Suggested Citation of this Publication

Disclaimer

The opinions and information contained in this publication are those of the authors of the respective articles and not necessarily those of the editors, proofreaders, or the World Federation of Music Therapy (WFMT). Consequently, we assume no liability or risk that may be incurred as a consequence, directly or indirectly, of the use and application of any of the contents of this publication.

For this special issue authors have prepared their own manuscripts attending to content, grammar, language fluency, and formatting. Any errors may be discussed with the authors.
Welcome
New Knowledge from Around the World

By Annie Heiderscheit

I am pleased to present this special issue of *Music Therapy Today*, published by the World Federation of Music Therapy (WFMT). This latest edition features the proceedings of the 14th World Congress of Music Therapy in Vienna and Krems, Austria, including over 170 contributions from music therapy clinicians, researchers, and educators from around the world.

You are viewing a unique and comprehensive collection of the latest research, ground-breaking clinical reports and innovative contributions from music therapy education. We hope you enjoy reading, discovering, exploring, discerning and integrating this body of knowledge into your area of work. The articles may also serve as a means of sparking new conversations, collaborations or continued discoveries in our profession.
We do know that this type of exchange is vital to the ongoing development of our profession. With that in mind, we hope you will consider submitting future publications to *Music Therapy Today*. The online format of the journal supports the inclusion of the latest technology and multimedia content, which allows us to create a rich and vibrant publication. You can visit the World Federation of Music Therapy website at www.wfmt.info for submission guidelines to our online journal. We look forward to reading your latest work and sharing it with colleagues worldwide.

I would like to thank Dr. Jörg Fachner, Dr. Petra Kern, and Dr. Gerhard Tucek, the editorial board, proofreaders, and all the authors that so generously contributed to bringing this issue to fruition. Your commitment to the profession is greatly appreciated as you willingly give your time and talents. Bravo!

Finally, I have no doubt as you read these proceedings you will find yourself inspired, motivated and moved to continue to learn, grow and further develop your area of practice or research. As you do, remember to continue to share that knowledge, it ensures we continue to advance as a profession.

On behalf of the WFMT Council,

Annie Heiderscheit, Ph.D., MT-BC, LMFT
2013-2014 Interim President, WFMT
Forty years ago, music therapists gathered in Paris, France for the first World Congress of Music Therapy. Since then, our practitioners have served millions of clients with various disabilities and health issues in many countries around the world. We have gained more knowledge about the effects of music therapy interventions for better serving individuals from birth to the end of life, and we have advanced our degree and training programs, graduating highly educated students with strong competencies each year.
However, with the globalization of our profession, cultural aspects and issues have become more prominent. These need to be considered both when working with a cultural diverse clientele or when studying and working abroad. Therefore, this world congress invites professionals and students from more than 40 countries to explore and discuss the impact of cultural diversity in music therapy practice, research and education.

We have received over 400 congress proposals resulting in four spotlights sessions featuring 21 experts on specific topics, 212 concurrent sessions, 30 roundtables, 49 workshops, and 125 posters. Our invitation to share short synapses of the presenters’ expertise, experiences, and perspectives in the 2014 congress proceedings resulted in over 170 submissions. We must thank the members of the International Scientific Committee for reviewing the proposals, all authors who contributed to this special issue of Music Therapy Today, and the proofreaders who assisted in the publication process.

This publication reflects current music therapy practices, scientific knowledge, and innovative teaching approaches from the eight regions of the World Federation of Music Therapy. The reader will find thought-provoking ideas, traditions, and customs reflected in the field of music therapy. We are aware that it does take an open mind to reflect one's own professional practices in the light of a cultural diverse music therapy world. Still, it is our hope that the 14. World Congress of Music Therapy and the congress proceedings will promote cultural awareness, cross-cultural understanding, and result in culturally-oriented learning for generations of music therapists to come. Acknowledging diversity and understanding of differences will enrich our personal as well as professional lives. As Yo-Yo Ma (cellist and United Nations Messenger of Peace) has said, “Our cultural strength has always been derived from our diversity of understanding and experience.”

We wish you happy reading and hope that you will find one or two cultural “eye-openers” that may challenge and enhance your perspective.

Sincerely,

Prof. Dr. Jörg Fachner
2013-2014 Interim Chair
WFMT Publications Commission

Prof. Dr. Petra Kern, MT-DMtG, MT-BC, MTA
Past President, WFMT

Prof.(FH) Priv.Doz. Mag. Dr. Gerhard Tucek
WFMT Congress Organizer
14. World Congress of Music Therapy
# Special Issue
## Congress Proceedings

**14. World Congress of Music Therapy in Vienna/Krems, Austria**

## Presidential Note

**Welcome: New Knowledge from Around the World**

Annie Heiderscheid

## Editors' Comments

**14. World Congress of Music Therapy: Cultural Diversity in Music Therapy, Practice, Research, and Education**

Jörg Fachner, Petra Kern, and Gerhard Tucek

## Spotlight Sessions

**Teaching Today and Tomorrow: Rethinking Education for an Online World**

Petra Kern

**Dancing on the Couches: Culture in Brazilian “Interactive Music Therapy”**

Lia Rejane Mendes Barcellos

**Transferring Tradition and Cultural Diversity Future of Music Therapy in Japan**

Satoko Mori-Inoue

**Researching Clinical Practice and Practicing Clinical Research in Neurorehabilitation**

Jeanette Tamplin

**Do You Have to Be a Positivist to Do an RCT?**

Grace Thompson

**Improvisation — A Multilayered Perspective**

Gro Trondalen
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
</tr>
</thead>
</table>

### CONCURRENT SESSIONS

**UNDERSTANDING SUPPORT MUSICALLY AND RELATIONALLY IN CANCER GROUPS: INITIAL FINDINGS AND REFLECTIONS**  
*Brian Abrams and Leah Oswanski*

**THE CHIOS’ MOIROLOI IN BEREAVEMENT FROM A MUSIC THERAPY PERSPECTIVE**  
*Dimitra Akoyunoglou-Christou*

**THE ETHNOCULTURAL AND PSYCHODYNAMIC MEANING OF MUSIC FOR TRAUMATIZED REFUGEES**  
*Sami Alanne*

**MUSIC THERAPY PERSPECTIVES: BEYOND CLINICAL SETTING**  
*Thelma Sydenstricker Alvares*

**ONE DECADE OF THE "HEIDELBERG MODEL OF MUSIC THERAPY" IN OTOLOGY**  
*Heike Argstatter, Miriam Grapp, and Elisabeth Hutter*

**TUNE IN EVERYBODY! THE INTRODUCTION OF SCHOOL XYLOPHONE ENSEMBLES TO DEVELOP GROUP SOCIAL ABILITIES IN STUDENTS WITH AUTISM**  
*Bronte Arns and Vanessa Lucas*

**EFFECTS OF MUSIC THERAPY ON THE PATIENTS WITH ADVANCED GRADE CANCER**  
*Fatma Nil Aydemir and Ozgur Tanriverdi*

**MULTICULTURALISM IN A PEDIATRIC MEDICAL MUSIC THERAPY PROGRAM**  
*Deborah A. Benkovitz*

**MUSIC AS A VEHICLE FOR STRENGTHENING CULTURAL IDENTITY IN THE HOSPITAL SCHOOL**  
*Karin Biegun and Natalia Alperovich*

**MUSIC THERAPY IN MOVEMENT REHABILITATION: THE COLLABORATION BETWEEN MUSIC THERAPISTS AND PHYSIOTHERAPISTS**  
*Anna Bukowska*
<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUSIC THERAPY IN MENTAL HEALTH: A REFLECTION ON THE PATIENT’S EXPERIENCES</td>
<td>Bárbara Penteado Cabral</td>
</tr>
<tr>
<td>AMBIGUOUS LOSS: A CASE STUDY OF AN ADOLESCENT WITH NIEMENPICK TYPE C</td>
<td>Silvina Choi</td>
</tr>
<tr>
<td>PREPARING MUSIC THERAPY STUDENTS FOR A GLOBAL WORKFORCE: CULTURAL DIVERSITY AND E-LEARNING</td>
<td>Imogen Clark and Grace Thompson</td>
</tr>
<tr>
<td>DEVELOPMENT AND IMPLEMENTATION OF MEDIA-BASED APPLICATIONS FOR USE IN MUSIC THERAPY</td>
<td>Tobias Clauß, Mario Seideneck, Hans-Volker Bolay, Gabriel Gatzsche, and Thomas Wosch</td>
</tr>
<tr>
<td>CANADIAN GLEE: MULTI-PHASE STUDIES ON SINGING WITH OLDER ADULTS</td>
<td>Amy Clements-Cortes</td>
</tr>
<tr>
<td>MUSIC AS A PUNCHBAG: AN EXPLORATORY STUDY INTO THE EFFECTS OF MUSIC THERAPY ON THE EMOTION REGULATION OF FORENSIC PATIENTS WITH A MILD INTELLECTUAL DISABILITY</td>
<td>Martina de Witte</td>
</tr>
<tr>
<td>MUSIC THERAPY AND ITS IMPORTANCE IN THE DEVELOPMENT OF YOUNG CHILDREN</td>
<td>Joanna Dabrowska-Zurowska</td>
</tr>
<tr>
<td>CREATING SOCIAL CAPITAL: MUSIC THERAPY IN A MULTICULTURAL SETTING</td>
<td>Dominika Dopierała</td>
</tr>
<tr>
<td>WCMT: WHOLE-COMMUNITY MUSIC THERAPY A PRODUCT-ORIENTED APPROACH</td>
<td>Miriam Druks and Efrat Roginsky</td>
</tr>
<tr>
<td>&quot;AT THE END OF THE WORLD, I AM!&quot; PARTICIPATORY ACTION RESEARCH IN CHOIR PERFORMANCES</td>
<td>Cochavit Elefant and Rina Stadler</td>
</tr>
<tr>
<td>Title</td>
<td>Authors</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>MUSIC THERAPY (MT) WITH PREMATURE INFANTS AND THEIR CAREGIVERS IN THE NEONATAL INTENSIVE CARE UNIT (NICU) IN COLOMBIA</td>
<td>Mark Ettenberger</td>
</tr>
<tr>
<td>MUSIC THERAPY AND BRAIN RESEARCH: WHERE ARE WE HEADING?</td>
<td>Jörg Fachner</td>
</tr>
<tr>
<td>MUSIC IN THE HOLOCAUST AND ITS IMPLICATIONS TO MUSIC THERAPY</td>
<td>Atarah Fisher</td>
</tr>
<tr>
<td>THE MUSIC THERAPY TRIO: RESEARCH FINDINGS FROM A QUALITATIVE SINGLE CASE STUDY</td>
<td>Claire Flower</td>
</tr>
<tr>
<td>REFLECTING ON CULTURE AND MUSIC THERAPY IN HOME-BASED PAEDIATRIC PALLIATIVE CARE</td>
<td>Lucy C. Forrest</td>
</tr>
<tr>
<td>MEANINGFUL MOMENTS THROUGH MUSIC LISTENING IN ACUTE STROKE REHABILITATION</td>
<td>Anita Forsblom</td>
</tr>
<tr>
<td>BEFRIENDING THROUGH MUSIC: INVESTIGATING MUSIC THERAPY EXPERIENCES AND TRIADIC RELATIONSHIPS</td>
<td>Gráinne Foster</td>
</tr>
<tr>
<td>MUSIC THERAPY SERVICES FOR STUDENTS WHO ARE CULTURALLY AND LINGUISTICALLY DIVERSE WITH MODERATE AND SEVERE DISABILITIES</td>
<td>Amy Greenwald Furman</td>
</tr>
<tr>
<td>AUGMENTATIVE AND ALTERNATIVE COMMUNICATION AND ITS POSITION IN MUSIC THERAPY</td>
<td>Anita L. Gadberry and David L. Gadberry</td>
</tr>
<tr>
<td>CULTURAL SENSITIVITY IN MEDICAL MUSIC THERAPY: ESTABLISHING PRACTICE GUIDELINES FROM THE RESEARCH</td>
<td>Lori F. Gooding, Olivia Swedberg Yinger, Jessica Rushing, and Kelsey Lownds</td>
</tr>
<tr>
<td>Title</td>
<td>Author(s)</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>COLLABORATIVE PARENT COUNSELING IN MUSIC THERAPY (CPCiMT) FOR PARENTS</td>
<td>Tali Gottfried</td>
</tr>
<tr>
<td>OF CHILDREN WITH AUTISM SPECTRUM DISORDER</td>
<td></td>
</tr>
<tr>
<td>I WILL SURVIVE: MUSIC THERAPY AT A CHILDREN’S CANCER UNIT</td>
<td>Barbara Griessmeier</td>
</tr>
<tr>
<td>MUSIC THERAPY AND MINDFULNESS - AN INTERVENTION PROPOSAL FOR PSYCHOACTIVE</td>
<td>Diego Alejandro Torres Güiza</td>
</tr>
<tr>
<td>SUBSTANCE ADDICTS</td>
<td></td>
</tr>
<tr>
<td>“NECESSITY IS THE MOTHER OF INVENTION”: THE INCEPTION OF INTERACTIVE</td>
<td>Sarah Hadley</td>
</tr>
<tr>
<td>MUSIC-MAKING IN RESPONSE TO THE NEEDS OF COMMUNITIES AT HOME AND</td>
<td></td>
</tr>
<tr>
<td>ABROAD</td>
<td></td>
</tr>
<tr>
<td>STORYCOMPOSING PROMOTING CHILDREN’S VOICE</td>
<td>Hanna Hakomäki</td>
</tr>
<tr>
<td>CREATIVE MUSIC THERAPY IN PREMATURE INFANTS: TESTING ITS POSSIBLE</td>
<td>Friederike Haslbeck</td>
</tr>
<tr>
<td>INFLUENCE ON BRAIN DEVELOPMENT</td>
<td></td>
</tr>
<tr>
<td>“SINGING CREATES FREEDOM” MUSIC THERAPY ACADEMIC AND PRACTICE</td>
<td>Reiner Haus and Mirdza Paipare</td>
</tr>
<tr>
<td>DEVELOPMENT IN LATVIA</td>
<td></td>
</tr>
<tr>
<td>MINORITY SUPERVISORS WITH INTERSECTING IDENTITIES: POWER DYNAMICS AND</td>
<td>Feilin Hsiao and Xueli Tan</td>
</tr>
<tr>
<td>SUPERVISORY DYADS</td>
<td></td>
</tr>
<tr>
<td>WHAT A GLORIOUS FEELING, I’M HAPPY AGAIN: MUSIC THERAPY AND DEMENTIA</td>
<td>Ming Hung Hsu, Rosamund Pendry, Helen Odell-Miller, Jörg Fachner, and Michael Parker</td>
</tr>
</tbody>
</table>
# Table of Contents

I AM MY OWN MASTER: BUILDING SELF-KNOWLEDGE THROUGH A REFLECTIVE MUSIC THERAPY PROGRAM  
Lene Majgaard Jeffrey

TRIADIC SUPPORT OF INTERACTION BY IMPROVISATION  
John Strange

THE MUSIC BASED ASSESSMENT OF INDIVIDUALIZED COGNITIVE AND MOTOR FUNCTIONING (MBA-ICMF)  
Dikla Kerem

NORDOFF-ROBBINS MUSIC THERAPIST TRAINING IN ASIA  
Dong Min Kim, Hye Seon Baek, and Gil Hong Park

EFFECT OF AUDITORY-MOTOR MAPPING TRAINING KOREAN ON CHILDREN WITH AUTISM: A PILOT STUDY  
Hae Sun Kim

CHILD ABUSE, POVERTY AND OUTCOME STUDY OF MUSIC THERAPY: A LONGITUDINAL STUDY  
Jinah Kim

MUSIC THERAPY WITH A GIRL WITH SEVERE CHILD NEGLECT HISTORY  
Sua Kim

COMMUNITY MUSIC THERAPY IN A COLLECTIVE CULTURE  
Hiroko Kimura and Yumi Nishimoto

MUSIC THERAPY AND DRAMA THERAPY: POSSIBLE COLLABORATION  
Ludwika Konieczna-Nowak

QUANTITATIVE RESEARCH OF THE NONVERBAL COMMUNICATION OF PEOPLE WITH DEMENTIA DURING THE ‘ENCOUNTER’ GROUP  
Irene Kruijssen
# Table of Contents

**Australian Music Therapists’ Experiences Working with Adults with Profound and Multiple Disabilities**  
Juyoung Lee

**Benefits of an Asian Music Therapy Student Group: Multiple Perspectives**  
Yi-Ying Lin and Brian Abrams

**Music Therapy Assessment Protocol for Study the Visual Quality of Life on Demyelinating Optic Neuritis**  
Cybelle M. V. Loureiro, Marco Aurelio Lana-Peixoto, and Lívia E. C. Talim

**Distance Learning in Music Therapy When the Distance Is 1,555 Miles!**  
Emma Lovell and Cathy Rowland

**Altered States in Gim: Neurophenomenological Perspectives**  
Andrea McGraw Hunt

**To See Is to Believe? Developing a Psychophysiologically Informed Method of Video Analysis**  
Clare Monckton and Ming Hung Hsu

**Enriching Clients’ Lives Through Team Support**  
Natsu Nagae and Yuki Masuyama

**Music, Traditional Values, and Pregnant Women in Indonesia**  
Johanna Natalia

**Integration of Chinese Music and Yin-Yang Principle in Guided Imagery and Music**  
Wai Man Ng

**Music Therapy Using Russian Folk Songs for a Russian Woman Living in Japan**  
Yumi Nishimoto

**Mental Health, Human Rights and the Art(s) of Collective Action**  
João Arriscado Nunes and Raquel Siqueira-Silva
# Table of Contents

- **Music's Relevance for 138 Australian Patients and Caregivers Affected by Cancer: Music Therapy Implications**
  - Clare O'Callaghan

- **Identifying the Value of Music Therapy Within Interdisciplinary Assessment: A Research Project**
  - Rebecca O'Connor and Dee Gray

- **The Development of Evidence Based Music Therapy with Disorders of Consciousness**
  - Julian O'Kelly

- **Music Therapy for Survivors of the Great East Japan Earthquake and Tsunami**
  - Kana Okazaki-Sakaue and Kuninori Chida

- **Short-Term Music Therapy in Child and Family Psychiatry**
  - Amelia Oldfield

- **Early Intervention of Music Therapy with Two Children with Joubert Syndrome**
  - Renato Pantaleo

- **Music and Resilience: Introducing Music Therapy in the Palestinian Refugee Camps of Lebanon**
  - Deborah Parker and Liliane Younes

- **Music Therapy's 'Ripple Effect': A Practice-Led Study in Dementia Care Homes**
  - Mercèdes Pavlicevic, Stuart Wood, and Giorgos Tsiris

- **Intercultural Music Therapy Research and Practice at Schools**
  - Eric Pfeifer

- **Including Music Therapists in the Rehabilitation Team of Children with Cochlear Implants**
  - Yina Magally Quique B.

