



APPROACHES

An Interdisciplinary Journal of Music Therapy

Ένα Διεπιστημονικό Περιοδικό Μουσικοθεραπείας

www.approaches.gr

ISSN 2459-3338

12 (2) 2020

Editorial team

Editor-in-chief

Giorgos Tsiris, Queen Margaret University & St Columba's Hospice Care, UK

Associate editors

Andeline dos Santos, University of Pretoria, South Africa

Daphne Rickson, New Zealand School of Music, Victoria University of Wellington, New Zealand

Book review editor

Elizabeth Coombes, University of South Wales, UK

Advisory editorial board

Christina Anagnostopoulou, National and Kapodistrian University of Athens, Greece

Bolette Daniels Beck, Aalborg University, Denmark

June Boyce-Tillman, University of Winchester, UK & North West University, South Africa

Enrico Ceccato, Hospital of Vicenza, Italy

Amy Clements-Cortes, University of Toronto, Canada

Philippa Derrington, Queen Margaret University, UK

Theo Dimitriadis, Leiden University & Amstelring, The Netherlands

Tali Gottfried, David-Yellin College, Israel

Kjetil Hjørnevik, Bjørgvin Prison, Norway

Sanna Kivijärvi, Sibelius Academy, University of the Arts Helsinki, Finland

Tuulikki Laes, Sibelius Academy, University of the Arts Helsinki, Finland

Steven Lyons, MHA & Great North Children's Hospital, UK

Raymond MacDonald, University of Edinburgh, UK

Elizabeth Mitchell, Wilfrid Laurier University, Canada

Varvara Pasiali, Queens University of Charlotte, USA

Beth Pickard, University of South Wales, UK

Vassiliki Reraki, Institute for Mediterranean Studies (FORTH), Greece

Lorna Segall, University of Louisville, USA

Indra Selvarajah, University Putra Malaysia, Malaysia

Mike Silverman, University of Minnesota, USA

Neta Spiro, Royal College of Music, UK

Anita Swanson, University of Texas at Austin, USA

Potheini Vaiouli, European University, Cyprus

Language consultants

Saphia Abou-Amer, The Children's Trust & Richmond Music Trust, UK

Mitsi Akoyunoglou, Ionian University, Greece

Jodie Bloska, Cambridge Institute for Music Therapy Research, Anglia Ruskin University, UK

Laura Corrigan, UK

Konstantina Katostari, Amimoni, Greece

Emily Langlois Hunt, Emily Hunt Music Therapy, New Zealand

Dimitra Papastavrou, Greece

Rachel Swanick, Chroma, UK

Copy editor

Crystal Luk, Richmond Music Trust, UK

Publishing assistant

Stamatis Manousakis, Germany

Web administrator

Stefanos Evangelou, Greece

Special feature | Music therapy in dementia and end-of-life care: Mediterranean perspectives

Editors

Giorgos Tsiris, Queen Margaret University & St Columba's Hospice Care, UK

Enrico Ceccato, Hospital of Vicenza, Italy

Editorial board

Mitsi Akoyunoglou, Ionian University, Greece

Amy Clement-Cortes, University of Toronto, Canada

Avi Gilboa, Bar-Ilan University, Israel

Tali Gottfried, David-Yellin College, Israel

Melissa Mercadal-Brotons, Escola Superior de Música de Catalunya & SINGULAR-Música y Alzheimer, Spain

Evangelia Papanikolaou, SONORA-Organisation for Music Therapy & Research, Greece & Aalborg University, Denmark

Patricia Sabbatella, University of Cádiz, Spain

Elide Scarlata, Hospital of Trapani, Italy

Ferdinando Suvini, Conservatorio G. Frescobaldi di Ferrara, Italy

Eleni Tsolka, Greece

Melanie Voigt, kbo-Kinderzentrum München, Germany

EDITORIAL | ΣΗΜΕΙΩΜΑ ΣΥΝΤΑΞΗΣ

Adapting to change, welcoming otherness

Elizabeth Coombes & Giorgos Tsiris 167

Προσαρμογή στην αλλαγή, καλωσορίζοντας την ετερότητα

Elizabeth Coombes & Γιώργος Τσίρης 169

ARTICLES

A synopsis of the MusiQual feasibility study into the effectiveness of music therapy in palliative care inpatient settings

Jenny Kirkwood, Lisa Graham, Tracey McConnell, Sam Porter & Joanne Reid 171

Exploring music therapists' attitude toward wellness for successful ageing and its inclusion in music therapy training curricula

Lorna Segall 185

Reflections upon boundary complexities in the clinical practice of Croatian and Polish music therapists

Ana Katušić & Ludwika Konieczna-Nowak 200

Using culture-specific music therapy to manage the therapy deficit of post-traumatic stress disorder and associated mental health conditions in Syrian refugee host environments

Hasan Abdulbaki & Jonathan Berger 211

SPECIAL FEATURE | Music therapy in dementia and end-of-life care: Mediterranean perspectives

Editorial

Our sea: Music therapy in dementia and end-of-life care in the Mediterranean region

Giorgos Tsiris & Enrico Ceccato 224

Preface

Preface

Melissa Mercadal-Brotons 230

Reports

Music therapy in Greece and its applications in dementia and end-of-life care

Giorgos Tsiris & Christina Kalliodi 233

Music therapy in dementia and end-of-life care: A report from Israel

Ayelet Dassa 250

Music therapy in dementia and end-of-life care: A report from Italy

Mariagrazia Baroni 261

Music therapy in Montenegro: Perspectives on the current situation Mirjana Rajčić & Tatjana Krkeljić	274
Music therapy in the Occupied Palestinian Territories: An overview and some perspectives on dementia and end-of-life care Buran Saada & Elizabeth Coombes	280
Music therapy and its applications in dementia care: Spanish perspectives Melissa Mercadal-Brotons & Mònica de Castro	286
Music therapy in Tunisia: An introduction and some emerging initiatives in dementia and oncology Rihab Jebali	296
Music therapy in Turkey: Historical background and current perspectives on dementia and end-of-life care Burçin Uçaner Çifdalöz	305
Conference report	
First Mediterranean music therapy meeting 'Dialogues around dementia and end of life in music therapy: Voices beyond the sea' Enricco Ceccato & Luca Xodo	314

REPORTS

'Wiggles and rhymes': Developing a parent and infant music therapy group at a hospice for children with life-limiting conditions and their carers Helen Mottram & Maeve Rigney	319
What are we waiting for? Anticipating the second edition of <i>The Handbook of Music Therapy</i> by Bunt, Hoskyns and Swamy Daphne Rickson	333

BOOK REVIEWS | ΒΙΒΛΙΟΚΡΙΤΙΚΕΣ

The lives of music therapists: Profiles in creativity (Volume 1) (Moreno, Ed.) Reviewed by Jamal Jasani Glynn	338
Η μουσική ως φάρμακο: Η βιολογική προσέγγιση της μουσικής θεραπείας (Δρίτσας) Από την Ξανθούλα Ντακοβάνου	342
Τέχνη, φιλοσοφία, θεραπεία: Άρθρα και εφαρμογές, Τόμος Α' & Β' (Λάζου & Πατιός, Επιμ.) Από την Ντόρα Ψαλτοπούλου-Καμίνη και την Άννα Μαρία Μαραγκού-Εύχαρις	347

CONFERENCE REPORTS

The 9th Nordic Music Therapy Congress 'Come together: Body and mind, heart and soul' Maayan Salomon-Gimmon	355
11th European Music Therapy Conference 'Fields of Resonance' Anita Swanson	360

EDITORIAL

Adapting to change, welcoming otherness

Elizabeth Coombes

University of South Wales, UK

Giorgos Tsiris

Queen Margaret University & St Columba's Hospice Care, UK

AUTHOR BIOGRAPHIES

Elizabeth Coombes, PhD, FHEA FAMI, is leader of the MA Music Therapy course at the University of South Wales and book review editor of *Approaches*. [elizabeth.coombes@southwales.ac.uk]

Giorgos Tsiris, PhD, is senior lecturer in music therapy at Queen Margaret University, arts lead at St Columba's Hospice Care, and editor-in-chief of *Approaches*. [gtsiris@qmu.ac.uk]

Publication history:

Submitted 25 Dec 2020

Accepted 28 Dec 2020

First published 30 Dec 2020

The second issue of *Approaches* in 2020 sees the world still in the grip of the COVID-19 pandemic. Music therapy practitioners, educators, and researchers continue to adapt their practice creatively and develop new ways of working while navigating the challenges posed by the pandemic. What is becoming clear is that many of these changes are not simply temporary measures. Instead, they hold the potential to broaden practice, research, and theory, leading to a re-visioning of how music therapy can be practised, conceptualised, taught, and researched. As this re-visioning is becoming gradually evident (Lawes, 2020; Molyneux et al., 2020; Rizkallah, 2020), we encourage paper submissions to the journal reflecting on the implications of the pandemic for music therapy on local, national, or international level.

Although not specific to the pandemic, the contents of this issue of *Approaches* bring to the fore sociocultural perspectives and key considerations around the role of music therapy in ageing and end-of-life care. These considerations of course may well inform and resonate with our professional and societal responses to COVID-19 too. Kirkwood et al. present a synopsis of a feasibility study of music therapy in palliative care, while Segall explores music therapists' attitude toward wellness and ageing in relation to training curricula. Both papers link to the underlying theme of the special feature contained in this issue. Edited by Giorgos Tsiris and Enrico Ceccato, this special feature is dedicated to Mediterranean perspectives on dementia and end-of-life care documenting music therapy in eight countries. The different country reports showcase the interplay between culture and practice, and the diverse paths of development that music therapy has followed in the Mediterranean region. Some of these paths fit in more easily with dominant Western narratives of music therapy as a contemporary professional field, while other paths are linked more closely to traditional and, at times, mystical uses of music in healing rituals. The articles by Katušić and Konieczna-Nowak, and by Abdulbaki and Berger – while not part of the special feature – offer equally rich sociocultural perspectives exploring therapeutic boundaries in the clinical practice of Croatian and Polish music therapists, and the provision of music therapy in Syrian refugee host environments respectively.

Overall – when taken together with the selection of articles, reports, book reviews and conference reports – this issue outlines a rich tapestry of music therapy practice documenting voices and perspectives some of which may not sit comfortably with the prevailing discourse in the field. This openness to otherness is an ever more important component of the ethos of *Approaches* while considering the need to explore further how issues of justice, equity, oppression, and marginalisation influence practice and knowledge generation in the field (Norris, 2020; Whitehead-Pleaux & Tan, 2013).

In closing, we would like to express our gratitude to three colleagues who are stepping down from our editorial team at the end of this year: Daphne Rickson, Neta Spiro, and Laura Corrigan. Each and every one of them have played a crucial role in the development of the journal. Daphne joined the editorial board in 2013 and three years later she became associate editor and worked diligently with numerous authors and reviewers. Her sensitive, dedicated, and insightful way of working championed the ethos of *Approaches* and expanded the journal's reach. Her legacy will continue to influence and inspire our collective work. Equally, Neta's interdisciplinary expertise has been instrumental in the advancement of our work as a music therapy journal with an explicit commitment to dialogue across different disciplines and professional fields. Lastly, Laura's contribution expanded beyond her standard role as a language consultant to include the development of the referencing style details on our website and of the journal's in-house proofreading guide. As we thank each of them, we also warmly welcome our new colleagues who recently joined the editorial team: Saphia Abou-Amer, Jodie Boska, Konstantina Katostari, Crystal Luk, Elizabeth Mitchell, Kivijärvi Sanna, Indra Selvarajah, and Rachel Swanick.

REFERENCES

- Lawes, M. (2020). Creating a COVID-19 Guided Imagery and Music (GIM) self-help resource for those with mild to moderate symptoms of the disease. *Approaches: An Interdisciplinary Journal of Music Therapy*, 1-17. <http://approaches.gr/lawes-r20201113/>
- Molyneux, C., Hardy, T., Lin, Y.-T., McKinnon, K., & Odell-Miller, H. (2020). Together in Sound: Music therapy groups for people with dementia and their companions – moving online in response to a pandemic. *Approaches: An Interdisciplinary Journal of Music Therapy*, 1-17. <http://approaches.gr/molyneux-r20201219/>
- Norris, M. (2020). A call for radical imagining: Exploring anti-blackness in the music therapy profession. *Voices: A World Forum for Music Therapy*, 20(3). <https://voices.no/index.php/voices/article/view/3167/3081>
- Rizkallah, M. (2020). The North London Music Therapy Phone Support Service for NHS staff during the COVID-19 pandemic: A report about the service and its relevance for the music therapy profession. *Approaches: An Interdisciplinary Journal of Music Therapy*, 1-9. <http://approaches.gr/rizkallah-r20201110/>
- Whitehead-Pleaux, A., & Tan, X. (Eds.). (2013). *Cultural intersections in music therapy: Music, health, and the person*. Barcelona Publishers.

ΣΗΜΕΙΩΜΑ ΣΥΝΤΑΞΗΣ

Προσαρμογή στην αλλαγή, καλωσορίζοντας την ετερότητα

Elizabeth Coombes

University of South Wales, Ηνωμένο Βασίλειο

Γιώργος Τσίρης

Queen Margaret University & St Columba's Hospice Care, Ηνωμένο Βασίλειο

ΒΙΟΓΡΑΦΙΕΣ ΣΥΓΓΡΑΦΕΩΝ

Η **Elizabeth Coombes**, PhD, FHEA FAMI, είναι υπεύθυνη του μεταπτυχιακού προγράμματος μουσικοθεραπείας στο University of South Wales, και συντάκτρια βιβλιοκριτικών του *Approaches*. [elizabeth.coombes@southwales.ac.uk] Ο **Γιώργος Τσίρης**, PhD, είναι επίκουρος καθηγητής μουσικοθεραπείας στο Queen Margaret University, υπεύθυνος τεχνών στο St Columba's Hospice Care και αρχισυντάκτης του *Approaches*. [gtsiris@qmu.ac.uk]

Ιστορία δημοσίευσης:

Υποβολή 25 Δεκ. 2020

Αποδοχή 28 Δεκ. 2020

Δημοσίευση 30 Δεκ. 2020

Το δεύτερο τεύχος του *Approaches* το 2020 βρίσκει τον κόσμο ακόμη εν μέσω της πανδημίας του COVID-19. Οι επαγγελματίες μουσικοθεραπείας, οι εκπαιδευτικοί και οι ερευνητές συνεχίζουν να προσαρμόζουν τις πρακτικές τους δημιουργικά και να αναπτύσσουν νέους τρόπους εργασίας καθώς αντιμετωπίζουν τις προκλήσεις που θέτει η πανδημία. Αυτό που καθίσταται σαφές είναι ότι πολλές από αυτές τις αλλαγές δεν είναι απλώς προσωρινά μέτρα. Αντ' αυτού, έχουν τη δυνατότητα να διευρύνουν την πρακτική, την έρευνα και τη θεωρία, οδηγώντας σε μια επανεξέταση του τρόπου με τον οποίο η μουσικοθεραπεία μπορεί να ασκηθεί, να εννοιοποιηθεί, να διδαχθεί και να μελετηθεί. Καθώς αυτή η επανεξέταση γίνεται σταδιακά εμφανής (Lawes, 2020· Molyneux et al., 2020· Rizkallah, 2020), ενθαρρύνουμε την υποβολή κειμένων στο περιοδικό που εξετάζουν τις επιπτώσεις της πανδημίας για τη μουσικοθεραπεία σε τοπικό, εθνικό ή διεθνές επίπεδο.

Παρόλο που δεν αναφέρεται συγκεκριμένα στην πανδημία, το περιεχόμενο αυτού του τεύχους του *Approaches* φέρνει στο προσκήνιο κοινωνικοπολιτισμικές προοπτικές και βασικά ζητήματα γύρω από το ρόλο της μουσικοθεραπείας στη γήρανση και τη φροντίδα στο τέλος της ζωής. Αυτά τα ζητήματα βέβαια μπορούν κάλλιστα να ενημερώσουν και να συσχετιστούν με το πώς ανταποκρινόμαστε επαγγελματικά και κοινωνικά στον COVID-19. Οι Kirkwood και συνεργάτες παρουσιάζουν μια σύνοψη μιας μελέτης σκοπιμότητας σχετικά με τη μουσικοθεραπεία στην ανακουφιστική φροντίδα, ενώ η Segall εξερευνά τη στάση των μουσικοθεραπευτών προς την ευεξία και τη γήρανση αναφορικά με τα προγράμματα σπουδών. Και τα δύο κείμενα συνδέονται με το υποκείμενο θέμα του ειδικού ένθετου που εμπεριέχεται σε αυτό το τεύχος. Με επιμέλεια του Γιώργου Τσίρη και του Enrico Ceccato, αυτό το ένθετο είναι αφιερωμένο στις μεσογειακές προοπτικές για την άνοια και τη φροντίδα στο τέλος της ζωής καταγράφοντας τη μουσικοθεραπεία σε οκτώ χώρες. Οι διάφορες αναφορές χωρών καταδεικνύουν την αλληλεπίδραση μεταξύ

πολιτισμού και πρακτικής, και τα διαφορετικά μονοπάτια ανάπτυξης που έχει ακολουθήσει η μουσικοθεραπεία στην περιοχή της Μεσογείου. Μερικά από αυτά τα μονοπάτια ταιριάζουν πιο άνετα με τις κυρίαρχες δυτικές αφηγήσεις της μουσικοθεραπείας ως σύγχρονου επαγγελματικού πεδίου, ενώ άλλα μονοπάτια συνδέονται στενότερα με παραδοσιακές και, μερικές φορές, μυστικιστικές χρήσεις της μουσικής σε θεραπευτικές τελετουργίες. Τα άρθρα των Katušić και Kopieczna-Nowak, και των Abdulbaki και Berger – αν και δεν αποτελούν μέρος του ειδικού ένθετου – προσφέρουν εξίσου πλούσιες κοινωνικοπολιτισμικές προοπτικές εξερευνώντας τα θεραπευτικά όρια στην κλινική πρακτική των Κροατών και Πολωνών μουσικοθεραπευτών, και την παροχή της μουσικοθεραπείας σε περιβάλλοντα υποδοχής Σύριων προσφύγων αντίστοιχα.

Στο σύνολό του – συνυπολογίζοντας την επιλογή των άρθρων, αναφορών, βιβλιοκριτικών και αναφορών από συνέδρια – το τεύχος αυτό σκιαγραφεί μια πλούσια ταπισερί μουσικοθεραπευτικής πράξης καταγράφοντας φωνές και προοπτικές, μερικές από τις οποίες ίσως να μην συμβαδίζουν εύκολα με τον επικρατούμενο λόγο στο πεδίο. Αυτή η ανοικτότητα προς την ετερότητα είναι ένα ολόένα και πιο σημαντικό συστατικό του ήθους του *Approaches* αναλογιζόμενοι την ανάγκη για περαιτέρω διερεύνηση του πώς τα θέματα περί δικαιοσύνης, ισότητας, καταπίεσης και περιθωριοποίησης επηρεάζουν τη δημιουργία πρακτικής και γνώσης στο πεδίο (Norris, 2020· Whitehead-Pleaux & Tan, 2013).

Κλείνοντας, θα θέλαμε να εκφράσουμε την ευγνωμοσύνη μας σε τρεις συναδέλφους που αποχωρούν από τη συντακτική μας ομάδα στο τέλος του έτους: τη Daphne Rickson, τη Neta Spiro και τη Laura Corrigan. Η καθεμιά τους έπαιξε καθοριστικό ρόλο στην ανάπτυξη του περιοδικού. Η Daphne εντάχθηκε στη συντακτική επιτροπή το 2013 και τρία χρόνια αργότερα έγινε αναπληρώτρια συντάκτρια και συνεργάστηκε επιμελώς με πολλούς συγγραφείς και κριτές. Ο ευαίσθητος, αυστηρός και διορατικός της τρόπος εργασίας προώθησε και εκπροσώπησε θερμά το ήθος του *Approaches* και διεύρυνε την εμβέλεια του περιοδικού. Η κληρονομιά της θα συνεχίσει να επηρεάζει και να εμπνέει το συλλογικό μας έργο. Ομοίως, η διεπιστημονική εμπειρογγνωμοσύνη της Neta συνέβαλε καθοριστικά στην προαγωγή του έργου μας ως περιοδικού μουσικοθεραπείας με ρητή δέσμευση για διάλογο μεταξύ διαφορετικών κλάδων και επαγγελματικών πεδίων. Τέλος, η συμβολή της Laura επεκτάθηκε πέρα από τον τυπικό της ρόλο ως γλωσσικού συμβούλου για να συμπεριλάβει την ανάπτυξη των λεπτομερειών του βιβλιογραφικού συστήματος στον ιστοχώρο μας και του εσωτερικού οδηγού διόρθωσης και γλωσσικής επιμέλειας του περιοδικού. Καθώς ευχαριστούμε την καθεμιά τους, καλωσορίζουμε επίσης θερμά τις νέες μας συναδέλφους που εντάχθηκαν πρόσφατα στην συντακτική ομάδα: Saphia Abou-Amer, Jodie Bloska, Κωνσταντίνα Κατοστάρη, Crystal Luk, Elizabeth Mitchell, Kivijärvi Sanna, Indra Selvarajah και Rachel Swanick.

ΒΙΒΛΙΟΓΡΑΦΙΑ

- Lawes, M. (2020). Creating a COVID-19 Guided Imagery and Music (GIM) self-help resource for those with mild to moderate symptoms of the disease. *Approaches: An Interdisciplinary Journal of Music Therapy*, 1-17. <http://approaches.gr/lawes-r20201113/>
- Molyneux, C., Hardy, T., Lin, Y.-T., McKinnon, K., & Odell-Miller, H. (2020). Together in Sound: Music therapy groups for people with dementia and their companions – moving online in response to a pandemic. *Approaches: An Interdisciplinary Journal of Music Therapy*, 1-17. <http://approaches.gr/molyneux-r20201219/>
- Norris, M. (2020). A call for radical imagining: Exploring anti-blackness in the music therapy profession. *Voices: A World Forum for Music Therapy*, 20(3). <https://voices.no/index.php/voices/article/view/3167/3081>
- Rizkallah, M. (2020). The North London Music Therapy Phone Support Service for NHS staff during the COVID-19 pandemic: A report about the service and its relevance for the music therapy profession. *Approaches: An Interdisciplinary Journal of Music Therapy*, 1-9. <http://approaches.gr/rizkallah-r20201110/>
- Whitehead-Pleaux, A., & Tan, X. (Eds.). (2013). *Cultural intersections in music therapy: Music, health, and the person*. Barcelona Publishers.

ARTICLE

A synopsis of the MusiQual feasibility study into the effectiveness of music therapy in palliative care inpatient settings

Jenny Kirkwood

Independent scholar, UK

Lisa Graham-Wisener

Queen's University Belfast, UK

Tracey McConnell

Queen's University Belfast, UK

Sam Porter

University of Bournemouth, UK

Joanne Reid

Queen's University Belfast, UK

ABSTRACT

The research team involved in conducting the MusiQual study – carried out in Belfast, Northern Ireland by Queen's University Belfast, Every Day Harmony Music Therapy, and Marie Curie Northern Ireland – aimed to ascertain the feasibility of carrying out a larger multicentre trial into the effectiveness of music therapy in improving the quality of life of palliative care inpatients. This synoptic paper summarises a number of publications which resulted from developing and implementing the MusiQual study. Those publications include the main findings paper (Porter et al., 2018) and a number of supplementary publications: a systematic review of the literature (McConnell et al., 2016a), a realist review of the literature (McConnell & Porter, 2016), a critical realist evaluation (Porter et al., 2017a), an outline of the theoretical model which resulted from the realist review of the literature (McConnell & Porter, 2016), and the treatment manual for music therapy in palliative care drafted for use in the potential multicentre trial and recently published (Kirkwood et al., 2019). The purpose of this synopsis is to consolidate information in one single, accessible place in order to advance knowledge in this area of work and support the evidence-informed practice of music therapists and others in this field.

KEYWORDS

music therapy,
palliative care,
end-of-life care,
quality of life,
theoretical model,
critical realist
approach

Publication history:

Submitted 30 Jan 2019

Accepted 8 Aug 2019

First published 4 Jan 2020

AUTHOR BIOGRAPHIES

Jenny Kirkwood completed her postgraduate diploma in music therapy with MusicSpace Italy in Bologna in 2007. She worked for Every Day Harmony Music Therapy from 2007, and as Music Therapy Manager from 2016 until December 2018. In 2015 she was awarded her MA in Music Therapy and in 2017 she trained as a Neurologic Music Therapist. Her clinical work to date has mainly been in learning and physical disability and paediatric palliative care. [kirkwoodj78@gmail.com] **Lisa Graham-Wisener**, Lecturer, School of Psychology, Queen's University Belfast. [L.Graham-Wisener@qub.ac.uk] **Tracey McConnell**, Research Fellow, Queen's University Belfast. [t.mcconnell@qub.ac.uk] **Sam Porter**, Research Lead, University of Bournemouth. [porters@bournemouth.ac.uk] **Joanne Reid**, Research Lead, Queen's University Belfast. [j.reid@qub.ac.uk]

INTRODUCTION: BACKGROUND TO THE MUSIQUAL STUDY

The authors of this paper summarise the various strands of the work completed to date by the MusiQual study group. This group was initially a partnership between researchers and clinical experts from Queen's University Belfast, Every Day Harmony Music Therapy (Belfast, Northern Ireland), and Marie Curie Northern Ireland. The name MusiQual was adopted as shorthand by the study team due to the focus on music therapy for quality of life of patients in palliative care. The research work conducted by the MusiQual team led to ascertaining the feasibility of a phase III multi-site randomised control trial into the effectiveness of music therapy for improving the quality of life of palliative care patients.

The first step in the MusiQual study was the completion of the systematic review of the existing literature in this area (McConnell et al., 2016a), and after identifying a gap in research knowledge, the protocol for the study was developed (McConnell et al., 2016b). Taking a critical realist approach to the research, whilst the study itself was ongoing, the MusiQual team also incorporated an analysis of the processes and mechanisms involved in music therapy in this context in order to strengthen the findings. First, a realist review of the literature (McConnell, 2017a) was completed, followed by a critical realist evaluation (Porter et al., 2017a) which further strengthened the theoretical model developed. Following the conclusion of the study itself, a survey was completed of current music therapy practice in palliative care across the UK (Graham-Wisener et al., 2018) in order to position this local study within the wider UK context, and a treatment manual based both on the theoretical model developed and the clinical work of the therapists involved in the study was created for use in the potential future multi-site trial (Kirkwood et al., 2019). The most important aspects of these various strands of work have been summarised here in chronological order so as to illustrate how this study developed over the period of its completion. It is hoped that presenting all of these elements in one single, accessible place will both advance knowledge in this area of work, and will also support music therapists and others in this field to access the design and outcomes of the study to inform their own practice. In this way they can provide their most valuable contribution to the music therapy profession and go some way towards beginning to address the gap in current evidence that was first identified.

SYSTEMATIC REVIEW OF THE EXISTING LITERATURE (MCCONNELL ET AL., 2016)

The first step in the process was the completion of a systematic review of the literature, completed by Tracey McConnell and David Scott, research fellows at Queen's University Belfast, along with Sam Porter, then acting head of the School of Nursing and Midwifery at the same university. The database search for relevant articles for this review was concluded in April 2015, and this literature review only reflects the literature available at that time.¹

In examining the evidence base, the review updated a previous Cochrane Review completed in 2010 (Bradt & Dileo, 2010) which had concluded that, while the evidence base at the time was not sufficient to support the use of music therapy in end-of-life care, "results indicate that music therapy

¹ For reference, a number of relevant papers published in the last four years (until July 2019) are provided in the Appendix (not an exhaustive list).

may have a beneficial effect on the quality of life of people in end-of-life care” (Bradt & Dileo, 2010, p. 5). A number of single studies were identified as reporting music therapy as being effective for enhancing spirituality (Wlodarczyk, 2007), reducing tiredness and drowsiness (Horne-Thompson 2008), and alleviating discomfort and sadness (Nguyen, 2003).

With the addition of three further eligible studies, the MusiQual affiliated authors who conducted the updated review concluded that, while several studies have suggested that music therapy may improve the quality of life of palliative care patients, many of them had a high risk of bias (McConnell et al., 2016a), and that more high-quality, large-scale studies were needed. Of specific interest, in this updated review, with the addition of the study by Gutschell et al. (2013), the results of the meta-analysis indicated a significant effect for pain reduction, specifically

that there is a significant effect for music therapy in reducing pain among palliative care patients. This is an important finding given that pain is a common symptom reported by palliative care patients in a wide range of life-limiting illnesses (McConnell et al., 2016a, p. 879).

Although insufficient evidence was identified to support the effectiveness of music therapy overall, participants in the qualitative studies included in the McConnell et al. updated literature review indicated that they found music therapy beneficial in helping patients express difficult emotions, helping patients and families find closure, and improving staff mood and resilience (O’Callaghan & Hiscock, 2007; O’Kelly & Koffman, 2007).

Thus, at this stage the need for a large-scale study was identified, but also the need for a feasibility study which could test the procedures and protocol to be used to ensure that they were fit for purpose and thus that the end trial would be as robust as possible. The use of a feasibility study, although a significant undertaking in itself, was considered by the MusiQual study team to be especially important given the nature of randomised controlled trials both in music therapy and also in palliative care, as outlined below.

Randomised controlled trials (RCTs) in music therapy and in palliative care

While this is not the context for an extensive discussion, in the medical community RCTs are often identified as the so-called ‘gold standard’ of evidence, and might be more likely to be funded or commissioned (Baker, 2015; Evans, 2003; Wigram & Gold, 2012; Wigram, Pedersen & Bonde, 2002). RCT designs, however, can be a challenging fit for a discipline such as music therapy. The requirements of an RCT can sit in contrast to the flexible and person-centred nature of the daily clinical work of practising music therapists (Baker, 2015; Wigram, Pedersen & Bonde, 2002). Blinding is also challenging as clients obviously know when they have had music therapy, and it can be difficult for this knowledge not to affect their study responses. Indeed, in the MusiQual feasibility study (Porter et al., 2018) it became clear very early on that the researcher had to be unblinded and a different process for data collection and analysis put in place, mainly due to patients’ strong desire to recount their experiences of music therapy. Also problematic is the standardisation of the treatment approach required to ensure fidelity across sites. The effect that strict manualisation of a therapy process might

have on the intervention itself has to be carefully considered alongside the need for music therapy to actually be delivered in a way that is as close to real life as it can be (Rolvjord et al., 2005).

Not dissimilarly, there are significant issues with carrying out RCTs in palliative care, to the extent that LeBlanc (2013, p. 278) writes: "large scale RCTs have historically been considered unfeasible in this setting". The challenging factors (Reid et al., 2015) include recruitment, attrition rates, the ethical implications of engaging people with such enhanced vulnerability, and patient burden. Thus, the need identified by the MusiQual team for a feasibility study in the first instance was clear, and funding was obtained via a Northern Ireland Public Health Agency Research and Development Enabling Award. The protocol for the feasibility study was published in 2016 (c.f., McConnell et al., 2016b).

THE FEASIBILITY STUDY PROTOCOL (MCCONNELL ET AL., 2016)

The feasibility study aimed: to test the procedures and tools to be used; to estimate recruitment and attrition rates; and to calculate the sample size required for a phase III RCT to evaluate the effectiveness of music therapy in improving the quality of life of palliative care patients in an inpatient hospice setting. As a secondary outcome we also considered what the results of this smaller study could tell us about this effectiveness, albeit without statistical significance at this stage. At least 52 patients were to be recruited and data was collected using the McGill Quality Of Life questionnaire (MQOL) (Cohen et al., 1995), which was reported in Albers et al. (2010) to have the "best clinometric quality rating, content validity, construct validity and internal consistency in a review of quality of life questionnaires" (McConnell et al., 2016a, p. 3). Patients were randomised (1:1) to the intervention or control group, and those in the intervention group received two 30-45-minute music therapy sessions per week for up to three weeks in addition to care as usual. This three-week duration was originally estimated as being suitable based on average length-of-stay information from the hospice. Data would be collected at baseline, week one, week three and an additional follow-up at week five to assess retention of outcomes.

For the purposes of the study, the music therapy approach used was defined as:

a creative process of musical interaction where the client engages while singing or playing, listening to music or extemporaneously creating a melody, rhythm, song or instrumental piece. In the sessions, the music therapist uses music in various formats to meet the patients' specific needs. In doing so, they 'make use of the therapeutic relationship established with the patient to meet clinical goals and employ a systematic therapeutic process that includes assessment, treatment and evaluation'. (McConnell et al., 2016a, p. 3)

Approval from the Office of Research Ethics Committee Northern Ireland (ORECNI) was obtained prior to beginning the study (Reference number 16/NI/0058). The study was performed in accordance with the declaration of Helsinki. A more detailed explanation of the informed consent process can be found in the published protocol (McConnell et al., 2016b). The music therapy sessions began at the Marie Curie Hospice in Belfast in June 2016.

REALIST REVIEW OF THE EXISTING LITERATURE (MCCONNELL & PORTER, 2016)

While the feasibility study (and future RCT) would examine the effectiveness of music therapy in quantitative terms, the MusiQual team also incorporated an analysis of the processes and mechanisms involved in music therapy in this context in order to strengthen the findings. The next step, then, in this parallel process, was the completion of a realist review of the existing literature (McConnell & Porter, 2016).

The objective of this review, which included 51 articles, was to better understand how music therapy might benefit palliative care patients – what are the therapeutic mechanisms in operation, who do they work for, and what contextual mechanisms can promote or inhibit the successful implementation of music therapy? In other words, what works, for whom, and in what context?

What works? Four-domain theoretical model for music therapy in palliative care

The result of this analysis of the therapeutic mechanisms in action in music therapy in palliative care settings was the delineation and consolidation of a theoretical model for music therapy in palliative care (Figure 1) based on four domains. This is a development of a palliative care model for music therapy put forward by Dileo and Dneaster in 2005 which incorporated supportive, communicative and transformative domains. Based on the current literature, a fourth social domain was added, and the model has been illustrated as below:

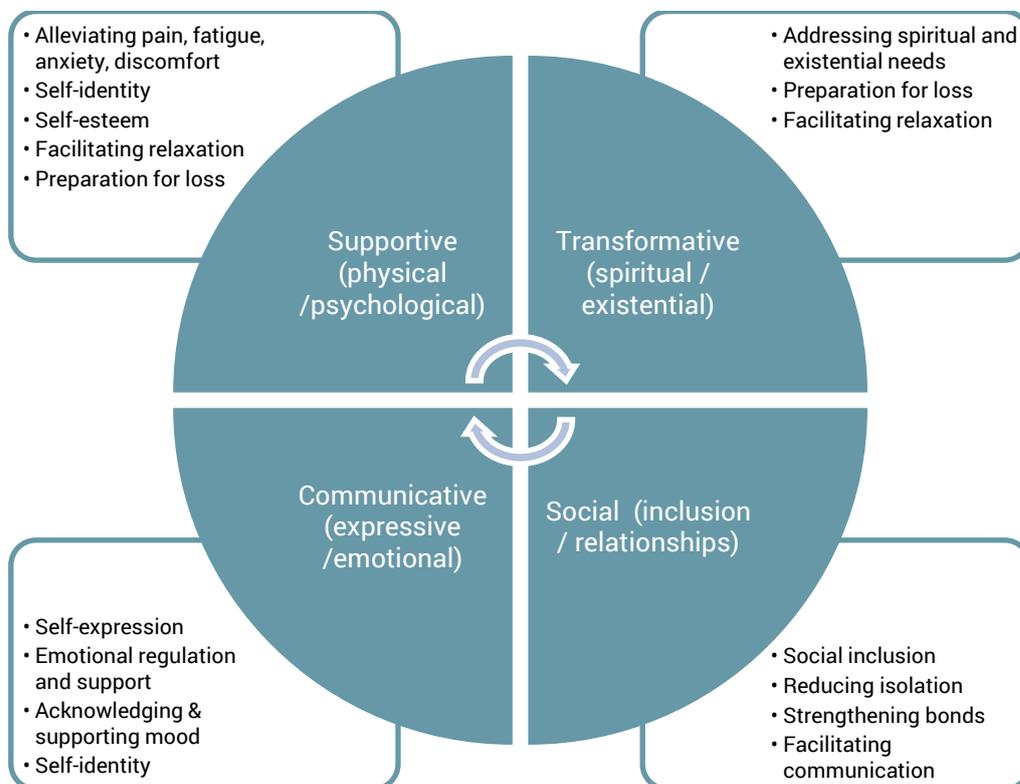


Figure 1: The four-domain theoretical model for music therapy in palliative care

1) *The Supportive domain (physical/psychological)*: music therapy aims to provide physical and/or psychological support to the patient. Research has increasingly demonstrated the synergistic effect of both physical and psychological factors on levels of pain perception (Bradt, 2010). Negative psychological states, such as fear, anxiety and emotional distress can result in higher levels of pain, while pain can in turn result in higher levels of psychological distress. A number of studies have demonstrated the positive impact of music therapy on brain structures that control anxiety and stress levels (Fachner et al., 2013; Raglio et al., 2015). Furthermore, music therapy can alleviate psychological and physical distress through a number of therapeutic mechanisms, such as helping the individual reframe their identity from that of a sick or dying patient to that of themselves as an empowered individual with experiences to enjoy, positively affecting their self-identity and self-esteem, helping them to reconnect with happy memories, alleviating pain (which can be through distraction and influencing attention), influencing positive affect or improving mood, reducing anxiety, fatigue, discomfort and distress. The aim of music therapy can be as straightforward at times as facilitating relaxation, or it can address matters such as preparation for loss both for the patient and for their significant others.

2) *The Communicative domain (expressive/emotional)*: music therapy can provide an accessible and facilitated vehicle for emotional regulation via a safe and supported channel for the expression of difficult emotions. An underlying mechanism of music therapy for palliative care patients can be the cathartic effect of relief from repressed emotions (O'Callaghan, 1996; Clements-Cortes, 2004; O'Callaghan & Hiscock, 2007; O'Kelly & Koffman, 2007) and a release of frustrations felt about their situation (Leow, 2010). Musical improvisation can help patients identify and express difficult or painful emotions, aided and supported by the therapist (Heath & Lings, 2012). When music therapy is delivered as a group therapy where visitors can also partake, research suggests this lowers levels of symptoms of bereavement for families and caregivers (O'Callaghan & Barry, 2009). Patients' moods can be acknowledged, supported and, if appropriate, reframed. Self-identity can be promoted and communicated to others. The music therapy process can support renewed connections with significant others.

3) *The Transformative domain (spiritual/existential)*: music therapy can provide a safe mechanism whereby patients might transcend their current situation and perhaps as a result transform their experience of it to some degree. Music therapy can provide existential or spiritual comfort, providing the means for patients to cognitively reframe beyond their immediate context by enjoying simple pleasures such as laughter, positive energy, relaxation, and having fun with music (McClellan et al., 2012). Music enables end-of-life patients "to extend beyond the immediate context to achieve new perspectives" (Aldridge, 1999 p. 107). Clinical work in this domain can include preparation for loss for both patients and significant others, and can take tangible form in the shape of a life review or other legacy work resulting in something concrete that lasts and can be left for others, providing comfort and a sense of continued connection for loved ones during bereavement (Cadrian, 2006).

4) *The Social domain (inclusion/relationships)*: music therapy can strengthen bonds between patients and significant others, thus facilitating communication between them, reducing isolation and promoting social inclusion. Music therapy can impact on the sense of community within a setting overall (O'Kelly, 2002) and can have the effect of humanising the setting. The legacy function of music therapy mentioned above can contribute to the strengthening of social bonds. By providing a space

for the expression of difficult emotions, either verbally or non-verbally, music therapy can help reduce the isolation often experienced by palliative care patients, lifting the mood of patients, families and staff, and improving communication with staff. In this way, music therapy can improve patient care, and can contribute to improved relationships with families (Heath & Lings, 2012; O'Kelly & Koffman, 2007).

Who does it work for?

At the time that the referenced realist review was concluded (December 2015), no particular trends emerged from the existing literature about whom music therapy would be effective for, as there was no substantive information available about which patients would be more likely to take up music therapy - an idea which the therapists in the MusiQual team consider would likely be in keeping with the opinion of most music therapists, that music therapy is accessible and indeed beneficial to a wide range of clients.

In what context?

Contextual mechanisms identified which can promote the successful implementation of music therapy included organisational support, protected time and space, understanding of the aims of music therapy by other professionals, belief of other professionals in the effectiveness of music therapy, and the integration of the music therapist into the multidisciplinary team. In short, these mechanisms highlight the importance of buy-in in the settings in which we work.

It could be surmised that this realist review did not reveal anything that music therapy clinicians themselves do not already know, and in fact this is recognised in the review itself when it states "that frameworks similar to ours may be available in the grey literature that we did not explore and also as tacit knowledge within the minds of experienced music therapists" (McConnell et al., 2017a, p. 8). But it is important to highlight that this is the outcome of a review of a total of 51 studies in this area. By collating all of this information in a single summary, and thus providing a theoretical model based on the evidence of these 51 studies, this review can be seen as a vital point of reference for any music therapists working in this field since it is based on a full and exhaustive examination of the existing literature at that time.

CRITICAL REALIST EVALUATION: INTERVIEWS AND FOCUS GROUPS (PORTER ET AL., 2017A)

The next step in the work to complement the feasibility study was the completion of a critical realist evaluation (Porter et al., 2017a). This was a mixed methods qualitative study which made use of the open text in questionnaires from patients ($n = 11$), as well as interviews and focus groups with a range of palliative care practitioners from the Marie Curie Hospice in Belfast where the study was being carried out (seven physicians, seven nursing staff, two social workers and three allied health professionals), seeking to understand their perspectives on music therapy's impact in their work

setting, and the factors which influence its successful implementation. The music therapist delivering the intervention was also interviewed.

In short, these interviews and focus groups sought to ascertain whether the results of the previous realist review of the literature could be related to what was actually being seen and experienced in the Marie Curie Hospice in Belfast during the course of our feasibility study. The three main objectives were the same – to identify, in relation to the music therapy intervention, what works (therapeutic mechanisms), who it works for, and the context in which it works.

What works?

The same four domain areas of the theoretical model outlined above were used to structure the discussion of therapeutic mechanisms identified in these focus groups and interviews.

1) *Supportive domain (physical/psychological)*: Participants highlighted the ability of music to reconnect patients with happier memories, to identify key moments in patients' lives that helped define important relationships, to help them have fun again (healthcare practitioners (HCPs) expressed surprise at the upbeat nature of the music chosen by patients). They referred to patients' enjoyment of playing instruments and the sense of achievement and playfulness involved, and how music therapy sessions could relax patients and lift their mood. The music therapy sessions were seen as something to look forward to, as benefitting emotional wellbeing since "it can act as a distraction from physical and psychological suffering" (Porter et al., 2017a, p. 2), and in particular as "reframing their identities from patients to people with unique pasts, interests and personalities" (Porter et al., 2017a, p. 4).

Perhaps most significantly for music therapists:

While intuitively clear to practising music therapists, patient reports further highlighted that the music alone was not the key therapeutic resource, but that the music therapist in combination with the music was central to meeting therapeutic outcomes. The key therapeutic mechanism appeared to be the relationship between the patient and music therapist. This is the music therapist's primary aim at the start of the therapeutic process to facilitate clinical goals for each patient. Patients reported feeling a deep connection with the music therapist that surpassed the expectations they had of the therapy. The act of sharing and creating the musical experience together appeared to strengthen this connection, along with the therapist's ability to help them feel listened to and bringing a sense of fun. (Porter et al., 2017a, p. 5)

2) *Communicative/expressive domain (emotional)*: Participants in these groups (both practitioners and patients) reported how music therapy helped patients "express themselves in a way they never thought they could" (Porter et al., 2017a, p. 5). An additional benefit was also identified in that music therapy also supported and enhanced communication between patients and healthcare practitioners by helping practitioners get to know better their patients' preferences, needs and values, which was seen as facilitating and improving patient-centred care.

3) *Transformative domain (spiritual/existential)*: The key therapeutic mechanisms identified in the literature were the "search for meaning, transcendence, creating a lasting legacy, and the comfort that

this legacy could provide to both patients and their families” (McConnell et al., 2016). Practitioners and patients in the critical realist evaluation reported how music therapy had a way of helping patients “surpass their current position and find peace” (Porter et al., 2017a, p. 6). The importance of finding a sense of meaning was highlighted, with one patient stating: “[the creation of a legacy CD] helped me see my life has been worthwhile” (Porter et al., 2017a, p. 6).

4) *Social domain*: A key therapeutic mechanism identified in the literature was music therapy’s ability to strengthen social bonds with loved ones. This localised study highlighted the importance of the ‘products’ of music therapy for facilitating communication and ongoing connections, for example the creation of legacy CDs for loved ones. Another area highlighted was the impact that music therapy had on the sense of community of the setting. Music therapy was seen as reducing isolation, it was calming and pleasant, and it “helped humanise the hospice setting” (Porter et al., 2017a, p. 6). Clearly ‘humanising’ the hospice setting can have indirect benefits for members of staff as well.

Who does it work for?

As stated above, the literature review (conducted at the time the study referenced above was completed) did not provide definitive information on who was more likely to take up music therapy, or specific benefits for certain types of patients – indeed, the overall consensus from HCPs was that music therapy benefits were universal. Any perceived difference actually lay in what patients were hoping to gain from their sessions. Examples were given of patients who had strong religious beliefs using the music therapy sessions almost as a means of spiritual practice, or patients who found it difficult to verbalise feelings finding that music therapy could “ease psychological anguish” (Porter et al., 2017a, p. 8).

In what context?

Again, the findings identified in the literature were supported by experience in practice, in particular the importance of the music therapist being embedded in the multidisciplinary team, and interacting and communicating with other members of staff on a regular basis. Practitioners also felt that a potential music therapy service would benefit from having considerable flexibility in its delivery model in order to be fully integrated into the multidisciplinary team, and thus able to respond more effectively to the unpredictability of patients’ disease trajectory.

SURVEY OF CURRENT MUSIC THERAPY PRACTICE IN PALLIATIVE CARE ACROSS THE UK (GRAHAM-WISENER ET AL., 2018)

Service delivery and data collection for the feasibility study itself was completed in July 2017. In October 2017 an awareness-raising event – ‘The Hidden Value of Music Therapy’ – was hosted by the Marie Curie policy department at Parliament Buildings at Stormont in Belfast. This event gathered a number of stakeholders in palliative care in Northern Ireland to share with them the work that was being done. It was supported by the British Association for Music Therapy both in person and through the dissemination of a questionnaire to its members across the UK, thus placing this local study within

the wider UK context. The outcomes of this survey have been published separately in the *BMJ Supportive & Palliative Care* (Graham-Wisener et al., 2018). What stood out most markedly from the responses was the lack of statutory funding in this area. The majority of respondents reported funding sources to be joint NHS/charity funding, charitable funding, hospice self-funding, or time-limited grant funding, whereas only 10.9% of respondents reported their work with Palliative and End-of-Life Care (PEOLC) clients to be supported through dedicated statutory sector funding. The most common treatment goals identified were supporting psychological needs and improving quality of life, which supports the need for rigorous trials to be conducted in this area. An additional finding was that evaluation of existing music therapy services in PEOLC is largely based on informal feedback. This lack of formal evaluation at the programme level, where music therapy services are provided, highlights the need for establishing the use of validated outcome measures in routine practice.

OUTCOMES OF THE FEASIBILITY STUDY (PORTER ET AL., 2018)

The research team members concluded that it is feasible to carry out a Phase III multicentre randomised controlled trial to evaluate a short music therapy intervention with a hospice in-patient population, and that this would add significantly to the existing evidence base.

The three-week intervention was found not to be viable for a large-scale study in PEOLC, determined by the attrition rate; with 71% lost, an insufficient number of patients survived to the three-week follow-up for the purposes of the trial. The decision was taken to move the primary end point to week 1, when 33% were lost. This decision led to lengthy discussion within the study team regarding the ethical implications of potentially stopping a patient's therapy sessions at the end of one week simply because the requirements of the trial have been fulfilled, even though they may still be in the hospice and could stand to benefit from further sessions. This discussion led the research team back to highlighting the importance of building a flexible service delivery model into plans for a future large-scale trial. Although previous research by several different authors has demonstrated that one session can be enough to obtain a therapeutic effect and benefit for the patient (Horne-Thompson & Grocke, 2008; Nguyen, J., 2003; Wlodarczyk, N., 2007), discussion also revolved around difficulties that this change could create in relation to therapeutic intent and the establishment of the therapeutic relationship and goals within such a short timeframe. It was agreed that the larger trial would plan for three sessions in one week to allow for one of these to function as an initial assessment/introductory session. It was felt that the potential burden of three sessions within one week would be outweighed by the potential benefit, and also the additional flexibility this would allow for patients (e.g., if a session is missed due to ill-health or other factors, the patient can still receive enough sessions to be a viable participant in the study).

The McGill Quality of Life questionnaire (MQOL; Cohen & Mount, 2000) was generally found to be acceptable at baseline. Although attrition was high overall, non-completion was not found to be due to the burden of the questionnaire. The MQOL is a 16-item questionnaire divided into five sub-measures: physical symptoms, physical wellbeing, psychological wellbeing, existential wellbeing, and support. The higher the score, the better the quality of life of the patient, and it has been suggested that a difference of 1 to 2 points in the overall score is equivalent to the difference between an average and a good day, and between a bad and an average day.

The change from baseline to week one was in favour of music therapy but was not statistically significant, as would be expected for a feasibility study with a small sample size. This overall outcome is an aggregation of the score for each of the different sub-measures. The individual scores for each of these sub-measures indicated a statistically significant improvement in existential wellbeing, which explores the “perception of purpose, meaning in life, and the capacity for personal growth and transcendence” (Lo et al., 2001, p. 389), a positive outcome given the small sample size. There was also a non-statistically significant improvement in both the areas of physical symptoms and psychological support. The sub-measure of support – which covers the “aspects of feeling supported, and the world as caring” (Lo et al., 2001, p. 392) – showed a smaller non-statistically significant improvement, but there was also a statistically significant reduction in physical wellbeing. While the physical sub-measures had not initially been perceived as being areas of specific interest, this reduction in physical wellbeing was surprising, given that the closely related domain of physical symptoms by contrast had shown a strong improvement. The improvement in physical symptoms corroborates the finding of the initial systematic review that music therapy may be effective in helping to reduce pain in palliative care patients. Worsening of physical wellbeing is harder to explain, in particular given the contrast between two sub-measures which therapists would expect to be similar. It is worth noting that the physical wellbeing domain consists of just one question simply asking how the person has felt, physically, over the previous two days. Music therapists would struggle to contemplate the hypothesis that music therapy might negatively impact on physical wellbeing, and there is no other clinical evidence in music therapy to suggest that this might be the case. It could be considered that it was possible for music therapy to positively impact on more acute and potentially transient or temporary physical symptoms, such as pain, in line with the findings described previously, whereas making a significant positive impact on a patient’s overall wellbeing was more difficult, especially taking into account their often advanced end-of-life stage. At the very least, the results from these particular sub-measures highlight the importance of not cherry-picking only those sub-measures where we might expect to see music therapy have an impact, and also serve as a reminder to exercise caution when drawing conclusions from small-scale feasibility or pilot studies.

TREATMENT MANUAL FOR MUSIC THERAPY WITH PALLIATIVE CARE INPATIENTS

As part of the preparation for a phase III multicentre RCT, a music therapy treatment manual has been developed to be used to ensure treatment fidelity. No treatment manual was used in the feasibility study in order to keep the intervention as close to real-life music therapy as possible. The music therapy intervention manual was then devised with a pragmatic approach, based entirely on records of the clinical interventions carried out by the therapists in the feasibility study, as well as using the outcomes of the realist review as reference and structure. As was hoped, and indeed expected, all of the therapists’ various interventions with different patients throughout the study fitted within this theoretical model developed from the literature. It is difficult to delineate, define and clearly express what takes place in music therapy and reduce it to a two-dimensional explanation and representation on the page. The manual created aims to maintain a sufficient degree of flexibility and spontaneity for the therapist by presenting the intervention as a series of options for the therapist to follow, backed

by the finding from the critical realist review that those who engaged with music therapy tended to select particular mechanisms within the portfolio of possible interventions on offer. Given the consideration that this manual could be of use and interest to other music therapists working in this field, it has been published in the *British Journal of Music Therapy* (Kirkwood et al., 2019).

CONCLUDING REMARKS

The importance of partnership working was highlighted throughout this study, which itself was a partnership between Every Day Harmony Music Therapy, Queen's University Belfast and Marie Curie Northern Ireland, and took place with the support of a much wider Trial Steering Committee. While plans are in place to seek funding for the phase III multi-site RCT, and extended partnerships with hospices, universities and music therapy providers have already been established so that this trial can be developed effectively. Recognition at this stage must go to all those involved at Queen's University Belfast and Marie Curie Northern Ireland, to the effort and dedication they have shown in furthering music therapy research and, as a result, contributing to our profession in helping to develop music therapy services of the highest possible quality for palliative care patients.

Funding statement

The feasibility study described herein was funded by a Northern Ireland Public Health Agency Research and Development Enabling Award.

REFERENCES

- Albers, G., Echteld, M. A., de Vet, H. C., Onwuteaka-Philipsen, B. D., van der Linden, M. H., & Deliëns, L. (2010). Evaluation of quality-of-life measures for use in palliative care: A systematic review. *Palliative Medicine*, 24(1), 17-37.
- Aldridge, D. (1999). *Music therapy in palliative care: New voices*. London: Jessica Kingsley Publishers.
- Bradt, J. and Dileo, C. (2010). Music therapy for end-of-life care. *The Cochrane Database of Systematic Reviews*, 2010(1), doi:10.1002/14651858.CD007967.pub2
- Cadrin, M. L. (2006). Music therapy legacy work in palliative care: creating meaning at the end of life. *Canadian Journal of Music Therapy*, 12(1), 109-137.
- Clements-Cortes, A. (2004). The use of music in facilitating emotional expression in the terminally ill. *The American Journal of Hospice and Palliative Care*, 21(4), 255-260.
- Cohen, S. R., Mount, B. M., Strobel, M. G., & Bui, F. (1995). The McGill Quality of Life Questionnaire: A measure of quality of life appropriate for people with advanced disease. A preliminary study of validity and acceptability. *Palliative Medicine*, 9(3), 207-19.
- Cohen, S. R., & Mount, B. M. (2000). Living with cancer: "Good" Days and "Bad" Days—What produces them? Can the McGill Quality of Life Questionnaire distinguish between them? *Cancer*, 89(8), 1854-1865.
- Dileo, C., & Dneaster, D. (2005). Music therapy at the end of life: State of the art. In C. Dileo & J. Loewy (Eds.), *Music therapy at the end of life* (pp. 14-27). Cherry Hill, NJ: Jeffrey Books.
- Fachner, J., Gold, C., & Erkkela, J. (2013). Music Therapy modulate fronto-temporal activity in rest-EEG in depressed clients. *Brain Topography*, 26(2), 338-354.
- Graham-Wisener, L., Watts, G., Kirkwood, J., Harrison, C., McEwan, J., Porter, S., Reid, J., & McConnell, T. (2018). Music therapy in UK palliative and end-of-life care: A service evaluation. *BMJ Supportive & Palliative Care*, 8(3), 282-284.
- Gutgsell, K.J., Schluchter, M., & Margevicius, S. (2013). Music therapy reduces pain in palliative care patients: A randomized controlled trial. *Journal of Pain and Symptom Management*, 45, 822-31.
- Heath, B., & Lings, J. (2012). Creative songwriting in therapy at the end of life and in bereavement. *Mortality*, 17(2), 106-118.
- Horne-Thompson, A., & Grocke, D. (2008). The effect of music therapy on anxiety in patients who are terminally ill. *Journal of Palliative Medicine*, 11, 582-590.
- Kirkwood, J., Graham-Wisener, L., McConnell, T., Porter, S., Reid, J., Craig, N., Dunlop, C., Gordon, C., Thomas, D., Godsall, J., & Vorster, A. (2019). The MusiQual treatment manual for music therapy in a palliative care inpatient setting. *British Journal of Music Therapy*, 33(1), 5-15.
- LeBlanc, T. W., Lodato, J. E., Currow, D. C., & Abernethy, A. P. (2013). Overcoming recruitment challenges in palliative care clinical trials. *Journal of Oncology Practice*, 9(6), 277-282.

- Leow, Q. H. M., Drury, V. B., & Poon, W. H. (2010). A qualitative exploration of patients' experiences of music therapy in an inpatient hospice in Singapore. *International Journal of Palliative Nursing*, 16(7), 344-350.
- Lo, R. S. K., Zhoe, K. C. H., Li, C. Y. P., Yeo, W., Johnson, P., & Mak, Y. (2001). Cross-cultural validation of the McGill Quality of Life questionnaire in Hong Kong Chinese. *Palliative Medicine*, 15, 387-397
- McClellan, S., Bunt, L., & Daykin, N. (2012). The healing and spiritual properties of music therapy at a cancer care centre. *Journal of Alternative and Complementary Medicine*, 18(4), 402-407.
- McConnell, T., Scott, D., & Porter, S. (2016a). Music therapy for end-of-life care: An updated systematic review. *Palliative Medicine*, 30(9), 877-883.
- McConnell, T., Graham-Wisener, L., Regan, J., McKeown, M., Kirkwood, J., Hughes, N., Clarke, M., Leitch, J., McGrillen, K., & Porter, S. (2016b). Evaluation of the effectiveness of music therapy in improving the quality of life of palliative care patients: A randomised controlled pilot and feasibility study. *Pilot and Feasibility Studies*, 2(70).
- McConnell, T., & Porter, S. (2016). Music therapy for palliative care: A realist review. *Palliative and Supportive Care*, 15(4), 454-464.
- Nguyen J. (2003) *The effect of music therapy on end-of-life patients' quality of life, emotional state, and family satisfaction as measured by self-report*. Master's thesis, Florida State University, USA.
- O'Callaghan, C.C. (1996). Lyrical themes in songs written by palliative care patients. *Journal of Music Therapy*, 33(2), 74-92.
- O'Callaghan, C., & Barry, P. (2009). Music therapists' practice-based research in cancer and palliative care: Creative methods and situated findings. *Voices: A World Forum for Music Therapy*, 9(3). Retrieved from www.voices.no/mainissues/mi4000999053.php
- O'Callaghan C., & Hiscock R. (2007). Interpretive subgroup analysis extends modified grounded theory research findings in oncologic music therapy. *Journal of Music Therapy*, 44, 256-281.
- O'Kelly, J. (2002). Music therapy in palliative care: current perspectives. *International Journal of Palliative Nursing*, 8(3), 130-136.
- O'Kelly, J., & Koffman, J. (2007). Multi-disciplinary perspectives of music therapy in adult palliative care. *Palliative Medicine*, 21(3), 235-243.
- Porter, S., McConnell, T., Clarke, M., Kirkwood, J., Hughes, N., Graham-Wisener, L., Regan, J., McKeown, M., McGrillen, K., & Reid, J. (2017a). A critical realist evaluation of a music therapy intervention in palliative care. *BMC Palliative Care*, 16, 70.
- Porter, S., McConnell, T., & Reid, J. (2017b). The possibility of critical realist randomised controlled trials. *Trials*, 18, 133.
- Porter, S., McConnell, T., Graham-Wisener, L., Regan, J., McKeown, M., Kirkwood, J., Clarke, M., Gardner, E., Dorman, S., McGrillen, K., & Reid, J. (2018). A randomised controlled pilot and feasibility study of music therapy for improving the quality of life of hospice inpatients. *BMC Palliative Care*, 17, 125
- Raglio, A., Attardo, L., Gontero, G., Rollin, S., Groppo, E., & Granieri, E. (2015). Effects of music and music therapy on mood in neurological patients. *World Journal of Psychiatry*, 5(1), 68-78.
- Reid, J., Scott, D., & Porter, S. (2015). Challenges in palliative care research: Experience from a randomised controlled trial in refractory cancer cachexia. *Palliative Medicine and Hospice Care*, 1(2), 1-3.
- Rolvjord, R., Gold, C., & Stige, B. (2005). Research rigour and therapeutic flexibility: Rationale for therapy manual developed for a randomised controlled trial. *Nordic Journal of Music Therapy*, 14(1), 15-32.
- Wlodarczyk, N. (2007). The effect of music therapy on the spirituality of persons in an in-patient hospice unit as measured by self-report. *Journal of Music Therapy*, 44(2), 113-122.

APPENDIX: SELECTION OF REFERENCES PUBLISHED SINCE 2015

- Clements-Cortés, A. (2016). Development and efficacy of music therapy techniques within palliative care. *Complementary Therapies in Clinical Practice*, 23, 125-129.
- Clements-Cortés, A. (2017). Singing and vocal interventions in palliative and cancer care: Music therapists' perceptions of usage. *Journal of Music Therapy*, 54, 336-361.
- Clements-Cortés, A. (2018). Relationship completion in palliative care music therapy: Clinical case example-Part 1. *Music and Medicine*, 10(2), 80-90.
- Clements-Cortés, A. (2018). Relationship completion in palliative care music therapy: Clinical case research overview and results-Part 2. *Music and Medicine*, 10(2), 91-97.
- Peng, C. (2018) Our shared humanity—Music as a means of facilitating conversations on end-of-life Care. *JAMA Oncology*, 4(6), 771-772.
- Preissler, P., Kordovan, S., Ullrich, A., Bokemeyer, C., & Oechsle, K., (2016). Favored subjects and psychosocial needs in music therapy in terminally ill cancer patients: A content analysis. *BMC Palliative Care*, 15, 48.
- Schmic, W., Rosland, J. H., von Hofacker, S., Hunskaar, I., Bruvik, F., (2018). Patient's and health care provider's perspectives on music therapy in palliative care - an integrative review. *BMC Palliative Care*, 17(1), 32.
- Vesel, T., Soham, D., (2018). Music therapy and palliative care: Systematic review. *Journal of Pain and Symptom Management*, 56(6), 75.
- Warth, M., Koehler, F., Weber, M., Bardenheuer, H. J., Ditzen, B., & Kessler, J., (2019). "Song of Life (SOL)" study protocol: A multicenter, randomized trial on the emotional, spiritual, and psychobiological effects of music therapy in palliative care. *BMC Palliative Care*, 18(1), 14.
- Gao, Y., Wei, Y., Yang, W., Jiang, L., Li, X., Ding, J., & Ding, G., (2019). The effectiveness of music therapy for terminally ill patients: A meta-analysis and systematic review. *Journal of Pain and Symptom Management*, 57(2), 319-329.
- You, H., Ross, S., (2018). The impact of music therapy in paediatric palliative care in residential hospice. *Journal of Pain and Symptom Management* 56(6), 75.

Μια σύνοψη της μελέτης σκοπιμότητας MusiQual σχετικά με την αποτελεσματικότητα της μουσικοθεραπείας σε ξενώνες ανακουφιστικής φροντίδας

Jenny Kirkwood | Lisa Graham | Tracey McConnell | Sam Porter | Joanne Reid

ΠΕΡΙΛΗΨΗ

Η ερευνητική ομάδα που συμμετείχε στη διεξαγωγή της μελέτης MusiQual, η οποία διεξήχθη στο Μπέλφαστ της Βόρειας Ιρλανδίας από το Queen's University Belfast, το Every Day Harmony Music Therapy και το Marie Curie Northern Ireland, στόχευε στη διαπίστωση της σκοπιμότητας μιας μεγαλύτερης πολυκεντρικής δοκιμής σχετικά με την αποτελεσματικότητα της μουσικοθεραπείας για τη βελτίωση της ποιότητας ζωής των τερματικών ασθενών σε ξενώνες ανακουφιστικής φροντίδας. Αυτό το συνοπτικό κείμενο συνοψίζει μια σειρά δημοσιεύσεων, οι οποίες προέκυψαν από την ανάπτυξη και εφαρμογή της μελέτης MusiQual. Αυτές οι δημοσιεύσεις περιλαμβάνουν το βασικό έγγραφο ευρημάτων (Porter et al., 2018) και μια σειρά συμπληρωματικών δημοσιεύσεων: μια συστηματική ανασκόπηση της βιβλιογραφίας (McConnell et al., 2016a), μια ρεαλιστική ανασκόπηση της βιβλιογραφίας (McConnell & Porter, 2016), μια κριτική ρεαλιστική αξιολόγηση (Porter et al., 2017a), μια περίληψη του θεωρητικού μοντέλου που προέκυψε από την ρεαλιστική ανασκόπηση της βιβλιογραφίας (McConnell & Porter, 2016) και το εγχειρίδιο θεραπείας για τη μουσικοθεραπεία στην ανακουφιστική φροντίδα το οποίο σχεδιάστηκε για χρήση στην πιθανή πολυκεντρική δοκιμή και δημοσιεύθηκε πρόσφατα (Kirkwood et al., 2019). Σκοπός αυτής της σύνοψης είναι να συγκεντρώσει τις πληροφορίες σε ένα ενιαίο, προσβάσιμο μέρος για να προωθήσει τη γνώση σε αυτόν τον τομέα εργασίας και να υποστηρίξει τους μουσικοθεραπευτές και άλλους σε αυτόν τον τομέα για την τεκμηριωμένη πρακτική.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, ανακουφιστική φροντίδα, φροντίδα στο τέλος ζωής [end-of-life care], ποιότητα ζωής, θεωρητικό μοντέλο, κριτική ρεαλιστική προσέγγιση

ARTICLE

Exploring music therapists' attitude toward wellness for successful ageing and its inclusion in music therapy training curricula

Lorna Segall

University of Louisville, USA

ABSTRACT

Older adults worldwide are living longer and remaining active, contributing members of society. This unprecedented growth presents challenges for public health organisations, families, and communities who would benefit from taking proactive measures to treat this growing population (National Institute of Health, 2016). Some older adults may turn to music to attain a well-rounded healthy lifestyle. For this study, the author aimed to explore currently practising music therapists' attitudes about: (a) their personal wellness, (b) personal philosophy toward wellness and including wellness interventions in music therapy programmes targeting successful ageing, and (c) how wellness for successful ageing was presented in their training programme. A 32-question survey was sent to 207 currently practising board-certified music therapists in the southeastern region of the United States. The return rate was 32% (N=67). While only 19% of respondents reported feeling satisfied with their educational preparation for working in the wellness environment, 63% indicated a belief that studying wellness for successful ageing is relevant to the practice of music therapy. Strong correlations were found between healthy lifestyles and personal philosophies toward wellness and music therapy. Many music therapists will find themselves working with the ageing population. Constant re-evaluation of music therapy training curriculum from clinicians, educators and supervisors focused on wellness for successful ageing requires consideration.

KEYWORDS

music therapy,
wellness,
curriculum,
ageing

Publication history:
Submitted 28 Jan 2018
Accepted 30 Nov 2018
First published 26 Feb 2019

AUTHOR BIOGRAPHY

Lorna E. Segall, PhD, MT-BC, is director and assistant professor of the music therapy program at the University of Louisville in Louisville, KY. Dr Segall has served as a clinician in areas of hospice, medical, and corrections. Her primary research interests explore music therapy in inmate rehabilitation, end-of-life/bereavement care, and gerontology. She presents and lectures at regional, national, and international conferences. Dr Segall remains an active music therapy clinician and currently serves the prison medical music therapy population. [lorna.segall@uky.edu]

INTRODUCTION

Advancements in medicine have changed the way people live, how long people live, and how people define well-being. As such, well-being or health is not only the absence of disease or disability (Hooyman & Kiyak, 2008) but also the presence of psychological, social, emotional, and spiritual development (Belgrave, Darrow, Walworth & Wlodarczyk, 2011). The World Health Organization defines health as "a state of complete physical, mental, and social well-being" (World Health Organization, 2017, par. 1). Thus, wellness is important for both young and old.

Currently, much attention is directed toward successful ageing in response to the baby-boomer population reaching the age of 65 and over. This demographic shift is unprecedented in the United States and requires consideration in how its growth will impact society and the ageing. In 1900 the 65-and-over population was three million. In 2010 the population grew to 40 million, and by 2030 it is

predicted that older adults will constitute nearly 25% of the United States' population (Hooyman & Kiyak, 2008). Older adults are living longer, retiring later, and remaining active, contributing members of society (Irving & Beamish, 2014). Therefore, perhaps an even more appropriate definition for wellness for successful ageing should include an emphasis on "the ability to live and function in society and to exercise self-reliance to the maximum extent possible" (Saxon, Etten & Perkins, 2010, p. 301). This demographic shift is unprecedented in the United States and requires consideration in how its growth will impact society and the ageing.

Many older adults are finding that music is helpful in achieving a well-rounded, healthy lifestyle (VanWeelden & Whipple, 2004). Music therapists frequently serve this population via retirement centres, rehabilitation facilities, senior centres, and wellness programmes (AMTA, 2005). Considering the increasing need for assistance related to the well-being of older adults (Hooyman & Kiyak, 2008; Irving & Beamish, 2014) and the meaningful role that music plays in their lives (Clair & Memmott, 2008; Cohen, et al., 2008; Creech, et al., 2013; Vincent & Velkoss, 2010; Yenilmez, 2014), incorporating wellness for successful ageing courses into music therapy curricula may be advantageous.

In the last 20-30 years the demographic composition of the United States has noticeably changed. For those completing music therapy degree programmes in the '80s and '90s, the effects of the baby-boomer generation had not yet occurred. Not until 2011 did the baby-boomer generation begin reaching the retirement age of 65+ (AARP, 2010); and it will continue to do so at the rate of 10,000 per day for the next 19 years ((Heimlich, 2010). For this study, the purpose is to explore currently practising music therapists' attitudes about: (a) their personal wellness, (b) personal philosophy toward wellness and including wellness interventions in music therapy programmes targeting successful ageing, and (c) how wellness for successful ageing was presented in their training programme.

REVIEW OF LITERATURE

Active music-making can be beneficial for older adults (Belgrave, et al., 2010; Bruhn & Clair, 1999; Clair & Memmott, 2008; Cohen, Bailey & Nilsson, 2002; Creech et al., 2013; Johnson, Deatrick & Oriol, 2012). Through singing, instrument play, active music-listening, and movement, older adults experienced increased levels of enjoyment and self-awareness during exercise (Bruhn & Clair, 1999; Johnson, et al., 2012; Stork, Kwan, Gibala, Martin & Kathleen, 2014). Cohen, Bailey, and Nilsson (2002) found that music experiences received the highest rating possible in their questionnaire exploring the importance of music to the lives of older adults. Older adults rated music-making opportunities equal to relationships with family and personal health (Coffman & Adamek, 1999). Some older adults have even described music as a life-enhancing tool, as "a way to survive" and "breathing a hole in my life" (Mulangi, 2013 p. 89). The aforementioned research emphasised the importance of music programmes (e.g., choirs, music education, and music therapists) to maintaining quality of life.

Piano-based wellness classes also provide opportunities for older adults to achieve wellness goals. Wellness-enhanced keyboard lessons were effective in decreasing ageing participants' anxiety, depression, and loneliness scores (Bruhn & Clair, 1999). Individualised piano instruction enhanced executive function and working memory in older adults, suggesting an opportunity to meaningfully address age-related issues of cognitive decline (Bugos, 2007). Active music-making experiences, as opposed to passive music-listening experiences, strongly affected older adults' thoughts and feelings, and promoted cognitive functioning, stress relief, and development of coping skills. These active music-making opportunities further address issues related to quality of life, social engagement, personal well-being and feelings of accomplishment; primary factors that senior citizens identified as important to maintaining a high quality of life (Coffman & Adamek, 1999). Active music-making, accessibility to programmes, and participation in music-focused activities are ways that improve the well-being of older adults.

Another valuable music opportunity is through group-singing interventions. Music therapy group-singing techniques enhanced mood, energy, happiness, and even decreased pain for older adults (Clements-Cortes, 2014). Interventions facilitated in group settings may also have health-maintenance benefits. Therapeutic group singing enhanced respiratory function (Segall, 2016; Yinger & LaPointe, 2012) and has also been shown to delay or rehabilitate age-related respiratory issues (Baker & Uhlig, 2011). Intergenerational choirs incorporate active music-making by combining individuals from different generations. Older-adult participation in intergenerational choirs improved levels of self-esteem, feelings of usefulness (Belgrave, 2011) and served to positively alter age-related perceptions (Darrow, Johnson, Ollenberger & Miller, 2001).

Music functions in other ways to enhance quality of life, such as motivation to exercise. Although exercise is a critical component for the ageing population, finding the motivation to do so can be challenging. Incorporating music can affect motivation to exercise by encouraging movement, on-task behaviour, levels of exertion, enjoyment, and participation in group exercise classes through the use of preferred music (Johnson, Deatrick & Oriol, 2012; Stork, 2014). Listening to preferred music often increases participation and adherence to exercise protocol (Stork, 2014), making it a viable resource for the ageing population (Creech et al., 2013). Identifying music preference is key in addressing patient goals through musical engagement (Vanstone et al., 2016).

The aforementioned literature supports the value of music therapy in maintaining wellness for successful ageing. Therefore, it seems important that music therapy training should include wellness-focused coursework concerning the ageing population (Cohen, et al., 2002; Johnson et al., 2012). To date, there is a dearth of research examining the inclusion of wellness-focused curriculum in music therapy programmes.

The specific questions that guided this research study were:

- 1) What are currently practising music therapists' attitudes on personal wellness?
- 2) What are practising music therapists' personal perceptions regarding the importance of including wellness for successful ageing-focused curriculum in their academic curriculum? Or, in other words, since they have already concluded their education and are currently practising clinicians, do they perceive that additional training in wellness-related areas would have been applicable to their clinical practice?
- 3) Is there a relationship between therapists' personal wellness attitudes and personal philosophy toward wellness for successful ageing in their academic curriculum?
- 4) How was wellness for successful ageing presented in academic instruction?

METHOD

Research participants

Since a similar study has not been previously conducted, sampling was limited to practising music therapists in the southeastern region of the United States for an initial investigation. Participants were identified through the American Music Therapy Association (AMTA) website listing of currently practising music therapists. The researcher obtained email addresses with permission from the AMTA. Only individuals whose names were included on the AMTA's list and had a viable email address were included in this search (N=207).

Survey

The dependent measure was an online survey created by the researcher through Qualtrics™. This survey was adapted from Wuest (2009), who explored the inclusion of spirituality in the social work education curricula and utilised components of the TestWell®: Wellness Inventory for Adults (National Wellness Institute, 2016). The TestWell®: Wellness Inventory for Adults was developed by the cofounder and president of the board of directors of the National Wellness Institute, Dr Bill Hettler. The inventory focuses on the *6 Dimensions of Wellness* as defined by the National Wellness Institute, and includes a social, occupational, spiritual, physical, intellectual, and emotional dimension. The current study's survey consists of 32 questions pertaining to participants' attitudes regarding personal health as taken from TestWell®: Wellness Inventory for Adults, the importance of wellness for successful ageing-focused curriculum in music therapy programmes, their music therapy training, and their personal philosophy of wellness as used in the TestWell®: Wellness Inventory for Adults. Responses to questions utilised four- and six-point Likert-type rating scales, multiple-choice questions, and free response. A copy of the survey instrument is included in the Appendix.

Procedure

A cover letter was sent via email to potential participants. Within this cover letter, participants were informed about the study and its purposes, and invited to participate. Participants were informed that Institutional Review Board approval had been granted and that participation was voluntary. At the bottom of this letter was a Uniform Resource Locator (URL) address that directed participants to the online survey. In an effort to enable participants to more clearly respond to questions regarding music therapy and wellness for successful ageing, the following operational definition as constructed by the AMTA was provided.

