emotional wellbeing in the context of mild cognitive impairment.

The panel on 'The future of music and medicine', moderated by Fred Schwartz with presentations by Melissa Mercadal-Brotons, Patravoot Vatanasapt and Robert Saper, highlighted aspects of the future of the field for the benefit of mankind. Their provocative thoughts and ideas were primarily related to music therapy and the importance of working in collaboration with other disciplines to enrich both the interventions and the outcomes, music and medicine remote access, interdisciplinary innovation, further understanding of the neurobiology of music to support the interventions, what makes music unique, and the music therapy profession moving from 'healing' to 'healing and essential'

for greater integration within mainstream hospital based care.

Along with the presentations, discussions arose among attendees around differentiating competencies and areas of specificity as well as ethical aspects and professional responsibilities for each of the disciplines using music in the medical context. It remains unclear whether there is a need to reflect on the contributions of musicians in the medical context, the common ground for musicians and music therapists working in a medical environment, the differences in their responsibilities, and the contributions, similarities and differences between recreational, music medicine interventions and music therapy techniques. Both the intra- and interdisciplinary debates are ongoing, while taking account of the fact that regulations on the use of music in the health field vary in different parts of the world. In addressing these aspects, it is worth taking into consideration the specific and thorough training and advanced certifications that all health professionals around the world undergo to obtain the credentials that enable their practice to deliver treatment.

The successful online event went smoothly and gracefully with beautiful musical sections in between the presentations. In addition, the Online Networking & Tea/ Quarantini Time, which was coordinated by Wendy Magee, was offered via live streaming where all the participants engaged in further discussions on the topics addressed during the presentations with a glass of wine, juice or a cup of tea by their side.

The IAMM awards ceremony created a unique moment in which the entire IAMM community celebrated two brilliant experts and leaders in the field: the Lifetime Achievement Award granted to Joanne Loewy, founder of IAMM and co-director of the *Music and Medicine* IAMM journal, and the Extraordinary Leadership Award granted to Patravoot Vatanasapt.

I invite you to take a look at the remarkable program to find more details of the amazing content and to watch the recordings of all the presentations of this fruitful and innovative IAMM 2020 conference. Join us at the next event in 2022!

REFERENCES

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