- **Violin and Mind: An Unusual Music Therapy Project with Persons with Alzheimer’s**
  - Silvia Ragni, Machiko Nagasawa, and Luisa Bartorelli
# Table of Contents

- **MUSIC THERAPY WITH UNACCOMPANIED REFUGEE MINORS: A QUALITATIVE CASE STUDY**  
  Merete Hoel Roaldsnes

- **CROSS-CULTURAL SKILL-SHARING AS AN INTRODUCTORY MUSIC THERAPY TRAINING MODEL: SUCCESSES, LIMITATIONS AND CONSIDERATIONS**  
  Cathy Rowland and Alexia Quin

- **THINKING MUSIC THERAPY PRACTICE FOR VICTIMS OF THE GREAT EAST JAPAN EARTHQUAKE 2011**  
  Nobuko Saji

- **MUSIC EDUCATION AND MUSIC THERAPY: CONTACT SURFACES AND BOUNDARIES**  
  Barbara Schnetzinger

- **IT FEELS LIKE ARMAGEDDON: PARALLEL PROCESSES WITH A FEMALE PERSONALITY-DISORDERED OFFENDER**  
  Helen Short

- **CULTURE-CENTRED MUSIC THERAPY: MEETING IN THE MIDDLE**  
  Tanya Marie Silveira

- **MENTALIZATION AND ITS RELATION TO MUSIC THERAPY**  
  Gitta Strehlow

- **LYRIC ANALYSIS INTERVENTIONS IN PSYCHIATRIC MUSIC THERAPY: CLINICAL APPLICATIONS AND RESEARCH**  
  Michael J. Silverman

- **A GLOBAL MUSIC AND HEALTH MOVEMENT? SOME THOUGHTS ON THE EPISTOMOLOGICAL CHALLENGES FACED**  
  Muriel E. Swijghuisen Reigersberg

- **C.G. JUNG AND HIS IMPORTANCE FOR MUSIC THERAPY**  
  Tonius Timmermann
# Table of Contents

- **Exploring Music Therapists’ Perceptions of Spirituality: An International Survey**
  Giorgos Tsiris

- **Bridges of Music: Orchestral Work with People Living with Severe Disabilities**
  Luca Tiszai

- **Time-Limited Guided Imagery and Music (BMGIM) with Professional Musicians**
  Gro Trondalen

- **Music Therapy and Australian Indigenous Health: Feasibility and Potential**
  Sian Truasheim

- **Music Therapy with Children with Attachment Disorders and Their Caregivers**
  Kirsi Tuomi

- **Humanist Music Therapy in Generalized Anxiety Disorder**
  Víctor Andrés Terán Camarena and Enrique O. Flores Gutiérrez

- **Microanalysis Research for Autistic Children**
  Zuzana Vlachová and Giulio Collavoli

- **Re-Framing Experiences in Gulu’s Socio-Cultural Post-War Context: A CoMT Point of View**
  Ana Navarro Wagner

- **The Home That Was Mine: The Meaning of a Group Music Therapy with Teenage Girls Uprooted from Gush Katif**
  Chava Wiess and Dorit Amir

- **The Music Store as an “Arena” for Community Music Therapy**
  Yutaka Yoshida
**TABLE OF CONTENTS**

VIBROACOUSTIC MUSIC THERAPY, INTEROCEPTIVE AWARENESS AND EMOTION REGULATION  
*Jorge Zain*

WE ALL MAKE MUSIC: A STUDY OF MUSIC ENSEMBLE FOR SPECIAL NEEDS YOUTH  
*Juan Pedro Zambonini and Ralf Niedenthal*

MUSIC THERAPY IN HYPERTENSIVE PATIENTS TREATMENT AT BRAZILIAN UNIVERSITY HOSPITAL: HEALTH EDUCATION  
*Claudia Regina de Oliveira Zanini, Diana da Silva T. Santana, and Elvira Alves dos Santos*

THE SOUNDS OF ANXIETY: A PATH TO THE PULSE OF COMMUNITY  
*Rebecca Zarate*

KOREAN TRADITIONAL MUSIC THERAPY AND KOREAN MEDICINE MUSIC THERAPY  
*Hye-Won Chung and Seung-Hyun Lee*

DIVERSITY IN EDUCATION: MUSIC THERAPY TRAINING IN VARIOUS MODALITIES  
*Amy Clements-Cortes, Petra Kern, Gene Anne Behrens, Melissa Mercadal-Brotons, Thomas Stegemann, and Dena Register*

NEW MUSIC THERAPY ANALYSIS TOOLS FOR VEGETATIVE AND MINIMALLY CONSCIOUS STATE PATIENTS  
*Adriana De Serio*

MUSIC THERAPY, ALTERED STATES, AND IMAGERY  
*Jörg Fachner, Denise Grocke, Andi Hunt, Anita Forsblom, Esa Ala-Ruona, and Lars Ole Bonde*

CULTURAL CONTEXTS IN MUSIC THERAPY EDUCATION AND TRAINING  
*Karen Goodman, Thelma Sydenstricker Alvares, Leslie Bunt, Avi Gilboa, Robert Krout, Sumathy Sundar, and Elizabeth York*
# Table of Contents

- International Perspectives on Collaborative Music Therapy Research  
  Annie Heiderscheit and Linda Chlan
- WFMT: State of the Organization  
  Annie Heiderscheit and WFMT Council Members
- Good, Better, Best: Recommendations on Evidence-Based Practice for Children with Autism Spectrum Disorder  
  Petra Kern, Marcia Humpal, Jennifer Whipple, Linda Martin, Angela M. Snell, Darcy Walworth, John Carpente, Hayoung Lim, and Linn Wakeford
- The Color of Us: Music Therapy for Young Children in Europe  
  Petra Kern, Stine Lindahl Jacobsen, Kirsi Tuomi, Elizabeth Georgiadi, Krzysztof Stachyra, Claire Flower, and Thomas Stegemann
- Music Therapy with Disorders of Consciousness: Research Innovations to Guide Best Practice  
  Wendy L. Magee, Dee Gray, Marcela Lichtensztejn, Rebecca O’Connor, and Julian O’Kelly
- Music Therapy with Families: Reflections on Particular Benefits for Caregivers  
  Amelia Oldfield, Kirsi Tuomi, Barbara Griessmeier, and Tali Gottfried
- Collaboration: Empowering the Researcher and Clinician Relationship  
  Jessy Rushing, Lori Gooding, and Olivia Swedberg Yinger
- WFMT ASD Exploring the Future: Student Perspectives on Globalization of Music Therapy  
  Jen Spivey and WFMT Assembly of Student Delegates
- The Economics of Therapy: Clients, Colleagues, Cash and Competition  
  Daniel Thomas, Alison Ledger, Petra Kern, Stine Lindahl Jacobsen, and Vicki Abad
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>273</td>
<td>WORKSHOPS</td>
<td>WORLD-WIDE PERSPECTIVES ON IMPROVISATIONAL MUSIC THERAPY FROM THE TIME-A PROJECT</td>
<td>Grace Thompson, Tali Gottfried, Monika Geretsegger, Amelia Oldfield, Ferdinando Suvini, Gustavo Gattino, Cochavitz Elefant, John Carpente, Jinha Kim, and Christian Gold</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MUSIC AND THE EXPRESSION OF VIOLENCE IN SCHOOLS</td>
<td>Andreas Wölfl, Katrina Skewes McFerran, and Philippa Derrington</td>
</tr>
<tr>
<td>273</td>
<td>WORKSHOPS</td>
<td>ANTHROPOSOPHIC BASED MUSIC THERAPY</td>
<td>Monica Bissegger, Sarah Bieligmeyer, Doris Dorfmeister, Eduard Helmut, Alice Ranger, and Jan Vagedes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HOW AND WHY TO CHANGE FROM PRODUCT TO PROCESS MUSIC THERAPY</td>
<td>Janice M. Dvorkin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MUSICAL TECHNIQUES OF ENGAGEMENT</td>
<td>Susan C. Gardstrom, James Hiller, and Larisa Mchugh, Dorie Phillips</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DRUM CIRCLE AND MUSIC THERAPY</td>
<td>Karina H. Glinka</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BEING IN THE “HEAR” AND NOW: MUSIC-MAKING AS MINDFULNESS PRACTICE</td>
<td>Faith Halverson-Ramos</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ORGANOLOGY OF MUSICAL INSTRUMENTS</td>
<td>Aurelio C. Hammer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ACCULTURATIVE STRESS REDUCTION AND CULTURAL ADJUSTMENT IN MUSIC THERAPY</td>
<td>Seung-A Kim</td>
</tr>
</tbody>
</table>
# Table of Contents

**Building Community Through Facility-Wide Performances in a Psychiatric Residential Treatment Facility**  
Bronwen M. Landless

**Standardization of the Music Therapy Assessment for Awareness in Disorders of Consciousness (MATADOC)**  
Wendy L. Magee, Richard Siegert, Steve Taylor, Barbara A. Daveson, and Gemma Lenton-Smith

**Evaluating the Behavioural, Emotional/Social and Academic Outcomes of Music Therapy with Adolescents Who Are Experiencing Mental Health**  
Joanne McIntyre

**Extending the Culture of Family Through Music Therapy: Research through Lived Experience**  
Theresa Merrill and Lucanne Magill

**Percussive Patterns for Altered States of Consciousness**  
Riccardo Misto

**The Hasidic Niggun1 Excerpts from a Dialogue**  
Aron Saltiel and David Kaetz

**Music Therapeutic Improvisation and Supervision**  
Hans Ulrich Schmidt and Tonius Timmermann

## Poster Sessions

**Perception of Basic Emotions in Music: Pan-Cultural or Multi-Cultural?**  
Heike Argstatter

**The Effects of Music Listening on Acute Pain Perception**  
Ravi R. Bhatt, Thomas K. Hillecke, Julian F. Thayer, and Julian Koenig
<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTS OF A SOUND-BED-INTERVENTION ON PATIENTS DIAGNOSED WITH CANCER: A PROSPECTIVE PILOT STUDY</td>
<td>Sarah Bieligmeyer, Doris Dorfmeister, Eduard Helmert, and Jan Vagedes</td>
</tr>
<tr>
<td>MUSIC THERAPY AT THE UNIVERSITY OF AUGSBURG, GERMANY</td>
<td>Johanna Bosse, Tonius Timmermann, and Hans Ulrich Schmidt</td>
</tr>
<tr>
<td>DEVELOPING LANGUAGE SKILLS IN A PUBLIC SCHOOL: CHILDREN'S CULTURAL DIVERSITY</td>
<td>Maria del Carmen Canet Vayá</td>
</tr>
<tr>
<td>GENERATING RHYTHM: MUSIC THERAPY IN PARKINSON’S CARE</td>
<td>Amy Clements-Cortes</td>
</tr>
<tr>
<td>SINGING AND WELLNESS: BUDDY’S GLEE CLUB, PHASE TWO STUDY</td>
<td>Amy Clements-Cortes</td>
</tr>
<tr>
<td>EDIBLE R/S MUSICAL INSTRUMENTS IN MUSIC THERAPY FOR GERIATRIC DISABLED AND WHEELCHAIR BOUND PATIENTS</td>
<td>Adriana De Serio</td>
</tr>
<tr>
<td>MUSIC THERAPY IN AQUATIC AND DRY ENVIRONMENTS FOR THE REHABILITATION OF CHILDREN WITH DIFFERENT DISABILITIES</td>
<td>Adriana De Serio</td>
</tr>
<tr>
<td>NEW MUSIC THERAPY ANALYSIS TOOLS FOR VEGETATIVE AND MINIMALLY CONSCIOUS STATE PATIENTS</td>
<td>Adriana De Serio</td>
</tr>
<tr>
<td>TOWARDS ‘AINTEGRATION’ IN MUSIC THERAPY WITH HOLOCAUST SURVIVORS</td>
<td>Miriam Druks and Dorit Amir</td>
</tr>
<tr>
<td>SHORT-TERM EFFECTS OF PENTATONIC LIVE MUSIC ON NEONATES UNDER PHOTOTHERAPY</td>
<td>Josephine Geipel, Alice Ranger, Barbara M. Menke, and Jan Vagedes</td>
</tr>
<tr>
<td>THE EFFECTS OF MUSIC THERAPY IN NEUROREHABILITATION WITH PERSONS AFTER BRAIN INJURY</td>
<td>Marketa Gerlichova</td>
</tr>
<tr>
<td>Title</td>
<td>Authors</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>FLASH SONG THERAPY: A METHOD OF ACTIVE MUSIC THERAPY FOR DEMENTIA</td>
<td>Mieko Iizuka and Michikazu Nakamura</td>
</tr>
<tr>
<td>CORRELATION OF ACOUSTIC FEATURES WITH PERCEPTUAL IMPRESSION EVALUATION AFTER SINGING TRAINING</td>
<td>Maki Kato, Kazumasa Yamatomo, and Seiichi Nakagawa</td>
</tr>
<tr>
<td>THE EFFECT OF POST-TASK MUSIC ON HEART RATE VARIABILITY AFTER A PROGRESSIVE ERGOMETER CYCLING TASK– A CROSS-OVER RANDOMIZED CONTROLLED TRIAL</td>
<td>Michael Kessler, Thomas K. Hillecke, Julian F. Thayer, and Julian Koenig</td>
</tr>
<tr>
<td>MUSIC THERAPY WITH TWO BOYS WITH AUTISM: OUR WORLDS, OUR MUSIC</td>
<td>Sara Knapik-Szweda</td>
</tr>
<tr>
<td>SONIFICATION OF BIOLOGICAL RHYTHMS – EXEMPLIFIED BY THE SOUND OF BRAC</td>
<td>Annegret Linde</td>
</tr>
<tr>
<td>MUSIC THERAPY RESEARCH IN SPAIN: A DESCRIPTIVE STUDY</td>
<td>María Teresa Del Moral Marcos, Melissa Mercadal Brotons, and Andrés Sánchez Prada</td>
</tr>
<tr>
<td>ANTICIPATORY GRIEF IN TERMINAL PATIENTS: INTEGRATED ASSESSMENT BY MUSIC THERAPY AND PSYCHOLOGY</td>
<td>Elisabeth Martins Petersen, Janete Alves Araujo, and Juliana Alves Araujo Freze</td>
</tr>
<tr>
<td>THE PROCESS OF MENTAL INDEPENDENCE FROM MOTHER: SONGWRITING WITH A YOUNG ADULT CLIENT WITH A SEVERE TRAUMATIC BRAIN INJURY IN MUSIC THERAPY</td>
<td>Ayako Masuzawa</td>
</tr>
<tr>
<td>MOMENTS OF COMPANIONSHIP FOR CHILDREN WITH VISUAL IMPAIRMENT AND THEIR SIGHTED CAREGIVERS</td>
<td>Maren Metell</td>
</tr>
<tr>
<td>BABIES AT SOCIAL RISK: MUSIC THERAPY INTERVENTIONS FOR THE STIMULATION OF “MOTHERING”</td>
<td>Marilena Fernandes do Nascimento and Maria Carolina Simões dos Santos</td>
</tr>
<tr>
<td>Title</td>
<td>Authors</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>A TRAGIC CHINESE MUSIC AS A REMEDY FOR THE WOUND OF LOVE</td>
<td>Wai Man Ng</td>
</tr>
<tr>
<td>INFLUENCE OF LISTENING TO MUSIC ON OXYHEMOGLOBIN CONCENTRATION IN BRAIN</td>
<td>Emiko Oguchi, Nana Ichimura, and Takae Inagaki</td>
</tr>
<tr>
<td>MUSIC-BASED MUSIC INTONATION THERAPY AND OTHER MUSIC THERAPY TECHNIQUES WITH A PATIENT WITH BROCA’S APHASIA</td>
<td>Aiko Onuma and Izumi Izuta</td>
</tr>
<tr>
<td>MUSIC THERAPY IN HEALTH PROMOTION CONTRIBUTING TO THE CONTROL OF ACADEMIC STRESS</td>
<td>Graziela França Alves Panacioni and Claudia Regina de Oliveira Zanini</td>
</tr>
<tr>
<td>LEVERAGING IDENTITY THROUGH MUSIC</td>
<td>Ludmila C. S. Poyares and Roberto M. Fadden</td>
</tr>
<tr>
<td>EFFECTS OF PENTATONIC MUSIC ON PHYSIOLOGICAL PARAMETERS OF NEONATES AND MATERNAL ANXIETY</td>
<td>Alice Ranger, Monica Bissegger, Eduard Helmert, and Jan Vagedes</td>
</tr>
<tr>
<td>EFFECT OF MUSIC AS A REINFORCER ON A CLEANING TASK IN CHILDREN</td>
<td>Kumi Sato</td>
</tr>
<tr>
<td>LIVE CLASSICAL MUSIC IN AN URBAN MEDICAL CLINIC: A QUALITATIVE INVESTIGATION</td>
<td>Michael J. Silverman and Jon Hallberg</td>
</tr>
<tr>
<td>TOWARDS PROFESSIONALISATION OF MUSIC THERAPY: A MODEL OF TRAINING AND CERTIFICATION</td>
<td>Krzysztof Stachyra</td>
</tr>
<tr>
<td>EFFECTS OF A FOUR-YEAR MUSIC THERAPY GROUP PROGRAM FOR CHILDREN WITH ASD</td>
<td>Ryoko Suzuki, Izumi Futamata, Azusa Uchida, Azusa Sanpei, Moe Kurita, Chika Iijima, Tomoko Akiyama, and Ryoichi Sakuta</td>
</tr>
<tr>
<td>IMPORTANT CLINICAL INFORMATION IN MUSIC THERAPY</td>
<td>Naomi Takehara, Tamaki Yano, Tsutomu Masuko, Tomoko Ichinose, Kakuko Matsumoto, Tomomi Aoki, and Megue Yokoya</td>
</tr>
</tbody>
</table>
TABLE OF CONTENTS

WILL PROFESSIONAL MUSICIANS ACCEPT MUSIC THERAPY FOR THEMSELVES?
Junko Tanaka

EFFICACY OF MUSICAL INTERVALS ON PSYCHOLOGICAL PARAMETERS – A RANDOMIZED CONTROLLED TRIAL
Jan Vagedes, Eduard Helmert, Bernhard Deckers, Jeff Martin, Matthias Kohl, and Holger Kern

MUSICAL COMPOSITION IN MUSIC THERAPY WITH MULTI-FAMILY GROUP TO PREVENT DRUGS IN SCHOOL SETTING
Fernanda Valentin, Eliamar A. B. Fleury e Ferreira, Sandra Rocha do Nascimento, Célia Mª. F.S. Teixeira

THE EFFECT AND TIME COURSE OF A MUSIC THERAPY INTERVENTION ON AUTONOMIC NERVOUS SYSTEM FUNCTIONING INDEXED BY HEART RATE VARIABILITY
Marco Warth, Natalia Garrido Rosa, Thomas K. Hillecke, and Julian Koenig

383 WFMT ANNOUNCEMENTS

2014 WFMT Congress Events

WFMT Member Benefits

WFMT Lifetime Membership Award

2014 WFMT Awards

WFMT World Congress Scholarship for Students

Presenting WFMT’s Assembly of Student Delegates

Honoring 2011-2014 WFMT Council Members

Call for Papers: Music Therapy Today
TEACHING TODAY AND TOMORROW:  
RETHINKING EDUCATION FOR AN ONLINE WORLD

Petra Kern  
Music Therapy Consulting, USA  
Marylhurst University, USA  
University of Louisville, USA

Online Developments and Trends
Over the past twenty years, the online world changed the way music therapists’ access and share information, offer and promote their services, and attain higher education or professional development. The World Wide Web became available to the general public in 1994 while online education started with the dot-com boom between 1999-2001. Around this time, MusicTherapyWorld and Voices: A World Forum for Music Therapy, the first open access online platforms for music therapists, became available. Social media started with MySpace followed by Facebook in 2004. Music therapy students began using Facebook in its early days; the majority of professionals did join them about 2008. This also was when WFMT’s website www.wfmt.info went live. Mobile technology such as the iPhone came on the market in 2007 and the iPad in 2010. During this time period, many music therapy small business websites and online continuing education courses developed. In the USA, music therapy degree programs started to offer online courses; the first accredited distance equivalency degree program began in 2012. MOOCs (Massive Open Online Course) represent the latest trend in online learning. Furthermore, organizational providers and music therapy entrepreneurs developed several online continuing education courses for music therapists. Figure 1 offers a visual overview of events.

2013 Babson Survey of Online Learning
A recently conducted survey study by Allen and Seaman (2014) revealed that in the U.S.
• 7.1 million (or 33.5%) students in higher education are taking at least one online course.
• 66% of the Chief Academic Officers (CAOs) agreed that online education is critical to the long-term strategy of their institution.
• 74.1% of the CAOs rated learning outcomes in online education as same or superior to those in face-to-face environments.
• 5% of higher education institutes currently offer a MOOC while the majority is still undecided about MOOCs.
• 23% of academic leaders believe MOOCs are a sustainable method for offering online courses.
Rethinking Education in a Virtual World

According to Palloff and Pratt (2013) the following four areas need to be reconsidered for providing excellence in online instruction: a) personal, b) pedagogy, c) content, and d) technology. While novice online educators might be concerned about their online persona and how to build relationships with students, apprentices and insiders often are occupied with finding new ways of delivering materials that engage their students with the content in a collaborative fashion. Master online educators manage the three areas and explore new technologies that support the set learning objectives.

Building interactivity and community through various assignments and using mobile technology and social media (vs. a flat text-based medium) are essential for maximizing online students’ academic success (Palloff & Pratt, 2013). Meaning, online educators should consider various learning styles (i.e., visual, auditory, and kinesthetic) and offer multiple representations of information, alternative means of expression, and varied options for engagement. Additionally, cultural dimensions need to be considered when offering an online course that reaches an international student body (Edmundson, 2007).

Benefits of Online Courses

While there are still issues that need to be addressed, the advantages of online courses are manifold. For example, course content can be accessed anytime and anywhere. Experts can share knowledge at various universities and reach numerous students worldwide while promoting cross-cultural understanding and learning in a culturally diverse music therapy world.

Conclusion

Moving into a mobile technology and social media driven future, it is unpredictable how higher education will look like in 20 years. However, experts expect that online learning will be a key component in delivering education. Hence, music therapy educators should learn and adjust accordingly.