Music therapy in wellness involves the specialized use of music to enhance quality of life, maximize well-being and potential, and increase self-awareness in individuals seeking music therapy services. A client may be a candidate for music therapy when a cognitive, communication, psychological, educational, social, or physiological need might be ameliorated or prevented by such services (AMTA, 2018, par. 2).

The survey took about five minutes to complete.

RESULTS

Surveys were sent to 207 practising music therapists. Of these, 67 completed the survey, resulting in a 32% return rate. This rate of return is within acceptable limits according to the current rate of online and web-based survey participation (Hoonakker & Carayon, 2009). Demographic responses showed that 92% were female and 8% were male. Length of clinical practice ranged from one to 30 years, with 48% of the respondents indicating having practised in the field less than five years. These demographics are consistent with data in the music therapy field (AMTA, 2011).

What are currently practising music therapists' attitudes on personal wellness?

Participants reported engaging in physical activity 20-30 minutes a day 2-3 times per week (45%), keeping informed about current issues (51%), enjoying their work (94%), avoiding foods that are high in

fat (31%), and avoiding the use of tobacco (91%). Respondents expressed some satisfaction in their balance between work time and leisure time (40%) and nearly every respondent reported feeling that life has a positive purpose (96%). The Likert data suggest that music therapists who have responded to this survey may have physically active and professionally rewarding lifestyles. Figure 1 displays results from respondents' answers to personal health questions taken from TestWell®: Wellness Inventory for Adults.

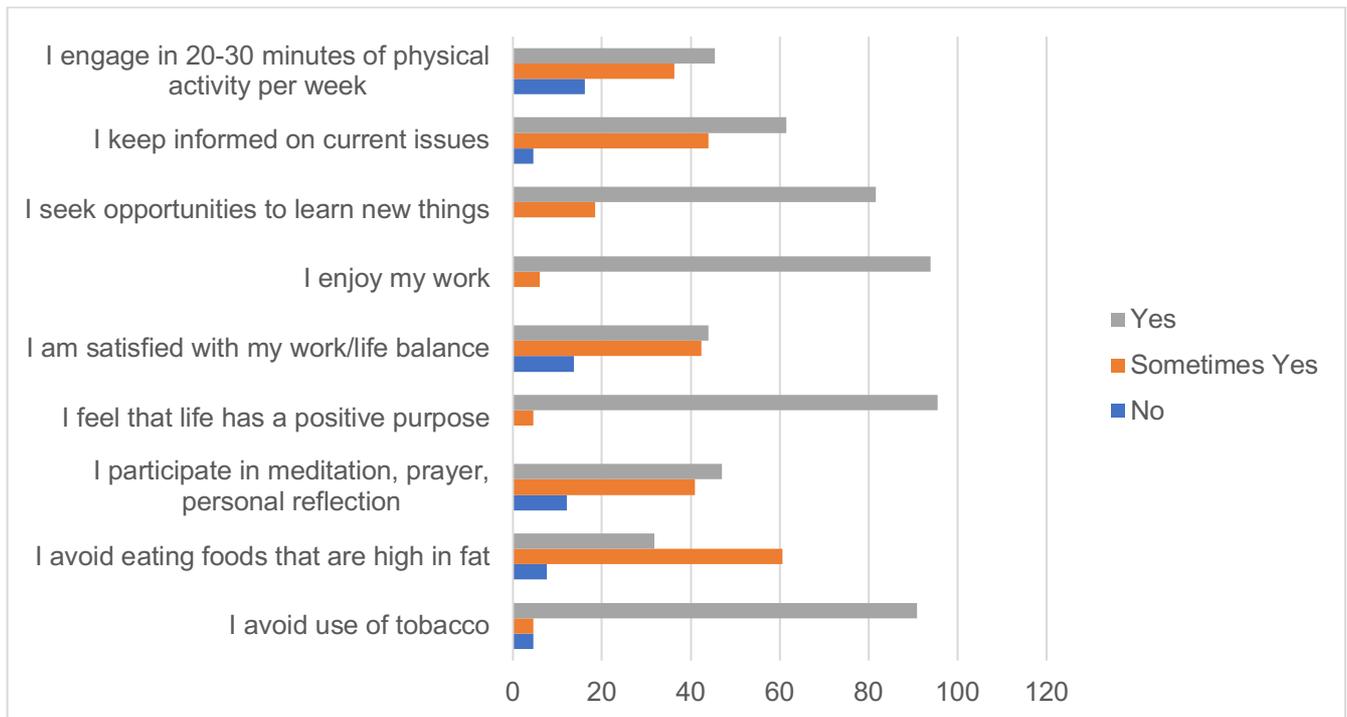


Figure 1: Personal Health – Questions taken from TestWell®: Wellness Inventory for Adults

What are practising music therapists' personal perceptions regarding the importance of including a wellness for successful ageing-focused curriculum in their academic curriculum?

Sixty-three percent (63%) of the respondents believed that wellness for successful ageing is relevant to the music therapy curriculum, while only 19% indicated feeling satisfied with their educational preparation for working in the wellness environment. A majority of respondents supported the statements that "Wellness is essential to maintain a high quality of life," "Wellness for successful ageing courses are important/should be taught within the music therapy department," and "Understanding the relationship between wellness for successful ageing and music therapy is important for a well-rounded music therapy degree programme." Thirty-six percent (36%) indicated that wellness for successful ageing issues are not appropriately addressed in current music therapy programmes. The personal perceptions regarding the importance of wellness responses are displayed in Figure 2.

Although music therapists reported that they feel strongly that academic instruction and music therapy training at the institutional level needs to include more information about the role of wellness for successful ageing in the curriculum. When compared to other areas of practice, such as medical music therapy, hospice, psychiatry, and special education, however, wellness for successful ageing received the least support. Figure 3 explores how strongly music therapists agree with each area of practice being included in music therapy curriculum.

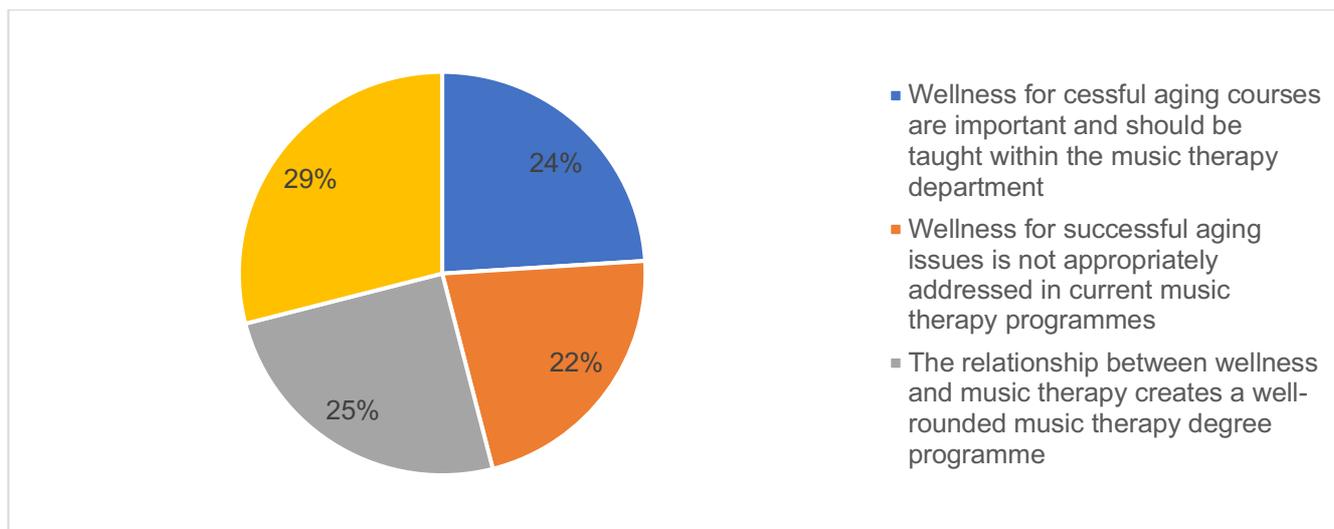


Figure 2: Perceptions regarding the importance of wellness

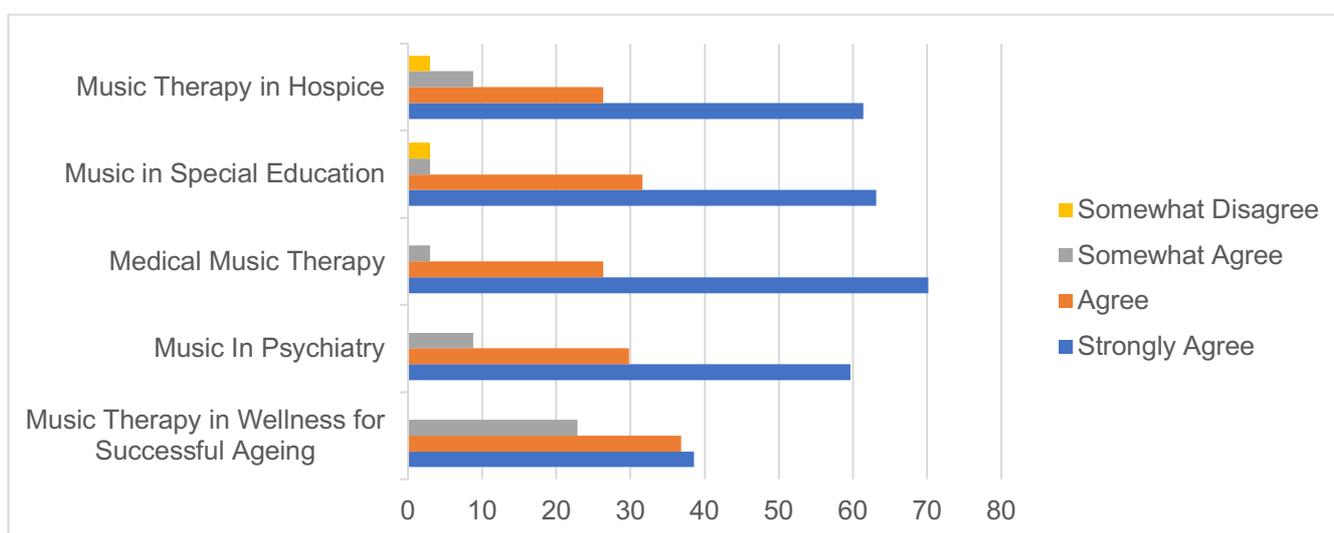


Figure 3: Perspectives of curricular importance in music therapy

Is there a relationship between music therapists’ personal philosophy toward wellness and including wellness interventions in music therapy programmes targeting successful ageing?

Twenty-two percent (22%) of respondents supported the idea that courses on wellness for successful ageing in music therapy are important to maintain a well-rounded academic music therapy programme, and 29% agreed that it was not appropriately addressed within their music therapy education. Twenty-four percent (24%) of respondents agreed on the relevance of wellness for successful ageing and that these courses should be taught within the music therapy department.

Relationships were observed between those who stayed informed about current events and those who felt that wellness for successful ageing was a relevant topic for music therapy curriculums. Those therapists who stayed informed about social, political, and/or current issues also tended to maintain a balance between their exercise/diet. Moreover, they supported the opinion that wellness for successful ageing courses belongs in the music therapy curriculum. The relationships between therapists’ personal wellness and personal philosophy toward wellness in the curriculum is displayed in Table 1.

Personal philosophy	Professional philosophy	r	p
Kept informed about current and social issues	Wellness courses belong in the music therapy curriculum	.262	.049
Kept informed about current and social issues	Wellness for successful ageing courses are relevant for the practising music therapist	.262	.049
Kept informed about current and social issues	Wellness is essential to maintain a high quality of life	.302	.021
I enjoy my work	Understanding the relationship between wellness and music therapy is important for a well-rounded programme	.420	.001
I enjoy my work	Wellness is essential to maintain a high quality of life	.343	.008

Table 1: Correlations between therapists’ personal wellness and personal philosophy toward wellness in the curriculum – Personal Philosophy questions from the TestWell®: Wellness Inventory for Adults

How was wellness for successful ageing presented in academic instruction?

Respondents indicated that the topic of wellness for successful ageing was addressed mostly through classroom instruction, although textbook coverage and assigned readings were close in respondent rates. Five percent (5%) of respondents indicated that specific coursework was offered on wellness for successful ageing and music therapy. Information relating to wellness for successful ageing came from their personal interest in the topic, conferences, and teaching assistant assignments. Time of training contributed to the amount of wellness-related materials provided in coursework. One respondent wrote, “I graduated in 1971. Little to no attention was given to wellness at that time”. Figure 4 includes graphical representation to respondents’ experiences of learning about wellness.

As society changes, so, too, does the population with whom music therapists work. Wellness for successful ageing is a relevant topic resulting from the growing number of baby boomers reaching senior status. For many, wellness for successful ageing was not applicable during their training. One respondent shared that, during her training in the ‘90s, “wellness was not a focus of society or of music therapy.” In the institution where she teaches now “students are exposed to wellness theory and wellness models within the music therapy context.” Another participant shared that during his/her training in the late ‘80s early ‘90s there was not “a need for wellness in any client population.” These responses are indicative of the dynamic society in which we live.

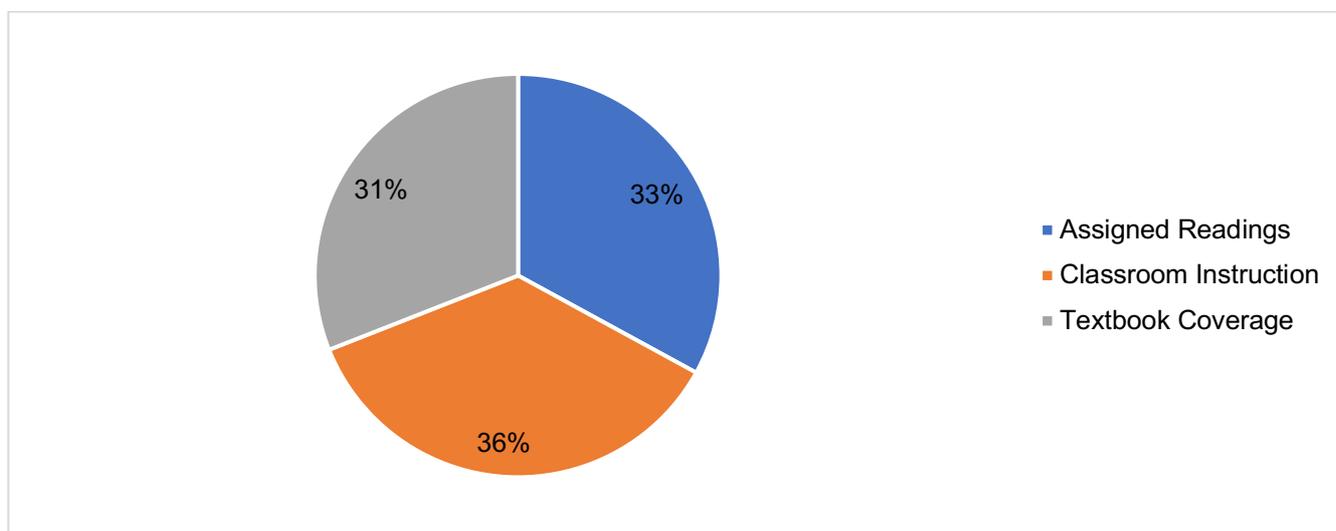


Figure 4: Respondents’ exposure to methods of teaching wellness

Eighty-three percent (83%) of respondents reported being unfamiliar with textbooks relating to wellness and successful ageing. For the 17% who were familiar with associated textbooks, the most commonly mentioned resources were: *Therapeutic Uses of Music with Older Adults* (Clair, 2008) and *Music Therapy and Geriatric Populations* (Belgrave, et al., 2011).

DISCUSSION

The purpose of this study was to explore currently practising music therapists' attitudes toward wellness for successful ageing and its inclusion in music therapy curricula at academic institutions offering music therapy degrees. The researcher in this study used a survey, as a data-gathering tool, to explore aspects of wellness attitudes relating to personal wellness, classroom application, and professional philosophy. Music therapists' personal relationship with wellness appears important to examine, as one's own practice likely influences professional philosophy. A majority of respondents reported living healthy lifestyles and having high levels of job satisfaction. The emphasis on personal wellness behaviours could impact the importance they place on the wellness of others.

Music therapists indicated that their primary method of learning about wellness for successful ageing curriculum in their coursework was through classroom instruction (e.g., lectures) and the least utilised method of instruction was through the use of a textbook. Field work in adult day-care facilities, hospice, orthopaedic, intergenerational choirs, and skilled nursing-home facilities offered valuable hands-on opportunities for learning. Given the percentage of responders who indicated that wellness topics must be included in the academic curriculum for training music therapists, wellness for successful ageing in the curriculum should be considered within the music therapy department. It could be the case that if training programmes emphasised the role of wellness through their teaching, and music therapy students appreciate the value of wellness interventions for their patients, this knowledge may transfer to the personal wellness of the therapist.

Strong connections were found between healthy lifestyles and personal philosophies toward wellness and music therapy. Over half of the respondents indicated that staying informed about current issues contributed to their healthy lifestyle. This connection could suggest that staying current on social, political, and current issues informs their feelings on the development of the music therapy profession and their personal well-being.

For the 19% of participants who reported feeling not satisfied with their level of preparation in their curriculum in this area, several themes emerged as to how it could be improved. Many respondents reported a desire for increased opportunities for discussion as a result of assigned readings/ textbook. One respondent suggested that a direct independent study course would provide beneficial training. As a means to better understand wellness and successful ageing, experiential opportunities were mentioned as a possible solution. Many therapists reported that their personal desire to seek out information led them to articles, conferences, and other sources of education to prepare them to work with their clients. These suggestions could provide meaningful ways to engage the topic within curriculum structures. Because each university is unique in its design, each of these suggested measures could offer valuable training opportunities.

The ever-changing environment of music therapy within the United States reinforces the importance of music therapists' participation in continuing education courses, national conferences offered by the AMTA, state-wide organisations, and task forces. Maintaining current knowledge of the field allows for enhanced clinical practice, sustained growth of the field, and job satisfaction. Murillo (2003) found that music therapists who reported feeling motivated and inspired to continue practising music therapy indicated attending conferences and symposiums as a primary reason. Maintaining diligent self-care practices may aide in sustaining an enthusiastic desire for lifelong learning and

enhancing clinical skills. Self-care is a topic frequently highlighted within the music therapy community. This survey was no exception as it also raised issues relating to therapist self-care.

Throughout the review of free-response survey submissions, the theme of therapist health emerged. In an effort to maintain job satisfaction and reduce burnout, “music therapists should have their own experience in personal therapy before going out into the field,” one respondent suggested. The therapist must “start with the self” before venturing on to help others. Therapist health and wellness is a related and valid topic as the importance of professional boundaries and self-care are discussed at regional/national conferences, in articles, and addressed in coursework (Clements-Cortes, 2013; Kim, 2012). Research in this area is growing as the reality of burnout for music therapists is evident (Clements-Cortes, 2013; Fowler, 2006; Richardson-Delgado, 2006; Vega, 2010). It could be suggested that incorporating wellness-related topics into music therapy curriculum could encourage music therapists to appreciate aspects of wellness in their own lives. This focus on therapist health and wellness may prevent attrition and increase the job satisfaction of music therapists.

Several of the recommended methods of preventing burnout align with the National Wellness Institute’s *6 Dimensions of Wellness Model* (National Institute of Health, 2016). Techniques involving relaxation, meditation, exercise, social engagement, and exploring new interests are effective methods of avoiding burnout for music therapists (Clements-Cortes, 2013). Participants in the current study corroborated these findings. Significant correlations were found between those satisfied with their work/life balance and exercise/seeking out opportunities to learn new things. Those who stayed informed about current topics reported eating healthier diets and those who felt their life had a positive purpose significantly correlated with enjoying their work. Results of the current research reflect earlier findings demonstrating that diet/rest, self-care, job satisfaction, and work/life balance contribute to lower rates of burnout (Clements-Cortes, 2013; Fowler, 2006; Hettler, 1976; Kim, 2012; Murillo, 2013; Richardson-Delgado, 2006; Vega, 2010). The National Wellness Institute (2016) emphasised the interconnectedness of a wellness lifestyle and how each dimension of wellness can impact the other.

While support for wellness for successful ageing in music therapy curriculum is enthusiastic, it received the least support from respondents when asked how strongly they agreed with it being included in music therapy curriculum. Possible explanations for this could be that when compared to traditional disciplines such as medical music therapy or music in special education, wellness may appear less urgent. Conceptually, wellness for successful ageing is new.

Future research

Faculty members of music therapy programmes would offer deeper insight regarding the role of wellness for successful ageing in music therapy programmes and the related challenges of planning a curriculum. The music therapist in training could further define how wellness for successful ageing is perceived from the novice point of view. Research could also examine the relationship between years of clinical practice/age of therapist and feelings of relevance regarding this topic.

To gain further knowledge of how music therapy is best used within the wellness population, interviewing those who participate in music therapy sessions would be an invaluable resource in deciding which components of music therapy are most preferred. Further research would benefit from surveying not only a larger sample size but also a broader range of experiences, professional time spent in the field, and a wider geographic representation. Wellness for successful ageing approaches on a global scale could be particularly meaningful in establishing future clinical practice.

Limitations

The area of wellness for successful ageing is broad and can have various meanings. AMTA defines this area of practice as “the specialized use of music to enhance quality of life, to maximize well-being potential, and to increase self-awareness in individuals seeking music therapy services” (AMTA, 2005). Creating an operational definition of wellness and successful ageing in future research may provide even more specific data relating to this topic’s role within the curriculum. Results of this study represented only a small number of practising music therapists in the southeastern United States.

Data collection through survey measures presents unique challenges. Often surveys are returned incomplete or not at all. This survey resulted in a 32% return rate, which is within acceptable limits according to the current rate of online and web-based survey participation (Hoonakker & Carayon, 2009). However, a larger sample size could have provided a clearer and more in-depth picture of the topic. Finally, some of the questions in this survey required participants to reflect on their past educational experiences. For one participant, whose education was nearly 40 years ago, it could be difficult to accurately answer questions pertaining to memories so far in the past.

CONCLUSION

It can be difficult to include every aspect of patient care that music therapists in training may encounter, and as the current study suggests, instilling a desire for lifelong learning is essential to the music therapist for personal and professional reasons. However, the shifting demographic of the United States requires constant re-evaluation of curricula focused on wellness for successful ageing. Soon, many music therapists could find themselves working with this population. Moreover, as society begins to examine the quality of life of our older adults, so, too, will society begin to examine the quality of younger lives. While the ageing needs of older adults are imminent, the future of our younger adults is not. By emphasising wellness at every age, music therapists can change not only the lives of today’s older adults but also the lives of tomorrow’s older adults.

APPENDIX: SURVEY INSTRUMENT

Demographics

Gender

- Male
- Female

Years of practice as a music therapist.

- 0-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30

Personal Health

For each statement listed below click on the most appropriate response.

Statement	No	Sometimes	Yes
I engage in sweat-producing physical activity 20-30 minutes at least three times a week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep informed about social, political, and/or current issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I seek opportunities to learn new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the balance between my work time and my leisure time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my life has a positive purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spend a portion of every day in prayer, meditation, and/or personal reflection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I avoid eating foods that are high in fat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I avoid the use of tobacco products.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions pertain to the topic of music therapy and wellness. The following operational definition of wellness as defined by the American Music Therapy Association's Standard of Practice is given in an effort to provide clarification.

"Music therapy in wellness involves the specialized use of music to enhance quality of life, maximize well-being and potential, and increase self-awareness in individuals seeking music therapy services. A client may be a candidate for music therapy when a cognitive, communication, psychological, educational, social, or physiological need might be ameliorated or prevented by such services" (AMTA, 2005).

Your Classroom Experience...

To what level was the topic of wellness for successful ageing addressed in your classroom experience?

	Never	Rarely	Sometimes	Often	All of the time
Classroom instruction	<input type="checkbox"/>				
Textbook coverage	<input type="checkbox"/>				
Assigned readings	<input type="checkbox"/>				

Are you familiar with classroom textbooks in music therapy relating wellness to successful ageing?

- Yes
- No

Skip To: Q31 If Q41 = Yes (1)

If possible, indicate the name of the textbook utilised for wellness and successful ageing. *Free Response*

At Your Institution...

How were you, as a student, if at all, exposed to issues relating to wellness and successful ageing in music therapy at your institution?

- Class Discussion
- Field Work
- Assigned Readings
- Electives (seminars)
- Other: please specify (free response)
- No exposure

Skip To: Q2 If Q39 = No exposure (6)

To the best of your ability please indicate the types of field work, titles of assigned readings or names of electives in your music therapy programme that contributed to your understanding of the relationship between wellness and successful ageing.

Besides the university you attended, are you aware of other programmes that incorporate wellness for successful ageing in their curriculum?

- Yes
- No

Did your music therapy programme at your institution offer a specific course focusing on wellness and successful ageing and its role in music therapy?

- Yes
- No

Skip To: Q43 If Q44 = No (2)

Please indicate course title, or specific elements of the course which characterise it as a wellness course. *Free Response*

Rate your satisfaction of wellness and successful ageing education in your professional preparation.

- Not Satisfied
- Somewhat Satisfied
- Neutral
- Satisfied
- Very Satisfied

What would you have changed about your programme to improve your preparation in this area? *Free Response*

Personal Philosophy...

Choose the best answer for the following statements.

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
Wellness for successful ageing is essential to maintain a high quality of life.	<input type="checkbox"/>					
Understanding the relationship between wellness for successful ageing and music therapy is important for a well-rounded music therapy degree programme.	<input type="checkbox"/>					

Wellness for successful ageing issues is not appropriately addressed in current music therapy programmes.	<input type="checkbox"/>					
Wellness for successful ageing courses are important, and should be taught within the music therapy department.	<input type="checkbox"/>					

For the statement listed below move the slider to indicate the amount of relevance you feel wellness for successful ageing has on music therapy curriculum. 1 = least relevant and 7 = most relevant

<p>Indicate the level of relevance wellness for successful ageing has on music therapy curriculum.</p> 
--

For the following identified areas in music therapy, identify how strongly you agree with their being included in music therapy curriculum.

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
Music therapy in hospice	<input type="checkbox"/>					
Music in special education	<input type="checkbox"/>					
Medical music therapy	<input type="checkbox"/>					
Music in psychiatry	<input type="checkbox"/>					
Music therapy in wellness for successful ageing	<input type="checkbox"/>					

REFERENCES

- AARP (2010). Leading edge boomers still going strong. Retrieved from: https://www.aarp.org/personal-growth/transitions/info-12-2010/boomer_poll.html
- American Music Therapy Association (AMTA) (2018). Standard of clinical practice. Retrieved from: <https://www.musictherapy.org/about/standards/#WELLNESS>
- American Music Therapy Association (AMTA) (2011). Snapshot of the music therapy profession. AMTA 2011 member survey & workforce analysis. Retrieved from: <http://www.musictherapy.org/assets/1/7/statprofile11.pdf>
- American Music Therapy Association (AMTA) (2005). *AMTA Standards of Clinical Practice*. Silver Spring, MD: AMTA.
- Baker, F. & Uhlig, S. (Eds.). (2011). *Voice work in music therapy: Research and practice*. Philadelphia, PA: Jessica Kingsley Publishers.
- Belgrave, M., Darrow, A., Walworth, D., & Wlodarczyk, N. (2010). *Music therapy and geriatric populations: A handbook for the practicing music therapists and healthcare professionals*. Silver Spring, MD: AMTA
- Bruhn, K.T., & Clair, A.A. (1999). *Active music making and wellness*. Retrieved from: http://www.remoc.com/portal/pages/health_rhythms/library_article1.html
- Bugos, J.A. (2007). Individualized piano instruction enhances executive functioning and working memory in older adults. *Aging and Mental Health*, 11, 464-471.
- Clair, A.A., & Memmott, J. (2008). *Therapeutic uses of music with older adults*. Silver Spring, MD: AMTA.
- Clements-Cortés, A. (2013). Burnout in music therapists: Work, individual, and social factors. *Music Therapy Perspectives*, 31(2), 166-174.
- Clements-Cortés, A. (2014). Buddy's glee club two: Choral singing benefits for older adults. *Canadian Journal of Music Therapy*, 20(1), 85-109.
- Cohen, A., Bailey, B., Nilsson, T. (2002). The importance of music to seniors. *Psychomusicology: A Journal of Research in Music Cognition*, 18(1-2), 89-102.
- Creech, A., Hallam, S., McQueen, H., & Varvarigou, M. (2013). The power of music in the lives of older adults. *Research Studies in Music Education*, 35(1), 87-102.
- Darrow, A.A., Johnson, C.M., Ollenberger, T., & Miller, A.M. (2001). The effect of an intergenerational choir performance on audience members' attitudinal statements toward teens and older persons. *International Journal of Music Education*, 38(1), 43-50.
- Fowler, K. (2006). The relations between personality characteristics, work environment, and the professional well-being of music therapists. *Journal of Music Therapy*, 43(3), 174-197.
- Heimlich, R. (2010). Baby Boomers Retire. Retrieved from: <http://www.pewresearch.org/fact-tank/2010/12/29/baby-boomers-retire/>
- Hettler, B. (1976). The Six Dimensions of Wellness Model. Retrieved from: <http://c.yimcdn.com/sites/www.nationalwellness.org/resource/resmgr/docs/sixdimensionsfactsheet.pdf>
- Hoonakker, P., & Carayon, P. (2009). Questionnaire survey nonresponse: A comparison of postal mail and internet surveys. *Journal of Human-Computer Interaction*, 25(5), 348-373.
- Hooyman, N.R., & Kiyak, H.A. (2008). *Social Gerontology: a multidisciplinary perspective* (8th ed.). New York, NY: Pearson Education, Inc.
- Irving, P.H., & Beamish, R. (Eds.). (2014). *The upside of aging. How long life is changing the world of health, work, innovation, policy, and purpose*. Hoboken, NJ: John Wiley & Sons, Inc.
- Johnson, D.H. (1995). *Bone, Breath, and Gesture: Practices of Embodiment Volume 1*. Berkeley, CA: North Atlantic Books.
- Johnson, L., Deatrick E.J., & Oriel, K. (2012). The use of music to improve exercise participation in people with dementia: a pilot study. *Physical & Occupational Therapy in Geriatrics*, 30, 102-108.
- Kim, Y. (2012). Music therapists' job satisfaction, collective self-esteem, and burnout. *The Arts in Psychotherapy*, 39(1), 66-71.
- Murillo, J.H. (2013). *A survey of board-certified music therapists: Perceptions of the profession, the impact of stress and burnout, and the need for self-care*. (Unpublished doctoral dissertation.) Arizona State University, Tempe, AZ.
- National Institute of Health (2016). *World's older population grows dramatically*. Retrieved from: <https://www.nih.gov/news-events/news-releases/worlds-older-population-grows-dramatically>
- Ortman, J.M., Velkoff, V.A., & Hogan, H. (2014). An aging nation: The older population in the United States. *Current Population Reports*, May. Retrieved from: <https://www.census.gov/prod/2014pubs/p25-1140.pdf>
- Richardson-Delgado, J.M. (2006). Exploring burnout and renewal among music therapy faculty. (Unpublished dissertation.) The University of Hong Kong, Pok Fu Lam, Hong Kong.
- Saxon, S.V., Etten, M.J., & Perkins, E.A. (2010). *A guide for the helping professions. Physical change & aging* (5th ed.). New York, NY: Springer Publishing Company.
- Segall, L.E. (2017). The effect of group singing on the voice and swallow function of healthy, sedentary, older adults: A pilot study. *Journal of Arts in Psychotherapy*, 55, 40-45.
- Stork, M.J., Kwan, M., Gibala, M.J., Martin, G., & Kathleen, A. (2014). Music enhances performance and perceived enjoyment of sprint interval exercise. *Medicine and Science in Sports & Exercise*, 47(5), 1052-1060.
- Vanstone, A.D., Wolf, M., Poon, T., & Cuddy, L.L. (2016). Measuring engagement with music: Development of an informant-report questionnaire. *Aging and Mental Health*, 20(5), 474-484.
- VanWeelden, K., & Whipple, J. (2004). Effect of field experiences on music therapy students' perceptions of choral music for geriatric wellness programs. *Journal of Music Therapy*, 41(4), 340-352.
- Vega, V.P. (2010). Personality, burnout, and longevity among professional music therapists. *Journal of Music Therapy*, 47, 155-170.
- Vincent, G.K., & Velkoff, V.A. (2010). The next four decades: The older population in the United States, 2010-2050, Current population reports. (p 25-1138). Census Bureau, Washington, D.C. Retrieved from: <http://www.census.gov/prod/2010pubs/p25-1138.pdf>
- World Health Organization (2017). Constitution of WHO Principles. Par. 1. Retrieved from: <http://www.who.int/about/mission/en/>
- Wuest, L.G. (2009). *Factors associated with inclusion of spirituality in secular social work education*. Unpublished Doctoral Dissertation, Portland State University, Portland, USA.
- Yenilmez, M.I. (2014). Economic and social consequences of population aging. The dilemmas and opportunities in the twenty-first century. *Applied Research in Quality of Life*, 10(4), 735-752.
- Yinger, O.S., & LaPointe, L.L. (2012). The effects of participation in a group music therapy voice protocol (G-MTVP) on the speech of individuals with Parkinson's disease. *Music Therapy Perspectives*, 30(1), 25-31.

Ελληνική περίληψη | Greek abstract

Εξερευνώντας την στάση των μουσικοθεραπευτών προς την ευεξία για επιτυχημένη γήρανση και την ένταξή της στα εκπαιδευτικά προγράμματα μουσικοθεραπείας

Lorna Segall

ΠΕΡΙΛΗΨΗ

Οι ηλικιωμένοι σε όλον τον κόσμο έχουν μεγαλύτερη διάρκεια ζωής, και παραμένουν ενεργά, συμβαλλόμενα μέλη της κοινωνίας. Αυτή η πρωτοφανής αύξηση παρουσιάζει προκλήσεις για τους οργανισμούς της δημόσιας υγείας, τις οικογένειες και τις κοινότητες που θα επωφελούνταν από τη λήψη προληπτικών μέτρων για την αντιμετώπιση αυτού του αυξανόμενου πληθυσμού (National Institute of Health, 2016). Ορισμένοι ηλικιωμένοι μπορεί να στραφούν στη μουσική για την επίτευξη ενός πλήρους, υγιούς τρόπου ζωής. Σε αυτή τη μελέτη, η συγγραφέας επιδίωξε να διερευνήσει τις στάσεις των επαγγελματικά ενεργών μουσικοθεραπευτών σχετικά με: (α) την προσωπική τους ευεξία, (β) την προσωπική τους φιλοσοφία για την ευεξία συμπεριλαμβανομένων των παρεμβάσεων ευεξίας σε μουσικοθεραπευτικά προγράμματα που στοχεύουν στην επιτυχημένη γήρανση, και (γ) το πώς εντάχθηκε στην εκπαίδευσή τους η ευεξία για την επιτυχή γήρανση. Ένα ερωτηματολόγιο 32 ερωτήσεων στάλθηκε σε 207 επαγγελματικά ενεργούς, πιστοποιημένους μουσικοθεραπευτές στη νοτιοανατολική περιοχή των Ηνωμένων Πολιτειών. Το ποσοστό επιστροφής ήταν 32% (N = 67). Παρόλο που μόνο το 19% των συμμετεχόντων δήλωσαν ότι αισθάνονται ικανοποιημένοι από την εκπαιδευτική τους προετοιμασία για να εργαστούν στον χώρο της ευεξίας, το 63% εξέφρασε την πεποίθηση ότι η μελέτη της ευεξίας για την επιτυχή γήρανση σχετίζεται με την πρακτική της μουσικοθεραπείας. Ισχυροί συσχετισμοί εντοπίστηκαν ανάμεσα στους υγιείς τρόπους ζωής και τις διάφορες προσωπικές φιλοσοφίες αναφορικά με την ευεξία και τη μουσικοθεραπεία. Στο μέλλον πολλοί μουσικοθεραπευτές θα βρεθούν να εργάζονται με ηλικιωμένες ομάδες πληθυσμού. Η συνεχής επαναξιολόγηση των προγραμμάτων σπουδών μουσικοθεραπείας από επαγγελματίες, εκπαιδευτικούς και επιβλέποντες με επίκεντρο την ευεξία για την επιτυχή γήρανση απαιτεί ιδιαίτερη προσοχή.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, ευεξία, εκπαιδευτικό πρόγραμμα, γήρανση

ARTICLE

Reflections upon boundary complexities in the clinical practice of Croatian and Polish music therapists

Ana Kатуšić

University of Zagreb, Croatia

Ludwika Konieczna-Nowak

Karol Szymanowski Academy of Music, Poland

ABSTRACT

Boundaries separate and limit the territories of individuals' needs, feelings, behaviours and thoughts. In the context of therapy, boundaries might be considered a framework for the whole therapeutic process. The focus of this study was to determine how professional boundaries are understood by Polish and Croatian music therapists, and to identify whether there are any differences between these two groups. Twenty music therapists (ten Polish and ten Croatian) participated in the study. Data was gathered using a modified version of a questionnaire by Miller, Commons and Gutheil (2006), with open questions added. The results show differences between the two groups in the perception of behaviours that are regarded as both harmful and beneficial, such as using private spaces, sharing meals, offering gifts, using social media and specific language. Possible reasons regarding these results are discussed.

AUTHOR BIOGRAPHIES

Dr Ana Kатуšić worked as a music therapist for 15 years in early intervention and rehabilitation services with infants and children with neurological disorders and deafblindness. Her clinical and research focus included neurological music therapy and physical aspects of sound. Currently she works in the Croatian Institute for Brain Research at the University of Zagreb as a scientific associate in the field of developmental and translational neuroscience. Currently, she is also head of the music therapy programme at the Academy for Arts, University of Osijek. [akatu@hiim.hr] **Dr hab. Ludwika Konieczna-Nowak** is the head of the music therapy programme at the Karol Szymanowski Academy of Music in Katowice. In her clinical work, she focused on adolescents with emotional and behavioural challenges. She is vice president of the Polish Music Therapists' Association and previous editor-in-chief of the *Polish Journal of Music Therapy*. She is active as a clinician, educator and researcher, presenting and publishing internationally. Her recent interests include aesthetic aspects of music therapy, and combining music therapy with other expressive forms of therapy. [lkonieczna@yahoo.com]

INTRODUCTION

In general, boundaries separate and limit the territories of individuals' needs, feelings, behaviours and thoughts. Professional boundaries are defined as "a fluctuating, reasonably neutral, safe space that enables the dynamic, psychological interaction between therapist and patient to unfold" (Simon, 2001, p. 287). They are considered to be an important component of the therapeutic process. In the context of therapy, boundaries might be considered from two perspectives: (1) as a theme for therapy, an issue that is being worked on; and (2) as a framework for the whole therapeutic process. The latter understanding will be the focus of the subject study.

KEYWORDS

music therapy,
therapeutic
boundaries,
clinical practice,
Croatia,
Poland

Publication history:

Submitted 18 Aug 2019
Accepted 1 Dec 2019
First published 31 Mar 2020

As Dileo (2000, p. 124) suggests, “the way boundaries are established can be the key factor in the development of trust and safety within the relationship and also in how the client responds to and progresses in treatment”. The balance between keeping a distance and yet being close enough for the client plays a significant role in any therapeutic action. Boundaries are a difficult subject to reflect on from a universal perspective, because “there is no one boundary that fits all clients” (Dileo, 2000,

p. 124). They need to be adapted according to the clients’ specific needs, as well as multiple intersectional aspects of their identities, including age, gender, ethnicity and culture. Therefore, the boundary-setting might differ from client to client and may change during the course of therapy.

The problems of ethical thinking in psychotherapeutic and psychiatric contexts have been explored in great depth. The literature has focused on ethical dilemmas specific to different factors regarding clinical practice, such as ages and problems of the clients (child and adolescent psychiatry – Belitz & Bailey, 2009; perinatal mental health – Miller, 2009; geriatric psychiatry – Walaszek, 2009; substance use – Geppert & Bogenschultz, 2009), different frameworks for providing the treatment (community psychiatry – Everett & Huffine, 2009; military psychiatry – Warner, Appenzeller, Grieger, Benedek & Roberts, 2009) boundaries and confidentiality issues in psychotherapy (Jain & Roberts, 2009), or conducting research (Barry, 2009; Jain, Kuppli, Pattanayak, & Sagar, 2017). Boundary crossing and boundary violations have also been scrutinised. The first term, boundary crossing, is considered neutral and it covers any deviation from typical, traditional practice. The second term, boundary violations, means crossing that is harmful and includes exploitation of the client (Gutheil & Gabbard, 1993).

Literature from the fields of psychotherapy and psychiatry bring rich material on boundary crossing and violation, with different perspectives and extensive arguments included (Blatt, 2001; Gabbard, 2001; Kroll, 2001; Simon, 2001). Gutheil and Gabbard (1993) identify critical areas regarding potentially harmful boundary issues. Role, time, place and space, money, gifts, clothing, language, self-disclosure and physical contact are listed there. These authors state that boundary crossing might sometimes be salutary, sometimes neutral, and sometimes harmful. Nonetheless, they suggest that any departure from usual practice should be carefully considered and documented with clear reasons presented, and that there is a risk of boundary crossing leading down the slippery slope to exploitive sexual relationships. Other authors claim that, in some situations, boundary crossings can enrich therapy, be a part of the treatment plan, and strengthen the therapist–client working relationship, increasing the effectiveness of therapeutic work (Pope & Keith-Spiegel, 2008; Zur, 2004). Zur (2004, p. 30) even states that “boundary crossing, like any other intervention, should be a part of a well-constructed and clearly articulated treatment plan which takes into consideration the client’s problem, personality, situation, history, culture, etc. and the therapeutic setting and context”.

In the music therapy world, the area of boundaries in general, including problems of crossing and violations, seems to be under-investigated. In *Ethical Thinking in Music Therapy – a comprehensive source of material relating to ethics in the therapeutic process* – Dileo (2000) reflects on boundaries, elaborating on problems similar to those mentioned before in psychotherapeutic sources: boundary crossing and violations, dual relationships, use of touch, accepting gifts, therapist’s self-disclosure, the setting of the therapy, bartering and post-therapy dual relationships.

Her book is probably the only music therapy publication fully dedicated to ethics in music therapy practice. Medcalf (2016b) proposed in-depth considerations regarding transferring boundary-related issues (not only such as boundary crossing or violation but also self-awareness, culture, spirituality and music) to the musical arena, noticing the differences between perceiving these issues in psychotherapy versus music therapy. In her perspective, musical interactions allow for much safer exploring and crossing of boundaries within a musical context. Another book, *A Guide to Research Ethics for Arts Therapists and Arts and Health Practitioners*, by Farrant, Pavlicevic and Tsiris (2014) offers valuable information regarding the general realm of ethics, however it focuses on research, without addressing some issues pertaining to music therapy practice.

Some other books include chapters on similar topics (Bruscia & Grocke, 2002; Bunt & Hoskyns, 2002; Forinash, 2001; Hadley, 2007; Wheeler, 2015; Whitehead-Pleaux & Tan, 2016). In a relatively recent text, Bates (2015) identifies areas of potential boundary risks, such as confidentiality, multiple relationships, and gifts. She also points to the new subject of ethical issues, considering the use of technology, including social media.

The standards regarding boundary issues and other ethical problems are posed in guidelines formulated at national and international level by competent authorities. Sometimes the rules provided are only general; sometimes, they are more precise. The Ethical Code of the European Music Therapy Confederation (EMTC) claims that “the music therapist shall be aware of the degree of dependency inherent to a therapeutic relationship. (S)he shall in no circumstance act in order to satisfy her/his own personal interests (e.g., emotional, sexual, social, or economic interests)” (article 4, point 4.1). The *2010 Guidelines for Creating Music Therapy Codes of Ethics* by the World Federation of Music Therapy (WFMT), includes one point which reads: “The music therapist delivers services only in the context of a professional relationship and in settings which assure safety for the client” (part A, number 4). The strictest perspective is provided by the American Music Therapy Association (AMTA) Code of Ethics (2019), and it says that “the music therapist will [...] avoid entering into dual relationships when doing so would violate professional boundaries or clinical objectivity” (Principles of Ethical Practice, Principle 1, point 1.9).

The significance and role of this kind of codes or guidelines form a controversial topic. Despite the noble values and ideas that probably inspired the authors of these documents, others claim that “principles and standards defined top-down by professional associations and regulatory bodies with the declared intention of protecting clients could be used to affirm asymmetries in the relationships between music therapists and participants” (Stige & Aarø, 2012, p. 283).

Similarly to the psychotherapeutic discourse, differences in opinion regarding boundary crossing and violations occur in music therapy practice. This is not surprising considering that setting boundaries in any therapy depends on many factors – from personal aspects, individual capabilities, values, morals and cultures, to the theoretical orientation and approach of the therapist. The therapist’s theoretical background highly influences the ways in which boundary issues are seen (Kroll, 2001; Zur, 2004). Different approaches might form different opinions on where or how boundaries should or should not be situated, and what harms or benefits they might bring.

Singer (1992, as cited in Dileo, 2000) stresses the need for keeping to the designated time, space and intent of the sessions, and maintaining the exclusivity of the therapeutic relationship. Similarly, time, space and length of the session are listed by Bunt and Hoskyns (2002) as factors

ensuring safety and security of the client during the music therapy process. Considering this issue from a psychodynamic perspective, Stewart and Stewart (2002) mention almost the same elements as those that provide environmental and mental containment for the client. These elements are: consistency of time, consistency of setting, consistency of attitude. However, these conditions are not crucial in other perspectives; and, in some, they are actually quite rare. For example, in community music therapy, boundaries of time and space are usually flexible (Stige & Aarø, 2012), and roles, attitudes and relationships are frequently multiple and treated as a resource. The fact that the therapists might switch between being therapist, director, co-musician and so on, sharing authority and responsibility with all the participants allows for unique collaborative and democratic experience, offering inspiring perspectives (Stige, Ansdell, Elefant & Pavlicevic, 2010).

Cultural differences are another factor that needs to be considered carefully while reflecting on boundary issues. Not much research, however, is available on this subject. Miller, Commons and Gutheil (2006) analysed differences in evaluating boundary violations between American and Brazilian mental health professionals. The results showed mostly uniformity across the two cultures, with only small deviations regarding, for example, routine touching (handshake or kissing on the cheek). Interestingly, Brazilian professionals tended to rate items included in the study as more harmful. It was speculated that individuals with less experience treat rules as being less flexible. In music therapy literature, Papadopoulou (2012) interviewed three Greek music therapists regarding their perception of boundaries in clinical practice in light of their educational and cultural backgrounds. She concluded that they use boundaries in accordance with European music therapy professional standards and express the need for flexibility in adapting boundaries to individual needs.

In the picture provided by the literature, it seems that music therapy practitioners' perspectives on boundaries have not been explored enough. This is perhaps surprising given that "heightened awareness of the concepts of boundaries [...] will improve patients' care and contribute to effective risk management" (Gutheil & Gabbard, 1993, p.195). Regarding the fact that clinicians are the ones who make everyday decisions on this matter, investigating their experiences is a good way to start analysing the uses of boundaries from an ethical as well as a practical point of view. The research question of the current study is boundary-related issues viewed by practitioners from Croatia and Poland; specifically, awareness of boundaries, potential risks and benefits, as well as ethical considerations. The research questions are:

- Are there any differences between Croatian and Polish music therapists regarding perspectives on professional boundaries?
- How do Croatian and Polish music therapists approach ethical dilemmas and resolve them in hypothetical situations and their own current practice?

METHOD

The research questions were explored through a survey based on a modified questionnaire by Miller, Commons and Gutheil (2006), with open questions added at the end. The survey was conducted between November 2015 and January 2016 and was distributed via email. All individuals were asked to fill out the questionnaire and return it via email within a period of six weeks. It was sent to 29

Polish music therapists and 15 Croatian music therapists. The response rate for Croatian music therapists was 66% (10 out of 15 music therapists returned the questionnaire), while, for Polish music therapists, it was 34% (10 out of 29).

Participants

Twenty participants took part in the survey: ten Polish (nine female; one male) and ten Croatian (all female). Most Croatian respondents had a master's degree (eight participants), two had doctoral degrees. The Polish group included four professionals with bachelor's degrees, five with master's degrees and one with a doctoral degree. All Croatian participants finished their training abroad (Table 1). The Polish group of participants consisted of certified professionals and graduates of the music therapy programme at The Karol Szymanowski Academy of Music in Katowice.

The average number of hours in clinical work per week was 12.9 in the Croatian group and 14.9 in the Polish group. These numbers of hours included work with children, adults and the elderly. The average number of hours per week with these populations was 7.3 (children), 4.3 (adults), 0.8 (the elderly) in Croatian music therapists, and 10 (children), 4.3 (adults), and 1.1 (the elderly) for Polish professionals.

	Polish music therapists	Croatian music therapists
Gender	10	10
Male	1	0
Female	9	10
Degree n		
Bachelor's	4	0
Master's	5	8
PhD	1	2
Years of practice (Median)	14.9	12.9
Hours of work per week with (Median)		
Children	10	7.3
Adults	4.3	4.3
Elderly	1.1	0.8
Challenges of clients		
Developmental disabilities	9	8
Neurological problems	7	2
Mental health	3	0
Correctional	0	0
Music therapy model applied in practice		
Nordoff-Robbins	1	0
Analytical	0	0
Improvisational	0	6
GIM	0	0
Neurologic music therapy	1	4
Community music therapy	0	0
Eclectic	8	0

Table 1: Socio-demographic characteristic of study participants

Measurement

In order to better assess certain professional experiences, after consultation with one of the authors of the original survey questionnaire (Miller), the Miller, Commons and Gutheil (2006) questionnaire was slightly amended: a few questions were rephrased, some were left out and two were added.

Participants were asked to evaluate (on a six-point Likert scale, 0 – never, 1 – very rarely, 2 – rarely, 3 – sometimes, 4 – often, 5 – always) hypothetical cases in which it would be *harmful* to the client if a colleague behaved in the manner described, and, concurrently, to rate hypothetical cases in which the same behaviour could have been *beneficial*.

The technique of asking about colleagues' behaviour rather than a clinician's own behaviour was used to minimise defensive reactions that might otherwise occur. Lastly, participants were asked to rate how often they perform the described behaviour in their own, current practice.

All the questions and instructions were in Polish for the Polish sample and in Croatian for the Croatian sample. Open questions were placed at the end of the survey and were as follows: (1) Do you consider keeping appropriate boundaries to be an important element of therapeutic practice? Why?; and (2) How do you deal with doubts regarding boundaries in your practice?

Data analysis

The non-parametric Mann-Whitney test was performed for quantitative data analysis, and the level $p < 0.05$ was considered as the cut-off value for significance.

Qualitative data gathered through open questions was analysed by repeated open reading, which revealed simple categories summarising respondents' perspectives. As the material emerging from the qualitative analysis was not very broad, it was considered complementary information.

RESULTS

The item-by-item analysis was conducted in order to see which items participants generally differed on. Only items with significant difference between groups are included below.

Harmful behaviour

When rating behaviour described as harmful, groups presented significant differences in six items (Table 2). The following items were rated as more harmful within the group of Croatian participants: item 37: "Allowing client, who has no other place to stay, to spend the night in your home" ($Z = - 2.680, p = 0.007$); item 42: "Giving client an inexpensive gift during treatment" ($Z = - 2.088, p = 0.037$); item 58: "Client passing through living area to music therapy room" ($Z = - 2.971, p = 0.003$); item 64: "Chatting with client on Facebook or other messengers on therapy-related subjects" ($Z = - 2.447, p = 0.014$), and item 67: " Seeking client data outside professional channels" ($Z = - 2.716, p = 0.007$).

Only item 23: "Making fun of client" ($Z = - 3.080, p = 0.002$) was rated by Polish professionals as more harmful (90% of cases) than Croatian colleagues (22% of cases).

Item	Mann-Whitney U	Wilcoxon W	Z	p
Making fun of client	11.500	56.500	-3.080	0.002
Allowing client, who has no other place to stay, to spend the night in your home	13.500	68.500	-2.680	0.007
Giving client an inexpensive gift	20.500	75.500	-2.088	0.037
Client passing through living area	11.000	56.000	-2.971	0.003
Chatting with client on Facebook or other messengers	17.500	72.500	-2.447	0.014
Seeking client data outside professional channels	14.000	69.000	-2.716	0.007

Table 2: Significant differences between Polish and Croatian professionals in terms of behaviours rated as harmful

Beneficial behaviour

When rating described behaviour as beneficial, groups presented significant differences in three items (Table 3). The following items were rated as more beneficial within the group of Polish participants: item 9: "Using words in diminutive form" ($Z = -2.797$, $p = 0.005$), item 27: "Having lunch with client" ($Z = -3.488$, $p = 0.000$), and item 65: "Adding client as a friend on Facebook" ($Z = -2.780$, $p = 0.005$).

Item	Mann-Whitney U	Wilcoxon W	Z	p
Using words in diminutive form	13.000	58.000	-2.797	0.005
Having lunch with client	3.500	48.500	-3.488	0.000
Adding client as a friend on Facebook	13.000	58.000	-2.780	0.005

Table 3: Significant differences between Polish and Croatian professionals in terms of behaviours rated as beneficial

Performing behaviour in one's own practice

In comparing the behaviour of clinicians in their own practice, we found significant differences in three items (Table 4): item 23: "Making fun of client" ($Z = -3.317$, $p = 0.001$), where 33% of the Croatian participants sometimes engage in this type of behaviour, while Polish participants do not use this behaviour in their practice at all; item 27: "Having lunch with client" ($Z = -2.681$, $p = 0.007$), with 30% of Polish participants sometimes performing this behaviour and 90% of Croatian participants never behaving this way; and item 65: "Adding client as a friend on Facebook" ($Z = -2.675$, $p = 0.007$) with 30% of Polish music therapists often performing this type of behaviour, while Croatian therapists do not use this behaviour in practice at all.

Item	Mann-Whitney U	Wilcoxon W	Z	p
Making fun of client	10.000	65.000	-3.317	0.001
Having lunch with client	18.000	63.000	-2.681	0.007
Adding client as a friend on Facebook	18.000	63.000	-2.675	0.007

Table 4: Significant differences between Polish and Croatian professionals in terms of behaviours performed in their own practice

Qualitative data

Responses to the open questions were usually short and not very in-depth. The reason for this could have been that the questionnaire was long, and open-ended questions were placed at the end. The fact that questions were leading and closed-ended in first part of the questionnaire could also have contributed to the limitation of the answers. Nevertheless, the data gathered suggest that boundaries are considered important and quite a difficult area for the respondents.

In terms of the first research question (Do you consider keeping appropriate boundaries an important element of therapeutic practice? Why?) all the participants stated “yes”, giving reasons such as: the need for professionalism, comfort and safety of the client and therapist, the need for delineation between social and professional life. However, the answers of two participants from Poland could be categorised as “yes, but...”. They claimed that there is no one-and-only set of appropriate boundaries, some boundaries can and should vary, and that they need to be analysed individually and consulted on with the client. In their responses, they pointed to the risks coming from keeping fixed codes of ethics and following rules without questioning their contents.

Regarding the second question (How do you deal with doubts regarding boundaries in your practice?), two Croatian music therapists said they never have any doubts, and one Polish respondent has doubts only rarely. The rest – both Polish and Croatian participants – voiced the importance of supervision and consulting with colleagues; mentioning also the need for reflection on their own past experiences as therapists. Interestingly, only one person mentioned a code of ethics as a useful tool here. It might be due to the fact that codes are usually very generalised and, therefore, not found to be helpful in specific, everyday situations. Maybe, also, in countries like Poland and Croatia, where the history of music therapy is not very long, the information about the existence of codes is not common and therapists have not yet developed the habit of consulting such documents.

DISCUSSION

The purpose of the subject study was to explore the commonalities and the differences between Polish and Croatian music therapists regarding professional boundaries. It also aimed at finding out which situations are considered harmful and which are beneficial for therapy from the clinicians’ perspectives.

The analysis of differences in the mean ratings of individual items does suggest that there are commonalities across Polish and Croatian music therapists. For example, all respondents seem to agree that certain behaviours are seriously harmful, such as some that are sexual or physically abusive. Commonly highly unacceptable were the behaviours related to doing business with the client and disclosing financial or romantic information. In the case of certain other behaviours, involving the mixing of therapy with personal behaviour (e.g., having meal with a client or using social media in contact with them), Croatian practitioners seemed more often to rate these items as more harmful in comparison to practitioners from Poland. The possible reasons for these differences may have different sources. They may be linked to cultural differences, training that the music therapists received, their clinical experience, the populations they work with, the specific facility they

work at, and their personal ways of being. They may also be related to the dominating populations that are being served in both countries. Although basic boundaries are the same regardless of the age and ability of the client, there might be nuances that differ in certain aspects of the therapeutic relationship with an adult and with a child. The average number of hours that music therapists work with children was higher in the Polish group, while the number of hours being worked with adults was the same. Items like "Using words in diminutive form" can be rated differently when thinking of children than while reflecting on work with adults.

As stated by Medcalf (2016a), in music therapy practice we can experience profound moments of connection through musical interactions, which can impact on the concept of therapeutic boundaries. Moreover, the context of each area of music therapy practice can also influence therapeutic boundaries and unique elements of the context itself should be carefully considered (Medcalf, 2016b). In light of this, the facility within which music therapy services are being provided influences the boundaries in some situations. "Having lunch with client", when taking place in a big organisation that provides meals for all the residents and staff members is again completely different to making a purposeful appointment to eat together. Unfortunately, information regarding the facilities that participants were employed in was not gathered in this study – and this is one of its limitations.

Training might also be one of the factors that influences music therapists' perceptions of boundaries. Most Polish participants had training at bachelor's level, where most Croatian music therapists had training at master's level. Maybe education at a higher university level led to more careful perception of certain behaviours such as using Facebook or other methods of communication to contact their clients.

One of the limitations of the study was the small number of participants. To our knowledge, however, the survey included all professional music therapists practising in Croatia. In Poland, on the other hand, there are a higher number of people practising music therapy, but their training varies, ranging from a regular, standardised higher education qualification to one-day training workshops or even self-styled 'professionals'. Boundary issues, which may arise in music therapy practice, require regular training that should include supervision and culture-specific guidelines on boundaries (Ghuloum et al., 2013).

Music therapy both in Poland (Stachyra, 2015) and in Croatia is at quite an early developmental stage. In both countries, the profession is undergoing important changes: there are more and more educational options available (academic programmes, workshops and seminars), the awareness of the profession is growing in the communities, and the clients' interest in the services is increasing. Moreover, from a historic and cultural perspective, these countries can be considered somewhat similar having the shared history of communistic regime. In future, it would be interesting to investigate perspectives on boundaries between countries that are more diverse in their cultural heritage.

Nevertheless, it seems that exploring boundaries and ethical issues deserves close examination and research with regard to setting boundaries in music therapy; and the relationship between boundaries and treatment strategies and effectiveness is important. As these issues are highly context- and culture-sensitive, boundaries need to be set carefully and cautiously to best serve both clients and therapists. Although finding final, definite answers regarding setting the boundaries

and constructing relationships within therapy is not only impossible but also unnecessary. It is crucial to remain reflective and observe subtle nuances in these matters, which might be important influential factors in the therapeutic processes.

REFERENCES

- Barry, L. (2009). Ethical issues in psychiatric research. *Psychiatric Clinics*, 32(2), 271-81.
- Bates, D. (2015). Ethics in music therapy. In B. Wheeler (Ed.), *Music therapy handbook* (pp. 64-75). New York, NY: Guildford Press.
- Belitz, J., & Bailey, R. (2009). Clinical ethics for the treatment of children and adolescents: A guide for general psychiatrists. *Psychiatric Clinics*, 32(2), 243-257.
- Blatt, S. (2001). Commentary: The therapeutic process and professional boundary guidelines. *The Journal of the American Academy of Psychiatry and the Law*, 29(3), 290-293.
- Bruscia, K., & Grocke, D. (2002). *Guided Imagery and Music: The Bonny Method and Beyond*. Gilsum, NH: Barcelona Publishers.
- Bunt, L., & Hoskyns, S. (Eds.). (2002). *Handbook of music therapy*. New York, NY: Routledge.
- Dileo, C. (2000). *Ethical thinking in music therapy*. Cherry Hill, NJ: Jeffrey Books.
- Everett, A., & Huffine, C. (2009). Ethics in contemporary community psychiatry. *Psychiatric Clinics*, 32(2), 329-341.
- Farrant, E., Pavlicevic, M., & Tsiris, G. (2014). *A guide to research ethics for arts therapists and arts and health practitioners*. London: Jessica Kingsley Publishers.
- Forinash, M. (Ed.). (2001). *Music therapy supervision*. Gilsum, NH: Barcelona Publishers.
- Gabbard, G. (2001). Commentary: Boundaries, culture, and psychotherapy. *The Journal of the American Academy of Psychiatry and the Law*, 29(3), 284-286.
- Geppert, G., & Bogenschultz, M. (2009). Ethics in substance use disorder treatment. *Psychiatric Clinics*, 32(2), 283-297.
- Ghuloum, S., Bener, A., Commons, M., Miller, P.M., Burgut, T., & Bhugra, D. (2013). Perception of boundaries and cultural influences in Qatar. *International Journal of Social Psychiatry*, 59(3), 199-206.
- Gutheil, T., & Gabbard, G. (1993). The concept of boundaries in clinical practice: Theoretical and risk-management dimensions. *American Journal of Psychiatry*, 150(2), 188.
- Hadley, S. (Ed.). (2007). *Feminist perspectives in music therapy*. Gilsum, NH: Barcelona Publishers.
- Jain, S., & Roberts, L. (2009). Ethics in psychotherapy: A focus on professional boundaries and confidentiality practices. *Psychiatric Clinics*, 32(2), 299-314.
- Jain, S., Kuppili, P., Pattanayak, R., & Sagar, R. (2017). Ethics in psychiatric research: Issues and recommendations. *Indian Journal of Psychological Medicine*, 39(5), 558-565.
- Kroll, J. (2001). Boundary violations: A culture-bound syndrome. *The Journal of the American Academy of Psychiatry and the Law*, 29(3), 274-83.
- Medcalf, L. (2016a). Considerations for therapeutic boundaries when using the intimate medium of music. *Voices: A World Forum for Music Therapy*, 16(2). Retrieved from: <https://voices.no/index.php/voices/article/view/2313/2068>
- Medcalf, L. (2016b). *Musical intimacy and the negotiation of boundary challenges in contemporary music therapy practice*. Doctoral dissertation, The University of Melbourne, Australia. Retrieved from: <http://hdl.handle.net/11343/115241>
- Miller, L. (2009). Ethical issues in perinatal mental health. *Psychiatric Clinics*, 32(2), 259-270.
- Miller, P., Commons, M., & Gutheil, T. (2006). Clinicians' perceptions of boundaries in Brazil and the United States. *The Journal of the American Academy of Psychiatry and the Law*, 34(1), 33-42.
- Papadopoulou, M. C. (2012). Boundaries and music therapy practices in Greece: A small qualitative study. *Approaches: Music Therapy & Special Music Education*, 4(1), 23-33. Retrieved from: <http://approaches.gr/volume-4-1-2012>
- Pope, K., & Keith-Spiegel, P. (2008). A practical approach to boundaries in psychotherapy: Making decisions, bypassing blunders, and mending fences. *Journal of Clinical Psychology*, 64(5), 638-652.
- Simon, R. (2001). Commentary: Treatment boundaries—flexible guidelines, not rigid standards. *The Journal of the American Academy of Psychiatry and the Law*, 29(3), 287-289.
- Singer, J. (1992). Closeness and androgyny. In H.A. Wilmer (Ed.), *Closeness in personal and professional relationships* (pp. 11-33). Boston: Shambhala.
- Stachyra, K. (2015). Towards professionalisation of music therapy: A model of training and certification in Poland. *Approaches: Music Therapy & Special Music Education*, 7(1), 110-117. Retrieved from <http://approaches.gr/special-issue-7-1-2015>
- Stewart, R., & Stewart, D. (2002). See me, hear me, play with me. Working with the trauma of early abandonment and deprivation in psychodynamic music therapy. In J. Sutton (Ed.), *Music, music therapy and trauma: International perspectives* (pp. 133-152). London: Jessica Kingsley Publishers.
- Stige, B., & Aarø, L. (2012). *Invitation to community music therapy*. New York, NY: Routledge.
- Stige, B., Ansdell, G., Elefant, C. & Pavlicevic, M. (2010). *Where music helps: Community music therapy in action and reflection*. Farnham: Ashgate.
- Walaszek, A. (2009). Clinical ethics issues in geriatric psychiatry. *Psychiatric Clinics*, 32(2), 343-59.
- Warner, C., Appenzeller, G., Grieger, T., Benedek, D., & Roberts, L. (2009). Ethical considerations in military psychiatry. *Psychiatric Clinics*, 32(2), 271-281.
- Wheeler, B. (Ed.). (2015). *Music therapy handbook*. New York, NY: Guilford Press.
- Whitehead-Pleaux, A., & Tan, X. (Eds.). (2016). *Cultural intersections in music therapy: Music, health and the person*. Gilsum, NH: Barcelona Publishers.
- Zur, O. (2004). To cross or not to cross. Do boundaries in therapy protect or harm? *Psychotherapy Bulletin*, 39(3), 27-32.

Ελληνική περίληψη | Greek abstract

Σκέψεις για τις πολυπλοκότητες των ορίων στην κλινική πρακτική των Κροατών και των Πολωνών μουσικοθεραπευτών

Ana Katušić | Ludwika Konieczna-Nowak

ΠΕΡΙΛΗΨΗ

Τα όρια διαχωρίζουν και οριοθετούν τις περιοχές των ατομικών αναγκών, συναισθημάτων, συμπεριφορών και σκέψεων. Στο πλαίσιο της θεραπείας, τα όρια θα μπορούσαν να θεωρηθούν ως ένα πλαίσιο για το σύνολο της θεραπευτικής διαδικασίας. Το επίκεντρο αυτής της μελέτης ήταν να προσδιορίσει το πώς γίνονται κατανοητά τα επαγγελματικά όρια από τους Πολωνούς και τους Κροάτες μουσικοθεραπευτές, και να προσδιορίσει εάν υπάρχουν διαφορές μεταξύ αυτών των δύο ομάδων. Στη μελέτη συμμετείχαν 20 μουσικοθεραπευτές (δέκα Πολωνοί και δέκα Κροάτες). Τα δεδομένα συγκεντρώθηκαν χρησιμοποιώντας μια τροποποιημένη έκδοση ενός ερωτηματολογίου από τους Miller, Commons και Gutheil (2006) όπου προστέθηκαν ανοικτού τύπου ερωτήσεις. Τα αποτελέσματα δείχνουν διαφορές μεταξύ των δύο ομάδων στην αντίληψη συμπεριφορών που θεωρούνται τόσο επιβλαβείς όσο και ευεργετικές, όπως η χρήση ιδιωτικών χώρων, τα κοινά γεύματα, η προσφορά δώρων, η χρήση κοινωνικών μέσων δικτύωσης και συγκεκριμένης γλώσσας. Πιθανοί λόγοι σχετικά με τα αποτελέσματα συζητούνται.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, θεραπευτικά όρια, κλινική πρακτική, Κροατία, Πολωνία

ARTICLE

Using culture-specific music therapy to manage the therapy deficit of post-traumatic stress disorder and associated mental health conditions in Syrian refugee host environments

Hasan Abdulbaki

UCLA Herb Alpert School of Music, USA

Jonathan Berger

Stanford University, USA

ABSTRACT

The dearth of mental health professionals in low-resource Syrian refugee-host environments poses a pressing need for alternative non-verbally centred psychotherapeutic interventions, particularly given the prevalence of psychological disorders such as Post-Traumatic Stress Disorder (PTSD), depression, and anxiety. Here we consider music therapy as a socially adept therapy mode that provides a de-stigmatizing, culturally-sensitive avenue capable of increasing patient confidence in mental healthcare, as well as providing a scalable and sustainable intervention to help address the mental health crisis in such low-resource environments. This review of literature summarises evidence supporting the use of culture-specific music therapy that leverages musical modes familiar to the cultural backgrounds of the refugee communities, and identifies key questions that need further investigation. The review includes a discussion of comparative effectiveness, summary of clinical efficacy data, respective validated epidemiological research, and psychiatric epidemiology targets that serve as guidance for further research into the outcome of methodical cultural adaptation of musical interventions. Given that the prevalence of psychiatric disorders exceeds management capacity, alternative therapies that can help address this critical deficiency are in dire need. This review concludes with key research questions and areas of focus that provide a blueprint for future investigations to assess the use culture-specific music therapy as a valid mode of psychotherapy.

KEYWORDS

culture,
music therapy,
refugees,
post-traumatic stress
disorder (PTSD)

Publication history:

Submitted 7 Sept 2018

Accepted 10 Mar 2019

First published 30 May 2019

AUTHOR BIOGRAPHIES

Hasan Abdulbaki is the Ronald Reagan Medical Center's geriatric psychiatry musician and the hospital's first Middle Eastern music specialist. Hasan has been invited to Turkey and Lebanon to carry out workshops on music and its potential in the service of under-served refugee communities during his time as research assistant in the Stanford University Medical Center. He has received awards for his musicianship in the field of Near Eastern music and is a Learning Assistant at the UCLA Herb Alpert School of Music's Ethnomusicology 161N course. Hasan also teaches Maqam musical modes in a private setting to students from various backgrounds. [habdulbaki1999@g.ucla.edu] **Jonathan Berger** is the Denning Family Provostial Professor in Music at Stanford University, where he teaches music theory and cognition at the Center for Computer Research in Music and Acoustics (CCRMA). Jonathan is a 2017 Guggenheim Fellow, founding co-director of the Stanford Arts Institute, and founding director of Yale University's Center for Studies in Music Technology. As an active researcher in a wide range of fields including psychoacoustics and music perception, Berger authored over 60 publications and held

research grants from DARPA, the Wallenberg Foundation & others. He is also an active member of Bio-X and the Stanford Neurosciences Institute. [brg@ccrma.stanford.edu]

PROBLEM DESCRIPTION

Mental stability and the subsequent ability to live an independent life is difficult to achieve for those who have witnessed atrocities, experienced injustices, and suffered physical, and emotional trauma. In addition to experiencing trauma and loss in their country of origin, Syrian refugees often face difficult conditions in their main host countries such as Jordan, Turkey, and Lebanon (Connor, 2018), where the capacity for independence and social cohesion has taken a downturn as a result of displacement, communal and familial separation, and collective mistrust and violence (Sijbrandij et al., 2017). This problem is also compounded by the prevalence of factors facilitating the onset of PTSD. According to a field-based survey study of Syrian refugee children by Turkey's Bahçeşehir University, nearly half (45%) of the surveyed Syrian refugee children experienced symptoms of PTSD - more than 10 times the rate observed in other children around the world who took the same survey (Rogers-Sirin & Lauren, 2015). Current best practices to treat PTSD are impossible given the prevalence of the disease and limited capacity to manage it. Ignoring this problem can result in a generation of marginalised at-risk individuals who may fail to become productive citizens of a community, and may cause harm to themselves and others. If every psychiatrist in the United States were dedicated to Syrian refugee children alone the demand for treatment would still not be met (Children of Syria By the Numbers, n.d.).

In a report by *Save The Children*, 80% of adults surveyed said children and adolescents developed increased aggressive behaviours, and 71% experienced involuntary urination and periodic bedwetting – both standard symptoms of PTSD and toxic stress among children. The report estimated that 2.5 million children are at risk of mental health disorders (New Study Documents Psychological Horrors, 2017). The same study also highlighted that some regions contain only one trained psychiatrist per 1 million refugees (New Study Documents Psychological Horrors, 2017). This shortage of mental health professionals in Syrian refugee-host countries is also highlighted by the following subset of data on the number of psychiatrists and psychologists in the mental health sector per 100,000 individuals as of May 2015, compared to the per capita number in some developed countries:

Country	Psychiatrists per 100,000	Psychologists per 100,000
Turkey	1.51	1.43
Jordan	0.51	0.27
Lebanon	0.87	1.65
United States of America	12.40	29.62
France	14.12	10.77

Table 1: Psychiatrists and psychologists per 100,000 (Human resources-Data by country, 2018)

Limited access to psychotropic medications poses an additional challenge in these underserved communities, and effective medication therapy requires active management by trained psychiatrists.

With a shortage of such professionals, it is not feasible to efficiently manage this mental health crisis with traditional psychotherapy and medication management. Furthermore, although pharmacotherapy aids in the treatment of specific symptoms such as comorbid depression and severe sleep deprivation, drug provision is not normally recommended for initial treatment (Nasiroğlu & Çeri, 2015), especially when a patient has a history or is at risk of engaging in substance-dependence or substance-abuse. As such, gradual methods employing interventions that focus on practical social bonding and family support are often preferred for refugee as well as asylee patients until physical security is guaranteed. Only after satisfying this initial condition should interventions centre on patient-specific priorities, including psychological formulation and medication administration (Nasiroğlu & Çeri, 2015). In 2012, a report by WHO and UNHCR noted that a solely medical approach transfers the process of trauma treatment from the survivors' social circles into the therapy room, suggesting limitations to this approach in areas with shortages in qualified personnel, comparatively weak medical infrastructure, high case numbers, and a long-term insecure context. The report concludes that processes seeking to identify and assess the causes of trauma (truth seeking and truth telling), support social relations, and introduce novel approaches to treating traumatised patients are the ones that offer the greatest therapeutic benefits in this context. While there will always be a small percentage of patients who are severely affected and thus need specialised mental healthcare, community-based approaches will most efficiently cater to the psychological needs of the majority of underserved refugee populations (Psychosocial Support in Crisis and Conflict Settings, 2017). Therefore, the need for alternative and effective therapies is critical not only because the shortage of mental health professionals is too extreme, but also because psychotropic treatment may exacerbate the recovery process in many patients where sufficient resources are required to monitor for potential deleterious side-effects on the patients.

Utilisation of traditional mental health methods is also hindered by socio-cultural stigmatisation. As such, patients in refugee camps would often visit outpatient clinics with somatic symptoms that are culturally more acceptable than mental health diagnoses, as well as usually preferring professionals of their own peer group, such as Syrian psychiatrists (Jefee-Bahloul, Bajbouj, Alabdullah, Hassan & Barkil-Oteo, 2016). One survey highlighting the extent of this cultural stigmatisation in the overall Arab region (including Syrian-refugee host countries) notes the pressure that psychiatrists may experience to comply with social conventions that prevent discussion of 'embarrassing' topics (Osman et al., 2017). The same study also notes that the majority of PTSD patients in the Arab region are more likely to be found in primary care settings as opposed to mental healthcare settings where they are more likely to be identified (Osman et al., 2017). This cultural sensitivity associated with mental health conditions necessitates greater engagement of regional psychotherapy professionals with the issues faced by local refugees in order to develop better, more culturally congruent solutions to the prevailing mental health conditions associated with trauma (Osman et al., 2017). Consequently, mental health services need to take these barriers into consideration by adopting culturally sensitive approaches and providing culturally accepted modalities of care (Jefee-Bahloul et al., 2016). This stigma often associated with traditional psychotherapeutic procedures, mainly verbal psychotherapy, hence requires the use of non-traditional avenues that utilise novel techniques and procedures.

One such avenue is music therapy, which can provide a stigma-free route by adapting culturally familiar materials such as locally recognised musical modes (in the case of Syrian refugees, *maqams*).

Such culturally specific materials are not typically associated with verbal psychotherapy methodology and medical practice developed in the West, which tend to overlook traditional coping methods and cultural expressions (Osman et al., 2017). Music therapy thus allows greater integration of cultural elements into the common refugee psychological coping strategy of listening to music (Mental Health & Psychosocial Support, 2017), not only to be used as an alternative therapy method, but also to supplement treatment-as-usual by easing patients through the therapy process and enhancing efficacy. This considers the potential of musical narrations, including songs and instrumentals, to symbolise a participant's past, present, and future experiences, and ritualise a form of expression that helps repair traumatised individuals' bonds with others as well as with their own culture (Ahonen & Mongillo, 2014). Therefore, while verbal methods do provide greater clarity for the patient, supplementation with music therapy allows greater patient involvement in the treatment process and enhances the patient experience by providing symbolic distance and catering to artistic insight. The table below illustrates some advantages of using musical interventions, incentivizing their use as alternatives filling gaps that are too difficult to manage using traditional procedures.

Musical interventions	Verbal interventions
Non-confrontational, abstraction makes group therapy more comfortable and manageable	Facing explicit issues makes group therapy challenging and often difficult to manage
Moderate affect and emotion through abstraction and auditory imagery	Aims at insight, awareness, clarity, and understanding through explicit confrontation with experiences
Hands-on, collaborative and immersive experiences	Permit rational interpretation, analysis and reporting.
Primarily intuitive	Primarily cognitive
Non-linear, multidimensional: <ul style="list-style-type: none"> • Individual sessions: personal exploration and independence • Group sessions: enhancement of social relationships 	Linear – singularly focussed through verbal engagement with single patient
Unfamiliar: allow for improvisation and discovery	Known and familiar: permit personal security but can be redundant resulting in a dead-end.
Can be adapted to suit the socio-cultural context: plethora of instruments and scales can be used Not traditionally associated with psychotherapy	Despite the capacity for the incorporation of folk stories and local idioms, verbal methods are often less flexible for socio-cultural adaptation considering the existence of mostly non-culturally associated protocols and the stigmatisation behind them.

Table 2: Comparison between musical and verbal psychotherapy interventions (Mental Health & Psychosocial Support, 2017)

Additionally, the easily manageable nature of musical interplay in group settings offers a scalable solution to the aforementioned shortage of psychosocial caregivers. Music's scalability as a mode of group-effect is demonstrated by a case in which 50 music teachers in the U.S. were able to teach 5,000 aspiring musicians throughout the country. The training not only taught the students how to play, but also how to develop socially, assume leadership, and create sustainable local music programmes of their own (Scripture, 2014). In a clinical context, development of musical application in psychotherapy to address the insufficiency of mental healthcare professionals in such resource-deficient environments as refugee communities can thus result in a large-scale impact on PTSD treatment rates. The positive impact of musical interventions can be further enhanced by tailoring these interventions to local/regional socio-cultural elements. During this adaptive process, intervention methods can be systematically modified to consider not only language, but also the artistic cultural context that is compatible with the clients' perspectives and values (Sijbrandij et al., 2017).

Despite these advantages, a clear methodological account studying the impact of culturally adapted music therapy on the mental health of refugee populations seems to be lacking (Orth, 2005). Developing a procedure to investigate the impact of such specialised interventions will hopefully add new possibilities for treating the mental health issues of such a vulnerable community, and therefore help to increase refugee health and social integration (Beck et al., 2018).

Although some existing programmes and personnel attempt to address this refugee mental health deficit, especially regarding PTSD treatment, they are either unaware of the refugees' cultural background or are simply incapable of explaining the efficacy of their methodology to their patients. By describing the aims, issues, and areas of improvement for such programmes, this review builds upon existing research by giving examples of implementation that need only be modified to result in more significant outcomes. The example responses chosen to advance this discussion, considering their application in countries with the largest populations of Syrian refugees (Connor, 2018), thus reflect these critical areas of improvement in their proper and most significant contexts. The following section describes two such examples.

EXAMPLE RESPONSES

i) Charité University Hospital, Germany

Description: CharitéHelp4Syria project (CH4S), which operates three primary healthcare centres in Jordan serving 1,700 patients to date. The CH4S program declared its four aims: psychological and psychiatric treatment, the education of experts, awareness campaigns, and technology-based remote treatment (Jefee-Bahloul et al., 2016).

Deficiencies: Most providers are unable to interpret their clients' cultural idioms of distress (i.e., the ways in which distress is verbalised or expressed) and response models (i.e., the ways in which behaviours and symptoms are understood, conveyed, and explained), which influence patient expectations, common coping methods, explanations of symptoms, and patterns in seeking help (Jefee-Bahloul et al., 2016).

ii) Private Mental health and psychosocial support (MPHSS) centres, Lebanon

Description: Private Mental health and psychosocial support (MPHSS) centres organise activities labelled as “psychosocial support” (ranging from putting together entertainment events to engaging clients in frequent recreational activity), “art therapy”, “support groups”, “group therapies,” as well as vocational training and parental guidance (Chammay, Kheir & Alaouie, 2013).

Deficiencies: The staff administering such activities, including “art therapy,” were not always able to explain the rationale behind them nor how they help develop psychical well-being (Chammay et al., 2013). None of these psychosocial activities, especially “art therapy,” have an empirically solid background, and their administration seems to be more a convenient measure rather than one rooted in a formal needs assessment of the refugee population (Chammay et al., 2013). Lack of regularly accessible empirical evidence necessitates its production by using a diverse set of investigative parameters, and its dissemination in the form of simplified brochures/pamphlets that demonstrate the positive outcomes of these methods not only to the clients but also to the persons who administer the therapy themselves, and their translation into Arabic or other locally adopted languages.

The ability to relate to the cultural identity of a displaced individual, whose identity is in many respects challenged by the need for assimilation, is clearly crucial in creating a safe space for expression and psychological improvement (Amir, 2004). The practice of such an ability by a music therapist may thus reflect positively on treatment outcomes (Amir, 2004). Additionally, the ability to explain the source of these outcomes to the general community provides the de-stigmatisation necessary to increase treatment rates of trauma-afflicted refugee populations. Culture-specific music therapy can thus serve as an appropriate avenue to facilitate this integration of cultural understanding and de-stigmatisation into the mental healthcare infrastructure responsible for displaced refugee communities. This factor motivates further discourse on music therapy’s functionality and outcomes through a comprehensive review of literature, a subset of which is discussed in the following section.

LITERATURE REVIEW

The neurophysiological correlates and biological indicators of empathetic response provide a window into music therapy’s mode of action (Ruud, 2008). Psychoanalyst Daniel Stern cites the role of a group of “mirror” neurons in triggering empathetic responses in an individual who observes someone else performing an action, including playing an instrument (Ruud, 2008). Interestingly, the mirror neurons’ pattern of activity in response to active observation is identical to the pattern resulting from active participation, which in a musical context entails the observer playing an instrument (Ruud, 2008). These observations can be drawn upon by music therapists in order to better understand why musical interaction and interplay sometimes succeed when other communication modes fail (Ruud, 2008). Additionally, in a meta-review of 400 reports analysing the effect of music on brain chemistry, the biochemical effects of music, including elevated levels of dopamine, oxytocin, endorphins and endogenous opioids that support the consolidation of steady social relations have been well established (Beck et al., 2018). Numerous studies of music-based psycho-interventions highlight an increase in peripheral oxytocin levels following both passive and active music interactions, including post-operative music listening (Nilsson, 2009), choir singing (Keeler et al., 2015), improvised singing

and music lessons (Fancourt et al., 2016; Grape, Sandgren, Hansson, Ericson & Theorell, 2003; Kreutz, Bongard, Rohrman, Hodapp & Grebe, 2004). Beta-endorphin is also related to stress response, and low amounts correlate with the incidence of PTSD (Hambusch, Landgraf, Czibere & Touma, 2009). In studies involving, respectively, healthy undergraduates and coronary heart disease patients, beta-endorphin levels were elevated after Guided Imagery and Music (GIM) sessions (McKinney, Antoni, Kumar, Tims & McCabe, 1997) as well as after periods of active music listening (Vollert, Störk, Rose & Möckel, 2003).

In one randomised study involving 31 new refugee arrivals, music therapy was correlated with decreased aggressive behaviour, depression, anxiety, hyperactivity and somatization (Baker & Jones, 2006). In addition, a reduction in patient feelings of hopelessness, anxiety, and depression was observed after music therapy as compared to simple art classes (Choi, Lee, & Lim, 2008; Choi, 2010). A year-long investigation of Trauma-focused Music and Imagery (TMI), a special type of GIM, was applied to 16 adult participants. The single group pre-test/post-test study illustrated significant positive results with large effect sizes (0.81–1.17) on PTSD symptoms, sleep quality, social function, and overall well-being (Beck et al., 2018). The musical repertoire used in the study included Arabic and Afghani pieces, as 25% of the clients needed *familiar* music to work with and convert their inner imagery (Beck et al., 2018).

From a more qualitative perspective, one idiographic analysis conducted by a team of therapists in Lebanon highlights the positive impact of music therapy on the treatment of war-related trauma and the effectiveness of music therapy in promoting social integration, illustrated in the following case study, which is extracted from *Music and Resilience* (2015).

Walid, 9 years old, is a Palestinian refugee born in Syria. His family home was struck by a rocket at the start of the Syrian civil war, killing both his parents and 2 uncles before his own eyes. He and his 2 siblings fled across the border to Lebanon with their grandmother, who still takes care of them. They live in the overcrowded and high-risk camp of Ein El Helwey, in deprived and unhealthy conditions; their house is located in one of the most dangerous streets. Walid's case was brought up to a Family Guidance Center (FGC) by another family, worried about the challenges he faces; he was acutely withdrawn, his sleeping and eating patterns were disturbed, he experienced frequent nightmares, was very fearful of loud noises, and was in a permanent state of sadness. A psychiatrist's initial evaluation diagnosed trauma and anxiety disorder and transferred him to psychotherapy. During his 4 months of psychotherapy, no significant progress was observed; Walid did not effectively cooperate with the therapist and displayed resistance due to personal fears of stigmatization that are very prevalent in his culture. The team decided to refer Walid to a 6-month group music therapy program along with other Syrian Palestinian children who shared similar backgrounds. The goals were to help him integrate into his peer group, bolster his self-confidence, decrease anxiety symptoms and allow him to express his emotions such as sadness and fear by musical means. His progress throughout the music therapy sessions was clearly shown, both quantitatively and qualitatively. While initially displaying tense withdrawal, silence, passivity and avoidance of the other members of his group, only seeking after the therapist

for support, after 3 sessions Walid began to gravitate towards his companions, demonstrating a desire to participate in shared activities with them, and opening up his relationship to them. His sociability increased and he started to feel more secure and integrated into the group, enabling him to access, regulate and express his emotions. He developed the ability to overcome his inferiority complex and his attitude transformed from introversion to extroversion; he also started to display initiative in playing instruments and became more able to adapt to changes in rhythm, tempo and dynamics. Walid's Individualized Music Therapy Assessment Profile (IMTAP) evaluations, used on 2 video-recorded sessions in the treatment period, confirm these results, highlighting significant improvements in all three domains studied: emotional, social and musical. Walid's regained strength and resilience with regard to external events and circumstances are evident. (Music and Resilience, 2015, p. 48)

This idiographic testimony serves as a microcosm for the overall psychological and social benefits of music therapy. One project illustrating the scale of these benefits is the Australia-based Home of Expressive Arts in Learning (HEAL) program, which is a school-centred mental health support project that utilizes creative arts therapy and music therapy to help refugee children cope with their behavioural, emotional and social challenges (Agopian, 2018). A survey of HEAL's students found that after the introduction of music and visual arts into school curricula, 79% of the surveyed children sought therapeutic aid at school rather than at a local clinic (11%) or at home (4%). Furthermore, the researchers conducting the study reported the unique ability of non-verbal approaches to quickly facilitate the reduction of hyperactivity, peer problems, arousal and intrusion symptoms. The rate at which these changes were observed may be attributed to the children's enhanced expressive, communicative, and self-control abilities that came with the introduction of these methods (Agopian, 2018).

When discussing music therapy applications for a relatively culturally homogeneous population such as that of displaced Syrian refugees, the element of culture-specificity comes into play. Culture involves the interpretation of signs and symbols in a manner that provides interpretive meaning and self-identity (Amir, 2004). Because the musical capacity of human beings ties in with culture, it plays a role in defining this self-identity through the bolstering, negotiation, and/or transformation of identity boundaries (Amir, 2004). In a therapy context, the integration of music and culture entails extensively experiencing music of one's particular cultural origins both inside and outside the therapy room, with the aim of strengthening one's own self-identity and de-isolating it from the rest of the society, which in this discussion is this refugee's host country (Amir, 2004).

Music therapy's psychotherapeutic outcome enhancements can thus be further accentuated by introducing the element of culture specificity, as one study conducted in Germany on a group of refugees, including a Syrian cohort, demonstrates (Dieterich-Hartwell & Koch, 2017). During therapy sessions, the study participants unanimously expressed preference for music from their home countries, describing a strong emotional attachment to their music and citing its use for effective emotional regulation in achieving non-musical goals. The study thus concluded with the central relevance of the utilized music's cultural origins, and noted the central importance of a therapist's knowledge of a client's musical tradition in order to administer more effective therapy

(Dieterich-Hartwell & Koch, 2017). Such a finding supports the proposition that while musical preferences are largely individual, they are firmly rooted in one's cultural heritage (Bunt & Stige, 2014), thus providing a highly valuable window of "sensitive timing" that facilitates the establishment of a link between the client's and the therapist's personal contexts, ultimately resulting in even greater and more effective client engagement (Stige, 2002).

All the mentioned studies imply that for refugees arriving from war-torn regions dominated by security states, having a safe environment in which to express distress and fear is not only beneficial, but also necessary. As such, it is also necessary to outline the goals of music therapy, and more specifically culture-centred music therapy, that must be addressed in order to create such an environment.

KEY GOALS OF CULTURE-SPECIFIC MUSIC THERAPY IN REFUGEE COMMUNITIES

- i. Preserving and developing people's cultural identity and their orientation according to the culture of their native country. Listening to and playing the music of their own country stimulates the experience of their culture. Especially in a process of adapting to the new culture, it is important for refugees to remain in touch with their own cultures. Music, as a means of expression, in many ways gives shape to culture and thus provides the patient with a certain cultural security (Orth, 2005).
- ii. Addressing the stigma associated with psychotherapy with the help of culture-specific and traditional musical modes, enhancing confidence in approaching appropriate mental healthcare providers, and thereby facilitating the treatment of the large population of refugees who suffer from PTSD, anxiety, depression, insecurity, ruminations, and other cognitive disorders that hinder their ability and willingness to seek appropriate avenues of mental and physical healthcare.
- iii. If not used exclusively, culture-specific music therapy can be supplemented with other methods including Narrative-Exposure Therapy (NET) and Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) to enhance results in reducing PTSD symptoms and aid in the recovery process, as well as to provide an alternative to psychotropic medications that can repel potential refugee clientele from accessing mental healthcare services (Music and Resilience, 2015).
- iv. Providing credible results for the psychological efficacy of creative therapy methods such as music therapy would help convince potential clientele to reach out to existing programmes, especially when this proof is provided in a simple brochure/pamphlet format that is mass-advertised and translated to Arabic and/or other locally adopted languages such as Kurdish, Syriac, Circassian, Armenian, and even Aramaic to account for the majority of ethnic backgrounds in the refugee population.
- v. Addressing the shortage of mental health professionals by establishing music therapy (and, perhaps more effectively, culture-specific music therapy) as a scalable and possibly more

cost-effective alternative to traditional psychotherapy, particularly considering the acutely large percentage of PTSD-afflicted refugees.

Addressing the outlined goals of the discussed literature review requires further research into the modes of efficacy measurement, methods of delivery, and physiological effects of musical psychotherapy interventions, as well as assessments of the scope of impact of these interventions when applied in a culturally-centred manner. Therefore, the discussion of the reviewed literature culminates with the following proposed research questions:

KEY RESEARCH QUESTIONS

- i. To what extent does the exclusive implementation of culture-specific musical interventions result in positive outcomes constituting the reduction of symptoms of mental disorders or disturbances in refugee patients?
- ii. To what extent can culture-specific musical interventions result in a positive impact on refugee mental health when supplemented with other standard care psychotherapy methods as opposed to exclusive implementation?
- iii. Do musical interventions affect brain connectomics, neural correlates, electrophysiology, and or/neurophysiology, and if so, how does this effect influence the results of music therapy / Trauma-focused Music and Imagery in refugee environments?
- iv. Which method of measurement for the impact of music therapy / Trauma-focused Music and Imagery sessions on the psychotherapy process, including biomarkers and electroencephalography (EEG) measurements, yields the most significant results?
- v. How do the outcomes of music therapy / Trauma-focused Music and Imagery sessions differ with the use of traditional music as opposed to the use of conventional musical modes and instruments such as the piano, the guitar, and other internationally recognised instruments/scales?
- vi. To what degree can music therapy / Trauma-focused Music and Imagery serve as an effective substitute for psychotropic medications, if at all?
- vii. How does administering the music therapy / Trauma-focused Music and Imagery differ in a digital versus personal setting, and in an individual versus group setting?
- viii. What is the effect of music therapy / Trauma-focused Music and Imagery on the outcome of psychotherapy treatment for patients experiencing PTSD symptoms and suffering from alcohol, drug, or substance abuse?

CONCLUSION

Music therapy, and specifically culture-centred music therapy, offers multiple solutions to challenges faced by refugees in low-resource camp and urban environments. Traditional musical modalities are

culturally sensitive and therefore non-threatening to traditional values and etiquettes of listening to and playing music. This aspect does not only entail protection from acculturation, but also encourages refugees to let go of the need to somaticize in order to get attention to their mental health conditions. Moreover, musical interventions are non-invasive methods that allow for the establishment and consolidation of social relationships, and more profoundly provider/client relationships, in a way that does not require probing. They are also more scalable and sustainable in low-resource settings and therefore more cost-effective than the exclusive use of traditional therapy, primarily since the alternative of traditional psychotherapy is simply not feasible in such environments. Group music therapy sessions may also generate a network effect, attracting possible clients as congregation grows, through a de-stigmatizing and culturally-sensitive avenue. Finally, music serves as a distraction from real-world detrimental issues, since in contrast to other mental conditions, most refugees face a reality that is truly hopeless. The implementation of musical interventions thus not only provides a healthy escape, but also allows refugees to cultivate their own modes of cultural expression and therefore create greater opportunities for social bonding, facilitating their treatment and their ability to function as healthy members of society. This inquiry, including an examination of the conditions requiring greater application of a scalable and socially adept mode of mental healthcare delivery, namely culture-specific music therapy, thus culminates with a series of proposed target outcomes and research questions whose potential investigation may achieve the aforementioned goals of such implementation, and therefore address the acute mental healthcare challenge faced by Syrian-refugee communities.

REFERENCES

- Agopian, V. (2018). Using music in the classroom to help Syrian refugees deal with post-war trauma. *World Academy of Science, Engineering and Technology*, 12(3), 6.
- Ahonen, H., & Mongillo Desideri, A. (2014). Heroines' journey – Emerging story by refugee women during group analytic music therapy. *Voices: A World Forum for Music Therapy*, 14(1). Retrieved from <https://voices.no/index.php/voices/article/view/2241>
- Amir, D. (2004). Community music therapy and the challenge of multiculturalism. In G. Ansdell & M. Pavlicevic (Eds.), *Community music therapy* (pp. 253-254). London: Jessica Kingsley Publishers.
- Baker, F., & Jones, C. (2006). The effect of music therapy services on classroom behaviours of newly arrived refugee students in Australia: a pilot study. *Emotional and Behavioural Difficulties*, 11(4), 249–260.
- Beck, B. D., Lund, S. T., Søgaard, U., Simonsen, E., Tellier, T. C., Cordtz, T. O., Laier, G.H., & Moe, T. (2018). Music therapy versus treatment as usual for refugees diagnosed with posttraumatic stress disorder (PTSD): study protocol for a randomized controlled trial. *Trials*, 19.
- Bunt, L., & Stige, B. (2014). *Music therapy: an art beyond words* (2nd ed.). Abington: Routledge.
- Chammy, R. E., Kheir, W., & Alaouie, H. (2013). *Mental health and psychosocial support services for Syrian refugees in Lebanon* (p. 68). United Nations High Commissioner for Refugees.
- Children of Syria By the Numbers. (n.d.). Retrieved from <https://www.pbs.org/wgbh/frontline/article/children-of-syria-by-the-numbers/>
- Choi, A.-N., Lee, M. S., & Lim, H.-J. (2008). Effects of group music intervention on depression, anxiety, and relationships in psychiatric patients: a pilot study. *The Journal of Alternative and Complementary Medicine*, 14(5), 567–570.
- Choi, C. M. H. (2010). A pilot analysis of the psychological themes found during the CARING at Columbia – music therapy program with refugee adolescents from North Korea. *Journal of Music Therapy*, 47(4), 380–407.
- Connor, P. (2018, January 29). Where Syrian refugees have resettled worldwide. Retrieved from <http://www.pewresearch.org/fact-tank/2018/01/29/where-displaced-syrians-have-resettled/>
- Dieterich-Hartwell, R., & Koch, S. C. (2017). Creative arts therapies as temporary home for refugees: insights from literature and practice. *Behavioral Sciences*, 7(4), 4–7.
- Fancourt, D., Williamson, A., Carvalho, L. A., Steptoe, A., Dow, R., & Lewis, I. (2016). Singing modulates mood, stress, cortisol, cytokine and neuropeptide activity in cancer patients and carers. *Ecancermedicalscience*, 10.
- World Health Organization (2018). Global Health Observatory data repository. Retrieved from <http://apps.who.int/gho/data/view.main.MHHRV>
- Grape, C., Sandgren, M., Hansson, L.-O., Ericson, M., & Theorell, T. (2003). Does singing promote well-being?: An empirical study of professional and amateur singers during a singing lesson. *Integrative Physiological and Behavioral Science: The Official Journal of the Pavlovian Society*, 38(1), 65–74.

- Hamsch, B., Landgraf, R., Czibere, L., & Touma, C. (2009). 84 - genetic transmission of behavior and its neuroendocrine correlates. In D. W. Pfaff, A. P. Arnold, A. M. Etgen, S. E. Fahrbach, & R. T. Rubin (Eds.), *Hormones, brain and behavior* (2nd ed.) (pp. 2633–2673). San Diego: Academic Press.
- Jefee-Bahloul, H., Bajbouj, M., Alabdullah, J., Hassan, G., & Barkil-Oteo, A. (2016). Mental health in Europe's Syrian refugee crisis. *The Lancet Psychiatry*, 3(4), 315–317.
- Keeler, J. R. M.-B., Roth, E. A. M., Neuser, B. L. M., Spitsbergen, J. M. P., Waters, D. J. M., & Vianney, J.-M. P. (2015). The neurochemistry and social flow of singing: bonding and oxytocin. *Frontiers in Human Neuroscience*, 9.
- Kreutz, G., Bongard, S., Rohrmann, S., Hodapp, V., & Grebe, D. (2004). Effects of choir singing or listening on secretory immunoglobulin A, cortisol, and emotional state. *Journal of Behavioral Medicine*, 27(6), 623–635.
- McKinney, C. H., Antoni, M. H., Kumar, M., Tims, F. C., & McCabe, P. M. (1997). Effects of guided imagery and music (GIM) therapy on mood and cortisol in healthy adults. *Health Psychology: Official Journal of the Division of Health Psychology, American Psychological Association*, 16(4), 390–400.
- Mental Health & Psychosocial Support Considerations for Syrian Refugees in Turkey. (2017, February 27). Retrieved from <http://www.mhinnovation.net/resources/mental-health-psychosocial-support-considerations-syrian-refugees-turkey>
- Music and Resilience 2013-15 Music Therapy Research Report. (2015). Retrieved from <http://www.musicandresilience.net/resources/parker-d/music-and-resilience-2013-15-music-therapy-research-report>
- Nasiroğlu, S., & Çeri, V. (2015). Refugees and Mental State of Refugee Children. *Middle East Journal of Refugee Studies*, 1(1), 43–76.
- New Study Documents Psychological Horrors of Six-Year War on Syrian Children. (2017, March 6). Retrieved from <https://www.savethechildren.org/us/about-us/media-and-news/2017-press-releases/new-study-documents-psychological-horrors-of-six-year-war-on-syr>
- Nilsson, U. (2009). Soothing music can increase oxytocin levels during bed rest after open-heart surgery: a randomised control trial. *Journal of Clinical Nursing*, 18(15), 2153–2161.
- Orth, J. (2005). Music therapy with traumatized refugees in a clinical setting. *Voices: A World Forum for Music Therapy*, 5(2).
- Osman, O. T., Nasir, L., Mollica, R. F., Zoubeidi, T., Lavelle, J., & Amawi, N. (2017). Trauma-Informed Care Survey of Psychiatrists and Primary Care Physicians in the Middle East. *The Primary Care Companion for CNS Disorders*, 19(5), 4–8.
- Psychosocial Support in Crisis and Conflict Settings. (2017). Retrieved from <http://www.cmimarseille.org/knowledge-library/psychosocial-support-crisis-and-conflict-settings>
- Rogers-Sirin, S. R. S., Lauren. (2015, October 9). The Educational and Mental Health Needs of Syrian Refugee Children. Retrieved from <https://www.migrationpolicy.org/research/educational-and-mental-health-needs-syrian-refugee-children>
- Ruud, E. (2008). Music in Therapy: Increasing Possibilities for Action. *Music and Arts in Action*, 1(1), 46–60.
- Scripture, N. (2014, May 28). How 50 music teachers are creating 5,000 musician-citizens across the US, thanks to a TED Prize wish. Retrieved from <https://blog.ted.com/how-50-music-teachers-are-creating-5000-musician-citizens-in-us/>
- Sijbrandij, M., Acarturk, C., Bird, M., Bryant, R. A., Burchert, S., Carswell, K., ... Cuijpers, P. (2017). Strengthening mental health care systems for Syrian refugees in Europe and the Middle East: integrating scalable psychological interventions in eight countries. *European Journal of Psychotraumatology*, 8(sup2).
- Stige, B. (2002). *Culture-Centered Music Therapy* (pp. 235-236). Gilsum: Barcelona Publishers.
- Vollert, J. O., Störk, T., Rose, M., & Möckel, M. (2003). Musik als begleitende Therapie bei koronarer Herzkrankheit. *Deutsche Medizinische Wochenschrift*, 128(51/52), 2712–2716.

Ελληνική περίληψη | Greek abstract

Η χρήση της πολιτισμικά συγκεκριμένης μουσικοθεραπείας για τη διαχείριση της έλλειψης θεραπευτικών υπηρεσιών για τη διαταραχή μετατραυματικού στρες και συναφών ψυχικών παθήσεων σε περιβάλλοντα υποδοχής Σύριων προσφύγων

Jonathan Berger | Hasan Abdulkali

ΠΕΡΙΛΗΨΗ

Η έλλειψη επαγγελματιών ψυχικής υγείας σε φτωχά περιβάλλοντα υποδοχής Σύριων προσφύγων θέτει ως επιτακτική ανάγκη τις εναλλακτικές μη-λεκτικές ψυχοθεραπευτικές παρεμβάσεις, ιδίως δεδομένης της επικράτησης ψυχολογικών παθήσεων όπως η διαταραχή μετατραυματικού στρες (PTSD), η κατάθλιψη και το άγχος. Σε αυτό το άρθρο εξετάζουμε τη μουσικοθεραπεία ως μια κοινωνικά κατάλληλη θεραπευτική μέθοδο που προσφέρει μια μη στιγματισμένη, πολιτισμικά ευαίσθητη οδό ικανή να ενισχύσει την εμπιστοσύνη των ασθενών προς τις υπηρεσίες ψυχικής υγείας, παρέχοντας επίσης μια προσαρμόσιμη και βιώσιμη παρέμβαση για την αντιμετώπιση των προβλημάτων ψυχικής υγείας που αντιμετωπίζονται σε τέτοια φτωχά

περιβάλλοντα. Η παρούσα ανασκόπηση της βιβλιογραφίας συνοψίζει τεκμήρια που υποστηρίζουν τη χρήση πολιτισμικά συγκεκριμένης μουσικοθεραπείας η οποία αξιοποιεί μουσικούς τρόπους που είναι οικείοι με το πολιτισμικό υπόβαθρο των προσφυγικών κοινοτήτων και εντοπίζει βασικά ερωτήματα που χρήζουν περαιτέρω διερεύνησης. Η ανασκόπηση περιλαμβάνει μια συζήτηση σχετικά με τη συγκριτική αποτελεσματικότητα, μια περίληψη των δεδομένων κλινικής αποτελεσματικότητας, αντίστοιχες επικυρωμένες επιδημιολογικές έρευνες καθώς και στόχους ψυχιατρικής επιδημιολογίας που χρησιμεύουν ως καθοδήγηση για περαιτέρω έρευνα σχετικά με τα αποτελέσματα της μεθοδικής πολιτισμικής προσαρμογής των μουσικών παρεμβάσεων. Δεδομένου ότι η επικράτηση των ψυχιατρικών διαταραχών υπερβαίνει την διαχειριστική δυνατότητα των υπάρχουσών υπηρεσιών, οι εναλλακτικές θεραπείες που μπορούν να βοηθήσουν στην αντιμετώπιση αυτής της κρίσιμης ανεπάρκειας θεωρούνται απολύτως αναγκαίες. Αυτή η ανασκόπηση καταλήγει με βασικά ερευνητικά ερωτήματα και τομείς εστίασης που παρέχουν ένα προσχέδιο για μελλοντικές έρευνες σχετικά με την αξιολόγηση της μουσικοθεραπείας που είναι πολιτισμικά συγκεκριμένη ως μια έγκυρη μορφή ψυχοθεραπείας.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

πολιτισμός, μουσικοθεραπεία, πρόσφυγες [refugees], διαταραχή μετατραυματικού στρες [post-traumatic stress disorder, PTSD]

EDITORIAL

Special Feature | Music therapy in dementia and end-of-life care: Mediterranean perspectives

Our sea: Music therapy in dementia and end-of-life care in the Mediterranean region

Giorgos Tsiris

Queen Margaret University; St Columba's Hospice, UK

Enrico Ceccato

Hospital of Vicenza, Italy

AUTHOR BIOGRAPHIES

Giorgos Tsiris, PhD, MMT, is Senior Lecturer in Music Therapy at Queen Margaret University and the Arts Lead at St Columba's Hospice in Edinburgh, UK. He currently serves as the Chair of the ISME Commission on Special Music Education and Music Therapy, while in the past he served as the Research Officer for the British Association for Music Therapy (BAMT) and represented the Greek Association of Certified Professional Music Therapists (ESPEM) to the European Music Therapy Confederation (EMTC). Through his work, he has developed an interest in the complexity of professionalisation in music therapy and its interplay with knowledge and practice development. [gtsiris@qmu.ac.uk] **Enrico Ceccato**, PsyD, MA in Music Therapy, works at the Mental Health Department of the Hospital of Vicenza, Italy. He contributed for years as research fellow to the Department of Music Therapy at the Conservatorium of Verona. He is currently a member of the board of the Italian Association of Music Therapy Professionals (AIM), as well as a member of the advisory editorial board of *Approaches: An Interdisciplinary Journal of Music Therapy*. He is also part of the teaching staff of Giovanni Ferrari Music Therapy School in Padua. His current fields of interest include research in music therapy with psychotic disorders and dementia, and CBT with psychosis and eating disorders. [enrico.ceccato@gmail.com]

Publication history:

Submitted 22 Sept 2019

Accepted 8 Apr 2020

First published 27 May 2020

OPENING

Welcome to this special feature of *Approaches*, which was inspired by the 1st Mediterranean Music Therapy Meeting. Organised by the Giovanni Ferrari Music Therapy School of Padua, with the support of the Italian Association of Professional Music Therapists (AIM) and the Italian Confederation of Associations and Music Therapy Schools (CONFIAM), this event took place on 22nd September 2018 in Padua, Italy. Reflecting the theme of this meeting, *Dialogue on Music Therapy Interventions for Dementia and End-of-Life Care: Voices from Beyond the Sea*, this special feature aims to raise awareness and promote dialogue around music therapy in the Mediterranean region with a focus on dementia and end-of-life care settings.

The special feature contains brief country reports. Although reports vary in writing style and depth of information, each report has a two-fold overall focus: to outline briefly the current state of music therapy within each country and to describe particular applications of music therapy within dementia and end-of-life care contexts. Additionally, this special feature contains a Preface by

Melissa Brotons, who was the keynote speaker at the 1st Mediterranean Music Therapy Meeting, as well as a conference report outlining key aspects of this meeting.

THE SEA AROUND US: A NOTE ON THE MEDITERRANEAN

The name of the Mediterranean Sea originates from the Latin *mediterraneus*, meaning “middle of the earth”. This name was first used by the Romans reflecting their perception of the sea as the middle or the centre of the earth. Interestingly, while perceived as a middle point, the Mediterranean was also experienced as something that surrounded people. Thus, both the Ancient Greeks and the Romans called the Mediterranean “our sea” or “the sea around us” (*mare nostrum* in Latin, or *ἡ θάλασσα ἡ καθ’ ἡμᾶς* [hē thálassa hē kath’hēmâs] in Greek).

The Mediterranean Sea is linked to the Atlantic Ocean. It is surrounded by the Mediterranean basin and enclosed by land: on the north by Southern Europe and Asia Minor, on the south by North Africa, and on the east by Western Asia. Since antiquity the Mediterranean has been a vital waterway for merchants and travellers, facilitating trade and cultural exchange between peoples of the region. The Mediterranean region has been the birthplace of influential civilizations on its shores, and the history of the region is crucial to understanding the origins and evolution of the modern Western world. Throughout its history the region has been dramatically affected by conflict, war and occupation. The Roman Empire and the Arab Empire are past examples with lasting footprints in the region; while ongoing conflicts in Syria, Israel and the Occupied Palestinian Territories are contemporary examples, some of which have led to a refugee crisis in the region. As such, the history of the region has been accompanied by endeavours and struggles to define and redefine national identities, territories and borders. Interestingly, Cyprus is one of just two nations, and the first one in the world, to include its map on its flag (the second is Kosovo – a Balkan country close to the Mediterranean region).

The sea touches three continents, and today the Mediterranean region can be understood, framed and divided differently based on varying geopolitical and other perspectives (see, for example, the Eastern Mediterranean Region of the World Health Organization [WHO, 2020]). For the purposes of this special feature, we understand the Mediterranean region as including 12 countries in Europe, five in Asia and five in Africa. These countries, in clockwise order, are Spain, France, Monaco, Italy, Malta, Slovenia, Croatia, Bosnia and Herzegovina, Montenegro, Albania, Greece, Turkey, Cyprus, Syria, Lebanon, Israel, Occupied Palestinian Territories, Egypt, Libya, Tunisia, Algeria and Morocco.

Despite its relatively small geographical area, the Mediterranean region is characterised by the richness of cultures, religions and musical traditions. Likewise, there is a dramatic diversity in terms of political and socio-economic situations. This diversity is equally reflected in the development of dementia and end-of-life care in these countries. Regarding dementia care, in 2016, the Monegasque Association for Research on Alzheimer’s Disease, published the *Alzheimer and the Mediterranean Report* where it is underlined that “[in] many Mediterranean countries, there is still little knowledge about the problems surrounding Alzheimer’s disease, which remains under-estimated and insufficiently documented” (AMPA, 2016, p.7). The report identified a concerning rise in the number of people with Alzheimer’s disease and related disorders in the Mediterranean area, but little

biomedical, fundamental and clinical research, unequal and unspecialised access to home care services, and also a general lack of training among professionals and a lack of status recognition for family carers.

In terms of end-of-life care, in 2017 the first systematic attempt to map and assess the development of palliative care in the WHO Eastern Mediterranean region was published (Osman et al., 2017). Results demonstrate that palliative care development in Eastern Mediterranean countries is scarce. Most countries are at the very initial stages of palliative care development, with only a small fraction of patients needing palliative care being able to access it. This situation also applies to the integration and provision of palliative care within care homes and nursing homes offering long-term care for older people (Froggatt et al., 2017). Recent reviews also demonstrate that palliative care is variable and inconsistent across the region, while various barriers exist to the development of palliative care delivery. Examples of such barriers include the lack of relevant national policies, limited palliative care training for professionals and volunteers, as well as weak public awareness around death and dying (Fadhil et al., 2017).

Similar barriers around legislation, training and public awareness are met in the development of music therapy in many Mediterranean countries. Music therapy, as a contemporary profession and discipline, and indeed its applications in dementia and end-of-life care, are equally limited and characterised by diversity across the region. As such, this special feature is a modest attempt to bring together perspectives and present initial information for areas of work which are not widely developed, explored or documented so far in most Mediterranean countries. Hopefully this publication will raise further awareness and inform the future development of music therapy with specific reference to its potential applications to dementia and end-of-life care in each country. This becomes even more relevant considering the increase of non-communicable diseases (NCDs), including cancer, in the region (Fadhil et al., 2017).

BEHIND THE SCENES

Inviting authors

Although the 1st Mediterranean Music Therapy Meeting included speakers only from a few Mediterranean countries, this special feature attempted to include authors from every single Mediterranean country. In addition to inviting the speakers from the meeting to contribute to this special feature, we invited authors from each of the other Mediterranean countries. After listing all the countries, we tried to identify music therapists in each of them. We drew on our own professional networks, as well as information available on the websites of the European Music Therapy Confederation (EMTC) and the World Federation for Music Therapy (WFMT), along with relevant publications in the open access journals *Approaches: An Interdisciplinary Journal of Music Therapy* and *Voices: A World Forum of Music Therapy*. In countries where we could not identify a music therapist (with or without direct experience of working in dementia and end-of-life care), we attempted to identify and invite other relevant professionals with an explicit interest in music therapy. When this second option was impossible, no authors were invited. There were also cases where potential authors who met the above criteria did not respond to the invitation. As such, this special feature

does not include a report from every Mediterranean country. The absence of reports from some countries, however, does not necessarily reflect the lack of music therapy work in these countries.

Some of the contributing authors are members or representatives of professional associations and some are not. In either case, their contribution to this special feature aims to represent their views and experiences as individuals without claiming to represent national or other professional bodies. Depending on the position of each individual author, different aspects of music therapy may be explored, prioritised, silenced or challenged in each country report. We want to be clear: these reports are not about absolute 'truths' and do not provide comprehensive accounts of music therapy and of its applications in dementia and end-of-life care in each country. Instead of being a 'full stop', we see these reports as an opening; as invitations for dialogue, debate, critique and mutual growth. We encourage readers to engage with the contents of this special feature critically; being informed by their own experiences and practices, as well as by related literature and historical trajectories in the field (e.g. De Backer et al., 2013; Dileo-Maranto, 1993; Hesser & Heinemann, 2015; Ridder & Tsiris, 2015a; Schmid, 2014; Stegemann et al., 2016).

The challenge of the review process

All reports were peer-reviewed. Although we strived to ensure a 'blind' review process, this was difficult to achieve in certain cases due to the nature of the reports and the small size of the music therapy communities in certain countries. We invited music therapists living and working in Mediterranean countries to serve as reviewers. We also invited some music therapists living in other parts of the world, given their experience and role within international music therapy bodies and initiatives. Reviewers were requested to evaluate not only the accuracy of the information provided in each report but also the reflexive stance of the authors. This comes with acknowledging that in some instances authors and reviewers came from diverse professional and disciplinary spheres, where music therapy can be understood and practised differently. This was particularly relevant to country reports where we could not identify reviewers with 'inland' knowledge of the music therapy field and of its relevance to local dementia and end-of-life care contexts.

TOWARDS HOSPITALITY

Professionalisation issues – which seem to be a common denominator across the reports of this special feature – are often an area of controversy and conflict, where alliances and oppositions have emerged over the history of the music therapy profession within and beyond the Mediterranean region. Writing a country report, and indeed reviewing and editing a collection of such reports, can be a 'hot potato'! Although it is impossible to remain apolitical, we argue (and we have actively tried to promote this through our editorial and reviewing work) that a constructive dialogue needs to be characterised by reflexivity. It needs to be underpinned by openness and transparency regarding our own values and assumptions, our pre-understanding, our standpoint, as well as our invested interests.

Professionalisation conflicts within some Mediterranean countries have led to the development of multiple and, at times, antagonistic associations and professional bodies. In Spain,

for example, there are over 40 associations (Mercadal-Brotons et al., 2015), whereas in Italy there are four main associations (Scarlata, 2015). In other countries, such as Greece (Tsiris, 2011), there are communication challenges and conflicting situations between professional association, training programmes and governmental departments. Although such challenges tend to remain unarticulated and 'hidden' from the professional literature and discourse, they have real implications for the development of the profession within each context and for the morale of each music therapy community.

Overall, this special feature aims to promote a spirit of open dialogue and mutual respect. It is underpinned by a commitment to remain in ongoing dialogue while accepting that we can agree to disagree. As editors we tried to remain true to this commitment, and this became particularly evident in cases where reported practices and concepts were at odds with our own perspectives and understandings of music therapy and its development as a contemporary profession and discipline in Western countries. Indeed, the perspectives presented in some of the reports may sit on the edge or even outside the 'professional canon' of music therapy as developed in many contemporary Western countries. In line with the vision of *Approaches*, this special feature opens up a space where local-global tensions can be voiced (Ridder & Tsiris, 2015b), allowing multiple translations, transitions and borders to be explored. What becomes evident is that definitions of music therapy are inextricably linked to cultural, including spiritual and political, meanings and practices of music, health and illness.

Mediterranean people are known for their hospitality but also for their passionate temperament. We hope that this special feature creates a hospitable and welcoming environment for professional and intercultural exchange where passion can fuel creative action and collaboration instead of conflict. We invite the readers to engage with each report in this spirit of openness and reflexivity. This special feature will hopefully be only the start of future dialogue, debate and constructive critique. To this end, we also invite people to add their voices and perspectives regarding music therapy in the Mediterranean region in relation to dementia and end-of-life care. Music therapists, palliative care practitioners and other professionals are welcome to submit their own papers in the form of articles, reports or letters to the editor.

REFERENCES

- AMPA (2016). *Alzheimer and the Mediterranean Report 2016: Overview – challenges – perspectives*. Retrieved from https://ampa-monaco.com/files/MAA_Rapport_GB_web_sml.pdf
- De Backer, J., Nöcker Ribaupierre, M., & Sutton, J. (2013). Music therapy in Europe: The identity and professionalisation of European music therapy, with an overview and history of the European Music Therapy Confederation. In J. De Backer & J. Sutton (Eds.), *The music in music therapy: Psychodynamic music therapy in Europe: Clinical, theoretical and research approaches* (pp. 24-36). London: Jessica Kingsley Publishers.
- Dileo-Maranto, C. (Ed.). (1993). *Music therapy: International perspectives*. Saint Louis, MI: MMB Music, Inc.
- Fadhil, I., Lyons, G., & Payne, S. (2017). Barriers to, and opportunities for, palliative care development in the Eastern Mediterranean Region. *The Lancet Oncology*, 18(3), e176-e184.
- Froggatt, K., Payne, S., Morbey, H., Edwards, M., Finne-Soveri, H., Gambassi, G., Pasman, H. R., Szczerbinska, K., & Van den Block, L. (2017). Palliative care development in European care homes and nursing homes: Application of a typology of implementation. *Journal of the American Medical Directors Association*, 18(6), 550.e7-550.e14.
- Hesser, B., & Heinemann, H. (Eds.). (2015). *Music as a global resource: Solutions for social and economic issues* (4th ed.). New York, NY: United Nations Headquarters.
- Mercadal-Brotons, M., Sabbatella, P. L., & Del Moral Marcos, M. T. (2017). Music therapy as a profession in Spain: Past, present and future. *Approaches: An Interdisciplinary Journal of Music Therapy*, 9(1), 111-119. Retrieved from <http://approaches.gr/mercadal-brotons-a20150509>

- Osman, H., Rihan, A., Garralda, E., Rhee, J.Y., Pons, J.J., de Lima, L., Tfayli, A., & Centeno, C. (2017). *Atlas of palliative care in the Eastern Mediterranean region*. Houston: IAHP Press. Retrieved from <https://dadun.unav.edu/handle/10171/43303>
- Ridder, H. M., & Tsiris, G. (Eds.). (2015a). Special issue on 'Music therapy in Europe: Paths of professional development'. *Approaches: Music Therapy & Special Music Education, Special Issue 7(1)*. Retrieved from <http://approaches.gr/special-issue-7-1-2015/>
- Ridder, H. M., & Tsiris, G. (2015b). 'Thinking globally, acting locally': Music therapy in Europe. *Approaches: Music Therapy & Special Music Education, Special Issue 7(1)*, 3-9. Retrieved from <http://approaches.gr/special-issue-7-1-2015/>
- Scarlata, E. (2015). Italy. *Approaches: Music Therapy & Special Music Education, Special Issue 7(1)*, 161-162. Retrieved from <http://approaches.gr/special-issue-7-1-2015>
- Schmid, J. (2014). *Music therapy training courses in Europe*. Thesis at the University of Music and Performing Arts, Vienna, Austria.
- Stegemann, T., Schmidt, H. U., Fitzthum, E., & Timmermann, T. (Eds.). (2016). *Music therapy training programmes in Europe: Theme and variations*. Reichert Verlag.
- Tsiris, G. (2011). Music therapy in Greece. *Voices: A World Forum for Music Therapy*. Retrieved from <https://voices.no/community/?q=country-of-the-month/2011-music-therapy-greece>
- World Health Organization (WHO) (2020). *Regional Office for the Eastern Mediterranean Countries*. Retrieved from: <http://www.emro.who.int/countries.html>

PREFACE

Special Feature | Music therapy in dementia and end-of-life care: Mediterranean perspectives

Preface

Melissa Mercadal-Brotos

Escola Superior de Música de Catalunya (Esmuc), Spain

AUTHOR BIOGRAPHY

Melissa Mercadal-Brotos, PhD, MT-BC, SMTAE, is currently the President of the World Federation of Music Therapy (WFMT) and was the European Music Therapy Confederation (EMTC) country representative for Spain between 2013-2019. She is the Academic Director of the Escola Superior de Música de Catalunya (Esmuc) where she also directs the Master Programme in Music Therapy. Her clinical and research work focuses on the area of dementia and has published extensively nationally and internationally on this topic. She leads the Special Interest Group of the IAMM 'Music therapy in the context of dementia: People with dementia and their caregivers'. [brotos@compuserve.com]

Publication history:

Submitted 26 Jan 2019

Accepted 24 Jan 2020

First published 30 May 2020

Welcome to this special feature of *Approaches: An Interdisciplinary Journal of Music Therapy*. Edited by Giorgos Tsiris and Enrico Ceccato, this edition is inspired by the 1st Mediterranean Music Therapy Meeting, which took place in Padua, Italy, on 22nd September 2018. I want to congratulate and thank the organising team of this event, Scuola di Musicoterapia Giovanni Ferrari de Padova, with the patronage of the Italian Association of Professional Music Therapists (AIM) and the Italian Confederation of Associations and Music Therapy Schools (CONFIAM), for their initiative and efforts to create a space for music therapy professionals from different Mediterranean countries to meet, share and exchange experiences. The title of the meeting, *'Dialogue on Music Therapy Interventions for Dementia and End-Of-Life Care: Voices from Beyond the Sea'* illustrates clearly the focus of the event. The programme incorporated a beautiful balance of theoretical presentations, workshops and music performances. It was certainly a unique opportunity for me to participate in this meeting as an expert in music therapy with PWD and as President of the World Federation of Music Therapy (WFMT).

I have worked as a clinician, teacher, and researcher within the field of music therapy for over 30 years, and have had the opportunity to be a part of, and witness, the development of music therapy in different parts of the world. These experiences have taught me to celebrate two things. Firstly, that it is important to praise the many layers of diversity that exist among all of us, such as the various theories and approaches to research, cultural intricacies, training backgrounds, therapeutic methodologies, and the many languages through which we express ourselves. To embrace all these layers of diversity requires openness and an ability to listen, connect, and work together. Secondly, it is important to celebrate the oneness that we have together. Many commonalities exist across the eight regions of the globe encompassed by the WFMT; many more than we often perceive.

The WFMT was established in 1985 by a team of dynamic, pioneering music therapists to strengthen international links and promote the profession of music therapy globally. The awareness that the establishment and recognition of the music therapy profession is varied across countries calls for a delicate balance between global and local aspects of professional development. To this end, the growth, organisation and professionalisation of music therapy continues across the world. At the various conferences, meetings and symposia held to further our profession, practice examples are shared and we can all learn from one another. Subsequently, topics related to training, current situation, future prospects and viability for professional regulation are addressed in many countries from different perspectives.

The Mediterranean countries fall into two of the WFMT regions: Europe and the Eastern Mediterranean. Each region has a dedicated member of the WFMT Council, a Regional Liaison, who establishes contact with representatives from professional associations or individual music therapists in relevant countries, and who presents regular reports of local news via the WFMT website and social media. The WFMT members are a mixture of professional bodies, music therapists, students and allied organisations from around the world. In Europe, many of the Southern countries bordering the Mediterranean have qualified, practising music therapists with considerable years of experience and professional associations who are actively contacting and communicating with their governmental institutions to promote and/or improve the recognition process of music therapy. Both the European Music Therapy Confederation (EMTC) and the WFMT play a part in promoting collaboration and exchange between therapists, helping to equip them for this task.

The Eastern Mediterranean Region of the WFMT extends to the continents of Africa and Western Asia, containing countries set within diverse cultural and political contexts, and where our profession is, in many cases, barely represented. We hear of widely differing attitudes towards the recognition of the psychosocial needs of individuals within healthcare systems, and such diversity is also reflected in the music therapy profession. This presents itself at different stages of development in each of the countries in regard to: number of professional music therapists, training courses, professional associations, number and type of facilities which offer music therapy services, populations served by music therapists, recognition of the profession, research activity/production and music therapy-specific publications. These variations highlight another issue: the challenge of diversity, tensions and contradictions in the field of music therapy. However, these challenges can also be looked at as an *opportunity* for current as well as future music therapists in these countries. Certainly, the field is in the very pioneering stages in this huge region, with very few professional music therapists. However, the hard and continuous work of those who are there contributes to raising awareness about the possibilities and benefits music offers to people with specific needs and helps to create job opportunities. On the other hand, the current challenges and struggles music therapists face in these countries, where the profession is in its infancy, are the overall lack of awareness of what music therapy is, sustainability of practice, and having no standardised guidelines to support practice. It is enlightening for the WFMT to learn from those stories in order to help promote the field in the best way possible in the Eastern Mediterranean, in liaison with national and other international associations and professional bodies.

Events such as the 1st Mediterranean Music Therapy Meeting are always enriching and motivating, since they foster collaboration and welcome dialogue. In addition, it is an opportunity to

meet professionals from other countries and learn about their work while highlighting some common elements and patterns. Meetings, working group discussions, coffee breaks, walks and dinners – all have offered opportunities for exchange, debate, and mutual support. The international professional group who gathered on this occasion certainly highlighted the diverse landscape of music therapy across cultures; bringing to the fore varied histories and paths of professional development, as well as financial and political priorities and needs. I hope this is the beginning of many more in this region of the world, and that they allow diverse voices to be heard. Research, theory development and dialogue are essential components for maintaining a reflexive stance while revisiting music therapy's histories and envisioning its future development in relation to the changing needs and resources of society.

As President of the WFMT, attending and presenting at these types of events, it is a great opportunity to talk about the WFMT and to share the work of the Council and of our members. This reaffirms why the WFMT exists, and what it can offer to assist all the music therapy professionals and pioneers who work persistently to advance the development and growth of the profession in their own countries. When we work together, we can accomplish much. Thank you for hosting an amazing educational, networking, cultural and social event! It was an honour to represent the WFMT and to support the continued efforts to foster communication between therapists and countries within the Mediterranean region.

REPORT

Special Feature | Music therapy in dementia and end-of-life care: Mediterranean perspectives

Music therapy in Greece and its applications in dementia and end-of-life care

Giorgos Tsiris

Queen Margaret University; St Columba's Hospice Care, UK

Christina Kalliodi

Echo Music Psychotherapy Center; Angels of Joy, Greece

ABSTRACT

In this report we focus on music therapy in Greece and its applications in dementia and end-of-life care. Initially we offer an overview of music therapy in the country and outline key developments in terms of professionalisation, education, research and scholarship. Exploring these developments from a critical perspective, we acknowledge contemporary debates and their implications for the advancement of the field. This exploration offers a platform for understanding the current applications of music therapy in dementia and adult end-of-life care in Greece. We provide examples of recent projects and initiatives alongside broader considerations regarding the status of dementia and end-of-life care. We conclude by offering some perspectives for future potential developments in the field.

KEYWORDS

music therapy,
Greece,
dementia,
end-of-life care,
palliative care

Publication history:

Submitted 17 May 2020

Accepted 24 Aug 2020

First published 17 Oct 2020

AUTHOR BIOGRAPHIES

Giorgos Tsiris, PhD, MMT, is Senior Lecturer in Music Therapy at Queen Margaret University and Arts Lead at St Columba's Hospice Care, Edinburgh. He is the founding editor of *Approaches*, and has served as joint coordinator of the Palliative and Bereavement Care Network of the British Association for Music Therapy (BAMT) and representative of the Greek Association of Certified Professional Music Therapists (ESPEM) at the European Music Therapy Confederation (EMTC). Giorgos has worked as music therapist with dying adults and their families in palliative care contexts, and he has led numerous health promotion and death education initiatives. [gtsiris@qmu.ac.uk] **Christina Kalliodi** MA, NICU, is a music therapist and advanced trainee psychotherapist with post-qualification training in NICU and postpartum music therapy as well as paediatric palliative care. She is the founder of the Echo Music Psychotherapy Center that provides music psychotherapy sessions to children and adults. She also collaborates with the non-profit organisation "Angels of Joy" designing and implementing their NICU music therapy programme in the Aglaia Kyriakou paediatric hospital in Athens. She has served as the president of ESPEM and its representative at the EMTC. [christina.kalliodi@nxw.gr]

INTRODUCTION

This report is about music therapy in Greece and its current applications in dementia and end-of-life care while considering broader developments in these care sectors. Drawing from existing literature – including grey literature – as well as our respective professional experiences as UK-trained music therapists currently working in the UK (Giorgos) and in Greece (Christina), we outline key developments, issues and future perspectives without aiming to offer an exhaustive review of the field

or summarise the existing evidence base for music therapy in these areas of work more generally. We endeavour to give an open and transparent account by acknowledging diverse perspectives as well as problems and conflicting situations within and around music therapy in Greece. By articulating and reflecting on such matters – which fuel professional dynamics but are rarely articulated and debated in our disciplinary discourse – we hope we will promote a culture of openness in the field (Stige, 2014). We hope this openness will allow space for diverse and perhaps contrasting professional positions to be acknowledged, challenged, and argued in a critical yet constructive manner while inviting the scrutiny of peer-review processes.

MUSIC THERAPY IN GREECE

The use of music for healing purposes in Greece can be traced back to antiquity through the texts of philosophers such as Pythagoras, Plato, and Aristotle (Nikolaou, 2018; Ntziouni, 2012). As a contemporary professional and disciplinary field however, music therapy is in formative stages of its development. The Greek Association of Certified Professional Music Therapists (ESPEM) was founded in 2004. As the official professional body of music therapists in Greece, ESPEM represents the country to the European Music Therapy Confederation (EMTC) and is a member of the World Federation of Music Therapy (WFMT).

Today, according to ESPEM's membership, there are approximately 50 music therapists in Greece, and most are based in Athens and Thessaloniki. Most music therapists (69%) have studied abroad on a master's level (ESPEM, 2019) with the UK being one of the most common countries of study. Music therapy approaches in Greece vary with psychodynamic, music-centred, and humanistic approaches being most prevalent, employing primarily improvisational music therapy methods.

In 2008, almost 60% of the music therapists worked in special educational settings, 30% worked in mental health, and less than 10% worked in medical and hospital settings. More than 70% of music therapists were employed part-time (Papanikolaou, 2011). Since then, no new relevant demographical information has been published, but the increase of music therapy practitioners in the country has led to the establishment of privately-owned music therapy centres as well as of charitable organisations such as the Institute for Therapy through the Arts "Lilian Voudouri". In addition to service provision, some of these organisations offer clinical supervision and educational workshops addressed to music therapists and other practitioners.

Professional and legislative considerations

Music therapy is not a registered profession in Greece. There is no regulatory body to define and protect the professional title of music therapists. Music therapy is mentioned in the 2008 Special Education Act (Official Journal of the Hellenic Republic, 2008). The Act, however, has raised concerns among the music therapy community regarding the qualification standards that an individual needs to meet in order to practise as a music therapist in public special education school settings. According to the Act, the minimum qualification one must have in place to practise as a music therapist is a diploma or degree in music without requiring any background in music therapy. The State's standards are at odds with the ones set by ESPEM which are informed by the standards of other Western

countries such as the standards set by the Health and Care Professions Council (HCPC) which is the regulatory body for music therapists in the UK (Tsiris, 2011a).

ESPEM has repeatedly raised this issue with the State with no success so far. The disparity between standards stated in the Act and those endorsed by ESPEM, combined with a lack of statutory regulation, has allowed space for diverse and, at times, conflicting interpretations of the education and qualifications required of music therapists practising in the country. Such conflicting views are a main source of disagreements leading to difficult dynamics and limited collaboration within and around the music therapy community, while practices offered by other music professionals are often misperceived as music therapy. For consistency throughout this report, and while acknowledging that there are diverse perspectives on this topic, we use the term 'music therapist' to refer to those who meet ESPEM's minimum criteria for full or candidate membership.¹

Music therapy education

The recent financial crisis in Greece has had negative implications for some individuals' capacity to study music therapy abroad. At the same time, it seems there has been an increasing number of individuals who wish to follow music therapy as a professional career. Some individuals, who cannot afford to study abroad, abandon the idea of education in music therapy altogether while some attend programmes, such as online courses and short-term seminars. Some of these courses and seminars are not offered by music therapists, and the credibility and quality of their content have been questioned and challenged by ESPEM.

In 2016, a two-year Master in Music and Society programme was established at the University of Macedonia in the city of Thessaloniki led by Professor of Music Education Lelouda Stamou. The programme offers two pathways: 1) music teaching, and 2) music therapy (University of Macedonia, 2020). Its graduates, who have completed the second pathway, are eligible to register as members of ESPEM but communication between the programme and ESPEM has been limited and, at times, problematic. Some questions raised by ESPEM pertain to the programme's curriculum including clinical placement and supervision arrangements, as well as the lack of openly available information regarding the teaching team, their roles, and responsibilities. ESPEM has sought clarification on these areas by contacting the University directly (e.g., ESPEM, 2016) but, to our knowledge, no relevant information has been provided.

Music therapists (as well as other healthcare practitioners) have opportunities to specialise in Guided Imagery and Music (GIM); a music-assisted integrative therapy (Association for Music and Imagery, 2020a) which is internationally recognised as a receptive music therapy method (e.g., Grocke & Wigram, 2006; Jacobsen et al., 2019). Over the years, training in GIM and in Music and Imagery (MI) methods has been offered in Greece by "Sonora: Multidisciplinary Organization for Music Therapy and Research" in collaboration with the IMAGEing-European GIM Programs (Sonora, 2020a), as well as by

¹ To meet ESPEM's minimum criteria for full membership, an individual needs: 1) to have completed a three-year full-time bachelor's or two-year full-time master's degree in music therapy from an accredited university within or beyond the country, 2) to have three years of professional experience after receiving their music therapy degree, 3) to have received 200 hours of supervision including the ones during their educational training/internship, and 4) to have 100 hours of personal therapy (music therapy and/or psychotherapy). To meet the minimum criteria for candidate members, an individual needs to meet only the first of the aforementioned criteria (ESPEM, 2017).

the Germany-based IMAGO Institute. The training offered by Sonora is endorsed by the Association for Music and Imagery (2020b).

Training in GIM does not substitute fundamental music therapy studies on bachelor or master level (Akoyunoglou-Christou et al., 2019; see also Körlin & Böhmig, 2014). Despite that, some GIM practitioners in Greece who are not music therapists, describe their services as ‘music therapy’ or ‘receptive music therapy.’ Although GIM is widely recognised as a receptive music therapy method, this situation where non-music therapists describe their services as ‘music therapy’ leads to potential confusion.² This is particularly true in countries like Greece where the professional title of music therapists is not protected.

Music therapy is also being taught in introductory, predominantly elective, modules within the wider curriculum of the respective School of Music Studies at the Aristotle University of Thessaloniki, the Ionian University in Corfu, and the National and Kapodistrian University of Athens, as well as within the Psychology Department of the Hellenic American University in Athens. Some of these modules provide students with practice and observation opportunities, and this has been an area of controversy in the field given that completion of such modules does not lead to qualification in music therapy (e.g., Akoyunoglou-Christou et al., 2019; Psaltopoulou-Kamini, 2019).

Research, scholarship and professional development

Research activity is limited in the country and this includes lack of research infrastructure and funding in the field. This limited activity is also reflected by the low number of Greek research publications in the field although a growth of practice-based papers, reviews and theoretical publications have appeared in recent years (e.g., Andreopoulou et al., 2019; Dakovanou, 2017; Dimitriadis, 2019; Kalliodi, 2019; Tsiriris et al., 2019; Vaiouli & Psaltopoulou-Kamini, 2019). Although music therapists present their work in conferences on a regular basis, they rarely publish the findings of their work in peer-reviewed journals.

Interestingly, most Greek books about music therapy – including some which pertain to the arts therapies more generally – are authored by professionals who are not trained music therapists (e.g., Dritsas, 2003; Evdokimou-Papageorgiou, 1999; Makris & Makri, 2003; Mantzikos, 2018; Shaboutin, 2005; Tsegras, 2014). On the one hand, this highlights an emerging interdisciplinary interest in the field and possibilities for cross-fertilisation and collaboration. On the other hand, this situation means that many of these books tend to be introductory and give broad-brush overviews of the music therapy field (e.g., Charalampidis, 2020) without necessarily contributing with original knowledge and, at times, they are not in line with how music therapy is understood as a contemporary discipline in many Western countries.

To date, seven music therapists who live and work in Greece have completed studies on a doctoral level (i.e., Adamopoulou, 2018; Akoyunoglou, 2014; Antonakakis, 2012; Dakovanou, 2018; Etmektsoglou, 1990; Fragkouli, 2012; Psaltopoulou, 2005); consisting 19% of ESPEM registered music therapists (ESPEM, 2019). Most of them have focused their research on music therapy, but some have

² The Association for Music and Imagery (2020a) and the European Association of Music and Imagery (2020) tend to describe GIM as a “music-assisted integrative therapy” or as a “music-centred integrative form of psychotherapy” respectively instead of using the term “music therapy.”

focused on related fields and areas of practice. An example of the former is the doctoral study by Christiana Adamopoulou (2018) which explored the experience of university music students in a closed, short-term music therapy group. As an example of the latter, Dimitris Antonakakis conducted a naturalistic study on communicative musicality by focusing on mother-infant interactions (Antonakakis, 2012).

Although music therapy research is generally underdeveloped within the country, there are some scarce examples of research activity. For example, Mitsi Akoyunoglou conducted a research project with refugees in the Island of Chios. This project was originally based on her voluntary music therapy work offering one-off open group sessions for children at transit refugee camps (Akoyunoglou-Christou, 2016; Akoyunoglou, 2019; Akoyunoglou & Paidia, 2020). Later, with funding support from the International Organization for Migration, this project expanded to other refugee sub-groups on the Island of Chios. Within the broader music and health arena, various other research initiatives have taken place including studies exploring the effects of music listening on cardiac patients (Dritsas et al., 2006) and on patients undergoing cataract surgery (Merakou et al., 2015).

Looking at the broader development of scholarship within the music therapy profession, an important step has been the creation of the first and, so far, the only music therapy university lecturer post in the country in 2011. This university post in 'Music Therapy in Special Education' was established at the Aristotle University of Thessaloniki within the School of Music Studies and the post holder is Dora Psaltopoulou. Since 2019, the Aristotle University of Thessaloniki is an associate member of the European Consortium for Arts Therapies Education (ECArTe, 2020). Psaltopoulou is also a research assistant at the Adolescent Unit of the 3rd Psychiatric Clinic, University Hospital AHEPA.

Another important step has been the establishment of "Approaches: An Interdisciplinary Journal of Music Therapy" in 2008. Approaches is the first and only peer-reviewed journal in Greece which is dedicated to music therapy (Tsiris, 2011b). As a bilingual (English-Greek) publication with international reach, the journal promotes the advancement of scholarship in the country, as well as the development of music therapy discourse in the Greek language. It offers a forum for sharing practice, theory and research advancements, as well as a forum for debate considering the interplay of local, national and international perspectives. Since its establishment, the journal has published a number of papers focusing on professionalisation issues within and beyond Greece. This includes studies such as the one conducted by Papadopoulou (2012) exploring the use of therapeutic boundaries by music therapists in Greece, whereas in 2015 the journal published a special issue on pathways of professional development in Europe (Ridder & Tsiris, 2015).

The growth of scholarship within the Greek music therapy community and its professional development is also reflected by the rising number of music therapy and related conferences with international participation which have taken place in Greece in recent years. An exemplar of this, is the 12th European Guided Imagery and Music (GIM) conference in 2016. Organised by Sonora, this conference was a turning point for the development of GIM in Europe marking the establishment of the European Association of Music and Imagery (EAMI) (Samara, 2017). Other examples of conferences with international reach include the conference "Creative Arts Interconnection – Paideia – Therapy" which is organised bi-annually by the Aristotle University of Thessaloniki (CAIPT PcS2019, 2020).

MUSIC THERAPY APPLICATIONS IN DEMENTIA AND END-OF-LIFE CARE

Following the first part of this report which offered a more general overview of music therapy in Greece, our focus here turns to music therapy in dementia and end-of-life care accordingly. We briefly introduce each care sector and we then outline current applications of music therapy practice as well as areas of research.

Music therapy in dementia care

A note on dementia care in Greece

Approximately 200,000 people are currently affected by dementia in Greece and this number is expected to exceed 600,000 by 2050. Some important steps towards the promotion and protection of the rights of people with dementia have been taken in the country including the ratification of the National Action Plan for Dementia – Alzheimer’s Disease (Ministry of Foreign Affairs, 2015). Implementation of this plan has already started and, so far, a national dementia registry is underway, memory clinics in the psychiatric or neurological departments of some general hospitals are being organised, while some dementia day care centres are implemented and some units for late-stage dementia are being developed (Athens Alzheimer’s Association, 2020). Athens Alzheimer’s Association – a non-profit organisation founded in 2002 by people with dementia, their relatives and healthcare professionals interested in Alzheimer’s disease – in collaboration with the National Healthy Cities Network has also developed a project called “Building Counselling Services Network for Dementia within Municipalities All Over Greece.” This project seeks to provide care to people with dementia, as well as education and support to their caregivers in the local communities. The overall project aim is to lay the foundations for the creation of dementia-friendly communities in Greece (see also Dementia-Friendly Communities, 2020).

Apart from the aforementioned care contexts, there are numerous private care homes across the country for people with dementia, including those in late stages of the disease. Many family caregivers, however, choose to care for the person with dementia at their own home environment; a decision which is partly shaped by cultural and ethical influences underpinning the Greek society (Issari & Tsaliki, 2017).

Music therapy practice and service provision

Although there is an increased interest in the role of the arts for people affected by dementia, the arts therapies and arts in health practices are not well integrated on a service provision level. A positive exception seems to be the music therapy service offered by Stella Gkoni at Papadopoulion; a care unit in the city of Kalamata for the elderly and for those affected by mobility impairments and dementia. In this context, two music therapy groups have been offered on a biweekly basis for over a year (S. Gkoni, personal communication, April 28, 2020; Papadopoulion, 2020). We were not able to identify any other documented information regarding music therapy service provisions in such settings. Some music therapists however work with people with dementia and their caregivers on a private, freelance basis. Sessions typically take place at the person’s own environment which might be their room in a care home.

The limited integration of music therapy services in dementia care tends to extend to other psychosocial provisions. Integrated care of people affected by dementia seems to face some main obstacles including societal stigma and denial regarding dementia, as well as lack of economic resources (Ministry of Foreign Affairs, 2015; Sissouras et al., 2002).

Alongside the scarce music therapy practice, a growing number of other music initiatives in social and healthcare settings for people affected by dementia have emerged in recent years. In describing their work, some of these initiatives use the terms 'music therapist' and 'musician' or 'music therapy' and 'music' interchangeably despite the practitioners' lack of music therapy qualification. This situation generates confusion especially given the lack of professional regulation in the music therapy field.

Research and scholarship

According to our review of the literature, no music therapy research in dementia has taken place in Greece to date. We identified only one music therapy master's dissertation presenting a single case study of a woman with Alzheimer's disease and her daughter (Kargiou, 2018). Although no other research on music therapy in dementia care was identified, a small number of other studies pertaining more broadly to music and dementia have been conducted. These studies are contributing to the knowledge base around the use of music in the care of people with dementia within the country.

More precisely, Koufou (2018) carried out a two-year ethnographic research in two care homes for the elderly in and around Athens. Through analysis of participants' narratives, she explored the practice of tango during the interwar period in Greece, as well as participants' emotional experience of nostalgia as this was triggered by popular Greek tango songs. Another study, conducted by Yannou et al. (2003), investigated the music perception of people with dementia compared to healthy adults. Furthermore, we identified some relevant student dissertations: two projects focused on music listening interventions for people with dementia (Garefalou & Liapi, 2017; Kourkouli, 2018) and another project focused on healthcare professionals' perceptions of the therapeutic impact of music on people with dementia and Alzheimer's disease (Miliara, 2019).

In addition to this scholarly activity, a day conference on music therapeutic interventions in care units for the elderly took place on 21st of April 2018. The conference was organised by Musikoparea in collaboration with the Chariseio nursing home in Thessaloniki, and presented community music and music therapy perspectives focusing on managing dementia symptoms, depression and isolation.

Music therapy in end-of-life care

A note on end-of-life care in Greece

In 2018, as part of a three-stage project for the development and implementation of palliative care in Greece, the Ministry of Health with the support of Stavros Niarchos Foundation created a national committee under the umbrella of the Worldwide Hospice Palliative Care Alliance (WHPCA). The committee developed a feasibility study that explored the palliative care needs in Greece, assessed the capacity for palliative care provision and offered recommendations for service development. Further stages of the project will see the elaboration of a national strategy for training and

development of services followed by approval and implementation of this new strategy. According to the feasibility study, the number of people in need of palliative care, including end-of-life care, is 135,000 with approximately 62,000 of them dying yearly. Approximately 37% of the needs for palliative care in Greece are for people with cancer. The remaining 63% are for people with various forms of dementia (27%), cardiovascular disease, chronic obstructive pulmonary disease, tuberculosis, HIV, diabetes, cirrhosis, kidney disease, and other serious health complications. The very few specialist palliative service providers within the country can only cover the needs of approximately 1% of these patients requiring end-of-life care. There are no places allocated specifically for inpatients in need of palliative care officially available in the public sector hospitals. At the same time, the development of hospices has been stalled due to difficulties caused by the legal framework of the social welfare system (Law 3106/2003 for the Reorganization of the National Social Welfare System) and by the conditions predefined for the construction and organisation of hospices in the country by a joint ministerial decision in 2007 (see Ministry of Health, 2019).

To date, only three providers of specialised palliative care exist in the country (two of them are NGOs): the Galilee palliative care centre for adult patients, the pain relief and palliative care unit “Jenny Karezi” of the Medical School of the National and Kapodistrian University of Athens, and “Merimna” which provides home-based paediatric palliative care.³ These three providers also offer educational training programmes and clinical placement opportunities for postgraduate palliative care students. In addition to these organisations, there is a general palliative care programme of the pain clinic of Aretaio University Hospital, and a new developing service by the non-profit organisation “Nosileia” and the Association of Cancer Patients, Volunteers, Friends and Doctors (KEFI) aiming to provide home-based palliative care services to adults. General palliative care services may occasionally be provided in some of the 40 oncology and 56 pain clinics in the country. In addition, the National Action Plan for Dementia – Alzheimer’s Disease (Ministry of Foreign Affairs, 2015) provides for the strengthening of existing services and the establishment of new ones which will provide hospital admissions and palliative care services for people with dementia.

The Hellenic Association of Pain Control and Palliative Care (HAPCPC), the Hellenic Society of Pain Management and Palliative Care (PARH.SY.A), the Greek Society for Pediatric Palliative Care as well as other NGOs, such as KEFI and Agapan, play an important role in raising public awareness regarding chronic and terminal diseases, in the study of palliative care and symptom management, as well as in training healthcare professionals (including music therapists) and volunteers.

Of vital importance for the development of palliative care in Greece has been the establishment of the Galilee palliative care centre (Tserkezoglou & Patiraki, 2014). Founded in 2010, Galilee has a team of professionals and volunteers to support people with terminal illnesses. In its initial pilot phase, it focused on adults diagnosed with cancer and in 2018, Galilee established the first hospice in the outskirts of Athens. The hospice is addressed primarily to oncology patients and those with motor neurone disease. The expenses for developing and equipping the hospice are covered by donations,

³ Merimna was established in 1995 to support children facing serious illness or death and their families. In addition to anticipatory grief support and bereavement care for children and parents through the development of childhood bereavement counselling centres, Merimna has developed the first and only home-based palliative care service for children and adolescents. The organisation also aims to develop supportive, compassionate communities through education of the public and specialist education of professionals in the field (Merimna, 2020).

and all its services are cost-free. Alongside its service provisions, Galilee offers continuing professional development opportunities for professionals as well as monthly gatherings focusing on different aspects of palliative care aiming at dispelling societal myths and stereotypes around death and dying. Since 2011, Galilee has also been offering practice placement opportunities for university students from varying disciplines including social work, psychology and nursing. Team members of Galilee have also led the Greek translation and cultural adaption of the IPOS (Integrated POS) measure which is currently undergoing psychometric validation (POS, 2020).⁴

Palliative care, as a university level subject, is almost absent from the undergraduate programmes of the medical schools in the country (with the exception of an elective module at the National and Kapodistrian University of Athens) and it is not included in pharmacology or physiotherapy programmes. However, palliative care is included either as a compulsory or elective module in undergraduate nursing programmes. Similarly, in psychology and social work programmes, palliative care principles are taught as part of other modules, such as health psychology. On a postgraduate level, palliative care references are found in a number of courses and there are three palliative care master's programmes: i) "Organisation and Management of Palliative and Supportive Care" by the Medical School and the Nursing School of the National and Kapodistrian University of Athens addressed to graduates from different disciplines including music therapy, ii) "Oncology Nursing and Palliative Care" at the School of Nursing of the National and Kapodistrian University of Athens addressed exclusively to nursing graduates, and iii) "Supportive and Palliative Care" by the School of Nursing of the University of West Attica.

Music therapy practice and service provision

Despite important developments of psychosocial interventions in Greece over the past years, healthcare provisions tend to be strongly influenced by a bio-medical model. This applies both to dementia and end-of-life care provisions. Psychosocial services, including music therapy, are relatively scarce and commonly provided on a short-term basis and/or voluntary capacity with weak integration within the broader multidisciplinary team which tends to have a more bio-medical focus.

To our knowledge, no music therapy is provided in adult palliative care settings on a service provision level. However, some music therapists are working on a freelance capacity with individuals facing a terminal illness and with their families, but there is no documentation around their practices. Although some arts and crafts activities are offered in Galilee, no arts therapies or arts in health services are provided. Its team and services are primarily medically led.