References


About the Author

Petra Kern, Ph.D., MT-DMT, MT-BC, MTA, owner of Music Therapy Consulting is online professor at Mayrthur University and the University of Louisville. She serves as the editor-in-chief of imagine and Past President of WFMT. Contact: petrakern@musictherapy.biz
DANCING ON THE COUCHES:
CULTURE IN BRAZILIAN “INTERACTIVE MUSIC THERAPY”

Lia Rejane Mendes Barcellos
Conservatório Brasileiro de Música, RJ, Brazil

This spotlight presentation intends to show the role of culture, a common ground upon which both music therapist and patient walk on, within the main form of application of music therapy in Brazil, Interactive music therapy, “in which the musical experience is shared by music therapist(s) and patient(s) […], and all of whom are active in the music-making process” […] (Barcellos, 1986, 1994), in different spaces and performing areas and by means of different music experiences.

Brazil is a country of continental dimensions. The main cultural roots in the area of music include the: Amerindians - first inhabitants in the Brazilian lands - who contributed with simple melodies and their own distinctive sonorities; the Portuguese settlers who established its initial basis which may be identified in lullabies and children’s songs; and the Africans - imported as slaves - who brought the rhythm, mainly identifiable in the “samba” (a type of dance that represents the country). These were followed by a number of other European immigrants, particularly Germans and Italians.

The advancements in neuroscience afford scientific evidences that demonstrate the strength and the power in the action of music upon human beings, employed in music therapy in medicine and in music psychotherapy. On this last one, music can be seen as a kind of language that opens up a communicative situation (Ruud, 1990), allowing the expression of internal contents either through the musical narrative or the lyrics in the songs, and in a metaphorical sense, that is, taking the place of what the patient cannot or will not verbalize. Music can bear the meaning of what the patient wants to express and also serves as a theoretical basis for music therapy through several of its fields, like Psychology of Music, Musicology, and Musical Education and. All this permeated by culture.

However, it is fundamental to highlight that, even being a universal phenomenon due to its existence in each and every society and by the importance assigned to it, music becomes singular and is of difficult translation whenever presented outside of its cultural context. Therefore, I would say that it is universal within a culture.

Examples from clinical practice may illustrate the re-creation of: children’s songs by all types of children; theme songs from soap operas repeated by the intellectually deficient while they are broadcast through TVs; popular songs referring to daily themes, in a word, that speak of everything one means to say without employing one’s own voice repeated by adult patients from several areas of distress; raps and funks by street-living kids, already incorporated into the Brazilian culture by the globalization and employment of technology; new genders along the last few decades introduced by a number of groups and pairs (like the pagode and the sertaneja music); as well as the old “Carnaval marches”. All these genders are
re-created both by patients and music therapists and on these can be recognized the cultural roots from the different areas in the country. Not only in the extant songs do appear the traits of culture, but also in the improvisations and in the ‘assisted composition’ (Barcellos, 2011b) which come forth impregnated with the musical aspects that are characteristic of same roots, like melodies and rhythms that can boost the movement and even lead patients undergoing dialysis to dance on their couches. (Barcellos, 2011a). But, it is a music therapist’s duty to bring up creativity, which “is connected to a symbolic process and, when it is active, has always a direct connection to one’s emotional world” (Erkkilä, 2011, p. 200).

It is also important to call the attention to the employment of cultural manifestations as a process of social inclusion and the existence of a Culture-centered music therapy practice in a Brazilian Mental Health institution that is tuned to the goals of the Psychiatric Reform, whose patients present at Carnival time the results of a process aimed to integrate them into the Mardi Gras artistic ambiance in order to create potent strategies. Thus it is fundamental to understand that “while musical preference is important, we [music therapists] must also have the potential to provide other musical avenues that will balance and make the therapeutic process more directed, potent, and aesthetically powerful (Lee, 2003, p. xvi)”. 

References


About the Author
Lia Rejane Mendes Barcellos is a music therapists with a Ph.D. in musicology.

Contact: liarejane@gmail.com
TRANSFERRING TRADITION AND CULTURAL DIVERSITY
FUTURE OF MUSIC THERAPY IN JAPAN

Satoko Mori-Inoue
Child Development Center “Kokko”
Mejiro University Otology Research Clinic
Music Therapy Connection Group “Kakehashi”
Japan

Introduction
Music can be a universal language that not only reaches people through the words, but also through rhythm, melody, structure, and form. Even with the same music, listeners can experience different emotions. As music therapists, we all experience the special ways in which music can transform people.

According to Dr. Murai, psychiatrist and Vice-President of the Japanese Music Therapy Association, music therapy was first introduced in Japan in the 1950s. Initial information came from the book “Music Therapy” edited by E. Posolsky, a psychiatrist from New York. Early pioneers like Tetsuro Kagaya, Tadafumi Yamamatsu, and Hitoshi Sakurabayashi began practicing music therapy in the 1960s and began conducting music therapy study sessions across Japan (Murai, 2012). In the 1970s and 1980s music educators and clinical psychologists then began setting up the first music therapy societies in Japan (Okazaki-Sakaue, 2003). Individuals like Toshikazu Matsui, Shigeaki Hinohara, and Yasuji Murai all contributed their knowledge and efforts to the establishment of Japanese music therapy. During that time, medical doctors, music educators, and musicians provided music therapy to individuals suffering from different diseases. This early form of Japanese music therapy focused primarily on the psychiatry domain (mind) and the internal medicine domain (mind and body) (Murai, 2012). Ultimately two primary associations emerged, the Clinical Music Therapy Association and the Bio-Music Association (Okazaki-Sakaue, 2003).

Movement for Unification
With two different organizations, it was difficult to establish the benefits of music therapy practice in a cohesive manner. Additionally, people who studied abroad came back to Japan with foreign qualifications, establishing different trends in Japanese music therapy. In order to create a unified basis for music therapy in Japan, the two primary associations merged in 1995 forming the Japanese Federation for Music Therapy (JFMT) (Okazaki-Sakaue, 2003). The JFMT, aware of the national certification trend, recognized that it was necessary to certify music therapists and began certifying in 1996 (Okazaki-Sakaue, 2003). Then in 2001, JFMT changed its name and formed a new administration becoming the Japanese Music Therapy Association (JMTA). For the first time the professional development of music therapy was united under one group and moving in the same direction.
Current State of Japanese Music Therapy

As of August 2012, the number of JMTA members is approximately 5,400 people, with 2,063 being certified music therapists (Murai, 2012). JMTA is a fairly large professional organization in Japan, and it has contributed to building a stronger profession and increasing the number of certified therapists over the past 15 years. By 2011, 18 universities and six technical schools had received approval from the Ministry of Education as music therapy academic programs.

Future of Music Therapy in Japan

Efforts for national certification in Japan are important for the promotion of music therapy in Japan. Unfortunately, the national certification in Japan has not yet resulted in success. However, it is important to continue to conduct research in music therapy clinical settings, both in Japan and abroad, as evidence for effective music therapy services is vital for success. Because a personalized service spirit and tenacity are characteristics of the Japanese, we believe that we can keep moving forward little by little. We want to explore the role of music therapy in Japan while valuing the music rooted in Japanese culture. Moreover, the pursuit of expertise in music therapy is believed to be essential in order to deliver effective music therapy services to clients who will need these services in the future. As a result music therapy in Japan is moving forward slowly but surely with the goal of playing an important role in the field of music therapy by transferring the traditions and cultural diversity of our country.

References


About the Author

Satoko Mori-Inoue, Ph.D., MT-BC is Director of the Research and Education Division at the nonprofit organization Child Development Center “Kokko.”

Contact: inoue-satoko@hwanpaku.org
Evidence-based Practice in Music Therapy

In a world where evidence-based practice is the gold standard and funding is prioritized for treatments with proven outcomes, it is vital for music therapy clinical practice to be grounded in rigorous research. Clinician-researchers can play an important role in connecting research with the real world of clinical practice. In this way, research has greater clinical relevance, and it is easier to disseminate findings regarding evidence-based treatments into routine clinical care (Yanos & Ziedonis, 2006).

In the field of neurorehabilitation there has been a recent surge in scientific and public interest in the effects of music on the brain. Advances in brain imaging technology and an increasing awareness of the unique brain activities involved in music processing have driven this burgeoning research area. Music making has been proposed as a strong stimulant for neuroplastic changes in the brain (Altenmuller & Schlaug, 2013), however to maximize clinical applicability and translation, research arising from clinical practice is invaluable. The main shortcoming of research conducted by clinician-researchers is a lack of methodological rigor in research design, which diminishes replicability and generalizability of results.

Singing for Respiratory Rehabilitation: Clinical Music Therapy Research

Rationale. After a spinal cord injury (SCI) the muscles used for breathing (e.g. abdominal and intercostal muscles) become weak or paralyzed. This makes it difficult to cough and leads to higher incidence of upper respiratory tract infections and pneumonia. In my many years of working in SCI rehabilitation I have often seen clinical improvements in respiratory function and voice through singing and voicework interventions. The rationale for this therapeutic effect of singing seems clear given the high demands singing places on the respiratory system. However, no research had yet been conducted on the use of singing interventions for respiratory and voice rehabilitation in this population.

Pilot Study. With the support of a large research team of experts in SCI, music therapy, respiration, and voice, I embarked on a research project to rigorously examine the physiological and psychological effects of a group singing intervention for people with quadriplegia. First, we developed a robust methodology to measure accessory respiratory muscle activation during vocal tasks and pilot all our assessment measures with SCI and able-bodied controls. This pilot revealed impaired respiratory function and voice for the SCI participants and unusual muscle recruitment patterns used to compensate for respiratory impairments (Tamplin et al. 2011).

Randomised Controlled Trial

We then conducted a randomised controlled trial using the developed assessment methodology to measure the effects of a 12-
week therapeutic singing group intervention on respiratory function, respiratory muscle recruitment, voice outcomes, and mood for participants with quadriplegia. The therapeutic singing protocol comprised breathing, voice and singing exercises and song singing designed to challenge and improve respiratory function and voice. Participants gained significant improvements in speech intensity, endurance, and mood, and improvement trends for respiratory outcomes after the 12-week intervention (Tamplin et al. 2013). Interestingly, a thematic analysis of participant interviews about their experience of the groups revealed additional, unanticipated outcomes, such as improved motivation for community participation and physical activity, and a greater sense of belonging and social interaction (Tamplin et al. in press).

Translating Research Outcomes into Clinical Practice

Clearly, the crucial next step for clinician-researchers is to use the outcomes from clinically driven research to inform future practice directions. In the example given, research was inspired by improvements observed in a clinical setting and a desire to explain the mechanisms for these improvements in order to guide future practice. The therapeutic singing protocol developed and tested in the research project is now implemented routinely with quadriplegic patients referred for respiratory and/or voice goals. Further, the demonstrated clinical outcomes of the intervention are used to argue for funding allocation and service development.

References


About the Author

Jeanette Tamplin (PhD, RMT) is a Postdoctoral Research Fellow at the University of Melbourne, and clinician at Austin Health, Australia.

Contact: jeanette.tamplin@unimelb.edu.au
DO YOU HAVE TO BE A POSITIVIST TO DO AN RCT?

Grace Thompson
The University of Melbourne, Australia
University of North Carolina at Chapel Hill, USA

Introduction
Research investigating outcomes with people who have complex conditions such as Autism Spectrum Disorder (ASD) is often challenging to undertake in many disciplines and few more so than music therapy. Despite the abundance of research with both quantitative and qualitative data, a recent review of the evidence for ASD interventions concludes that there is no single intervention that meets the needs of all people with ASD, and there is little understanding of which people will benefit from different interventions (Prior, Roberts, & Rodger, 2011).

Music therapy typically relies on live music making and engagement of the participants in unique musical interactions. The highly individualized approach to the work makes it difficult to provide the type of empirical evidence privileged by policy makers; namely randomized controlled trials (RCTs) with large sample sizes. After all, music therapy is not a pill; instead, the effect of the session is dependent on many factors including the quality of the music therapist’s “craftsmanship” (DeNora, 2006, p. 90) and the resources the client brings to therapy (Rolvsjord, 2004).

Despite the challenges, it is important for music therapists to engage in different forms of research in order to discover new knowledge about their practice (Bradt, 2012; Wigram, 2006). Engaging in empirical types of enquiry, while sometimes seen as being a poor fit for a therapy so dependent on the local context in which it takes place, may lead to new ways of describing and understanding music therapy’s effectiveness.

Importance of Ontology
A further challenge of engaging in empirical research in music therapy is the positivist paradigm typically aligned with this type of inquiry. Believing in a singular, objective reality is too simplistic for most music therapy projects, however post-positivism allows for an acknowledgment of how the researcher’s values, views and experiences influence their investigations (Robson, 2002). Mixed methods researchers have necessarily looked to other explanations about knowledge such as pragmatism (Biesta, 2010; Creswell & Plano Clark, 2011) and realism (Robson, 2002).

More personally, I believe that any type of scientific enquiry will always be value laden and facts are theory laden. For example, even statistical facts such as p-values are built upon probability theory. However, it is not common for researchers who conduct RCTs to include information about their beliefs and values (ontology/axiology). This lack of disclosure seems to imply that if you conduct an RCT, you must have a positivist view of knowledge (epistemology), and therefore your beliefs and world view are obvious or even redundant.

The issue of ontology is explored in this presentation through reflections on my
clinical work with children with ASD and their families, and the results of my PhD research (Thompson, 2012; Thompson & McFerran, 2013; Thompson, McFerran, & Gold, 2013).

References


About the Author

Dr. Grace Thompson is lecturer at The University of Melbourne whose clinical work focuses on young children with special needs in family-centered settings.

Contact: graceat@unimelb.edu.au
IMPROVISATION — A MULTILAYERED PERSPECTIVE

Gro Trondalen
Norwegian Academy of Music, Norway

Traditions and Cultural Diversity
Music therapy is both a science and an art form (Wigram, Saperston, & West, 1995). The art form of music therapy has many faces throughout the world - and takes on a variety of colorful forms and creations. I suggest that improvisation be a cornerstone in music therapy, regardless of different traditions and cultural diversities within the field of music therapy.

Improvisation – An Essence in Music Therapy
"Improvisation is the very essence of (music) therapy", Ken Bruscia (2004, p. 18) claims in the Foreword to Improvisation written by the late music therapist and researcher Tony Wigram (2004). The German psychotherapist Mechthild Langenberg names improvisation in music therapy "der Königsweg der Musiktherapie." Here with look to Freud and his views on (Langenberg 1989, p.123).

Improvisation in music therapy is indeed a multilayered phenomenon. The German improvisor, composer and music therapist Fritz Hegi has the following to say on the matter: "Sie (die Musiktherapeutische Improvisation) ist das Werkzeug, die Quelle und das Experimentierfeld, die Methode und Technik sowie die Wirkungspotenz unserer Musiktherapie" (Hegi, 1986, p.157). The music therapeutic improvisation is in this respect therefore both the tool and the source itself to therapeutic playing. It is moreover an essential framework within which we understand musical exploration. Additionally, improvisation is a method and a technique.

Being – Doing – Transformation
This presentation will elaborate on music therapy improvisation as a multilayered experience presented through three dimensions (Trondalen & Bonde, 2012; Trondalen, 2005):

a) a Being: an existential awareness
b) a Doing: an aesthetic participation
c) a Transformation: as a symbol

The spotlight presentation will be illustrated by clinical vignettes.

References


therapeutic practice: tradition – art -
technique]. In Flerstemmige Innspill. En
artikkelsamling, E. Nesheim, I. M.
Hanken and B. Bjøntegaard (Eds.).
Oslo: NMH-publikasjoner, pp. 123-143.

Therapy: Models and Interventions. In R.
MacDonald, G. Kreutz & L. Mitchell
(Eds.), Music, Health and Wellbeing (pp.

and Techniques for Music Therapy
Clinicians, Educators and Students.

Wigram, T., B. Saperston and R. West (Eds).
Therapy. London: Harwood Academic
Publishers.

About the Author
Gro Trondalen, PhD, SET, CMT, Fellow of
AMI is professor in music therapy and Head
of Centre for Music and Health at the
Norwegian Academy of Music, Oslo. She
also works clinically as music therapist in
adult mental health.

Contact: Gro. Trondalen@nmh.no.
UNDERSTANDING SUPPORT MUSICALLY AND RELATIONALLY IN CANCER GROUPS: INITIAL FINDINGS AND REFLECTIONS

Brian Abrams
Montclair State University, United States

Leah Oswanski
Morristown Medical Center, Atlantic Health System

This session will present initial findings and reflections upon a pilot study, conducted at a cancer center of a major medical institution, investigating the relational components of a music-centered cancer survivorship support group, as these manifested specifically through music within the context of the group. The procedure consisted of a one-hour group, meeting on a weekly basis, held at the cancer center, facilitated by a music therapist. The research protocol included videotaping for qualitative data collection and analysis (identification of emergent themes). Each session consisted of the following, general structure (with specific form and content varying from session to session, according to the clinical judgment of the facilitator concerning the needs and interests of the group):

1. Verbal greeting/"check in"
2. Identification of current, salient issue(s) indicating need for support by one or more group members
3. Musical expression of support/empathy by group, based upon issues, as identified in step #2, and chosen according to the clinical judgment of the facilitator
4. Verbal summary and closure, including a debriefing phase, wherein participants could reflect and report upon the ways they experienced support relationally, via the music, within the session

Group sessions were designed to provide experiences of interpersonal support, mobilization of supportive resources (via music), and insight into coping mechanisms relevant to their medical conditions. The research study on this group was intended to broaden society’s understanding about how the manifestations and roles of relationship via music, in the process of support group work, may enhance and/or improve the manner in which creative arts are employed in and as therapy in the area of oncology.

Data analysis remains in progress. Review of materials thus far indicates numerous, noteworthy forms of musical-relational support among the group participants.

References


**About the Authors**

**Brian Abrams**, Ph.D., LCAT, LPC, MT-BC is Coordinator of Music Therapy at the John J. Cali School of Music, Montclair State University. Contact: abramsb@mail.montclair.edu

**Leah Oswanski**, MA, LPC, MT-BC is Coordinator of Music Therapy at Morristown Medical Center, Atlantic Health System
THE CHIOS’ MOIROLOI IN BEREAVEMENT
FROM A MUSIC THERAPY PERSPECTIVE

Dimitra Akoyunoglou - Christou
PhD Candidate, Ionian University, Greece

Introduction
Historically, part of the death ritual in Greece incorporated the singing of a funeral lament (moiroloi). The singing of the funeral laments, a long-standing oral tradition, along with other rituals associated with death enabled the living to continue a “conversation” with the dead (Danforth, 1982). Today, only in a few Greek villages, older women mourners continue to sing funeral laments on certain occasions (Alexiou, 2002).

The Greek Lament
The typical moiroloi is a narrative song, telling the story of the deceased and communicating with the deceased, in a semi-structured, semi-improvised manner with weeping elements in the singing. The lyrics are, for the most part, improvised on the spot during the wake, the funeral and the burial, usually in a 15-syllables verse, and the melodies are repetitive melodic lines mainly based on a three-tone to a pentatonic scale.

The Chios’ Moiroloi
The present research is limited to the Chios’ island lament whose therapeutic value was examined through informal one-to-one semi-structured interviews, conducted at the homes of six experienced female lamenters (age range: 79-92 years) from three Chios villages (Kardamyla, Mesta and Pyrgi). The research focus was on how the lamenter experiences the act of lamenting and the way that the lamenter views its impact on the mourners. The interviews were recorded, transcribed and analyzed following the descriptive phenomenological analysis from a music therapy perspective. The author used a combination of the analysis method proposed by Giorgi & Giorgi (2003) and the steps suggested by McFerran & Grocke (2007). The meaning units identified by the women lamenters and common to all were “continuing their communication with the deceased”, “compelled by their internal pain to lament”, “their [women’s] collective responsibility to externalize the pain of a loss”, “encouraging mourners to externalize their pain”, “protected expression of grief based on companionship and support of a group of women”, and “a ritual that has survived for centuries that is fading away since modern man avoids confronting pain and expressing it in public”. Meaning units not common to all lamenters’ interviews were “hesitancy towards lamenting”, “feeling relieved and comforted through lamenting”, “honoring and respecting the deceased through lamenting”, “differentiation of lyrics depending on the relation of lamenter with deceased” among others.

The Case Study
Using the musical (three-tone to a pentatonic scale), rhythmical (15-syllables verse), narrative and story-telling improvisational elements of the Chios’ moiroloi, a music therapy intervention was formed and applied with a 7-year old bereaved girl who presented difficulty

ISSN: 1610-191X
© 2014 WFMT. All rights reserved.
expressing her sorrow along with some health issues following the unexpected death of her father. In 20 music therapy sessions the bereaved girl has explored and expressed her feelings of anger, pain, fear, sadness and grief, through 14 songs she wrote based on the *moirai* following a 6-step lament-writing procedure. Thematic content analysis was used to identify, analyze and present themes recurrent in the songs and the results were presented in a mixed data analysis (Braun & Clarke, 2006; O’Callaghan & Grocke, 2009). A couplet from a song she wrote on October 7, 2013 in music therapy was: “Fair is dying from old age and unfair when it comes with no warning”.