In some contexts, music therapy is offered to people with cancer and may focus on end-of-life care. One example is the music therapy programme for oncology patients provided by the non-profit organisation Pamme Mazi at the General Oncology Hospital of Kifissia "Agioli Anargyroi" in Athens (Pamme Mazi, 2020). Another example is the provision of short-term interventions offered by Sonora for oncology patients under the initiative of the healthcare company Novartis (Eventora, 2020; Sonora, 2020b).

⁴ The Palliative care Outcome Scale (POS) – an instrument which is widely used for evaluating patients' holistic care needs and for the provision of information and supportive end-of-life care – is already available in Greek (Smyth, 2012).

Apart from these initiatives which focus on adult patients, a small number of music therapists are based in paediatric settings (Samara et al., 2006). For example, the music therapy team of “Angels of Joy” works both in oncology and in intensive care units of the general paediatric hospitals “Aglaia Kyriakou” and “Agia Sofia”, and their work often includes dying neonates/children and their families (Angels of Joy, 2020). Also, some individual practitioners in the country have worked with children with cancer and promoted the role of music therapy as a complementary therapy in such settings (e.g., Froudaki, 2011).

Other music therapy-led initiatives include short-term projects and ad-hoc interventions addressed to staff working with people at the end of life beyond palliative care settings. Within hospital settings, for example, the second author (Christina) has offered one-off interventions to support staff who have experienced the death of a client. Such initiatives aim to offer an emotional outlet and opportunities for reflection, support and self-awareness.

Research and scholarship

According to our literature review, no music therapy research with direct focus on adult palliative care has taken place in Greece to date.⁵ However, we identified a small number of studies pertaining to bereavement care and to oncology. To our knowledge, only two of these studies have been implemented by music therapists: Mitsi Akoyunoglou and Evangelia Papanikolaou. Both studies are based on doctoral research work in collaboration with Ionian University (Greece) and Aalborg University (Denmark) respectively. For both studies, music therapy interventions and data collection took place in settings in Greece.

On the one hand, Akoyunoglou’s (2014) research focused on the therapeutic dimensions of Chios’ island folk lament and on the application of its elements in music therapy. The phenomenological, interview-based analysis of the folk lament informed the development and application of a music therapy intervention for a child mourning the sudden death of her father. This intervention informed the development of a case study which included analysis of lyrical content. Pointing towards culture-specific considerations for music therapy practice, Akoyunoglou’s study highlights the relevance of Chios’ island folk lament in contemporary music therapy practice with bereaved children and potentially with other populations and settings in Greece (see also Akoyunoglou, in press a, b).

On the other hand, Papanikolaou is currently doing her doctoral research on the application of GIM as a short-term psychological intervention for women undertaking chemotherapy or radiotherapy in a Greek oncology hospital-based unit. Initially, she conducted a feasibility mixed-methods study with a small purposive sample of four women who took part in six individual GIM sessions. Informed by this initial study, Papanikolaou conducted a randomised controlled trial pilot study (ClinicalTrials.gov, 2020a) – the first of its kind in Greece. The overall research aim was to investigate the efficacy and practicality of GIM as a psychological therapy for women in active treatment for breast or gynaecologic cancer. This research is currently in progress, but some preliminary findings

⁵ The first author’s (Giorgos) doctorate and other research and evaluative work relates to dementia and palliative care, but these studies are UK-based (see, for example, Pavlicevic et al., 2015; Tsiris, 2018; Tsiris et al., 2011, 2014). Similarly, there are some case studies of music therapy in end-of-life care in the Greek literature but some of them report on work which took place in other countries (e.g., Tsiris & Papastavrou, 2011).

have been presented at conferences (e.g., Papanikolaou, 2016, 2017) and in journal articles (Papanikolaou, 2020; Papanikolaou et al., 2020).

More recently, another randomised clinical trial on GIM has been registered (ClinicalTrials.gov, 2020b). Under the auspices of University of Thessaly and the University Hospital of Larisa, this study is led by Georgia Nika and sets to investigate the effects of the Bonny method of GIM for people with rheumatoid arthritis in terms of chronic pain relief and other psychosocial parameters. It also aims to explore the method's effect on caregiver burden.

In addition to the aforementioned studies, we identified some relevant master's theses with a focus on music therapy and/or other music interventions. In her music therapy thesis, for example, Pasoudi (2018) conducted a clinical-theoretical case study to explore music therapy in relation to behavioural patterns observed in breast cancer survivors. This study drew on a music therapy group over a four-month period as part of Pasoudi's clinical practice. Another example is a literature review which was part of a master's thesis in algology (Angourakis, 2019). This study was a narrative review of the literature examining the effectiveness of musical interventions in the treatment of chronic pain.

Other healthcare professionals have also explored the role of music in intensive care and oncology settings without necessarily focusing on end-of-life care. Examples include a literature review led by a team at the Evagelismos general hospital of Athens exploring the role of music to promote relaxation in intensive care unit patients (Mangoulia & Ouzounidou, 2013). Another theoretical study was implemented by Athanassakis and Karavassiliadou (2012) offering a review of the literature with regards to the therapeutic application of music in the treatment for paediatric and adult patients with cancer.

The increased interest in music therapy's role in oncology is also reflected through the organisation of relevant events in recent years within the country. In 2016, for example the "Music Therapy and Oncology" symposium took place in Athens (see Neida, 2018). Organised by the Greek Cancer Society (EAEF) in cooperation with ESPEM, the symposium included presentations from music therapists illustrating different ways that music therapy can support oncology patients – including those at the end of life – as well as their families and healthcare staff. In addition to such music therapy-specific events, music therapists present their work to other related conferences and seminars. In 2013, for instance, Papanikolaou presented about music therapy's role in cancer care at the "Creation, Music, Health" seminar organised by KEFI. Similarly, Kandia Bouzioti, who is practising at the General Oncology Hospital of Kifissia "Agioli Anargyroi", presented in 2019 at the forum of Pamme Mazi, as well as at the one-day conference on palliative care nursing "My Care – My Right" organised by the Hellenic Nursing Association. More recently, in 2020, Papanikolaou was an invited guest speaker at the conference "Cancer 2020-Guidelines" in Thessaloniki.

LOOKING AHEAD

This report has focused on music therapy in Greece and its current applications in dementia and end-of-life care alongside some wider developments in these respective care sectors. Although this report does not offer an exhaustive review of the field, we have attempted to bring to the foreground key issues in terms of professionalisation, education, research and scholarship in music therapy which can inform future potential developments in the country.

Music therapy in Greece is in formative stages of its development. The establishment of a coherent framework for education and qualification standards in the field – which will be commonly understood and accepted by ESPEM, Greek legislation and education providers – is a key step for safeguarding the optimal development of music therapy as a field. This would support the professional recognition of music therapists and potentially lead to legislative regulation to support, protect and promote the profession. Such developments would help a unified approach, the establishment of further posts and service development, and better integration of music therapy within multidisciplinary teams. In the meantime, while such commonly accepted frameworks are not in place, music therapists in the country are left with the challenge to define, protect and defend their work and the profession as a whole without being territorial or defensive. Remaining in constructive dialogue despite different and perhaps competing agendas and invested interests is a real challenge for the music therapy community.

Moving forward there is a need for increased research activity including research publications in peer-reviewed journals promoting knowledge generation within the country. Some encouraging developments are taking place in the field of music medicine and other music and health practices in Greece beyond dementia and end-of-life care (e.g., Stamou et al. 2016, 2020; Vaiouli & Andreou, 2018). Music therapy research can grow through interdisciplinary and international collaborations building on networks, expertise and knowledge of colleagues within and beyond the country. Such collaborative projects are also more likely to attract research funding which is currently limited in Greece.

The considerations above are relevant to music therapy more broadly as a field in the country and need to go hand-in-hand with practice and service development in different areas of practice.⁶ As outlined in this report, music therapy practice and research in dementia and end-of-life care is scarce and there is great potential for development. This scarcity reflects limitations in dementia and end-of-life care more generally including weak integration of music and other arts interventions as integral part of holistic service provisions.

We hope that music therapy in dementia and end-of-life care settings will be gradually integrated as a core part of holistic care in Greece. Service provision in the form of individual and group sessions for service-users, their families and caregivers would be a key step in this direction, and sessions can take place in diverse contexts of care, including day care, inpatient units and home care. The provision of such work needs to be framed and supported by appropriate contractual and financial agreements. This is crucial given the expectation of many organisations for music therapy practitioners to offer their services on a voluntary or ad-hoc capacity (Thomas & Abad, 2017).

Expanded practices, such as open and community-oriented music therapy groups (Dennis & Rickson, 2014; Gosine & Travasso, 2018; Tsiris et al., 2014) as well performance-oriented work (Baker, 2013) and environmental music therapy (Canga et al., 2012; Rossetti, 2020), would also offer support to indirect beneficiaries including staff members, and generate a sense of organisational wellbeing. This is in line with the 'ripple effect' of music therapy as it has been documented in dementia care homes and palliative care contexts elsewhere (Pavlicevic et al., 2015; Tsiris, 2018).

⁶ The development of collaborative initiatives between music therapists and other arts therapists has been identified as a potential catalyst for service development as well as for the professionalisation of the broader arts therapies field in Greece (Athanasidou et al., 2016; Karkou et al., 2019).

Other areas of work, some of which can take the form of short-term projects, include music therapy's role in health promoting palliative care as well as in death education. A core aim of such initiatives is the promotion of healthier attitudes towards ageing, death and dying in society; and this has been an important aspect of the work that Galilee and other organisations in Greece have been promoting. Community-oriented approaches to music therapy can generate a creative, non-threatening platform where people can explore experiences of ageing, death and dying through music-making including songwriting. The implementation of such projects in other countries has often brought adult patients and school children together to explore issues and experiences of death, dying and loss through intergenerational songwriting (Hartley, 2011; Tsiris et al., 2011).

Music therapists in Greece could also support broader developments in dementia and end-of-life care by contributing to relevant organisations in terms of governance, policy-making and strategic development, including the provision of consultancy work for service development and innovation (Tsiris & Chaddock, 2018). Nigel Hartley (2019) highlights what artists can bring to leadership roles in palliative care challenging perceptions around the remit of their work. Additional training and specialisation in relation to dementia and/or end-of-life care, as well as service evaluation, management and other related areas can support music therapists' readiness to engage in such expanded roles in the field.

Looking ahead, we argue that music therapy in Greece would benefit from a balanced engagement not only with international developments but also with the needs and specificities of its local context. In addition to being informed by practices and pathways developed in other countries (e.g., Coombes & Etmektsoglou, 2017; Etkin & Tsiris, 2010), music therapists need to consider the particular characteristics of the Greek society, including its perspectives and caring practices around ageing, death and dying.

ACKNOWLEDGMENTS

We warmly thank Dr Aliko Tserkezoglou (gynaecologic oncologist and vice president of the Galilee palliative care centre) and Dr Spyridoula Tsaroucha (administrative manager of paediatric palliative home care service of Merimna and president of the board member of Greek Society for Pediatric Palliative Care) for commenting on earlier versions of this report especially in relation to end-of-life care in Greece.

REFERENCES

- Adamopoulou, C. (2018). *Ποιοτική διερεύνηση της εμπειρίας φοιτητών μουσικής σε ομάδα μουσικοθεραπείας* [The experience of group music therapy for music students: A qualitative research study]. Doctoral thesis, Ionian University, Corfu, Greece.
- Akoynoglou, M. (2014). *Φαινομενολογική έρευνα του χιώτικου μοιρολογιού και μελέτη εφαρμογής στοιχείων του στη σύγχρονη μουσικοθεραπεία παιδιού που πενθεί την απώλεια ενός γονέα* [A phenomenological approach to the Chios' island folk lament and a study of the application of its elements in music therapy with a child mourning the loss of a parent]. Doctoral thesis, Ionian University, Corfu, Greece.
- Akoynoglou, M. (2019). Ο «κύκλος της μουσικής» με παιδιά πρόσφυγες στη Χίο: Περιγραφή και απολογισμός δράσεων τριών ετών [The "Circle of Music" with refugee children in Chios Island: Description and reports of three years field work]. In T. Raptis & D. Koniari (Eds.), *Μουσική εκπαίδευση και κοινωνία: Νέες προκλήσεις, νέοι προσανατολισμοί* [Music Education and Society: new challenges, new directions] (pp. 94-101). GSME.
- Akoynoglou, M. (in press a). Το μοιρολόι τα νεώτερα χρόνια σε χωριά της Χίου (μια διαχρονικά συλλογική τέχνη απέναντι στο θάνατο) [The lament in recent years in villages of Chios Island (a timeless collective art against death)]. In E. Kallimopoulou & A. Theodosiou (Eds.), *Μουσικές κοινότητες στην Ελλάδα του 21ου αιώνα: Εθνογραφικές ματιές και ακρόασεις* [Music Communities in Greece in the 21st century: Ethnographic views and listenings]. Pedio.

- Akoyunoglou, M. (in press b). Exploring the function of the female lamenter in the bereavement process: A case study in Chios Island. *Series Musicologica Balcanica*.
- Akoyunoglou, M., & Paidá, S. (2020). Προσεγγίζοντας τα παιδιά πρόσφυγες σε δομές εκπαίδευσης ακολουθώντας τις αρχές παροχής ψυχολογικών πρώτων βοηθειών [Approaching refugee children in educational settings by following the principles of Psychological First Aid]. In O. Pachi (Ed.), *Το πολυπολιτισμικό σχολείο στον 21ο αιώνα: Διδακτικές μέθοδοι, εφαρμοσμένες πρακτικές και πολιτισμικές δεξιότητες* [The multicultural school in the 21st century: Teaching methods, applied practices and cultural skills] (pp. 208-219). Corfu.
- Akoyunoglou-Christou, M. (2016). Music therapy groups with children at transit refugee camps in Chios Island, Greece. *Nordic Journal of Music Therapy*, 25(sup1), 7.
- Akoyunoglou-Christou, M., Etmektoglou, I., & Papanikolaou, E. (2019). Μουσικοθεραπεία: Μια σύντομη αναφορά στην εκπαίδευση [Music therapy: A brief report on education]. In L. Giotis, D. Maravelis, A. Pantagoutsou & E. Giannouli (Eds.), *Η συμβολή των ψυχοθεραπειών μέσω τέχνης στην ψυχιατρική θεραπευτική* [The contribution of arts psychotherapies to psychiatric treatment] (pp. 356-359). Vita Publications.
- Andreopoulou, G., Kalliodi, C., & Koukourakis, D. (2019). Μουσικοθεραπεία και ψυχική υγεία [Music therapy and mental health]. In L. Giotis, D. Maravelis, A. Pantagoutsou & E. Giannouli (Eds.), *Η συμβολή των ψυχοθεραπειών μέσω τέχνης στην ψυχιατρική θεραπευτική* [The contribution of arts psychotherapies to psychiatric treatment] (pp. 55-59). Vita Publications.
- Angels of Joy (2020). Προγράμματα για παιδιά [Programmes for children]. <https://www.angelsjoy.gr/programmata/gia-pedia/>
- Angourakis, M. (2019). *Η μουσική παρέμβαση στην αντιμετώπιση του χρόνιου πόνου* [The musical intervention in the treatment of chronic pain]. Master's thesis, Centre of Pain and Palliative Care, School of Medicine, National and Kapodistrian University of Athens, Athens, Greece.
- Antonakakis, D. (2012). *Επικοινωνιακή μουσικότητα: Ρυθμικές μιμήσεις και συρρυθμίες στις αλληλεπιδράσεις βρεφών - μητέρων* [Communicative musicality: Rhythmic imitations and synrhythmies in mother - infant interactions]. Doctoral thesis, University of Crete, Rethymno, Greece.
- Athanassakis N. E., & Karavassiliadou L. S. (2012). Η μουσικοθεραπεία ως μορφή εναλλακτικής-συμπληρωματικής θεραπείας σε νοσηλευόμενους ογκολογικούς ασθενείς [Music therapy as part of the alternative-complementary therapy in cancer patients in hospital]. *Rostrum of Asclepius*, 11(1), 28-36.
- Athanasiadou, F., Kagiáfa, D., Karkou, V., Lykopoulou, M., Babalis, T., Bitzaraki, A., Bouzioti, C., Sampathianaki, E., & Tsiris, G. (2016). Η ομάδα KATI: Βιώματα και αναστοχασμοί σχετικά με τη σύμπραξη των θεραπειών μέσω τεχνών [The KATI team: Experiences and reflections regarding the co-action of arts therapies]. *Approaches: An Interdisciplinary Journal of Music Therapy, Special Issue* 8(1), 68-80. <http://approaches.gr/athanasiadou-a20160416>
- Athens Alzheimer's Association (2020). About us. <https://alzheimerathens.gr/en/>
- Association for Music and Imagery (2020a). Frequently asked questions. <https://ami-bonny-method.org/about/faq>
- Association for Music and Imagery (2020b). AMI-endorsed training programs. <https://ami-bonny-method.org/find-a-training/institutes>
- Baker, F. A. (2013). Front and center stage: Participants performing songs created during music therapy. *The Arts in Psychotherapy*, 40(1), 20-28.
- CAIPT PcS2019 (2020). Two-day C.A.I.P.T. preconference symposium 2019 "Music & Arts Therapies in Healthcare Settings". <https://caipt.mus.auth.gr/>.
- Canga, B., Hahm, C. L., Lucido, D., Grossbard, M. L., & Loewy, J. V. (2012). Environmental music therapy: A pilot study on the effects of music therapy in a chemotherapy infusion suite. *Music and Medicine*, 4(4), 221-230.
- Charalampidis, M. (2020). Book review "Θεραπευτικές προσεγγίσεις μέσω της τέχνης (Τσέγρας)". *Approaches: An Interdisciplinary Journal of Music Therapy*, Advance online publication, 1-2. <http://approaches.gr/charalampidis-br20200427>
- ClinicalTrials.gov (2020a). Identifier NCT03936075; Guided Imagery & Music in cancer; posted 2019 May 3. US National Library of Medicine. <https://clinicaltrials.gov/ct2/results?cond=&term=music+therapy&cntry=GR&state=&city=&dist=>
- ClinicalTrials.gov (2020b). Identifier NCT04380129; Music therapy model "The Bonny method of Guided Imagery and Music" on patients with rheumatoid arthritis (GIM); posted 2020 May 8. US National Library of Medicine. <https://clinicaltrials.gov/ct2/show/NCT04380129?term=guided+imagery+and+music&cntry=GR&draw=2&rank=1>
- Coombes, E., & Etmektoglou, I. (2017). Glimpses into the challenges and opportunities of a new training programme: The MA Music Therapy programme at the University of South Wales. *Approaches: An Interdisciplinary Journal of Music Therapy*, 9(1), 120-127. <http://approaches.gr/coombes-i20150713>
- Dakovanou, X. (2017). Το Αναλυτικό Μουσικόδραμα, μεταξύ ψυχανάλυσης και μουσικής, μια κλινική εφαρμογή [The Analytic Musicdrama, between psychoanalysis and music, a clinical application]. In A. Lazou & G. Patios (Eds.), *Τέχνη, φιλοσοφία, θεραπεία* [Art, philosophy, therapy] (vol. A, pp. 88-116). Arnaouti Publications.
- Dakovanou, X. (2018). *Représentation musicale et représentation psychique: Applications cliniques* [From mental representation to musical representation: Clinical applications]. Doctoral thesis, Université Paris Diderot - Paris 7, France.
- Dementia-Friendly Communities (2020). Κοινότητες φιλικές προς την άνοια [Dementia-friendly communities]. www.dementia-community.gr
- Dennis, P., & Rickson, D. J. (2014). The leader of the band: A case story of community music therapy on a hospital ward for people who have dementia. *Voices: A World Forum for Music Therapy*, 14(1). <https://voices.no/index.php/voices/article/view/2239>
- Dimitriadis, T. (2019). Διαγνωστικές δοκιμασίες στη μουσικοθεραπεία [Diagnostic trials in music therapy]. In L. Giotis, D. Maravelis, A. Pantagoutsou & E. Giannouli (Eds.), *Η συμβολή των ψυχοθεραπειών μέσω τέχνης στην ψυχιατρική θεραπευτική* [The contribution of arts psychotherapies to psychiatric treatment] (pp. 489-490). Vita Publications.
- Dritsas, A. (2003). *Η μουσική ως φάρμακο: Κείμενα και σχόλια πάνω στις θεραπευτικές δυνατότητες της μουσικής* [Music as medicine: Texts and commentaries on the therapeutic possibilities of music]. Info Health.
- Dritsas, A., Pothoulaki, M., MacDonald, R. A. R., Flowers, P., & Cokkinos, D. V. (2006). Effects of music listening on anxiety and mood profile in cardiac patients undergoing exercise testing. *European Journal of Cardiovascular Prevention & Rehabilitation*, 13(1), 76.
- ECARTE (2020). Member institutions. <http://www.ecarte.info/membership/member-institutions.htm>

- ESPEM (2016, February 22). Διευκρινίσεις σχετικά με το Πρόγραμμα Μεταπτυχιακών Σπουδών «Μουσική και Κοινωνία», Κατεύθυνση 2: «Μουσική – Θεραπεία, Άτομα με Αναπηρία (Α.με.Α.) και Ποιότητα Ζωής» του Πανεπιστημίου Μακεδονίας [Clarifications regarding the Master Training Programme “Music and Society”, Direction 2: “Music – Therapy, Disabled People and Quality of Life]. Letter of ESPEM to University of Macedonia.
- ESPEM (2017). Καταστατικό [Constitution]. <https://sites.google.com/view/musictherapy-gr>
- ESPEM (2019). Μουσικοθεραπεία: Πληροφορίες και προτάσεις για την αναγνώριση του επαγγέλματος [Music therapy: Information and proposals for the recognition of the profession]. <https://sites.google.com/view/musictherapy-gr/%CE%BC%CE%BF%CF%85%CF%83%CE%B9%CE%BA%CE%BF%CE%B8%CE%B5%CF%81%CE%B1%CF%80%CE%B5%CE%AF%CE%B1>
- Etkin, P., & Tsiris, G. (2010). On developing policies and practices in music therapy: Personal reflections from the experience of Nordoff Robbins in London. *Approaches: Music Therapy & Special Music Education*, 2(1), 12-24. <http://approaches.gr/volume-2-1-2010>
- Etmektsoglou, I. (1990). *A computer-based evaluation of pitch matching skills of college freshman students in music*. Doctoral thesis, University of Illinois, Champaign, IL, United States of America.
- European Association of Music and Imagery (2020). *What is GIM?* <https://www.music-and-imagery.eu/what-is-gim>
- Evdokimou-Papageorgiou, R. (1999). *Δραματοθεραπεία – μουσικοθεραπεία: Η επέμβαση της τέχνης στην ψυχοθεραπεία: Θεωρία, ασκήσεις, εφαρμογές* [Dramatherapy – music therapy: The intervention of art in psychotherapy]. Ellinika Grammata.
- Eventora (2020, July 21). <https://www.eventora.com/el/Events/eisai-gynaika-eisai-dynami-2019>
- Fragkouli, A. (2012). *Η μουσική ως θεραπευτικό μέσο για παιδιά με ψυχικές διαταραχές στο ειδικό σχολείο* [Music therapy for children with psychological disorders in special education]. Doctoral thesis, National and Kapodistrian University of Athens, Athens, Greece.
- Froudaki, M. (2011). “Where have all the songs gone, mum?” The contribution of music therapy in psycho-oncology. *Approaches: Music Therapy & Special Music Education, Special Issue 2011*, 65. <http://approaches.gr/special-issue-2011>
- Garefalou, C., & Liapi, I. (2017). *Μουσικοθεραπεία στη νόσο του Alzheimer* [Music therapy in Alzheimer's disease]. BA thesis, Department of Speech & Language Therapy, Technological Educational Institute of Epirus, Arta, Greece.
- Gosine, J., & Travasso, R. (2018). Building community through song: The therapeutic hospice choir. *British Journal of Music Therapy*, 32(1), 18-26.
- Grocke, D., & Wigram, T. (2006). *Receptive methods in music therapy: Techniques and clinical applications for music therapy clinicians, educators and students*. Jessica Kingsley Publishers.
- Hartley, N. (2011). Letting it out of the cage: Death education and community involvement. In S. Conway (Ed.), *Governing death and loss – Empowerment, involvement and participation*. Oxford University Press.
- Hartley, N. (2019, April 18). When the artist becomes leader... some thoughts. *EAPC Blog*. <https://eapcnet.wordpress.com/2019/04/18/when-the-artist-becomes-leader-some-thoughts/>
- Issari, P., & Tsaliki, C. (2017). Stories of family caregivers of people with dementia in Greece: Implications for counselling. *European Journal of Psychotherapy & Counselling*, 19(3), 290-306.
- Jacobsen, S.L., Pedersen, I.N., & Bonde, L.O. (Eds.). (2019). *A comprehensive guide to music therapy* (2nd Ed.). Jessica Kingsley Publishers.
- Kalliodi, C. (2019). Μουσικοθεραπεία [Music therapy]. In T. Robertson (Ed.), *Ψυχοθεραπείες μέσω εκφραστικών τεχνών* [Psychotherapies through expressive arts] (pp. 55-76). Herma.
- Kargiou, A. (2018). *Η μουσικοθεραπεία στην τρίτη ηλικία: Alzheimer's - Μελέτη περίπτωσης* [Music therapy in the third age: Alzheimer's – A case study]. Master's thesis, University of Macedonia, Thessaloniki, Greece.
- Karkou, V., Tsiris, G., & Kagiava, D. (2019). Εκπαίδευση και επαγγελματική αναγνώριση για τους θεραπευτές μέσω τέχνης: Ευρωπαϊκές προοπτικές [Education and professional recognition for arts therapists: European perspectives]. In L. Giotis, D. Maravelis, A. Pantagoutsou & E. Giannouli (Eds.), *Η συμβολή των ψυχοθεραπειών μέσω τέχνης στην ψυχιατρική θεραπευτική* [The contribution of arts psychotherapies to psychiatric treatment] (pp. 332-340). Vita Publications.
- Körlin, D., & Böhmig, A. (2014). The Bonny Method of Guided Imagery and Music in Greece. *Approaches: Music Therapy & Special Music Education*, 6(2), 73-77. <http://approaches.gr/the-bonny-method-of-guided-imagery-and-music-in-greece-dag-korlin-interviewed-by-anna-bohmig>
- Koufou, A. (2018). An experiential description of the tango in interwar Greece (1922-1940) through the life narratives of elderly people in care homes. *Approaches: An Interdisciplinary Journal of Music Therapy*, 10(1), 67-79. <http://approaches.gr/koufou-a20160916>
- Kourkouli, E. (2018). *Η επίδραση της μουσικοθεραπείας σε ασθενείς με άνοια και ο ρόλος της στην αποκατάσταση* [The impact of music therapy on patients with dementia and its role in rehabilitation]. Master's thesis, Rehabilitation Sciences, Technological Educational Institute of Western Greece, Patras, Greece.
- Makris, I., & Makri, D. (2003). *Εισαγωγή στη μουσικοθεραπεία* [Introduction to music therapy]. Grigori Publications.
- Mangoulia, P., & Ouzounidou, A. (2013). The role of music to promote relaxation in intensive care unit patients. *Hospital Chronicles*, 8(2), 78-85.
- Mantzikos, K. (2018). *Η μουσική θεραπεύει: Η θεραπευτική δράση της μουσικής στις αναπτυξιακές διαταραχές* [Music heals: The therapeutic action of music on developmental disorders]. IWRITE.gr
- Merakou, K., Varouxi, G., Barbouni, A., Antoniadou, E., Karageorgos, G., Theodoridis, D., Koutsouri, A., & Kourea-Kremastinou, J. (2015). Blood pressure and heart rate alterations through music in patients undergoing cataract surgery in Greece. *Ophthalmology and Eye Diseases*, 7, 7-12.
- Merimna (2020). Pediatric palliative home care. <https://merimna.org.gr/service/paidiatriki-anakoufistiki-frontida-sto-spiti/?lang=en>
- Miliara, E. (2019). *Στάσεις και γνώσεις επαγγελματιών υγείας σχετικά με την θεραπευτική επίδραση της μουσικής σε ασθενείς με Άνοια και Alzheimer* [Attitudes and knowledge of health professionals regarding the therapeutic impact of music on patients with dementia and Alzheimer's]. MSc thesis, Faculty of Medicine of the University of Thessaly, Hellenic Open University, Greece.
- Ministry of Foreign Affairs (2015). National action plan for dementia – Alzheimer's disease. <https://alzheimerathens.gr/wp-content/uploads/2019/01/greece-national-plan-2016.pdf>
- Ministry of Health (2019). *Μελέτη σκοπιμότητας για την ανακουφιστική φροντίδα στην Ελλάδα* [Feasibility study on palliative care in Greece]. https://www.snf.org/media/13543883/meleti-skopimotitas_teliko.pdf

- Neiada, M. (2018). Conference report: "Music therapy and oncology symposium". *Approaches: An Interdisciplinary Journal of Music Therapy*, 10(1), 115-117. <http://approaches.gr/neiada-cr20170627>
- Nikolaou, I. (2018). Η μουσική ως θεραπεία στην ελληνική αρχαιότητα [Music as therapy in Greek antiquity]. *Approaches: An Interdisciplinary Journal of Music Therapy*, 10(2), 204-211. <http://approaches.gr/nikolaou-a20170313>
- Ntziouni, G. (2012). *Μουσικοθεραπευτική θεωρία και πράξη: Από τον Όμηρο έως τους ελληνιστικούς χρόνους* [Music therapy theory and practice: From Homer until the Hellenistic period]. Papagrigoriou- Nakas.
- Official Journal of the Hellenic Republic (2008). Law 3699 "Special pedagogy and education of individuals with disabilities or with special educational needs". 199/ vol. A/02.10.2008.
- Pamme Mazi (2020, 21 July) Music therapy. <https://www.pamemhazi.org/mousikitherapeia>
- Papadopoulou (2020, July 21). <https://papadopoulou.gr/%CF%83%CF%85%CE%BD%CE%B5%CE%B4%CF%81%CE%AF%CE%B5%CF%82-%CE%BC%CE%BF%CF%85%CF%83%CE%B9%CE%BA%CE%BF%CE%B8%CE%B5%CF%81%CE%B1%CF%80%CE%B5%CE%AF%CE%B1%CF%82-%CF%83%CF%84%CE%BF-papadopoulou>
- Papadopoulou, M. C. (2012). Boundaries and music therapy practices in Greece: A small qualitative study. *Approaches: Music Therapy & Special Music Education*, 4(1), 23-33. <http://approaches.gr/volume-4-1-2012>
- Papanikolaou, E. (2011). Χαιρετισμός και εισαγωγική ομιλία [Salutation and introductory speech]. *Approaches: Music Therapy & Special Music Education, Special Issue 2011*, 9-13. <http://approaches.gr/special-issue-2011>
- Papanikolaou, E. (2016). Exploring the effects of GIM with women with gynaecologic cancer in treatment. *Nordic Journal of Music Therapy*, 25(suppl.), 145.
- Papanikolaou, E. (2017). Guided Imagery and Music (GIM) in gynecologic cancer: Hope as a spiritual aspect. In G. Tsiris, G. Ansdell, N., Spiro & O. Coggins (Eds.), *Exploring the spiritual in music: Interdisciplinary dialogues in music, wellbeing and education (The 4th Nordoff Robbins Plus Research Conference and the 4th International Spirituality and Music Education Conference, 9-10 December 2017)* (p.44). Nordoff Robbins.
- Papanikolaou, E. (2020). Guided Imagery and Music (GIM) during active treatment for cancer: Considerations for clinical practice. *Journal of the Association for Music & Imagery*, 17, 55-71.
- Papanikolaou, E., McKinney, C., & Hannibal, N. (2020). Guided Imagery and Music during active treatment for gynecologic cancer: Results of a feasibility study. *Music and Medicine*, 12, 199-209.
- Pasoudi, E. (2018). *Ομάδα μουσικοθεραπείας σε γυναίκες με καρκίνο του μαστού – survivors* [Group music therapy for women with breast cancer – survivors]. Master's thesis, University of Macedonia, Thessaloniki, Greece.
- Pavlicevic, M., Tsiris, G., Wood, S., Powell, H., Graham, J., Sanderson, R., Millman, R., & Gibson, J. (2015). The 'ripple effect': Towards researching improvisational music therapy in dementia care homes. *Dementia*, 14(5), 659-679.
- POS (2020). IPOS translations. <https://pos-pal.org/maix/ipos-translations.php#greek>
- Psaltopoulou, D. (2005). *Η μουσική δημιουργική έκφραση ως θεραπευτικό μέσο σε παιδιά με συναισθηματικές διαταραχές* [The creative musical expression as a therapeutic means for emotionally disturbed children]. Doctoral thesis, Aristotle University of Thessaloniki, Thessaloniki, Greece.
- Psaltopoulou-Kamini, D. (2019). Η μουσικοθεραπεία σε θεραπευτήριο χρόνιων παθήσεων με φοιτητές του ΑΠΘ [Music therapy in a therapy centre for chronic conditions with students from Aristotle University of Thessaloniki]. In L. Giotis, D. Maravelis, A. Pantagoutsou & E. Giannouli (Eds.), *Η συμβολή των ψυχοθεραπειών μέσω τέχνης στην ψυχιατρική θεραπευτική* [The contribution of arts psychotherapies to psychiatric treatment] (pp. 378-381). Vita Publications.
- Ridder, H. M., & Tsiris, G. (2015). 'Thinking globally, acting locally': Music therapy in Europe. *Approaches: Music Therapy & Special Music Education, Special Issue 7(1)*, 3-9. <http://approaches.gr/special-issue-7-1-2015/>
- Rossetti, A. (2020). Environmental Music Therapy (EMT): Music's contribution to changing hospital atmospheres and perceptions of environments. *Music and Medicine*, 12(2), 130-141.
- Samara, M. (2017). Conference report: 12th European Guided Imagery and Music (GIM) conference 'European perspectives on Guided Imagery and Music: Visions, challenges and crossroads'. *Approaches: An Interdisciplinary Journal of Music Therapy, Special Issue 9(2)*, 367-374. <http://approaches.gr/samara-cr20171222>
- Samara, M., Μρεκα, A., & Markovitis, M. (2006). Αποχαιρετώντας τα παιδιά που φεύγουν: Η μουσικοθεραπεία ως πηγή ανακούφισης στο τέλος της ζωής [Saying goodbye to children who leave: Music therapy as a source of relief at the end of life]. In L. Kartasidou & L. Stamou (Eds.), *Μουσική παιδαγωγική, μουσική εκπαίδευση στην ειδική αγωγή, μουσικοθεραπεία: Σύγχρονες τάσεις και προοπτικές* [Music pedagogy, music education in special education, music therapy: Contemporary trends and prospects] (pp. 90-97). University of Macedonia.
- Shaboutin, S. (2005). *Ιατρικές δυνάμεις της μουσικής* [Medical forces of music]. PLS.
- Sissouras, A., Ketssetzopoulou, M., Bouzas, N., Fagadaki, E., Papaliou, O., & Fakoura, A. (2002). *Providing integrated health and social care for older persons in Greece*. National Centre for Social Research (EKKE). <http://envejecimiento.csic.es/documentos/documentos/procare-providinggreceia-01.pdf>
- Smyth, D. (2012). Politics and palliative care: Greece. *International Journal of Palliative Nursing*, 18(2), 102.
- Sonora (2020a). Νέος κύκλος εκπαίδευσης μουσικοθεραπείας GIM και τεχνικών ΜΙ. <http://sonora.gr/epimorfosi/%CE%BD%CE%AD%CE%BF%CF%82-%CE%BA%CF%8D%CE%BA%CE%BB%CE%BF%CF%82-%CE%B5%CE%BA%CF%80%CE%B1%CE%AF%CE%B4%CE%B5%CF%85%CF%83%CE%B7%CF%82-%CE%BC%CE%BF%CF%85%CF%83%CE%B9%CE%BA%CE%BF%CE%B8%CE%B5%CF%81%CE%B1/>
- Sonora (2020b). Η Sonora συμμετέχει ως υποστηρικτής στην καμπάνια της εταιρείας NOVARTIS. <http://sonora.gr/dimosiefseis/sonora-simmetexei-ipostiriktis-kampanias-novartis/>
- Stamou, V., Chatzoudi, T., Stamou, L., Romo, L., & Graziani, P. (2016). Music-assisted systematic desensitization for the reduction of craving in response to drug-conditioned cues: A pilot study. *The Arts in Psychotherapy*, 51, 36-45.
- Stamou, L., Evaggelou, F., Stamou, V., Diamanti, E., & Loewy, J. (2020). The effects of live singing on the biophysiological functions of preterm infants hospitalized in a neonatal intensive care unit in Greece: A pilot study. *Music & Medicine*, 12(2), 109-121.
- Stige, B. (2014). Community music therapy and the process of learning about and struggling for openness. *International Journal of*

Community Music, 7(1), 47-55.

- Thomas, D., & Abad, V. (Eds.). (2017). *The economics of therapy: Caring for clients, colleagues, commissioners and cash-flow in the creative arts therapies*. Jessica Kingsley Publishers.
- Tsegras, N. (2014). *Θεραπευτικές προσεγγίσεις μέσω της τέχνης* [Therapeutic approaches through art]. Topos.
- Tserkezoglou, A., & Patiraki, E. (2014). Galilee: Creating a palliative care unit in Greece. *European Journal of Palliative Care*, 21(3), 144-147.
- Tsiris, G. (2011a). Music therapy in Greece. *Voices: A World Forum for Music Therapy*. <https://voices.no/community/index.html?q=country-of-the-month%252F2011-music-therapy-greece>
- Tsiris, G. (2011b). Μία ανασκόπηση και ανάλυση του έργου του Approaches (2009-2011) [A review and analysis of Approaches' work (2009-2011)]. *Approaches: Music Therapy & Special Music Education*, 3(1), 8-17. <http://approaches.gr/volume-3-1-2011>
- Tsiris, G. (2018). *Performing spirituality in music therapy: Towards action, context and the everyday*. Doctoral thesis, Nordoff Robbins / Goldsmith's, University of London, London, United Kingdom. <http://research.gold.ac.uk/23037/>
- Tsiris, G., & Chaddock, B. (2018). *A strategic way forward: The role of consultation for developing arts services in palliative care settings*. Presentation at the St Christopher's Arts Symposium "Facing Death Creatively: Cutting, Tearing & Slicing: Art & Art Therapy in the age of austerity", London, UK, 9 November 2018.
- Tsiris, G., Dives, T., & Prince, G. (2014). Music therapy: Evaluation of staff perceptions at St Christopher's Hospice. *European Journal of Palliative Care*, 21(2), 72-75.
- Tsiris, G., & Papastavrou, D. (2011). Μουσικοτροπώντας: Η μουσική πράξη ως υγεία και θεραπεία μέσα από μια διεπιστημονική προοπτική [Musicking: Musical praxis as health and therapy through an interdisciplinary perspective]. *Approaches: Music Therapy & Special Music Education*, 3(2), 91-107. <http://approaches.gr/volume-3-2-2011>
- Tsiris, G., Pasiali, V., & Dimitriadis, T. (2019). Ερευνητικές προσεγγίσεις και προοπτικές στη μουσικοθεραπεία: Παραδείγματα από το χώρο της ψυχικής υγείας [Research approaches and perspectives in music therapy: Examples from the field of mental health]. In L. Giotis, D. Maravelis, A. Pantagoutsou & E. Giannouli (Eds.), *Η συμβολή των ψυχοθεραπειών μέσω τέχνης στην ψυχιατρική θεραπευτική* [The contribution of arts psychotherapies to psychiatric treatment] (pp. 447-452). Vita Publications.
- Tsiris, G., Tasker, M., Lawson, V., Prince, G., Dives, T., Sands, M., & Ridley, A. (2011). Music and arts in health promotion and death education: The St Christopher's Schools Project. *Music and Arts in Action*, 3(2), 95-119. <https://musicandartsinaction.net/index.php/maia/article/view/stchristophersschoolsproject>
- University of Macedonia (2020). Π.Μ.Σ. Μουσική και Κοινωνία [Programme of Postgraduate Studies Music and Society]. <https://www.uom.gr/mmk>
- Vaiouli, P., & Andreou, G. (2018). Communication and language development of young children with autism: A review of research in music. *Communication Disorders Quarterly*, 39(2), 323-329.
- Vaiouli, P., & Psaltopoulou-Kamini, D. (2019). Η μουσικοθεραπεία στην ειδική αγωγή [Music therapy in special education]. In L. Giotis, D. Maravelis, A. Pantagoutsou & E. Giannouli (Eds.), *Η συμβολή των ψυχοθεραπειών μέσω τέχνης στην ψυχιατρική θεραπευτική* [The contribution of arts psychotherapies to psychiatric treatment] (pp. 96-99). Vita Publications.
- Yannou, D., Baloyiannis, S., Kostaridou-Eukleides, A., Kioseoglou, G., Damianou-Marinis, E., Klonari, D., Nakopoulou, E., & Tzedaki, K. (2003). Music perception in patients with dementia due to Alzheimer's disease. In R. Kopiez, A. C. Lehmann, I. Wolther & C. Wolf (Eds.), *Proceedings of the 5th Triennial ESCOM Conference* (pp. 548-551). Aristotle University of Thessaloniki.

Ελληνική περίληψη | Greek abstract

Η μουσικοθεραπεία στην Ελλάδα και οι εφαρμογές της στην άνοια και τη φροντίδα στο τέλος της ζωής

Γιώργος Τσίρης | Χριστίνα Καλλιώδη

ΠΕΡΙΛΗΨΗ

Σε αυτή την αναφορά εστιάζουμε στη μουσικοθεραπεία στην Ελλάδα και στις εφαρμογές της στην άνοια και τη φροντίδα στο τέλος της ζωής. Αρχικά κάνουμε μια επισκόπηση της μουσικοθεραπείας στη χώρα και σκιαγραφούμε βασικές εξελίξεις σχετικά με την επαγγελματοποίηση, την εκπαίδευση, την έρευνα και την επιστημονικότητα. Διερευνώντας αυτές τις εξελίξεις από μια κριτική προοπτική, αναφερόμαστε σε τρέχουσες συζητήσεις και στις επιπτώσεις τους για την πρόοδο του πεδίου. Η διερεύνηση αυτή προσφέρει μια βάση για την κατανόηση των σημερινών εφαρμογών της μουσικοθεραπείας στην άνοια και τη φροντίδα ενηλίκων στο τέλος της ζωής στην Ελλάδα. Παράλληλα με την παροχή παραδειγμάτων από πρόσφατα προγράμματα και πρωτοβουλίες, κάνουμε ευρύτερες αναφορές σχετικά με την κατάσταση της άνοιας και της φροντίδας στο τέλος της ζωής. Καταλήγουμε προσφέροντας κάποιες προοπτικές για μελλοντικές πιθανές εξελίξεις στο πεδίο.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, Ελλάδα, άνοια, φροντίδα στο τέλος της ζωής, ανακουφιστική φροντίδα

REPORT

Special Feature | Music therapy in dementia and end-of-life care: Mediterranean perspectives

Music therapy in dementia and end-of-life care: A report from Israel

Ayelet Dassa

Music Department, Bar-Ilan University, Ramat-Gan, Israel

ABSTRACT

Music therapy was formalised in Israel in the early 1980s with the opening of academic training programmes, and has developed tremendously since then, with approximately 700 music therapists listed. While still fighting for legislative status as a profession, music therapists work with diverse populations in different settings. The latest national survey revealed therapists prefer to work with children or adolescents and are less enthusiastic about working with older adults (only 5.8%). This is a serious concern due to the growing numbers and needs of the elderly population in the country. There are approximately 150,000 people with dementia, and the need for non-pharmacological treatment highlights the importance of music and the demand for music therapists. In recent years, music therapy training programmes have placed more emphasis on working with the elderly than they did in the past. This change has occurred gradually due to increasing need in the field, more awareness of age-related conditions, and also due to the fact that more faculty members have expertise in these fields. Nowadays, more music therapists have started working with people with dementia, and more music therapy research students choose to focus on the topic in their work. The scope of palliative services provided in Israel has also been improved in recent years, but it is still limited. Considering the needs of the population, it is important to further develop the field of music therapy in the care of elders in Israel.

KEYWORDS

music therapy,
report,
Israel,
dementia,
end-of-life care

Publication history:

Submitted 30 Mar 2019

Accepted 20 Apr 2020

First published 8 Jun 2020

AUTHOR BIOGRAPHY

Ayelet Dassa, music therapist, PhD, Music Therapy MA programme director at Bar-Ilan University. She teaches in different geriatric training programmes. She has been working with people with dementia for the past 23 years, and also has experience with stroke patients, Parkinson's disease and elderly with chronic psychiatric disorders. She developed a programme for caregivers to use music in aid of caregiving and has established and supervised the Art Therapies Department (music, art and drama) at the Israeli Medical Center for Alzheimer's. Her research focuses on the effect of music on people with dementia and their families in nursing home settings and at home. [ayelet.dassa@biu.ac.il]

INTRODUCTION

The development of special care services for older adults in Israel has increased in the past couple of years, and therefore so has the need for professionals. Music therapy is gradually

gaining recognition in care facilities and more job opportunities are available for music therapists. This report describes the development of the field of music therapy in Israel from the pioneering training programmes to its current status, and, in particular, the work done in the field of music therapy in dementia and end-of-life care. I draw on my experience as a music therapist working in the field of dementia care. Over the past 23 years, I have had the privilege of taking part in incorporating music therapy into various care facilities, leading music-based programmes for caregivers, and educating professionals in the field of geriatrics, as well as music therapists in academic training programmes.

The report includes three parts: The first part covers music therapy as a profession regarding the development of training programmes, the clinical trends of music therapists, and the work in multicultural society. The second part covers the development of gerontology and the work done by music therapists in dementia care and end-of-life in long-term care facilities and at home. The concluding third part sets out the challenges and goals for the field in future years in both clinical work and research.

MUSIC THERAPY IN ISRAEL

Training programmes and professional organisation

Music therapy in Israel was formalised in the early 1980s, when three training programmes were founded: (1) the music therapy programme at David Yellin College of Education, founded by Chava Sekeles; (2) the music therapy programme at Bar-Ilan University, founded by Dorit Amir; and (3) the music and dance therapy programme at Levinsky College, founded by Dalia Razin (Goodman, 2011). The founders of the training programmes studied abroad and integrated their knowledge with the professional and cultural adjustment and needs of the country. The programmes were shaped according to their clinical orientation, and they were mostly influenced by North European and North American music therapy (Amir, 2001).

The field of music therapy in Israel is very dynamic, encompassing some important changes during the past decade. First, all programmes evolved from granting a post-baccalaureate diploma to granting a full master's degree. Second, a fourth music therapy programme was founded at Haifa University, headed by Cochavit Elefant. Finally, in 2012, a programme for ultra-orthodox women headed by Avi Gilboa was founded and operated until 2018. This programme was a branch of the Bar-Ilan programme, so it was directly influenced by Bar-Ilan's curricula, but cultural adjustments were made for the students, who came from a strictly religious cultural background (Weiss et al., 2017).

Music therapy and other art modalities (visual arts, dance and movement, drama therapy, psychodrama and bibliotherapy) are part of the Israeli Association of Creative and Expressive Therapies – ICET (YAHAT). The association was registered as a non-profit organisation in 1971 by a small group of creative arts therapists who wanted to promote the

profession in Israel. It has been the only official association of the arts therapies in Israel since then. The association has been in the continuous process of developing professional standards, and, currently, one of its main challenges is promoting regulation. The regulation of health professions law in Israel does not include creative arts therapies, and thus the profession currently lacks a legal basis for licensure (YAHAT, n.d.).

Clinical trends of Israeli music therapists

To date, there are approximately 700 music therapists working in Israel in various clinical settings. Most of them work within Ministry of Education schools, kindergartens, and special education centres, and others within Ministry of Health hospitals and treatment centres (Goodman, 2011; Gottfried, 2015). Israeli music therapists participate and present their work regularly in international and regional conferences (Amir, 2001), and Israel is an active member of the European Music Therapy Confederation (EMTC, n.d.).

A survey conducted in 2017 in Israel (Weiss et al., 2017) addressed music therapists' fields of interest and their clinical and theoretical orientation. A total of 107 music therapists took the survey. Of the 107 respondents, 48 had more than 8 years' experience (More Experienced Music Therapists-MEMT) and 57 had less than 8 years' experience (Less Experienced Music Therapists-LEMT). Data was organised in an SPSS data file. An independent t-test revealed significant differences between MEMTs and LEMTs in almost all fields of inquiry. Generally, the LEMTs are open to more music therapy techniques, are proficient with more instruments, and use more music in their work. Regarding the clinical populations that were most preferred by the respondents, a chi-square analysis showed that the differences between the preferences of MEMTs and LEMT were significant. While the MEMTs mostly preferred working with children (52.1%) and dealing with emotional disabilities (50.0%), the LEMTs were more flexible regarding their preferred age groups: toddlers (33.3%), children (26.3%), and adolescents (22.8%), and regarding their preferred clientele groups: emotional disabilities (29.3%) and autism (29.3%). Both MEMTs and LEMTs were less enthusiastic about working with older adults (5.8%). This is a serious concern due to the growing numbers and needs of potential clients in this age group (Weiss et al., 2017).

Music therapy in a multicultural society

Part of the challenges of working with older adults is dealing with cultural diversity, which is also manifested in colliding music preferences. Israel is a multicultural country with numerous ethnic and cultural groups, and continuous immigration. As music therapists, we deal with cultural dilemmas and need to look at our clients from a cultural perspective and understand the cultural patterns of our client's identity (Amir, 2001). Gilboa (2015) stresses

the importance of equipping music therapists in training programmes with adequate tools to deal with the complex challenges that multiculturalism raises, especially in fieldwork.

In the past decade, outstanding community music therapy projects addressing the issues of different cultural groups have emerged in Israel. These projects were created and developed at Bar-Ilan University and aim to promote communication between conflicting groups. *Let's Talk Music* is a community-oriented music therapy group that was developed to promote and enhance dialogue between Arab and Jewish students (Gilboa & Salman, 2018), and *Musical Dialogue* – a community-oriented music therapy group that was created in response to the religious conflict and tension between various sectors in the city of Beit-Shemesh (Baruch, 2017). Both projects are continuously growing and developing to address other conflicting groups in a multicultural country. One of its offspring was a musical dialogue group for older adults who have immigrated to Israel from different countries and bring to the group diverse cultural backgrounds.

MUSIC THERAPY IN DEMENTIA AND END-OF-LIFE CARE

Gerontology and geriatrics in Israel

The field of gerontology (the study of aging) is growing rapidly in Israel. Israel Gerontological Society (IGS) was already established in 1956, witnessing a phenomenal, unprecedented rate of population aging in Israel and worldwide. This demographic change has specific characteristics in Israel. During the past 50 years, Israeli society has undergone an intensive aging process, where the rate of the elderly has increased from 4% in the 1950s to about 11% of the population in 2015 (the total population of Israel in 2015 was 8.46 million). IGS is a voluntary organisation that serves as a framework for research and academic institutions, organisations, services and agencies dealing with the issue of aging in Israel. IGS is a member of the International Association of Gerontology and Geriatrics and is active in its European section (Israel Gerontological Society, n.d.).

The population projections expect the number of elders in Israel to reach 1.66 million in 2035. This means that the elderly population will increase by 77% between 2015 and 2035, and the growth rate will be 2.2 times faster than that of the general population at that time. The increasing numbers of elders and care facilities raise the demand for professional staff. In 2017, there were 330 long-term care facilities (28,000 beds) for disabled elders and people with dementia (Brodsky et al., 2017).

Some professions such as nursing, physiotherapy, social work, and occupational therapy have legislative status with the Ministry of Health and, therefore, these professions are already integrated in the geriatric field in Israel. The lack of legislative status for music therapy results in only few music therapists working with this population. Weiss et al.'s survey (2017) highlighted the need to develop and promote the field of geriatrics among

music therapists. Although more focus is placed on this field in some of the music therapy training programmes in Israel (e.g. a course about music and older adults), and in placements in retirement homes, there is definitely a lot more that needs to be done (Dassa, 2012).

Music therapy in care facilities

Today, according to EMDA – the Alzheimer's Association of Israel, there are approximately 150,000 people with dementia in Israel (EMDA, n.d.). The tremendous need for non-pharmacological treatment for people with dementia particularly highlights the importance of music. A vast corpus of research deals with the impact of music on people with dementia (Baird & Samson, 2015; Baird & Thompson, 2018; McDermott et al., 2013; Raglio et al., 2014). Music revives memories and promotes engagement and social interaction (Coomans, 2016; Dassa & Amir, 2014; Evans et al., 2019). Implementing music therapy and music-based interventions among caregivers and people with dementia can help caregivers communicate with their care recipient and alleviate agitation during daily care tasks (Hanser et al., 2011; Ray et al., 2016; Ray & Fitzsimmons, 2014; Särkämö et al., 2014).

In recent years, increasingly more care facilities and nursing homes in Israel have discovered the benefits of music. Music therapy was positively mentioned in the committee's report following the Israeli 'consensus conference' for non-pharmacological treatment for people with dementia in 2014. Committee members included representatives of EMDA, expert academic researchers, and diverse field professionals (EMDA, 2014). Today, more music therapists have started working with people with dementia; however, with increasing need, this population remains underserved.

Training music therapists to work with elders

As stated above, most music therapists work with children and have little resources and knowledge regarding music therapy with elders. It is important to train music therapists to work with elders in general, and people with dementia or other age-related challenges in particular.

A qualitative study from Australia (Webb et al., 2015) revealed an important aspect regarding the reluctance of professionals to work with elders: The main barrier among practitioners from the disciplines of social work and psychology related to lack of professional academic studies in the field. Faculty members did not feel knowledgeable in the field of gerontology and were therefore not able to educate students in this field. In recent years, music therapy training programmes have placed more emphasis on working

with the elderly than in the past. This change has occurred gradually due to increasing need in the field, more awareness to age-related conditions, and also due to the fact that more faculty members have expertise in these fields. More fieldwork during training is done in various geriatric facilities, but it is still scarce due to the fact that there are only very few experienced music therapists in the field of geriatrics that can serve as supervisors.

Music therapy for Holocaust survivors

A unique group of elders in Israel are Holocaust survivors. According to updated 2016 data, some 200,000 Holocaust survivors aged 70+ were living in Israel that year – almost a third of all people in that age cohort. The Holocaust survivors are older than the total elderly population in Israel (Brodsky et al., 2017). This indicates that this age group might be more prone to old-age challenges at this stage. With an average age of 85, this community of survivors were children during the Holocaust. The effects of the trauma they suffered in their youth is aggravated by the loss of physical and mental faculties as they age. Advanced age also causes the traumatic events of the past to be revisited in the mind, along with the associated stress of reliving those experiences (JDC Israel Eshel, n.d.).

Music therapy research pertaining to this population was conducted by Israeli music therapists: Fischer's (2014) research investigated the purpose and functionality of music for Holocaust survivors during the Second World War and how it helped them cope with the trauma. Music served as a means by which Holocaust survivors gained inner strength and also helped them share their experiences with their families and friends, thus aiding them to come to terms with their trauma and loss. Druks and Amir's (2014) research revealed the power of musical experiences in a music therapy group. Singing, listening to relaxing classical music, and improvisation helped the participants to process painful and complex issues. It also provided a space that enabled them to feel relaxed and accepted, and where they could experience playfulness and spontaneity.

Holocaust survivors in Israel receive services through Israeli government agencies, however, these services lack social and therapeutic support. Support is promoted by organisations such as AMCHA, which is the largest provider of mental health and social support services for Holocaust survivors in Israel. AMCHA offers professional interventions through rehabilitation clubs and also for homebound survivors (AMCHA, n.d.). Additionally, Eshel – Association for the Planning and Development of Services for the Aged in Israel (JDC Israel Eshel, n.d.), and Elah – the centre for coping with loss (Elah, n.d.) both also lead initiatives on a national level. Both AMCHA and Elah provide creative arts therapies; particularly, music therapy for Holocaust survivors with dementia. The work is done mostly in home environments but also in some care facilities and social clubs in a group format (AMCHA, n.d.; Elah, n.d.).

Music therapy in home care and end-of-life care

The policy of the health and welfare services in Israel advocates postponing placement in care facilities for as long as possible, hence it provides various community services to support the elders' needs at home. Most elders receive different treatments and services in the community. In 2016, there were approximately 28,000 elders (disabled elders and people with dementia) hospitalised in various care facilities (Brodsky et al., 2017). Considering the fact that approximately 150,000 elders cope with dementia in Israel, it is apparent that assistance is needed for both the individuals and their caregivers in the home setting.

Home-based music therapy has gradually become more well-known, and family members are seeking the help of music therapists for their loved ones. In some cases, the music therapists provide care to people in late-stage dementia and also support family members in end-of-life situations. Some organisations like Melabev provide services for those who are confined to their homes due to dementia or other age-related difficulties. The services include diverse activities, including individual sessions of music therapy or other arts therapies for people with dementia at home (Melabev, n.d.).

The scope of palliative services provided in Israel has improved in recent years, but it is still limited considering the needs of the population. There is a national programme for palliative care initiated by the Ministry of Health, Joint Israel-Eshel and Myers-JDC-Brookdale Institute (Ministry of Health, n.d.). The committee's report does not yet include a recommendation for music therapy services in this case. But the recognition in the field of the importance of music in palliative care is gradually becoming evident. While limited in number, there are music therapists working in hospice care.

Music used as an aid by caregivers

Due to the growing need, it is also important to find ways to make music accessible as a simple and everyday tool that can help in the daily care of people with dementia. Dealing with dementia is stressful for the people affected, including their families and informal caregivers. The caregiver's physical, mental health, social relationships and wellbeing are affected (Birkenhäger-Gillesse et al., 2018; McAuliffe et al., 2018). Therefore, it is important to provide support for people with dementia and their caregivers.

Here, it is important to differentiate between music therapy as a professional practice and music used as an aid by caregivers. Music used as a caregiving aid does not aim towards the development of a therapeutic relationship, and the interaction does not involve a focus on psychological processes. Also, it requires no musical experience from the caregiver. Music therapists can train and guide caregivers in the process of integrating music into daily care (Ray et al., 2016).

In 2015, in collaboration with EMDA, I developed a training programme for caregivers to incorporate music into the daily care of people with dementia. The programme aimed to assist the caregivers, whether professional staff in care facilities or family members at home, in their day-to-day tasks dealing with challenging behaviours. The project was conducted in three stages:

- Stage 1: Training caregivers and relatives on how to use music during the daily care of people with dementia (pilot);
- Stage 2: Training professionals from various fields (occupational therapy, social work, etc.) so that they could instruct caregivers and relatives on how to use music in the day-to-day care of people with dementia;
- Stage 3: Training groups of caregivers and relatives of people with dementia on using music by professionals that were trained for this nationwide (20 groups have been conducted during 2015-2016 in various care settings, with approximately 15-20 participants in each group and a total of approximately 350 caregivers).

The dialogue vis-à-vis the professionals in the field, and the participants' reactions, made it possible to examine the main achievements of the training: 1) The training imparted a new practice that has the power to alleviate the burden of caring for the patient; 2) The training emphasised the power of music to improve mood and relieve stress; and 3) The training also served as a place for individual support (Dassa & Blum, 2016).

LOOKING FORWARD

To conclude, it is important to develop the field of music therapy and other art modalities in the care of elders in Israel. This involves training music therapists and supporting and promoting the recruitment of music and other arts therapists to work with elders in care facilities and at home. This is possible in training programmes, in developing a continuous professional development course for music therapists to gain expertise in the field, and through increasing awareness among geriatric professionals and policymakers about the benefits of music therapy. No less important is continuing to educate diverse professionals, caregivers, and family members about the impact of music on challenging behaviours and other age-related difficulties that people with dementia may present. Also, it is important to develop more training programmes for caregivers that will help them integrate music into daily care in long-term facilities and at home.

Research on music therapy with elders, and specifically with people with dementia, is gradually developing in Israel (Dassa, 2018; Dassa & Amir, 2014; Dassa & Blum, 2016; Dassa & Harel, 2019a, 2019b), and more music therapy training programmes' students choose to focus on the topic in their work – from research seminars, through thesis, and even doctoral

students. Their research explores various topics such as home-based music therapy for people with dementia, the role of songs in the treatment of people with dementia, and reminiscence through songs.

Promoting research is crucial for advocating the benefits of music therapy and encouraging its inclusion as part of the various national programmes for elders with dementia. This calls for more randomised controlled trials in the field to establish the impact of music on different aspects in coping with dementia. It is also important to address issues of end-of-life care and promote research on the impact of music as a supporting tool. Research should also focus on the way we can successfully integrate music in daily care with the help and guidance of music therapists. The challenges of caregiving are demanding and can be overwhelming. Music can be a key factor in helping caregivers deal with these stressors.

Music therapy training programmes can help to promote the development of this field through specific courses, fieldwork and research. I believe that this will eventually lead to more music therapists who choose to work with the elderly and people with dementia, and will help to further establish the discipline among other professions in the field.

REFERENCES

- AMCHA (n.d). Social support services to Holocaust survivors and their families. Retrieved from <http://www.amcha.org/node/390>
- Amir, D. (2001). Music therapy in Israel. *Voices: A World Forum for Music Therapy*, 1(1). Retrieved from <https://voices.no/index.php/voices/article/view/1617/1377>
- Baird A., & Thompson, W. F. (2018). The impact of music on the self in dementia. *Journal of Alzheimer's Disease*, 61(3), 827–841.
- Baird, A., & Samson, S. (2015). Music and dementia. In E. Altenmüller, S. Finger, & F. Boller (Eds.), *Music, neurology, and neuroscience: Evolution, the musical brain, medical conditions, and therapies* (vol. 217, pp. 207-235). Amsterdam: Elsevier. Progress in Brain Research.
- Baruch, E. (2017). בחירת שירים כאלמנט מעצב בדיאלוג בין נשים חרדיות, דתיות וחילוניות. [Choosing songs as a design element in dialogue between Orthodox, religious and secular women]. Unpublished master's thesis, Bar-Ilan University, Ramat-Gan, Israel.
- Birkenhäger-Gillesse, E. G., Kollen, B. J., Zuidema, S. U., & Achterberg, W. P. (2018). The "more at home with dementia" program: A randomized controlled study protocol to determine how caregiver training affects the well-being of patients and caregivers. *BMC Geriatrics* 18(1), 2-8.
- Brodsky, J., Shnoor, Y., & Beer, S. (Eds.) (2017). בני 65+ בישראל: שנתון סטטיסטי [The 65+ Population in Israel: Statistical abstract 2017]. Myers-JDC-Brookdale, Jerusalem, Israel. Retrieved from <https://brookdale.jdc.org.il/publication/65-population-israel-statistical-abstract-2016/>
- Dassa, A. (2012). נרטיב הבחירה של מטפלות במוזיקה לעבוד עם אוכלוסיית חולי אלצהיימר. [The narrative of female music therapists regarding their choice to work with Alzheimer's patients]. In D. Amir & C. Elefant (Eds.), *Listen to my voice: New research studies in music therapy* (pp. 230-256). Kiryat Bialik: Ach Publishers.
- Dassa, A. (2018). "Opening our time capsule" – Creating an individualized music and other memory cues database to promote communication between spouses and people with dementia during visits to a nursing home. *Frontiers in Medicine* 5:215. doi: 10.3389/fmed.2018.00215
- Dassa, A., & Amir, A. (2014). The role of singing familiar songs in encouraging conversation among people with middle to late stage Alzheimer's disease. *Journal of Music Therapy*, 51(2), 131-153.
- Dassa, A., & Blum, N. (2016). פרויקט הדרכת מטפלים ובני משפחה לשימוש במוזיקה בטיפול היומיומי באדם עם דמנציה. [A project training caregivers and relatives to incorporate music in the daily care of a person with dementia]. *Gerontology & Geriatrics*, 43(1), 11-28.
- Dassa, A., & Harel, D. (2019a). Side-by-side on stage – Music and drama form a bridge between acting students and people with dementia in an intergenerational group work. *Journal of Intergenerational Relationships*, 18(2). Doi: 10.1080/15350770.2019.1627268
- Dassa, A., & Harel, D. (2019b). People with dementia as 'Spect-Actors' in a musical theatre group with performing arts students from the community. *The Arts in Psychotherapy*, 65:101592.
- Druks, M., & Amir, D. (2014). Towards 'Aintegration' in music therapy with Holocaust survivors. In J. Fachner, P. Kern, & G. Tucek (Eds.), Proceedings of the 14th World Congress of Music Therapy. *Music Therapy Today*, 10(1), 326-327. Retrieved from <http://musictherapytoday.wfmt.info>
- Elah (n.d.). Center for coping with loss. Retrieved from <http://www.elah.org.il/content.php?id=46>

- EMDA (2014, April 22). סיכום המלצות לכנס הסכמה לטיפול לא תרופתי לאנשים עם דמנציה. [Consensus conference for non-pharmacological treatment recommendations]. Retrieved from <https://emda.org.il/>
- EMDA (n.d.). The Alzheimer's Association of Israel. Retrieved from <https://emda.org.il/english/>
- EMTC (n.d.). *Member countries – Israel*. Retrieved from <https://www.emtc-eu.com/israel>
- Evans, S. C., Garabedian, C., & Bray, J. (2019). 'Now he sings': The My Musical Memories Reminiscence programme: Personalised interactive reminiscence sessions for people living with dementia. *Dementia*, 18(3), 1181-1198.
- Fischer, A. (2014). Music in the Holocaust and its implications to music therapy. In J. Fachner, P. Kern & G. Tucek (Eds.), Proceedings of the 14th World Congress of Music Therapy. *Music Therapy Today*, 10(1), 90-91. Retrieved from <http://musictherapytoday.wfmt.info>.
- Gilboa, A. (2015). Ebony, ivory and other shades of music therapy training in Israel: Some multicultural thoughts and considerations. In K. D. Godman (Ed.), *International perspectives in music therapy education and training: Adapting to a changing world* (pp. 130-158). Springfield, IL: Charles C. Thomas.
- Gilboa, A. & Salman, B. (2018). The roles of music in *Let's talk music*, a model for enhancing communication between Arabs and Jews in Israel. *Nordic Journal of Music Therapy*, 28(3), 256-268.
- Goodman, K. D. (2011). *Music therapy education and training: From theory to practice*. Springfield, Illinois: Charles C. Thomas Publication.
- Gottfried, T. (2015). Israel – Country report on professional recognition of music therapy. *Approaches: Music Therapy & Special Music Education*, 7(1), 159-160. Retrieved from <http://approaches.gr/special-issue-7-1-2015>
- Hanser, S. B., Butterfield-Whitcomb, J., & Collins, B. E. (2011). Home-based music strategies with individuals who have dementia and their family caregivers. *Journal of Music Therapy* 48(1), 2-27.
- Israel Gerontological Society (n.d.). *About us*. Retrieved from <http://www.gerontology.org.il/about-us/>
- JDC Israel Eshel – Holocaust survivors (n.d.). Retrieved from <http://www.eshelnet.org.il/en/term/19968>
- McAuliffe, L., Ong, B., & Kinsella, G. (2018). Mediators of burden and depression in dementia family caregivers: Kinship differences. *Dementia*, 0(0), 1-17.
- McDermott, O., Crellin, N., Ridder, H. M., & Orrell, M. (2013). Music therapy in dementia: A narrative synthesis systematic review. *International Journal of Geriatric Psychiatry*, 28, 781-794.
- Melabev (n.d.). Melabev caring for people with dementia and their families. Retrieved from <https://www.melabev.org.il/en/main-page/>
- Ministry of Health (n.d.). Palliative care for patients with incurable diseases. Retrieved from <https://www.health.gov.il/English/Topics/SeniorHealth/Pages/palliativeCare.aspx>
- Raglio, A., Filippi, S., Bellandi, D., & Stramba-Badiale, M. (2014). Global music approach to persons with dementia: Evidence and practice. *Clinical Interventions in Aging*, 9, 1669-1676.
- Ray, K., Dassa, A., Maeir, J., Davis, R., & Ogunlade, O. (2016). Caring for individuals with dementia on a continuum: An interdisciplinary approach between music therapy and nursing. *Update on Dementia*, D. Moretti (Ed.), Retrieved from <https://www.intechopen.com/books/update-on-dementia/caring-for-individuals-with-dementia-on-a-continuum-an-interdisciplinary-approach-between-music-ther>
- Ray K., & Fitzsimmons, S. (2014). Music-assisted bathing: Making shower time easier for people with dementia. *Journal of Gerontological Nursing*, 40(2), 9-13.
- Särkämö, T., Tervaniemi, M., Laitinen, S., Numminen, A., Kurki, M., Johnson, J. K., & Rantanen (2014). Cognitive, emotional, and social benefits of regular musical activities in early dementia: Randomized controlled study. *The Gerontologist*, 54(4), 634-650.
- Webb, S., Chonody, J., Ranzijn, R., Bryan, J., & Owen, M. (2015). A qualitative investigation of gerontological practice: The views of social work and psychology students, faculty, and practitioners. *Gerontology & Geriatrics Education*, 37(4), 402-422.
- Weiss, C., Dassa, A., & Gilboa, A. (2017). The clinical and theoretical trends of music therapists: The Israeli case. *Voices: A World Forum for Music Therapy*, 17(1). Retrieved from <https://voices.no/index.php/voices/article/view/2354>
- Yahat (n.d.). *The creative arts therapies in Israel – About us*. Retrieved from https://www.yahat.org/pages/About_us.aspx

Ελληνική περίληψη | Greek abstract

Η μουσικοθεραπεία στην άνοια και την φροντίδα στο τέλος της ζωής: Μια αναφορά από το Ισραήλ

Ayelet Dassa

ΠΕΡΙΛΗΨΗ

Η μουσικοθεραπεία διαμορφώθηκε ως κλάδος στο Ισραήλ στις αρχές της δεκαετίας του 1980 με την έναρξη ακαδημαϊκών προγραμμάτων κατάρτισης, και έκτοτε έχει αναπτυχθεί σημαντικά, με εγγεγραμμένους περίπου 700 μουσικοθεραπευτές. Ενώ εξακολουθούν να αγωνίζονται για τη νομοθετική κατοχύρωση του επαγγέλματος, οι μουσικοθεραπευτές εργάζονται με διαφορετικές πληθυσμιακές ομάδες σε ποικίλα πλαίσια. Σύμφωνα με την πιο πρόσφατη δημοσκόπηση σε εθνικό επίπεδο, οι θεραπευτές προτιμούν να εργάζονται με παιδιά ή εφήβους, ενώ είναι λιγότερο

ενθουσιώδεις στο να δουλεύουν με ηλικιωμένους ενήλικες (μόνο το 5,8%). Αυτό εγείρει έντονο προβληματισμό δεδομένου του αυξανόμενου αριθμού και των αναγκών των ηλικιωμένων στην χώρα. Υπάρχουν περίπου 150.000 άτομα με άνοια, και η ανάγκη για μη φαρμακολογική θεραπεία κάνει εντονότερη τη σημασία της μουσικής και τη ζήτηση για μουσικοθεραπευτές. Τα τελευταία χρόνια, τα εκπαιδευτικά προγράμματα μουσικοθεραπείας έχουν δώσει μεγαλύτερη έμφαση στην εργασία με τους ηλικιωμένους από ό,τι στο παρελθόν. Η αλλαγή αυτή έχει συμβεί σταδιακά λόγω της αυξανόμενης ανάγκης στον τομέα, της μεγαλύτερης ευαισθητοποίησης σχετικά με τις παθήσεις που σχετίζονται με αυτή την ηλικία, καθώς και λόγω του μεγαλύτερου αριθμού ακαδημαϊκών με εμπειρία σε αυτά τα πεδία. Σήμερα, περισσότεροι μουσικοθεραπευτές έχουν αρχίσει να εργάζονται με άτομα με άνοια, και περισσότεροι φοιτητές μουσικοθεραπείας επιλέγουν να επικεντρωθούν σε αυτό το θέμα στην ερευνητική τους εργασία. Το πεδίο εφαρμογής των υπηρεσιών ανακουφιστικής φροντίδας που παρέχονται στο Ισραήλ έχει επίσης βελτιωθεί τα τελευταία χρόνια, αλλά εξακολουθεί να είναι περιορισμένο. Λαμβάνοντας υπόψη τις ανάγκες του πληθυσμού, είναι σημαντικό να αναπτυχθεί περαιτέρω ο τομέας της μουσικοθεραπείας στη φροντίδα των ηλικιωμένων στο Ισραήλ.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, αναφορά, Ισραήλ, άνοια, φροντίδα στο τέλος της ζωής [end-of-life care]

REPORT

Special Feature | Music therapy in dementia and end-of-life care: Mediterranean perspectives

Music therapy in dementia and end-of-life care: A report from Italy

Mariagrazia Baroni

Madonna dell'Uliveto Foundation, Italy

ABSTRACT

This report outlines the fundamental phases and factors that have contributed to the development of music therapy in Italy, from 1970s up to the present day, paying particular attention to the context of dementia and end-of-life care. Drawing on knowledge and experience of the Italian music therapy schools and professional associations, the paper explores the development of music therapy in dementia care, from the first interventions in the 1980s in residential care homes across the country to the several qualitative and quantitative research projects available today. Another focus is about the growth of the hospice movement in Italy and the inclusion of professional music therapists in multidisciplinary teams involved in palliative care and pain management. Music therapy started to be used sporadically in hospices from the end of the 1990s and since 2000 many Italian studies of music therapy in end-of-life care are annually presented in national and international conferences. Finally, the reports looks at the future and explores the various music therapy projects that have been increasing and developing in different contexts.

KEYWORDS

music therapy,
Italy,
dementia,
end-of-life care

Publication history:

Submitted 3 May 2019
Accepted 18 Apr 2020
First published 20 Jun 2020

AUTHOR BIOGRAPHY

Mariagrazia Baroni is a board-certified music therapist and classical pianist. She graduated in piano at the Conservatory (Reggio Emilia), obtained a MA in Musicology (Parma University) and a MA in Music Therapy at the University of the West of England (UK). Since 2001 she has worked in dementia care and in palliative care with terminally ill patients in one of the first hospices of Italy. She has presented papers about her work in various national and international conferences. She teaches several palliative care courses for music therapists, nurses and doctors, with lectures about music and music therapy. She has been President of the Italian Association of Professional Music therapists (AIM) since 2016. [mariagrazia.baroni@icloud.com]

MUSIC THERAPY IN ITALY

Professional associations

Music therapy was introduced for the first time in Italy midway through the 1970s, more specifically at the National Bologna Conference in 1973. The Italian Association of Music Therapy Studies (A.I.S.Mt) [Associazione Italiana Studi di Musicoterapia] was then formed in 1975 and, a few years

later in 1981, after several experts began to structure and define music therapy, the first training course was founded in Assisi. Subsequently, many different Associations and training courses arose and the Italian Confederation of Music Therapy Associations and Courses (CONF.I.A.M) [Confederazione Italiana Associazioni e Scuole di Musicoterapia] was founded in 1994.

Numerous factors contributed to the development of music therapy both as an area of practice and as an area of knowledge. Around the 1980s and throughout the 2000s, it was essential to draw on the knowledge and theories of key European and American academics who were active in the music therapy field. Therefore, many publications, including those translated into Italian, were made available. Lectures and supervision were organised involving prominent music therapists such as Juliette Alvin, Rolando Benenzon, Kenneth Bruscia, Leslie Bunt, Edith Lecourt, Paul Nordoff, Clive Robbins, Mary Priestley, and Tony Wigram. Some of these music therapists visited Italy during this time (Scarlata, 2015).

A growing number of trained professionals began to use music therapy in new contexts and increased awareness amongst other professional fields. The collaboration between music therapists and other professionals provided an opportunity to disseminate more knowledge about music therapy and its application in different areas, allowing them to learn from each other and their practice and experience. "Music therapy gradually became a recognized and accredited practice spread throughout the country, and music therapists are now present and appreciated within the various social-educational, rehabilitative and therapeutic teams" (European Music Therapy Confederation [EMTC], 2020).

At the end of the 1990s four professional associations for music therapists were formed: Federazione Italiana Musicoterapeuti (FIM) [Italian Federation of Music Therapy] in 1998, Associazione Italiana Professionisti della Musicoterapia (AIM) [Italian Association of Professional Music Therapists] in 2002, Associazione Italiana Registro Musicoterapia (AIRem) [Italian Association of Register of Music Therapists] in 2003, and the Associazione Punto di Svolta [Turning Point Association] in 2004. These organisations act as a reference for music therapists, providing information regarding music therapy practice, training and events.

Moreover, to guarantee the continuing professional development of their music therapists, the Italian professional associations regularly organise continuing professional development courses, congresses and workshops, involving foreign colleagues such as Leslie Bunt, Jos De Backer, Cheryl Dileo, Amelia Oldfield, Hanne Mette Ridder and Tonius Timmerman. Additionally, based on my observations, the participation of Italian music therapists, and in particular AIM members, at international music therapy congresses has increased in the past seven years.

Training programmes

One of the fundamental tasks and aspects that the professional associations have been working on is the definition of educational criteria. The associations have been promoting local undergraduate training courses as well as some postgraduate training courses throughout Italy.

National coordination and monitoring of the courses have identified fundamental criteria for organising educational programs and enabled some standardisation across the courses. The educational programme is divided into the following areas: music therapy, music, psychology,

medicine, practical placement and tutoring (Manarolo & Di Franco, 1999).

The publication of the *Norma UNI 11592*, by Ente Italiano di Normazione Italiana (UNI) [Italian Institution of Regulation] (UNI, 2015), created an agreement about music therapy training among the different music therapy associations and schools, with the following criteria: length of training courses in music therapy at least two years (120 credits); entrance criteria an undergraduate degree and excellent knowledge and skills in the area of music, certified by a Conservatory or gained through a non-formal education, as established by the European Qualifications Framework (EQF). In this last case the admission is subject to the evaluation by the public or private school of music therapy.

In the first half of the 1990s, a music therapy course was established in Bologna by Barbara Zanchi and Leslie Bunt which offered Italian music therapists the opportunity to study abroad, initially at the University of Bristol and later at the University of the West of England (Manarolo & Di Franco 1999; Music Space Italy, 2018). Currently, in Italy there are around 30 music therapists who have studied at European universities and obtained a MA in Music Therapy.

In Italy there has been an increase in collaboration between private training courses, music conservatories and universities over the last 15 years. The aim has been to improve the quality of courses and to avoid the danger of self-referencing, which may be present in privately managed courses.

In the last decade, the training in music therapy offered by the conservatories has been very diverse, with regard to structure, level of study and the total amount of hours of instruction. Currently in Italy there are courses of study that issue a Bachelor in music therapy (EQF 6). Moreover, in conservatories and universities, some two-year specialisation courses in Music Therapy (EQF 7) have been started. They are either of first or second level, with different lengths and number of credits issued. These programmes are implemented in several Italian conservatories which also actively collaborate with universities for the instruction of medical and psychological topics as well as with local institutions regarding practical placements and internships. Some courses, even private ones, offer a specific training for a particular context. Fondazione Edo e Elvo Tempia [Edo and Elvo Tempia Foundation], for example, established a training course regarding music therapy in palliative care, while the University of Ferrara and the University of Pavia established courses with a specific focus on music therapy and neurology.

Professional recognition

In Italy the recognition of music therapy as a profession is regulated by Law 4/2013, approved by the Italian government in January 2013 (Gazzetta Ufficiale, 2013). This law recognises the existence of new professions and establishes the characteristics of the professional associations that are constituted in order to enhance the competences of their members and to guarantee and monitor their continuing professional development. The law also establishes that the professional associations must have a clear code of conduct, which includes: transparency in activities and institutions; observation of professional ethics; an appropriate organisational structure and a qualified scientific committee within the Association; clear access to an information point for the clients (Gazzetta Ufficiale, 2013).

After the law's ratification, a UNI working group of professional associations of arts therapies was created. AIM and FIM participated in the working group for the definition of the UNI standard, a technical regulation that defines the specific knowledge, skills and competences that professional arts therapists, including music therapists, must have.

At the moment, the best way to be recognised as professional music therapists in Italy is through membership to a professional association and/or by being appropriately qualified and holding a specific certification in music therapy in accordance with the technical regulation 11592 issued in October 2015 by UNI and approved by Accredia, the Italian Institution of Accreditation.

Currently, one of the most widespread definitions of music therapy in Italy focuses on aspects of research, practice, education, and clinical training that "are based on professional standards according to cultural, social, and political contexts" (Kern, 2011). There are also specific definitions adopted by professionals and by training schools that, depending on the reference model used (Cremaschi-Trovesi, 2001, 2013; Cremaschi-Trovesi & Scardovelli, 2005; Centro Musicoterapia Benenzon Italia, 2014; D'Ulisse & Polcaro, 2000; Lorenzetti & Suvini, 2001; Manarolo, 2012), refer to particular aspects of music therapy rather than the profession in general.

In the past 15 years, the practice of music therapy has increased nationwide in various areas. Currently there are around 480 music therapists registered in one of the four professional associations (AIM; AIReM; FIM; Punto di Svolta); however, it is hard to calculate the exact number of music therapists who work, as allowed by the current law, but who are not members of a professional Association.

Alongside an increase in the number of professional music therapists, the contexts in which they work and the projects that they undertake, the work of professional associations has become more and more important and necessary. Professional associations work to maintain high professional standards that will guarantee high quality music therapy interventions and follow developments in the European environment which would impact delivery of music therapy services in Italy.

MUSIC THERAPY IN DEMENTIA CARE

In Italy, music therapy in dementia care began in the 1980s in residential care homes across the country. The first publications (Lorenzetti & Piatti, 1984; Delicati, 1995, 1997; Downie, 1996) reported some music therapy interventions with patients with Alzheimer's disease and suggested observations and reflections aimed to define music therapy as a discipline with specific clinical applications.

As in other music therapy contexts, in the early years in Italy it was essential to differentiate music therapy interventions from simple musical activities, such as musical entertainment or musical listening, already present in many facilities. Therefore, it was necessary to define theoretical frameworks and methodological aspects of music therapy, as well as appropriate methods for the analysis of results collected during music therapy interventions with this group of patients (Lorenzetti & Piatti, 1984; Delicati, 1995, 1997; Downie, 1996).

In that first phase supporting literature was sourced from international studies (Raglio et al., 2001b). From the research of international colleagues it was possible to learn about the effects of music therapy on psychological and behavioural disorders (Brotons & Pickett Cooper, 1996; Clark et al., 1998), cognitive abilities, relational and social competences (Brotons et al., 1997), depression and

overall quality of life for elderly patients with dementia (Smith & Lipe, 1991).

At the end of the 1990s in Florence, a group of 16 music therapists from different Italian cities formed a group to study the impact of music therapy on elderly people with Alzheimer's (Scardovelli, 2003). They analysed their clinical notes to define and further deepen some aspects of their work. From the group's reflections and discussions, several initiatives were created, such as: a conference dedicated to music therapy and Alzheimer's disease, held in Florence in 2000, a volume on music therapy with patients with Alzheimer's disease (AAVV, 2003), a cultural association named Progetto Anziani Musicoterapia (PAM) [Music Therapy for Elderly People] and one of the first websites specifically for music therapy in this context (<http://web.tiscali.it/pamonline/>). The aim was to spread information and provide music therapists working with elderly patients some insights into the Italian context as well as both the national and international studies about music therapy in dementia.

During this period, many topics were addressed and discussed regarding music therapy in dementia: the possibility to open up communication and emotional expression channels through music therapy (Delicati, 1997); the value of memories, the effectiveness of singing, the functionality of narration (Delicati, 1995, 1997; Downie, 1996); the role of sound to stimulate, affecting indirectly the cognitive functions, the organisational aspects and structuring of the setting (in relation to timing, spaces and intervention methods), the intervention methods in the cases of patients with a severe dementia diagnosis, the necessity to define observation protocols and evaluation instruments (Raglio et al., 2001a); the possibility to support communication of a relative with his/her family member in order to recover an affective-relational dimension that could not be achieved otherwise (Delicati, 2000).

At the same time, in different Italian areas, the request for music therapy intervention in residential care homes increased: knowledge about the discipline started to spread and many experiences of Italian music therapists were published (Bonanomi & Gerosa, 2001; Delicati, 2000, 2010; Varagnolo et al., 2004). In this phase, investments from several public institutions involved with elderly people were a strong incentive for spreading the use of music therapy in dementia care. In order to validate music therapy as a non-pharmacological therapeutic or rehabilitative resource for dementia or Alzheimer patients, the first clinical studies and researches on the impact and effects of music therapy were conducted (Raglio et al., 2001a).

Qualitative and quantitative studies and research

In Cremona at the *Fondazione Sospiro*, the first results of the clinical use of music therapy with dementia encouraged research projects to begin, employing only a qualitative perspective at first and then a quantitative perspective as well. Many of the studies were achieved through the collaboration of public and private institutions (Raglio et al., 2003). Gradually, the research focused on an approach that integrated both a qualitative and quantitative point of view, also organising multi-centre studies that demonstrated the effectiveness of music therapy on psychiatric and behavioural disorders in dementia (Raglio et al., 2008).

Between 2009 and 2010, the care home for the elderly of *Fondazione Centro Assistenza Fermo Sisto Zerbato* led a multi-centre, single-blind, randomised controlled trial that involved 51 elderly people with dementia. It was an experimental study that evaluated the effects of the STAM© protocol (Ceccato et al., 2006, 2009) as an additional intervention in six residential care homes across Veneto

and Tuscany. The research included standardised and observational evaluation instruments, both qualitative and quantitative methods and were used to evaluate the cognitive, behavioural and emotional responses to the intervention (Ceccato et al., 2012). Studies and research have been published in international journals and have been presented at medical and music therapy conferences, both national and international (Ceccato et al., 2006, 2009, 2012; Raglio, 2013, 2014; Raglio et al., 2013).

In the same period in Italy, several literature reviews concerning the use of music and music therapy with dementia were undertaken, focusing mainly on behavioural and psychiatric disorders and the recommendations of the Italian Psychogeriatric Association (Raglio et al., 2012b). In 2017, different studies led by Enrico Ceccato (Ceccato et al., 2012) and Alfredo Raglio (Raglio et al., 2008, 2010a, 2010b, 2012a) were included in a systematic review and meta-analysis (Fusar-Poli et al., 2018) and in the Cochrane review (van der Steen et al., 2017).

In recent years, additional research work involved Ceccato and Raglio (initially as managers for the Italian research site and subsequently as advisors) in the multinational cluster-randomised trial MIDDEL (Music Interventions for Dementia and Depression in Elderly care) carried out by Gold et al. (2019). To the present day, the daily activities carried out by many music therapists in several Italian care homes for the elderly provide strong evidence for the efficacy and inclusion of music therapy as a complementary resource in dementia care, as suggested in the “Manuale di Competenza in Geriatria – Item 4” published by Italian Geriatric and Gerontology Society (SIGG, n.d.).

MUSIC THERAPY IN END-OF-LIFE CARE

The origins of palliative care and the hospice movement are relatively recent, going back to England in the early 1960s when Cicely Saunders had the idea for what would become St Christopher’s Hospice; the first institution specifically designed to help terminally ill people. Right from the start there were guidelines regarding the aims of the hospice: to offer personalised treatment plans and manage symptoms of illness, to offer psychosocial and spiritual support, and help to relieve the total pain which is so often presented in the final stage of life (Du Boulay, 1993).

In Italy, the hospice movement is very recent. More particularly it was promoted by Fondazione Floriani, founded in Milan in 1977, which contributed to the creation of Società Italiana di Cure Palliative (SICP) [Italian Society of Palliative Care] in 1986. Fondazione Floriani also promoted the European Association for Palliative Care (1988) organising the first European congress about palliative care and by establishing the European doctors’ network for pain management and palliative care.

The first two Italian hospices opened at the end of the 1980s in Brescia and Milan, but since the 2000s their number has increased rapidly and there are currently 246 hospices across Italy. In 2010 law 38/2010 (Provisions to guarantee access to palliative care and pain management) established the minimum criteria and the required organisational structure that a facility needs to have in order to be accredited as a hospice, as well as specifying the level of professional training that hospice staff must have (Gazzetta Ufficiale, 2010).

The construction of purpose-built hospices and the passing of laws about the right to palliative care was only a first step. From the time the first hospices opened, nursing staff and other professional figures sought to increase people’s understanding of palliative care, hand in hand with providing

medical attention, relief and support to patients and their families (Federazione Cure Palliative, 2013).

Even today, the general public have little understanding of the philosophy behind palliative care, both from a practical point of view (e.g. how to gain access to palliative care or be admitted to a hospice, or the services that are offered at home) or with regard to ethical issues such as pain management or the patient's rights in the final stages of life (Hospice Casa Madonna dell'Uliveto, 2017, 2018). In order to increase the public's awareness of the reality of palliative care, the Ministry of Health launched a campaign in May 2013 on national television and using information leaflets in hospitals (Ministero della Salute, 2013).

Music therapy in Italian hospices

Music therapy started to be used sporadically in hospices from the end of the 1990s. Music therapists were asked to use their skills to meet the needs of patients and their families, and quickly many hospices began to integrate a music therapist into their multidisciplinary team (Bagnus, 2002; Scardovelli & Ghiozzi, 2003). However, only few articles have been published on this topic in Italy (Bagnus, 2002; Caneva et al., 2003; Scardovelli & Ghiozzi, 2003). As such, in the past 18 years, it was necessary to refer to literature from other countries in order to give a scientific basis to music therapy in this context. Some studies highlighted the clinical effects of music therapy in palliative care (Gallagher et al., 2006; Horne-Thompson et al., 2007), on pain (Krout, 2001) and anxiety (Horne-Thompson & Grocke, 2008), and on quality of life (Hilliard, 2003) and spirituality (Włodarczyk, 2007). Other studies focus on the themes which emerge from therapy sessions and research the themes of grief and loss. David Aldridge (1999) also published a collage of clinical stories written by several European and Australian music therapists, demonstrating a variety of music therapy approaches in palliative care settings and highlighting goals such as creativity, communication, relationship, environment, personal expressiveness and meeting the client in music. These were also very popular in Italy.

Since the beginning of the spread and development of the hospice movement in Italy, music therapy has been suggested to: recover important positive aspects of one's life; improve self-esteem; improve mood; enhance communication and relationships with relatives and caregivers; help the patient to connect with his/her situation and needs, including spiritual ones (Baroni, 2009). Currently, music therapists have to consider several important topics: the definition of criteria to send terminally ill patients to music therapy; the personalisation and quality of care in a bio-psycho-social perspective (that involves a music therapy approach, which is necessarily individual because focused on the patient and his/her family); integrated working within teams and inter-professional communication (Baroni, 2015).

Since 2000, many Italian studies of music therapy in end-of-life care are annually presented in national conferences organised by the Italian Society of Palliative Care (Baroni, 2017; Calanchi, 2017, 2019; Catuogno, 2017; Fucili & Mancini, 2019; Marchi et al., 2019; Menegoni et al., 2019; Parente, 2018a, 2018b; Patzak, 2018; Romito et al., 2018).

One of the most complex topics for music therapists who work in end-of-life situations alongside terminally ill patients concerns the methods used to carry out research and studies in this context. From 2002 to the present day, the Italian scientific literature does not include many articles concerning

the use of music therapy in end-of-life care. Often these publications are qualitative studies and present case studies (Gamba, 2017), working methods and the integration of music therapy in the multidisciplinary team (Rossi & Capolsini, 2013).

Conferences and events

Over the last 20 years, an increasing number of music therapists work in hospices allowing music therapy to spread in this context and creating important opportunities for dialogue with other professionals such as nurses, doctors and psychologists (Trevor-Briscoe et al., 2018).

In September 2012, the first National Congress of Music Therapy and Oncology was held in Biella and was organised by *Fondazione Edo e Elvo Tempia*. Many of the reports presented in the conference have been published in *Musica & Terapia* (Baroni, 2012; Laurentaci & Cifarelli, 2012; Malfatti et al., 2012); a volume entirely dedicated to the application of music therapy in oncology and palliative care.

In 2013, in Biella, the first specialisation course for Music Therapy in Oncology and Palliative Care was introduced by *Fondazione Edo e Elvo Tempia* and was aimed specifically at professional music therapists who wanted to further deepen their education in this context. In 2015 the first Italian volume entirely dedicated to music therapy and oncology was published (Cerlati & Crivelli, 2015). It presented some music therapy activities in oncology and end-of-life care, conducted by both Italian and foreign professionals.

In October 2016, AIM organised the congress *Musicoterapia in oncologia e cure palliative: Struttura e processo di lavoro tra clinica e ricerca* [Music therapy in oncology and palliative care: Structure and work process among clinic and research] and invited Clare O'Callaghan to attend and give two keynote lectures (AIM Congress, 2016). The aim of the congress was to further explore the topics of research and the close connections between practice and research in music therapy with oncological patients, terminally ill and their relatives (O'Callaghan, 2009a, 2009b). On the occasion of the conference, the Association AIM promoted the creation of a study group, *Musicoterapia in oncologia e cure palliative* [Music therapy in oncology and palliative care], which was joined by 20 music therapists from different Italian cities. The group has been operating for three years and it organises training and study days for its members. Cheryl Dileo was invited in 2018 and held a two-day workshop about music therapy entrainment. The group is currently working on the evaluation and dissemination of the results gathered and documented by the music therapists who work in oncology and palliative care; the data collected concern the past three years of the members' work (Trevor-Briscoe et al., 2018).

LOOKING FORWARD

The Italian professional associations are working on different important topics, particularly the communication about the proper practice of music therapy in Italy. Without a doubt, the spirit of collaboration activated between the main professional music therapy associations constitutes a very important foundation for the development of music therapy in Italy. In particular, the associations are continuing the work with the Italian Ministry of Economic Development and Ministry of Health to recognise music therapy at a national level.

With reference to clinical and research areas it is important to point out how far music therapy practice is spreading and how this increase coincides with a significant improvement in quality. This is supported by the significant presence of research projects which consider, among their main aims, the advancement and improvement of clinical practice and the application of music therapy. In fact, in the past ten years music therapy projects have been increasing and developing in different contexts: prison (Rosa, 2014); drug addiction (Navone, 2018); neonatal rehabilitation in the Neonatal Intensive Care Unit – NICU (Cerri, 2015); neurological rehabilitation (Meschini, 2015; Meschini et al., 2017); paediatric oncology (Zanchi, 2015; Zanchi et al., 2018).

Many conferences, study days, and workshops have been organised to focus on the application of music therapy in these contexts. The most recent studies, mentioned above, demonstrate the quality of research being undertaken in Italy. There are two further studies in paediatric oncology and neurological rehabilitation which are worthy of note and are outlined below.

In 2015, at the Istituto Santo Stefano of Porto Potenza Picena, the Music Therapy Observational Tool (MuTOT) was developed (Meschini et al., 2017). Its main aim is to improve music therapy intervention and provide important information for interdisciplinary assessment and treatment of the people in low awareness.

Five years ago, at the paediatric-oncology unit of Bari Hospital, research on the impact of music therapy on anxiety in children undergoing painful procedures was launched. The primary objective of the study was to evaluate the influence of music therapy as a complementary/non-pharmacological intervention to reduce preoperative anxiety and to promote more compliant behaviours during anaesthesia induction. A lower preoperative anxiety score (m-YPAS) was observed in the music therapy group compared with the standard care group. Results support the potential effectiveness of integrating music therapy with a pharmacological approach to reduce preoperative anxiety in painful procedures. More than 90% of medical staff were also very satisfied about the ability of music therapy to distract the patient and support the staff (Giordano et al., 2019).

CONCLUSIONS

To conclude, some considerations on music therapy in dementia and end-of-life care are motivating for the future. In the past six years (since the law on palliative care was approved), a discussion has been developing in Italy about the possibility of offering palliative care to elderly people of 80 years old and over. It is likely that facilities for elderly people will increasingly become providers of palliative care, and that the *terminal suffering* experienced by elderly patients affected by dementia will compel facilities to examine their role in palliative care. When discussing end-of-life care, it is also necessary to consider the physical, psychological and spiritual dimensions, as established by the study group of Società Italiana di Gerontologia e Geriatria (SIGG) [Italian Geriatric and Gerontology Society]. In my opinion, while continuing to implement music therapy in dementia settings, it will also be important to develop new music therapy methods and to examine the role of music therapists in end-of-life contexts.

A further complex topic relates to the potential involvement of music therapists in the 'living will' of patients; Disposizioni Anticipate di Trattamento (DAT) [Advance Healthcare Directive]. It is regulated by a Law 219/2017, recently passed and effective from 31st January 2018, that establishes

the possibility for every individual to express their own intentions regarding medical treatments at the end of life (Gazzetta Ufficiale, 2017). In my experience, some topics often surface during music therapy sessions and help the patient, both young and old, to express his/her own will: the patient's subjective perception of his/her condition, sense of identity, the need for completion, and existential questions about the last days (Baroni, 2009, 2017). It is important to question what specific contribution music therapy can make in this case, helping to enhance the quality of care in a multi-disciplinary team. A challenge for professional associations is to offer Italian music therapists continual professional refresher courses in order to support their daily work in constant contact with these realities.

REFERENCES

- AAVV (2003). *Musicoterapia con il malato di Alzheimer – Esperienze, tecniche, riflessioni*. Milano: Federazione Alzheimer Italia.
- AIM Congress (2016). *Musicoterapia in oncologia e cure palliative. Struttura e processo di lavoro tra clinica e ricerca*, Roma, 8-9 Ottobre 2016. Retrieved from https://www.aim-musicoterapia.it/wp-content/uploads/2020/05/2016-convegno_MT_onco_programma.pdf
- Aldridge, D. (Ed.). (1999). *Music therapy in palliative care: New voices*. London: Jessica Kingsley Publishers.
- Bagnus, P. (2002). *Prima che venga notte: La musicoterapia con pazienti oncologici in fase avanzata di malattia*. Milano: Gianni Iuculano.
- Baroni, M. (2009). Musicoterapia in hospice. Comunicare quando non ci sono parole. *La Rivista Italiana di Cure Palliative*, 1, 41-47.
- Baroni, M. (2012). Musicoterapia in hospice per il malato e i familiari. *Musica & Terapia*, 26, 46-53.
- Baroni, M. (2015). Musicoterapia in hospice per il malato e i familiari. In P. Cerlati & F. Crivelli (Eds.), *La musicoterapia in oncologia e nelle cure palliative* (pp. 195-209). Milano: Franco Angeli.
- Baroni, M. (2017). *Bisogni esistenziali del malato a fine vita: ricerca di senso e musicoterapia*. Paper presented at the XXIV Congress of Italian Palliative Care Society, Riccione, November 2017. Retrieved from https://www.sicp.it/wp-content/uploads/2017/11/43_Atti_congressuali_16nov17.pdf
- Bonanomi, C., & Gerosa, MC. (2001). Osservazione del malato di Alzheimer e terapia musicale. *Musica & Terapia*, 4, 25-30.
- Brotos, M., Koger, S., & Pickett-Cooper, P. (1997). Music and dementias: A review of the literature. *Journal of Music Therapy*, 34, 204-245.
- Brotos, M., & Pickett-Cooper, P. (1996). The effects of music therapy intervention on agitation behaviors of Alzheimer's disease patients. *Journal of Music Therapy*, 33, 2-18.
- Calanchi, D. (2017). *Musicoterapia in hospice: Facendo risuonare il cuore*. Poster presented at the XXIV Congress of Italian Palliative Care Society, Riccione, November 2017. Retrieved from https://www.sicp.it/wp-content/uploads/2017/11/43_Atti_congressuali_16nov17.pdf
- Calanchi, D. (2019). *Quando arriva la musica? Dialoghi sonori: un'esperienza di musicoterapia in hospice*. Poster presented at the XXVI Congress of Italian Palliative Care Society, Riccione, November 2019. Retrieved from https://www.sicp.it/wp-content/uploads/2019/12/sicp2019_finale_ridotto_compressed.pdf
- Caneva, P., Grion, R., Reale, S., Pedelini, G., & Perini, A. (2003). Musicoterapia e cure palliative: L'esperienza condotta presso l'Hospice S. Cristoforo di Cologna Veneta (Verona). Poster presented at the XI Congress of Italian Palliative Care Society, Milano, March 2003.
- Catuogno, G. (2017). *Musicoterapia tra cure palliative pediatriche e terapia del dolore*. Paper presented at the XXIV Congress of Italian Palliative Care Society, Riccione, November, 2017. Retrieved from https://www.sicp.it/wp-content/uploads/2017/11/43_Atti_congressuali_16nov17.pdf
- Ceccato, E., Caneva, P., & Lamonaca, D. (2006). Music therapy and cognitive rehabilitation: A controlled study. *Nordic Journal of music therapy*, 15(1), 3-12.
- Ceccato, E., Lamonaca, D., Gamba, L., Poli, R., & Caneva, P.A. (2009). A multi-centre study to verify the effectiveness of the STAM method in the rehabilitation with schizophrenic patients: A single - blind, controlled, randomized study. *Italian Journal of Psychopathology*, 15, 395-400.
- Ceccato, E., Vigato, G., Bonetto, C., Bevilacqua, A., Pizziolo, P., Crociani, S., Zanfretta, E., Pollini, L., Caneva, P.A., Baldin, L., Frongillo, C., Signorini, A., Demoro, S., & Barchi, E. (2012). STAM protocol in dementia: A multicenter, single-blind, randomized and controlled trial. *American Journal of Alzheimer's Disease and Other Dementias*, 27(5), 301-310.
- Centro Musicoterapia Benetton Italia (2014). *Musica tra neuroscienze, arte e terapia*. Torino: Didattica Attiva.
- Cerlati, P., & Crivelli, F. (Eds.). (2015). *La musicoterapia in oncologia e nelle cure palliative. Prendersi cura dell'altro con uno sguardo sistemico complesso*. Milano: FrancoAngeli Editore.
- Cerri, E. (2015). *Culla di note. Interventi di musicoterapia all'interno del reparto di terapia intensiva neonatale*. Torino: Cosmopolis.
- Clark, M.E., Lipe, A.W., & Bilbrey, M. (1998). Use of music to decrease aggressive behaviors in people with dementia. *Journal of Gerontological Nursing*, 24, 10-17.
- Cremaschi-Trovesi, G. (2001). *Il corpo vibrante*. Roma: Ed. Scientifiche Magi.
- Cremaschi-Trovesi, G. (2013). *Il grembo materno. La prima orchestra*. Roma: Armando editore.
- Cremaschi-Trovesi, G., & Scardovelli, M. (2005). *Il suono della vita*. Roma: Armando editore.
- Delicati, F. (1995). Quando il canto e i ricordi si accendono. *Rocca*, 1.
- Delicati, F. (1997). *Il canto fa venire fuori il paese più in fretta. Esperienze di musicoterapia con gli anziani di una casa-albergo*. Assisi: Ed. Pro Civitate Christiana.
- Delicati, F. (2000). Musicoterapia e demenza senile. *Musica & Terapia*, 1, 27-38.
- Delicati, F. (2010). *Il cuore non dimentica. Musicoterapia e ricordi nei malati Alzheimer*. Assisi: Cittadella.

- Downie, G. (1996). Son tornate a fiorire le rose. *Pro Terza Età-Anaste*, 4, 24-25.
- Du Boulay, S. (1993). *Cicely Saunders. The founder of the modern hospice movement*. London: Hodder and Stoughton.
- D'Ulisse, M.E., & Polcaro, F. (Eds.). (2000). *Musicoterapia e Autismo*. Modena: Phoenix Editrice.
- EMTC (n.d.). *Member countries – Italy*. Retrieved from <https://www.emtc-eu.com/italy>
- Federazione Cure Palliative (2013). *Lo sapevi? Le cure al malato inguaribile e il supporto alla famiglia sono un diritto e sono gratuite*. Retrieved from: <https://www.fedcp.org/pubblicazioni/interne/lo-sapevi>
- Fondazione Floriani (1988). *Nasce la European Association for Palliative Care – Milano 1988*. Retrieved from <https://fondazionefloriani.eu/la-nostra-storia/>
- Fucili, C., & Mancini, L. (2019). *Gli effetti della musicoterapia presso l'hospice*. Poster presented at the XXVI Congress of Italian Palliative Care Society, Riccione, November 2019. Retrieved from: https://www.sicp.it/wp-content/uploads/2019/12/sicp2019_finale_ridotto_compressed.pdf
- Fusar-Poli, L., Bieleninik, L., Brondino, N., Chen, X., & Gold, C. (2018). The effect of music therapy on cognitive functions in patients with dementia: A systematic review and meta-analysis. *Aging & Mental Health*, 22(9), 1103-1112.
- Gallagher, L.M., Lagman, R., Walsh, R., Davis, M.P., & LeGrand, S.B. (2006). The clinical effects of music therapy in palliative medicine. *Supportive Care in Cancer*, 14, 859-866.
- Gamba, L. (2017). *Il suono oltre il silenzio – Incontri con la musica nelle cure di fine vita*. Milano: Streetlib.
- Gazzetta Ufficiale della Repubblica Italiana (2010). *Legge 15 marzo 2010, n.38. Disposizioni per garantire l'accesso alle cure palliative e alla terapia del dolore*. Retrieved from <https://www.gazzettaufficiale.it/gunewsletter/dettaglio.jsp?service=1&datagu=2010-03-19&task=dettaglio&numgu=65&redaz=010G0056&tmstp=1269600292070>
- Gazzetta Ufficiale della Repubblica Italiana (2013). *Legge 14 gennaio 2013, n.4. Disposizioni in materia di professioni non organizzate*. Retrieved from <https://www.gazzettaufficiale.it/eli/id/2013/01/26/13G00021/sg>
- Gazzetta Ufficiale della Repubblica Italiana (2017). *Legge 22 dicembre 2017, n.219. Norme in materia di consenso informato e di disposizioni anticipate di trattamento*. Retrieved from <https://www.gazzettaufficiale.it/eli/id/2018/1/16/18G00006/sg>
- Giordano, F., Rutigliano, C., Zanchi, B., Ricci Bitti, P.E., Muggeo, P., De Leonardis, F., & Santoro N. (2019). *Music therapy in paediatric oncology: Preparing and supporting children undergoing invasive medical procedures. The Dominga Project in Italy*. Book of abstracts of the 11th European Music Therapy Conference (p. 87). Aalborg: Aalborg University. Retrieved from https://www.musictherapy.aau.dk/digitalAssets/603/603327_emtc19-book-of-abstracts-190607.pdf
- Gold, C., Eickholt, J., Assmus, J., Stige, B., Wake, J.D., Baker, F., Tamplin, J., Clark, I., Lee, Y-E. C., Jacobsen, S.L., Ridder H.M., Kreutz, G., Muthesius, D., Wosch, T., Ceccato, E., Raglio, A., Ruggeri, M., Vink, A., Zuidema, S., Odell-Miller, H., Orrell, M., Schneider, J., Kubiak, C., Romeo, R., & Geretsegger, M. (2019). Music Interventions for Dementia and Depression in Elderly care (MIDDEL): Protocol and statistical analysis plan for a multinational cluster-randomised trial. *BMJ Open* 9:e023436.
- Hilliard, R. (2003). The effects of music therapy on the quality and length of life of people diagnosed with terminal cancer. *Journal of Music Therapy*, 40, 113-137.
- Horne-Thompson, A., Daveson, B., & Hogan, B. (2007). A project investigating music therapy referral trends within palliative care: An Australian perspective. *Journal of Music Therapy*, 44, 139-155.
- Horne-Thompson, A., & Grocke, D. (2008). The effect of music therapy on anxiety in patients who are terminally ill. *Journal of Palliative Medicine*, 11, 582-590.
- Hospice Casa Madonna dell'Uliveto - Centro Residenziale Cure Palliative (2017). *Percorsi di vita. Percorsi di cura. Bilancio Sociale Casa Madonna dell'Uliveto 2017*. Retrieved from <https://madonna-uliveto.org/wp-content/uploads/2019/02/bilancio-sociale-2017-def.pdf>
- Hospice Casa Madonna dell'Uliveto - Centro Residenziale Cure Palliative (2018). *Prendersi cura delle persone con umanità e competenza. Bilancio sociale Casa Madonna dell'Uliveto 2018*. Retrieved from <https://madonna-uliveto.org/wp-content/uploads/2019/10/Bilancio-sociale-2018.pdf>
- Kern, P. (2011). Announcing WFMT's new definition of music therapy. Retrieved from <https://www.wfmt.info/2011/05/01/announcing-wfmsts-new-definition-of-music-therapy/>
- Krout, R.E. (2001). The effects of single-session music therapy interventions on the observed and self-reported levels of pain control, physical comfort, and relaxation of hospice patients. *American Journal of Hospice and Palliative Care*, 18, 383-390.
- Laurentaci, C., & Cifarelli, W. (2012). Efficacia del trattamento musicoterapico in pazienti con esiti di intervento per neoplasia mammaria. *Musica & Terapia*, 26, 32-37.
- Lorenzetti, L.M., & Piatti, M. (Eds.). (1984). *Musica adulti e terza età. Quaderni di Musica Applicata n°6*. Assisi: Edizioni Fonografiche e Musicali.
- Lorenzetti, L.M., & Suvini F. (Eds.). (2001). *Prospettive in Musicoterapia. Studi ricerche transdisciplinarietà*. Milano: FrancoAngeli.
- Malfatti, A., Ferrari, D., & Ferrandes, G. (2012). Musicoterapia in oncologia: studio quanti-qualitativo in ambito ospedaliero. *Musica & Terapia*, 26, 12-23.
- Manarolo, G. (2012). *Le cure musicali – Applicazioni musicoterapiche in ambito psichiatrico*. Torino: Cosmopolis.
- Manarolo, G., & Di Franco, G. (Eds.). (1999). *Guida dello studente. Coordinamento scuole di musicoterapia aderenti alla Confiam*. Torino: Cosmopolis.
- Marchi, A., Rizzati, J., Bruno, L., & Sartori, N. (2019). *La musicoterapia in hospice e nelle Cure Palliative: valutazione dei risultati attraverso l'utilizzo dell'IPOS – Integrated Palliative Outcome Scale*. Poster presented at the XXVI Congress of Italian Palliative Care Society, Riccione, November 2019. Retrieved from https://www.sicp.it/wp-content/uploads/2019/12/sicp2019_finale_ridotto_compressed.pdf
- Menegoni, G., Beber, S., Viliotti, S., Filippi, S., Sartori, E., Accler, C., Balduzzi, B., Rigatti, P., & Rocchetti, L. (2019). *Progetto di "musicoterapia nelle Cure Palliative a domicilio" e confronto valutativo con altri nodi della rete Cure Palliative*. Poster presented at the XXVI Congress of Italian Palliative Care Society, Riccione, November 2019. Retrieved from: https://www.sicp.it/wp-content/uploads/2019/12/sicp2019_finale_ridotto_compressed.pdf
- Meschini, R. (2015). La valutazione musicoterapica dei pazienti con disturbi della coscienza (DoC), *Musica & Terapia*, 36, 8-13.

- Meschini, R. Fortuna, R., Celentano, A., & Gironelli, L. (2017). La valutazione musicoterapica dei pazienti con Disturbi della Coscienza (DoC). *Musica & Terapia*, 36, 8-13.
- Ministero della Salute (2013). *Campagna di comunicazione sulle cure palliative e sulla terapia del dolore*. Ministero della salute. Retrieved from http://www.salute.gov.it/portale/news/p3_2_6_1_1.jsp?lingua=italiano&menu=campagne&p=dacampagne&id=11
- Music Space Italy (2018). Retrieved from <https://www.agebo.it/collaborazioni/musicspace-italy/>
- Navone, S. (2018). La musicoterapia come intervento integrato nel trattamento della tossicodipendenza. *Musica & Terapia*, 37, 14-23.
- O'Callaghan, C. (2009a). Objectivist and constructivist music therapy research in oncology and palliative care: An overview and reflection. *Music and Medicine*, 1(1), 41-58.
- O'Callaghan, C. (2009b). Practice informed research in oncology and palliative music therapy: From clinical data-mining to RCT. *Australian Journal of Music Therapy*, 20, 16-30.
- Parente, G. (2018a). *Oltrepassare l'orizzonte: un esempio di accompagnamento con la musica nell'hospice cure palliative di Bolzano*. Poster presented at the XXV Congress of Italian Palliative Care Society, Riccione, November 2018. Retrieved from https://www.sicp2018.com/wordpress/wp-content/uploads/Abstract-Book-15-NOV18-SICP-2018_.pdf
- Parente, G. (2018b). *Musicoterapia in hospice cure palliative – Bolzano: 2016-2017 due anni di attività tra risultati e prospettive*. Poster presented at the XXV Congress of Italian Palliative Care Society, Riccione, November 2018. Retrieved from https://www.sicp2018.com/wordpress/wp-content/uploads/Abstract-Book-15-NOV18-SICP-2018_.pdf
- Patzak, A. (2018). *Avvolti dalle vibrazioni: sull'uso di uno strumento specifico in musicoterapia nelle cure palliative*. Poster presented at the XXV Congress of Italian Palliative Care Society, Riccione, November 2018. Retrieved from https://www.sicp2018.com/wordpress/wp-content/uploads/Abstract-Book-16-NOV18-SICP-2018_.pdf
- Raglio, A. (2013). Active music therapy approach in the acquired brain injury: Scientific bases and rehabilitative perspectives. Paper presentation at *New Perspective in Neuro-rehabilitation: Incoming Experience*; 24 May 2013, Pavia. Retrieved from http://www.alfredoraglio.it/public/meeting/13_PAVIAPROGRAMMA.pdf
- Raglio, A. (2014). Stimulation et troubles du comportement entre passé et future: Musique thérapie. *2ème Congrès Européen de Stimulation Cognitive, Toulouse, 2014*. Retrieved From <http://www.alfredoraglio.it/public/meeting/programme.pdf>
- Raglio, A., Bellandi, D., Baiardi, P., Gianotti, M., Ubezio, M.C., & Granieri, E. (2013). Listening to music and active music therapy in behavioral disturbances in dementia: A crossover study. *Journal of the American Geriatrics Society*, 61(4), 645-647.
- Raglio, A., Bellelli, G., Traficante, D., Gianotti, M., Ubezio, M.C., Villani, D., & Trabucchi, M. (2008). Efficacy of music therapy in the treatment of behavioral and psychiatric symptoms of dementia. *Alzheimer Disease & Associated Disorders*, 22, 158-162.
- Raglio, A., Bellelli, G., Traficante, D., Gianotti, M., Ubezio, M.C., Gentile, S., Villani, D., & Trabucchi, M. (2010b). Efficacy of music therapy treatment based on cycles of sessions: A randomised controlled trial. *Aging & Mental Health*, 14(8), 900-904.
- Raglio, A., Bellelli, G., Traficante, D., Gianotti, M., Ubezio, M.C., Gentile, S., Bellandi, D., Villani, D., Trabucchi, M. (2012a). Addendum to 'Efficacy of music therapy treatment based on cycles of sessions: A randomised controlled trial' (Raglio et al., 2010). *Aging & Mental Health*, 16(2), 265-267.
- Raglio, A., Bellelli, G., Mazzola, P., Bellandi, D., Giovagnoli, AR., Farina, E., Stramba-Badiale, M., Gentile, S., Gianelli, MV., Ubezio, M.C., Zanetti, O., & Trabucchi, M. (2012b). Music, music therapy and dementia: A review of literature and the recommendations of the Italian Psychogeriatric Association. *Maturitas*, 72, 305-310.
- Romito, F., Lagattolla, F., & Cormio, C. (2018). *Il cerchio delle donne. La musicoterapia con holding psicologico: nuovi orizzonti nella gestione dell'ansia legata al tumore mammario*. Paper presented at the XXV Congress of Italian Palliative Care Society, Riccione, November 2018. Retrieved from https://www.sicp2018.com/wordpress/wp-content/uploads/Abstract-Book-16-NOV18-SICP-2018_.pdf
- Raglio, A., Manarolo, G., & Villani, D. (Eds). (2001a). *Musicoterapia e Malattia di Alzheimer: Proposte applicative e ipotesi di ricerca*. Torino: Cosmopolis.
- Raglio, A., Oasi, O., Gianotti, M., Manzoni, V., Bolis, S., Ubezio, M.C., Gentile, S., Villani, D., & Stramba-Badiale, M. (2010a). Effects of music therapy on psychological symptoms and heart rate variability in patients with dementia: A pilot study. *Current Aging Science*, 3(3), 242-246.
- Raglio, A., Puerari, F., Ubezio, M.C., & Villani, D. (2001b). Musicoterapia e malattia di Alzheimer: una revisione della letteratura. *Demenze*, 2, 10-16.
- Raglio, A., Puerari F., Ubezio M.C., & Villani D. (2003). Musicoterapia e Demenze: Monitoraggio e verifica del trattamento terapeutico condotto presso l'Istituto Ospedaliero di Sospiro. In M. Borghesi, M. Mancini & A. Barbagallo (Eds.), *Quale scientificità per la musicoterapia: I contributi della ricerca*. Assisi: Quaderni di Musica Applicata.
- Rosa, M.D. (2014). Un laboratorio di musicoterapia in carcere: Educare i minori reclusi tramite l'elemento sonoro. *Psicologia Di Comunità*, 1, 93-99.
- Rossi, M., & Capolsini, L. (2013). *Musicoterapia in onco-ematologia pediatrica*. Assisi: Edizioni Cittadella.
- Scardovelli, M. (2003). Presentazione. In AAVV. *Musicoterapia con il malato di Alzheimer. Esperienze, tecniche, riflessioni*. Milano: Federazione Alzheimer Italia.
- Scardovelli, M., & Ghiozzi, R. (2003). *La musicoterapia nel passaggio luminoso*. Roma: Borla.
- Scarlata, E. (2015). Italy: Country report on professional recognition of music therapy. *Approaches: Music Therapy & Special Music Education, Special Issue 7(1)*, 161-162. Retrieved from <http://approaches.gr/special-issue-7-1-2015>
- SIGG (n.d.). Italian Geriatric and Gerontology Society. "Manuale di competenze in geriatria – Item 4". Retrieved from <https://www.sigg.it/manuale-di-competenze-in-geriatria/>
- Smith, D.S., & Lipe, A.W. (1991). Music therapy practices in gerontology. *Journal of Music Therapy*, 28, 193-210.
- Trevor-Briscoe, T., Guandalini, L., Zanchi, B. (2018). *Gruppo Musicoterapia e Oncologia-Cure Palliative dell'Associazione Italiana Professionisti Musicoterapia - AIM*. Poster presented at the EMTC International Conference, Trapani, May 2018. Retrieved from <https://www.aiemme.it/wp-content/uploads/2018/12/poster-Briscoe-Guandalini-copia.jpg>
- UNI (2015). *Norma UNI 11592:2015. Attività professionali non regolamentate. Figure professionali operanti nel capo delle arti terapie*. Retrieved from [http://store.uni.com/catalogo/norme/root-categorie-tc/uni/uni-ct-006/uni-ct-006-gl-11?tpquall3\]=zz](http://store.uni.com/catalogo/norme/root-categorie-tc/uni/uni-ct-006/uni-ct-006-gl-11?tpquall3]=zz)

- van der Steen, J.T., van Soest-Poortvliet, M.C., van der Wouden, J.C., Bruinsma, M.S., Scholten, R.J.P.M., & Vink, A.C. (2017). *Music-based therapeutic interventions for people with dementia*. *Cochrane Database of Systematic Reviews 2017, Issue 5*. Art. No.: CD003477.
- Varagnolo, A., Melis, R., & Di Piero, S. (2004). Musicoterapia e anziani. *Musica & Terapia*, 10, 46-55.
- Wlodarczyk, N. (2007). The effect of music therapy on the spirituality of persons in an in-patient hospice unit as measured by self-report. *Journal of Music Therapy*, 44, 113-122.
- Zanchi, B. (2015). La musicoterapia e le sue applicazioni nei contesti ospedalieri in oncologia pediatrica. In P. Cerlati & F. Crivelli (Eds.), *La musicoterapia in oncologia e nelle cure palliative* (pp. 93-115). Milano: Franco Angeli.
- Zanchi, B., Trevor-Briscoe, T., Abbado, A., Scarponi, D., & Pession, A. (2018). La musicoterapia in oncologia pediatrica: Osservazione e valutazione del processo terapeutico. *Hematology Reports*, 10(1), 79.

Ελληνική περίληψη | Greek abstract

Η μουσικοθεραπεία στην άνοια και τη φροντίδα στο τέλος της ζωής: Μία αναφορά από την Ιταλία

Mariagrazia Baroni

ΠΕΡΙΛΗΨΗ

Αυτή η αναφορά συνοψίζει τις βασικές φάσεις και τους παράγοντες που έχουν συνεισφέρει στην ανάπτυξη της μουσικοθεραπείας στην Ιταλία, από τη δεκαετία του 1970 έως και σήμερα, εστιάζοντας ειδικότερα στο χώρο της άνοιας και της φροντίδας στο τέλος της ζωής. Αντλώντας από τη γνώση και την εμπειρία των Ιταλικών εκπαιδευτικών ιδρυμάτων και των επαγγελματικών συλλόγων μουσικοθεραπείας, το κείμενο διερευνά την εξέλιξη της μουσικοθεραπείας στη φροντίδα της άνοιας, από τις πρώτες παρεμβάσεις κατά τη δεκαετία του 1980 σε γηροκομεία σε όλη τη χώρα έως τις διάφορες ποιοτικές και ποσοτικές ερευνητικές μελέτες που είναι διαθέσιμες σήμερα. Ένα άλλο θέμα διερεύνησης αφορά την ανάπτυξη του κινήματος των ξενώνων ανακουφιστικής φροντίδας [hospice movement] στην Ιταλία και την συμπερίληψη επαγγελματιών μουσικοθεραπευτών στις διεπιστημονικές ομάδες σχετικά με την ανακουφιστική φροντίδα και τη διαχείριση πόνου. Η μουσικοθεραπεία άρχισε να χρησιμοποιείται sporadικά σε ξενώνες ανακουφιστικής φροντίδας [hospices] από τα τέλη της δεκαετίας του 1990, και από το 2000 πολλές ιταλικές έρευνες σχετικά με τη μουσικοθεραπεία στη φροντίδα στο τέλος της ζωής παρουσιάζονται ετησίως σε εθνικά και διεθνή συνέδρια. Τέλος, η αναφορά αυτή εξετάζει τις μελλοντικές προοπτικές και εξερευνά διάφορα μουσικοθεραπευτικά προγράμματα τα οποία αυξάνονται και αναπτύσσονται σε διάφορα πλαίσια.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, Ιταλία, άνοια, φροντίδα στο τέλος της ζωής [end-of-life care]

REPORT

Special Feature | Music therapy in dementia and end-of-life care: Mediterranean perspectives

Music therapy in Montenegro: Perspectives on the current situation

Mirjana Rajčić

Independent scholar, Spain

Tatjana Krkeljić

Music Academy Cetinje, Montenegro

ABSTRACT

Music therapy is in the process of inclusion in Montenegrin society, but it is not officially recognised and acknowledged, and there are no training programmes. Montenegro currently has only two music therapists, neither of whom works in the country. Given the early development of the profession in the country, this report provides information on what has been done in the field of music therapy in Montenegro until today, with no explicit focus on dementia or end-of-life care. An ongoing two-year project supported by the Montenegrin Ministry of Science, *Musical Heritage of Montenegro – Musical Practices of Montenegro and their Potential* (MusiH), will offer one segment oriented towards applied ethnomusicological approaches to music therapy and concrete therapeutic practice will be organised for the first time.

KEYWORDS

music therapy,
Montenegro,
MusiH

Publication history:

Submitted 4 Apr 2019

Accepted 4 May 2020

First published 7 Jun 2020

AUTHOR BIOGRAPHIES

Mirjana Rajčić, MA, is a Montenegrin music therapist working and living in Madrid, Spain. [filemosa81@yahoo.com] **Tatjana Krkeljić**, MA, is Assistant Professor, Researcher and Vice Dean of Academic Affairs at the Music Academy, University of Montenegro. [tatjanakrkeljic@gmail.com]

GENERAL REMARKS

Music therapy as a therapeutic discipline has been maintaining its significant place in work with those who need such a type of therapeutic assistance for several decades. Music therapy, which is already a widely recognised and respected profession and discipline in many developed parts of the Western world, does not exist in Montenegro. The Montenegrin public nowadays is largely not acquainted with basic information regarding the aims and elementary methods of music therapy and its practical uses for therapeutic purposes.

There is a need for the country to move forward, using the information on what has been done in the field of music therapy in Montenegro until today as a starting point. Firstly, attention should be given to the active Montenegrin music therapists. Currently, to our

knowledge, there are two qualified Montenegrin music therapists. Both do not live in the country, precisely due to the lack of opportunity to find employment. Until now they have been engaged in diverse ways in the field of music therapy in Montenegro as diaspora experts.

MUSIC THERAPY WORKSHOPS

In the course of the previous two years, five workshops were held in Montenegro, one of which was held at the national Music Academy. The lecturers were given by Mirjana Rajčić together with Maria Jesus del Olmo and Alicia Lorenzo from the Universidad Autónoma de Madrid in Spain. The workshops were attended by around a hundred professional musicians, the students of the Music Academy, graduate psychologists and special educators, as well as parents of children with disabilities. The workshops were aimed at acquainting the Montenegrin public with basic information and elementary methods of contemporary music therapy practice.

MUSIC THERAPY PUBLICATIONS

The book *Music and We*, authored by Mirjana Rajčić, was published in 2019 by the Institute for Textbooks Publishing and Teaching Aids, Podgorica. The creation of the written materials in the Montenegrin language assists with the better understanding of music therapy and its application within the country. The publication encompasses chapters offering historical perspectives on the development of music therapy discipline, reflections on the influence of sound on human beings, on multiple intelligences, on different types and applications of music therapy, as well as on music therapy techniques and improvisation. As such, the book will provide a broad spectrum of general information to the public.

Music therapy has also found its place in a Montenegrin book for ninth-grade students which focuses on the subject of music culture, where, in the scope of a chapter under the title “Magical Power of Music”, the author, Dobrila Popović, explains the influence of music on cognitive functioning, motor skills, emotional development, social skills and quality of life, by means of active and passive musical experiences, such as improvisation, song, dance and listening to music (Popović et al., 2017).

MUSIC THERAPY AND MEDIA

In the process of acquainting the broad and professional public with this notion, the media represents one of the key partners, particularly in Montenegro, bearing in mind that this is a country with almost 620,000 inhabitants and, thus, the flow of information is made easier to a certain extent. The activities which have been organised so far have been followed by the

media within the geographical areas where they were based, but also on a national level and beyond. On 27th February 2019, the public national broadcasting service televised the programme “Horizont” (“Horizon” in English) in which the issue of the need for and possibility of the introduction of music therapy practice, with a particular overview of work with children with disabilities, was brought to the public’s attention for the first time. The implementation of workshops and interviews with Mirjana Rajčić was covered by the local media, such as Culture Corner (2016), RTV Budva (2018), Fosmedia (2017), Portal Analitika (2016), but also the regional news outlet Free Europe (2017). Such activities and initiatives always provoke huge interest and obtain the support of the media.

MUSIC THERAPY RESEARCH

As of April 2019, the Music Academy launched a two-year project, supported by the Montenegrin Ministry of Science, *Musical Heritage of Montenegro – Musical Practices of Montenegro and their Potential* (MusiH). The project enables a new overview of Montenegro’s musical legacy and its heritage in relation to the country’s cultural history, and studies of culture including art history and theory. The project encourages scientific and artistic research through the cooperation of ethnomusicologists, music theorists and creators in the field of musical art, and it brings new interpretations and views of the musical heritage of Montenegro.

One segment of the project is oriented toward the application of music therapy, and this is the first attempt to organise such therapeutic practices in the country. Based on the project’s collected materials and drawing on existing findings in the field of ethnomusicology in Montenegro, therapeutic workshops will be organised which will rely on Montenegrin musical heritage and its application for music therapy purposes. The target groups of these workshops include children with developmental difficulties and their parents, prisoners, and geriatric patients. Tatjana Krkeljić (University of Montenegro), Mirjana Rajčić, Maria Jesus del Olmo and Alicia Lorenzo (Universidad Autónoma de Madrid) will be responsible for the organisation and implementation of these workshops.

In line with the aforementioned areas of interest, the research component of the MusiH project will generate new knowledge around the preservation and applicability of Balkan folk music. This includes knowledge around the potential applicability of Balkan folk in therapeutic practice. Although the use of such songs is ordinary in music therapy practice in the places where it exists, research in this area has not been carried out so far, according to our knowledge. Balkan folk songs will be used at the project workshops, aiming to explore perception and modalities of these songs’ processing and presentation for therapeutic purposes. We will start with the basic work within the workshops, after which we will continue to focus on different groups – work with the elderly and young, children with disabilities.

The cultural cooperation among the project partners – University of Sarajevo (Bosnia and Herzegovina), University of Opole (Poland), Montclair State University (USA), and University of Montenegro (Montenegro) – along with the cooperation with experts, will be the basis of the project. The preservation of the music and cultural heritage of the Western Balkan countries represents the priority of our cultural workers, including the participants of this project, while the concrete and applicable discourse of musical heritage is an innovative practice in music therapy.

In 2020, there is a planned visit to Montclair State University by the project manager and a member of the project team from the University of Montenegro. The study visit to the US by the Montenegrin partners will be organised with the aim of learning more about the module of music therapy at Montclair State University. The expected result of the visit is the preparation of the platform and creation of the sustainable model of the implementation of the module of music therapy at the Music Academy of the University of Montenegro, which is essential for the creation of new, and strengthening of existing, job positions, economic growth, and improving the quality of life of the citizens of Montenegro.

STEPS FOR THE FUTURE OF MUSIC THERAPY

The power of music has always been recognised as a potent medium in the healing of individuals and society, but in the territory of Montenegro, as well as in its neighbouring countries, there are no sufficient and clear findings on the application of music as therapy. The necessity and interest in implementing music therapeutic practice in Montenegro are evident. However, several aggravating factors have been observed at this moment. A main difficulty is the lack of recognition of music therapy as a legally regulated therapeutic practice and the lack of appropriate staff. The first step toward success would be creating a procedure for legal regulation of music therapy by the Ministry of Health in Montenegro so it could become a legitimate therapeutic practice. This should be done by the selected professionals from this and similar professional fields. Licensing of music therapy is an expected prerequisite in order to launch long-term projects, aided by national support programmes, but also potentially through international projects, such as ERASMUS+, Music Moves Europe, Horizon 2020 and many others. The development of such projects in the field are essential as they would promote cooperation with experts and institutions from other countries within and beyond Europe, through the support of the EU and other funds.

Another challenge is the lack of trained music therapists within the country. Although there is a significant interest among the youth, the education of a music therapist is possible only outside of Montenegro; and, along with this, their return to the country would not be certain, particularly due to the non-existence and non-recognition of the profession. Montenegro currently has only two music therapists, neither of whom works in the country precisely due to the lack of professional recognition. Therefore, the participation of the

university, i.e. the Music Academy, and the relevant academics from the competent institutions is of a great significance for the development of future projects in the field. There is large interest and, to a certain extent, possibility to adapt the teaching curriculum of the Music Academy in the near future, and orient it towards music therapy as a course (subject), but also potentially as a separate study programme. The education of young musicians and the possibility of finding a job in the field of music therapy in the future are the objectives of our upcoming activities. Networking and connecting with experienced music therapy institutes and universities, where such studies are organised, will be of huge importance for the launching of academic studies in this region in the near future. The development of music therapy in Montenegro will largely depend on those who are ready but, above all, qualified and trained to present such an idea to a wider audience and then subsequently implement it.

CONCLUSION

Despite the increased interest of professionals and of the general public, music therapy as a discipline and profession does not exist in Montenegro. There are no practising music therapists in the country, the profession is not officially recognised, and there are no training programmes. "Asocijacija muzikoterapije Bar", an NGO association, has been founded, and two Montenegrin therapists, Mirjana Rajčić and Milica Šoć, based outside the country, have been working as the diaspora with the aim to support the existing initiatives and the future development of music therapy in their native country. Among these initiatives, several workshops have been offered and an active debate was launched about the reasons and manners of the future application of music therapy. The Music Academy, as the only higher music education institution, has launched the project MusiH (2019-2021). Supported by the Ministry of Science, this project will enable the provision of the first music therapy sessions with two target groups: children with development issues and the elderly, along with the applied discourse of Montenegrin musical heritage. Accreditation of a course and, possibly, a study module under the title *music therapy* is currently considered, and its successful implementation will depend partly on the collaboration between appropriate staff and partner institutions.

REFERENCES

- Popović, D., Zatkalik, M., & Todić, M. (2017). *Muzička kultura*. Podgorica: Zavod za udžbenike i nastavna sredstva
- Rajčić, M. (2016, June 13). *Muzikoterapijom za poboljšanje kvaliteta života*. Portal Ananlitika. Retrieved from <https://portalanalitika.me>
- Rajčić, M. (2016, August 9). *Spontanost je najsavršeniji oblik postojanja*. Culture Corner. Retrieved from <https://www.culture-corner.me>
- Rajčić, M. (2017, April 14). *Kada muzika liječi djecu*. Radio Slobodna Evropa. Retrieved from <https://www.slobodnaevropa.org>
- Rajčić, M. (2017, August 11). *Note mlade Crnogorke liječe Madridane*. Fos Media. Retrieved from <https://fosmedia.me>
- Rajčić, M. (2018, March 28). *Muzikoterapija, moja potreba*. RTV Budva. Retrieved from <https://www.rtvbudva.m>
- Rajčić, M. (2019). *Muzika i mi*. Podgorica: Zavod za udžbenike i nastavna sredstva.

Ελληνική περίληψη | Greek abstract

Η μουσικοθεραπεία στο Μαυροβούνιο: Προοπτικές για την τρέχουσα κατάσταση

Mirjana Rajčić | Tatjana Krkeljić

ΠΕΡΙΛΗΨΗ

Η μουσικοθεραπεία είναι σε διαδικασία συμπερίληψής της στην κοινωνία του Μαυροβουνίου, αν και δεν αποτελεί αναγνωρισμένο και πιστοποιημένο επάγγελμα από το κράτος, ούτε υπάρχουν αντίστοιχα εκπαιδευτικά προγράμματα. Στο Μαυροβούνιο αυτή τη στιγμή υπάρχουν μόνο δύο μουσικοθεραπευτές, εκ των οποίων κανένας δεν εργάζεται στη χώρα. Με δεδομένη την πρώιμη φάση ανάπτυξης του επαγγέλματος στη χώρα, η παρούσα αναφορά παρέχει πληροφορίες ως προς την κατάσταση της μουσικοθεραπείας στο Μαυροβούνιο έως σήμερα, χωρίς να επικεντρώνεται στην άνοια ή τη φροντίδα στο τέλος της ζωής. Μία τρέχουσα διετής μελέτη που υποστηρίζεται από το Υπουργείο Επιστημών του Μαυροβουνίου, με τίτλο *Musical Heritage of Montenegro – Musical Practices of Montenegro and their Potential* (MusiH), θα φέρει ένα τμήμα των εφαρμοσμένων προσεγγίσεων της εθνομουσικολογίας προς το πεδίο της μουσικοθεραπείας, με αποτέλεσμα να δομηθούν για πρώτη φορά σαφείς θεραπευτικές πρακτικές.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, Μαυροβούνιο, MusiH

REPORT

Special Feature | Music therapy in dementia and end-of-life care: Mediterranean perspectives

Music therapy in the Occupied Palestinian Territories: An overview and some perspectives on dementia and end-of-life care

Buran Saada

Independent scholar, Occupied Palestinian Territories

Elizabeth Coombes

University of South Wales, UK

ABSTRACT

This report discusses the practice of music therapy in the Occupied Palestinian Territories (OPT), with a focus on the field of dementia and end-of-life care. It reviews music therapy in general in this part of the world, and also explores the extent to which music therapy is implemented and made available to the general public. Matters relating to access to music therapy trainings are also examined. The impact of culture and lack of trained music therapists in the OPT mean that at present, music therapy work in general is limited. The report concludes by offering glimpses into current initiatives and potential developments for the profession.

KEYWORDS

music therapy,
Occupied Palestinian
Territories (OPT),
dementia
end-of-life care

Publication history:

Submitted 22 Sept 2019

Accepted 10 Feb 2020

First published 2 Jun 2020

AUTHOR BIOGRAPHIES

Buran Saada, MA, is a Palestinian music therapist who received her training at the David Yellin College. She is also a professional singer. She works primarily with children with special needs but has also worked on projects with women with breast cancer and young people who have spent time in prison. Buran has also carried out therapeutic music skill-sharing projects for teachers and healthcare professionals in the Occupied Palestinian Territories. [burans.saada@gmail.com] **Elizabeth Coombes**, MA, FHEA, FAMI, BMus (Lond), is a registered music therapist (HCPC), course leader of the MA Music Therapy course at the University of South Wales, Newport and musician. Since qualifying in 2000, Elizabeth has specialised in working with children and young people with emotional and behavioural difficulties. She has worked on therapeutic music skill-sharing projects in the Occupied Palestinian Territories since 2009, and has also undertaken such work in the UK. She has a particular interest in how sharing these skills with non-musicians such as teachers, social workers and carers can enrich their professional practice. She has recently completed a research project in the field of music therapy and neonatal care as part of her PhD at the University of South Wales. [elizabeth.coombes@southwales.ac.uk]

MUSIC THERAPY IN THE OCCUPIED PALESTINIAN TERRITORIES

This report explores and discusses music therapy in the Occupied Palestinian Territories (OPT). In order to clarify the use of the term OPT, it should be stated that since 1999, this descriptor has been used to describe the following geographical areas: the West Bank, East Jerusalem and Gaza.

Although the focus of this special feature is music therapy in Mediterranean countries in the field of dementia and end-of-life care, the authors found such work was extremely limited if not completely absent in the OPT. This report, therefore, focusses on providing an overview of the profession in the area with some thoughts from local professionals and academics as to the potential for the future development of music therapy generally and in the featured clinical areas.

Music in the OPT

The musical tradition of the OPT is rich and varied. The varying cultural backgrounds and religions present in the country offer a rich underpinning to Palestinian music, enabling it to thrive and develop. From traditional working, wedding and protest songs (Macdonald, 2013; Massad, 2003) as well as performers such as Reem Kelani, music therapist and performer Basel Zayed, and contemporary hip-hop and rap collectives, the Palestinian music scene is eclectic and vibrant.¹ Instruments such as the oud, quanoun, daaf, Arabic drum and ney, together with the use of Arabic modes known as maqams and traditional rhythmic patterns, give Palestinian music a specific colour and shape that is being used creatively by contemporary artists to explore identity and break new ground in this artform.

Music therapy in the OPT

Although at the moment access to music therapy delivered by trained music therapists in the OPT is limited, there remains a positive attitude to the use of music to achieve therapeutic goals. There are few Palestinian music therapists practising in the region, although the exact number is hard to ascertain. According to information gleaned anecdotally (Buran Saada personal communication, 18th February 2019) there are less than five Palestinians who have postgraduate qualifications in music therapy. All of them are located in larger areas of population with none operating in Gaza. When one considers these serve a population of approximately five million people (roughly three million in the West Bank and East Jerusalem and two million in Gaza), it is clear that access to music therapy delivered by Palestinians is severely limited. In addition, there is no generally accepted definition of music therapy which means that the term can be loosely applied to any therapeutic or even educational use of music.

Music therapy training in the OPT

Developing the music therapy profession in this part of the world has many challenges. To some extent, this is due to the lack of university undergraduate or postgraduate level training in music therapy. There is also a difficulty for Palestinian musicians, who may wish to train in this discipline, in accessing any training in this subject area. Although there exist undergraduate and postgraduate courses for social workers, psychologists and other healthcare professions in which seminars on the topic of music therapy are delivered, there is a dearth of any music therapy training in these territories.

¹ See: <http://www.reemkelani.com>; <https://www.baselzayed.com>; <http://www.iamhiphopmagazine.com/meet-palestinian-artists-breaking-borders-music-boilerroomtv/> (accessed on 24th March 2019)

This means there are considerable barriers to the development of this profession. Indeed, some Palestinians have accessed training in Israeli universities and this is the case for the few Palestinian music therapists currently working in the OPT. However, such courses whether located in Israel, neighbouring countries such as Lebanon where a course does exist, or further afield, can be difficult for Palestinians to attend. There may be issues relating to obtaining visas, as for any potential student wishing to study abroad, as well as the language barrier.

As a result, and also because of the large number of foreign aid agencies operating in the area, several short courses offering music therapy skills take place in the OPT. These can be accessed by Palestinian musicians, teachers and healthcare workers, and provide skills and training in the use of music for therapeutic outcomes.² In cases where the organisation is based abroad and not in the OPT, training is often delivered by music therapists who are not native to the region. This in itself brings up questions relating to the relevance of training materials and theoretical approaches, the accuracy of translation of music therapy specific terminology and post-colonial assumptions that are beginning to be explored by music therapists (Comte, 2016; Coombes, 2018).

Music therapy practice in the OPT

Despite these challenges, there do exist pockets of music therapy work being undertaken by Palestinian music therapists. Much of this is group work, partly due to limited resources but also due to the prevailing societal structure. Buran Saada, a Palestinian music therapist who works primarily with children with special needs but also with women with breast cancer and young people who have been imprisoned for offences against the state of Israel, believes that “While there exists a will to use music to support children with special needs, provision for autism and other associated conditions mean any music therapist faces an uphill struggle to develop the work” (personal communication, 18 February, 2019). Furthermore, Souha Shehadeh, a child and adolescent psychiatrist at the Bethlehem Arab Society for Rehabilitation Hospital in Beit Jala, believes that music therapy offers communicative and expressive opportunities for children with autistic spectrum conditions. Her organisation participates in a project organised by a UK based charity, ABCD (2019), who employ UK-trained music therapists for time-limited periods of work in and around the hospital. While this input is relatively short in duration, she believes that “Music therapy offers the children the opportunity to express themselves in music, and gives their parents a sense of hope for their children’s future” (personal communication, 15th March 2019).

There are also music therapists from other countries who have undertaken short-term work in the area. A common theme arising in their writings is the importance of identity that can be expressed through music using traditional instruments and rhythms (Behrens, 2012; Coombes, 2011, 2017; Tsolka, 2016). It can be seen, therefore, that there exists a patchwork of music therapy initiatives in the OPT. Local music therapists deliver sessions in a variety of settings, with short or longer-term

² See: Al Mada (<https://al-mada.ps>); Anera (<https://www.anera.org>); UNRWA (<https://www.unrwa.org/where-we-work>); Music as Therapy International in conjunction with Musicians Without Borders, (<http://www.musicastherapy.org/about/where-we-work>); Music Can Help (<https://www.music-can-help.de/aktivitaten/musiktherapie/?lang=en>); Pro Terra Sancta (<https://www.proterrasancta.org/en/meet-me-in-the-sound-through-music-the-music-therapy-course-in-bethlehem/>) (accessed on 24th March 2019)

initiatives, while other projects largely funded from outside the OPT provide music therapy and therapeutic music work.

MUSIC THERAPY IN DEMENTIA AND END-OF-LIFE CARE

Bearing in mind the limited provision of music therapy in the region, it is no surprise that access to this intervention in the fields of dementia and end-of-life/palliative care remains virtually non-existent.

In the OPT there are little or no services offering dementia or palliative care. With a relatively young population where average life expectancy is around 75 years, there are few statistics available for dementia, and those that are available include Israel, which makes it difficult to ascertain the extent of the disease in the OPT (Bhalla et al., 2018). Organisational care for dementia and also palliative care is lacking, in part due to a paucity of appropriately medically trained staff, but also due to the prevailing cultural norms. In Arab society, “the desire of appearing strong and to please others at all costs, bearing physical pains, hiding emotions, staying at the head of responsibility, performing duties and playing roles without admitting the need for help or showing signs of weakness” (Abu Seir & Kharroudi, 2017, p.57) means that many people delay seeking treatment and do not wish to receive such palliative care that is available. The same paper discusses the importance given to the family unit in Palestinian culture. The norm would be for “family members [...] to take the patient home to be around him to provide comfort and company” (Abu Seir & Kharroudi, 2017, p.57).

Rana Abu Seir, assistant professor in haematology at the University of Al-Quds in Palestine who also specialises in cancer care, acknowledges the lack of access to music therapy for those receiving palliative care (personal communication, 22nd March 2019). She suggests that those of the Muslim faith (98% in the OPT with the remainder largely identifying as Christians) may draw comfort from listening to recordings of the Quran, specifically prayers for remission. These include the concept of hope in the afterlife as a reward of withstanding the pain without complaint. Equally, adherents of other religions, including Christians, may benefit from listening to or singing religious texts from their Holy Books which also contain similar sentiments.

While no literature on the potential of playlists to offer support to those living with dementia and receiving end-of-life care exists specific to the OPT, there is a growing body of such literature in the international community (Leggieri et al., 2019; Murphy et al., 2018; Porter et al., 2017; Warth, Kessler, Hillecke & Bardenheuer, 2015). It is suggested, then that it may be possible to implement the use of playlists as part of a music therapy programme for this client group in the OPT.

LOOKING FORWARD

It is clear that the profession of music therapy faces many challenges in the OPT if it is to develop and be offered to the wider population. The lack of university level music therapy courses in the OPT means that Palestinians who may wish to receive such training struggle to access it. While some level of music therapy training is currently offered by a variety of organisations, without university-level music therapy courses there remain challenges to the development of a system whereby music therapy can be provided by Palestinians to their fellow countrymen.

More positively, the music therapy initiatives that are already being offered, mainly to children and young people, are viewed very favourably by recipients and their families. Comments from staff who had received training from one such initiative offered by Music as Therapy International (MasT) demonstrate their belief in the efficacy of music therapy and their commitment in delivering such work. One school counsellor stated, "The program allows me to help as many students as possible with behavioural and psychological problems and reduces the impact of these challenges on my students". Another stated "I became very close to my students through the music therapy sessions and the confidence and communication between us increased" (Music as Therapy International, 2019). Parents have also commented on their children's music therapy experiences, with one parent stating of her son, "The [music therapy] programme encouraged his own abilities and provided a channel for hidden positive energy. It enhanced his self-confidence and played a role in improving his relationships with his peers in the group" (Evangelical Lutheran Church in Jordan and the Holyland 2018). It could, therefore, be said that developing the music therapy profession and provision in the OPT is a work in progress that, while facing challenges, is ripe for development.

REFERENCES

- ABCD (2019). *What we do: Music therapy*. Retrieved from <https://www.abcdbethlehem.org/what-we-do/music-therapy>
- Abu Seir, R., & Kharroubi, A. (2017). Implementation of palliative care in Palestine: Cultural and religious perspectives. *Palliative Medicine and Hospice Care Open Journal*, SE(1), S4-S9.
- Bhalla, D., Lotfalinezhad, E., Amini, F., Salmannejad, M., Nezhad, V. R. B., Kooshalshah, S. F. R., Delbari A., Fadayeveatan. R., Irmansyah, I., Abdelrahman, A., Bhatta, N., & Gharagozli, K. (2018). Incidence and risk profile of dementia in the regions of Middle East and North Africa. *Neuroepidemiology*, 50(3-4), 144-152.
- Behrens, G. (2012). Use of traditional and nontraditional instruments with traumatized children in Bethlehem, West Bank. *Music Therapy Perspectives*, 30, 196-202.
- Comte, R. (2016). Neo-colonialism in music therapy: A critical interpretive synthesis of the literature concerning music therapy practice with refugees. *Voices: A World Forum for Music Therapy*, 16(3). Retrieved from <https://doi.org/10.15845/voices.v16i3.865>
- Coombes, E. (2011). Project Bethlehem: Training educators and health workers in the therapeutic use of music in the West Bank. *Voices: A World Forum for Music Therapy*, 11(1). Retrieved from <https://doi.org/10.15845/voices.v11i1.291>
- Coombes, E., & Tombs-Katz, M. (2017). Interactive therapeutic music skill-sharing in the West Bank: An evaluation report of project Beit Sahour. *Approaches: An Interdisciplinary Journal of Music Therapy*, 9(1), 67-79.
- Coombes E. (2018). We all came from somewhere. *Voices: A World Forum of Music Therapy*, 18(1). Retrieved from <https://doi.org/10.15845/voices.v18i1.915>
- Evangelical Lutheran Church in Jordan and the Holyland School (2018). *Yearbook*. Ramallah: OPT.
- Leggieri, M., Thaut, M.H., Fornazzari, L., Schweizer, T.A., Barfett, J., Munoz, D.G., & Fischer, C.E. (2019). Music intervention approaches for Alzheimer's disease: A review of the literature. *Frontiers in Neuroscience*, 13, 132.
- Macdonald, D. A. (2013). *Music is my weapon: Music, politics nationalism and the music of political resistance*. London and Durham: Duke University Press.
- Massad, J. (2003). Liberating songs: Palestine put to music. *Journal of Palestinian Studies*, 32(3), 21-38.
- Murphy, K., Liu, W.W., Goltz, D., Fixsen, E., Kirchner, S., Hu, J., & White, H. (2018). Implementation of personalized music listening for assisted living residents with dementia. *Geriatric Nursing*, 39(5), 560-565.
- Music as Therapy International (2019). *Report on additional training at the Evangelical Lutheran Church in Jordan and the Holyland Schools*. London: MasT.
- Porter, S., McConnell, T., Clarke, M., Kirkwood, J., Hughes, N., Graham-Wisener, L., Regan, J., Mckeown, M., Mcgrillen, K., & Reid, J. (2017). A critical realist evaluation of a music therapy intervention in palliative care. *BMC Palliative Care*, 16(1), 70.
- Tsolka, E. (2016). *Home and away - How a music therapy placement in Palestine has contemporary relevance to UK practice*. Paper presented at the BAMT conference 'Re-Visioning our voice: Resourcing music therapy for contemporary needs', Glasgow, Scotland, 8-10 April 2016.
- Warth, M., Kessler, J., Hillecke, T.K., & Bardenheuer (2015). Music therapy in palliative care a randomized controlled trial to evaluate effects on relaxation. *Deutsches Arzteblatt International*, 112(46), 788.