References


About the Author
Dimitra (Mitsi) Akoyunoglou - Christou, MM, RMT, is a PhD Candidate at Ionian University, a member of the Greek Music Therapy Association and WFMT.

Contact: mitsiako@gmail.com
THE ETHNOCULTURAL AND PSYCHODYNAMIC MEANING OF MUSIC FOR
TRAUMATIZED REFUGEES

Sami Alanne
Apollo Terapiapalvelut, Helsinki, Finland

Ethnocultural Music and Refugees
Music may have different meanings for traumatized refugees than for other music consumers, as it may reverberate with their traumatic experiences (Alanne, 2010). When working with refugees there is the potential for re-traumatizing an individual who has suffered from a traumatic experience, especially post-traumatic stress syndrome (PTSD), with inappropriate music choices and practices. Traditional folk music is often canonized by dictators and oppressive governments, who utilize it to emphasize national values and at the same time restrict foreign music such as Western rock music. National music-like anthems and military marches have been used as a means of torment and manipulation in prisons and camps, in order to humiliate victims who represent different political or religious views. Music from different cultures or religions, like punk and heavy rock, may be forbidden in some Islamic countries, and musicians may actually endanger their lives by playing such music. Western pop and rock music is often associated with freedom and hope amongst people living in undemocratic societies. Refugees may in fact experience music from their own country as odd or even frightening; especially in the case of teenagers, who may instead want to identify with Western music and a musical style that is positively associated with their new home country and its main culture. However, ethnocultural music may also have an important liberating function in psychotherapeutic and social work, serving to integrate repressed memories and alleviate the sad experiences of refugees. Music has an empowering and vitalizing effect for traumatized or depressed refugees. It can connect people and help them to participate in the community. However, in order to avoid disturbing trauma symptoms such as dissociative flashbacks, it is especially important for torture survivors to have the possibility to control their own musical activity, preferences, and expressions of trauma.

The Psychodynamic Use of Music with Traumatized Refugees
From the perspective of psychoanalytic object relations theory, it seems that music can be both a good as well as a bad object for refugees. On the one hand, it arouses imagery and emotions that are connected to the good memories of their homeland and their relatives who are still living there. At the same time, however, music may evoke sadness and anger, because it signifies the country and people they had to leave. For a traumatized refugee or a victim of torture, music may be an ambivalent experience and arouse repressed memories of trauma which they would otherwise try to avoid in their normal life. Symbolically, music then represents a tormentor, a persecuting bad object, which triggers neurotic avoidance behavior as a defense. As a result, the
individual may not want to hear loud noises or music. When music bypasses the defenses of a severely traumatized person, even the slightest sounds or the most beautiful classical music may be felt as threatening to their cohesive self-experience and coping strategies. In psychodynamic music psychotherapy, music enabled positive experiences and imagery in the recovery process of traumatized refugees, as demonstrated by the clinical case studies of three tortured men (Alanne, 2010). Music listening techniques such as projective music listening, free association with music, and guided imagery were found to be useful. In this psychoanalytic context, music psychotherapy was provided without manipulation and coercive methods, so that the clients’ unconsciousness and traumatic memories would not overcome them. The clients’ individual will was respected, and they did not have to listen to music if they felt too anxious. It was noticed that music supported the building and maintaining of a therapeutic relationship. It enabled psychotherapeutic dialogue increasing the verbal expression of traumatic experiences and emotions. Music psychotherapy strengthened the ego functions of clients and improved their ability to regulate their emotions through music. The freedom to choose and express themselves safely through music, in free improvisation, music listening, and verbal associations, provide traumatic clients with corrective experiences of mastering their own life and emotions.

References

About the Author
Dr. Alanne is a trained music psychotherapist and the head of the Music Psychotherapist Training program at the University of Oulu Extension School, Medical Faculty and the University of Helsinki, Palmenia.

Contact: sami.alanne@kotiportti.fi
MUSIC THERAPY PERSPECTIVES: BEYOND CLINICAL SETTING

Thelma Sydenstricker Alvares
Federal University of Rio de Janeiro, Brazil

Introduction
In 1985 I was finishing my undergraduate music therapy program and was very excited with my ensuing profession. However, I started my last practice in a psychiatric institution for children and adolescents. When I entered the institution I understood the concept of total institution (Goffmann, 2008): an enclosed social system in which its primary purpose was to control most aspects of its participants’ lives. As a music therapist I believed that I was just a facilitator; the patient himself dictated the therapeutic process based on his creativity and potential to become a complete human being. Then, I decided to ask my nonverbal patients: “I’ll be here twice a week to work with you. Would you like to work in the music room? Or is there something else that you would prefer to do?” One of my patients, a 16 years old adolescent with a diagnosis of Autism who had been living in the institution during 8 years, took my arm and brought me to the gate of the institution. He held the gate with his hands and looked at the street. He seemed a prisoner asking for freedom. During my practice, a nurse and I helped him to shower and let him choose his clothes. We walked the streets around the institution and he smiled most of the time. Finally the team realized that the institution could no longer contribute to his treatment and he was sent to an institution close to his hometown. Was that a good change for his life? We’ll never have this answer.

Nevertheless, this experience emanated a quest that has directed my professional path: how can music therapists improve the lives of institutionalized people? Undoubtedly clinical practice is not enough.

Music Therapy Today
Many social movements such as the feminist one, the gay liberation, the black consciousness movement, the psychiatric reform, mainstreaming and all the actions with the purpose of including marginalized groups have had a profound impact on society. Brazilian music therapists are broadening their performance far beyond the clinical setting. They see themselves interacting with music education and performance of marginalized groups, thus contributing to the creation of a new culture and understanding of human diversity. This trend has not only contributed to the process of deinstitutionalization, but also to the growth of a social consciousness and responsibility toward a section of the population. This new consciousness is contributing to an effective social insertion.

According to Amarante (2012) the deinstitutionalization cannot be subsumed into simple measures of de-hospitalization, but includes the creation of concrete possibilities of socialization and subjectivity. Music is essentially a social activity that contributes to the development of identity (Hargreaves; 2004). This allows the valorization and dialogue of human
differences. We need to acquire a new culture regarding human diversity in which social insertion may occur as a result of understanding diversity as something inherent and not deviant to human nature. Music therapists may fill the gap between treatment setting and the outside world by creating a new space for interaction. When patients are able to communicate through music their suffering, the prejudices that they go through, their beliefs, limitations and talents they become the protagonist of their own therapeutic process. This allows the building of a new identity that is not based in the opposition of normality versus pathology. It also has a double impact: first in the life of the patients themselves who are empowered by the musical process, last, but not least, in the lives of people who had no close relationship with handicapped or socially excluded people. One of the projects developed at the Federal University of Rio de Janeiro aims to reclaim sambas composed by a man who stayed in an inpatient psychiatric unit during 30 years. He lost contact with the outside world, but never with his music which he continued to sing by himself. Recently his songs and stories were registered. He has had the chance to present his music and interact with other samba performers who admire his sambas: an old style of samba that pictured a past time of Rio de Janeiro. He was discharged and is living with his family. Moreover his music has helped him to affirm himself as a composer. This is an example that illustrates how music therapists may work beyond clinical setting and improve the lives of our client population.

References

About the Author
Thelma S. Alvares, Ph.D., Associate Professor at Federal University of Rio de Janeiro.

Contact: tsyalvares@gmail.com
ONE DECADE OF THE "HEIDELBERG MODEL OF MUSIC THERAPY" IN OTOLOGY

Heike Argstatter
German Center of Music Therapy Research, Heidelberg

Miriam Grapp
German Center of Music Therapy Research, Heidelberg

Elisabeth Hutter
German Center of Music Therapy Research, Heidelberg

Abstract
The use of music therapy in otology has emerged to a main field of research and expertise at the German Center of Music Therapy Research (Deutsches Zentrum für Musiktherapieforschung DZM e.V.) Heidelberg. For the most prominent evidence based treatment options, research history and implementation into practice will be presented.

Background
During the last decade, the German Center of Music Therapy Research (Deutsches Zentrum für Musiktherapieforschung DZM e.V.) Heidelberg has concentrated on the investigation of music therapy approaches for otologic diseases.

Starting point was the known connection between musical experience and cortical plasticity. In order to perceive music, auditory processing is essential. Auditory processing abilities greatly affect musical comprehension but, contrariwise, these abilities can also be shaped by musical training. In terms of therapy, when auditory functions are impaired or compromised, musical stimuli can restore and improve hearing capacities by influencing the auditory processing.

Manualized new treatment approaches
The DZM assumes the obligation to bridge the gap between research and practice according to the notion of evidence based practice. As a matter of principle, all treatment options are manualized, short in duration (max. 10 sessions) and consist of different modules but nevertheless can be adapted to the individual patients' needs. Therapeutic techniques consist of different kinds of music therapy with a focus on vocal interventions in the active music therapy and on listening comprehension as well as psychophysiological regulation in the receptive part.

Several novel treatment approaches have been evaluated in research projects and clinical trials so far. The most prominent therapy programs to be mentioned are “Neuro-Music Therapy in Tinnitus” (manualized treatments for both chronic and acute tinnitus) and “Hearing despite Deafness – Music Therapy for Cochlear Implant Users” (use of music therapy in early speech rehabilitation).
Scientific evaluation included a variety of outcome measures: individual feedback by the patients (questionnaires, interviews), psychological and musical testing but also objective examinations such as electrophysiological measurements or brain imaging procedures were used.

As a result of the positive research outcome, specialized outpatient departments have been founded as spin-offs offering scientifically proven treatments to patients in standard care. The music therapy in early rehabilitation for cochlear implant users is part of the official rehabilitation program at the ENT-clinic Heidelberg and acknowledged and covered for by the German health insurances.

Since 2013 advanced training courses for music therapists are offered by the DZM.

References

About the Authors
Dr. Heike Argstatter is research CEO of the DZM e.V. (German Center for Music Therapy Research), Heidelberg.

Miriam Grapp is head of the Tinnitus Outpatient Department at the DZM e.V. and PhD student at the University Heidelberg (ENT-department; Prof. Dr. Plinkert).
Contact: miriam.grapp@dzm-heidelberg.de

Elisabeth Hutter is coordinating manager of cochlear implant research and PhD student at the University Heidelberg (ENT-department, Prof. Dr. Plinkert).
TUNE IN EVERYBODY! THE INTRODUCTION OF SCHOOL XYLOPHONE ENSEMBLES TO DEVELOP GROUP SOCIAL ABILITIES IN STUDENTS WITH AUTISM

Bronte Arns
Giant Steps Sydney, Australia

Vanessa Lucas
Giant Steps Sydney, Australia

Abstract
A project to introduce xylophone ensembles to students with autism provided an opportunity to examine the social and musical skills required to enable participation. The results of a 40-week program will be presented along with case studies illustrating individual social change and effects on the school’s musical culture.

Introduction
In 2011, Giant Steps Sydney received a funding grant from CHAMP Private Equity, with the aim of setting up a program for students using tuned percussion instruments. The reasoning was to provide motivating opportunities to work on social foundation skills in an ensemble format. 56 students aged from 4 to 17 were included in the study, all with a primary diagnosis of moderate/severe autism, accounting for 84% of the school population. The program was implemented by a team of four Registered Music Therapists along with staff support. As no standardized assessment tool was able to meet the needs of this population and project, an assessment scale was developed to directly target the social and musical skills required to participate in a group ensemble. Over the course of the 40 weeks, the aims of the program were: to increase participation and social awareness through group music making; and to further develop student skills in the areas of imitation, joint attention, turn-taking, adjusting behaviour to coordinate with others, social referencing and taking direction from a group leader.

Materials and Method
Baseline assessment data was taken over weeks one and two, and post-assessment data taken in Weeks 38-40. Sessions took place in one of two music therapy rooms, each equipped with tuned and untuned percussion instruments. A music therapist facilitated the sessions, with the assistance of education staff to support students as minimally as possible. An ensemble was defined as a group of two to seven participants, including the music therapist, and numbers in each group depended on the level of staffing support required for each student to be able to participate.

Research has shown that simple music with clear and predictable patterns is most effective in eliciting responses to bids for joint attention in children with autism in the severe range of functioning (Kalas, 2012). Based on this premise, methods included: improvisation around a theme; learning short rhythmic and melodic phrases within a song; seating students in groups to follow a
‘conductor’; removing certain keys to learn ostinato rhythms; taking turns to play familiar songs through taking turns; and varying the volume, speed and style of familiar songs.

Results
Individual data collected from pre and post assessments were compared against grade and school average outcomes. For the pre assessment, only outcomes one to eight were measured, as students had no prior experience of activities addressing outcomes 9-18 and without the necessary skills acquired, could not participate in these until later in the program. Results indicated that all students improved in at least two outcomes, with the majority showing gains in eight or more outcomes.

Summary
The Xylophone Project was deemed a success both in terms of individual gains over the 12 months, but also in terms of its ability to bring a motivating force to social ensemble formats in music therapy sessions. Significant gains were particularly seen in the areas of imitation and following direction; both essential skills for participating in group activities. By engaging the mirror neuron system as well as the whole body, the experience was as much social as it was musical. Additionally, as video footage was viewed by staff and parents, and performances were given at the end of year concert, the successes were able to be shared with the entire school community. The flow-on effect of this continues to be that students are seen in the light of their abilities and achievements, rather than their challenges and disabilities.

References


About the Authors
Bronte Arns is the Director of Music Therapy at Giant Steps Sydney, also working in private practice with autism early intervention services.
Contact: bronte.arns@giantsteps.net.au

Vanessa Lucas is a Registered Music Therapist at Giant Steps Sydney, also working in private practice with autism early intervention services.
EFFECTS OF MUSIC THERAPY ON THE PATIENTS WITH ADVANCED GRADE CANCER

Fatma Nil Aydemir
Violin Teacher at Fine Art School's Music Department, Mugla, Turkey

Ozgur Tanriverdi
Mugla Sıtkı Kocman University Faculty of Medicine, Department of Medical Oncology, Mugla, Turkey

Purpose and Scope
This study aims to investigate firstly the effects of passive music therapy on the pain and anxiety experienced by the cancer patients with metastasis, determined together with the musicologist and the oncologist. Secondly the impacts of the instrument selection, traditional or western on the therapy were investigated.

The study was carried out in two groups using Anatolian melodies performed with local instruments in one and with western instruments in the other. The musical therapy lasted one hour-long used in the therapy without the lyrics, and the same volunteers listened the same melodies. A total of 15 patients with primary cancer, metastasized to at least one organ were included in the study.

In addition to the widely used medical metrics in the collection of study data, other measurements developed by the researchers were also employed for data collection. Ethnographic data was collected during a large part of the study (a total of 4 times at every 15 minutes) with face-to-face in-depth interviews with patients and observations.

Method and Analysis
In this study both the qualitative and quantitative research methods have been used. While the data has been collected, face-to-face interviews have been held in detailed manner. Besides the medical scales, some other observations and datum have been gathered along with some other questions that have been established in a contextual way. Therefore, five different kinds of written form templates have been used as the data-gathering medium in this research. Two of these forms namely the “Prior Knowledge Questionnaire” and “After-Therapy Data Questionnaire” have prepared by the researcher. The other forms are “COPE Inventory,” “Life Quality Form,” “State Trait Anxiety Inventory,” and “VAS” pain inventory.

Illustrative statistical methods such as, t-test, k-square, correlation tests and logistic regression tests have been used in statistical analysis. All the analyses have been specified through the computer program SSPS version 15 statistical programs and statistically, it has been accepted as meaningful where the value P is less than 0,05.
Results
Patients with regular habit of listening to music in their daily life were found to be more adapted to focus on the music, and participated in the music both physical and emotional sense, potentially suggestive of the increased benefit from the therapeutic effect of the music. According to the gathered ethnographical data, it has been observed that the female patients are more interested and eager and their participation to the melodies and the pleasure that is taken from the melodies are more visible during this one-hour therapy session.

Except for two patients, it was observed that patients have made physical and sentimental contributions, in addition to positive reactions, to the music composed by the traditional instruments. Passive music therapy had a tranquilizer and comforting effect in 85% of the patients. Additionally, the music had positive effects on 69% of the patients in terms of their psychology. Furthermore, 70% of the patients claimed they liked the music that they listened to. The patients were also asked if they wanted to listen to music during their treatment in the hospital – 85% of the patients gave the answer of “Yes.” Lastly, if the patients had the opportunity to participate in passive music therapy again, more than half expressed they would want to listen to the music they already listen to in their daily life.

Conclusion and Recommendation
The assessment revealed statistically significant decrease in the degree of anxiety and pain scores compared to those prior to music therapy. Similarly, time elapsed until the next dose of pain management drug was observed to be prolonged significantly. The effect of music therapy to decrease pain and anxiety levels was determined to be independent of other study variables. A potential positive link between the degree of support of music for the treatment of cancer and patient's socio-cultural background and personal experience was surmised.

The integration of ethno-musicology into psycho-oncology is important for individualization of music therapy for each patient. Further studies have to be carried out to investigate the ethnical effects of music therapy in larger groups.

About the Authors
Nil Fatma Aydemir, Violin Teacher at Fine Art School of Music Department, Mugla, Turkey. Musicology MA in 9 Eylul University, Izmir, Turkey.
Contact: nilsmusic@gmail.com

Ozgur Tanriverdi, Mugla Sitki Kocman University Faculty of Medicine, Department of Medical Oncology, Mugla, Turkey.
MULTICULTURALISM IN A PEDIATRIC MEDICAL MUSIC THERAPY PROGRAM

Deborah A. Benkovitz
Children’s Hospital of Pittsburgh of the University of Pittsburgh Medical Center, USA

Abstract

Music therapy practice in a world renowned pediatric hospital requires well-developed multicultural skills in order to effectively serve international patients. Basic understanding of cultures and individual preferences requires that clinicians are educated regarding how to apply knowledge and how to train their students and interns through experience and modeling.

In the diverse settings where many music therapists now practice, we need to be culturally aware and sensitive in order to provide ethically appropriate music therapy. Music therapy education should include awareness of cultural diversity, recognizing differences in race, ethnicity, gender, religion, sexual orientation, language, rituals and philosophies. Understanding these points of cultural awareness contributes to music therapists’ ability to provide meaningful interventions.

In addition to being educated about the cultures from where our clients come, music therapists need to be aware of their personal cultural backgrounds and how they impact personal world views. Brown (2002) notes that it is reasonable for the music therapy community to adopt considerations established by the American Psychological Association: We are “encouraged to recognize that, as cultural beings, [we] may hold attitudes and beliefs that can detrimentally influence [our] perceptions of and interactions with individuals who are ethnically and racially different from themselves.” Additionally, [psychologists] “are encouraged to recognize the importance of multicultural sensitivity/responsiveness to, knowledge of, and understanding about ethnically and racially different individuals (2002).” The American Music Therapy Association (AMTA) Code of Ethics includes two principles that address “respect for the Dignity and Rights of Persons” and states that “music therapists would not engage publicly in demeaning descriptions of others, including jokes based on culture, nationality, ethnicity, color, race, religion, gender, sexual orientation, health status, etc.” The AMTA Code of Ethics also states the music therapists need to evaluate their own personal experiences and attitudes and “integrate this awareness into all efforts to benefit and not harm others.”

When providing music therapy to clients of cultures differing from one’s own, it is imperative to consider their values and beliefs that may impact treatment. For example, the treatment team including this music therapist did not feel that a particular young oncology patient was receiving an appropriate amount of pain medication, and upon questioning the physicians, learned that the parents believed pain and suffering to be part of their young child’s “experience.”
in order to be re-incarnated. Knowing this, the music therapist was able to design music therapy interventions to help minimize pain without further questioning the amount of medication being provided. The patient received relief from the music therapy sessions and treatment remained true to his parents' beliefs.

Patients who speak different languages appreciate efforts made by music therapists to provide culturally appropriate music. A family from Egypt spoke Arabic and smiled when the music therapist sang "Old McDonald," using Arabic names of the song animals. The same family also appreciated the music therapist learning the first few lines of an Arabic children's song. Family members happily sang along with the music therapist and a therapeutic relationship was born. The music therapist has used the same song when working with other Arabic-speaking families, and the song always brings a smile of appreciation and promotes trust between clients and the therapist.

When a music therapist wants to provide culturally appropriate music for clients, it is important to ask patients and family members about their preferences because, even within one culture, there are many variations. One family from India, for example, when asked about their favorite music, surprised the music therapist and named several American artists. The family had been raised with opportunities to hear a lot of Western music and these artists had become their favorites. Music therapists must develop excellent multicultural skills to provide the best treatment options for their clients.

References

About the Author
Deborah Benkovitz started the music therapy program at Children’s Hospital in Pittsburgh, PA, USA, in 2003 and has served as Chair of Clinical Practice for the World Federation.