Ελληνική περίληψη | Greek abstract

Μουσικοθεραπεία στα κατεχόμενα παλαιστινιακά εδάφη: Μια επισκόπηση και ορισμένες προοπτικές για την άνοια και τη φροντίδα στο τέλος της ζωής

Buran Saada | Elizabeth Coombes

ΠΕΡΙΛΗΨΗ

Αυτή η αναφορά συζητά την πρακτική της μουσικοθεραπείας στα κατεχόμενα παλαιστινιακά εδάφη, με έμφαση στον τομέα της άνοιας και της φροντίδας στο τέλος της ζωής. Εξετάζει γενικά τη μουσικοθεραπεία σε αυτό το μέρος του κόσμου και διερευνά επίσης τον βαθμό στον οποίο η μουσικοθεραπεία υλοποιείται και είναι διαθέσιμη στο ευρύ κοινό. Εξετάζονται επίσης θέματα σχετικά με την πρόσβαση σε εκπαιδευτικά προγράμματα μουσικοθεραπείας. Την παρούσα στιγμή το μουσικοθεραπευτικό έργο είναι γενικά περιορισμένο λόγω των πολιτισμικών συνθηκών αλλά και της έλλειψης εκπαιδευμένων μουσικοθεραπευτών στα κατεχόμενα παλαιστινιακά εδάφη. Η αναφορά καταλήγει προσφέροντας σύντομες ματιές σε τρέχουσες πρωτοβουλίες και πιθανές εξελίξεις για το επάγγελμα.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, κατεχόμενα παλαιστινιακά εδάφη, άνοια, φροντίδα στο τέλος της ζωής [end-of-life care]

REPORT

Special Feature | Music therapy in dementia and end-of-life care: Mediterranean perspectives

Music therapy and its applications in dementia care: Spanish perspectives

Melissa Mercadal-Brotons

Escola Superior de Música de Catalunya & SINGULAR-Música y Alzheimer, Spain

Mònica de Castro

SINGULAR-Música y Alzheimer, Spain

ABSTRACT

Dementia in general and Alzheimer's disease in particular have come to be considered an important health problem of the 21st century. Currently in Spain the number of people affected is approximately 1,200,000; a figure that approaches five million if we include family members (CEAFA, 2019). There is a growing body of empirical evidence suggesting that music may be a useful intervention for the treatment of a variety of dementia symptoms in different stages of the disease. Different types of music-based interventions are differentiated in the literature; those carried out by professional music therapists and those applied by caregivers under the training and supervision of professional music therapists. Music is often used in dementia care in Spain. As the music therapy profession is not yet fully recognised, sometimes the difference between music therapy interventions and other music-based interventions in care homes is not clear. Following the principles of the Global Music Approach to Persons with Dementia (PWD) proposed by Raglio et al. (2014), the focus of this report is to present two projects carried out in Spain by professional music therapists with caregivers (professional and family) to foster the use of music-based activities with persons with dementia until the end of their lives. Reflections on the role of the music therapist in this approach and the importance of clarifying it in the care of PWD are included in the discussion section.

KEYWORDS

Spain,
music therapy,
music-based
activities,
dementia,
end-of-life care,
caregivers

Publication history:

Submitted 31 Mar 2019

Accepted 18 Apr 2020

First published 15 Jun 2020

AUTHOR BIOGRAPHIES

Melissa Mercadal-Brotons, PhD, MT-BC, SMTAE, is the Academic Director at Esmuc (*Escola Superior de Música de Catalunya*) in Barcelona (Spain) where she is also a Professor in the Department of Music Education and Director of the Master Program in Music Therapy. She currently serves as the President of the World Federation of Music Therapy (2017-2020), and between 2013-2019 she was country representative (Spain) at the European Music Therapy Confederation. She is also an editorial board member of the *Journal of Music Therapy*, member of the SINGULAR, Música y Alzheimer team, and the leader of the IAMM Special Interest Group "Music therapy in the context of Dementia: People with Dementia and their caregivers". [brotions@compuserve.com] **Mònica de Castro** is a music therapist specialising in dementia and healthy aging since 2011. She is the founder of SINGULAR, Música y Alzheimer in Barcelona, Spain. [singular@musicayalzheimer.com]

MUSIC THERAPY IN SPAIN

Music has been an inherent component of the diverse cultural traditions which form Spain. Likewise, the use of music for healing purposes has a long history in Spain, and clinical practice, training and research related to the uses of music as a therapeutic tool have been present in the country since the 1980s (Mercadal-Brotons et al., 2017). Several people, from different regions of the country, have independently pioneered the establishment of music therapy as a profession, but the field is still struggling for its professional recognition and consolidation.

In 1986 the first training programs in music therapy were offered by private institutions in Bilbao and Vitoria (Basque Country). During the 1990s there was a growing interest in the training of professional music therapists. This resulted in a burst of music therapy seminars, workshops and postgraduate training programs in universities and private institutions. Nowadays, there are a total of five private institutions and five universities that offer training programs, at the postgraduate level, which lead to a qualification/degree in music therapy, and five private institutions.

Several studies show that music therapy clinical practice is active and music therapists work with a variety of populations in Spain. The results of these studies show that music therapy professionals have the following characteristics: a) there are more women than men practising music therapy; b) the majority of those hold a Master's degree, and c) work part-time or on specific projects mainly in private institutions (Mercadal-Brotons et al., 2017).

Research in the field of music therapy is also growing in Spain. The study of Del Moral, Sánchez-Prada, Iglesias and Mateos-Hernández (2014) shows that there is an increase in scientific publications since 1985. From 1985-2003, there were a total of 479 music therapy publications with Spanish authors and/or co-authors (Del Moral et al., 2014). This trend can also be observed in doctoral dissertations defended by music therapists in Spanish universities within doctoral programs of related fields. The field of music therapy is becoming more visible.

Regarding the organisation of the profession in Spain, there are currently a total of 55 music therapy associations listed in the National Register of Associations of the Spanish Ministry for Home Affairs (Ministerio del Interior, 2020). Ten of these associations are members of the European Music Therapy Confederation (EMTC, 2020). There is also a federation (Federación Española de Asociaciones de Musicoterapia) which was created in 2014 (see Federación Española de Asociaciones de Musicoterapia, 2020). Unfortunately, this huge number of associations precludes a unified vision of the profession, in professional and academic fields. However, the Spanish Association of Professional Music Therapists (Asociación Española de Musicoterapeutas Profesionales; AEMP, 2020) is the only music therapy association approved in 2007 by the Spanish Ministry of Employment and Social Security. Because of its approval by this Ministry, the main objective of AEMP is the regulation of the profession and it has the potential to become a union when the profession is fully regulated and recognized. AEMP defines music therapy as:

A systematic intervention process in which a music therapist establishes a helping relationship with the person(s) with whom they work through the use of music and/or its musical elements (sound, rhythm, melody, harmony) in an appropriate setting, in order to promote and/or restore health and improve the

quality of life of that/those person/s, satisfying their physical, emotional, mental, social and cognitive needs, and encouraging significant changes in them (AEMP, 2014; adapted from Bruscia [1998] and WFMT [2011]).

Currently, there is no clear and reliable census of professional music therapists in Spain. Since 2008, AEMP has been involved in compiling a register of music therapists residing in Spain with adequate university training for the exercise of the profession (Registro Español de Musicoterapeutas Acreditados-REMTA). Currently, there are 94 registered music therapists and 25 supervisors (Registro Español de Musicoterapeutas Acreditados, 2019). With this service, Spanish institutions interested in hiring professional music therapists have reliable information about the music therapists they are interested in hiring. The confidence factor offered by this Register of Spanish Music Therapists of the AEMP boosts the professional standing of trained music therapists, enhancing knowledge of the professional scope of the discipline and thus avoiding professional encroachment.

In order to evolve and contribute to the organization of the music therapy profession in Spain, other documents have been created since 2007 by the ten Spanish Music Therapy Associations, members of the European Music Therapy Confederation (AEMTA-EMTC). These include criteria for being a music therapist in Spain, an ethical code, a technical document to organize national congresses, and a list of research projects and publications of music therapy in Spain.

The ethical development of the profession of music therapy, combined with the approval of AEMP by the Ministry of Employment and Social Security, form the pillars on which to lay the foundations of the professional regulation of music therapists in Spain. The launch of the Spanish Registry of Professional Music Therapists (REMTA) grants a certification to those music therapists who meet certain requirements for academic qualifications and professional experience. This increases public awareness of the music therapy profession as well as encouraging ongoing professional development for registered music therapists.

Another important landmark has been the presentation of no-law propositions for music therapy, by some music therapy associations, to several regional governments in Spain. This has opened the door for a critical step towards professional recognition: the approval of a law for the professional practice of music therapy in Spain. However, certain concrete and defined steps are necessary before this is achieved. For example, chronicling the historical development of music therapy in Spain and the underlying frameworks is essential to consolidate the music therapy profession and provide a foundation on which music therapists and music therapy students can further build.

Below we focus on music therapy applications in dementia care. Before referring specifically to the Spanish context, we offer a brief overview of music therapy with Persons With Dementia (PWD) including some key objectives and areas of work.

MUSIC THERAPY WITH PERSONS WITH DEMENTIA (PWD)

The demographic changes in Western societies, with the increase of life expectancy, have resulted in more common diseases at older ages. Dementia, and Alzheimer's disease (AD) in particular, is considered a health problem of extreme importance (WHO, 2018). Dementia is an acquired, progressive neurological syndrome which is common after the age of 65. It is characterised by

persistent deterioration of the superior mental functions, affecting the individual's capacity to carry out activities of daily living as well as social and / or occupational commitment (American Psychiatric Association, 2013). It is estimated that 6% of the population aged 65 years or older have dementia (Prince et al., 2016) and this number increases to 45% in people aged 85 years or over (Wimo et al., 2017). Currently in Spain the number of people affected is approximately 1,200,000, a figure that approaches 5,000,000 if we include the family (CEAFA, 2019). According to the scientific literature in the area, treatment for dementia should include a combination of medication and non-pharmacological strategies. In the latter category we can include music therapy which has shown positive effects especially with AD (Fakhoury et al., 2017).

Music therapy intervention and research in the field of dementia has a long history. There is a growing body of empirical evidence suggesting that music may be a useful intervention for the treatment of a variety of dementia symptoms in different stages of the disease, from mild to advanced. The benefits of music therapy and music-based interventions in dementia include improvements in cognitive functioning, social engagement, behavioural and psychological symptoms, and quality of life (van der Steen et al., 2017). Table 1 summarises the general objectives addressed with PWD in music therapy in different stages of the disease.

Mild-moderate stage	Late stage
General objectives	
To maintain the person's autonomy	To preserve the person's identity, communication and wellbeing
Areas addressed	
Reinforcing preserved physical and cognitive abilities	Stimulating autobiographical memories
Caring of socioemotional aspects	Communicating with caregivers (professional-family)
Attention to behavioural problems	Collaborating with basic activities of daily living

Table 1: Music therapy objectives and areas addressed in different stages of the dementia

According to the results of a recent Cochrane review conducted by García-Casares, Moreno-Leiva and García-Arnés (2017), research in the area of music therapy and dementia can be summarised as follows: 1) studies which examine the effect of music therapy on *increasing* desirable behaviours such as concentration span or degree of participation in activities (cognitive functioning and engagement), and 2) studies which examine how music therapy affects the *reduction* of challenging behaviours such as restlessness, anxiety, apathy, and depression (behavioural problems).

Dementia and the use of music

The use of music in the context of dementia is common to achieve therapeutic objectives in the cognitive, psychological, and social domains. Nowadays, several types of evidence-based music interventions are described in the literature applied by a variety of professionals. Raglio, Filippi, Bellandi and Stramba-Badiale (2014) propose a structured intervention model, the Global Music Approach to Persons with Dementia (GMA-D). This model is based on a literature review and takes into

consideration the type of music intervention, the participants' needs and the clinical characteristics and therapeutic objectives. The authors differentiate two types of music interventions: active music therapy, and music-based interventions.

Active music therapy, led by professional music therapists. This involves direct music therapy interventions with persons affected by dementia, and music therapy interventions with persons with dementia and their caregivers. These approaches are mediated by trained music therapists who use psychological and/or rehabilitative approaches and include the interaction-relation component between music therapist and participants.

Music-based interventions, mostly administered by caregivers (professional and family) with training and supervision by professional music therapists. These music-based interventions include caregiving singing, rhythm techniques, individualised listening to music and background music. Therefore, these activities do not necessarily involve a professional music therapist when implemented, and have no specific therapeutic objectives (Raglio et al., 2014). These music-based interventions are aimed at fostering communication between the PWD and the caregiver, improving the PWD's experience in activities of daily living, and finally to ease and make the work of the caregiver more pleasant. These music-based interventions include: a) Caregivers singing to promote contact, positive relationships and environment between patient and caregiver; b) listening to music, which involves the use of personalized listening lists to promote relaxation and well-being among PWD, and c) background music, which is understood as the use of pre-recorded music in a given environment in a specific situation (e.g., lunchtime or bath time). The goal is to create a more pleasant atmosphere.

Raglio et al. (2014) emphasize the importance of the presence of a professional music therapist with an in-depth knowledge of the field of dementia in order to implement the GMA-D adequately. So, some of the interventions will be directly implemented by the professional music therapist. And for the others, it is recommended that the music therapist be responsible for the organization of the program, and for the training and supervision of the caregivers who will be implementing the music-based interventions.

In addition to the above-mentioned music-based interventions, the PWD can also be involved in socially integrative music activities, often organised and offered by different music or cultural institutions in the community, such as auditoriums or opera theatres which may also include a professional music therapist. The result is that the PWD can enjoy the benefits of music through different types of music-based interventions and activities offered in a variety of contexts until the end of his/her life: home, nursing homes, day-care centres and social-cultural organisations in the community, and these can be modulated according to his/her changing needs.

MUSIC THERAPY WITH PWD IN SPAIN

In Spain, the field of aged care, and particularly dementia, is a developing area of practice for professional music therapists. Administrators, health related professionals as well as family caregivers are well aware of the positive contributions of music to this population and several of them have initiated specific actions to incorporate music in the daily routines of care centres. In addition, several music therapists have started their own music therapy private practice from which they serve PWD in different institutions which allow to implement several types of music-based programs. An

example is “SINGULAR, Música y Alzheimer” (2017), a team of professional music therapists who specialise in working with PWD and healthy aging. One of the main objectives of the programs designed by SINGULAR, is to bring the full potential of music to people living with dementia through the collaboration and interaction of music therapists and caregivers. Two of these programs are briefly described below.

Partnering family caregivers in Spain

This program aims to present a general overview of the contributions of music to PWD. Family members are introduced to the use of music as a means of communication, stimulation and relaxation. Examples of how music can be used at home with the PWD through singing, listening to music together, and dance/movement exercises are demonstrated. Simple and straightforward reflections, advice and resources are offered so that the caregiver and the patient can enjoy the benefits of music.

In 2018, this program had reached a total of 700 caregivers throughout Catalonia, with 350 (50%) of attendees being family caregivers. In order to evaluate participant satisfaction with the program, a questionnaire was administered at the end of the training. Seventy-nine percent indicated that the program was very satisfactory.

Partnering professional caregivers in Spain

Commissioned by Sanitas (Bupa group) from 2015-2017, this program was connected to the project *Reducing Physical Restraints* in all Sanitas nursing homes throughout Spain. The six-hour training involved 500 professional caregivers from 36 nursing homes around Spain. A total of ten professional profiles were included in each group: Nurses, nursing assistants, psychologists, occupational therapists, physical therapists, physicians, general managers, recreational therapists, social workers, and service staff. This diversity of professionals allowed for wider involvement during the implementation of the musical activities. It was calculated that this training had a potential impact on health and wellbeing of 1,800 of PWD, which represents the total number of PWD who were cared by the professionals who participated in the program.

The foundations of the program are based on the person-centred model and evidence-based music therapy practice. The objectives of the program focused on raising awareness about the potential of music to enhance the wellbeing of PWD in the advanced stages and provide tools to use in their daily care. The program included some evidence-based protocols (Gerdner, 2012; Ridder et al., 2013; Ray & Fitzsimmons, 2014) and trained professionals on the necessary attitudes to use music appropriately to address daily life needs of PWD. The music-based resources presented and demonstrated included, among others, the use of singing, individualized music listening, playing rhythm instruments, and dancing to respond to the psychological, social and physical needs of PWD.

A questionnaire was sent to the contact person from each nursing home one month after training took place to find out whether course content was being used by attendees. A total of 20 facilities (36%) responded to the questionnaire. The contact person from each facility obtained responses from colleagues who had attended the course and completed the questionnaire on their behalf. Results showed that 7 out of the 10 professional profiles that attended the training were applying music-based

activities in their daily care work with PWD. Caregivers that used music-based activities the most were: psychologists, occupational therapists and nurse assistants (see Figure 1). Of the different music techniques taught, the most applied were individual singing and individual listening, in different daily situations, especially those in which agitation was present.

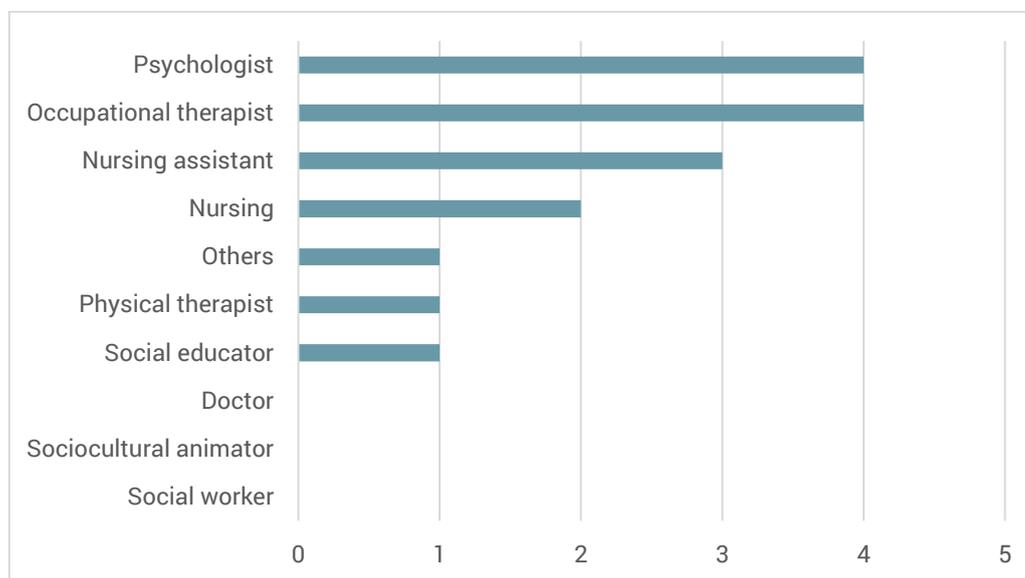


Figure 1: Use of learned music-based activities according to professional profile

CONCLUSION

The aim of this report was to present and describe two specific programs carried out by professional music therapists in Spain with caregivers of PWD. These programs involved the training of professional and family caregivers on the use of music-based activities to incorporate in their daily caring tasks.

There is a good amount of scientific literature that shows that music is an art form which can reach PWD until the very late stages of the disease and may become almost the sole means of communication between patient and carer, especially at the late stages of the disease (Jacobsen et al., 2015). Therefore, it is important to integrate music in the daily care of persons with dementia through music therapy and other music-based activities. However, the significance of the human factor, be that music therapist or caregiver, should not be overlooked when we consider the use of music therapy and other music-based interventions. This leads us to reflect on the differentiation between music therapy and other music-based approaches and on the role of the music therapist in this approach.

When we refer to music therapy, it is assumed that musical interventions, with PWD and/or PWD and their caregivers, are carried out by qualified, professionally-trained music therapists. Other music-based interventions are not necessarily carried out by professional music therapists. However, it is recommended that these other professionals or caregivers are trained and supervised by professional music therapists. What should the music therapist's role be in supporting such music-based interventions? How should the music therapist advocate for his/her role in these types of programs? SINGULAR-Música y Alzheimer professionals propose the following:

- The music therapist should support PWD and caregivers outside the music therapy room.
- The music therapist is the expert in the therapeutic use of music for PWD and can train and help caregivers to integrate music into daily care activities.
- Music-assisted care allows for opportunities to reduce agitation or other behaviours related to dementia.
- The types of programs which have been described in this paper enhance the presence of a music therapist in nursing home and community settings
- The music therapist should assist in the evaluation of the different uses of music with PWD.

Based on the preliminary results of these two programs presented in this paper, it can be stated that these courses have achieved a high level of satisfaction from the participant caregivers. However, some limitations were identified which need to be taken into consideration in order to improve future training initiatives. For instance, the family caregiver training could include two sessions instead of one: one for the family caregiver (3 hours) and one for the caregiver and caring partner (1.5 hours). This would allow more resources to be worked through and could include a practical component with the caring partner in order to achieve maximum effectiveness. In addition, it was suggested that the training should also include resources for the caregiver's self-care.

These preliminary results also suggest that the implementation of a comprehensive research study would be useful in order to measure the mid-term impact of this training on the well-being of the PWD. This would contribute to providing additional evidence for the efficacy of such programs and would enable them to be extended and hopefully improve the welfare of more families affected by dementia.

Looking forward

Music therapy in Spain continues its journey towards professional recognition, like many other disciplines, and as has happened in other European countries (United Kingdom, Austria and Latvia). It is a long process, influenced by the social, economic, educational and cultural aspects of each country. The Spanish Association of Professional Music Therapists (AEMP) and the group of Spanish Music Therapy Associations (AEMTA) affiliated with the EMTC have contributed to the normative development of music therapy in Spain, regulating training as well as professional, work and ethical aspects, through underlying frameworks and with the creation of technical documentation.

Each generation has the opportunity to change the future by building on the foundations laid by previous generations of professionals. There is still a long way to go in the professional and academic consolidation of music therapy in Spain. Throughout this process, it is important to maintain ethical standards as well as the capacity for dialogue and working together for the common good. Working in partnership is also necessary in the field of dementia. The collaboration between professional music therapists, family members and professional caregivers will provide the best resources in the caring of PWD and subsequently provide a higher quality of life for PWD and their caregivers.

REFERENCES

- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- Asociación Española de Musicoterapeutas Profesionales (AEMP) (2020). Retrieved from <https://musicoterapeutas.wixsite.com/aemp>
- Bruscia, K. (1998). *Defining music therapy*. Gilsum, NH: Barcelona Publishers.
- CEAFA (2019). El Alzheimer: La enfermedad. Retrieved from <https://www.ceafa.es/es/el-alzheimer/la-enfermedad-alzheimer>.
- Del Moral, M. T., Mercadal-Brotons, M., & Sánchez-Prada (2014). *Análisis DAFO y estrategias de avance de la Musicoterapia en España*. Actas del V Congreso Nacional de Musicoterapia, Barcelona.
- Del Moral, M. T., Sánchez-Prada, A., Iglesias, I., & Mateos- Hernández, L. A. (2014). Un estudio descriptivo sobre la Investigación en Musicoterapia en España. En M. Pérez Eizagirre (Coord.), *Actas del IV Congreso Nacional de Musicoterapia. La Musicoterapia como profesión emergente en el nuevo contexto social* (pp. 111-130). Madrid: Editorial Fundación Musicoterapia y Salud.
- European Music Therapy Confederation (EMTC) (2020). *Member associations*. Retrieved from <https://www.emtc-eu.com/members>
- Fakhoury, N., Wilhelm, N., Sobota, K. F., & Kroustos, K. R. (2017). Impact of music therapy on dementia behaviors: A literature review. *The Consultant Pharmacist*, 32(1), 623-628.
- Federación Española de Asociaciones de Musicoterapia (2020). Retrieved from <http://feamt.es/>
- García-Casares, N., Moreno-Leiva, R., & García-Arnés, J. (2017). Efecto de la musicoterapia como terapia no farmacológica en la enfermedad de Alzheimer. Revisión sistemática. *Revista de Neurología*, 65(12), 529-538.
- Gerdner, L. (2012). Individualized music for dementia. Evolution and application of evidence-based protocol. *World Journal of Psychiatry*, 2, 26-32.
- Jacobsen, J. H., Stelzer, J., Fritz, T. H., Che, G., Joie, R., La, & Turner, R. (2015). Why musical memory can be preserved in advanced Alzheimer's disease. *Brain*, 138, 2438-2450.
- Mercadal-Brotons, M., Sabbatella, P. L., & Del Moral Marcos, M. T. (2017). Music therapy as a profession in Spain: Past, present and future. *Approaches: An Interdisciplinary Journal of Music Therapy*, 9(1), 111-119. Retrieved from <http://approaches.gr/wp-content/uploads/2017/09/8-Approaches-9-1-2017-brotons.pdf>
- Ministerio del Interior (2020). Retrieved from <https://sede.mir.gob.es/nfrontal/webasocia2.html>
- Prince, M., Ali, G.C., Guerchet, M., Prina, A.M., Albanese, E., & Wu, Y.T. (2016). Recent global trends in the prevalence and incidence of dementia, and survival with dementia. *Alzheimers Research & Therapy*, 8(1), 23.
- Raglio, A., Filippi, S., Bellandi, D., & Stramba-Badiale, M. (2014). Global music approach to persons with dementia: Evidence and practice. *Clinical Interventions in Aging*, 9, 1669-1676.
- Ray, K., & Fitzsimmons, S. (2014). MUSIC-ASSISTED making shower time easier for people with dementia. *Journal of Gerontological Nursing*, 40(2), 9-14.
- Registro Españols de Musicoterapeutas Acreditados (2019). Retrieved from <https://musicoterapeutas.wixsite.com/aemp/remta>
- Ridder, H.M., Stige, B., Qvale, L., & Gold, C. (2013). Individual music therapy for agitation in dementia: An exploratory randomized controlled trial. *Aging & Mental Health*, 17(6), 667-678.
- SINGULAR, Música y Alzheimer (2017). Retrieved from <http://www.musicayalzheimer.com/>
- van der Steen, J.T., van Soest-Poortvliet, M.C., van der Wouden, J. C., Bruinsma, M. S., Scholten, R.J.P.M., & Vink, A.C. (2017). Music-based therapeutic interventions for people with dementia. *Cochrane Database of Systematic Reviews*, 2017(5): CD003477.
- World Health Organization (WHO) (2018, June 1). *Dementia: A public health priority*. Retrieved from https://www.who.int/mental_health/neurology/dementia/en/.
- Wimo, A., Guerchet, M., Ali, G.C., Wu, Y.T., Prina, A.M., Winblad, B., Jhonsson, L., Liu, Z., & Prince, M. (2017). The worldwide costs of dementia 2015 and comparisons with 2010. *Alzheimer's & Dementia*, 13, 1-7.
- World Federation of Music Therapy (WFMT) (2011). *What is music therapy*. Retrieved from <https://www.wfmt.info/wfmt-new-home/about-wfmt/>

Ελληνική περίληψη | Greek abstract

Η μουσικοθεραπεία και οι εφαρμογές της στην φροντίδα της άνοιας: Ισπανικές προοπτικές

Melissa Mercadal-Brotons | Mònica de Castro

ΠΕΡΙΛΗΨΗ

Η άνοια γενικά, και η νόσος του Alzheimer ειδικότερα, έχουν χαρακτηριστεί ως σημαντικά προβλήματα υγείας του 21ου αιώνα. Σήμερα στην Ισπανία ο αριθμός των ατόμων που πλήττεται είναι περίπου 1.200.000· ο αριθμός αγγίζει τα πέντε εκατομμύρια αν συνηπολογισθούν και τα μέλη της οικογένειας (CEAFA, 2019). Ένας συνεχώς αυξανόμενος αριθμός εμπειρικών ερευνητικών δεδομένων υποστηρίζει ότι η μουσική μπορεί να αποτελέσει μία αποτελεσματική παρέμβαση για τη θεραπεία μίας σειράς συμπτωμάτων της άνοιας σε διαφορετικά στάδια της νόσου. Ποικίλες μουσικές παρεμβάσεις διαφοροποιούνται στη βιβλιογραφία, όπως

αυτές που υλοποιούνται από επαγγελματίες μουσικοθεραπευτές και αυτές που εφαρμόζονται από φροντιστές με την καθοδήγηση και εποπτεία επαγγελματιών μουσικοθεραπευτών. Η μουσική χρησιμοποιείται συχνά σε ασθενείς με άνοια στην Ισπανία. Δεδομένου ότι η μουσικοθεραπεία δεν είναι ακόμα αναγνωρισμένη ως επάγγελμα, οι διαφορές ανάμεσα στις μουσικοθεραπευτικές παρεμβάσεις και άλλες παρεμβάσεις που κάνουν χρήση της μουσικής στη φροντίδα ασθενών στο σπίτι είναι δυσδιάκριτες. Ακολουθώντας τις αρχές της Καθολικής Μουσικής Προσέγγισης των Ατόμων με Άνοια [Music Approach to Persons with Dementia, PWD], όπως προτάθηκαν από τον Raglio και τους συνεργάτες του (2014), αυτή η αναφορά επικεντρώνεται σε δύο προγράμματα που διεξήχθησαν στην Ισπανία από επαγγελματίες μουσικοθεραπευτές για τους φροντιστές (επαγγελματίες και μέλη οικογένειας) και αφορούν τη χρήση δραστηριοτήτων που βασίζονται στη μουσική με άτομα που πάσχουν από άνοια έως και το τέλος της ζωής τους. Στη συζήτηση παρατίθενται αναστοχασμοί ως προς το ρόλο του μουσικοθεραπευτή σε αυτή την προσέγγιση και στη σημασία της διευκρίνισης του ρόλου του στο πλαίσιο των αρχών της προσέγγισης PWD.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Ισπανία, μουσικοθεραπεία, δραστηριότητες που βασίζονται στη μουσική, άνοια, φροντίδα στο τέλος της ζωής, φροντιστές

REPORT

Special Feature | Music therapy in dementia and end-of-life care: Mediterranean perspectives

Music therapy in Tunisia: An introduction and some emerging initiatives in dementia and oncology

Rihab Jebali

Higher Institute of Specialised Education, Tunisia

ABSTRACT

Although the use of music for therapeutic purposes has ancestral origins in Tunisia, music therapy is not yet formalised in Tunisia. In 2014 the National Association of Music Therapy in Tunisia, a non-profit association, was founded with the aim of promoting music therapy practice and research. Music therapy, as a discipline, is taught in Tunisia as a module at the Higher Institute of Specialised Education. It is intended for students and future specialised educators, as well as students seeking a professional Master's degree in 'Disability and Rehabilitation', or a research Master's degree in 'Specialised Education'. Music therapy is used with children diagnosed with Autistic Spectrum Disorders, children and adults with disabilities or intellectual deficits and also with elderly Alzheimer's patients and oncological patients. This paper presents a report of the current situation of Music therapy in Tunisia and emerging initiatives in dementia and oncology.

KEYWORDS

music therapy,
Tunisia,
dementia,
oncology

Publication history:

Submitted 12 May 2019

Accepted 21 May 2020

First published 14 Jul 2020

AUTHOR BIOGRAPHY

Rihab Jebali, PhD in Cultural Sciences, Lecturer in (ISES), Higher Institute of Specialised Education, founding President of the National Music Therapy Association (ANMT) in Tunisia. [association.musicotherapie@gmail.com]

MUSIC THERAPY IN TUNISIA

The use of music for therapeutic purposes has ancestral origins in Tunisia. *Al Hadhra*, a compilation of mystic music from Tunisian Sufi tradition, *Stambâli*, a ritual music and a cult of possession, and the *Bousa 'diyya* (Ayari, 2003) can be defined as forms of traditional music therapy practices which lead to dance, trance and liberation of the body through music (Jebali, 2010). Also called 'profane trance', the dances of possession have punctuated the daily life of the brotherhoods and black groups of Tunis throughout their history. They have origins in the African presence and descendants of black slaves which mingled with local beliefs related to the cults of the saints in popular Islam. As I have written elsewhere:

Traditional music therapy seeks, through trance, to transmit suffering in happiness, obstacles in allies, the terrible noise of the universe in ecstatic music. If each impulse corresponds to a melody and the music of the body

integrates neurophysiological impulses, various mental states, joy, ecstasy, another perception of the world, it is at this moment that the body is full of breath, palpitations, energy and threatened balance. The rhythm and melody absorbed by the body help to heal and implement the emotional parts. (Jebali, 2010, p. 45)

The use of music and the development of more recent music practices for therapeutic purposes in a clinical context began in Tunisia in 1977, thanks to the work of Essedik Jeddi, a neuropsychiatrist and psychoanalyst. He was president of the Tunisian Society of Psychiatry, full professor and head of department of psychiatry and medical psychology at the Razi hospital and at the faculty of medicine of Tunis. Among others, he founded the Arab Research Group in Social Psychiatry and Socioanalysis. He introduced several methods of creative expression and interactions through music, song, dance, visual arts and verbal communication. Jeddi believed that the patient's relationship with these forms of art therapy and music in particular is related to the psychotic body and its cultural and social environment (Jeddi, 2012).

Music therapy in Tunisia is commonly practised with people with Autism Spectrum Disorders, learning difficulties, neurodegenerative diseases, as well as those with dementia and those in oncology and end-of-life settings (Jebali, 2010). I provided music therapy interventions at the oncology department, in Ennasser Clinic, with women during chemotherapy cures and I love to report that:

We were interested in the relational dimension between the patient and myself through music that opens up channels of communication and provides a ground for understanding, trust and serenity. Being convinced of the ability of music to stimulate certain functions of the body (such as tension, muscle contraction, respiratory rhythm), on the one hand, and of its ability to open communication channels, allowing a structuring of the human being, on the other hand. (Jebali, 2010, p. 49)

Twenty years after Jeddi's practice, in 1994, the Tunisian Music Therapy Association was created. This association was founded by Zohra Ben Aissa (psychiatrist), in collaboration with Tunisian musicologists, such as Mohamed Garfi, Mourad Sakli and Mohamed Zinelabidine, physiotherapist Temna Tebib, and French music therapist Anne-Marie Ferrand-Vidal (Jebali, 2012a).

During the 2000s international collaborations began between the René Descartes-Sorbonne Paris 5 University, the Nantes Music Therapy Institute (IMN) and the Higher Institute of Music of Tunis (ISM). In particular the first collaboration took place in December 2005 between the Clinical Psychology and Psychopathology Research Laboratory of the René Descartes-Sorbonne Paris 5 University and the Research Laboratory on Cultures, New Technologies and Development of the Higher Institute of Music of Tunis. This took place during the 16th Annual Scientific Music Therapy Days organised by the ISM in Tunis by Zinelabidine attended by French teachers who presented their research and their practices in music therapy.

During the *Premières Rencontres Culturelles Euro-Méditerranéennes de Tunis* (First Euro-Mediterranean Cultural Meetings in Tunis) in 2010, *Les XX^e Journées Scientifiques de Musicothérapie*

Et Les Premières Journées Méditerranéennes de Musicothérapie (The first Mediterranean Music Therapy Days and the XX Scientific Music Therapy Days) of the University of Paris 5 were held in Hammamet; that event was organised by Zinelaabidine with the presence of Edith Lecourt, François-Xavier Vrait, Essedik Jeddi and other European and Tunisian scholars, in order to create a future academic course in music therapy.

As part of the 'Music Therapy and Interculturality' clinical study days, in 2010, I was invited by the IMN to present a paper on the intercultural approach to music therapy in Tunisia from traditional stambâli music therapy to modern music therapy, previously published in the *Revue Française de Musicothérapie* (Jebali, 2010). Then I was invited, by the IMN, to introduce courses on traditional music therapy practices in the Maghreb countries. As part of the same exchange framework, a symposium on 'Music Therapy and Clinical Uses in Psychiatry' was held in Mahdia in May 2013, organised by the Tunisian Association for the Promotion of Mental Health, chaired by Zarrouk, professor of psychiatry at Mahdia University Hospital, in collaboration with the IMN. The symposium was structured around two areas: music therapy with adults and with children. All these steps contributed to the creation of the National Association of Music Therapy in January 2014.

The National Association of Music Therapy (ANMT)

The National Association of Music Therapy (ANMT) in Tunisia is a non-profit scientific association founded with the aim of promoting music therapy practice and research, through the supervision and training of music therapy specialists to work for the wellbeing of people, and to improve quality of life and the skills of professionals. The ANMT defines music therapy as "a healing and rehabilitation practice, which uses all forms and components of music to improve the mental, physical, psychological and spiritual health of the individual". It is a form of therapy, which appeals to feelings, reason and science (Jebali, 2012b).

The ANMT presents itself as a leading resource that helps music therapy practitioners and researchers evolve in their scientific and professional capacities. The association also organises workshops and presentations with other associations, and we exchange experiences between different specialties: psychiatry, psychology, musicology and the arts. The aims of the ANMT are to promote music therapy and establish the fundamental principles of music therapy in Tunisia, to create a music therapy centre for the care of children with Autism Spectrum Disorders, children with anxiety disorders, cancer patients, people with depression and those with Alzheimer's disease, and to provide free music therapy sessions for the needy.

The ANMT is active across different parts of Tunisia (Tunis, Mahdia, Nabeul, Sfax) and its focus is split between humanitarian work within associations (e.g. children with Autism Spectrum Disorders, association of the motor and mental disabilities etc) and academic support, such as the organisation of study days, and introductory music therapy days for professionals and students. Experiential workshops are also organised with psychologists, musicologists and health professionals. Since the creation of the association, the ANMT has been able to implement internship sessions and training cycles open to health professionals and specialised educators, musicologists and musicians, in order to improve the skills of professionals and living conditions of patients.

The ANMT promotes the development of music therapy for children diagnosed with Autism Spectrum Disorders, elderly Alzheimer's patients, children and adults with disabilities or intellectual deficits. The association also organises international study days and symposia, in collaboration with the IMN, the Razi University Hospital, the Higher Institutes of Music (Sousse, Tunis and Sfax) and the Higher Institute of Specialised Education (ISES).

Music therapy, as a discipline, is taught in Tunisia as a module at the ISES. It is intended for students and future specialised educators, as well as students seeking a professional Master's degree in 'Disability and Rehabilitation', or a research Master's degree in 'Specialised Education'.

Music therapy practice is carried out with associative frameworks, using musical mediation workshops for therapeutic purposes, presented either by health professionals (speech therapists, psychologists, etc.), specialised educators who conduct internships with people with disabilities, or musicians, future musicologists, who conduct research in music therapy and who work with people with disabilities. In recent years, we have organised a seminar-workshop for professionals called 'Music Therapy and Autism', in collaboration with the Child Psychiatry Department of the Razi Hospital.

Here is a brief chronological resume of ANMT activities since 2014:

- 28-29 April 2014: The Music Therapy Introductory Internship, held in Mahdia. It was intended for health professionals (speech therapists, psychologists, occupational therapists, among others), in order to address in a precise way the stakes of a music therapy proposal in health care services with a reflection on therapeutic indications.
- 1 May 2014: ANMT in collaboration with the IMN and the Higher Institute of Multimedia Arts (ISAMM), organised the day event 'Music Therapy and Interdisciplinary Approaches' at CAMPUS Mannouba. During this event, Essedik Jeddi presented his book *Institutional Psychotherapy and Music Therapy* (Jeddi, 2012).
- April 2015: Two successive courses were organised, one to raise awareness of music therapy, followed by a further training course which was offered by four speakers from the IMN. The internships were offered to interns (doctors, musicians and educators etc) who had already participated in the awareness training course.
- November 2017: The ANMT organised in collaboration with the Child Psychiatry Department of Razi Hospital the seminar 'Music Therapy and Autism'. This seminar was open to health professionals (psychologists and psychomotricists) and ISES students.
- 1 March 2018: ANMT organised a targeted training course for speech therapists from the School of Health at the Central University, entitled 'Music Therapy and Autism'.
- 28-29 September 2018: The international symposium 'Musical Mediation – Therapeutic Mediation' was held, in partnership with the Centre for Arab and Mediterranean Music (Ennajma Ezzahra), and the ANMT invited speakers from Padova, Nice, Nantes, Paris, Albania and Lebanon. On the same occasion, we presented a collective book, entitled *Médiations Musicales-Médiations Thérapeutiques*, which included the speakers' articles, prefaced by Edith Lecourt, under my scientific direction, bringing together many academic researchers and numerous thematic research groups in Tunisia and France (Jebali, 2018).

- April 2019: ANMT organised with the Centre for Arab and Mediterranean Music (Ennajma Ezzahra) the International Symposium 'Music Therapy and People with Disability', in partnership with the Associazione Scuola di specializzazione in Musicoterapia «Giovanni Ferrari», the IMN, and the SHARJAH City of humanitarian services.

MUSIC THERAPY IN DEMENTIA AND ONCOLOGY

Music therapy in dementia care

Rihab Saidi, a special education researcher, conducted a longitudinal study on a patient with Alzheimer's disease. In this work, she tried to set up an intervention to examine the effect of music therapy on depression in an institutionalised patient with Alzheimer's disease she calls 'Mrs R' who lived in a nursing home (Saidi, 2019).

She used active and receptive methods like singing sessions, either individually or in small groups, using percussion instruments, and in particular she played the patient's favourite songs, like the classic Egyptian songs of the singer Umm Kulthum. She noticed Mrs R loved songs like 'Al Atlâl/Les ruines' and 'Inta Omri/Tu es ma vie', and as soon as she listened to them, she started singing and showed associated facial gestures and facial expressions to these songs, imitating the singer Umm Kulthum, with her posture and a white scarf, which she carried in her hand. After each time she listened, Saidi invited Mrs R to express herself and to share her thoughts. Distant memories could emerge from listening, encouraging moments of happiness and stability (Saidi, 2019).

The educational music therapy intervention consisted of the following steps: an observational phase, an initial evaluation, an intervention, and a final evaluation.

- a. The observational phase lasted 15 days. During this phase Saidi tried to observe Mrs R participating in listening and instrumental communication sessions. This allowed her to understand the patient's difficulties and skills and to build trust.
- b. In the initial evaluation, the MMSE (Mini Mental State Evaluation) was administered. Saidi was able to grasp, with the help of the geriatrician, that Mrs R lost some notions of time and space and that she had a short-term memory impairment. She also forgot the names of certain people and objects which were supposedly known. Saidi also used the GDS (Geriatric Depression Scale) that highlighted a risk of moderate to severe depression. According to the doctor, this depression might have been due to spatial and temporal disorientation and the alteration of Mrs R's memory.
- c. Intervention: after the initial evaluation, she defined her subject (Mrs R) and the objectives she was trying to achieve. The main objective was to reduce her depressive state through music therapy sessions.
- d. The final evaluation, based on the same assessment scale used during the initial evaluation, was used to assess the change in depressive status in Mrs R (Saidi, 2019).

Based on the GDS (Geriatric Depression Scale) and the HDRS (Hamilton Depression Rating Scale), Saidi was able to conclude that the music therapy sessions reduced the depressive mood

(sadness, feelings of worthlessness and hopelessness) from a score of 5/8 to 2/8. As well as agitation and anxiety from a score of 5/12 to a score of 3/12 (Saidi, 2019).

Music therapy and oncology

Music therapy has an important place in palliative care and with cancer patients. With those patients who are receiving chemotherapy treatment, music acts both physiologically and psychologically. The study presented below (Jebali, 2010) is a six-month staff project on the non-drug management of oncology patients.¹

I was interested in the relational dimension between the patient and myself through music, that opens up channels of communication and provides a grounding for understanding, trust and serenity. On the one hand music has the ability to stimulate certain functions of the body (such as tension, muscle contraction, respiratory rhythm) and on the other hand it has the ability to open communication channels, allowing a structuring of the human being.

This study was carried out in collaboration with an oncologist (Dr Malek), convinced that the psychological aspect is essential in chemotherapy treatment and that it has a great influence on healing. The intervention, which complements chemotherapy treatment, is based on: a) psychomusical assessment, b) receptive listening which consists of listening to certain melodies, c) active listening which consists of listening to music and then analysing the feelings it provokes for the patient, and d) singing session which refers to the performing of melodies in order to improve the patient's psychological state, where pre-established musical preference is known.

The psychomusical assessment is a working tool that precedes relaxation sessions. The music therapist leads the patient to become aware of the process and accompany him gently and with great caution to release his tensions and to verbally express himself. This first contact allows the music therapist to evaluate the potential for future music therapy, and to better understand the patient on a socio-cultural, psychological and musical level, investigating his relationship to music, what style he prefers and which instruments he likes to listen to. The assessment lasts between 15 and 20 minutes, then the music therapist invites the patient to express himself, and to release his anxieties and fears. This is how the music therapist prepares the patient for deep listening and to clear the mind ready for treatment. The psychomusical assessment allows the music therapist to identify the patient's needs and then to establish the objectives and carry out a musical intervention program.

Receptive listening consists of a moment of relaxation with a selection of music, chosen according to the patient's preferences and sound identity. The active listening phase, which consists of a relaxation moment followed by a verbalisation time, lasts between 15 and 20 minutes. It is not just listening, but a musical journey that can transcend the patient for a few moments. The patient enters a state of meditation and deep listening. Due to the music he relaxes, he tries to free his mind from dysfunctional thoughts, to be at peace with himself and to have positive thoughts. Singing session: the transition to interpretation depends on the patient's condition and predisposition to

¹ This section draws on translated materials from my article "Approches interculturelles de la musicothérapie en Tunisie: De la Musicothérapie traditionnelle Stambâli, à la musicothérapie moderne" (Jebali, 2010).

sing. It consists of singing songs chosen by the patient, being accompanied by the therapist, during the process. Finally, there is a descriptive interview about the patient's psychological state and the effect of music on his body and mind (Jebali, 2010).

From a musicological point of view, and from our reflections on this six-month experience, we were able to identify the factors that determine the listening patterns and the musical identity of the patients:

- Socio-demographic factors of patients (biological origin, generation, living environment, etc.), since music is a resource for the personal identity of each individual.
- Cultural and cognitive factors. We were able to see that the cognitive aspect of the song or musical style is important in the musical choice since it takes into account several dimensions. This applies to the individual's extrinsic motivation, familiarity, musical education, artistic sensitivity, maturity and enrichment.
- Psychological concepts related to the emotional dimensions of the musical work and the patient's emotional state. There are so many songs within our socio-musical universe that produce different feelings in the individual listener. These feelings are conceptualised and nuanced in different ways according to the patient's culture and age, the psychological basis of his personality, the context of listening as well as the patient's past experiences.
- Finally, the intra-musical factors inherent in the proposed works. There are aesthetic and musical elements in the musical work that influence how the patients receive this work. These are the elements; melodic, modal, rhythmic and poetic, instrumental and vocal interpretation (Jebali, 2014).

Indeed, we use music based on natural sounds such as ocean's sounds, nature music, water sounds, since they have effects on the body, brain functioning, energy centres and aura (Jebali, 2010), but also songs from different cultures, such as French songs, 'Les feuilles mortes', and Lebanese songs 'Donnes moi la flûte et chante', 'A'tinî innâya wa ghannî'. This music of the Lebanese singer Fayrouz, reaches very deep human dimensions, supporting the patient to understand his emotional life, allowing the body and mind to be in harmony.

Another recent study (Majed, 2018) took place at the cancer Unit of Salah Azaiez's Hospital in collaboration with the Tunisian Breast Cancer Association and in the cancer department of the Abderrahmane Mami Hospital (Ariana). Conducted by a member of the ANMT, Asma Majed, the study focused on an individual and group care intervention, mainly based on group singing, for stress management for women with breast cancer undergoing chemotherapy. Majed (2018) specified that the duration of the music therapy sessions varied according to the organisation of the session, the patients' needs and stress levels as well as the duration of the chemotherapy treatment. She also added that the sessions began with a psychomusical assessment in which the patient described their music-sound history. This assessment was followed by a time for relaxation supported by guided music listening allowing space for individual creative expression of patients' imagination. Then patients were encouraged to extend the song or elaborate on the vocal line (Majed, 2018). During the sessions Majed observed that initially the patients sang with some hesitation then they committed themselves more and at the end they were totally absorbed by singing. She studied the

development of the quality of the song in these three phases. In each phase the music therapist qualitatively described the aesthetic characteristics of the song performed and the patients' voice, as well as their psychological state through observational grids. She also measured patients' blood pressure and heart rate before, during and after the music therapy session observing that the blood pressure and breathing stabilized, the systolic pressure decreased, and the heart rate dropped (Majed, 2018).

LOOKING FORWARD

Since the establishment of the ANMT we have noticed an increased interest in music therapy in Tunisia. Health professionals, doctors and musicologists, among other professionals, are eagerly awaiting the establishment of a music therapy course in the country. The ANMT is maturing scientifically and professionally, and is collaborating with the IMN, the Higher Institute of Music of Tunis, the Giovanni Ferrari's Music Therapy school, and many personalities from Tunisian and European Universities. As we move forward, we hope music therapy will continue to develop and a recognised training course will be developed in Tunisia.

Correction notes: The author implemented the following revisions after the initial publication of the paper: added footnote 1; added the 'Jebali 2010' in-text citation and corrected the relevant reference, as well as corrected the in-text citations and content regarding Majed's study under the 'Music therapy and oncology' section. The corrected version was published on 14th September 2020.

REFERENCES

- Ayari, N. (2003). *La musicothérapie et rituel de guérison «Stambâli»* (mémoire de fin d'études universitaires, non publié). Université du centre, Sousse, Tunisie.
- Jebali, R. (2010). Approches interculturelles de la musicothérapie en Tunisie: De la Musicothérapie traditionnelle Stambâli, à la musicothérapie moderne. *Revue Française de Musicothérapie*, XXX(4), 31-42.
- Jebali, R. (2012a, May). Journées d'études cliniques: Musicothérapie en psychiatrie. *Livret Santé*. Retrieved from https://livretsante.com/a_la_une/journees-detudes-cliniques-musicotherapie-en-psychiatrie/
- Jebali, R. (2012b, May). La musique Adoucit l'Alzheimer. *Livret Santé*. Retrieved from https://livretsante.com/si_senior/musique-adoucit-lalzheimer/
- Jebali, R. (2014). *Réalités musicales et tendances d'écoutes en Tunisie, au Début du XXIème siècle: Etude descriptive et exploratoire*. Thèse de Doctorat en sciences culturelles, Musique et Musicologie, Université de Tunis, Tunisie.
- Jebali, R. (dir.). (2018). *Médiations musicales, médiations thérapeutiques*. Tunis: Sotumediad.
- Jeddi, E (2012). *Psychothérapie institutionnelle et musicothérapie*. Tunis: Simpect.
- Majed, A. (2018). Médiation musicale en oncologie: Musique et gestion du stress au cours de la chimiothérapie. In R. Jebali (dir.), *Médiations musicales, médiations thérapeutiques* (p. 77). Tunis: Sotumediad.
- Saidi, R. (2019). *Rôle de la médiation musicale dans la diminution de l'état dépressif chez une malade d'Alzheimer*. Mémoire de fin d'études universitaire, Université de Manouba, Tunisie.

Ελληνική περίληψη | Greek abstract

Η μουσικοθεραπεία στην Τυνησία: Μία εισαγωγή και κάποιες αναδυόμενες πρωτοβουλίες στην άνοια και την ογκολογία

Rihab Jebali

ΠΕΡΙΛΗΨΗ

Παρά το γεγονός ότι η χρήση της μουσικής για θεραπευτικούς λόγους στην Τυνησία εντοπίζεται στα αρχαία χρόνια, η μουσικοθεραπεία δεν αποτελεί ακόμα πιστοποιημένο επάγγελμα στη χώρα. Το 2014 ιδρύθηκε ο Εθνικός Σύλλογος Μουσικοθεραπείας στην Τυνησία, ένα μη κερδοσκοπικό σωματείο, με στόχο την προώθηση της εφαρμογής και της έρευνας της μουσικοθεραπείας. Η μουσικοθεραπεία, ως κλάδος, διδάσκεται ως μία ενότητα στο Ανώτατο Ινστιτούτο για την Ειδική Εκπαίδευση στην Τυνησία. Απευθύνεται σε φοιτητές και μελλοντικούς ειδικούς παιδαγωγούς, καθώς και σε μεταπτυχιακούς φοιτητές του επαγγελματικού μεταπτυχιακού προγράμματος «Αναπηρία και Αποκατάσταση» ή του ερευνητικού μεταπτυχιακού «Ειδική Αγωγή». Η μουσικοθεραπεία χρησιμοποιείται με παιδιά με Διαταραχή Αυτιστικού Φάσματος, παιδιά και ενήλικες με αναπηρία ή γνωστικές διαταραχές καθώς και με άτομα της τρίτης ηλικίας με νόσο Alzheimer και με ογκολογικούς ασθενείς. Η παρούσα αναφορά περιγράφει την τρέχουσα κατάσταση της μουσικοθεραπείας στην Τυνησία και τις αναδυόμενες πρωτοβουλίες στα πεδία της άνοιας και της ογκολογίας.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, Τυνησία, άνοια, ογκολογία

REPORT

Special Feature | Music therapy in dementia and end-of-life care: Mediterranean perspectives

Music therapy in Turkey: Historical background and current perspectives on dementia and end-of-life care

Burçin Uçaner Çifdalöz

Ankara Hacı Bayram Veli University, Turkish Music Conservatory, Turkey

ABSTRACT

This report has two objectives: a) to provide a historical background of music therapy in Turkey covering the period from the Seljuks (1037-1194) to modern times, and b) to describe current music interventions applied in Turkey in end-of-life care and dementia. During the Seljuk and Ottoman period, many şifahanes (hospitals) were built, and important scientists of the period from the 9th century until the 19th century included music and health issues in their work. In the last period of the Ottoman Empire, some şifahanes were closed and some of them were destroyed in wars. Then, the use of music as a therapeutic agent was forgotten until the end of the 1970s. Later on, some articles on the subject were written and interventions were carried out under the name of 'music therapy'. These practices are based on the interventions of music-based practices in hospitals. In 2013, music therapy was included as a discipline in the Department of Traditional and Complementary Medicine of the Ministry of Health. Since 2018, universities have begun to issue certificates of music therapy approved by the Ministry of Health. Since there is no undergraduate, graduate and doctoral level training, the number of music therapists is insufficient in Turkey. Health workers or musicians are performing music-based practices with end-of-life care and dementia patients, and these practices are viewed as music therapy. Ultimately, the services provided in end-of-life care and dementia in Turkey are not music therapy applications, but rather music-based interventions conducted by musicians or healthcare professionals.

KEYWORDS

music therapy,
Turkey,
history,
dementia,
end-of-life care

Publication history:

Submitted 23 May 2019

Accepted 24 May 2020

First published 6 Jul 2020

AUTHOR BIOGRAPHY

Burçin Uçaner Çifdalöz received her bachelor's degree from the Musical Sciences Department of the College of Fine Arts at Erciyes University in 2001. She received her master's and PhD degrees in 2007 and 2011 respectively from the Music Education Department at Gazi University College of Education. She founded the Music Therapy Association in Turkey (MUZTED), of which she is the current president. She serves as department head at the Musicology Department of Ankara Hacı Bayram Veli University's Turkish Music State Conservatory. Since 2006, she has focused on music therapy and has participated in numerous congresses internationally. She is the author of "Celal Esad Arseven ve Müzik" as well as the editor/translator of the Turkish version of the book "Defining Music Therapy (Kenneth E. Bruscia)" and the editor of the Turkish version of "Music Therapy Principles (Gerard Ducommun)". She is one of the chapter authors and editors of the book in "Music Therapy in Turkey" published by Cambridge Scholar Publishing. [burcinucaner@yahoo.com]

Note: This report is a revised and updated version of the article "Music Therapy and Music Based Interventions for Dementia and End of Life Care in Turkey" which was published in 2019 in *The Journal of International Social Research* (volume 12, issue 67).

HISTORICAL BACKGROUND

The history of music therapy, music as a therapeutic agent in Turkey, extends back to the 9th century A.D., to the times of the Seljuk State. Seljuks were the predecessors of the Ottomans, who came before the Republic of Turkey. Both were large states. Seljuks ruled over present-day Iran and a major part of Turkey, and Ottomans ruled over present-day Turkey, the Balkans, the Middle East, and North Africa.

During the time of the Seljuks and the Ottomans, some scholars wrote books about music and health (Ersoy & Özcan, 2018; Yücel, 2016). In these books, they mentioned that Turkish music will heal certain diseases. This music was based on *maqams*, which are musical modes or scales with a set of melodic formulae that guide the improvisation or composition. *Maqams* were chosen based on the patient's disease, their horoscope, and time of the day the music would be played (morning, mid-morning, noon, evening, etc.).

There are many writers who include references about the music performed in hospitals, or *şifahanes*, as they were named at the time. Some of these scientists were physicians and the others were musicians. Some of these scientists are: Yakub b. İshak el-Kindî [801/874?], ¹ İbn Hurdâzbih [./913?], Fârâbî [872/950], İbn Sînâ [980/1037], Safiyyüddîn-i Urmevî [./1294], Abdülkadir-i Merâgî [./1435], Hasan Kaşanî [./1355?], Kadızâde Tirevî [./1494], Ahmedoğlu Şükrullah Çelebi [./1465], Musa bin Hamun [./1554], Şuûri Hasan Efendi [./1693], Tanburi Küçük Artin [./1750], Mehmed Hafid Efendi [./1811], and Haşim Bey [./1868] (Ak, 1997; Altınöççek, 2013; Turabi, 2011; Yalçın, 2018).

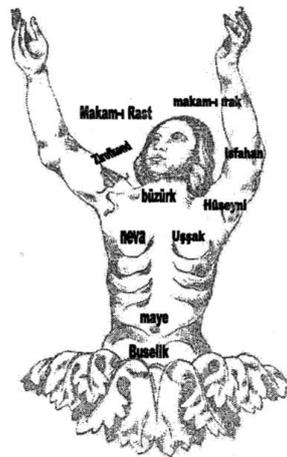


Photo 1: Haşim Bey Book (Haşim Bey Mecmuası)²

Some of the *şifahanes* (hospitals/health centres) were: Şam Nureddin Zengi Şifahanesi (1154), Kayseri Gevher Nesibe Darüşşifası (1205), Divriği Ulu Camii ve Darüşşifası (1228), Fatih Darüşşifası (1470), Süleymaniye Tıp Medresesi ve Darüşşifası (1557), Enderun Hastanesi (İstanbul 1478), Edirne II. Bayezid Darüşşifası (1488), Amasya Darüşşifası (1308) (Yücel, 2016).

In these hospitals, people with mental health difficulties in particular were treated with music. The expenses of these health centres were covered by specially instituted foundations which were granted land, shops, and other trading establishments and were managed by the ruling family and the

¹ Numbers given in brackets refer to the years of birth and death of the authors. Unknown dates are denoted by a full stop.

² The book includes an illustration which shows the Turkish music *maqams* on the human body (see Tırışkan, 2000).

wealthiest of the community. The same organisational structure and services provided at these health centres continued during the Ottoman times (1299-1922) (Kılıç, 2009).



Photo 2: Edirne Sultan II. Beyazid Darüşşifası (one of the şifahanes; see Sengul, 2015)

Musicians came to these hospitals two or three times a week and performed music for the patients. Water was also used along with music. During these concerts, the musicians made appropriate use of maqams and played so that patients became relaxed. As additional therapy, fine-scented flowers were presented to the patients and the sounds of birds were also included.

Gevher Nesibe Health Centre, one of the şifahanes of the Seljuk times, was built in 1206. As patients were being treated at şifahanes, students studying medicine also received their education and training in these settings. In addition, there was a department specifically used for treating patients with mental disorders, which included 18 rooms, with a rudimentary speaker system. It is believed that this system allowed patients to listen to music and sounds of water which would help them to relax. Since 1982, this şifahane has been used as a medical history museum (Yücel, 2016).

Sultan Mehmed the Conquerer (1432 - 1481) built the Enderun Hospital inside Topka-pi Palace in the 15th century. Baron Tavernier, a Parisian who visited Istanbul in the 17th century, writes that musicians played music for patients at the Enderun Hospital on traditional Turkish instruments such as the ney, santur, cenk and miskal. The music lasted from morning until the evening, and sometimes as late as midnight (Bayraktaroğlu, 2014).

These hospitals were closed when the Ottoman State started to decline. After losing the Balkan Wars and the First World War, the Ottoman State collapsed. However, many officers from the Ottoman army regrouped under the leadership of Atatürk, and, after waging an Independence War, the Republic of Turkey was founded in 1923. It emerged from all these wars as an economically impoverished country. Music therapy, the use of music as a therapeutic agent, was not one of its priorities, and it was forgotten for a long time.

It remained forgotten until 1976, when Bekir Grebene, a psychiatrist, wrote an article about music therapy in a Turkish journal (Grebene, 1976). In the same year, an ensemble named Türk Musikisini Araştırma ve Tanıtma Grubu (TU-MATA) [Group for the Research and Promotion of Turkish Music] was established. This group aimed to introduce Turkish and Central Asian instruments to the public, and started to organise music therapy sessions. The group adopted the aforementioned idea

that certain maqams would heal certain diseases, and used the music that shamans used in Central Asia. The band organised many Turkish Music and Therapy trainings both inside and outside the country. For a long time after 1976, the only source of information for music therapy in Turkey was limited to this group.

Current situation in Turkey

Many people began to seek access to accurate information about music therapy and music therapy education. In 2014, the Music Therapy Association in Turkey (MUZTED) was founded, and it was the first music therapy association in the country. Later, other music therapy associations were established in different cities, such as the Applied Music Therapies Association (UMTED), and the Creative Music and Art Therapy Association. Around the same time as we were working on founding the MUZTED, a number of Turkish students were studying music therapy abroad in countries such as Finland, France, Germany and the USA.

Since its founding, MUZTED has been working towards understanding and describing music therapy properly. MUZTED became a member of the European Music Therapy Confederation (EMTC) in 2019.

Many professionals from various fields are interested in music therapy and in supporting the development of the profession in Turkey. However, there are various perceptions, some completely off the mark, about music therapy in Turkey due to various practices. Academic studies often address the history of music in healing in Turkey. Scholars and healthcare professionals in Turkey identify practices such as having patients listen to music, performing music for patients, or the use of music in special education and Orff Schulwerk practices as music therapy. While music therapy is not defined, and not yet a recognised profession, the label of “music therapy” is utilised to identify a variety of music-based practices. The use of music in healing is regarded as non-threatening, safe, efficient and cost-effective. All of these factors support the need for the development of a music therapy training curriculum, not only to provide a foundation for the profession but also to define who can practise as a music therapist in Turkey (Ucaner & Heiderscheid, 2016).

On the other hand, the Department of Traditional and Complementary Medicine was established within the Ministry of Health in 2014. This meant that music therapy was recognised by the Turkish State within the scope of traditional and complementary medicine. In accordance with a bylaw, Ministry of Health-approved music therapy certificate programmes began. Graduates of music and graduates in health care fields can apply to this certificate programme. This certificate programme includes approximately 200 hours of training.

This bylaw includes the definition of music therapy, criteria for becoming a certified practitioner, situations congruent for music therapy practices, music therapy centres and devices and materials that equip music therapy centres. According to the bylaw, certified practitioners are determined as follows: certified doctors, health professionals under the supervision of certified doctors, and assistant practitioners who have at least a bachelor’s degree in a music-related field and have completed a certified music therapy education. In other words, music therapists can only work under the supervision of a certified doctor or dentist.

The Ministry of Health then issued Certified Music Therapy Education Standards on July 13th, 2016. Universities must comply with the standards issued in order to gain approval from the Ministry of Health if they want to offer certified music therapy education. The aim of the music therapy education is to help health and music professionals to develop essential skills for music therapy practice. Health and music professionals are eligible to obtain music therapy training. Doctors, dentists and graduates of music-related fields with at least a doctoral degree or proficiency in music are eligible to complete the certified music therapy education. The instructors of all courses must have at least a bachelor's degree or official proof of work experience in the fields related to the courses that they will teach (Uçaner & Heiderscheit, 2016).

Some universities (University of Health Sciences-Sağlık Bilimleri Üniversitesi, Medipol University-Medipol Üniversitesi) started music therapy certificate programmes in 2018. There is a strong demand for university-level music therapy training in Turkey. To meet that demand, a state and a private university are working to open a music therapy department to confer undergraduate and master's degrees. In order for these programmes to succeed, academics from abroad are needed to teach in Turkey.

AGEING AND DEMENTIA IN TURKEY

In Turkey, the elderly population (65 years and above) made up 4.3% of the total population in 1990. This ratio was 8.5% in 2017. According to population estimates, the rate of elderly population is estimated to increase by 10.2% in 2023, 20.8% in 2050 and 27.7% in 2075. Turkey ranked 66th in the rankings by elderly population ratio in 2016 (Tekin & Kara, 2018; TÜİK 2014). In our country, the elderly population is increasing faster than other age group. Turkey is among the countries with a rapidly ageing population (Mandıracıoğlu, 2010).

Level of education in the elderly: 25% of the elderly are illiterate. 40% are primary school graduates, 4.4% are middle school graduates, 5% are high school graduates and 4.4% are university graduates. 12% of the elderly are actively working. 70% of the working group is employed in the agricultural sector.

As of 2018, the ratio of addiction to illicit drugs for the elderly has been 12.9 %. Cardiovascular diseases and cancers are the most common causes of death in those aged 60 years and over. The number of elderly people who die from Alzheimer's disease also increases annually. In 2017, the death rate for Alzheimer's was 4.5%. Elderly people in Turkey suffer largely from multimorbidity (multiple diseases), which increases their need to access general health services and special (alternative) treatment (TÜİK, 2019).

In our country, there are nursing homes for elderly people. There is one nursing home for every 214 people aged 65 and over. This ratio is extremely low. There is also an imbalance in the distribution of nursing homes. Turkey has 81 provinces and only 43 of them have nursing homes. On the other hand, qualifications such as "being able to perform daily activities independently, not being in bed or in need of continuous medical treatment or care, and not having any disability or illness that would prevent meeting them taking care of their own physical needs of body functions with their own needs" are sought to be admitted to state funded nursing homes established for elderly (Vehid, 2000, p. 243).

Approximately 24,000 elderly people live in nursing homes. Culturally, a significant proportion of the elderly in our country are being treated by their families in their homes. Home care services in Turkey are inadequate, and home care is provided by people who do not have any training. In recent years, noticeable undertakings aimed at the development of home care services in Turkey have been carried out by the government.

Dementia and end-of-life care and music therapy in Turkey

In Turkey, there are about 600,000 patients with Alzheimer's and about one million dementia patients. On the other hand, we know that there are between 30,000 and 40,000 dementia patients who are younger than 65 years old (Özbabalık & Hussein, 2017).

In old age, there can be positive effects of home care on a person's physical health, psychological status, level of independence, social participation, interpersonal relations, realisation of own potential and intellectual development processes. Besides, it enables the protection of family integrity, reduction of stress, the ability for the individual to continue her/his life in the environment s/he is used to and to continue the hobbies and social activities s/he is used to (Bahar & Parlar, 2007). However, the protection of the health of the elderly is also possible with a multidisciplinary approach. Since it requires taking into account the physical, emotional, social, economic and environmental aspects of the individual and her/his family, home care services necessitate teamwork. Based on the health status and care needs of the elderly, different occupational groups such as physicians, nurses, home economists, pharmacists, social workers, psychologists, physiotherapists, speech therapists and occupational therapists take part in the individual's care (Karahan & Güven, 2002). In Turkey, music therapists should be included in these occupational groups.

The inadequate number of institutions providing home care services in our country, the lack of a home care service integrated into the general health system, and the inability of home care services to be covered by health insurance institutions lead the persons who need home care to apply to a hospital or rehabilitation centre although they could be cared for at home. In addition, the fact that the caregivers have insufficient knowledge about home care leads to shortening the lifespan of the people receiving home care (Öztek & Subaşı, 2006). Since home care services are not developed in our country, both caregivers and home care beneficiaries encounter many problems. Even when the individuals are given home care directly by their relatives, this affects their physical and psychological wellbeing. Plus, studies have shown that caregivers also face some problems (Karahan & Güven, 2002).

Caregivers themselves are usually elderly, with their own health problems and with no social, physical, mental or economic support. This causes a number of problems: home caregivers are reported to have limited freedom, a negatively affected mental state, and to experience stress and depression. Not only the caretaker but also the caregiving family members would benefit from music therapy.

Some of the studies conducted in Turkey are as follows: In one study conducted with elderly individuals ($n = 31$) living in a nursing home, music was administered by nurses before bedtime, and it was concluded that maqam-based music has a positive effect on sleep quality. In the study in question (a master's thesis), music therapy is mentioned as a non-pharmacological nursing intervention (Altan,

2011). Another study published in a master's thesis determined the positive effect of maqam-based music on feelings of loneliness experienced by the elderly, as the result of a receptive procedure which used this genre of music with a group of elderly individuals (n=19) living in a nursing home for 30 minutes twice a day for 10 days (Kurt, 2014). Music therapy is labelled as a nursing intervention in this study as well. In an article about music therapy and seniors' health, music therapy applications are presented as a set of interventions to be conducted independently by nurses in possession of a music therapy certificate, and which is potentially beneficial for the improvement of the quality of life of elderly people, who are more prone to chronic diseases (Öcebe et al., 2019). In another study investigating the effect of music therapy on the sleep quality of elderly people living in a nursing home, maqam-based music was administered daily before sleep during 20 minutes and for a period of three weeks, and a positive effect on sleep quality was observed. Once again, this was a study considering music-listening activities to be non-pharmacological nursing interventions labelled as music therapy (Sarıkaya & Oğuz, 2016). An article discussing the music genres used within music therapy interventions in Turkey refers to music therapy as an application in which recorded music or live music with Baksı dancing are performed for the patient (Yılmaz & Kubilay Can, 2019).

Turkey will go through a similar process of ageing as the world, and will be confronted with the same challenges of ageing societies. In Turkey, music therapy should take its place among the health services for the elderly population as soon as possible.

CONCLUSION

There is a growing interest in music therapy among employees working in the field of health and music education in Turkey. However, in line with the increasing interest, there is a failure to draw the boundaries in the fields of music therapy, music education and music medicine in health. In addition, the growing interest in providing clinical music therapy services and training in Turkey mostly focuses on practices based on the use of music in treatment in Turkish history and culture. As a consequence, there is a strong belief that there are readymade general music prescriptions for the treatment of various diseases, such as the belief that some makams treat some diseases. The lack of a university-level education in music therapy in Turkey takes the confusion in our country a step further in terms of the definitions and limits.

In some nursing homes, musicians give concerts for entertainment and call it music therapy. Nurses make patients listen to music in some hospitals and call it music therapy. There is currently no certified music therapist working officially in any institution.

In 2019, an elderliness council was organised in Turkey, and it has been suggested within the final report of the council that music therapy supports active and healthy ageing; trained music therapists can be solicited, especially in care centres providing services to those with dementia. These progressions are extremely pleasing, but more concrete steps should be taken. Care requirements are not only the responsibility of the state but also of society. Because of the strong family bonds in Turkey, many families are caring for elders at home. For this reason, home caregivers should also be trained in how to use music both in their own lives and in the life of their elders. It should be taken into consideration that the care service requirement cannot be met by private organisations alone, and measures should be put in place to employ music therapists both within the home care system and

within institutions providing health services. In addition, not only the elderly but also the caregivers benefit from music therapy. Music therapy should be included in the services towards both elders and home caregivers in Turkey.

Therefore, Turkey needs educated and trained music therapists. Another important topic at this point is the lack of the number of academics who will provide music therapy training in Turkey. Clinicians and academics who are experienced in this field and in developing music therapy programmes should be invited to Turkey in order to provide training.

REFERENCES

- Altan, N. (2011). *Huzurevinde Kalan Yaşlılarda Pasif Müzikoterapinin Uyku Kalitesine Etkisi, Yayınlanmamış Yüksek Lisans Tezi*. Marmara Üniversitesi Sağlık Bilimleri Enstitüsü.
- Ak, A. (1997). *Avrupa ve Türk-İslam Medeniyetinde Müzikle Tedavi*. Konya: Öz Eğitim Basım ve yayıncılık.
- Altınöççek, H. (2013). *Müzikle Tedavi*. İstanbul: Kitabevi yayınları.
- Bahar, A., & Parlar, S. (2007). Yaşlılık ve Evde Bakım, Fırat Sağlık Hizmetleri Dergisi, Cilt 2, Sayı 4.
- Bayraktaroğlu, N. (2014). Selçuklularda Şifahaneler ve Gevher Nesibe Tıp Merkezi. Sürekli Tıp Eğitimi Dergisi, 144-147.
- Ersoy, Ç. Ş., & Özcan, N. (2018). Müzik Terapinin Tarihsel Gelişimi ve Uygulandığı Mekanlara Bir Bakış. *Turkish Studies*, 13/18, 599-618.
- Grebene, B. (1976). Müzikle Tedavi, *Musiki Mecmuası*, S.315, İstanbul.
- Karahan, A., & Güven, S. (2002). Yaşlılıkta Evde Bakım, *Geriatry*, 5(4), 155-159.
- Kurt, D. (2014). *Müzik Terapinin Huzurevinde Yaşayan Yaşlıların Yalnızlık Hissi Üzerine Etkisi*. Yayınlanmamış Yüksek Lisans Tezi, Marmara Üniversitesi Sağlık Bilimleri Enstitüsü.
- Kılıç, A. (2009). *İstanbul Şifahaneleri*. İstanbul: İ.B.B. Kültür A.Ş. Yayınları.
- Mandıracıoğlu, A. (2010). Dünyada ve Türkiye'de Yaşlıların Demografik Özellikleri, *Ege Tıp Dergisi*, 49-3. İstanbul Büyükşehir Belediyesi yayınları.
- Öcebe, D., Kolcu, M., & Uzun, K. (2019). Müzik Terapi ve Yaşlı Sağlığı. Sağlık Bilimleri Üniversitesi Hemşirelik Dergisi, Cilt 1, Sayı:2.
- Öztek Z., & Subaşı, N. (2006). Türkiye'de karşılanamayan bir gereksinim: Evde bakım hizmeti. *TSK Koruyucu Hekimlik Bülteni*, 5(1), 19-31.
- Özbabalık, D., & Hussein, S. (2017). *Demans Bakım Modeli Raporu*. Türkiye Cumhuriyeti Aile ve Sosyal Politikalar Bakanlığı.
- Sarıkaya, N., & Oğuz, S. (2016). Effect of passive music therapy on sleep quality in elderly nursing home residents. *Journal of Psychiatric Nursing*, 7(2), 55-60.
- Sengul, E. (2015). Edirne Sultan Bayezid II Hospital. *Turk Neurosurgical*, 25(1), 1-8.
- Tekin, Ç., & Kara, F. (2018). Dünyada ve Türkiye'de Yaşlılık. *Uluslararası Bilimsel Araştırmalar Dergisi*, 3(1), 219-229.
- Tırışkan, A. (2000). *Hasım Bey'in Edvarı*. İstanbul Teknik Üniversitesi.
- Turabi, A. H. (2011). Hekim Şuûrî Hasan Efendi ve Ta'dilü'l-Emzice Adlı Eserinde Müzikle Tedavi Bölümü. *Marmara Üniversitesi İlahiyat Fakültesi Dergisi*, 40, 153-166.
- TÜİK (2014), Türkiye İstatistik Kurumu, İstatistiklerle Yaşlılar, 2013, Sayı: 16057.
- TÜİK (2019), Türkiye İstatistik Kurumu, İstatistiklerle Yaşlılar, 2019, Sayı: 30699.
- Uçaner, B., & Heiderscheid, A. (2016). Music therapy in Turkey: Curriculum and resource development through professional collaboration. *Music Therapy Today*, 12(1), 8-10.
- Vehid, S. (2000). Thoughts and reflections on the distribution of old age homes in Turkey. *Cerrahpaşa Journal Medicine*, 31(4), 239-244.
- Yalçın, G. (2018). 19.Yüzyıl Türk Musikisinde Haşım Bey Mecmuası-Birinci Bölüm: Edvar. Atatürk Kültür Merkezi Yayınları, Ankara.
- Yılmaz, B., & Can, K. Ü. (2019). Türkiye'de Müzik Terapi Uygulamalarında Kullanılan Müzikler. *Uluslararası Toplum Araştırmaları Dergisi*, Cilt 13, Sayı 19.
- Yücel, H. (2016). Türk İslam Medeniyetlerinde Müzikle Tedavi Yöntemlerinin Uygulandığı Şifahaneler: Amasya Darüşşifası. *TURANSAM Uluslararası Bilimsel Hakemli Dergisi*, 8(29), 52-62.