Contact: Deborah.Benkovitz@chp.edu
MUSIC AS A VEHICLE FOR STRENGTHENING CULTURAL IDENTITY IN THE HOSPITAL SCHOOL

Karin Biegun
University of Buenos Aires, Argentina

Natalia Alperovich
University of Buenos Aires, Argentina

Abstract
In the Pediatric Hospital School of Buenos Aires, Argentina, a large number of inpatients come from other provinces or neighboring countries. A situation of marginalization and acculturation is often caused when the physicians, nurses and teachers have a lack of awareness of other’s culture. Through music, the music therapist enables the dynamic reconstruction process of the child’s identity, which is threatened by the double situation of rootlessness inherent in the hospitalization and migration.

Introduction
A significant percentage of patients in the Public Pediatric Hospital Pedro de Elizalde (Buenos Aires City), are from neighboring countries-mainly Paraguay, Bolivia, Peru-and from various inland areas. The hospitalization is a very complex situation for the children. It involves not only physical suffering of the illness but also submission to the dominant medical model. This condition is immersed in social exclusion processes involving isolation and cultural uprooting.

The Hospital School, since its official formulation, has raised the need to adapt its practice based on the articulation of two fields: health and education. In this way, the institution challenges the educational act in its capacity for social transformation, but there is no device built to understand the culture of the “other”. The purpose of this paper is to investigate the ways in which music therapy allows the reconstruction of the patient’s fragmented identity in the Hospital School.

Music therapy aims to strengthen the sociocultural belonging for the patient and his relative. This will be illustrated through the case study of a child and his mother, exploring themes of belonging, uprooting and culture origin legitimation.

Case Description
G., a nine-year-old boy from Paraguay traveled to Argentina with his mother to consult about his illness. In the Hospital Pedro de Elizalde diagnosis of lymphoblastic leukemia at high risk was confirmed. In addition he also had tuberculosis, and his weight and height were below normal parameters. Then he began two treatments, one for leukemia, and the other for tuberculosis. During his hospitalization he continued his education in the context of the Hospital School.

A medical proper treatment for G. forced migration and carried massive losses for him. The child’s identity was jeopardized in a shock that affected his whole psychic...
The child communicated only with his mother and uniquely in his native language, Guarani, despite the fact that he could speak Spanish. The mother in this situation acted as an intermediary link between the culture of origin and the new situation which G. had to adapt. From the music area, a process was made that allowed the child along his mother and music therapist to create and perform sound musical productions. Through them, he could display his emotional ties overcoming his withdrawal.

A space where sing songs in child’s native language was promoted by the music therapist. From songs creation, elements of their cultural and social world, such as football and typical meals, have gradually arisen. This process was consolidated through the emergence of an organized sound sequence, which is repeated in the manner of a ritual. This ritual made possible an elaboration for the child of the deep losses caused by migration as well as the life situation that he went through.

**Conclusions**

This framework allows music therapy to depart from a pre-conceived construction of the other’s culture. This position enables the music therapist to establish a bond of trust with the patient, using the music as a support during the child’s process of adapting to the new reality.

Music can play an important role in the identity affirmation of the child, when threatened by factors such as traumatic progression of the disease, and isolation caused by hospitalization and migration.

**References**


**About the Authors**

Karin Biegun, MT., Lic. in Literature, Professor of Anthropology of Music, UBA.

Contact: karinbiegun@yahoo.com.ar

Natalia Alperovich, Lic. in MT., Professor in Lic in Music Therapy,
MUSIC THERAPY IN MOVEMENT REHABILITATION: 
THE COLLABORATION BETWEEN MUSIC THERAPISTS AND 
PHYSIOTHERAPISTS

Anna Bukowska
The University of Physical Education in Krakow, Poland

Introduction
Many people experience a variety of movement disorders that cause difficulties completing daily life activities. In order to improve their life quality they seek help considering different therapy methods. This situation creates a space for cooperation between music therapists and physiotherapists and allows them to build the optimal treatment plan.

Content
The goal of this paper is to demonstrate the reasons and the ways in which music therapy and physiotherapy communicate and influence each other in the field of the clinical movement rehabilitation. The first part of this paper will focus on the theories about motor control, motor learning, rhythmic auditory cueing and musical stimulation that are essential to the application of music to movement rehabilitation. These theories provide the foundation for collaboration between music therapists and physiotherapists, regarding the understanding of therapeutic approach and the unification of professional language. Ever since music therapy has emerged as a significant area within the health system, music therapists became an important part of a health professionals’ team. The International Classification of Functioning, Disability and Health (ICF) will be discussed as a tool that facilitates the communication between the members of that team. The World Health Organization established the ICF in 2001 as a classification of health and health-related domains. Using ICF, health professionals are able to talk about patient’s dysfunctions on the levels of body functions and structures, and on the levels of activity and participation, including environmental factors.

The second part of this paper will consist of practical information for assessing and building the ICF-based treatment for patients with a variety of movement dysfunctions. A number of clinical examples of the combined music therapy and physiotherapy interventions will be analysed. The arguments in the presentation are founded upon evidence-based medicine and the clinical experience of the author.

References


**About the Author**

Anna Bukowska MSc PT, Cert. MT, NMT-Fellow is a PhD candidate at University of Physical Education in Krakow, Poland.

Contact: annabookowska@gmail.com
MUSIC THERAPY IN MOVEMENT REHABILITATION: 
THE COLLABORATION BETWEEN MUSIC THERAPISTS AND 
PHYSIOTHERAPISTS

Anna Bukowska
The University of Physical Education in Krakow, Poland

Introduction
Many people experience a variety of movement disorders that cause difficulties completing daily life activities. In order to improve their life quality they seek help considering different therapy methods. This situation creates a space for cooperation between music therapists and physiotherapists and allows them to build the optimal treatment plan.

Content
The goal of this paper is to demonstrate the reasons and the ways in which music therapy and physiotherapy communicate and influence each other in the field of the clinical movement rehabilitation. The first part of this paper will focus on the theories about motor control, motor learning, rhythmic auditory cueing and musical stimulation that are essential to the application of music to movement rehabilitation. These theories provide the foundation for collaboration between music therapists and physiotherapists, regarding the understanding of therapeutic approach and the unification of professional language.

Ever since music therapy has emerged as a significant area within the health system, music therapists became an important part of a health professionals’ team. The International Classification of Functioning, Disability and Health (ICF) will be discussed as a tool that facilitates the communication between the members of that team. The World Health Organization established the ICF in 2001 as a classification of health and health-related domains. Using ICF, health professionals are able to talk about patient’s dysfunctions on the levels of body functions and structures, and on the levels of activity and participation, including environmental factors.

The second part of this paper will consist of practical information for assessing and building the ICF-based treatment for patients with a variety of movement dysfunctions. A number of clinical examples of the combined music therapy and physiotherapy interventions will be analysed. The arguments in the presentation are founded upon evidence-based medicine and the clinical experience of the author.

References


**About the Author**
Anna Bukowska MSc PT, Cert. MT, NMT-Fellow is a PhD candidate at University of Physical Education in Krakow, Poland.

Contact: annabookowska@gmail.com
MUSIC THERAPY IN MENTAL HEALTH: A REFLECTION ON THE PATIENT'S EXPERIENCES

Bárbara Penteado Cabral
Hospital Psiquiátrico de Jurujuba, Brazil

This paper reflects on the process of the music therapy patient in relation to the singularity of human as being-in-the-world rather than an evaluation of the clinical possibilities of technical applications or methodologies. The guiding focus: How to comprehend the therapeutic potential that unfolds from the sonoral experience in music therapy. The hermeneutic thought of the German philosopher Martin Heidegger can contribute as it has already been employed in other areas of the health field (principally by the psychiatrist Merdad Boss in the work titled Daseinsanalyse). Heidegger directed his thought towards ontology, in the original sense of the experience of being: the being-in-the-world. We always inhabit and construct our world (Welt) or horizon of senses. We are an opening to multiple possibilities of relating to the game of existing, as a process in which the being folds and unfolds just as in modes of being in the world (Sorge), and as in expression of itself (Sprache).

When speaking about the experience in the setting, the reference is to the cases of interactive music therapy (Barecellos, 2009), in which the patient's presence is active in the musical sound production process. The meaning created through production acquires the aspect of the Greek word poíesis. It takes the meaning of "allowing the presence to come" (SÁ, 2006).

The originality in character and spontaneity in patient's sound production in music therapy reveals the aesthetic of singularity, which is always apparent in each particular way of being. In mental health, a wide support network is needed as it is not always possible to reach the patient only through speech. The music therapist arrives with the intention to open other possibilities for people being in the world, accessing that which makes sense to them.

The first example to be made explicit is of an acute care inpatient referred to music therapy due to social isolation, weakened reasoning and depletion of verbal expression, principally when the staff asks how he is and he responds, "I don't know". In the individual setting, he could be interested and might explore the entire range of the piano, performing rhythmic dialogues with the music therapist through the introduction of a drum, revealing intention and high control of rhythmic phrasing. Revelation as an aficionado of Brazilian rock, for each song, he remembers the album's design and colors, or even the radio station that he used to listen to. The issue involved in the lyrics from this repertory brought by the patient allows him to sing and therefore narrate clinically his emotions and story. The therapy can be seen as a means through which the patient relates to others and the world in other

1 It is noteworthy that ethical aspects are preserved, respecting the clients' rights and dignity. There is no discriminatory or embarrassing intervention.
ways, different from the sickly state.

In the second example, the clinical setting unfolds as a space characterized by the living of experiences and self discovery and not only a space for musical production as entertainment or education in the sense of the subject's cultural enrichment. An acute care patient brought the same song titled "Insecurity" to several consecutive music therapy group sessions for playback and also for playing the drum with a limited rhythmic aspect and great intensity. In further investigation with the staff, the psychiatrist reveals that he has seen her singing various songs in karaoke and in the halls. So, we can understand the setting as a space of expression of what is latent as a means of revealing the patient's inner self. Insofar as the patient's treatment progresses, she could and can open up to other song suggestions, illuminating other aspects ahead in her construction of the world.

Music therapy can be seen as a device that allows entry to "ways-of-being" which, once resumed or rebuilt, can serve as a means towards a greater autonomy and consensual adherence to other forms of treatment. This clinical practice seeks to reach patients, creating and sharing new experiences so that the meetings can be based in the awakening of life. Therefore, the aim of the music therapy setting is not only a space for expression, but also in relation to the game of existence, opening up possibilities for the patients to invent and recreate themselves.

REFERENCES

ABOUT THE AUTHOR
Bárbara Cabral is music therapist in HPJ and in Social Clinic of Music Therapy Ronaldo Millecco (CBM - Rio de Janeiro - Brazil).

Contact: barbcabral@gmail.com
AMBIGUOUS LOSS: A CASE STUDY OF AN ADOLESCENT WITH NIEMEN-PICK TYPE C

Silvina Choi
Hi-Family Music Therapy Center, Korea

Abstract
This is a case study of an adolescent girl with Niemen-pick Type C, dealing with the physical and emotional issues caused by her progressive deterioration. The role of clinical improvisation, based on the Nordoff-Robbins approach, will be discussed and highlighted with video excerpts.

Description
This paper describes the role of present-oriented active music making in the music therapy process of a 17-year-old girl with neuro-degenerative disorder, Niemann Pick Type C. Since this metabolic disorder leads to a series of neurological problems, including seizures, the client sometimes lost her consciousness and strength to move. Furthermore, that client’s physical limitations and overall condition prevented her from fully participating.

A psychologist, Boss Pauline (2000), stated that perceiving one as gone when he or she is actually physically present might make those interacting with that person feel helpless and thus more prone to anxiety. When the client was silent and had her eyes half-closed, the therapist did not know if the client was thinking of a response, tired, or spaced out. In the confusion, creativity and new ways of being that had some purpose and a chance of growth was required.

The therapist had to face the client’s deterioration and evaluate her pervasive physical conditions and limitation every moment in order to relate with her. The only way to work with the client seemed to improvising with her, in the here and now. Ambiguity in improvisation allowed the therapist to explore more of her emotions with her client in music, and be more creative in reaching out to her client.

The client’s musical intelligence and willingness in music therapy intervention in this course of therapy will be discussed further with video excerpts in presentation.

References


**About the Author**

Silvina Choi, MT-BC, NRMT, is a Music therapist at Hi-Family Music Therapy Clinic in Korea.

Contact: musicingsc@yahoo.com
PREPARING MUSIC THERAPY STUDENTS FOR A GLOBAL WORKFORCE: CULTURAL DIVERSITY AND E-LEARNING

Imogen Clark
University of Melbourne, Australia

Grace Thompson
University of Melbourne, Australia

Introduction
The Masters of Music Therapy at the University of Melbourne, like other Western based music therapy courses, attracts students from overseas, particularly from Asia, where there are limited opportunities to study music therapy (Sham, 2010). With the expansion of e-learning, there is an increasing likelihood that international music therapy students will choose blended learning streams, which allow them learn online from home with reduced requirements for face-to-face contact (Lanham & Zhou, 2003). This presentation will discuss the unique experiences of music therapy educators teaching students using e-learning modalities.

Blended Learning
Blended learning offers a number of advantages for students including time and geographical convenience, accessibility of materials, efficiency of assessments and individual feedback, capacity to cater for different learning styles and needs, and opportunities for on-line peer collaboration (Lanham & Zhou, 2003). For international music therapy students, there is a further advantage with the potential for clinical training and supervision in the student’s country of origin, which might negate the effects of cultural shock experienced with study overseas (Sham, 2010).

A major challenge of blended learning is the limited face-to-face contact amongst students. Krout, Baker and Muhlberger (2010) conducted a songwriting project with students in the USA and Australia using Skype. While students in this study reported that Skype sessions were effective, they also felt that the development of relationships might have been inhibited. This is a significant issue as peer engagement and relationships maximise learning potential and enrich inter-cultural experiences (Arkoudis et al., 2010).

Masters of Music Therapy at The University of Melbourne
The Masters of Music Therapy at the University of Melbourne is a 2-year full time course offered in either a traditional on-campus mode or through blended learning. Blended learning involves a majority of online learning combined with eight weeks of intensive face-to-face teaching interspersed through the course.

Given the likelihood that international music therapy students enrolled in blended learning streams will choose to practice in their country of origin, it is important to provide a curriculum with an international focus (Arkoudis et al., 2010). Music therapy at the University of Melbourne aims to
provide an international curriculum with culturally relevant content, clinical experiences, music therapy methods and music repertoire, which is relevant for students from diverse backgrounds. During intensives, students are given small group activities and encouraged to attend social gatherings to support peer engagement. An appreciation of specific international systems and cultural norms, such as learning styles, health and education practices, and government policy is also recognised.

Conclusions
Given the anticipated growth of international and geographically distant Australian students enrolling in blended learning streams at the University of Melbourne, research examining our efforts to provide an international curriculum is warranted. Such research might facilitate a learning environment that maximises the potential of student diversity and e-learning, thereby preparing music therapy students from various cultural backgrounds to participate in a global workforce (Ramsden, 2003).

References


Sham, T.Y. (2010). Challenges that registered music therapists originating from Asian countries face in music therapy practice or clinical training placement in the Australian context (Unpublished master’s thesis). The University of Melbourne, Australia

About the Authors
Imogen Clark (RMT) is a Music Therapy Tutor at The University of Melbourne, PhD Candidate at La Trobe University, and clinician at Austin Health, Australia. Contact: Imogen.Clark@unimelb.edu.au

Grace Thompson (PhD, RMT) is a lecturer at The University of Melbourne, and a researcher with the Time-A project.
DEVELOPMENT AND IMPLEMENTATION OF MEDIA-BASED APPLICATIONS FOR USE IN MUSIC THERAPY

Tobias Clauß¹, Mario Seideneck¹
Hans-Volker Bolay², Gabriel Gatzsche¹, Thomas Wosch³

¹Fraunhofer Institute for Digital Media Technology IDMT, Germany
²German Centre for Music Therapy Research, Germany
³University of Applied Sciences Würzburg-Schweinfurt, Germany

Abstract
The use of media-based applications in music therapy could be beneficial in terms of efficiency and profitability, e.g., for time management, or therapy workflow. In this work, opportunities for music therapy by applying media technology are investigated. Requirements, chances and risks are discussed with the help of a software implementation for tinnitus therapy.

Introduction
Mechanic instruments are usually used in music therapy. In contrast, media technology is rarely applied. Although influence of mobile and multi-touch-based computers on our everyday life has grown rapidly in the recent years (IDC, 2013). To learn how we can apply media technology to music therapy work, we have interviewed more than 30 therapists and music therapy researchers. We continued our research because the interview-results showed us potential combining both disciplines.

State of the Art
An overview of previous attempts using media technology in therapy context is given by e.g., Brechtel-Folkers (Brechtel-Folkers, 2000). Modern approaches are shown by Magee (Magee, 2013). “The Motion Composer” (Wechsler, 2012) and the “Robot-assisted Guitar Hero for finger rehabilitation after stroke” (Taheri et al., 2012) also are recent studies for example.

Approach
We chose the following approach for our research work:

- Interview experts for discovering requirements and experiences.
- Do an analysis of needs utilising methods of systems engineering (i.e., from rough to detail, problem solving cycle, thinking in variations) in addition to the mentioned interviews.
- Develop a first system draft.
- Do evaluation using focus-groups and practical tests.

Applying this leads us to the following results.

Results
A tinnitus therapy prototype – considering the “Heidelberg Model of Music Therapy” (Argstatter et al., 2012) – is outlined. General requirements for all music therapy software are:

- modular system design
- high adaptability to each client
- space-saving and therefore mobile construction
- comprehensive but well-arranged
data evaluation
• encapsulation of bio-feedback parameters

We build several concepts. These included for example tetraspastic or anaesthesia as well as the mentioned tinnitus mock-up according to our requirements and evaluation.

An exhaustive demonstration of the results for all concepts is done (Clauß & Seideneck, 2013).

Conclusions
The results of this work show plenty of potential to merge music therapy with media technology. Media technology can support therapy work to improve therapeutic potential but will never replace established music therapy methods. The human with its needs always has to be the main subject in therapy work regardless how much media technology is in use. In addition, the results led to the development of a European network of scientists all interested in these aforementioned developments.

References

About the Authors
Tobias Clauß and Mario Seideneck are alumni of Technical University of Ilmenau and now working for Fraunhofer Institute of Digital Media Technology IDMT as scientific staff.

Contact:
tobias.clauss@idmt.fraunhofer.de
CANADIAN GLEE:
MULTI-PHASE STUDIES ON SINGING WITH OLDER ADULTS

Amy Clements-Cortes
Music and Health Research Collaboratory, University of Toronto, Canada

A multi-phase investigation on the benefits of singing for older adults began in 2011 in Toronto, Ontario, Canada. These studies have been funded by a private donor from the Baycrest Centre Foundation and the Advancing Interdisciplinary Research in Singing (AIRS) collaborative research group. This proceedings paper will briefly overview each of the three studies that examine the benefits of participating in a choir facilitated by music therapists on health, wellness and successful aging of cognitively intact adults and adults diagnosed with dementia. In each of the phases of the Buddy’s Glee Club studies, participants took part in a weekly one hour choral program for sixteen weeks and were assessed on a variety of qualitative and quantitative dimensions such as: anxiety, pain, and mood.

Phase One
Phase one involved 28 participants (5 male and 23 female) who completed pre- and post-tests assessing domains such as: feelings and emotions, quality of life, & self-efficacy; and, who participated in an interview post-study. The intake form indicated that 14 of the 28 participants had previously participated in a choir or singing group. Medical background information revealed hypertension (n = 11), high cholesterol (n = 7), migraine/persistent headache (n = 7), and family history of dementia (n = 6) were the most common issues with only a few people reporting a history of depression (n = 4) or anxiety (n = 2). Due to the small sample size (which was desired for the therapeutic aspects of the choral group) there were no statistically significant quantitative results. Qualitative results saw the emergence of five large themes including: friendship and companionship; simplicity; happiness, uplifting and positive feelings; relaxing and reduced anxiety; and fun.

Phase Two
Phase two involved 16 participants who sang in at least 10 of the 16 weekly choir sessions. Data was collected via observation, self-report, and interviews. Mood, pain, anxiety, happiness, and energy were assessed at the beginning and end of each choral session; participant behavior and interactions were recorded in weekly observation notes, and interviews were completed with participants and staff and volunteers involved with the choir. Average pre-post weekly scores for happiness and mood increased each session; energy increased for 14 of 16 sessions; pain decreased for 14 of 16 sessions, and anxiety decreased for 11 of 16 sessions. T-test analyses, two-sided with aggregated sessions data, indicated that changes were statistically significant (p<.01) for four indicators: increases in mood, energy and happiness and a decrease in pain. The decrease in anxiety was not statistically significant at conventional levels (P=0.06); but is notable given the small number of participants. Nine major themes were
identified in the qualitative analysis including: community building/making friends; special moments; climate of positivity; music is therapy; singing makes me feel well/keeps me going; no anxiety at glee; increased mood, energy and alertness; I can do it; and, I love to sing.

Phase Three
Phase three of the study is currently underway and is unique in that it is assessing the perceived effects of the choral sessions on integrating care givers of the cognitively impaired older adult participants.

This study involves three different participant groups: (1) Residents diagnosed with cognitive impairment: focusing on changes in pain, mood, social interactions, and energy from the beginning of each session to the end, as well as overall change from the beginning of the choir sessions to the end of the choir sessions; (2) Significant others/ caregivers of the residents, including spouses, children, relatives, or private caregivers who are being examined to observe changes in pain, mood, and energy, as well as understand their perceived benefits of the choir for themselves and their loved one/ friend; (3) Baycrest staff, volunteers and/or students who are involved in each week’s session to gain an understanding from their observations.

References


About the Author
Amy Clements-Cortes, Ph.D., MT-BC, MTA, FAMI, Assistant Professor, Music and Health Research Collaboratory, University of Toronto; Instructor & Supervisor, Wilfrid Laurier University; Senior Music Therapist/Practice Advisor, Baycrest, Toronto; Past-President CAMT; WFMT Clinical Practice Commission Chair.

Contact: a.clements.cortes@utoronto.ca
MUSIC THERAPY AND ITS IMPORTANCE IN THE DEVELOPMENT OF YOUNG CHILDREN

Joanna Dabrowska-Zurowska
Adam Mickiewicz University, Poznan, Poland

The development of young children aged 0-5 years is very important for their subsequent functioning. During this time, behavior shapes his personality through repetition, learning to function in society, motor skills and manual skills. This allows him to achieve more and better results through independent living. Despite of considerable progress in the dissemination of music classes or therapeutic use of music for early development years, families with children with disabilities often do not participate in these activities.

Music therapy allows young children to make contact with the environment. Often children, who can’t speak or have trouble with the pronunciation, can communicate with other children by playing the musical instruments, by gestures, sounds of acoustic, singing, musical expression, improvisation.

Orff & Dalcroze elements used by the author in music therapy classes at the Center "Artis" shows improvement in the development of children’s emotional and social development. Children courageously interact with other children, become more interested in sounds of instruments, repeated together the pulse of music, and repeated easy rhythmic sequences. Moreover, they become more empathic, and sensitive to other people.

It is especially important to sing to the child during the course of music therapy. Music reaches to the subconsciousness of a child faster than words. After a few classes, the child starts humming the songs. Later, the child also learns the words and tries to participate in the singing. The child develops musical memory, concentration and speech engine.

Music and movement plays allows the child to develop rapid reaction to sound signal and better control of their whole body and emotions.

Important in the development of a small child is also to influence on their senses. Visual-Auditory–Kinesthetic elements allow communication through the senses of the child. Various props are used including ribbons, scarves, colored feathers, etc., in order for simultaneous interaction on sight, hearing and touch of the child.

To encourage development of expression in the child, elements of choreotherapy, such as dance in a circle, dancing in pairs, dance with props and elements of Sherborne are used. This allows the child’s integration with the environment.

Elements of Nordoff-Robbins music therapy, especially improvised music individually and in groups, are incorporated to allow children to reflect their emotions. Furthermore, it shapes a sense of belonging to the group, allows mutual listening, develops creativity, encourages sensitivity to sound, and allows the child to believe in their own creative
possibilities. Nordoff & Robbins (1947) wrote “Music is an universal method of communication. Its basic elements have an influence on us and stimulate our certain psychophysical functions.

L. Bunt i S. Hoskyns (2002) write about the importance of improvisation, believing that: Improvisation in music therapy is a product of our musical imagination and intuition.”

“Artis Centrum” is a very young company, established in Poznan in Poland, where there are classes of music therapy for young children. Participants are attending classes once a week in groups of eight persons from 1-3 years of age or 3-5 years of age. Younger children can participate with parents. Observations conducted annually indicate improved functioning of the children in areas of cognitive, emotional, intellectual, musical, and social skills. The children get rid of the anxiety barriers and psycho-physical tension. Moreover, they become more cheerful and more courageous. Lastly, the improved functioning in group is carried over into the home environment.

Music therapy classes are extremely necessary for overall development of children up to five years of age. Approval of the law on the profession of music therapists in Poland will allow music therapy activities to spread throughout Poland. This will give children more access to services to improve functioning and life.

References

About the Author
Musicologist, music therapist, teacher of piano and rhythmics, writes doctoral dissertation in music therapy.

Contact: joanna.dabrowska.mt@gmail.com
MUSIC AS A PUNCHBAG
AN EXPLORATORY STUDY INTO THE EFFECTS OF MUSIC THERAPY ON THE EMOTION REGULATION OF FORENSIC PATIENTS WITH A MILD INTELLECTUAL DISABILITY

Martina de Witte
STEVIG, The Netherlands

Introduction
This study targets the treatment of mildly intellectually disabled (MID) patients within forensic psychiatry with an IQ between 50/55 and 85. The complex needs of these patients are situated on the boundary between psychiatry, justice, addiction care and disability care (Embregts & Grimbel duBois, 2005). People with MID have a significantly higher risk (three to four times more chance) of developing behavioural problems and psychiatric disorders than their normally gifted peers (Dekker et al., 2006; Stoll et al., 2004). Research into repeat offenders in The Netherlands shows that 40% of these criminals have MID. (IJzelendoorn, 2012).

Even though music therapy is internationally acknowledged within forensic psychiatry, research into the effects of the therapy is rare (Hakvoort et al., 2013). Research is assumed to be appropriate because music therapy is more aimed at acting and less on talking (Neijmeijer et al., 2010). Emotion regulation issues are seen as important risk factors for delinquent behavior in MID patients (Dichterbij FPA het knooppunt, 2010; Vogelzang, 2005). Music therapy is also the common indication in treatment of emotion regulation issues. This exploratory study examines the question whether music therapy improves emotion regulation with forensic MID patients in the area of coping skills, tension/anxiety regulation and expression of emotions will be reviewed.

Method
This was a comparative study (N=10) using an experimental (n =4) and a control group (n = 6). Patients were randomly assigned to one of the groups. The experimental group was offered music therapy intervention during 10 weeks and the control group was given ‘standard care as usual’. Groups were compared by pre- and post-test. Patients included were male and female (age 18-15 years) with MID and a forensic treatment referral from criminal proceedings. Emotion regulation problems were indicated as a risk factor for delinquent behavior. The intervention studied in this research was ‘Music as a punchbag’ (de Witte, 2011).

Stress (tension) is linked to dynamics, tempo and timing of the musical play and to the patients’ own movement. Prior research shows that rhythm makes a powerful appeal to arousal (Sloboda & Juslin, 2010; Thaut, 2005; Wheeler, 2005). This study was executed within the forensic psychiatric department (FPD) of STEVIG in Oostrum, the Netherlands. The term emotion regulation is operationalized using three components: coping skills (measured with UCL: Utrechtse Coping Lijst, Schreurs et al. 1988), Stress regulation (measured with Stress Thermometer: Verberne & Verzijl, 1997) and expression of emotion (measured...
with OAS: Observer Alexithymia Scale, Haviland et al., 2000).

**Results**

*Coping skills:* Both groups improved in ‘Active Coping’. The score variances (between pre- and post-measurements) of both groups were tested (independent T test, 2-tailed) and the differences between the groups were not significant. *Stress regulation:* The measurement values clearly showed a decrease of stress during a music therapy session: \( t(3)=3.538, p=.038 \) 2-tailed (Paired-Samples T Test). *Expression of emotions:* The OAS resulted in a slight increase for all sub-scales in the experimental group. The control group showed a small increase in only two sub-scales. The total scores were compared across the groups (Independent T-Test). There was a significant difference between the two groups: \( t(7)=2.944, p=.022, 2\text{-tailed} \). This means that the slight improvement in the experimental group will also be valid in other groups.

**Discussion**

With regards to the component *coping skills* it is apparent that patients that were offered the music therapy intervention showed less avoiding and passive coping after the intervention than patients that didn’t participate in the therapy. It means that these patients worked more actively on difficult and stressful tasks. Looking at the component *stress regulation*, there was a significant decrease in the patients’ anxiety within a music therapy session. Music therapy had a positive effect on the tension/anxiety level. After the ten-week study the patients that were offered music therapy showed a small, but significant, improvement with regards to *expressing and describing of emotions* if compared to patients that didn’t receive the intervention. This exploratory study was a first step towards determining the effectiveness of music therapy for forensic MID patients and is a contribution to the development of evidence based practices. A recommendation for further research is to create a general theoretic framework from (neuro) psychological and physiological concepts in order to explain the functioning and effectiveness of music therapy on the MID target group.

**References**


**About the Author**

Martina de Witte (MMTh), music therapist at ‘STEVIG’ is teaching at the HAN University of Applied Sciences at Nijmegen, The Netherlands.

Contact: m.dewitte@dichterbij.nl
CREATING SOCIAL CAPITAL: 
MUSIC THERAPY IN A MULTICULTURAL SETTING

Dominika Dopierala
The Karol Szymanowski Academy of Music in Katowice, Poland

Introduction
With the increasing social diversity in our communities, there is a growing need of integration and mutual adjustment of coexisting cultures (Refugee Council and University of Birmingham, 2007). As a non-verbal means of expression, the arts were suggested to be one of the most prominent activities that fostered inclusion in heterogeneous communities. By looking at music therapy practice through the lens of social capital the paper describes how music served as a means of diminishing social exclusion at a Day Centre for refugees and people with mental health problems.

Applying the social capital idea to music therapy practice
Robert Putnam (2000, p.19) describes social capital as “connections among individuals – the norms of reciprocity and trustworthiness that arise from them”. The rationale for providing music therapy at the Centre could be conceived of in similar terms, namely: creating social connections amongst clients who experience isolation – whether it be because of their cultural backgrounds or mental health problems. Collaborative music making is structured by mutually established and continuously enfolding norms such as sharing the same pulse, tempo, rhythmic or melodic patterns. It is this “musical opportunity for belonging” (DeNora, 2005, p.61) that fosters a sense of trust and reciprocity between the participants. On this basis Procter (2011) proposes a notion of music therapy nurturing a proto-social “musical capital” (p.254) that encourages further development of a cohesive community.

Music therapy at the Centre
By promoting a user led service, the Centre’s ethos aimed at integrating the service users into a supportive community. Following the purpose, music therapy took on different formats in order to reach as wide a range of service users as possible. The group sessions became a forum for sharing music from different traditions, a way of expressing the clients’ cultural identities, overcoming social barriers and challenging their tolerance of the unknown. The aim was to create a group culture that would recognize everyone’s contribution as valuable. Music of diverse origins was considered by the group members as a repertoire of their own – equally offered, accepted and valued by all. The process of preparation for performances at the Centre generated a sense of mutual duties and expectations. The shared goal integrated the service users into a group that with time became well recognized within the Centre’s community.

A vital part of the service delivery was guided by the concept of “music environmental therapy” (Aasgaard, 1999, p.32). The aim of improvised background music in the main communal area was to integrate the transient population of the Centre. Using and expanding on the sounds
and movement in the area as a basis for improvisation engaged the individuals in mutual music making – creating the musical environment with and for each other.

**Conclusion**
The multicultural nature of the setting highlighted the importance of integration being a two-way process. Integration is not aimed at assimilation but rather at a mutual adjustment of people from different countries (Refugee Council and University of Birmingham, 2007). The challenge for music therapy at the Centre was therefore to find a way to increase the clients' ability to adapt, whilst retaining their own cultural identity.

**References**


**About the Author**
Dominika Dopierala is a qualified music therapist at the Nordoff-Robbins London Centre and is currently a music therapy tutor at the Karol Szymanowski Academy of Music in Katowice, Poland.
WCMT: WHOLE-COMMUNITY MUSIC THERAPY
A PRODUCT-ORIENTED APPROACH

Miriam Druks
Levinsky College of Education, Israel

Efrat Roginsky
Haifa University, Israel

Abstract
This paper presents a model of community music therapy. It concerns initiating a creative-artistic project that involves a whole community. The community investigates its essential contents, needs, beliefs, emotions and values. These are organized and presented in the form of a musical product. Community members can participate in different ways and in various levels of involvement. The artistic product may also carry a shared message to the general public.

Description
WCMT evolved from community music therapy approach. As so, it stems from deep trust in the therapeutic power of musicking, in socio-cultural rituals and in musical creativity. This model is designed for large communities, which realize a common need in nourishment and empowerment. WCMT extends the potential scope of therapeutic intervention as it approaches entire large communities, geographically scattered and less coordinated then the therapeutic or rehabilitative communities previously reported in community music therapy literature.

Our model utilizes song writing and performance as our two fundamental intervention practices. Both techniques provide words and voice to vulnerable and excluded populations. Personal and group empowerment is gained.

WCMT’s main features:
1. Creative project: the creative experience and musical product are cardinal characteristics of the therapeutic process. Essentially, an artistic project is held, in which music is created, produced and performed, harnessing in the entire community in various ways.
2. Communicative musicality: The model is based on music's' significant communicative attributes. It enhances different levels of communication: personal, interpersonal, communal and public.
3. Collaboration: WCMT enables holding and containing a large community through ongoing partnership of three supporting circles:

Organizational circle: The therapists together with leading community members initiate the project. This circle provides the setting, support and supervision required for carrying out the project.
**Circle of therapists:** Includes music therapists working with the community.

**Circle of participants:** Community members representing the multifaceted voices of the community.

These features provide the framework required for meeting the therapeutic needs of such extensive groups. WCMT will be presented, and demonstrated through a musical case study. An example follows:

Watch video at https://www.youtube.com/watch?v=59OlnaLhLlo

**References**


**About the Authors**

Miriam Druks, Music therapist, head of the Music Therapy Master’s program at Levinsky College of Education. Lecturer and supervisor.

Contact: druksm1@gmail.com

Efrat Roginsky, Music therapist, Ph.D. student at Haifa University. Specializes with CP and communicative musicality, community MT, client perspective in music therapy.
"AT THE END OF THE WORLD, I AM!"
PARTICIPATORY ACTION RESEARCH IN CHOIR PERFORMANCES

Cochavit Elefant
University of Haifa, Israel

Rina Stadler
Music Therapist, Israel

"At the End of the World, I Am!" is a Community Music Therapy musical, written by choir members, marginalized groups of people in Israel. The musical was written as a result of Participatory Action Research (PAR) which took place a few years earlier in collaboration between a music therapist, a researcher and members of two choirs, Renanim (people with severe physical disabilities) and Idud (people with Intellectual and developmental disabilities). At the time, PAR approach was born out of disagreements about yearly mutual performances between the choirs and a desire to change and improve a quest namely, 'to give voice' to Renanim choir. Renanim choir had fewer members than Idud and their voices had some limitations. Renanim choir had an agenda of social change and were not only concerned about being heard during performances.

The work with the choirs became a joint motivation for the choir members who wanted to be heard and Rina, the music therapist who wished to improve the performance so that the group could be heard. As a researcher (the first author) I was dedicated to the process and to the responsibility of documenting it.

The choirs made changes throughout the years from separating to re-connecting. These were possible through PAR in which negotiations, dialogues, evaluation, reflections and mutual respect took place (Elefant, 2010).

This year's project ended up with a collaborative musical where both choirs merged into one large group and the musical "At the end of the world, I am", was written by Orit, a member of Renanim choir and performed by the whole group. Although the story is a fiction, it did in a way tell the story of each choir member.

The story is about a young lady who had been injured in a car accident which had left her physically disabled. As a result of her injury, she had to begin a new life in an institution for people with physical disabilities. The musical tells the story of how she is dealing with the losses of her independence as well as her boyfriend, who was not able to deal with the new situation. With support from her new friends, she began to cope with her new life in the institution.

After the story had been written both choirs were gathered to find music that could best fit it and decided to use Israeli film songs to connect the passages of the narrative. Both choirs met for weekly rehearsals. Through the story, both choirs reconnected and found a mutual and strong voice. The end result was successful performances in the larger
community. The researcher re-visited and interviewed the two choirs a few months after the performances.

The presentation will discuss themes arised during the PAR and those developed from this year’s follow up interview. These include: Participatory Action informed research as a method for making social change for marginalized groups (Stige, 2005), 'to be heard' (Elefant, 2010), empowerment (Rolvsjord, 2004), musical performance (Stige, Ansdell, Elefant & Pavlicevic, 2010), the role of music therapist in community music therapy (Elefant, 2010), as well as the new voices of resolution and connectedness between two diverse groups. The presentation will show video samples to illuminate the differences between the performances and the changes these brought about in the community.

References

About the Authors
Cochavit Elefant, PhD., Head of Music Therapy program, University of Haifa, Israel; Clinical and research experience with Autism and developmental disabilities and within Community music therapy field; Associate Editor for the NJMT.
Contact: celefant@univ.haifa.ac.il

Rina Staldler, MA., Music therapist working with individuals of marginalized groups; director of several choirs to make collaborations towards performances.
MUSIC THERAPY (MT) WITH PREMATURE INFANTS AND THEIR CAREGIVERS IN THE NEONATAL INTENSIVE CARE UNIT (NICU) IN COLOMBIA

Mark Ettenberger
Centro Policlínico del Olaya, Colombia & Anglia Ruskin University, England

Abstract
This paper reports the results of pilot study and the preliminary data of a major study with preterm infants and their caregivers in Bogotá, Colombia. A mixed-methods research design including a Randomized Clinical Trial (RCT) was used. It was hypothesized that live music and singing during kangaroo care and/or with the babies alone has beneficial effects on the infants’ physiological parameters and/or on the mothers bonding and anxiety in comparison to a control group. An increased weight gain for the intervention groups and a shorter hospitalization for one intervention group were noticed. Anxiety and bonding seem not to follow linear trends. Thematic analysis (Braun & Clarke, 2006) was used to analyze the qualitative data obtained through questionnaires.

Introduction
Being in the NICU can be a stressful and traumatic event for babies and parents. Caregivers frequently experience difficulties in establishing a relationship with their babies and many preterm infants need support in developing their self-regulation capacities. Music Therapy can provide a meaningful and predictable musical experience for babies and parents in contrast to the unorganized and random sounds predominant in the NICU. Through singing, parents can enter in a relational experience with their babies that can help them in bonding and to relax. Live music and singing entrained to the babies’ physiological rhythms can help them in their self-regulation and provides a possibility for early communicative encounters.

Method
The pilot study was a RCT with three arms:
- Intervention Group 1 (IG1): standard care + MT with the caregivers during kangaroo care
- Intervention Group 2 (IG2): standard care + MT with the babies alone
- Control Group (CG): standard care alone

18 mothers and 19 preterm infants (one pair of twins) were included in the final analysis. Heart rate and oxygen saturation were recorded before, during and after the interventions. Size, cephalic parameter, weight gain and length of hospitalization were documented. The participating mothers filled out the STAI-C (Colombian adaption of the State-Trait-Anxiety Inventory by Catstrillón Moreno & Borrero Copete, 2005) and the MIBS (Mother-to-Infant Bonding Scale by Taylor et al., 2005) at baseline and after the last intervention. A questionnaire was handed out to the mothers at the end of the last intervention and during a follow-up meeting.

Procedure
MT was offered twice a week for a maximum of two weeks. MT with IG1 consisted in
singing with the parents lullabies, children’s songs or other songs that had a positive meaning for the caregivers. MT with IG2 consisted in the use of instruments that imitate the intrauterine sound environment (i.e. ocean disk and gato-box, Loewy et al., 2013) together with wordless gentle humming or toning. Entrainment was essential in all therapy sessions.

Results
No statistically significant differences were found for the quantitative outcome measurements. However, a clinically significant increase in weight gain per day during the intervention period was noticed for both intervention groups compared to the control group (IG1: 26.39 gr., IG2: 20.55 gr., CG: 13.83 gr.) and a 3.83 days reduction in hospital stay for one of the intervention groups (IG2). Anxiety and bonding seem not to follow linear trends, as parents are confronted with different emotional challenges during hospitalization. In the questionnaires mothers stated that MT was helpful for themselves, their baby and their relationship with the baby. Important sub-themes were becoming sensitive towards the babies’ inner states, becoming aware of own feelings, developing competences or relaxation. Mothers in all groups noted that MT should be a regular offer in the NICU and that MT helps to humanize the NICU environment.