Ελληνική περίληψη | Greek abstract

Η μουσικοθεραπεία στην Τουρκία: Ιστορικά στοιχεία και τρέχουσες προοπτικές για την άνοια και τη φροντίδα στο τέλος της ζωής

Burçin Uçaner Çifdalöz

ΠΕΡΙΛΗΨΗ

Η παρούσα αναφορά έχει δύο στόχους: α) να παρέχει το ιστορικό υπόβαθρο της μουσικοθεραπείας στην Τουρκία από την περίοδο των Σελτζούκων (1037-1194) έως τη σύγχρονη εποχή, και β) να περιγράψει τις τρέχουσες μουσικές παρεμβάσεις που εφαρμόζονται στην Τουρκία στη φροντίδα στο τέλος της ζωής και σε ανθρώπους με άνοια. Κατά την περίοδο των Σελτζούκων και των Οθωμανών, χτίστηκαν πολλά *şifahanes* (νοσοκομεία), και σημαντικοί επιστήμονες από τον 9^ο έως τον 19^ο αιώνα συμπεριελάμβαναν θέματα μουσικής και υγείας στο έργο τους. Κατά την τελευταία περίοδο της Οθωμανικής Αυτοκρατορίας, κάποια *şifahanes* έκλεισαν και άλλα καταστράφηκαν στη διάρκεια πολέμων. Από εκείνη την εποχή έως και το τέλος της δεκαετίας του 1970, η μουσική ως θεραπευτικό μέσο παραμερίστηκε. Αργότερα, δημοσιεύτηκαν κάποια άρθρα πάνω στο θέμα και άρχισαν να χρησιμοποιούνται θεραπευτικές παρεμβάσεις που ονομάστηκαν «μουσικοθεραπεία». Αυτές οι πρακτικές αφορούν μουσικά-βασισμένες παρεμβάσεις σε νοσοκομεία. Το 2013, η μουσικοθεραπεία συμπεριλήφθηκε ως κλάδος στο Τμήμα Παραδοσιακής και Συμπληρωματικής Ιατρικής του Υπουργείου Υγείας. Από το 2018, έχουν ξεκινήσει τα πανεπιστήμια να απονέμουν πιστοποιητικά μουσικοθεραπείας εγκεκριμένα από το Υπουργείο Υγείας. Με δεδομένο ότι δεν υπάρχει προπτυχιακό, μεταπτυχιακό ή και διδακτορικό επίπεδο εκπαίδευσης, ο αριθμός των μουσικοθεραπευτών είναι ανεπαρκής στην Τουρκία. Επαγγελματίες υγείας ή μουσικοί εφαρμόζουν μουσικά-βασισμένες πρακτικές σε ασθενείς στο τέλος της ζωής και ασθενείς με άνοια, και αυτές οι πρακτικές θεωρούνται ως μουσικοθεραπεία. Παρόλα αυτά, οι υπηρεσίες που παρέχονται στους χώρους της άνοιας και της φροντίδας στο τέλος της ζωής στην Τουρκία δεν αφορούν μουσικοθεραπευτικές εφαρμογές, αλλά παρεμβάσεις βασισμένες στη μουσική που παρέχονται από μουσικούς ή επαγγελματίες στο χώρο της υγείας.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, Τουρκία, ιστορία, άνοια, φροντίδα στο τέλος της ζωής [end-of-life care]

CONFERENCE REPORT

Special Feature | Music therapy in dementia and end-of-life care: Mediterranean perspectives

First Mediterranean music therapy meeting 'Dialogues around dementia and end of life in music therapy: Voices beyond the sea'

Enrico Ceccato

Hospital of Vicenza, Italy

Luca Xodo

Giovanni Ferrari Music Therapy School of Padua, Italy

CONFERENCE DETAILS

First Mediterranean music therapy meeting
22nd September 2018, Padova, Italy

AUTHOR BIOGRAPHIES

Enrico Ceccato, PsyD, MA in music therapy, works at the Mental Health Department of the Hospital of Vicenza, Italy. He contributed for years as research fellow to the Department of Music Therapy at the Conservatorium of Verona. He is currently a member of the board of the Italian Association of Music Therapy Professionals (AIM), as well as a member of the advisory editorial board of *Approaches: An Interdisciplinary Journal of Music Therapy*. He is also part of the teaching staff of the Giovanni Ferrari Music Therapy School in Padua. His current fields of interest include research in music therapy with psychotic disorders and dementia, and CBT with psychosis and eating disorders. [enrico.ceccato@gmail.com] **Luca Xodo**, PsyD, PhD in psychology, is director of the Giovanni Ferrari Music Therapy School of Padua, Italy. He is currently member of Confiam Confederation of Music Therapy School in Italy. He is also the coordinator of the annual International Summer Camp of music therapy in Caroman Island, Venice Lagoon. His current fields of interest include research and practice in Neurologic Music Therapy. [ellexod@gmail.com]

Publication history:

Submitted 31 Aug 2020

Accepted 15 Nov 2020

First published 30 Dec 2020

INTRODUCTION

The First Mediterranean music therapy meeting focused on dementia and end-of-life care, and it was called 'Dialogues Around Dementia and End of Life in Music Therapy: Voices Beyond the Sea'. It took place on 22nd September 2018 in Padua, Italy, and was organised by the Giovanni Ferrari Music Therapy School in Padua.

Throughout human civilisation, Italy has been a place of presence, passage and meeting of different peoples; a borderland as well as a centre of culture. The Mediterranean Sea, that washes its shores, is a global symbol of the encounter between different peoples and cultures. With this culture and awareness behind us, in our roots – we can say – we began to think about the realisation of the first Mediterranean music therapy meeting. The first word we thought for describing this event was the term 'harmony', whose birth and growth of meaning takes place in the waters of the Mediterranean.

The term harmony encompasses multiple meanings; its history over the centuries starts from its root, 'ar', from which 'ararisko' derives. This verb can be traced back to the term 'connect' and to the verb 'harmòizen', which is attributed the meaning of tuning, both of musical instruments and people. Here, from the first moment the meeting was established, the purpose was to connect and 'tune' people; a ground for exchange and enrichment and growth using new perspectives for dialogue. In this context, music therapy, as a resource, is vital: it serves as a means by which different people and realities can meet, each of them with their identity, history and differences. Music therapy can promote dialogue and trigger positive processes of change and growth.



Photograph 1: The conference venue



Photograph 2: Padua by night

BACKGROUND AND RATIONALE

The meeting was organised to be part of the training course for the students of the Giovanni Ferrari Music Therapy School and for all those interested, including music therapists, students from the local music conservatory, and professionals in other fields. Overall, 120 people attended the meeting.

The Giovanni Ferrari Music Therapy School was established in 1999 as a private school, and, since 2001, it has been directly affiliated to the Université Européenne Jean Monnet (UEJM), an institution authorised by Belgian Royal Decree to issue professional qualifications; in our case the Diplome de Specialisation Professionnel en Musicotherapie Jean Monnet.

The main objective of the UEJM is to promote and certify post-secondary training courses of high professional quality and to issue the corresponding qualifications in all sectors not covered or partially covered by the traditional training system, especially those relating to new professions. UEJM is not a training institution. It is responsible for certifying non-academic training courses.

The Giovanni Ferrari Music Therapy School adheres to the Italian Confederation of Associations and School of Music Therapy (CONFIAM). The School has a long history of organising events. In 2005 we organised the first national conference on 'Music Therapy in the Path of Rehabilitation in Hearing Impairment'. In 2007, with the patronage of the University of Padua, we

organised a study day on 'Music Therapy and Coma', with international guests. In 2013 we organised the VIII Confiam National Congress of Music Therapy, lasting three days, entitled 'Sounds, Tempos and Rhythms in Care Relationships'. In the following years we organised music therapy meetings on specific topics, such as in 2018 when we brought together Daniele Schoen, Laura Ferreri and Elvira Brattico on the theme of musical perception and neuroscience.

The aim of the First Mediterranean music therapy meeting in 2018 was to provide an insight, a glimpse into music therapy in the Mediterranean countries, starting from applications of music therapy in dementia and end-of-life care contexts. The aim was also to create space for comparison and exchange of research and practices with music therapists within and around the Mediterranean region and to build dialogues which could strengthen a network of professional relationships and to spread and accelerate knowledge in the music therapy field.

Experts from the Mediterranean region who had experience in the aforementioned field were invited to the meeting. We did not try to ensure that there was at least one expert per country, or that all Mediterranean countries were, in some way, represented; the vision was to create a day event. The scientific and organising committee (Enrico Ceccato, Cristina Roveran and Luca Xodo) identified and invited individuals who, based on their academic record in the field, could represent the state of the art of music therapy in the Mediterranean area. As such, experts from Turkey, Greece, Israel, Italy, Tunisia and Spain were invited, and we also had the participation of the president of the Italian Association of Professional Music Therapists (AIM). Melissa Mercadal-Brotons was invited as a Spanish and world-renowned expert on music therapy in dementia care. In her capacity as the president of the World Federation of Music Therapy (WFMT) at the time, she opened the meeting with a keynote offering an overview of music therapy in the Mediterranean countries with a special focus on dementia care. The meeting was organised locally, adopting a bottom-up approach; and, despite its international reach, we did not seek the involvement of the World Federation of Music Therapy (WFMT) and the European Music Therapy Confederation (EMTC).

Oral presentations as well as discussion and one workshop formed the core of the meeting. From our perspective as co-organisers of this event, we have provided a brief summary of the programme below.

PROGRAMME SUMMARY

As mentioned, Melissa Mercadal-Brotons opened the meeting with a keynote regarding 'Music Therapy in the Mediterranean Countries with a Special Focus on Dementia Care.' Her talk provided a vision on how to help people with dementia through specific music therapy interventions (both with the patient and with caregivers alongside the patient) and on music-based interventions that can be performed by caregivers, both family and professional.

As well as introducing the state of the art of music therapy with people with dementia in Israel, Ayelet Dassa gave a talk on the role of the music therapist in daily care, illustrating musical projects for people with dementia in a nursing home not inside the music therapy room but, rather, in the dining room, in physiotherapy group work and in bedside therapy. Moreover, she detailed musical projects involving families, such as a piano café for residents and families and a residents' choir. At the end she described a nationwide training programme for staff in nursing homes, day centres, and

caregivers in the home to use recorded music, singing and rhythm to alleviate caregivers' burden.

Giorgos Tsiris, given his connection both with the Greek and the UK music therapy community, presented about music therapy at the end of life by outlining some local and international paths of development. He described the concept of spirituality as a 'boundary object' that needs to be considered in music therapy practice, the necessity of expanding professional boundaries, as well as revising the role of hospices in light of the fact that we have to work with communities to integrate the concepts of dying and death into their everyday lives more healthily. He described three examples of death education and health promotion projects in palliative care.

Rihab Jebali gave an overview on clinical applications of music therapy in Tunisia. Beyond the fact music therapy is a young but growing discipline in Tunisia, Rihab illustrated the activities of the National Association of Music Therapy (established in 2014) with patients with dementia, autistic children and oncology patients. Regarding music therapy with dementia, she illustrated an ongoing longitudinal study with eight patients with early and moderate dementia.

Burçin Uçaner gave an overview of music therapy and music medicine in Turkey. She mainly described the need for professional development in Turkey, pointing to the lack of qualified music therapists working officially in healthcare or other related institutions. She said in some private nursing homes, as well as in some hospitals, musicians give concerts for entertainment and nurses play music for the patient and call it 'music therapy'. She discussed the professional confusion created by this situation, and the need for qualified music therapists in the country.

Lastly, Italian music therapist Paolo Pizziolo presented on his ongoing doctoral research on group music therapy in relation to the reduction of behavioural symptoms associated with dementia. His presentation involved a participatory improvisation workshop.



Photograph 5: Improvisation workshop led by Paolo Pizziolo (from right to left: Melissa Mercadal-Brotons, Rihab Jebali, Burçin Uçaner, Giorgos Tsiris and Paolo Pizziolo)

The meeting was accompanied by a series of musical interventions organised by the students and teachers of the Giovanni Ferrari Music Therapy School. Choral songs and body percussion improvisations actively involved the participants between presentations.

REFLECTIONS

This meeting presented an overview of music therapy in some countries of the Mediterranean area. The different presentations offered a colourful picture of music therapy and its applications in dementia and end-of-life care in the Mediterranean area. The meeting did not contain presentations representing all the Mediterranean countries, but it offered an insight into a little-known area and a platform for further dialogue.

There are countries like Spain, Greece and Italy where music therapy appears to be more widespread and applied, and countries like Tunisia and Turkey where music therapy has taken its first steps and is trying to grow with the efforts of committed associations and professionals. Throughout the meeting, it became apparent that music therapy varies according to the musical and 'caring' traditions of each country; for example, in countries such as Turkey and Tunisia musical instruments which are linked to tradition are used, and treatments are closely linked to the religious culture and involve more movement and dance. Participatory and receptive methods are commonly used in the different countries, and the relationship between music therapist and patient appears to be a distinct element across all practices.

From a professional point of view, after the meeting, students recognised how music therapy is linked to the traditions and culture of peoples, not only with regard to the musical repertoire and the instruments used but for the sense for which they are used; to reduce symptoms, to enhance well-being and/or to get closer to God. This theme could perhaps be the focus of a future meeting focusing on the socio-cultural dimension of music therapy practices across the Mediterranean region.

Overall, it was a meeting that laid the foundations for deeper knowledge among the participants and created an impetus resulting in the publication of this special feature of *Approaches*. Following the success of this event, we developed this into an annual meeting. We organised the Second Mediterranean Music Therapy Meeting, centred on music and community, in 2019, however, the 2020 event was suspended due to Covid-19. We hope to resume these meetings in 2021.

REPORT

'Wiggles and rhymes': Developing a parent and infant music therapy group at a hospice for children with life-limiting conditions and their carers

Helen Mottram

Haven House, UK

Maeve Rigney

Haven House, UK

ABSTRACT

Paediatric Palliative Care (PPC) is a relatively new and often misunderstood medical speciality. In contrast to adult palliative care, which has its foundations in oncology care, PPC focuses on enhancing quality of life for children and young people with life-limiting (LL) and life-threatening (LT) conditions. PPC embraces the whole family by offering care and support in the weeks, months or even years leading to a child's death and beyond. PPC services are offered through various statutory services as well as voluntary organisations such as children's hospices. In the UK, over 50 children's hospices provide short breaks and respite care, including symptom management and therapeutic support, placing a strong focus on high-quality, family-centred care.

Music therapy has been a core family-centred holistic care service at Haven House Children's Hospice since 2010. The service aims to address the unique and individual needs of the child as well as support the psychosocial and emotional needs of the family. This report highlights the development of the music therapy service within an expanding organisation over the past eight years and describes the introduction of a new parent-infant music therapy group, 'Wiggles and Rhymes'. The rationale and perceived benefits of offering therapeutic group work in a children's hospice are presented, with a focus on the ways in which the diverse needs of this clinical population were met within the sessions.

KEYWORDS

Paediatric Palliative Care (PCC),
parent-infant music therapy,
group work,
children's hospice,
family-centred care

Publication history:

Submitted 3 Oct 2018

Accepted 6 Mar 2019

First published 17 Sept 2019

AUTHOR BIOGRAPHIES

Helen Mottram has worked as a music therapist with children and families for ten years. She currently works in a children's hospice with children with life-limiting and life-threatening conditions and within a neonatal unit with premature babies and their families, using music to support bonding and physiological changes within the babies. She also works in an NHS inpatient unit for women with postnatal depression who are hospitalised together with their babies, providing group, individual and family sessions to support relating and attachment and improve mental health. [helenmotttrammusictherapy@outlook.com] **Maeve Rigney** qualified as a music therapist in 2008 and has gained clinical experience with both adult and paediatric populations since then. As the lead music therapist at a children's hospice until recently, Maeve has a particular clinical interest in the role music therapy can play in enhancing quality of life for children with life-limiting conditions and their families. Maeve is also a qualified neurologic music therapist and her current work focuses on neuro-disability and multidisciplinary work in a range of rehabilitation and community settings. [maeverigney@gmail.com]

INTRODUCTION

With increases in references to Paediatric Palliative Care (PPC) in medical and nursing literature, UK national bodies such as The National Institute for Health and Care Excellence (NICE) provide guidelines for the planning and management of end-of-life care for infants, children and young people. In addition, media attention –such as that focused on the recent ‘Charlie Gard’ case– has meant that PPC has become a more recognised medical subspecialty and one that is seen as vital by many. This report is intended to provide an outline to PPC as an approach, focusing particularly on the role a children’s hospice plays in supporting children, young people and their families who are affected by life-limiting and life-threatening conditions. We outline the role that music therapy has played at one particular children’s hospice in the UK and the rationale for developing a specialist music therapy group to support young infants and their primary carers. By sharing two case studies from our clinical work with this group, we outline the perceived value that this type of innovative working had on a group of infants and their families and the wider impact that this had on the support they received from other PPC services.

Paediatric palliative care

Paediatric Palliative Care (PPC) is an active and total approach to care, from the point of diagnosis or recognition of illness, through the child’s life, death and beyond (ACT, 2011). In the UK, there are over 49,000 children and young people with life-limiting and life-threatening conditions (Fraser et al., 2011). A vast range of illnesses and symptoms are seen within this population, from neonates to young adults, all with a varied and complex illness trajectory. Life-limiting conditions (LLC) are defined as illnesses for which there is no reasonable hope of cure, and from which children and young people will die. Life-threatening conditions are defined as illnesses for which curative treatment may be feasible but can fail (ACT, 2011). Children’s hospices care for and support children and young people with diverse and often rare conditions. Most commonly seen are congenital diseases (41%) and neuromuscular conditions (39%) (Spathis et al., 2012).

According to the World Health Organisation (2014), “Worldwide, over 20 million people are estimated to require palliative care at the end of life every year. The majority (69%) are adults over 60 years old and only 6% are children”. A systematic review of PPC (Knapp et al., 2011) found that almost two thirds of countries in the world have no known PPC service provision. PPC aims to support the child, and the child’s family, who may feel vulnerable as they carry the responsibility of being long-term caregivers to their loved one. Therefore, PPC should be family-centred and tailored to meet the unique needs of each child and family that it supports (Hill & Coyne, 2012) and have its foundations in a holistic approach to care (Muckaden et al., 2011). The authors write that:

When the hope of cure and prolonged survival dwindles, families and care givers may face tremendous stress. Care at this stage requires a holistic approach to the patients’ and families’ physical, emotional, and spiritual needs. (Muckaden et al., 2011, p. 52)

The impact of this care and support can determine how well equipped a family can feel to face the hardship often associated with caring for a child with a LL or LT condition. Parents often become experts in managing their child's condition through necessity rather than choice, and siblings "often manage a delicate balance between protecting their unwell sibling, their parents and themselves" (Malcolm et al., 2011, p. 2). Positive health approaches look at and build on the strengths and networks of families. In palliative care this approach is particularly pertinent in developing and enhancing quality of life. Guidelines by NICE on end-of-life care for children outline the importance of using music, play and art with this population as a way of encouraging self-expression in a creative and independent way (Smith, Stone & Mavahalli, 2016). Music therapy is recommended as part of paediatric palliative care treatment (Widdas, McNamara & Edwards, 2013) and can contribute towards promoting quality of life for families with a child with a life-limiting condition (Sheridan & McFerran, 2004).

Haven House

Haven House is a children's hospice in North East London. It was founded in 2003 and has supported over 1000 families during this time. At the hospice, children and young people benefit from day and overnight stays including nursing care, symptom management, step-down care following a hospital admission and various play activities, as well as end-of-life and bereavement care. In 2014, Haven House established their Holistic Care Centre where children and young people can access a range of therapeutic support including music therapy, physiotherapy and yoga. Parents and family members can access pre- and post-bereavement counselling, family and sibling support, as well as a range of complementary therapies including reflexology and massage.

Music therapy

In 2010, a music therapy post of five hours a week was established. Since then this has grown to a seven-day-a-week post of 49 hours, covered by four therapists. Music therapy is now a core hospice service, funded through specific grants via named donors as well as generic hospice fundraising revenue. Referrals are taken for individual or family input, and music therapy groups for inpatients and family group sessions are offered at weekends and during school holiday periods. Music therapy is also part of the 'Hospice at Home' project for children and young people at the end of life, or those who are too unwell to leave their homes to access hospice services on site. In 2017 a new neonatal music therapy project was developed at a local Special Care Baby Unit, and a therapist travels weekly to deliver sessions there.

Parent-infant support

As Winnicott stated, "a baby cannot exist alone" (1964, p. 16), describing how wherever there is a baby, there is also a carer. The importance of these early relationships has been shown time and time again (Ainsworth, 1962; Bowlby, 1995; Gerhardt, 2015). Challenges may arise in this bonding process however, when a baby is born with a life-limiting condition or with complex medical needs

(O'Callaghan & Jordan, 2011). A parent may experience a tremendous sense of uncertainty and grief, and begin to mourn the loss of the 'normal' or healthy child they may have hoped for.

Caring for a child with a LLC can have a significant effect on a family system, creating everyday challenges and experiences of loss and isolation. Some children with LLCs will have had developmental difficulties identified in utero, where mothers are then offered the option to terminate their pregnancies, sometimes well into the third trimester. Other mothers experience seemingly normal pregnancies, with difficulties only evident at birth, or present following a birth trauma and subsequent acquired brain injury in the baby.

Twin pregnancies pose particular risks in this respect, with a significant number of children at Haven House forming half of a twin set, often as the sole surviving twin or, alternately, with a living, healthy twin sibling. Most children with LLCs using hospice services spent their early days, weeks or even months requiring neonatal special or intensive care. This involves periods of tremendous uncertainty around the outcome for the baby – whether or not they will live, and if so with what difficulties. Families often feel disempowered as they hand over the care of their baby to medical staff; unable to feed, change or hold them when they like. The impact of this can be long-lasting; Pierrehumbert et al. (2003) found that 41% of mothers whose babies had spent time in a NICU showed symptoms of PTSD, which were still evident 14 months after birth.

PARENT-INFANT GROUP WORK

Addressing a need

For children who go on to be diagnosed with LLCs, parents' feelings of grief, trauma and loss often need to be side-lined as families quickly learn to adjust to the complexities of living with a child with significant medical needs. Endless appointments, rounds of medication and tube and gastronomy feeding often have to be juggled with caring for other children. Hinjosa et al. (2012, p. 500) describe how family caregivers of children with life-threatening illnesses are impacted by "higher levels of burden, uncertainty, greater depressive symptoms, poor quality of life, poor health, and increased mortality". Being offered the services of a hospice and all that they can provide, at this point in time, can ignite a mixture of feelings in families. Some, so focused in the moment and day-to-day care of their sick child, can struggle with the connotations of the term 'hospice' and its associations around dying. They may continue to hold onto hope that their child will recover, or that a cure can be found, and not wish to even consider a service that suggests otherwise. Others understand that a children's hospice can offer services that compliment, add to or top up statutory ones, and are keen to utilise these.

Literature review

Very little has been written about group family music therapy within a children's palliative care setting. Mayhew (2005) describes her work with a group of bereaved siblings within the context of a children's hospice, and Schwarting (2005) writes about the open music therapy groups that are

commonplace in British children's hospice settings, however neither of these pieces of work involve parents or the wider family. Several music therapists have written about their work with multiple parent-child dyads in group settings in other contexts, including with marginalised families and communities (Nicholson et al., 2008) and vulnerable families at risk (Kelly, 2011). Shoemark (1996) and Burrell (2011) describe their work with groups of families in community-based early intervention settings.

Much notable research into the efficacy of family interventions in group settings comes from the Australian *Sing and Grow* programme. Abad and Edwards (2004), Abad and Williams (2007), and Williams et al. (2011, p. 76) describe how their Sing and Grow Programmes aim to "enhance parenting skills, improve parent-child interactions, provide essential developmental stimulation for children, promote social support for parenting and strengthen links between parents and community services". The programme involves ten weekly group sessions of multiple parent-child dyads and targets families with children aged three and under, and has also been expanded to include children with disabilities (Williams et al., 2012). The format has inspired other music therapists to devise short-term programmes. For example Cunningham (2011) describes 'Musical Beginnings'; a ten-week music therapy programme which supports positive relating between teenage mothers and their new babies, and was based on the 'Sing and Grow' format and structure.

A number of paediatric music therapists who focus their work on parent-child interactions have written about these interventions (Flower, 2014; Oldfield & Bunce 2001; Oldfield & Flower 2008; Shoemark 1996; Shoemark & Dearn, 2008;). However, it remains evident that limited clinical work and research has been documented on the role music therapy can play in supporting the parent-child dyad in PPC, despite a strong and apparent need for specialist support for this population, particularly in the early days following a diagnosis.

Hinojosa et al. (2012) describe the uncertainty frequently felt by parents, who are rarely medically trained, in their ability to care for their extremely sick and medically complex child at home, and the increased stress and anxiety this uncertainty can cause within families. McFadyen (1994, pp. 121-122) describes how for some women, "the ability to be a Mother can be invalidated in their own eyes if the baby is very small, fragile, or otherwise disabled". A bereaved father at the hospice described his pride on receiving the results from his son's autopsy, where it was described that all his organs were a good weight, heavier than you would expect for a child of his age. He seemed to take solace in the healthiness of his son's perceived size and strength, even in death. In cases of disability or sickness at birth, the neonatal period can be accompanied by a pervasive sense of loss of a phantasy perfect child, as well as a sense of failure, as both a woman and a mother (McFadyen, 1994).

Wiggles and Rhymes

The 'Wiggles and Rhymes' group developed from an increase in referrals to the hospice for children under the age of two. These were often families who had become accustomed to caring for their child, but frequently still held hope of, if not recovery, then at least developmental progress. As described above, music therapy is a well-established service at the hospice, with parents often requesting and participating in it but being reluctant to engage further in hospice services. We

introduced *Wiggles and Rhymes* as a closed group with a fixed number of parent-child dyads, in order to address this increase in referrals as well as to offer an opportunity for parents to support each other and to increase their confidence in using other hospice services.

An initial pilot group was established in the spring of 2017, run jointly by two music therapists. All children aged 0-2 currently referred to Haven House were invited to attend. We stated that the purpose of the group was to engage in an experience with their infant that was fun and that would support their development, as well as provide an opportunity for them to meet other families. The music therapy sessions were 45 minutes long and 'stay and play' sessions were offered afterwards as an opportunity for parents to chat over a cup of tea while engaging in a creative play activity with a member of the care team. This was also an opportunity for families to become familiar with the wider hospice environment and to learn more about the care services on offer, as some of these families had not accessed support at Haven House before. The aim of the group was to meet and hold in mind the parents' and children's needs equally.

The pilot became an established group that ran for a year, with eight different children attending at various times across the year. Some families attended for the duration of the year, others attended for a shorter period, and one attended just once. Thirteen adults also attended at different times, including parents, grandparents, great-grandparents, older siblings and an uncle.

This group came to a natural ending as children moved on to start nursery or school, and a second group was proposed. Due to time constraints the format changed to a short-term structure, with ten sessions on offer, and new membership, targeting children aged three and under who were not yet at statutory school age but who would benefit from a group experience.

Aims of the group

Over time, we consolidated our aims for both groups to include:

- Promoting attachment between parent and child
- Facilitating new ways of parent-child communication and relating
- Addressing the developmental needs of the infant by stimulating and encouraging the development of new skills
- Empowering and enabling the parent to interact with their child
- Offering a supportive environment for the sharing of experiences

Structure of sessions

The sessions followed a structured format. Parents would support their children on mats and beanbags on the floor whilst the therapists sang hello followed by warm-up songs with actions, during which the parent would facilitate their child's movements and gestures to the music. This would usually be followed by an opportunity for the children to choose which song they would like to hear next using objects of reference related to the song, such as a toy spider for *Incy Wincy Spider*, for example. A minority of children were able to choose and reach for objects, but we persisted in including this choosing time as part of the session, to encourage the idea that communicative intent

may present itself in different ways. We would rub the textured objects on the hands and arms of the children, looking for a movement, glance or vocalisation to indicate a preference. We were keen to model to parents the importance of appropriately stimulating their baby regardless of their life expectancy and degree of disability.

There would then be an opportunity to play instruments. A mixture of activities were on offer including passing an instrument around to take turns, all group members playing the same instrument and an option to make choices of different percussion instruments. All activities would be accompanied by a song related to the activity, with a mixture of familiar and new songs on offer, in order to develop a parent's confidence to sing already-known songs to their children as well as expanding their repertoire with new ones. The therapists would take it in turns to lead the activities, with the non-leading therapist moving between the parent-child dyads to offer some more individualised support and interaction.

The tempo of the sessions would be paced to match the needs of the group, but would usually involve increased action and activity in the middle before a 'warm-down' activity towards the end, involving a slower, less percussive combination of song and instrument such as the wind chimes or ocean drums. The sessions would end with a goodbye song to each child in turn, after which the therapists would be available to answer any questions the parents might have, before escorting them through to the Stay and Play.

CASE STUDIES

With an indication given as to the rationale and development of the sessions, this section of our report focuses on two particular infants and their parents who attended *Wiggles and Rhymes* for a period of time. These case studies highlight their clinical and psychosocial needs, and how the group supported them in similar and different ways and the clear benefits received by both.

Anna¹

Anna was three years old, and had been one half of an identical twin set. Their mother, Monika, experienced a healthy pregnancy, attending the fortnightly scans that are commonplace in twin pregnancies. A week before her final scan the babies suddenly experienced twin-to-twin transfusion, where the majority of nutrients are redirected by the placenta to one twin. The effects of this can be catastrophic for both twins – in this case it was Anna's twin who received the sudden influx of nutrition and, unable to cope, died in utero. Monika discovered this at her final scan a week later. Anna was born at half the weight of her sister, and suffering a myriad of complications, including chronic kidney disease. She spent several months in hospital and experienced a severe kidney infection. Her heart stopped for four minutes, causing what was thought to be irreparable brain damage. McFadyen (1994) describes how intrauterine death involving one twin is rarely mourned in the way that a single miscarriage or stillbirth is, and that there is "little opportunity for grief" (p. 152) when there is a live baby fighting for survival, but that the loss is often felt later on.

¹ Names have been changed to protect the individuals' identity, and informed consent received for the writing of the case studies presented here.

Anna's parents lived in a very deprived part of London, and shared a house with other occupants. They had just one room in which to care for their extremely sick baby. They had family abroad but no family and few friends in the UK. Anna's father went back to work, leaving Monika to manage the unending task of trying to keep Anna alive and in reasonable health. Their weeks were punctuated by frequent trips to hospital and endless outpatient appointments as the doctors tried to maintain her kidney function.

Anna's family were referred to the hospice for emotional support and respite care. On coming to look around, Monika cried at the sight of older, profoundly disabled children in wheelchairs. Clearly struggling with the enormity of her child's needs, and not ready to be around other parents or children, they were referred for individual music therapy and ten sessions were initially offered for Anna and Monika to attend together. Anna's portage worker (a home-visiting educational service for pre-school children with SEND and their families) attended the sessions on Monika's request and her familiar presence seemed to ease Monika's anxiety around being somewhere new. Anna presented as a very pretty child, small for her age, who smiled frequently to her mum's softly spoken words of constant reassurance in her native tongue. As language was a barrier to the interactions with the therapist, the music acted as the primary means of communicating, and Monika quickly found instruments, soft puppets and scarfs to use to engage gently with Anna, who was held tightly by her throughout the sessions. Sessions were used to work on providing Anna with opportunities to experience new ways of interacting, with the therapist's role to validate her reactions and responses to the music and instruments that were used. The early sessions felt full of sadness, with Anna and Monika often crying softly together in their tight embrace as the therapist offered them a sense of holding and containment via the music. As Monika's confidence increased weekly she seemed to attend with a greater sense of enthusiasm and hope for what might be gained from the sessions. Anna seemed to pick up on this and began to smile, vocalise, open her hands and become more open to the music in the room. This led to playful and upbeat interactions between the trio. Mum expressed her joy in these interactions and at the end of the block of sessions wrote to the therapist to say how much they had enjoyed their time in music therapy, and enquired about continuing.

Whilst on the waiting list for further music therapy input, Anna was referred for a monthly therapeutic yoga group at the hospice. Monika later expressed her anxiety about attending with other children with disabilities; but at home, alone and isolated, she decided the benefits to Anna were such that she needed to overcome her reticence. Following the yoga group, she spoke of how she had seen Anna responding to the other children, turning her head and vocalising, and asked if there were any more opportunities for other groups. Thus they were referred to *Wiggles and Rhymes*.

During a pre-group home visit the therapist found Monika to be tearful and seemingly still extremely traumatised from their experiences surrounding Anna's birth. She described how Anna's twin sister's heartbeat had stopped in utero, saying 'it happened at home', and seeming to feel as if she should have somehow known and been able to do something about it. The two could be observed to be extraordinarily connected, almost bound by an invisible umbilical chord. Monika was attentive to her daughter's every movement, sound, cry and gesture, scooping her up and speaking to her gently in their own language, and Anna responded to her with smiles and vocalisations.

McFadyen (1994, p. 152) describes how surviving twins can often be treated as a “very special and precious child”, and this seemed undoubtedly to be the case with Anna.

In the early sessions of *Wiggles and Rhymes* Monika seemed shy and a little wary of the other group members. She sat on the floor with Anna in her arms. The therapist introduced her to another mum and they quickly discovered they shared a language. This seemed to help, and she relaxed a little, conversing quietly with the other Mum. The hello song started and Monika immediately seemed transformed by the music (a gentle lilting melody in 2/4). A state of calm seemed to come over her as she began to rock Anna gently in time. She quickly learned the words and sang along quietly. They moved through the sessions together, interacting and participating. Monika had an innate sense of rhythm and used this to interact with Anna. She supported her movements and actions on the instruments, and grew more confident in requesting different kinds of instruments, including an African thumb piano, showing it to Anna and playing it gently for her.

The block of sessions passed quickly. Attempts by the therapist to bring words of their own language into the sessions were met with a little shyness and awkwardness; however, Monika formed a firm friendship with another mother, exchanging numbers with her at the end, and asking to be considered for further groups in the future. She appeared more confident and self-assured, and it seemed that, as she held Anna, both physically and mentally, the framework of the sessions and the music within them, held her.

Joshua

Joshua was a first and much wanted baby. Like Monika, Joshua’s mum, Karen, had also experienced a healthy pregnancy. It was only at a private clinic that a 3D scan detected a cleft lip. Such private clinics aren’t linked into any National Health services, and cannot advise on any signs of disability or abnormalities that they see; they can only give parents the scan picture and advise them to consult their midwives. Karen went back to her hospital for further scans, and a condition where the forebrain fails to divide into two halves, causing defects in the development of the face and brain structure, was detected. Karen was offered a termination at 33 weeks, which she declined.

Joshua spent a short time in hospital before being discharged home. His cleft lip, and subsequent cranial facial bone structure, left him prone to chest infections and to generating large amounts of mucous that he was unable to clear by himself. At two years old his eyes remained almost completely closed and he was unable to sit unaided or hold his head up.

Joshua’s parents were keen to access music therapy at the hospice, feeling that music was the only thing that Joshua responded to consistently. Joshua attended a number of individual music therapy sessions when he was nine months old. Karen and Joshua’s dad, Mark, often attended together with him, and both relished the sight of Joshua becoming more stimulated by the music, as outside of sessions he often presented in a sleepy or passive state. In discussion with his parents, the sessions aimed to promote Joshua’s participation and his motivation to explore his environment. Both Karen and Mark supported him very gently but with much encouragement and praise and, together with the therapist, worked through song and sound to bring Joshua into a more alert and active state where he could demonstrate his likes and dislikes more clearly, and share a meaningful interaction with his parents.

As a nursery worker, Karen understood the importance of play and music in early childhood and it became apparent by their regular, consistent and eager attendance that music therapy sessions played a significant role in their lives with Joshua. Karen often spoke of the times between sessions when she sang to him, and his positive responses to this. As their block of sessions drew to a close, it was felt that group work could continue to support Joshua's development and the progress he had made, as well as offering his parents an opportunity to meet other families and become familiar with the wider hospice and the services on offer.

Joshua was a regular attender at *Wiggles and Rhymes* from the beginning. In the early sessions he spent a lot of time sleeping, and Karen later voiced that she felt it was avoidance on his part. Gradually he began to stay awake for longer periods, and would kick his legs rhythmically. Mum would affix bells to his ankles and the therapist would match the sound he made. Exercises in his physiotherapy sessions, running concurrent to music therapy and taking place at the hospice, improved his posture and range of movements; and some of these were incorporated into the music therapy sessions, put to music. Joshua started to gain more control over his arm movements. He was highly motivated by the wind chimes, and his ability to make sweeping movements across them with his arms increased. He started to use his voice to vocalise; small sounds at first then later louder and more forceful. Both parents were quick to respond, echoing his sounds back to him and interpreting them as communicative.

A change in group membership, with a new, particularly lively, vocal little boy joining the sessions, demarked another change in Joshua. He was immediately responsive, turning his head to watch him and often seeming to vocalise in response to him. The two would appear to exchange sounds, sometimes even coughs! Joshua became increasingly active, kicking his legs forcefully and, when left unattended briefly, managing to turn himself almost full circle on his mat by the force of his kicking. His parents developed a strong sense of pride in what he was achieving, bringing other relatives to the sessions to observe him. It was clear that the group was a place where Joshua was making progress. Music seemed to form part of his identity; with Karen describing proudly how she took him to her brother's passing-out parade from the army, and how he had cried when the marching band finished, saying, 'He loves his music!'

The family took songs from the sessions home with them and utilised them there to motivate Joshua to move and interact, and bought him some of his favourite instruments from the group for his birthday and Christmas. Parents at the hospice have previously expressed how difficult events that involve present-buying can be, with often no sense of what their child's interests might be, if any, and so no idea of what to buy them. Another family described how they bought their child nice clothes instead as he couldn't play with toys, and that that was their way of spoiling him. The significance of Joshua's parents now feeling that he had interests, and being able to buy him gifts that would support this, seemingly could not be underestimated.

Reflections

Both families appeared to gain different things from the group setting. Monika clearly benefited from the support of the other mothers, whilst her daughter Anna was able to experience being around other children and adults in a developmentally stimulating and motivating environment. Monika was

able to see this, and it seemed to help allay her fears of being around other children with disabilities. Karen and Mark seemed to take tremendous pleasure in observing Joshua's responses, initially to the music, then later to the other children; whilst they themselves seemed to be held by the structure of the sessions, arranging their weeks around the session times to the point of turning down other interventions so they wouldn't miss *Wiggles and Rhymes*. They later agreed to take part in a fundraising film for the hospice which focused on Joshua's music therapy sessions and how transformative they had been for them as a family. For other families attending the group, *Wiggles and Rhymes* appeared to act as a springboard to accessing other services at the hospice. Families went on to subsequently use both day and overnight respite care, physiotherapy and therapeutic yoga, and to attend the summer family fun days at the hospice. Service-user confidence seemed to increase as a result of their participation in the group.

All parents who attended *Wiggles and Rhymes* were surveyed at the end of the sessions. Feedback was extremely positive; of the nine respondents, all stated that they found the group either 'very enjoyable' ($n = 8$), or 'enjoyable' ($n = 1$). All parents also stated that attending the group had increased their confidence when interacting with their child, that they would sing songs from the sessions outside of the group and that they would attend a similar group in the future.

The positive feedback given from the parents involved highlighted the significance of this group and its potential to aid parent-infant bonding, provide stimulation and a sense of social inclusion and to promote the child's development. Supporting developmental needs, and the idea that a child might make developmental progress when prognosis and life expectancy is poor, had the potential to feel paradoxical, but as the group progressed it became clear that the children were not only responding to the music, but making progress and passing developmental milestones.

Both parents are affected by a child's illness, regardless of living or marital situation, and "parental involvement is amplified, having to respond to the increased needs of the child" (Bailey–Pearce, Stedmon, Dallos & Davis, 2018, p. 1). It is often the mother who provides the majority of care for a sick or life-limited child and becomes the parent who is indirectly "in charge" of the child's care (Yogman & Garfield, 2016). However, with more flexible working procedures in place in some organisations, and the father becoming seen less stereotypically as the 'breadwinner', opportunities are present now more than ever to involve the father in the care of their child (Yogman & Garfield, 2016). As we witnessed with Mark and Karen, *Wiggles and Rhymes* offered an inclusive invitation to family members to attend a group with their child, and the father's participation was supported and their involvement enhanced as much as the mother's.

CONCLUSION

Haven House has compiled their 'Vision 2020', which sets out a strategy with a plan to support 500 children each year across their respite, end-of-life and community services by 2020. Part of this vision is to maximise a multidisciplinary care approach through the Holistic Care Centre. As such, more family-based interventions and services are being delivered at the hospice through therapeutic and family support services, with the entire family being held at the core of what we offer in the hope that the quality of life experiences can be enhanced by working within this holistic and inclusive framework.

Group work for a specific population in a clinical setting such as Haven House can have enormous benefits. A closed group format in particular can offer a structured framework that is limited in time and allows all participants to live a common experience from beginning to end with the potential for progress and change being explored and maximised by each participant at the same time (Tourigny & Hebert, 2007). A closed group format can create better confidence bonds and provide a sense of security and stability (Douglas, 1991), which we felt was vital to this client group at Haven House who, by the nature of the lives they led, required a consistent and predictable setting and framework within which risks could be taken and explored in a safe way.

Although a vast amount of literature now exists surrounding family-centred practices in paediatric palliative care, there appears to be a lack of literature on the role of music therapy in this field in the UK and Ireland. In 2012, Bunt, Daykin and Hodkinson published a paper that explored the provision of music therapy in Children's Hospices in the UK. They reported that only six of the 22 respondent therapists ran music therapy groups for a specific client group in their hospice, and that working with babies was listed as an area for development in the future.

We believe that a group like *Wiggles and Rhymes* is an innovative and emerging area of clinical care in a children's hospice. It is our hope that by reporting on the rationale and the setting up and delivery of a closed group session for parents and young children in a children's hospice, more music therapists and healthcare professionals across different disciplines working in this environment will be encouraged to expand the scope of their practice, where the unique and specific needs of this population can be met and outcomes achieved.

REFERENCES

- ACT (2011). *A guide to the development of children's palliative care services* (3rd ed.). Retrieved from http://www.togetherforshortlives.org.uk/assets/0001/1649/ACT_Guide_to_Developing_Services.pdf
- Bailey-Pearce, O., Stedmon, J., Dallas, R., & Davis, G. (2018). Fathers' experiences of their child's life-limiting condition: An attachment narrative perspective. *Clinical Child Psychology and Psychiatry*, 23(3), 381-397.
- Bowlby, J. (2005). *The making and breaking of affectional bonds* (2nd ed.). London: Routledge Classics.
- Burrell, M. (2011). The benefits of music sessions for very young children with their parents or carers through the eyes of a music therapist. In J. Edwards (Ed.), *Music therapy in parent-infant bonding* (pp. 93-100). Oxford: Oxford University Press.
- Bunt, L., Daykin, N., & Hodkinson, S. (2012). *An evaluative survey of music therapy provision in children's hospices in the UK* (Project report). Bristol: University of the West of England.
- Craft, A., & Killen, S. (2007). *Palliative care services for children and young people in England: An independent review for the Secretary of State by Professor Alan Craft and Sue Killen* (Project report). Department of Health. Retrieved from <http://eprints.uwe.ac.uk/1637>
- Cunningham, J. (2011). Music therapy to promote attachment between mother and baby in marginalized communities. In J. Edwards (Ed.), *Music therapy in parent-infant bonding* (pp. 115-126). Oxford: Oxford University Press.
- Douglas, T. (1991). *A handbook of common groupwork problems*. London: Routledge.
- Flower, C. (2014). Music therapy trips with child, parent and therapist: A preliminary qualitative single case study. *Psychology of Music*, 42(6), 839-845.
- Fraser, L., Miller, M., Aldridge, J., McKinney, P., & Parslow, R. (2011). *Life-limiting and life-threatening conditions in children and young people in the United Kingdom; national and regional prevalence in relation to socioeconomic status and ethnicity*. Children's Hospice UK, Leeds: University of Leeds.
- Gerhardt, S. (2015). *Why love matters: How affection shapes a baby's brain* (2nd ed.). New York, NY: Routledge.
- Haven House Children's Hospice Vision 2020 (2015). Retrieved from <https://www.havenhouse.org.uk/Handlers/Download.ashx?IDMF=99fb66a8-f849-4af4-ace6-93b3355e07a5>
- Hill, K., & Coyne, I. (2012). Palliative care nursing for children in the UK and Ireland. *British Journal of Nursing*, 21(5), 276-281.

- Hinojosa, M. S., Knapp, C. A., Madden, V. L., Huang, I. C., Sloyer, P., & Shenkman, E. A. (2012). Caring for children with lifethreatening illnesses: Impact on white, African American, and Latino families. *Journal of Pediatric Nursing, 27*(5), 500-507.
- Kelly, K. (2011). Supporting attachments in vulnerable families through an early intervention school-based group music therapy programme. In J. Edwards (Ed.), *Music therapy in parent-infant bonding* (pp. 101-114). Oxford: Oxford University Press.
- Knapp C., Woodworth L., Wright, M., Downing, J., Drake, R., Fowler-Kerry, S., Hain, R., & Marsden, J. (2011). Pediatric palliative care provision around the world: A systematic review. *Pediatric Blood and Cancer, 57*(3), 361–368.
- Malcolm, C., Adams, S., Anderson, G. Gibson, F., Hain, R., Morley, A., & Forbat, L. (2011). *The symptom profile and experience of children with rare life-limiting conditions: Perspectives of their families and key health professionals*. Stirling: Cancer Care Research Centre, University of Stirling.
- Mayhew, J. (2005). A creative response to loss: Developing a music therapy group for bereaved siblings. In M. Pavlicevic (Ed.), *Music therapy in children's hospices* (pp. 62-80). London: Jessica Kingsley Publishers.
- McFadyen, A. (1994). *Special care babies and their developing relationships*. London: Routledge.
- Muckaden, M., Dighe, M., Balaji, P., Dhiliwal, S., Tilve, P., Jadhav, S., & Goswami, S. (2011). Paediatric palliative care: Theory to practice. *Indian Journal of Palliative Care, 17*(4), 52-60.
- Nicholson, J.M., Berthelsen, D., Abad, V., Williams, K. E., & Bradley, J. (2008). Impact of music therapy to promote positive parenting and child development. *Journal of Health Psychology, 13*, 226-238.
- O'Callaghan, C., & Jordan, B. (2011). Music therapy supports parent-infant attachments: In families affected by life threatening cancer. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 191-208). Oxford: Oxford University Press.
- Oldfield, A., & Bunce, L. (2001). Mummy can play too – short term music therapy with mothers and young children. *British Journal of Music Therapy, 15*(1), 27-36.
- Oldfield, A., & Flower, C. (2008). *Music therapy with children and their families*. London: Jessica Kingsley Publishers.
- Pierrehumbert, B., Nicole, A., Muller-Nix, C., Forcada-Guex, M., & Ansermet, F. (2003). Parental post-traumatic reactions after premature birth: Implications for sleeping and eating problems in the infant. *Archives of Disease in Childhood. Fetal and Neonatal Edition, 88*, F400 – 404.
- Sheridan, J., & McFerran, K. (2004). Exploring the value of opportunities for choice and control in music therapy within a paediatric hospice setting. *Australian Journal of Music Therapy, 15*, 18-32.
- Shoemark, H. (1996). Family-centred early intervention: Music therapy in the playgroup program. *Australian Journal of Music Therapy, 7*, 3-15.
- Shoemark, H., & Dearn, T. (2008). Keeping the family at the centre of family-centered music therapy with hospitalized infants. *Australian Journal of Music Therapy, 19*, 3-24.
- Schwartz, B. (2005). The open music therapy group session. In M. Pavlicevic (Ed.), *Music therapy in children's hospices* (pp. 110-123). London: Jessica Kingsley Publishers.
- Smith, R., Stone, J., & Mavahalli, P. (2016). *NICE guidance on end of life care for children aims to end inconsistencies in treatment*. Retrieved from <https://indepth.nice.org.uk/nice-guidance-on-end-of-life-care-for-children-aims-to-end-inconsistencies-in-treatment/index.html>
- Spathis, A., Harrop, E., Robertshaw, C., Elverson, J., & Lapwood, S. (2012). Learning from paediatric palliative care: Lessons for adult practice. *Palliative medicine, 26*(6), 777-779.
- Tourigny, M. & Hebert, M. (2007). Comparison of open versus closed group interventions for sexually abused adolescent girls. *Violence and Victims, 22*(3), 334-349.
- World Health Organisation (2002). *Definition of Palliative Care for Children*. Geneva: WHO. Retrieved from www.who.int/cancer/palliative/definition/en
- World Health Organisation (2014). *Global Atlas of Palliative Care at the End of Life*. Retrieved from http://www.who.int/nmh/Global_Atlas_of_Palliative_Care.pdf
- Widdas, D., McNamara, K., & Edwards, F. (2013). *A core care pathway for children with life-limiting and life-threatening conditions* (Third edition). Bristol: Together for Short Lives.
- Williams, K., Nicholson, J., Abad, V., Docherty, L., & Berthelsen, D. (2011). Evaluating parent-child group music therapy programmes: Challenges and successes for *Sing and Grow*. In J. Edwards (Ed.), *Music therapy in parent-infant bonding* (pp. 73-92). Oxford: Oxford University Press.
- Williams, K.E, Berthelsen, D., Nicholson, J. M., Walker, S., & Abad, V. (2012). The effectiveness of a short-term group music therapy intervention for parents who have a child with a disability. *Journal of Music Therapy, 49*(1), 23-44.
- Winnicott D. W. (1964). *The child, the family and the outside world*. Harmondsworth, Middlesex: Penguin.
- Yogman, M., & Garfield, C. F. (2016). Fathers' roles in the care and development of their children: The role of pediatricians. *Pediatrics, 138*(1). [e20161128].

«Wiggles and rhymes»: Αναπτύσσοντας μια μουσικοθεραπευτική ομάδα γονέων και νηπίων σε μια μονάδα ανακουφιστικής φροντίδας για παιδιά με περιοριστικές συνθήκες ζωής και για τους φροντιστές τους

Helen Mottram | Maeve Rigney

ΠΕΡΙΛΗΨΗ

Η Παιδιατρική Ανακουφιστική Φροντίδα (ΠΑΦ) είναι μια σχετικά νέα και συχνά παρεξηγημένη ιατρική ειδικότητα. Σε αντίθεση με την ανακουφιστική φροντίδα των ενηλίκων, η οποία έχει τα θεμέλιά της στην ογκολογική περίθαλψη, η ΠΑΦ επικεντρώνεται στην ενίσχυση της ποιότητας ζωής των παιδιών και των νέων με περιοριστικές συνθήκες ζωής (life limiting – LL) και απειλητικές για τη ζωή συνθήκες (life threatening – LT). Η ΠΑΦ αγκαλιάζει όλη την οικογένεια προσφέροντας φροντίδα και υποστήριξη για τις εβδομάδες, τους μήνες ή και τα χρόνια που περνούν μέχρι τον θάνατο ενός παιδιού και πέραν αυτού. Οι υπηρεσίες της ΠΑΦ προσφέρονται μέσω διαφόρων θεσμικών υπηρεσιών αλλά και εθελοντικών οργανώσεων, όπως είναι οι μονάδες ανακουφιστικής φροντίδας (hospices) για παιδιά. Στο Ηνωμένο Βασίλειο, πάνω από 50 μονάδες ανακουφιστικής φροντίδας για παιδιά παρέχουν σύντομες διακοπές και προσωρινή φροντίδα ανακούφισης, συμπεριλαμβανομένης της διαχείρισης των συμπτωμάτων και της θεραπευτικής υποστήριξης, δίνοντας ιδιαίτερη έμφαση στην υψηλής ποιότητας οικογενειακή φροντίδα.

Στο Haven House Children Hospice, από το 2010 η μουσικοθεραπεία αποτελεί αναπόσπαστο κομμάτι της υπηρεσίας για οικογενειακοκεντρική ολιστική φροντίδα. Η υπηρεσία αποσκοπεί στο να αντιμετωπίσει τις μοναδικές και ατομικές ανάγκες του παιδιού, και στο να υποστηρίξει τις ψυχοκοινωνικές και συναισθηματικές ανάγκες της οικογένειας. Η παρούσα αναφορά υπογραμμίζει την ανάπτυξη της μουσικοθεραπευτικής υπηρεσίας στο πλαίσιο ενός αναπτυσσόμενου οργανισμού τα τελευταία οκτώ χρόνια, και περιγράφει την εισαγωγή μιας νέας ομάδας μουσικοθεραπείας γονέων και νηπίων, την ομάδα «Wiggles and Rhymes». Στην αναφορά παρουσιάζεται τόσο η φιλοσοφία όσο και τα αισθητά οφέλη που προκύπτουν από την προσφορά θεραπευτικής ομαδικής δουλειάς σε μια μονάδα ανακουφιστικής φροντίδας παιδιών, εστιάζοντας στους τρόπους με τους οποίους καλύπτονταν οι διαφορετικές ανάγκες αυτού του κλινικού πληθυσμού στις συνεδρίες.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

παιδιατρική ανακουφιστική φροντίδα, μουσικοθεραπεία γονέα-νηπίου, ομαδική εργασία, μονάδα ανακουφιστικής φροντίδας για παιδιά [children's hospice], οικογενειακοκεντρική φροντίδα

REPORT

What are we waiting for? Anticipating the second edition of *The Handbook of Music Therapy* by Bunt, Hoskyns and Swamy

Daphne Rickson

New Zealand School of Music, Victoria University of Wellington, New Zealand

ABSTRACT

This report, based on a conversation with all three editors, provides a tantalising glimpse into the upcoming second edition of *The Handbook of Music Therapy*, edited by Leslie Bunt, Sarah Hoskyns and Sangeeta Swamy. The editors are enthusiastic about their collaboration and the resulting expansion of the original text. They describe how they have responded to prolific and widespread developments in music therapy theory, practice and research by working with both original and new chapter authors. These authors bring a variety of perspectives articulated in ways that will speak to music therapists, music therapy students and other professionals.

KEYWORDS

report,
Handbook of Music
Therapy,
Leslie Bunt,
Sarah Hoskyns,
Sangeeta Swamy

Publication history:

Submitted 7 Dec 2018

Accepted 9 Mar 2019

First published 16 May 2019

AUTHOR BIOGRAPHY

Daphne Rickson, PhD, is a Senior Lecturer on the Master of Music Therapy programme at the New Zealand School of Music – Te Kōkī, Victoria University of Wellington, New Zealand. She has practiced music therapy and undertaken research with a range of client populations but particularly with children and adolescents in schools. Daphne is Associate Editor of *Approaches: An Interdisciplinary Journal of Music Therapy*, and on the editorial board of *Voices: A World Forum for Music Therapy*. [Daphne.Rickson@vuw.ac.nz]

The first edition of *The Handbook of Music Therapy*, edited by Leslie Bunt and Sarah Hoskyns, was released in 2002. Bunt (UK) and Hoskyns (UK and now New Zealand) are collaborating with Sangeeta Swamy (USA) who has joined the team of editors for the second edition, due to be published later this year. We met at the British Association for Music Therapy (BAMT) conference¹ in London to chat about what readers might expect from this eagerly awaited text. Given the relatively informal nature of our meeting, and the need for Leslie to leave early, the following paragraphs have been written in report rather than interview style.

It was clearly evident that Leslie and Sarah are delighted to have Sangeeta on board. With a like-minded approach and common goals at the heart of the work, the team are finding it relatively easy to bring different perspectives to the table as they engage in collegial and friendly dialogue about a wide variety of topics. Their appreciation for each other's contribution was readily apparent as they

¹ For more information about the conference, see Annesley (2018) and Warner, Tsiris and Watson (2018).

discussed the collaborative approach they have managed to develop and maintain throughout this work.

It's been wonderful to work with Sarah and Leslie; they're just wonderful mentors and colleagues and, even though we are in different countries and we have different backgrounds, in terms of what we bring to music therapy I feel we are very like-minded. In the heart of the book, in terms of how music communicates, how it is an opening, even in the language that's used – we have really nice connections. (Sangeeta Swamy)

The Handbook of Music Therapy is continuing to be framed as an introductory text, for students as well as practitioners, with an emphasis on training and clinical practice. In the initial planning stages the team were hopeful that the new edition would be more comprehensive. However, rather than trying to cover too much, they decided to focus on the issues that are at the heart of the work. They have been selective, responding to changes in the field, while ensuring the book remains pragmatic.

The new edition will incorporate current literature and highlight important changes in music therapy practice and research which have occurred in the past 15 years, with chapters being revised to reflect current thinking and practice. For example, significant advances in neurology and neurologic music therapy will be highlighted in Cathy Warner's chapter, which is co-authored in this edition with Catherine Watkins, and Helen Odell-Miller's chapter will draw on her and her team's substantial contemporary work in the field of music therapy and dementia.

The editors have also taken the opportunity to include new interviews with Carolyn Kenny, Denise Grocke, and Cheryl Dileo. Leslie shared that the "beautiful interview" with Carolyn Kenny, undertaken just before she died, highlights "her wonderful emphasis on cultural perspectives and deep resonance of what it is to be human and to be musical". The contributions from these three very important women in the music therapy field will be celebrated in a dedicated chapter, and their voices will also be heard in the chapters on research, teaching, training, and professional issues that follow. Comments from interviewees are woven throughout the book and their ideas are used to frame discussions and content.

Music therapy work in recent years has been prolific, widespread, and includes developments in cultural perspectives, GIM, research and teaching, and music and medicine. Bunt, Hoskyns and Swamy are alert to changes in 'grassroots' music therapy practice, where clients, communities and young people within our profession are emphasising more of a social justice perspective. Various chapters in the new text will therefore address contemporary practice issues such as working in inclusive schools settings, and supporting adults in community contexts.

Work in schools is tending to be much more in mainstream in a number of countries, rather than in special units and although both still co-exist, music therapists use different skills when working in more inclusive mainstream settings in education. Similarly in an adult context where people are out in the community, the hope is that they will be better integrated into their home contexts, so the skills that are needed are different. You hope these changes in

practice will be part of the training courses but they also need to be part of people's ongoing support and development. (Sarah Hoskyns)

The handbook focuses on attitudes, and ideas that students can build on, rather than a 'how to' manual. The focus on case studies and clinical examples evident in the first text will be complemented with more aural examples which readers will be able to download from the cloud.

Clinical practice and musical examples will continue to characterise the book. Some examples from the first edition will be refreshed, and remain. However more recent examples and new illustrations will be added and the presence of Sangeeta on the editorial team will bring new examples from another context. (Sarah Hoskyns)

Noting the appreciation students have had for the section on professional issues in the first edition, the editors have focused on including 'nuts and bolts' information to help new graduates 'get out there', 'find a supervisor, 'get their first job', 'develop contracts', and so on. The editors are aware that the burgeoning knowledge about music therapy, and the associated diversification in practices, can be confusing when students are deciding where they might focus their efforts to develop work.

Whether music therapy is a sustainable clinical profession with associated career progression remains a significant question in many parts of the world. Music therapy may be better known internationally but there is still a need to support people to develop their own work. (Sarah Hoskyns)

Professional supervision is therefore another topic that will be foremost in the new edition. The editors recognise that international positions vary on whether supervision should be encouraged or compulsory, but note that supervision is often integral to professional registration and/or legal requirements. Sarah argued that in many countries "supervision has evolved to be much more solid – recognised as an important principle – so part of preparing people for work is just making sure they have ongoing supervision".

The research chapter in the new edition will represent a synthesis of the wide range of approaches that have been embraced by music therapy researchers in recent years. Bowing to recent significant contributors such as Wheeler and Murphy (2016), whose research text is thorough and detailed, Bunt, Hoskyns and Swamy are focusing on broader themes associated with various approaches and will include examples from their own research projects. They will also be providing examples of music therapy research designs that might be embedded in training courses, where time and other constraints can limit student choices.

The text overall will have a wider cultural base than the first edition. Leslie explained, "There will be emphasis on more diverse instruments including, for example, mbira and ukulele, which we didn't have last time, reflecting a wider cultural foundation." Sangeeta has expertise and has published in social justice, cultural responsiveness and culturally-centred research domains. The international and social-cultural perspectives she brings to the editorial work nudge this edition of the handbook towards a less Western-centric and more inclusive framework. Sangeeta shared that the purpose was

to contextualise the new edition rather than include information about too many different cultural groups.

I added a chapter about a case study with an Indian woman that outlines my own particular culturally centred work, but I think here and there we've framed [things] slightly differently in terms of just looking at it from a broader socio-cultural perspective. Rather than trying to reach all these different countries and all these different audiences, which you can't do in one book, we've centred it on [our] three major countries but added a slightly different framework and perspective. (Sangeeta Swamy)

Sarah acknowledged that Sangeeta has challenged many assumptions that may have been articulated as 'truths' in the first edition, and that her questioning and reframing has been extremely useful for the editors.

It's helped me to realise that a lot of what we put forward or develop as being main concepts of music therapy are all context bound. [...] Since the previous book came out and I moved country, I can also see how context has changed me. Some things [...] feel different to me now". (Sarah Hoskyns)

Importantly, the editors have aimed for the book to have the unique feel of a personal and professional dialogue rather than a scholarly textbook. Bunt, Hoskyns and Swamy and their authors are offering guidance, 'maps' and examples.

It's a little more conversational so that it's accessible to the general public as well, it's not [only] a textbook for music therapists. [...] The language is scholarly, for students and music therapists, but not so scholarly that it will alienate the general public. And so I think that is a unique aspect of this book. And it still has a lot of depth to it... with little gems of information about particular issue [...] The ways with which readers interact with the materials will be important. Learning about music therapy is a process and a journey, and if music therapy is a journey then perhaps there can't be a manual. (Sangeeta Swamy)

The previous handbook was a little misunderstood by reviewers. It was not intended to be a manual, a 'go-to', which sets out ways to do things. We hope readers will be able to figure out for themselves the ways in they might apply the ideas and musical resources. (Sarah Hoskyns).

The editors are aware that the first edition has mostly been used by music therapists, although citations suggest it contains general principles that have informed professionals from other disciplines as well. The users have mostly been English-speaking practitioners, linked to European practices. In contrast, the second edition has the potential to reach wider music therapy audiences, as well as other arts therapists. Sarah suggests

musicians are also likely to find it interesting as a way of stepping sideways into the use of music in more varied contexts and for diverse populations. (However) It's probably people who already believe that music is therapeutic who are going to be most interested in it. [...] The core values that we want music therapy trainees to develop remain the same; they need to be interested in music as communication and to have a therapeutic presence that enables that communication to be maximised. So the new edition of the handbook continues to focus on how students might develop their music and therapy skills, to ensure graduates can meet the standards of practice required by their professional bodies. Internationally, standards of practice may not have changed significantly in the last decade, but there has certainly been an increase in social and cultural awareness and sensitivities which will be reflected in this new edition. (Sarah Hoskyns)

I am most grateful to Leslie, Sarah and Sangeeta for their time, and for the exciting glimpse they have given us into their forthcoming publication. I wish them well as they prepare to release the book.

REFERENCES

- Annesley, L. (2018). Conference report: "Third BAMT Conference 'Music, Diversity and Wholeness'". *Approaches: An Interdisciplinary Journal of Music Therapy*, 10(2), 230-234. Retrieved from: <http://approaches.gr/annesley-cr20180904>
- Warner, C., Tsiris, G., & Watson, T. (Eds.). (2018). *Book of abstracts (Third BAMT conference 'Music, diversity and wholeness', 16-18 February 2018)*. London: British Association for Music Therapy.
- Wheeler, B. L., & Murphy, K. M. (Eds.). (2016). *Music therapy research* (3rd ed.). Dallas, TX: Barcelona Publishers.

Ελληνική περίληψη | Greek abstract

Τι περιμένουμε; Αναμένοντας τη δεύτερη έκδοση του βιβλίου *The Handbook of Music Therapy* από τους Bunt, Hoskyns και Swamy

Daphne Rickson

ΠΕΡΙΛΗΨΗ

Αυτή η αναφορά, η οποία βασίζεται σε μια συνομιλία με τους τρεις συντάκτες, προσφέρει μια συναρπαστική ματιά στην προσεχή δεύτερη έκδοση του βιβλίου *The Handbook of Music Therapy*, σε επιμέλεια των Leslie Bunt, Sarah Hoskyns και Sangeeta Swamy. Οι συντάκτες είναι ενθουσιασμένοι για τη συνεργασία τους και την επακόλουθη επέκταση του αρχικού βιβλίου. Περιγράφουν τον τρόπο με τον οποίο ανταποκρίθηκαν σε παραγωγικές και ευρέως διαδεδομένες εξελίξεις στη θεωρία, την πρακτική και την έρευνα της μουσικοθεραπείας, συνεργαζόμενοι τόσο με τους αρχικούς όσο και με νέους συγγραφείς κεφαλαίων. Αυτοί οι συγγραφείς φέρνουν μια ποικιλία από προοπτικές οι οποίες διατυπώνονται με τρόπους που θα απευθύνονται σε μουσικοθεραπευτές, φοιτητές μουσικοθεραπείας καθώς και σε άλλους επαγγελματίες.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

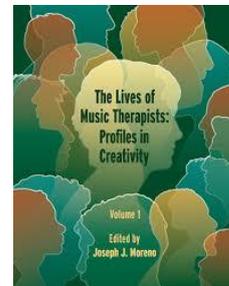
αναφορά, Handbook of Music Therapy, Leslie Bunt, Sarah Hoskyns, Sangeeta Swamy

BOOK REVIEW

The lives of music therapists: Profiles in creativity (Volume 1) (Moreno, Ed.)

Reviewed by Jamal Jasani Glynn

St Ann's Psychiatric Hospital, The Republic of Trinidad and Tobago



Title: The lives of music therapists: Profiles in creativity (Volume 1) **Editor:** Joseph J. Moreno
Publication year: 2017 **Publisher:** Barcelona Publishers **Pages:** eBook **ISBN:** 9781945411205

REVIEWER BIOGRAPHY

Jamal Jasani Glynn is a registered Music Therapist with HCPC and BAMI at the North West Regional Health Authority in Trinidad and Tobago. He holds the first music therapy post there in the public sector. His work focuses on psychoanalytic approaches, providing music therapy to inpatients and outpatients at the St Ann's Psychiatric Hospital in Trinidad and Tobago. He is particularly passionate about exploring the benefits of using the steelpan in music therapy within the mental health setting, and providing a Caribbean perspective on existing knowledge of music therapy interventions. He has also conducted research focusing on clients living in Trinidad and Tobago. [jamal2glynn@gmail.com]

Publication history:

Submitted 30 Jun 2019

Accepted 9 Jul 2019

First published 15 Sep 2019

This anthology presents the lives and professional development of 35 eminent music therapists from different parts of the world. Turning the first pages felt like meeting each character face to face, which enthralled and inspired me. Video and audio clips included in the e-book make the publication even more interesting.

Each profile contains a wealth of information and biographical detail, which I found inspiring. For me, as a practising music therapist from Trinidad and Tobago, some of the most interesting parts of the profiles are those that deal with issues of positive relationships at both personal and professional levels, and the concepts of supervision and perseverance. This anthology also renewed my interest in psychoanalytic thinking.

I noticed that the relationship each individual music therapist had with the clinical team was a critical aspect of the profiles. During the process of reading the stories, a desire emerged to share these unique experiences with my clinical team and fellow colleagues in psychiatry.

WHAT IS A MUSIC THERAPIST?

The different profiles display a dynamic image of what makes a music therapist and the specific characteristics of our profession. As an example, we learn in Tony Wigram's profile about his philosophy that every music therapist will develop his own approach. Wigram also highlights that if

we are to expect to be taken seriously, we must document and argue the efficacy of music therapy as an intervention.

In Mary Priestley's view, according to her Analytic Music Therapy model, what is stored in the unconscious can be released and can facilitate change. However, these changes are not always visible. Tony Wigram further suggests that music therapists gain an insight into the client's conscious and unconscious world, thus establishing a rapport and relationship at a deep level, bypassing the complexities created by verbal language. Even Ruud, however, warns us that music therapy should not become a thoroughly 'romantic' venture through which music could heal or transcend every human condition.

Helen Bonny points out that, as a result, music therapy has unique approaches that other therapies cannot match. She further highlights the importance of constant professional supervision for all non-verbal therapies. Mary Priestley shares this view, emphasising the importance of receiving music centred music therapy supervision from someone more experienced than oneself when practicing music therapy.

STRUGGLES IN SETTING UP A MUSIC THERAPY PROGRAMME

Many profiles provide information about the challenges a music therapist can face in setting up a music therapy programme. For instance, Dora Psaltopoulou explains some difficulties she faced with colleagues in Greece. She argues that some practitioners, who have had diverse training backgrounds in music therapy, may have questioned her work towards the establishment of a training programme in the country. This I have come to notice in my own practice here in Trinidad and Tobago, as I am a UK-trained music therapist, in contrast with many other staff members. Zhang Hong Yi describes the difficulties of establishing music therapy in China because in the 1950s and 1960s psychology was defined as a 'bourgeois pseudoscience' and only after 1980s was psychotherapy accepted.

Moreover, conflicts between approaches posed challenges too. Cheryl Dileo's portrait describes her struggle with the idea of teaching at the American Association for Music Therapy (AAMT) and being vice president of the National Association for Music Therapy (NAMT), since the two associations were not working together very effectively at the time. Amelia Oldfield remembers her own difficulties in the UK: not knowing who to side with, and feeling that personality differences and histories of disputes rather than clear theoretical differences between music therapy approaches were the core of the problem.

Nancy McMaster reminds us to recognise that the very diversity of our passion, vision, authenticity, originality, creativity and flexibility can make value-based contributions to our professional field. Hence, it becomes clear that only rigorous work and collaborative efforts both on a political and clinical level ensured that in each country music therapy was established. Here in Trinidad and Tobago, we currently witness the same discussions about policy changes and establishing more music therapy posts.

HOW CHILDHOOD SHAPES A MUSIC THERAPIST'S PROFESSIONAL LIFE

While reading the studies I noticed the link to a secure base (Bowlby, 2012) described in many profiles, which enabled the individuals to move towards becoming a music therapist. Often, parental figures were musical in many ways. Do music therapists who had this type of initial support and interaction from a very young age have a somewhat smoother transition into the discipline of music therapy?

Notably, Jacqueline Verdeaux Pailles has always considered music as being part of her life, even as a child. Chava Sekeles mentions that she was able to improvise long before she could read or write music, and Nancy McMaster explains that she found delight in the music making which linked the family together in a nonverbal way. It was an unspoken, taken-for-granted treasure. With a funny twist, Joseph J Moreno recalls that he had no idea what he was doing, but that he was not trying to reproduce any music he had heard; rather, he was expressing his feelings in a kind of instinctive improvisation. Many of these music therapists experienced these phenomena in childhood development, which provided a sense of safety within a musical life. Additionally, Amelia Oldfield talks about gaining the ability to think independently, and how this brought with it great confidence and the feeling that any trauma or difficulty in life could be thought out and dealt with.

Nevertheless, this does not mean that developments were without conflict. Edith Hillman Boxill remembers the disharmony between her father's musical selection of classical music and opera and her passion for popular music choices and her free-flowing spirit. This was a source of difficulty for her.

Edith LeCourt goes as far as to suggest that the music therapists who are excellent are those who have gone through some type of transformative life experience and epiphany or awakening in music. LeCourt states that when she meets music therapists who are not available for this deeper experience, she does not really consider them music therapists.

WOUNDED HEALERS IN MUSIC THERAPY

Finally, I was deeply touched by the classification of music therapists as the wounded healers, as Carl Jung would articulate in his writings (Jung, 2003). After a gunshot wound, Clive Robbins spent over one year in the hospital and in rehabilitation. Music helped him persevere through this difficult time. For Claus Bang, music became a refuge as he suffered during childhood with distressing asthma and allergies. Mary Priestley calls this "persisting through adversity" (p.45). She struggled with mental illness following a broken marriage, after which she had to leave her twin boys in Denmark. Hans Helmut Decker Voigt developed polio at the age of four, and later tuberculosis, which resulted in him having to spend most of his childhood years in bed. All these biographies reveal a deeply rooted attachment to music and the therapeutic relationship, and illustrate how on parallel levels one can achieve personal awareness and can flourish by doing rewarding work.

CONCLUSION

Evidently, every person's personal story is interlocked with broader socio-cultural and professional development. This review seems to portray the stories of these individuals as success stories. Each reader will interpret the stories in their own unique way, drawing upon what resonates with them. Tony Wigram writes: "I have one of the most fulfilling and satisfying professional developments that anybody might want to ask for" (p.91).

Overall, each profile demonstrates the importance of the therapeutic relationship, which can be achieved in any society, regardless of the cultural background and historical influences. Indeed, despite the diverse experiences, one collective conclusion becomes striking: how rewarding the therapeutic work of a music therapist is. Or, in the words of Inge Nygaard Pedersen "I could never think of a better occupation than being a music therapist" (p.75).

REFERENCES

- Bowlby, J. (2012). *A secure base: Clinical applications of attachment theory*. Abingdon, Oxon: Routledge.
Jung, C. (2003). *Psychology of the unconscious*. New York, NY: Dover.

BIBΛΙΟΚΡΙΤΙΚΗ

Η μουσική ως φάρμακο: Η βιολογική προσέγγιση της μουσικής θεραπείας (Δρίτσας)

Κριτική από την Ξανθούλα Ντακοβάνου

Ανεξάρτητη επιστήμονας, Ελλάδα



Τίτλος: Η μουσική ως φάρμακο: Η βιολογική προσέγγιση της μουσικής θεραπείας **Συγγραφέας:** Θανάσης Δρίτσας
Έτος δημοσίευσης: 2018 **Εκδότης:** Παπαζήση **Σελίδες:** 152 **ISBN:** 9789600234619

ΒΙΟΓΡΑΦΙΑ ΚΡΙΤΗ

Η Ξανθούλα Ντακοβάνου είναι ιατρός, μουσικοθεραπεύτρια, διδάκτωρ ψυχανάλυσης και ψυχοπαθολογίας και εκπρόσωπος στην Ελλάδα της Association Internationale Interactions de la Psychanalyse. Διδάσκει μουσικοθεραπεία ως επιστημονική συνεργάτιδα στα Πανεπιστήμια Paris Sorbonne Cité, Πανεπιστήμιο Μακεδονίας και Institut de Musicothérapie de Nantes. Επιστημονικά άρθρα της δημοσιεύονται σε ελληνικά και διεθνή περιοδικά. Ως μουσικός (τραγουδίστρια και συνθέτιδα) έχει στο ενεργητικό της δύο προσωπικούς δίσκους και 12 δίσκους ως καλεσμένη τραγουδίστρια, συμμετοχές σε διεθνή φεστιβάλ, αλλά και τηλεοπτικές και κινηματογραφικές παραγωγές στην Ελλάδα και στην Ευρώπη. [dxanthoula@hotmail.com]

Ιστορία δημοσίευσης:

Υποβολή 25 Μαΐου 2019

Αποδοχή 15 Σεπτ. 2019

Δημοσίευση 16 Ιαν. 2020

Το βιβλίο του Θανάση Δρίτσα, *Η Μουσική ως Φάρμακο: Η Βιολογική Προσέγγιση της Μουσικής Θεραπείας*, έρχεται να συμπληρώσει ένα κενό στην ελληνόγλωσση βιβλιογραφία, η οποία αριθμεί πολύ λίγα συγγράμματα που μελετούν τη μουσική στη θεραπεία, και ιδιαιτέρως στο κομμάτι της βιολογικής προσέγγισης της μουσικής θεραπείας το οποίο αναπτύσσει ο συγγραφέας. Το βιβλίο επικεντρώνεται στους επιστημονικούς τομείς εφαρμογής της μουσικής στη θεραπεία που αγγίζουν την ιατρική ειδικότητα του συγγραφέα και των συνεργατών του (μουσική στην εντατική θεραπεία, στη στεφανιαία μονάδα, στην αναισθησιολογία κ.α.) και πλαισιώνεται επίσης από άλλα συμπληρωματικά κεφάλαια για την εφαρμογή της μουσικής στη θεραπεία, που αγγίζουν άλλες ιατρικές ειδικότητες (π.χ. νευρολογία, νεογνολογία, μουσική και άσκηση).