Conclusions
This study suggests MT in the NICU is beneficial for parents and their babies. MT can help babies and caregivers to relax, strengthen their relationship and offers a soothing environment, which may help the babies to self-regulate. It is the first study in this field carried out in Colombia, Latin America, and responds thus to the need for more cross-cultural investigations in this area. Further qualitative or mixed-methods research needs to be done in this field in order to understand better how and why MT can be favourable in the NICU. The specific cultural environment needs to be taken into account since it clearly influences how research and clinical practice are performed.

References

About the Author
Mark Ettenberger is a Ph.D. Candidate at Anglia Ruskin University and currently living and working in Bogotá, Colombia.

Contact:
mark.ettenberger@student.anglia.ac.uk
MUSIC THERAPY AND BRAIN RESEARCH: WHERE ARE WE HEADING?

Jörg Fachner
Anglia Ruskin University, UK

Music therapy gained interest as an applied area of neuroscientific research. MTs are attracted from brain research, as some principles applied in therapy seem to be confirmed in neuroscientific research. This paper aims to review brain research - methods applied in or affine to MT.

Will brain imaging help to foster internal or external validity of music therapy? Music therapists may want to contextualise brain activity during important moments in music therapy sessions. However, technical limitations of brain imaging may restrict naturalistic settings of sessions. Further, analysis methods prefer to identify target areas in order to reduce complexity and signal to noise ratio.

This paper aims to review and systematize current brain research and its methods applied in or related to music therapy. We may categorize:

1) Accompanying in situ studies
2) Empirical comparison studies and
3) Approximations.

There are a few accompanying in situ studies on brain functions during music therapy sessions or healing settings. These studies are interested in immediate change during or after interventions in order to identify an immediate but recurring action of MT on the brain processes. Empirical comparison studies may aim to describe changes in comparison groups. Brain imaging may serve as a bio-marker in order to identify general changes in brain processes and relate them to the intervention. Within the category of ‘Approximations’ basic brain research procedures are utilised on selected musical features and results are discussed in relation to a suggested music therapy action mechanism.

This paper is about fusion and synthesis in which we will share how and why we do our research. We look to reflect on advantages and limitations that are relevant when considering a research agenda in the future of music, music therapy and the brain.

References

About the Author
Jörg Fachner, Professor of Music Health and the Brain at Anglia Ruslin University in Cambridge, UK; Co-editor of Music and Altered States (2006) and Music Therapy and Addictions (2010).
MUSIC IN THE HOLOCAUST AND ITS IMPLICATIONS TO MUSIC THERAPY

Atarah Fisher
Bar Ilan University, Israel

Background
The primary aim is to examine the purpose and functionality of music for Holocaust survivors, during the Second World War and the ways in which it aided them to cope with the Holocaust. For this purpose, a qualitative study was used, since it is known for its ability to attain a deeper understanding of a phenomenon and to lay special emphasis on the subjective side.

Research
Seven Holocaust survivors, between the ages 73-95, were interviewed. Their musical background varied from rich and professional (e.g., professional pianist, Cantor) to a mere amateur. The interviewees were located via several means, whether by petitioning associations designated to aiding Holocaust survivors, or by means of acquaintances. The interview itself used a pre-prepared protocol which was constructed according to fields based on the questions that were researched. Each interviewee was requested to prepare, prior to the interview, two or three musical extracts which have special meaning to them. The actual playing of the extracts was integrated within the interview itself in order to create a more suitable atmosphere, thus enabling a deeper understanding of the musical environment of the interviewee. This technique was based on the musical presentation as developed by Amir (1999). The text of the interviews was analyzed using the Interpretative Phenomenological Analysis (Smith & Osborn, 2003). In addition, the following steps were taken, as is accepted in qualitative research, in order to increase the credibility of the study:
During the research, a non-formal diary of the researcher's opinions and feelings was kept. Different techniques were used to gain information; verbal interviews alongside musical interviews. The material acquired by the interviews and the way they were analyzed was presented to a colleague who has no connection to the field of music therapy. Her feelings, understandings and comments portrayed an additional perspective of the material, enabling further awareness. The chapter on the research results with their derived categories was sent to two of the interviewees. Their comments were taken into account and incorporated within the results.

Results
On the basis of the interviews it was decided to divide the results into five chronological periods: prior to the war, the outset of the war, during the war, the aftermath of the war and present day. Each period is represented by different categories that are relevant to the role of music for the interviewee:
Prior to the war, the primary role was in shaping the personality of the interviewee. All described their special connection to music and their strong inspiration not only to play but to dwell on music. On the outset of the war, music became a means of retaining normality. During the war, music had numerous functions: as a means to escape to keep their sanity, occasionally to merit in
materialistic gains whether as food or improved conditions and even to gain assistance from their co-internees who greatly appreciated their music as it enabled them, as well, to remember their more normal past. The aftermath of the war is primarily characterized by their involvement with rehabilitation, with which their music integrated well. Today, it is noticeable how all their past influences blend together as a means of perpetuating their past. They also defined in which way music influences their lives today as well as the necessity to pass on their music to the next generation. The results of this research, primarily the war period, were compared with other suchlike researches. Much agreement was found, however new aspects were also discovered. An attempt was made to characterize the interviewees in this research according to Danieli’s typology. Danieli (1982; 1988) characterized victim’s families and classified them to four principal types, two of which represent a less successful adaptation – the victim and the numb, and two the more successful adaptation – the fighter and those who made it. When using this means of classification, the interviewees in this research clearly belong to those who are represented by the more successful adaptation. Possibly this can be related to their relationship with music. As previously stated, music was and is a means by which they gained an inner strength enabling them to cope more successfully in their lives and in raising their families. Music also served as a means for relating their experiences to their families and acquaintances, thus aiding them to come to terms with their trauma and loss. They are in many ways different to other survivors who chose a conspiracy of silence as an alternative means of coming to terms with the trauma of the Holocaust (Schindler, Spiegel, & Malachi, 1992). Rudd (2010) coined the term “cultural immunogen” to describe how culture, and more specifically music, is a means of aiding persons under stress to better understand themselves, enabling them to deal with their problems and thus, improving the quality of their life. To conclude, the same therapeutic effects were recognized within these Holocaust survivors – maybe we can even say that this is a type of self-therapy.

References

About the Author
I am a music therapist with 17 years of experience with severe retardation, non-verbal autistic adolescents. Twelve years of experience as a lecturer. PhD student in Music Therapy.
THE MUSIC THERAPY TRIO:
RESEARCH FINDINGS FROM A QUALITATIVE SINGLE CASE STUDY

Claire Flower
Chelsea and Westminster Hospital NHS Foundation Trust/Nordoff-Robbins
Music Therapy Centre, UK

Introduction
There has been an increasing interest in recent years in music therapy practice involving children and their parents. A growing body of literature describes the nature of these practices and the range of approaches adopted by practitioners (Edwards, 2011; Oldfield & Flower, 2008). Less literature however explores in detail the phenomenon of the music therapy trio created by child, parent, and therapist.

This study arises from practice within the context of a National Health Service Child Development Service. Children with complex needs, or of pre-school age, often attend music therapy with a parent or caretaker. As a practitioner, I became interested in how the trio of child, parent, and therapist ‘worked’, aware of the complex musical and relational processes at play, and curious about the experiences of those involved.

Research Design
A single case-study approach was employed in order to investigate the experiences of participants, and the musical processes within one identified trio. Extensive use was made of existing video material of a single music therapy session involving the recruited trio. The use of video material generated two discrete data sets.

Data Work and Findings
In order to explore the ways in which the parent and therapist described their experiences of the music therapy trio, the viewing of the video served as the framework for interviews (Henry & Fetters, 2012). The therapist and parent, in separate interviews, were asked to watch the video with the researcher, and invited to pause the video at any point to comment on any aspect. Notes were made of the timing of these pause points. The interviews were audio recorded, transcribed and a process of thematic analysis undertaken.

Thematic analysis highlighted the complex interplay of relationships between child, parent, and therapist within the trio. Broad thematic groupings were identified, which focused on individuals, pairs and the triad. These emerged from descriptions, not just of participants own but also their discussion of other individuals, each of the possible pairings, and the triad as a single configuration in itself. The differing perspectives of parent and therapist were demonstrated in the emphases placed on areas of particular meaning.

In order to explore ways in which an analysis of musical structures and processes might inform an understanding of the trio, a short section of video was selected for microanalysis. Selection of the
extract was guided by the pause points generated at interview, areas of particular interest arising from the thematic analysis, and the wish to focus on periods of music-making which clearly involved each person of the triad.

A detailed graphic representation of a fifty second extract was produced. This included musical notation, descriptions of selected extra-musical activity, and extracts of textual material from the interviews.

The identification of patterns within the extract reveals the complex interweaving of musical and relational activity within the trio. This demonstrates vividly the emergent and collaborative nature of the trio (Sawyer, 2003), and the imperative to understand the trio as comprising more than the sum of its parts.

**Conclusion**
The two parts of the study together form an emergent entity, the findings from the thematic analysis informing and illuminating the microanalysis process. As a composite, they have implications for clinical practice, and provide interesting methodological possibilities for future study.

**References**


**Biography**
Claire Flower practices within a hospital based paediatric music therapy service, and is currently undertaking research into practice with families at the Nordoff-Robbins Music Therapy Centre.

Contact: Claire.flower@chelwest.nhs.uk
REFLECTING ON CULTURE AND MUSIC THERAPY IN HOME-BASED PAEDIATRIC PALLIATIVE CARE

Lucy C. Forrest
Mercy Palliative Care, Australia

Abstract
This paper presents findings from a research study exploring parents’ and music therapists’ reflections on the experience of music and music therapy for paediatric palliative care (PPC) patients and their families, who come from diverse cultural backgrounds. The rationale, design and methodology will be discussed, and findings and recommendations presented.

Introduction and Aims
Music can be an important part of many families’ lives, especially when a child is living with a life-threatening illness and receiving palliative care. Music therapy is regarded as an integral part of PPC, with its capacity to comfort, ameliorate distress and promote adaptive coping and wellbeing (Daveson & Kennelly, 2000); and provide opportunities for fun, and improved quality of life (Hilliard, 2003). It has also been found to provide opportunity for choice and control (Amadorou & McFerran, 2007); enable bonding between the parent and child (Duda, 2013); and facilitate stimulation and relaxation, enhance communication and foster positive experiences for children and their families (Lindenfelser, Hense & McFerran, 2012). However, in spite of the growing use of music therapy in PPC in recent years, there is only limited literature/research pertaining to music therapy in home-based PPC (Knapp et al, 2009; Lindenfelser et al, 2012; Nall & Everitt, 2005); and only one study discussing culture in PPC (Davies et al, 2009). Whilst there is growing discussion of cultural issues in adult palliative care (Forrest, 2000, 2011), there is no literature discussing the influence of culture and cultural traditions and practices associated with the provision of music therapy in PPC. Given the ever-increasing cultural diversity of the community accessing PPC services, and of clinicians themselves, the need for cultural awareness, sensitivity and responsiveness in PPC music therapy is paramount.

This paper presents the preliminary findings of a research study examining parents’ and music therapists’ reflections about the experience of music and music therapy for PPC patients and their families, who come from diverse cultural backgrounds, and who are receiving music therapy through a community based palliative care service. The study explores how children in palliative care, and their families, use music; how cultural practices and beliefs are associated with the provision of home-based palliative care, and the family’s use of music; and the experience of music therapy for children and their families. This information will help to identify barriers and improve access to palliative care and music therapy for families of diverse cultural backgrounds.
Design and Methodology
The study is a longitudinal, multi-site study being conducted across three community palliative care programs in Melbourne. Participants include parents of PPC patients aged 0-12 years who receive music therapy through a community palliative care program; and music therapists providing music therapy to PPC patients through a community palliative care program. A grounded theory methodology informs data collection and analysis; and a repeated-interview design has been employed to capture the experiences of patients and families over time, and through their palliative care journey. Data sources include 1) interviews held with the parent participants, 2) a focus group held with the music therapists and 3) the Clinical Reflexive Journal and Notes of the author who has the dual role of clinician-researcher.

Results and Discussion
Key findings from the study will be presented; challenges in conducting research in community-based PPC explored; and application of the findings to clinical practice discussed.

References

About the Author
Lucy Forrest is Senior Music Therapist at Mercy Palliative Care; and a PhD Candidate at the University of Melbourne, Australia: and her clinical and research interests include adult and pediatric palliative care, and cultural issues in practice.
MEANINGFUL MOMENTS THROUGH MUSIC LISTENING IN ACUTE STROKE REHABILITATION

Anita Forsblom
Music Therapist, Finland

Abstract
This PhD-research explores the personal and subjective experiences of patients who have listened to music after acute stroke. Results showed that patients in the music group experienced depressing and confused moods less than the control groups.

Description
Stroke claims the lives of nearly six million people each year. It is the second biggest cause of death for people over the age of 60. As we come to a better understanding of stroke recovery and the most effective rehabilitation strategies, most discussions on the subject usually focus on how pharmacotherapy and physical and cognitive therapies can remodel and affect the plasticity of the brain. However, not so much is known about listening music as a rehabilitation tool and how patients experience it. The present work explores the personal and subjective experiences of patients who have listened to music after acute strokes, as documented in my recently published PhD: “Experiences of music listening and music therapy in acute stroke rehabilitation” (2012).

The participants consisted of 59 people from the Department of Neurology at the Helsinki University Central Hospital who had been admitted to the hospital for treatment of acute stroke. Results showed that patients in the music group (n=19) experienced depressing and confused moods less than the control groups. Also recovery in the domains of verbal memory and focused attention improved more in the music group than in the audio book (n=20) and control (n=20) groups. The therapeutic role of listening music was then investigated more deeply and the results suggest that listening music can be used to relax, improve mood, and provide both physical and mental activation during the early stages of recovery from stroke.

This work increases understanding of how music affects emotional processing from the point of view patients, and how listening music can be used in the treatment of acute stroke.

Watch video at https://www.youtube.com/watch?v=OaD5yy sgx4M
References


About the Author
Dr. Anita Forsblom, GIM music therapist and Dance Movement student is working in her own MT and DMT clinic in Vantaa, Finland.

Notes
Interview- material from patients were based on the data which was gathered during the project, that was approved by the Helsinki University Central Hospital Ethics Committee.

All subjects signed an informed consent. Photos in music video clip are from my own family album with an agreement of my family members.

The submission is in compliance with the WFMT Ethical Practice Guidelines.
Befriending is a form of social support involving “a relationship between two or more individuals which is initiated, supported and monitored by an agency that has defined one or more parties as likely to benefit” (Dean & Goodlad 1998, p.5). Befriending schemes are widespread throughout the UK and worldwide, providing support to a broad spectrum of groups. Mitchell and Pistrang (2011) found befriending to share many characteristics with other types of psychological help, such as empathy, mutuality, processes of making meaning and effecting change from the modelling of responses, as well as similar challenges, such as the management of boundaries. The aims of music therapy and befriending could be said to overlap with regard to addressing the psychological needs of clients/befriendedees. However there is a distinct gap in the literature in relation to the use of music therapy with members of a befriending project.

A Triadic Model
No previous research has examined the relationships between a music therapist and pair of clients who relate to each other on a more equal footing than parent-infant or client-carer relationships, as in the befriending relationship. Family Systems Theory (Bowen 1978; Broderick 1993) provides an alternative theoretical framework for envisaging this. In Bowen’s view, “the triangle, a three-person emotional configuration, is the molecule or basic building block of any emotional system...the triangle is the smallest stable relationship system” (Bowen 1978, p.373). Could therapeutic work with pairs of clients offer a useful new model for music therapy theory and clinical practice?

This paper presents a pilot research project exploring the use of music therapy with pairs of befriending clients. It aimed to investigate the music therapy experiences of befriending pairs and examine triadic relationships within music therapy. This research was carried out in part-fulfillment of the MSc in Music Therapy (Nordoff-Robbins) at Queen Margaret University, and was supported by Ecas.

Study Design
Participants were recruited from members of a befriending project run by Ecas, a small Edinburgh-based charity for people with physical disabilities. Three befriending pairs each received an eight-week block of music therapy. The course of music therapy for each pair was designed to include a range of active music therapy techniques following the client-led music-centred approach (Nordoff & Robbins 2007). Individual semi-structured interviews were carried out with each participant.

Interviews were analyzed using a phenomenological method adapted from Hycner (1985).
Results
Participants offered a broad spectrum of insights into their music therapy experiences. Seven themes emerged in relation to perceived general impacts of music therapy, including intra- and inter-personal insight/learning, increases in confidence and relaxing effects.

Participants’ views on the impact of music therapy on their befriending relationship varied widely. Two participants experienced no effect while four described a range of impacts and insights gained as a result of the project. Views on the nature of threeway relating within sessions were equally wide-ranging, highlighting the plurality of human experience and the relevance to this research of the constructivist paradigm (Edwards 1999).

Summary
The concept of triadic interactions between a therapist and pair of clients remains to be fully explored in the field of music therapy. Palmer’s consideration of the relevance of family systems theory to music therapy (2002), and the theoretical framework described by authors such as Bowen (1978) lay the foundation for further, more in-depth exploration of triadic models of music therapy work.

References

About the Author
Gráinne Foster MPhil, MSc, BA, LRIAM, is a registered music therapist working with children and adults with learning disabilities, physical disabilities, mental health issues and communication disorders.

Contact: grainnefoster@gmail.com
MUSIC THERAPY SERVICES FOR STUDENTS WHO ARE CULTURALLY AND LINGUISTICALLY DIVERSE WITH MODERATE AND SEVERE DISABILITIES

Amy Greenwald Furman
Minneapolis Public Schools, USA

The urban school-age population in the United States is becoming increasingly diverse. Researchers are projecting that by 2025, a quarter of the school-aged population will be English Learner (EL) students (Van Roeckel, 2008). This has already been surpassed in the Minneapolis Public Schools (MPS) as currently 27% of MPS students call a language other than English their home language. Twenty-three percent of the students are eligible for English Language Learner (ELL) services, while statewide; only 8% of students are eligible for ELL services. A significant number of MPS students with and without special needs are from culturally and linguistically diverse (CLD) backgrounds.

Chamberlain (2005) reports that the needs of CLD students go beyond English-as-a-second-language programs. CLD students are acquiring a new language, a new culture, a new way of thinking, and a new way of behaving and communicating. There is concern that students who are CLD are over represented in special education due to difficulty in assessing student skills and abilities. The 2006 Individuals with Disabilities Education Act regulations made changes to address problems with identification and over representation by race and ethnicity of students as children with disabilities. Much of the available research focuses on high-incidence disabilities, with an emphasis on learning disabilities (LD) because that accounts for over half of the population with disabilities in the United States. There is little research on children from CLD backgrounds with moderate and severe disabilities. In looking for evidence-based practice with CLD students with disabilities such as Down syndrome, Williams syndrome, and Autism Spectrum Disorder, the information available is limited. In these cases the disability often becomes the major focus with cultural, linguistic or other aspects ignored (Harry, 2002; Zhang, & Bennett, 2003).

In a special education classroom with students with multiple disabilities from Hmong, Somali and Hispanic families’ cultural competency across the variety of cultures is important. This is the ability to work effectively across cultures by recognizing and respecting differences in values, beliefs and behaviors (Kohnert, 2008). Utilizing on-line resources such as Culture Profiles to gain an understanding of the history, and culture of the group including social structure, gender roles, literacy, education, religion, art and song, and features of the language can assist the music therapist in developing effective interventions.

Additional issues to be aware of include the cultural perceptions of disability within the culture, e.g. following a social versus a medical model of disabilities, viewing the cause of the disability as a punishment or a curse or accepting the need for special
treatment or education. Much of the instruction for early childhood students with severe disabilities is focused on stimulation and working with toys, a very foreign concept to many families, especially for grandparent caregivers. In working with students from family cultures of Hmong and Somali, being aware of historical and cultural differences around written language and literacy, which impacts the acquisition of reading and language skills of students is important. Understanding and following best practice guidelines for utilizing an interpreter during meetings with families should be part of the music therapist’s skill set. The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care may be of assistance in helping music therapists ensure they are meeting the needs of an increasingly diverse clientele.

References


About the Author
Amy Furman is lead music therapist with the Minneapolis Public Schools and President of AMTA.

Contact: afurman@mpls.k12.mn.us
MUSIC THERAPY AND MINDFULNESS - AN INTERVENTION PROPOSAL FOR PSYCHOACTIVE SUBSTANCE ADDICTS

Diego Alejandro Torres Güiza
Universidad Nacional de Colombia, Colombia

Background
The use of psychoactive substances or at least a history of consumption over a lifetime, is somewhat present in almost one hundred percent of the world’s population (Seguel, 1994). In recent decades people have been there has been a large increase in the consumption of psychoactive substances internationally, especially among the young population (WHO, 2004).

National Context
In Colombia, psychoactive substance addiction is a public health problem, and therefore it has been recognized as a disease by the national public health network. To attend to this problem, the Colombian state only has fifteen centers with a capacity of no more than 300 people (Pérez, 2011). Because of this, it is necessary to create new structured proposals and interventions for psychoactive substance addicts.