Το σύγγραμμα ξεκινά με ένα εισαγωγικό κεφάλαιο που μας παραθέτει ιστορικά στοιχεία για τη χρήση της μουσικής ως θεραπείας στην αρχαιότητα. Αναφέρονται απόψεις περί Διονυσιακού και Απολλώνειου στοιχείου στη μουσική, κι αναπτύσσονται επιπλέον απόψεις του Πλάτωνα αλλά και των Πυθαγορείων φιλοσόφων. Ο συγγραφέας στέκεται ιδιαίτερα στο αισθητικό κομμάτι της μουσικής, που απορρέει από τις αριθμητικές-μαθηματικές αναλογίες των μουσικών διαστημάτων έτσι όπως τις εισήγαγε ο Πυθαγόρας και οι συνεχιστές του, και τονίζει τη χρήση του αυλού στη μουσική των αρχαίων Ελλήνων αλλά και στη μουσική θεραπεία.

Στη συνέχεια, γίνεται αναφορά στην επίδραση της μουσικής στο έμβρυο και στο νεογνό, τονίζοντας τη σημαντικότητα του ενδομήτριου περιβάλλοντος στην εκμάθηση του κώδικα του λόγου μέσω της μετάδοσης του ήχου που λαμβάνει χώρα μέσα από το αμνιακό υγρό (μητρική φωνή, καρδιακοί χτύποι μητέρας κτλ.). Το ενδομήτριο περιβάλλον προφανώς παίζει κομβικό ρόλο στη

φυσιολογική ανάπτυξη και ωρίμανση του εγκεφάλου και όλων των συστημάτων του εμβρύου, και τα πρόωρα βρέφη διατρέχουν μεγαλύτερο κίνδυνο από τα τελειόμηνα να αναπτύξουν διάφορα σωματικά νοσήματα αλλά και ψυχοπαθολογία (π.χ. διαταραχές στο φάσμα του αυτισμού). Θα ήθελα σε αυτό το σημείο να τονίσω τη σημασία των ακουσμάτων της ενδομήτριας ζωής στη δημιουργία και την προέλευση της μουσικής ως κώδικα αναπαράστασης του ήχου του ανθρώπινου εγκεφάλου. Σύμφωνα με άλλες θεωρίες (κι εδώ αναφέρομαι και στη δική μου δουλειά: Ntakovanou, 2018) στην ενδομήτρια ζωή ξεκινάει η εγγραφή πρώιμων μορφών αναπαράστασης στον βρεφικό εγκέφαλο που ονόμασα ηχογράμματα (sonograms), τα οποία κωδικοποιούν patterns ήχου, κίνησης και συναισθήματος όπως αυτό γίνεται αντιληπτό από την ενδομήτρια ορμονική κυκλοφορία των ορμονών της μητέρας. Το βρέφος αντιλαμβάνεται το στρες της μητέρας μέσω ορμονικής κυκλοφορίας, και καταγράφει σε αυτές τις πρώιμες μορφές ηχητικής αναπαράστασης (sonograms) στον εγκέφαλό του ποιοι σωματικοί ήχοι και ποια κινησιολογικά πρότυπα συνοδεύουν το στρες. Ο μουσικός κώδικας, σύμφωνα με αυτή τη θεωρία, είναι μετεξέλιξη αυτών των πρώιμων κωδικοποιήσεων του ήχου και του συναισθήματος που λαμβάνει χώρα στη μήτρα – η μελωδία στη μουσική προέρχεται από μια αισθητική επεξεργασία της μητρικής φωνής, ο ρυθμός από αντίστοιχη επεξεργασία των σωματικών ρυθμών που ακούει το βρέφος στη μήτρα και η μουσική αρμονία δεν αποτελεί παρά αισθητικό παιχνίδι των ήχων σύμφωνα με τα πυθαγόρεια διαστήματα (Dakovanou, 2012, 2014, 2016, 2018).

Ακολουθεί στο βιβλίο το κεφάλαιο «Εγκέφαλος και Μουσική», στο οποίο ο συγγραφέας εξετάζει μεταξύ άλλων το αισθητικό συναίσθημα σε σχέση με την εξοικείωση στο μουσικό συμβάν (σσ. 35 & 47), όπως επίσης και την έννοια του μουσικού συναισθήματος. Στέκεται ιδιαίτερα στη σημαντικότητα του συναισθήματος τόσο στη ρύθμιση της ανθρώπινης συμπεριφοράς (Damasio, 1994 στο Δρίτσας, 2018, σ. 40) όσο και στη ρύθμιση σωματικών παραμέτρων που επηρεάζουν, επομένως, τη σωματική υγεία (π.χ. συμπαθητικό-παρασυμπαθητικό σύστημα) κι αναλύει τόσο τις αντικειμενικές δυσκολίες μέτρησης του συναισθήματος επιστημονικά όσο και την παραγνώριση της σημαντικότητάς του από την επιστημονική κοινότητα. Επιπλέον, αναλύει απόψεις τόσο του Δαρβίνου όσο και άλλων σύγχρονων επιστημόνων σε σχέση με τον ρόλο της μουσικής στην εξέλιξη του είδους μας και την χρησιμότητά της στην επιβίωσή μας (Pinker, 1997 στο Δρίτσας, 2018, σ. 48). Σε αυτό το σημείο, θα ήθελα να σχολιάσω ότι οι απόψεις του Pinker (1997) έχουν δεχτεί κριτική από άλλους συγγραφείς, καθώς κρίνονται αρκετά περιοριστικές για τον ρόλο της μουσικής στην εξέλιξη του ανθρώπινου είδους.

Έρχεται στη συνέχεια του βιβλίου ένα ακόμα καλογραμμένο κεφάλαιο της μουσικοθεραπεύτριας Cheryl Dileo με τίτλο «Το Παρελθόν, Παρόν και Μέλλον της Ιατρικής Μουσικοθεραπείας για Ενήλικες» που μας δίνει συγκεκριμένες πληροφορίες για την εφαρμογή της μουσικής σε ιδιαίτερους τομείς της ιατρικής επιστήμης (αναισθησιολογία, καρδιολογία, νευρολογία, ογκολογία, οδοντιατρική, μαιευτική, νεογνολογία και πολλά άλλα) τονίζοντας, από πλευράς της, τη διαφορά της παρέμβασης της 'μουσικής ως φάρμακο' από την παρέμβαση της 'μουσικοθεραπείας'. Στην πρώτη περίπτωση, ηχογραφημένη μουσική 'συνταγογραφείται' με βάση τις μουσικές παραμέτρους για να επηρεάσει ουσιαστικά τη σκέψη και το συναίσθημα προς μια επιθυμητή κατεύθυνση (π.χ. χαλάρωση), ενώ στη δεύτερη (μουσικοθεραπεία) η θεραπευτική παρέμβαση γίνεται από εξειδικευμένο μουσικοθεραπευτή: μπορεί να είναι δεκτική (μουσική ακρόαση) ή ενεργητική (μουσική παραγωγή με όργανα, φωνή ή και τα δύο από τον ίδιο τον ασθενή,

με τη βοήθεια του θεραπευτή), ενώ υπεισέρχεται στη θεραπεία το κομμάτι της σχέσης με τον θεραπευτή, με τον οποίο οργανώνονται τακτικές συνεδρίες. Η Dileo καταλήγει προτείνοντας τρόπους προώθησης της ιατρικής μουσικοθεραπείας στο μέλλον. Το κεφάλαιο αυτό, καθώς και το επόμενο, γράφτηκαν από τους εν λόγω συγγραφείς ειδικά για τις ανάγκες του βιβλίου.

Το βιβλίο συνεχίζεται με το εξαιρετικό κεφάλαιο του Αμερικανού αναισθησιολόγου και μουσικοθεραπευτή Schwarz περί των μουσικοθεραπευτικών παρεμβάσεων σε περιγεννητικούς και περιεγχειρητικούς ασθενείς, καθώς και σε καταστάσεις με χρόνια πόνο. Ο Schwarz αναλύει με τεκμηριωμένο τρόπο, εκθέτοντας τους εμπλεκόμενους παθοφυσιολογικούς μηχανισμούς, πώς η μείωση του στρες και του άγχους που μπορεί να επέλθει με τη χρήση χαλαρωτικής μουσικής μπορεί να κατευνάσει τα σωματικά συμπτώματα του άγχους, επηρεάζοντας έτσι την αρτηριακή πίεση, τη διακύμανση της καρδιακής συχνότητας και τον κορεσμό του οξυγόνου στο αίμα εξισορροπώντας ουσιαστικά την ανισορροπία του συμπαθητικού με το παρασυμπαθητικό σύστημα (Schwartz, 2018, στο Δρίτσας, 2018, σσ. 75-77). Με αυτό τον τρόπο επιτυγχάνεται η μείωση του περιγεννητικού στρες σε έγκυες και νεογνά, η μείωση του περιεγχειρητικού στρες σε ασθενείς που πρόκειται να χειρουργηθούν αλλά και η μείωση του χρόνιου πόνου σε πάσχοντες ασθενείς (Schwartz, 2018, στο Δρίτσας, 2018, σ. 84).

Στο επόμενο ιδιαίτερα σημαντικό κεφάλαιο, ο Δρίτσας τεκμηριώνει πώς η «Μουσική ως Φάρμακο» μπορεί να χρησιμοποιηθεί στην αντιμετώπιση του πόνου και του άγχους στον καρδιολογικό ασθενή. Εδώ βλέπουμε την ιδιαίτερη συμβολή του Δρίτσα στο εν λόγω επιστημονικό αντικείμενο, καθώς μας εκθέτει τα αποτελέσματα δικών του δημοσιοποιημένων επιστημονικών ερευνών από το 1997 ως το 2014. Εξηγώντας πως η ακρόαση προεπιλεγμένης χαλαρωτικής μουσικής μειώνει τον αναπνευστικό ρυθμό, την καρδιακή συχνότητα και την αρτηριακή πίεση (Barnanson, 1995· Byers, 199, στο Δρίτσας, 2018, σ. 88) κι επακολούθως ελαττώνει τα επίπεδα των νευρο-ορμονών του στρες – νορεπινεφρίνης, κορτιζόλης και φλοιοεπινεφριδιοτρόπου ορμόνης (ACTH) – στο αίμα, ο συγγραφέας καταδεικνύει ότι μέσω της ακρόασης χαλαρωτικής μουσικής μειώνεται το στρες κατά τη διάρκεια νοσηλείας ή παρεμβάσεων σε ασθενείς νοσηλευόμενους σε στεφανιαία μονάδα και καρδιοχειρουργική ΜΕΘ, αλλά και στο καρδιολογικό κι αιμοδυναμικό εργαστήριο (Dritsas, 2000). Μελετάει και παραθέτει επίσης ανάλογα αποτελέσματα για την επίδραση χαλαρωτικής μουσικής κατά τη διάρκεια της δοκιμασίας κόπωσης (Dritsas, 2006), κατά τη δοκιμασία ανάκλισης σε ασθενείς με ιστορικό συγκοπτικών επεισοδίων (Dritsas, 2004), όπως επίσης και στην πρώιμη μετεγχειρητική περίοδο μετά από επέμβαση στεφανιαίας παράκαμψης (CABG), όπου και σημειώνει ότι η μουσική ελαττώνει σημαντικά τη χρήση οπιοειδών αναλγητικών (Dritsas, 2010). Τέλος, αναφέρει παρόμοια αποτελέσματα μείωσης πόνου και άγχους με αντίστοιχο περιορισμό της χρήσης αναλγητικών και ηρεμιστικών φαρμάκων και κατά τη διάρκεια αιματηρών ηλεκτροφυσιολογικών επεμβάσεων (Dritsas, 2014). Ο συγγραφέας καταλήγει στο συμπέρασμα ότι η μουσική «με πολύ χαμηλό κόστος, αναίμακτα και χωρίς παρενέργειες επιτυγχάνει να μειώσει την καρδιακή συχνότητα, την αρτηριακή πίεση, την ένταση του θωρακικού-στηθαγχικού πόνου και το άγχος του νοσηλευόμενου ασθενή» (σ. 91).

Στο κεφάλαιο «Μουσική και Άσκηση» που ακολουθεί, ο Δρίτσας ασχολείται με την επίδραση της μουσικής στην αερόβια άσκηση και αφού παραθέσει σειρά μελετών επί του θέματος καταλήγει στο συμπέρασμα ότι η μουσική επιδρά στο υποκειμενικό αίσθημα μυϊκής προσπάθειας και κόπωσης, αποτελώντας σημαντικό παράγοντα ενίσχυσης της προσπάθειας για άσκηση (σ. 98). Ο συγγραφέας

θίγει εδώ το θέμα της επιλογής «κατάλληλης» μουσικής για άσκηση με βάση μουσικά χαρακτηριστικά επιλέγοντας, για παράδειγμα, το κατάλληλο tempo, ρυθμικό σχήμα, ένταση, στίχους, μελωδικότητα (Gfeller, 1988, στο Δρίτσας, 2018, σ. 100). Ο αναγνώστης μπορεί να ανατρέξει στη σύγχρονη βιβλιογραφία για περισσότερες πληροφορίες για τα θέματα αυτά. Όπως και στην επιλογή «κατάλληλης» μουσικής για χαλάρωση που είδαμε πρωτύτερα για τη μείωση του στρες, όπου αντίστοιχα η μουσική επιλέγεται με βάση τα ανάλογα μουσικά χαρακτηριστικά, βλέπουμε ότι το «μουσικό περιεχόμενο» είναι τελικά αυτό που επιδρά στο σώμα, αφού πρώτα γίνει αντιληπτό με τα αισθητήρια της ακοής και το επεξεργαστεί αντιστοίχως ο εγκέφαλος. Θα ήθελα εδώ να θίξω το θέμα της μουσικής ως «φορέα νοήματος», καθώς ακριβώς αυτή την ιδιότητα της μουσικής ως κώδικα αναπαράστασης που κωδικοποιεί νοήματα εκμεταλλευόμαστε στη βιωματική μουσική ψυχοθεραπεία, που είναι το δικό μου επιστημονικό αντικείμενο, και ιδιαιτέρως στο Αναλυτικό Μουσικόδραμα το οποίο έχω εισηγηθεί σε παλαιότερες εργασίες (Ντακοβάνου 2016· Ντακοβάνου 2018). Επειδή ακριβώς η μουσική κωδικοποιεί νοήματα, και μάλιστα διαφορετικά από αυτά που κωδικοποιεί ο λόγος (συγκεκριμένα κωδικοποιεί καλύτερα από τον λόγο το συναίσθημα, τα εσωτερικά κιναισθητικά ερεθίσματα του σώματος και το βίωμα της σχέσης του ανθρώπου – Ντακοβάνου, 2018) – μπορούμε να χρησιμοποιήσουμε τη μουσική στην ψυχοθεραπεία για να δουλέψουμε εκεί όπου ο λόγος δεν υπάρχει ή δεν επαρκεί, δουλεύοντας έτσι πολύ αποτελεσματικά πάνω στο συναίσθημα, στη σχέση του ανθρώπου με τον άλλο άνθρωπο και στη σχέση του ανθρώπου με το σώμα του. Το εν λόγω κεφάλαιο θίγει επίσης θέματα εφαρμογής μουσικής και ρυθμικών ερεθισμάτων σε διαταραχές της βάδισης και κινητικές δεξιότητες, με εφαρμογή μεταξύ άλλων στη νευρολογία (σ. 99).

Στο επόμενο κεφάλαιο ο Δρίτσας συνοψίζει τους ψυχοκοινωνικούς παράγοντες που επιδρούν στην παθογένεση αλλά και στην πρόγνωση της καρδιαγγειακής νόσου. Αναλύει το οξύ αλλά και το χρόνια στρες και την επίδρασή τους στο καρδιαγγειακό σύστημα καθώς και τους τύπους προσωπικότητας (Τύπος A, Τύπος D) που έχουν κατά καιρούς συσχετιστεί βιβλιογραφικά με αυξημένη συχνότητα εμφάνισης καρδιαγγειακών επεισοδίων. Μέσα σε αυτά τονίζεται η επιθετική/εχθρική συμπεριφορά και τα θυμώδη αισθήματα του τύπου A, καθώς και τα συναισθήματα αρνητισμού και η αντικοινωνικού τύπου συμπεριφορά του τύπου D. Μέσα από το πολύ ενδιαφέρον αυτό κεφάλαιο, αναδύεται η ανάγκη αντιμετώπισης των καρδιαγγειακών ασθενών όχι μόνο φαρμακευτικά για το καρδιαγγειακό σύμπτωμα αλλά και ψυχοθεραπευτικά, ενίοτε και ψυχοφαρμακολογικά, για το ψυχικό σύμπτωμα που προϋπάρχει και οδηγεί, μαζί με άλλους παράγοντες κινδύνου, στο σωματικό σύμπτωμα. Τονίζοντας το μέλλον της ψυχοκοινωνικής ή συμπεριφορικής καρδιολογίας, ο Δρίτσας θυμίζει ότι «δε μπορείς να θεραπεύσεις το σώμα χωρίς παράλληλα να θεραπεύεις το Νου» (σ. 118).

Το τελευταίο κεφάλαιο του βιβλίου είναι αφιερωμένο στην 'Τέχνη στο Νοσοκομείο'. Σε αυτό το κεφάλαιο, ο συγγραφέας, που έχει προσωπικά διοργανώσει πολλαπλές κι ιδιαίτερα αξιόλογες δράσεις σε διάρκεια ετών για την εισαγωγή της τέχνης στο ελληνικό νοσοκομείο, υπερασπίζεται την άποψη ότι το νοσοκομείο δεν θα έπρεπε να αντιμετωπίζεται ως χώρος θλίψης και πόνου, συνυφασμένος με τον θάνατο, αλλά ως χώρος εξεύρεσης της Υγείας με την ολιστική της έννοια. Ως εκ τούτου, η Τέχνη στο Νοσοκομείο βρίσκεται στον φυσικό της χώρο.

Κλείνοντας, θεωρώ ότι το βιβλίο του Δρίτσα, *Η Μουσική ως Φάρμακο: Η Βιολογική Προσέγγιση της Μουσικής Θεραπείας*, είναι ένα ιδιαίτερα αξιόλογο και χρήσιμο σύγγραμμα που μπορεί τόσο να

προσφέρει σημαντικές γνώσεις σε ειδικούς μουσικοθεραπευτές, ιατρούς, μουσικούς και επαγγελματίες υγείας όσο και να εισαγάγει το ευρύ κοινό στη χρήση της μουσικής στη θεραπεία της σωματικής νόσου.

ΒΙΒΛΙΟΓΡΑΦΙΑ

- Barnanson, S., & Nieveen, J. (1995). The effects of music interventions on anxiety in the patient after coronary artery by-pass grafting. *Heart & Lung, 24*, 124-132.
- Byers, J.F. (1997). Effect of music intervention on noise annoyance, heart rate and blood pressure in cardiac surgery patients. *American Journal of Critical Care, 6*, 183-191.
- Dakovanou X. (2012). Quand l'âme chante: La voix mélodique et son pouvoir affectif. *Revue Topique, 120*, 21- 37.
- Dakovanou X. (2014). Le musicodrame analytique: Entre musique et psychanalyse, une application Clinique. *Revue Topique, 129*, 69-86.
- Damasio, A. (1994). *Descartes' error: Emotion, reason and the human brain*. New York, NY: Avon Books.
- Dileo, C. (2018). Το παρελθόν, παρόν και μέλλον της ιατρικής μουσικοθεραπείας για ενήλικες. Στο Θ. Δρίτσας (Επιμ.), *Η μουσική ως φάρμακο, η βιολογική προσέγγιση της μουσικής θεραπείας* (σσ.51-73). Αθήνα: Εκδόσεις Παπαζήση.
- Δρίτσας, Α. (2018). *Η μουσική ως φάρμακο, η βιολογική προσέγγιση της μουσικής θεραπείας*. Αθήνα: Εκδόσεις Παπαζήση.
- Dritsas, A. (2000). *Effects of music on hemodynamic and neuroendocrine parameters in cardiac patients*. Proceedings of the Onassis Cardiac Surgery Center, 2nd International Meeting, Athens, Greece.
- Dritsas, A., Leftheriotis, D., Karabela, G. et al. (2004). The effect of relaxing music on the stress dimension and the response to tilt-test in vasovagal patients. *European Heart Journal; 25*(suppl. 574), P3391.
- Dritsas, A., Pothulaki, M., MacDonald RAR, Flowers, P., & Cokkinos, DV. (2006). Effects of music listening on anxiety and mood profile in patients undergoing exercise testing. *European Journal of Cardiovascular Prevention and Rehabilitation, 13*(suppl. 1), S76.
- Dritsas, A., Papadopoulos, K., Karydas, A. et al. (2010). Effects of music listening on hemodynamic indices and pain control during early post-operative period following coronary artery bypass surgery. *Heart Surgery Forum, 13*(Suppl. 1), S88.
- Dritsas, A., Dimtsia, I., Laoutaris, I., Poulos, G., & Maounis, T. (2014). *The ability of music to prevent pain and anxiety during invasive cardiology procedures: A randomized control study*. EuroPrevent 2014, Amsterdam, The Netherlands, 8-10 May 2014. Ανακτήθηκε από το www.escardio.org/europrevent2014
- Gfeller, K. (1988). Musical components and styles preferred by young adults for aerobic fitness activities. *Journal of Music Therapy, 25*, 28-43.
- Grande, G., Romppel, M., & Barth, J. (2012). Association between Type D personality and prognosis in patients with cardiovascular diseases: A systematic review and meta-analysis. *Annals of Behavioural Medicine, 43*, 299-310.
- Ντακοβάνου, Ξ. (2017). Το Αναλυτικό Μουσικόδραμα: Μεταξύ ψυχανάλυσης και μουσικής, μια κλινική εφαρμογή. Στο Α. Λάζου & Γ. Πατιός (Επιμ.), *Τέχνη, φιλοσοφία, θεραπεία* (Τόμος Α', σσ. 83-166). Αθήνα: Εκδόσεις Αρναούτη.
- Ntakovanou, X. (2018). *Répresentation musicale et représentation psychique: Applications cliniques*. Thèse d'Etat, Université Paris Sorbonne Cité. Ανακτήθηκε από το <https://www.theses.fr/2018USPCC027>
- Pinker, S. (1997). *How the mind works*. New York, NY: W.W. Norton and Co.
- Schwarz, F. J. (2018). Μουσικοθεραπευτικές παρεμβάσεις σε περιγεννητικούς, περιεγχειρητικούς ασθενείς και καταστάσεις με χρόνια πόνο. Στο Θ. Δρίτσας (2018). *Η μουσική ως φάρμακο, η βιολογική προσέγγιση της μουσικής θεραπείας* (σσ. 75-86). Αθήνα: Εκδόσεις Παπαζήση.

BIBΛΙΟΚΡΙΤΙΚΗ

Τέχνη, φιλοσοφία, θεραπεία: Άρθρα και εφαρμογές, Τόμος Α΄ & Β΄ (Λάζου & Πατιός, Επιμ.)

Κριτική από την Ντόρα Ψαλτοπούλου-Καμίνη

Αριστοτέλειο Πανεπιστήμιο Θεσσαλονίκης, Ελλάδα

και την Άννα Μαρία Μαραγκού-Εύχαρις

Ελεύθερη επαγγελματίας, Ελλάδα



Τίτλος: Τέχνη, φιλοσοφία, θεραπεία: Άρθρα και εφαρμογές, Τόμος Α΄ & Β΄ Επιμελητές: Άννα Λάζου & Γιώργος Πατιός Έτος δημοσίευσης: 2016-2017 Εκδότης: Αρναούτης Σελίδες: 200 (Τόμος Α), 200 (Τόμος Β) ISBN: 978-960-964-53-7

ΒΙΟΓΡΑΦΙΕΣ ΚΡΙΤΩΝ

Η Ντόρα Ψαλτοπούλου-Καμίνη είναι επίκουρη καθηγήτρια στο Τμήμα Μουσικών Σπουδών του Αριστοτελείου Πανεπιστημίου Θεσσαλονίκης, μουσικο-ψυχοθεραπεύτρια (PhD, MA-CMT) και ψυχαναλύτρια. Διδάσκει σε μεταπτυχιακά προγράμματα ελληνικών και διεθνών πανεπιστημίων. Είναι συγγραφέας δύο ηλεκτρονικών ακαδημαϊκών συγγραμμάτων: *Μουσικοθεραπεία: Ο Τρίτος Δρόμος*, και *Επικοινωνία στη Μουσική-Παιδεία-Θεραπεία: Η Προσέγγιση Co.M.P.A.S.S.* [dorapsaltopoulou@mus.auth.gr] Η Άννα Μαρία Μαραγκού-Εύχαρις είναι μεταφράστρια και ποιήτρια. [eucharis9@hotmail.com]

Ιστορία δημοσίευσης:

Υποβολή 21 Νοε. 2018
Αποδοχή 30 Μαΐου 2019
Δημοσίευση 25 Ιουλ. 2019

ΕΙΣΑΓΩΓΗ¹

Η τέχνη σημαίνει, πρώτα απ' όλα, την ελεύθερη δημιουργικότητα και η φιλοσοφία είναι η χωρίς όρια κι επιφυλάξεις συνεπής, συστηματική και απόλυτα λογική αναζήτηση της αλήθειας. Αυτή η διαδεδομένη αντίληψη συνεπάγεται, σχεδόν αναγκαστικά, ότι η φύση της τέχνης και η φύση της φιλοσοφίας είναι ασύμβατες μεταξύ τους. Εάν όμως η τέχνη και η φιλοσοφία μοιράζονταν το ίδιο θεμέλιο και εάν είχαν τον ίδιο απώτατο σκοπό; Εάν το κοινό τους θεμέλιο ήταν η κοινή ανθρώπινη ανάγκη για εύρεση ενός νόηματος εντός της ανθρώπινης πραγματικότητας και εάν ο ταυτόσημος απώτατος σκοπός τους ήταν να προσπαθούν συνεχώς να βρίσκουν τρόπους για να εξυπηρετούν αυτήν την ανθρώπινη ανάγκη για νόημα; Τι θα γινόταν τότε; Τότε, η τέχνη και η φιλοσοφία δεν θα μπορούσαν στην πραγματικότητα να διαχωρισθούν και, μάλιστα, η κάθε θεωρητική προσπάθεια να τις διαχωρίσουμε στο όνομα μίας «επιστημολογικής καθαρότητας» θα ήταν μία μη ενδεδειγμένη πράξη.

¹ Η Άννα Μαρία Μαραγκού-Εύχαρις είναι συγγραφέας των πρώτων ενότητων της παρούσας βιβλιοκριτικής, ενώ η Ντόρα Ψαλτοπούλου γράφει την τελευταία ενότητα που εστιάζει στο Αναλυτικό Μουσικόδραμα, μία από τις θεραπευτικές μεθόδους που παρουσιάζονται στο βιβλίο.

Με αυτό το σκεπτικό, η Άννα Λάζου, με βάση την πρότερη πολυετή εμπειρία της στο θέμα, σχημάτισε, το 2015, μία ομάδα αποτελούμενη από προπτυχιακούς και μεταπτυχιακούς φοιτητές, μαζί με διδακτορικούς και μεταδιδακτορικούς ερευνητές, καθώς και με την ενεργή συμμετοχή Λεκτόρων και Καθηγητών της Φιλοσοφίας, με αποκλειστικό σκοπό την έρευνα πάνω σε πιθανές διασυνδέσεις και αλληλεπιδράσεις μεταξύ τέχνης και φιλοσοφίας.

Η θεραπευτική διάσταση τόσο της τέχνης, όσο και της φιλοσοφίας, ήταν από τα πρώτα ευρήματα αυτής της ερευνητικής ομάδας. Αυτό το βιβλίο, με τον τίτλο *Τέχνη, Φιλοσοφία, Θεραπεία: Άρθρα και Εφαρμογές*, είναι το άμεσο αποτέλεσμα των επί επτά μήνες εβδομαδιαίων συναντήσεων της ομάδας. Περιέχει άρθρα πάνω σε διάφορες απόψεις των σχέσεων μεταξύ τέχνης, φιλοσοφίας και θεραπείας, από το θέατρο και τη φιλοσοφική επιχειρηματολογία, από τον χορό και τη φιλοσοφία μέχρι τη θεραπευτική δικαιοσύνη του χορού και την προσέγγιση του Βιτγκενστάιν στη σχέση φιλοσοφικού λόγου και θεραπείας.

Περιέχει επίσης διάφορες θεωρητικές αναλύσεις ορισμένων πιθανών εφαρμογών των αλληλεπιδράσεων τέχνης και φιλοσοφίας και των θεραπευτικών τους αποτελεσμάτων στην ανθρώπινη πραγματικότητα. Αν μη τι άλλο, αυτό το δίτομο έργο μπορεί να μας παράσχει δεδομένους/τεκμήρια και θεωρητικούς λόγους και αφορμές για να επαναξιολογήσουμε την προσέγγισή μας στο τρίπτυχο τέχνης, φιλοσοφίας και θεραπείας.

ΤΟΜΟΣ Α΄

Ο Α΄ Τόμος περιλαμβάνει άρθρα των Γιώργου Πατιού, Θανάση Σακελλαριάδη, Κώστα Καλαχάνη – Γιάννη Μιχαηλίδη, Μαρίας Κρητικού, Ξανθούλας Ντακοβάνου, Άννας Λάζου και συνοδεύεται σε παράρτημα με την πρώτη δημοσίευση του θεατρικού έργου της Άννας Λάζου, *Wittgenstein – Βιτγκενστάιν* (θεατρικό δρώμενο που ανέβηκε σε σειρά παραστάσεων το 1991–1992² και το 2004³).

Στη σειρά των άρθρων του πρώτου τόμου ο Γιώργος Πατιός (*Θέατρο και Φιλοσοφία: Τέχνη και Φιλοσοφική Επιχειρηματολογία*) ερευνά με τη χρήση αναλυτικών επιχειρημάτων τη δυνατότητα χρήσης της λογοτεχνίας ως γνήσιου και αποτελεσματικού φορέα φιλοσοφικού στοχασμού. Ο Θανάσης Σακελλαριάδης (*Σχόλια στις Αναγνώσεις του Βιτγκενσταϊνικού Έργου*) μας προτείνει μία διαφορετική ανάγνωση του Βιτγκενστάιν, με στόχο του να αναδείξει την κρισιμότητα της «ανοικτότητας» του λόγου ως κατεξοχήν ιδιότητας ανανέωσης της βίωσης της πραγματικότητας από τον άνθρωπο. Οι Κώστας Καλαχάνης και Γιάννης Μιχαηλίδης (*Από την Ευκρασία στην Ομοιόσταση*) φέρνουν πιο κοντά τον Ιπποκράτη με σύγχρονα ρεύματα της ιατρικής έρευνας, αναδεικνύοντας τη συγγένεια των όρων που απαντούν στην Ιπποκράτειο ιατρική με σύγχρονες αντιλήψεις. Η Μαρία Κρητικού (*Αισθητικά Κριτήρια Πρόσληψης και Αποτίμησης του Χορού*) προσεγγίζει την τέχνη του χορού μέσα από τρέχουσες έρευνες της νευροφυσιολογίας, αλλά και μέσα από τη γόνιμη αξιοποίηση, στο θέμα των κριτηρίων, των υπάρχουσών αισθητικών θεωριών. Η Ξανθούλα Ντακοβάνου (*Το Αναλυτικό Μουσικόδραμα: Μεταξύ Μουσικής και Ψυχανάλυσης, Μια Κλινική Εφαρμογή*) μας προτείνει καινούργιες θεραπευτικές δυνατότητες της μουσικής. Η Άννα

² Από τη *Θεατρική Πρωτοβουλία Νέων «Δρυς»* του ΕΚΠΑ, σε σκηνοθεσία της συγγραφέως, στο πλαίσιο του ελληνικού Πανεπιστημιακού θεάτρου την περίοδο 1991 - 1992.

³ Στην *Πειραματική Σκηνή* του Εθνικού Θεάτρου, σε σκηνοθεσία Γεωργίας Μαυραγάνη, το 2004.

Λάζου (Αντί Επιλόγου: *Η Διδασκαλία της Φιλοσοφίας Μέσω της Τέχνης. Παραδείγματα*) αφενός γεφυρώνει έμπρακτα τη θεωρητική διδασκαλία της φιλοσοφίας με την πρακτική εξάσκηση διαφόρων μορφών τέχνης για διαφορετικές ηλικιακές ομάδες στη βάση μιας μακρόχρονης εμπειρίας και αφετέρου αναδεικνύει τη φιλοσοφική σκέψη αλλά και τον βίο του Βιτγκενστάιν σε παράδειγμα θεατρικού δρωμένου, για να κατανοήσουμε «εκ των έσω» την κρισιμότητα του δεσμού τέχνης και φιλοσοφίας.

Όλα τα άρθρα δημοσιεύονται για πρώτη φορά και αποτελούν μία αυθεντική πρόταση επαναπροσέγγισης κρίσιμων θεμάτων, τόσο στη φιλοσοφία όσο στην τέχνη και τη θεραπεία.

ΤΟΜΟΣ Β'

Ο δεύτερος τόμος αποτελεί την πρώτη έκδοση στην ελληνική γλώσσα του εμπνευσμένου έργου του Καναδού καθηγητή φιλοσοφίας Andrew D. Irvine, *Η Δίκη του Σωκράτη*,⁴ σε μετάφραση του Γιάννη Σπυρίδη, θεατρικού έργου που ανέβηκε και στην ελληνική σκηνή, στο διάστημα 2015–2017. Η καινοτομία του Irvine έγκειται στη συμπλοκή κειμένων και απόψεων που αποτυπώνουν τη ζωή του Σωκράτη. Το θεατρικό έργο, με αφετηρία την *Απολογία* του Πλάτωνα και τις *Νεφέλες* του Αριστοφάνη, επιδιώκει να διεγείρει γόνιμα το ενδιαφέρον στους αναγνώστες και να τους μεταφέρει στις συνθήκες που επικρατούσαν την περίοδο εκείνη. Έγκυρες πηγές που εξιστορούν τη Σωκρατική υπεράσπιση προς το Αθηναϊκό δικαστήριο είναι αυτές του φιλόσοφου Πλάτωνα και του ιστορικού Ξενοφώντα. Ο Σωκράτης μέσα σε αυτές παρουσιάζεται ως αντιτιθέμενος προς τις άδικες κατηγορίες του Δικαστηρίου της Ηλιαίας, προσδοκώντας την άρση των καταγγελιών και την πλήρη αθώωσή του. Δυστυχώς όμως, τα σωκρατικά λόγια δεν εισακούστηκαν μέσα στην προκατειλημμένη ατμόσφαιρα του Δικαστηρίου, εξαιτίας της «νωπής» ακόμα προδοσίας του μαθητή και φίλου του Σωκράτη, του Αλκιβιάδη. Η καταδίκη του Αθηναίου φιλόσοφου είχε ήδη δρομολογηθεί μπροστά στα μάτια της δικαιοσύνης και των ανθρώπων.

Το έργο εξελίσσεται πάνω σε τρεις, ισότιμα βαρύνουσες, θεατρικές πράξεις. Με πολλά σκηνικά τεχνάσματα και μια ευφυέστατη σύνθεση κειμένων, από τις Αριστοφανικές *Νεφέλες* μέχρι τους Πλατωνικούς διαλόγους, *Απολογία*, *Φαίδων* και *Κρίτων*, ο Irvine, κατορθώνει να μας δώσει ένα σύγχρονο έργο που επισφραγίζει τη διαχρονικότητα των αξιών του αρχαιοελληνικού πολιτισμού, πάνω απ' όλα.

Από τα προλογικά σημειώματα των καθηγητών Γιώργου Στείρη, Βύρωνα Καλδή και της Άννας Λάζου σταχυολογούμε χρήσιμες γνώμες για την παρούσα βιβλιοκρισία. Το καίριο ερώτημα που εγείρει το έργο στον αναγνώστη και θεατή του, κατά την Άννα Λάζου που υπήρξε και σκηνοθέτιδα της παράστασης, είναι:

Μπορεί η φιλοσοφία να αντιμετωπίσει αποτελεσματικά τη βαρβαρότητα; [...] Το μεγαλύτερο όμως στοίχημα για τους συντελεστές και τη σκηνοθεσία είναι η εφαρμογή μέσω της τέχνης του θεάτρου μιας εναλλακτικής θεραπευτικής πρακτικής, που διδάσκοντας βιωματικά τη φιλοσοφία καλλιεργεί ταυτόχρονα τις

⁴ Ο Andrew Irvine είναι καθηγητής φιλοσοφίας και διδάσκει στο Πανεπιστήμιο British Columbia στον Καναδά. Ανάμεσα στα έργα που έχει γράψει, εξέχουσα θέση λαμβάνει *Η Δίκη του Σωκράτη*, έργο το οποίο εκδόθηκε το 2008 (Irvine, Andrew D., *Socrates on Trial*, University of Toronto Press, Toronto, 2008) και ανέβηκε επί σκηνής για πρώτη φορά στο *Chan Centre for the Performing Arts*, στο Vancouver.

αξίες της δημοκρατίας και της συλλογικότητας και δίνει μια νέα, ευρύτερη, και κοινωνικο-πολιτική προοπτική στο Πανεπιστήμιο, έξω από τις τυπικές αίθουσες διδασκαλίας και μακριά από την τυπική ακαδημαϊκή διαδικασία μάθησης. (Λάζου, στο: Λάζου & Πατιός, 2017, Τόμος Β', σ. 24)

Κατά τον Γιάννη Σπυρίδη, μεταφραστή και ερμηνευτή του έργου του συγγραφέα, νέου ερευνητή της φιλοσοφίας:

Το θεατρικό σανίδι αποτελεί αναπόσπαστο κομμάτι του ανθρώπινου κόσμου και η τέχνη της υποκριτικής μετατρέπεται σε τέχνη του ζην... Μεγάλοι συγγραφείς, όπως οι W. Shakespeare, M. De Cervantes, L. Tolstoy, V. Hugo κ.ά., διευρύνουν τους πνευματικούς ορίζοντες και τοποθετούν υψηλά κριτήρια πνευματικότητας, γνωστικής και κριτικής ικανότητας. Με αυτά τα εφόδια, γίνεται ικανός ο άνθρωπος του σήμερα, να εξιλεωθεί στα μάτια του αθηναίου φιλόσοφου (του Σωκράτη) και ίσως εκεί στο τέλος να απελευθερωθεί από τα δικά του δεσμά και να αναφωνήσει «αθώς». (Σπυρίδης, στο: Λάζου & Πατιός, 2017, Τόμος Β', σσ. 29-30)

Τα συμπεράσματα είναι εύλογα για τη σχέση τέχνης-θεραπείας με τη φιλοσοφική τους πηγή: Ερμηνεύοντας τον θάνατο του Σωκράτη ως μια σκηνή βγαλμένη από ένα θεατρικό έργο, είναι εφικτό να αντιληφθεί ο θεατής τη συναισθηματική έξαρση που απορρέει από την ατμόσφαιρα του δικαστηρίου και την απομόνωση του κελιού. Οι θεατές του έργου γίνονται συμμετοχοί ή συνένοχοι στην καταδίκη του Αθηναίου φιλόσοφου. Με οδηγό τη θεατρική παιδεία, ο άνθρωπος βιώνει γεγονότα εκτός της πραγματικότητάς του, τα οποία τον στιγματίζουν, τον αλλάζουν και ίσως σε κάποιες περιπτώσεις τον βοηθούν να εξελιχθεί.

Ενώ ο καθηγητής Γιώργος Στείρης (Λάζου & Πατιός, 2017, Τόμος Β', σ. 16) επισημαίνει ότι:

Η δίκη και ο θάνατος του Σωκράτη άφησαν βαρύ στίγμα στην ανθρώπινη ιστορία. Πέρα από την επιλογή του να υπακούσει στους νόμους και τα δικαιοδοτικά όργανα της αθηναϊκής πολιτείας, δίδοντας με τον τρόπο του ένα παράδειγμα πολιτικής στάσης, το γεγονός ότι λίγες στιγμές πριν από το θάνατό του ο Σωκράτης ενεπλάκη σε διάλογο σχετικά με τη ζωή του επιβεβαιώνει την εμπιστοσύνη του στη διαλεκτική [...] Το τελευταίο μάθημα που παρέδωσε ο Σωκράτης, και δυστυχώς ξέχασαν πολλοί κατοπινοί φιλόσοφοι, ήταν ότι σε περιόδους κρίσης ο καλύτερος τρόπος να προσφέρεις υπηρεσίες στον εαυτό σου, τους φίλους σου και την πόλη σου είναι η υπακοή στους νόμους και η δημόσια παρέμβαση.

Η Κωνσταντίνα Γογγάκη εστίασε στη σημασία της πράξης του Σωκράτη να επιλέξει τον θάνατο έναντι της ηθικής ταπείνωσης, όντας ο πρώτος Αθηναίος φιλόσοφος στην ιστορία που πλήρωσε το τίμημα των ελεύθερων απόψεών του με αποτέλεσμα να προπορεύεται της εποχής του. Η ίδια αναφέρεται χαρακτηριστικά, όταν γράφει σε κείμενά της που σχετίζονται με την παράσταση, στην «ασέβεια» της πολιτικής απέναντι στη φιλοσοφία με την καταδίκη του Σωκράτη (Γογγάκη, 2017, σ. 31):

Ο Σωκράτης είχε τη μοίρα των αθών ανθρώπων. Στο πρόσωπό του η ιστορία έκτοτε επαναλαμβάνει το ίδιο μοτίβο: οι φωτισμένες συνειδήσεις που έρχονται σε ρήξη με την πολιτική και κοινωνική συμβατότητα, που δεν υποτάσσονται σιωπηρά στο κατεστημένο, πληρώνουν, συνήθως, ακριβό τίμημα. Ο Σωκράτης υπήρξε ανυποχώρητος στην προάσπιση της αλήθειας, η οποία χωρίς αυτόν δεν θα είχε αποκτήσει την έννοια, την ουσία της. Η προσπάθειά του ήταν να πείσει τους νέους στις παλαιότερες και τους συμπολίτες του στην αγορά να στραφούν προς τη σοφία, την αρετή και τη δικαιοσύνη. Το *ἀντιτίμημα*, το τόσο απλό, που ζήτησε για τον εαυτό του και δεν του το έδωσαν, μοιάζει από τότε σαν την τελευταία επιθυμία ενός μελλοθανάτου ή σαν μια ανεκπλήρωτη ουτοπία. Κι ενώ ο ίδιος υποστήριξε τις ιδέες του ανεξαρτήτως του κόστους και άξιζε το *έπαθλον*, έλαβε το *κώνειον*. Τη στιγμή, ωστόσο, εκείνη περνούσε, διά του τρόπου αυτού, στην αιωνιότητα.

Ως εφαρμογή επομένως όσων θεωρητικά τεκμηριώνονται στις ερευνητικές εργασίες του πρώτου τόμου, μπορούμε να θεωρήσουμε τα περιεχόμενα του δεύτερου τόμου με τη μετάφραση του έργου του Andrew Irvine και την παρουσίαση της παραστασιακής εμπειρίας της *Δίκης του Σωκράτη*, μιας παράστασης που κατά τεκμήριο λειτούργησε θεραπευτικά – και σε πολλαπλά επίπεδα – για τους συντελεστές και θεατές της. Αναβιώνοντας το ιστορικό «τραύμα» της δίκης και καταδίκης του Σωκράτη και δραματοποιώντας το πρόσωπο του φιλοσόφου, διευκολύνεται να αναδειχθεί και να εκφρασθεί ο προβληματισμός, το συναίσθημα και τέλος, το αίτημα του σύγχρονου ανθρώπου για δικαιοσύνη. Άρα, ο αναγνώστης και σπουδαστής που θα πάρει στα χέρια του τη δίτομη έκδοση που περιλαμβάνει και ιστορικά στοιχεία, χρονολόγιο των παραστάσεων και έγχρωμες φωτογραφίες, θα έχει την ευκαιρία μιας ολοκληρωμένης προσέγγισης στα ζητήματα του τίτλου, τόσο θεωρητικά αλλά και στην πρακτική τους έκφραση.

ΤΟ ΑΝΑΛΥΤΙΚΟ ΜΟΥΣΙΚΟΔΡΑΜΑ

Στο κεφάλαιο «Το Αναλυτικό Μουσικόδραμα: Μεταξύ Μουσικής Και Ψυχανάλυσης, Μια Κλινική Εφαρμογή», η μουσικοθεραπεύτρια Ξανθούλα Ντακοβάνου παρουσιάζει το Αναλυτικό Μουσικόδραμα όπως το έχει εμπνευστεί από την ψυχαναλυτική της παιδεία. Πρόκειται για προσωπική της δημιουργία, η οποία χρησιμοποιεί τη μουσική στη θεραπεία σε στηρικτικό επίπεδο με σκοπό την άμεση πρόσβαση στο ασυνείδητο μέσα από βιωματικές εμπειρίες συμπτώματος. Άλλωστε, σύμφωνα με άλλες θεωρίες (Bruscia, 1987· Ψαλτοπούλου, 2015), το βίωμα είτε σε συμβολικό επίπεδο είτε σε πραγματικό έχει την ίδια αξία στη διαδικασία της μουσικοθεραπείας, καθώς και η μουσική, όταν χρησιμοποιείται στη θεραπεία, δεν είναι ο πρωταρχικός ή ο μοναδικός θεραπευτικός παράγοντας, αλλά χρησιμοποιείται περισσότερο προκειμένου να διευκολύνει τη θεραπευτική αλλαγή μέσω μιας διαπροσωπικής σχέσης ή μέσα σε μια άλλη θεραπευτική μορφή.

Η δημιουργός του Αναλυτικού Μουσικόδραματος βασίστηκε κυρίως σε ψυχαναλυτικό θεωρητικό υπόβαθρο σε σύνδεση με τη θεραπευτική ιδιότητα της μουσικής. Βασιζόμενη στο κείμενο του Freud «Ο Μωσής του Μιχαήλ Άγγελου», στο οποίο υποστηρίζεται ότι ο λόγος που ο θεατής συγκινείται βαθιά μπροστά στο καλλιτέχνημα είναι το γεγονός ότι κατάλαβε, αποκωδικοποίησε την πρόθεση του καλλιτέχνη μέσω της ερμηνείας που ο ίδιος έκανε στο καλλιτεχνικό έργο (Freud, 1985 στο Ντακοβάνου, 2017, σ. 88), η Ντακοβάνου υποστηρίζει ότι και

στη μουσική υπάρχει αναπαράσταση, νόημα, το οποίο ο ακροατής καλείται να αποκωδικοποιήσει, να καταλάβει και σε δεύτερο χρόνο να συγκινηθεί (Ντακοβάνου, 2017, σ. 88). Ενδεικτικά αναφέρει:

Η τέχνη συνδέεται με την αναπαράσταση. Πιστεύουμε ότι, κατ' αντιστοιχία με τα όσα εισηγείται ο Kaës (2002) για το ρόλο του ονείρου, στη μουσική επίσης μπορούμε να παρατηρήσουμε «την ικανότητα αναπαράστασης, δραματοποίησης και συμβολοποίησης των ζητημάτων που παράγονται στα διαψυχικά και διυποκειμενικά όρια». Κάθε ενδιάμεσο (médiation) παρεμβάλλει και αποκαθιστά ένα δεσμό μεταξύ της δύναμης (force) και του νοήματος (sens), μεταξύ της βίας της ενόρμησης και της αναπαράστασης, που ανοίγει έτσι το δρόμο προς το λόγο και τη συμβολική ανταλλαγή. (Kaës, 2002, στο Ντακοβάνου 2017, σ. 88)

Η συγγραφέας επίσης επικαλείται τον Chouvier (2002), για τον οποίον το σύμβολο είναι μια σύμβαση που πραγματοποιεί το πέρασμα από τον εσωτερικό στον εξωτερικό κόσμο, κι ο οποίος υποστηρίζει πως όλοι οι τρόποι έκφρασης φέρουν νόημα (Chouvier, 2002, στο Ντακοβάνου, 2017, σ. 89). Καταλήγει, τέλος, όσον αφορά τη μουσική:

Στη μουσική θα υπάρχει, επομένως, κατ' αντιστοιχία, αυτή η σύνδεση μεταξύ της δύναμης της ενόρμησης και της αναπαράστασης, που περνάει από το μουσικό κώδικα για να γίνει ρυθμός, μελωδία ή αρμονία, που δημιουργεί φράσεις, παραγράφους κι ολόκληρα μουσικά έργα και που οδηγεί στο νόημα και τη συμβολική ανταλλαγή (Ντακοβάνου, 2017, σ. 88).

Η συγγραφέας επιχειρεί τη σύνδεση ψυχανάλυσης και μουσικής μέσα από την ιδιότητα της μετουσίωσης, η οποία προτείνεται δύο φορές στη διάρκεια της διαδικασίας του αναλυτικού μουσικοδράματος και βασίζεται στο ότι η τέχνη προσφέρει στην ενόρμηση αυτόν τον εναλλακτικό προορισμό, που διαφέρει από την άμεση ικανοποίησή της ενόρμησης. Η Sophie de Mijolla-Mellor (2005, 2009) αναλύει τη μετουσίωση που βιώνει ο καλλιτέχνης ως εξής:

Μην αφήνοντας τον εαυτό του να υποκύψει σε καμία απαγόρευση, μετατρέποντας τον φανταστικό του κόσμο σε μια νεο-πραγματικότητα που μπορεί να μοιραστεί μέσω του έργου του, ο καλλιτέχνης [...] φαίνεται να είναι αυτός που φτάνει τη μετουσίωση στη μέγιστή της αποτελεσματικότητα (Mijolla-Mellor S. de, στο Ντακοβάνου, 2017, σσ. 105-106)

Ο ρόλος της μουσικής στο Αναλυτικό Μουσικόδραμα βασίζεται στο ότι:

Η μουσική είναι λιγότερο αποτελεσματική στη μετάδοση της συγκεκριμένης πληροφορίας, η οποία μεταδίδεται πολύ αποτελεσματικά με το λόγο, αλλά είναι πιο αποτελεσματική από το λόγο στην κωδικοποίηση εσωτερικών ψυχικών καταστάσεων, που έχουν να κάνουν τόσο με συναισθήματα όσο και με σωματικές αισθήσεις. Υπάρχει νόημα στις μουσικές αναπαραστάσεις και αυτό το νόημα μπορεί να γίνει κατανοητό από την ομάδα στην οποία ανήκει το άτομο. Το μουσικό υλικό είναι ένα εξαιρετικό προβολικό υλικό, κι αυτό επειδή το γενικότερο νόημα που

εμπεριέχει μπορεί να γίνει αντιληπτό από όλους τους ακροατές σχεδόν με τον ίδιο τρόπο ενώ, παρόλα αυτά, κάθε άνθρωπος δύναται να το επενδύσει με τρόπο ατομικό και να προβάλλει σε αυτό τους προσωπικούς του προβληματισμούς. (Ντακοβάνου, 2017, σ. 95).

Τι είναι όμως το Αναλυτικό Μουσικόδραμα; Πρόκειται για «μια κλινική εφαρμογή της μουσικής στην αναλυτική θεραπεία», όπου η μουσική εμπλέκεται στη διαδικασία της αναλυτικής θεραπείας, «έτσι ώστε να αποκτήσουμε πρόσβαση στο νόημα που μπορεί να κρύβεται στο μουσικό λόγο» (Ντακοβάνου, 2017, σ. 84) με τα παρακάτω κλινικά εργαλεία: χρήση συμβόλου και νοήματος, και διερεύνηση της έκφρασης του ασυνείδητου «μέσω των διαφορετικών μορφών αναπαράστασης που χρησιμοποιεί η ανθρώπινη σκέψη για να κωδικοποιήσει και να δομήσει το περιεχόμενό της.» (Ντακοβάνου, 2017, σ. 84).

Η αποκωδικοποίηση του ασυνείδητου περιεχομένου πραγματοποιείται σε τέσσερα στάδια:

1. Δομημένος μουσικός λόγος
2. Συνειρμική λεκτική έκφραση (μέσω της συγγραφής)
3. Συνειρμική εικονική αναπαράσταση (μέσω του σχεδίου)
4. Αυτοσχεδιαστική μουσική αναπαράσταση.

Η Ντακοβάνου προτείνει το παρακάτω πρωτόκολλο στο Αναλυτικό Μουσικόδραμα:

5. Δεκτική μουσικοθεραπεία (μουσική ακρόαση)
6. Ενεργητική μουσικοθεραπεία (μουσικόδραμα)
7. Δεκτική μουσικοθεραπεία (ακρόαση ηχογράφησης).

Χαρακτηριστικά αναφέρει ότι: «η μέθοδος μπορεί να εφαρμοστεί τόσο ατομικά όσο και σε ομάδα. Κατά την ομαδική εφαρμογή προτιμάται κλειστή ομάδα 6-8 ατόμων και κάνουμε χρήση όλων των φαινομένων και δυναμικών της ομάδας (Foulkes, Kaës κ.ά.). Χρήση Μεταβίβασης-Αντιμεταβίβασης» (Ντακοβάνου, 2017, σ. 85).

Στόχος του θεραπευτή στο Αναλυτικό Μουσικόδραμα είναι «η διερεύνηση και αποκωδικοποίηση του ασυνείδητου περιεχομένου του θεραπευόμενου. Όταν όμως ο τελευταίος υποφέρει από ψυχοπαθολογία στην οποία η ίδια η διαδικασία της συμβολοποίησης πάσχει, όπως για παράδειγμα συμβαίνει σε βαριές ψυχώσεις, το Αναλυτικό Μουσικόδραμα μπορεί να χρησιμοποιηθεί για τη δημιουργία συμβόλων και νεο-αναπαράστασης» (Ντακοβάνου, 2017, σ. 84).

Σχετικά με τον ρόλο της μουσικοθεραπεύτριας μπορούμε να καταλάβουμε ότι είναι κατευθυντικός σε σχέση με την επιλογή της μουσικής, τη διάρθρωση της συνεδρίας, τα όρια και την επεξήγηση της διαδικασίας και μη κατευθυντικός σε θέματα περιεχομένου.

Εν κατακλείδι κρίνω ότι η μέθοδος της συναδέλφου Ξανθούλας Ντακοβάνου είναι ιδιαίτερα ενδιαφέρουσα και συμφωνεί με τις αντιστοιχίες ανάμεσα στη διαδικασία της ψυχανάλυσης και της «γλωσσικής σχέσης» που δημιουργείται στη μουσικοθεραπεία (Ψαλτοπούλου, 2015).

Στην ψυχανάλυση, «είμαι αυτό που λέγω, μιλώ μέσα από το σύμπτωμά μου και βλέπω τον εαυτό μου να βλέπεται» έτσι και στη διαδικασία της μουσικοθεραπείας «είμαι αυτό που παίζω, τραγουδώ, παίζω μέσα από το σύμπτωμά μου και ακούω τον εαυτό μου να ακούγεται» (Ψαλτοπούλου, 2015, σ. 58). Στη λεκτική ψυχαναλυτική διαδικασία επιχειρείται διερεύνηση αυτού που δεν μπορεί να ειπωθεί μέσα από όνειρα και λανθάνουσα γλώσσα, ο αναλυτής είναι ανοιχτός σε

ό,τι έρχεται από τον αναλυόμενο, εστιάζει στο σύμπτωμα και περιμένει να αιφνιδιαστεί από τη συνειδητοποίηση του αναλυόμενου. Στον κλινικό αυτοσχεδιασμό όμως ακούγεται αυτό που δεν μπορεί να ειπωθεί και η διερεύνηση του ασυνείδητου υλικού πραγματοποιείται στην ηχητική-μουσική διάδραση. Ο μουσικοθεραπευτής είναι επίσης ανοιχτός και χωρίς «οπλισμό», αλλά εστιάζει στην υγεία και όχι στο σύμπτωμα, ενώ ο αιφνιδιασμός ισχύει και για τη βιωματική λεκτική ή μη λεκτική έκφραση αλλά και για τη συνειδητή επεξεργασία του ασυνείδητου υλικού (Ψαλτοπούλου, 2015).

Στο κείμενο αναλύεται ένα κλινικό περιστατικό ιδεοψυχαναγκαστικής νεύρωσης – μιας ιδιαίτερα δύσκολης κλινικής περίπτωσης – το οποίο είναι αρκετά διαφωτιστικό ως προς τη μέθοδο και τη θεραπευτική επίδρασή της. Όμως η μουσική αλλά και κάθε βιωματική εμπειρία αδυνατεί να περιγραφτεί, να εκφραστεί και να ερμηνευτεί πλήρως μέσα από λόγια.

Θεωρώ λοιπόν ότι είναι ιδιαίτερα σημαντική η βιωματική εμπειρία του Αναλυτικού Μουσικοδράματος προκειμένου να οδηγηθεί ο συμμετέχων σε ουσιαστική και αφομοιωμένη γνώση της διαδικασίας.

Η έκδοση των δύο τόμων αποτελεί το προσάναμμα μιας ανάφλεξης πολλών δημιουργικών διαδικασιών μεταξύ των οποίων, και η έκδοση ενός νέου επιστημονικού περιοδικού με ομώνυμο τίτλο – *Φιλοσοφία, Τέχνη, Θεραπεία* – που αναμένουμε με αγωνία εντός του έτους ή στο αμέσως επόμενο διάστημα.

ΒΙΒΛΙΟΓΡΑΦΙΑ

- Bruscia, K. E. (1987). *Improvisational models of music therapy*. Springfield, IL: Charles C. Thomas.
- Chouvier, B. (2002). Le médium symbolique. Στο: *Les processus psychiques de la médiation* (σσ. 1-4). Paris: Dunod.
- Γογγάκη, Κ. (2017). Το αντιτίμημα του Σωκράτους στο τίμημα (ποινή) του θανάτου. Στο Η. Βαβούρας (Επιμ.), *Το ανθρώπινο «πρόσωπο» της φιλοσοφίας* (σσ. 21-33). Θεσσαλονίκη: Εκδόσεις Ρώμη.
- de Mijolla-Mellor, S. (2005). *La sublimation, Que sais-je?* Paris: PUF.
- de Mijolla-Mellor, S. (2009). *Le choix de la sublimation*. Paris: PUF.
- Freud, S. (1985). *Le Moïse de Michel Ange, L'inquiétante étrangeté et autres essais*. Paris: Gallimard.
- Καές, R. (2002). Médiation, analyse transitionnelle et formations intermédiaires. Στο B. Chouvier, *Les processus psychiques de la médiation* (σσ. 11-25). Paris: Dunod.
- Λάζου, Α., & Πατιός, Γ. (Επιμ.). (2017). *Τέχνη, φιλοσοφία, θεραπεία* (Τόμος Α' και Β'). Αθήνα: Εκδόσεις Αρναούτη.
- Ντακοβάνου, Ξ. (2017). Το Αναλυτικό Μουσικόδραμα, μεταξύ ψυχανάλυσης και μουσικής, μια κλινική εφαρμογή. Στο Α. Λάζου & Γ. Πατιός (Επιμ.), *Τέχνη, φιλοσοφία, θεραπεία* (Τόμος Α', σσ. 88-116). Αθήνα: Εκδόσεις Αρναούτη.
- Ψαλτοπούλου, Ν. (2015). *Μουσικοθεραπεία: Ο τρίτος δρόμος*. Εκδόσεις Κάλλιπος, Ελληνικά Ακαδημαϊκά Ηλεκτρονικά Συγγράμματα και Βοηθήματα, Σύνδεσμος Ελληνικών Ακαδημαϊκών Βιβλιοθηκών, Εθνικό Μετσόβιο Πολυτεχνείο. Ανακτήθηκε από το https://repository.kallipos.gr/bitstream/11419/1530/8/00_master_document-KOY.pdf

CONFERENCE REPORT

The 9th Nordic Music Therapy Congress 'Come together: Body and mind, heart and soul'

Maayan Salomon-Gimmon

University of Haifa, Israel

CONFERENCE DETAILS

The 9th Nordic Music Therapy Congress
'Come together: Body and mind, heart and soul'
8-12 August 2018, Stockholm, Sweden

AUTHOR BIOGRAPHY

Maayan Salomon-Gimmon is a music therapist and PhD candidate lecturing at the School of Creative Arts Therapies in the University of Haifa, Israel. She works with children and adults with developmental and emotional difficulties and facilitates workshops, currently in Israel and previously at the Kakuma Refugee Camp, Kenya. Her research interests include music therapy and ASD, voice work and community-based recovery oriented mental health programs. [maayangim@gmail.com]

Publication history:

Submitted 31 May 2019
Accepted 16 Oct 2019
First published 18 Feb 2020

On 8th August 2018, the 9th Nordic Music Therapy Congress held its opening ceremony at the Royal College of Music (KMH) in Stockholm, Sweden. The congress attracted more than 200 participants from approximately 25 countries, with its theme, *Come Together: Body and Mind, Heart and Soul*, which appeared to emphasise the importance of clinical knowledge and experience, as well as scientific research.

Over the next four days, approximately 90 oral presentations, 17 workshops, 15 posters, six round tables and two symposiums were held at the Rönneberga Conference Centre in Lidingö, near Stockholm. This busy and diverse schedule was arranged by the board of the Swedish Music Therapy Association (FMS), and was sponsored by this association in partnership with the KMH and other organisations. In accordance with its theme, the congress focused on the sharing of professional and academic knowledge and provided an opportunity to come together, network, socialise, learn from each other and inspire one another.

PRE-CONGRESS SEMINAR

On 7th August, prior to the official opening ceremony, music therapists from various countries gathered to attend a pre-congress seminar. The focus was on the development of family-based music therapy in the context of families with children with special needs. This was conducted through the exploration of three different approaches to practice; family-centred music therapy, music-oriented parent counselling and music therapy to support families at risk where parents also have challenges. The

seminar was facilitated by Stine Lindhal, Tali Gottfried and Grace Thompson, all prominent music therapists and researchers.

Several music therapists who attended the seminar shared their experiences regarding the contribution of each of the three approaches to their practical as well as theoretical knowledge. In particular, attendees valued the contribution of workshops which presented case studies from multiple perspectives, exploring the varied layers involved in working with children and their families. Beyond the intensive learning and brainstorming, the participants emphasised the strong sense of a 'music therapy with families' community that was fostered and strengthened during this pre-congress seminar.

MAIN PROGRAMME

During the opening ceremony at the KMH, the organising team welcomed us, and invited us to use our voices and bodies to create a harmonic and rhythmic 'choir', which led to a strong sense of togetherness. We also enjoyed the playing of the extraordinarily talented pianist, Staffan Scheja, and musical interludes performed by the jazz group of KMH students.

The academic and scientific part of the congress was launched with a fascinating keynote lecture by Patrik Juslin, Professor of Psychology, Uppsala University, Sweden. Adapting the evolutionary approach, he discussed how music arouses various emotions and affective states. His focus was on the ancient psychological mechanisms engaged with emotional meaning in music at multiple brain levels. After this welcoming introduction, we had time to socialise over drinks and a splendid buffet at the KMH dining hall.



Photograph 1: Opening ceremony

The next congress days were held at the peaceful and beautiful Rönneberga, Lidingö. Surrounded by an amazing natural landscape, each day began with morning music making for warming-up our bodies, voices and souls. This was followed by musical highlights played by one or two performers and keynote plenary lectures at the main auditorium.

On the first day, Joke Bradt presented the challenges and opportunities for enhancing access to music therapy services in healthcare. During this inspiring lecture, she offered various strategies for

moving music therapy towards greater recognition across contexts and stressed the importance of publishing the findings of evidence-based research in our field. She also offered valuable ideas for marketing and advertising in order to reach out to broader audiences, influence policymakers and broaden access to music therapy services. These ideas may contribute to the global music therapy field, but were extremely relevant to my country, Israel, where music and other creative arts therapists are not yet formally recognised as licensed health professionals. Thus, it is crucial to strengthen the links between research, practice and public relations and to share our knowledge with professionals and clinicians outside our field. The lecture confirmed and strengthened my colleagues' and my own motivation to publish our knowledge in various platforms, and also in journals outside the music therapy field (e.g., Salomon-Gimmon, Orkibi & Elefant, 2019).

On the second day, dedicated to music therapy with children, Melinda Ashley Meyer DeMott presented EXIT (Expressive Arts in Transition), a project carried out with 145 refugee youths in Norway. During the lecture, videos about the project were screened, illustrating how EXIT, through group intervention, improved resilience and recreated a sense of belonging for young people who experienced trauma following war and natural disasters. The interdisciplinary learning, from professionals who are not music therapists, was important and refreshing. Personally, this lecture intrigued me because I had previously worked with trauma survivors at the Kakuma refugee camp, Kenya. It was interesting for me to learn about the protocol that Meyer DeMott developed for combining the various creative arts in the therapeutic process. Her research findings, showing that the arts may help people in reconstructing meaning and connecting with others by focusing on resources and creativity, also reflected my experiences in the refugee camp. Nevertheless, I believe that in contexts of this kind, an explicit discussion regarding the sustainability approach, its principles, and their connections to the work presented, would have been a helpful addition.



Photograph 2: The view from Rönneberga Conference Centre in Lidingö (by Cochavit Elefant)

On the third day, Tia DeNora took us on a deep philosophical journey of interaction between mind, body, culture and perception, when she presented the idea of music as an agent of change. She creatively highlighted some of the underlying mechanisms that may be related to change processes and influences of music, and stressed the importance of studying them in detail to develop and deepen our theoretical thinking. This and the other keynote lectures facilitated discussions between the participants throughout the congress, and increased our enthusiasm for the following concurrent sessions.

Bradt and DeNora's different presentations highlighted some important developments in the relationship between theory and practical activism. DeNora's theoretical contribution and Bradt's practical ideas encouraged many of us to discuss the music therapy field in our home countries and think together about various ways we might collaborate to improve the prominence of our field.

Each day, various paper presentations, roundtables, symposiums and workshops took place in six different rooms simultaneously. The topics were diverse and covered a wide range of music therapy theory, research and practice. There was a strong multicultural atmosphere. Although, as expected, many (55%) presenters were from Nordic countries, a significant number arrived from the US (12%), Israel (11%), and Great Britain (8%). Other countries were also represented, including from Europe, Asia, South America and Australia (14% in total). This diversity afforded and fostered a more global perspective in relation to the clinical and academic input and contributed to the understanding of different aspects and developments in the music therapy field worldwide. The one-hour poster presentations that took place at the middle of the congress offered an excellent opportunity for socialising, networking, and learning about interesting and innovative fields of scientific and clinical work.

SOCIAL PROGRAMME

In addition to the professional and academic input, there was a strong social programme. The congress organisers acquainted us with the unique Swedish culture and history. A sightseeing tour culminated in a visit to the Stockholm City Hall, one of Sweden's most famous buildings and home of the Nobel Prize. In its grand ceremonial halls, we enjoyed live music and an impressive buffet.

On the last full day, we had the pleasure of participating in a rhythm workshop with Kristina Aspeqvist, composer, percussionist, and teacher, in which all congress participants were invited to improvise vocally with or without percussion instruments. With her impressive musical and facilitation skills, Aspeqvist led participants to experience the precious qualities of group singing and 'musicking'. Although not a music therapist, she used some techniques that many music therapists, including myself, use while working in group settings with various communities. This workshop experience



Photograph 3: An impressive visit at Stockholm City Hall

emphasised the commonalities between 'community music' and 'community music therapy'. It made me think about the delineation of boundaries as well as the value of an open dialogue and collaborations between these two adjacent fields.

A formal dinner with musical accompaniment, held at the Rönneberga dining room, concluded the conference. As in the opening ceremony, the organisers led participants to create a big choir. Afterwards, we danced the night away with the soul band *Almost Motown*. The excellent blend of academic and scientific input, the great social program, the lovely musical highlights and the serene location all made for an unforgettable experience. The organisers did a superb job, sending us back home filled with inspiration and invaluable knowledge.

REFERENCES

Salomon-Gimmon, M., Orkibi, H., & Elefant, C. (2019). Process and outcomes evaluation of a pre-academic arts program for individuals with mental health conditions: A mixed methods study protocol. *BMJ Open*, 9(7), e025604.

CONFERENCE REPORT

11th European Music Therapy Conference 'Fields of Resonance'

Anita Swanson

Independent scholar, USA

CONFERENCE DETAILS

11th European Music Therapy Conference

'Fields of Resonance'

26-30 June 2019, Aalborg, Denmark

AUTHOR BIOGRAPHY

Anita Swanson works with a comprehensive range of clinical populations. She specialises in children and adolescents with autism spectrum disorders, developmental disabilities, and persons with neurological rehabilitation needs. Anita serves on the World Federation of Music Therapy council; she is currently Secretary. [anitaleighs@gmail.com]

Publication history:

Submitted 3 Nov 2019

Accepted 24 Feb 2020

First published 8 Apr 2020

The 11th European Music Therapy Conference was held in Aalborg, Denmark, 26-30 June 2019. The beautiful House of Music was the site for many of the sessions and each day's keynote address (see Photograph 1). Additional sessions and the research poster session were held at an adjacent building at Aalborg University. The conference venue was located near the river, which provided a lovely atmosphere during lunch and coffee breaks. The venue was accessible by foot from all conference hotels.

The conference committee started each day with a lively presentation of a story that was told over the course of the conference, singing, and jokes. 'Fields of Resonance' was the theme of the conference. After the morning introduction, a keynote presentation was given and followed by a panel of speakers. The speakers responded to the keynote address and conversed with the keynote speaker further about the topic. Monika Geretsegger delivered the first keynote "Resonating research – What is needed to make music therapy research and implementation more relevant, meaningful, and innovative?" The following day, Susan Hart discussed "Neuroaffective perspectives on resonance" and, lastly, Lars Ole Bonde presented "Resonance, intensity and will in music psychotherapy." After his presentation, all participants took part in a special retirement celebration for Bonde. Video messages from colleagues around the world were displayed and the group were led in song by Danish choral conductor John Høybye.

Speakers from several European countries and beyond gave a wide range of presentations. Approximately 520 participants from 43 countries attended the conference. The conference was an intersectionality of music therapists from around the globe, as participants arrived from six continents. Many Americans attended, as did delegates from South Africa and other countries. The

diversity of participants was one of the reasons I attended the conference. I enjoy hearing from music therapists in different cultures and assessing what similarities and differences they encounter in their work. In addition to diversity in cultural background, this conference also offered a diverse programme reflecting practice, theory, and research.



Photograph 1: House of Music, Aalborg¹

Some of the sessions I particularly enjoyed attending are described as follows. Grace Thompson (Australia) spearheaded a roundtable about “Music therapy with families”. She and her co-presenters engaged the active participation of the audience in discussions of current trends and challenges in working with families. Gerhard Tucek (Austria) led a team in discussing “Personalization in music therapy – Researching music therapy processes and relationships in selected fields of neurologic rehabilitation”. Detailed explanations were given regarding a wide variety of neuro-rehab components. Claire Ghetti (Norway) and members of her research team presented her “Longitudinal study of music therapy’s effectiveness for premature infants and their caregivers (LongSTEP): Results from feasibility studies and first steps in an international RCT”. It was fascinating to hear the challenges and successes experienced thus far by the team. James Hiller and Susan Gardstrom (USA) shared their research regarding “The impact of vocal re-creative engagement on nutritional intake of individuals with AD and related dementias: A multi-site repeated measures study.” Though the results were not as anticipated, they gained several significant findings. Gitta Strehlow (Germany) and her colleagues presented a lively discussion of “How do we understand the unconscious in contemporary music therapy?” The audience engaged quickly with the topic and contributed richly to the discussion.

Many other concurrent sessions included a variety of topics. Some included topics specifically for the music therapist, such as “Resonating our clinical mistakes out in the open: Why, how, when, and with whom?” by Gilboa, Thomas, Hakvoort, Balil, and Harris, “Personal music and imagery: A method for self-supervision” by Scott-Moncrieff and Story, and “Ethics in music therapy – How to

¹ The photographs are courtesy of Carol Lotter.

respond to ethical dissonance?" by Weymann and Stegemann. There were sessions on music interventions, such as "Soul song circles: Vocal improvisation, sound, and song in inclusive group therapy" by Schenck, "The role of musical improvisation in shaping bonding formations for clients with borderline personality disorder" by Foubert, Walton, and de Backer, and "Fields of resonance from therapeutic group song writing for people living with dementia and their family caregivers" by Clark, Stretton-Smith, Baker, and Tamplin. Other research sessions were also presented, such as "Short GIM in active treatment for gynecologic and breast cancer: An RCT pilot study" by Papanikolaou, Hannibal, and McKinney, "Enhancing the efficacy of integrative improvisational MT in the treatment of depression: Overview of an on-going RCT" by Erkkilä, Brabant, and Saarikallio, and "Interacting brains of a client with dementia and a music therapist: An EEG case report on central neural markers of emotion during dyadic improvisation" by Maidhof, Bloska, Odell-Miller, and Fachner.

The poster session included traditional paper posters and some animated ones displayed on a computer. Each presenter had one minute to proclaim the details of their poster to the audience before people walked around and looked at them. While the one-minute speeches were informing and entertaining, it did not leave time in the schedule for people to engage in the traditional poster presentation format of walking around to the posters and addressing the authors. A variety of poster topics included "Moving the profession forward: Government recognition, access, and competitive pay (Kern and Tague), "Treatment of burn-out in health professionals through music therapy" (Sequera and De La Torre), "The kaleidoscope of empathy: Insights from music therapy with aggressive teenagers" (dos Santos), and "Who am I as a music therapist? A grounded theory study on professional identity in Israel and Germany" (Preissler and Druks).

All in all, the European Music Therapy Conference was a rich learning and networking experience. Colleagues from around the world joined together to share research and practice knowledge. The conference location was easily accessible, and the hosts designed a diverse learning and social programme. There were a couple of times when the venue seemed a bit small for the large number of attendees. The dinner space was cramped, and attendees were divided between two floors. The exhibits took place in several locations and thus appeared a bit disjunct. Perhaps there were more attendees than anticipated.

As a music therapist from the United States, I felt the presentations offered were more often based on research findings than some of the sessions I see at conferences in the US. I see many practical, music therapy intervention-based sessions in the US alongside research sessions. There were fewer sessions offered compared to what is available at the American Music Therapy Association conference. Obviously, this is most likely due to the number of attendees, since the EMTC conference is smaller.

One of the things I really love about the EMTC conference is the built-in opportunities for connecting with other music therapists. Coffee and tea breaks each day, planned group evening social events, and a conference dinner are all missing from an AMTA conference. Again, this could be due to the smaller number of participants at EMTC. Yet I also think it is due to the culture. I like the focus on taking time to talk with others. I also admire the timeframe of the conference events. Each morning of EMTC started at 9am, which gave conference-goers time to have a leisurely breakfast together or do other self-care activities prior to starting the day. The conference sessions

ended around 5pm, allowing time for the planned social events or time to use at one's discretion. While this may seem like a minor point to some, it is a significant point for me. I attended the EMTC conference as a presenter and session attendee. Additionally, I attended a World Federation of Music Therapy meeting and an *Approaches* meeting all while not being completely exhausted by the conference schedule. I had time to connect with others during the coffee/tea breaks (each morning and afternoon), lunches, and before and after the conference schedule each day. I had time to relax and process the information I had learned that day. Having a more manageable schedule, such as this one, allows one to take in information, process, make connections, and grow.

The popularity of this conference may be growing as an increasing number of music therapists from around the world take part. The abundance of learning opportunities within a welcoming community make me excited to attend another European Music Therapy Conference in the future. Mark your calendars for the next EMTC conference 8-12 June 2022, at Queen Margaret University in Edinburgh, Scotland!