Research
In one case study, we implemented Music therapy intervention based on the Mindfulness technique. The intervention was implemented in a hospital for addicts of psychoactive substance. The general objective was to identify the effects generated by the music therapy intervention which including utilizing the Mindfulness technique in reference to his three axes of integration: 1. Consciousness; 2. Experience of the present; and 3. Acceptance.

Results
The results showed that, Music therapy with Mindfulness techniques achieved: decreased “anxiety”, and the typical way of overreacting to things that generate displeasure or discomfort. In this case it was also evident that this facilitated and enhanced the evocation and/or construction of events, as well as the recognition of sensations, emotions, and thoughts generated. Further, it facilitated the expression of sensations, emotions and feelings about particular experiences associated with consumption, and hardships (sex, subsidiary relationships, and diversity in the diet) related to being resident at a drug addiction Care Center.

References
http://www.itemadrid.net/pdf/la_terapia_de_conducta_de_tercera_generacion.pdf


**About the Author**

D.A. Torres Güiza, PS, MT, is a professor at Universidad Nacional de Colombia, and Music Therapist in Knightsbridge Schools International Kids – Bogotá.

Contact: datorresgu@gmail.com
AUGMENTATIVE AND ALTERNATIVE COMMUNICATION
AND ITS POSITION IN MUSIC THERAPY

Anita L. Gadberry
Marywood University, USA

David L. Gadberry

Augmentative and alternative communication (AAC) is the use of non-speech means to communicate (American Speech-Language-Hearing Association [ASHA], 2002). This could include sign language, gestures, pictorial systems, or electronic devices.

Many persons with congenital and acquired disorders require some form of AAC. One’s speech-ability may be limited within diagnoses such as autism spectrum disorders, cerebral palsy, aphasia, and traumatic brain injury (Beukelman & Mirenda, 2005). Individuals may rely on AAC systems as their sole means of communication, or they may use them as an adjunct to verbal communication in order for them to communicate competently (ASHA, 2002).

In music therapy sessions, the therapist and the client have access to musical communication, yet often the use of a non-abstract means of communication is necessary (Gadberry, 2011a). Individuals who utilize AAC systems want to communicate their concrete thoughts about the past, present, or future as quickly as possible (Hill, n.d.). Without the ability to speak competently, individuals need another means to communicate; herein lies the importance of using AAC.

AAC can easily be incorporated into music therapy sessions and used in conjunction with musical and spoken communication. Persons may attend sessions with their own AAC system and the music therapist may encourage use of it during the session. In addition, music therapists may utilize the use of AAC systems to augment any client’s communication. Therapists may activate the system to aid receptive communication or to model its use for expressive communication (Gadberry, 2011b; Gadberry, 2012).

There are many devices that are easy to activate and to use in sessions, which include switches and iPad applications. A switch is an electrical device that makes connections between two points of contact (Bache, Derwent, & Magee, 2014). In a switch used for communication purposes, the points of contact are a means to activate recorded audio material.

A switch can be very useful in therapy sessions since one can quickly record a spoken or sung phrase into the device to be used by a client. The BIGMack is a common switch used for recording short communication phrases. It is a large plastic button that can be activated with one’s hand, foot, or head depending on its position. The BIGMack is distributed by Mayer-Johnson; there are several other brands with similar products available.
Other popular devices to support competent communication in a music therapy session are the iPad, iPod Touch, and iPhone, manufactured by Apple (Krout, 2014). There are several applications available to aid communication via these devices; a popular one used in various settings is Prologue2go. It is produced by AssistiveWare and is easily adaptable as one can add multiple words and phrases to it quickly.

Utilizing AAC systems within music therapy sessions offers clients multiple ways to communicate in a way that is functional throughout the various environments that the clients will experience. Music therapists can experience more meaningful interactions with their clients if they choose to use the AAC tools that are already in place in the clients' regular life. Supporting and using these tools can be a “win-win” situation for client and therapist.

References

About the Authors
Anita L. Gadberry, Ph.D., MT-BC is the Director of Music Therapy at Marywood University, Scranton, PA. Contact: agadberry@marywood.edu.

David L. Gadberry, Ph.D. is a music education expert with interests in pedagogical repertoire and behavior management.
CULTURAL SENSITIVITY IN MEDICAL MUSIC THERAPY: 
ESTABLISHING PRACTICE GUIDELINES FROM THE RESEARCH

Lori F. Gooding, Olivia Swedberg Yinger, Jessica Rushing, and Kelsey Lownds
University of Kentucky, USA

Culturally Sensitive Care
Patient-centered, culturally sensitive care improves patient trust, patient satisfaction with provider care, and patient adherence to treatment variables (Tucker et al., 2011). Perhaps most importantly, culturally competent/sensitive care allows healthcare providers to deliver services that are respectful of and responsive to the needs, beliefs, and practices of a diverse range of patients (NIH, 2013).

Music Therapy and Cultural Competence
Music has been identified as an element indicative of culturally sensitive care (Tucker et al., 2003), and the provision of culturally competent music therapy services is an ethical imperative (Brown, 2002). Several studies have found that music therapists are interested in and comfortable with providing culturally sensitive care. However, academic training has been seen as lacking, and most knowledge has been gained through experience (Darrow & Molly, 1998; Chase, 2003). There is growing recognition of the need for increased training in and more research of culturally sensitive music therapy practices.

Foundational Components
Our own cultural background, including values and beliefs about healthcare as well as values and beliefs about the uses of music, influences our music therapy practice (Bradt, 1997; Gonzalez, 2011). Music therapists must be aware of and understand their own culture while also striving to develop understanding of other cultures Wheeler & Baker, 2010). Music therapists should have knowledge of world music genres in order to enhance musical communication with diverse individuals (Moreno, 1988). They must also be aware of cultural contraindications, focusing on extra-musical and/or lyric associations pertinent to specific cultures (Valentino, 2006). Perhaps it is most important to remember that music, while multicultural, is not universal (Vaillancourt, 2007). Developing a culturally-centered practice starts with exploration of both self and music.

References


Gonzalez, P. J. (2011). The impact of music therapists’ music culture on the development
of their professional framework. *Qualitative Inquiries in Music Therapy, 6,* 1-33.

**About the Authors**
Lori Gooding and Olivia Swedberg Yinger are music therapy professors at the University of Kentucky. Jessica Rushing is a clinical music therapist and Kelsey Lownds is a graduate student in music therapy at the University of Kentucky.

Contact: lori.goooding@uky.edu
COLLABORATIVE PARENT COUNSELING IN MUSIC THERAPY (CPCiMT)
FOR PARENTS OF CHILDREN WITH AUTISM SPECTRUM DISORDER

Tali Gottfried
Private Practice for Music Therapy, Israel

Abstract
Collaborative Parent Counseling in Music Therapy (PCiMT) for parents of children with Autism Spectrum Disorder is a clinical approach, in which the music therapist conducts both the individual MT sessions for the child as well as the counseling sessions for the parents. This practice is now being tested in my PhD research.

Description
Early parent-child relationship, represented commonly by reciprocal musical-wise interaction (Stern, 1985), is interrupted by organic impairments, sourced at the core of the Autism Spectrum Disorder (ASD). Parenting a child with ASD involves great challenges and often causes stress (Dempsey et al. 2009). The role of music therapy in the treatment of children with ASD has a long history, and is an evidence-based field (Geretsegger et al. 2012; Gold, Wigram & Elefant, 2006; Holck, 2004); In recent years, this field has expanded beyond the setting of the music therapy room, and new studies describe the involvement of families in the treatment process of the child (Jonsdottir, 2009; Oldfield, 2011; Thompson, 2012), in order to meet these challenges and support both the child and the parents. This presentation describes a clinical practice of Collaborative Parent Counseling in Music Therapy (CPCiMT) for Parents of children with ASD, which is now being tested in my PhD research. In this way of work, the music therapist conducts both the treatment sessions for the child as well as the counseling sessions for the parents, aiming to bridge between insights from therapy room to the everyday life of the family.

Coming from the ‘health promotion’ approach and the idea of ‘collaboration’, as defined in Randy Rolvsjord’s book (2010), the CPCiMT expands the borders of conservatory setting, and sets to provide a safe place for parents to reflect on their daily challenges with their child, with the focus on collaboration between the therapist and the parents. This non-hierarchy practice sets opportunities for both the therapist and the parents for gaining a deeper understanding of the child and his family's needs, and share the knowledge on how to implement MT-like techniques in everyday interaction with the child. This presentation includes clinical examples and videos excerpts from MT sessions and counseling sessions.

References
Crosby, & M. C. Kegler (Eds.), Emerging Theories in Health Promotion Practice and Research: Strategies for Improving Public Health (pp. 126-156). San Francisco, CA: Jossey-Bass


**About the Author**

Tali Gottfried is an Israeli Registered Music Therapist. She is the owner of the Private Practice for Music Therapy for children and youth, and her clinical work focuses on children with special needs and their families. Tali is a PhD candidate at the Doctoral Program for Music Therapy at Aalborg University, Denmark, under the supervision of Prof. Christian Gold and Dr. Cochavit Elefant. Tali is currently a lecturer at Ben-Gurion University and Bar-Ilan University in Israel, and conduct advanced study programs for art therapists working with children with special needs.
I WILL SURVIVE: MUSIC THERAPY AT A CHILDREN’S CANCER UNIT

Barbara Griessmeier
University Hospital Frankfurt, Germany

Abstract
This presentation describes the role of music therapy as part of a psychosocial care service for children and adolescents suffering from cancer, and their families.

Description
Since the early eighties of the last century psychosocial care services for children and adolescents suffering from cancer have been introduced in all German paediatric oncology centres. In many of these hospitals music and/or art therapists are part of the interdisciplinary team, often financed by charity and on a part - time basis. Even if the need for psychosocial care for children with cancer (and their families) seems to be fairly obvious in the general public, it has been a long way to establish these services as an integrative part of the medical treatment; leading to a national guideline on Psychosocial Care in Paediatric Oncology in 2008.

In this presentation the author will reflect on the development of her 30-year’s work as a music therapist on a full-time basis as a member of the psycho-social care team at the University Hospital Frankfurt, Germany. With the help of several case examples she will describe the different roles of music therapy in a multidisciplinary team, her personal development from a “pure” music therapist to a more general psycho-social caregiver and of course the role of music during this process. Even if music can be considered as a powerful means in many ways, it may also be not appropriate in some contexts and situations.

The author will show how working with children and young people suffering from a life-threatening disease is a challenging, but also rewarding task for a music therapist working in the medical field. She will explain specific setting issues, the need for incorporating primary caregivers into the music therapy progress, appropriate music therapy methods and questions of working in a multidisciplinary team. As still not all children will survive, aspects of palliative care will also be taken into account.

References
Schroeder, H., Lilenthal, S., Schreiber-Gollwitzer, B.M., & Griessmeier, B. (2008). Psychosocial Care in Paediatric Oncology and Haematology, awmf
Guideline Reg. Nr. 025/002e


About the Author
Music therapist (Heidelberg training course, Germany). Since 1986 member of the psycho-social care team of the children’s cancer department at Frankfurt University Hospital, Germany.

Contact: Barbara.griessmeier@kgu.de
“NECESSITY IS THE MOTHER OF INVENTION”: THE INCEPTION OF INTERACTIVE MUSIC-MAKING IN RESPONSE TO THE NEEDS OF COMMUNITIES AT HOME AND ABROAD

Sarah Hadley
Music as Therapy International and Oxleas NHS Foundation Trust, UK

In the mid 1990s an unprecedented event occurred in the Royal London Borough of Greenwich. Two separate clusters of babies were born with Down Syndrome over a period of 18 months, amounting to ten babies in total. The Health Visitors involved with these families noticed that the babies were particularly responsive to music and so they contacted the Music Therapy Service to see if there was anything we could do to help. This was the trigger for me to develop a new approach in practice; the Music Therapy Home Programme. This took the form of the parents and baby visiting me on a monthly basis and I would demonstrate some simple musical activities to promote social interaction. The sessions were video recorded and I provided an activity sheet and the necessary musical instruments for the parents to take home to practice with their baby. We would meet the following month to review and update the activities. This was my first experience of teaching interactive techniques, and I am now going to introduce you to the baby who started me on my skill-sharing journey.

My recruitment to the charity Music as Therapy International in 1999 provided me with the perfect opportunity to build on my skill-sharing experience when I was tasked to deliver a six weeks training to staff in an orphanage in Romania. The aim of this training was for the staff to be able to independently run Music as Therapy sessions to promote the emotional, physical and social well-being of the children in their care.

Working with my Romanian partners was an enriching and awe-inspiring experience which had a profound effect on my clinical thinking and confirmed my belief in the value of skill sharing. This spurred me on to formally write-up the skills and techniques that I had been sharing into a practice guide book: “Interactive Music-Making: Using music as a developmental resource”. Also at this time there was a priority focus in the UK on early identification and intervention. As a result the Music Therapy Service was receiving a rapid increase in referrals some of which had much less clinically complex needs. This demand and capacity issue led us to:

a) Ratify the Music Therapy referral criteria, in order to target the most highly complex client cohort

b) Explore skill sharing for staff groups working with very young children whose developmental needs (rather than their emotional needs) were the predominant factor for their referral to the service.
From this position there was a clear imperative to develop a structured training programme and the practice guidebook provided the basis for developing the university credit rated training “Interactive Music-Making for Practice: Working with the Under Fives”. Interactive Music-Making (IMM) became formalised under the following definition by Hadley and Quin:

“Interactive Music-Making is a child-centred approach to music-making, which establishes positive relationships and fosters the child’s individual potential.”

IMM offers an attachment based model of practice (Bowlby, Trevarthen) where the early years practitioner is skilled to mirror the secure Mother-Infant relationship to achieve sustainable developmental outcomes for the child (cf. Shore). Two paradigms underpin the quality of this relationship; Affective Attunement (Stern) and Unconditional Positive Regard (Rogers). The nature of this relationship is based on key principles of Music Therapy:

- A consistent approach by the practitioner towards the child
- Establishing meaningful interaction that is not dependent on words
- The practitioner flexibly supports the child through shifting emotional experiences
- Developing trust and confidence within the relationship between the practitioner and the child

The role of the Interactive Music-Maker has become an important part of the Music Therapy care pathway, where our early years practitioners implement IMM sessions for the developmental benefit of their children and if they have a cause for concern they can refer into the Music Therapy Service. These referrals are triaged by our Interactive Music-Making Specialist who either takes them onto her IMM caseload or refers for Music Therapy Intervention on the following basis:

“Music Therapy focuses on the emotional growth of the child whereas Interactive Music-Making has a specific developmental approach” (Mitchell 2005, Interactive Music-Making Specialist).

Skill-sharing has effectively developed our workforce and allows the Music Therapy Service to deliver accessible and targeted early intervention which would not be possible to provide without the essential roles of our Interactive Music-Makers and Interactive Music-Making Specialist.

References

About the Author
Sarah Hadley leads a large paediatric Music Therapy Service in London (Oxleas NHS Foundation Trust) and has been working with Music as Therapy International for the past 15 years.
STORYCOMPOSING PROMOTING CHILDREN’S VOICE

Hanna Hakomäki
University of Helsinki, Finland

Introduction
Children's perspective is not yet a widely recognized paradigm in the music therapy research. A recently (May 2013) completed PhD study contributes to this discussion. In this experiment the decision was made to invite a 14 year-old past-client to investigate his former music therapy as a co-researcher. Both the therapy process and the research project utilized the Storycomposing® method which is a songwriting method developed by listening to and consulting with children.

Storycomposing
Storycomposing method is narrative-like in nature, and it is not really a technique for composing ‘grand’ music pieces. Narrating with music by the means of Storycomposing does not necessarily aim to fix a musical idea so it can be repeated exactly, but instead offers a chance to explore ideas and possibilities, make meanings of real-world experiences of the self, communicate these with others, make emotional sense of oneself, develop identity, and regulate and organize experiences and emotions. Narrative musicking, in the form of Storycomposing, is a shared creative means of interaction which has aesthetic value and social relevance, and which offers the artistic means to transform a historical truth into a bearable and shareable narrative truth in an individual’s mind.

Storycompositions are transcribed by the co-storycomposer, for example a music therapist, so that the storycomposer can play them again from the score precisely enough. This requires choosing a suitable notation system for the client. In this method compositions are accepted “as is” and the therapist doesn’t complete the pieces in any way. Finally, performing storycompositions to a meaningful audience of the process enables the narrative development of the meaning embedded in music. The steps of the Storycomposing protocol defined as musicking, narrating, and performing, with interaction being a core element at each of them, form the principal elements of the method.

Research Method
The research data of this study consisted of 30 storycompositions created in therapy and the discussions around them between the researcher and the child co-researcher, and also five new compositions which were created in the research meetings. The data was analyzed by the Narrative Processes Coding System and by content and narrative analysis. Both researchers formed their own researcher questions, which were “How much, and in what way, have I changed during and after the therapy process?” (the co-researcher) and “How does Storycomposing function as a child’s music psychotherapy method?” (the researcher).

Children’s Voice
The essential act of hearing children’s voices is listening. Listening from a child’s
perspective is an active process of communication involving hearing, interpreting and constructing meanings. When truly hearing what children are telling and recognizing children as active beings, adults must take seriously what they hear and their next acts and words bear witness to this. Storycomposing method offers tools for hearing children’s voice in music therapy. In this study a child’s voice was first heard in individual music therapy and in family therapy setting. Then as a co-researcher this same child reminisced and interpreted the process and the used method.

Results
Both music and speech formed the research narratives of this study. Results showed how the Storycomposing method creates and maintains a field where a therapeutic couple can re-narrate the client’s life story in a process of meaning reconstruction. This process deals with transforming historical truth into narrative truth, moving mental processing forwards, and mentalising experiences. Together these represent the evolution of a life story through meaning reconstruction. In addition, when this method was used to ‘tell the client story’, the study provided detailed means to describe how this. Storycomposing method is especially suitable for children.

This study supports that a child is an appropriate co-researcher for investigating children’s experiences. It was also obvious that these follow-up meetings strengthened his perception of recovery from a traumatic loss, and improved his sense of well-being.

Resources


About the Author
Hanna Hakomäki is Music Therapist, Psychotherapist, Supervisor EMTR and Researcher at the University of Helsinki.

Contact: hanna.hakomaki@musiikkiterapia.net
CREATIVE MUSIC THERAPY IN PREMATURE INFANTS: TESTING ITS POSSIBLE INFLUENCE ON BRAIN DEVELOPMENT

Friederike Haslbeck
Research Fellow at University Hospital Zurich, Switzerland

Premature infants are a highly prevalent and vulnerable group in pediatric care, and face several short- and long-term challenges (March of Dimes, 2012). Research on brain development in premature infants demonstrates a high incidence of white and grey matter abnormalities and neurobehavioral delay, as well as an increased risk of brain injury (Huppi et al., 1996; Inder et al., 2005). There is growing awareness that premature infants need individualized nurturing interactions with their caregivers while they are in a neonatal intensive care unit (NICU) to support healthy development and prevent future difficulties (Kato et al., 2011). One particular intervention that may have considerable potential in the NICU is creative music therapy (CMT), an individualized, interactive, resource- and needs-oriented music therapy approach. Results demonstrate that CMT can facilitate relaxation and stabilization in premature infants; by experiencing intersubjectivity through music, the infants can be empowered to engage in meaningful and nurturing interactions (Haslbeck, 2013a, b).

Several researchers (Als, 2012; Schore, 2003; Trevarthen, 2008) have described how interactive and multi-sensory experiences of the fetus particularly facilitate brain development and learning about socio-emotional figures, respectively, in prematurely born infants. It is assumed that positive auditory experiences can promote premature infants’ early brain maturation and contribute to their healthy neurodevelopment (Xu et al., 2009). Studies in music and neuroscience have demonstrated that music promotes neurobiological processes and modulates synaptic plasticity, neuronal learning and readjustment in the human brain (Rickard et al., 2005). The individualized approach in active music therapy may especially activate brain structures involved in emotional, sensorimotor and cognitive processing (Fachner et al., 2012; Koelsch, 2009). Since, on one hand, individualized interactive experiences and, on the other hand, music may alter brain development in the fetus and very young infants, the question arises as to whether CMT might actually promote a premature infant’s brain development by facilitating nurturing socio-emotional and auditory interactive experiences at the same time. Therefore a prospective, controlled, between-subject clinical trial is currently conducted. Twenty-five premature infants received CMT during their hospitalization time and a matched case control group without music therapy served as control group. The primary objective was to explore if the experience of CMT in premature infants improves their brain growth and development at 38-42 weeks of corrected GA. The main secondary objective is to explore if CMT improves the neurobehavioral outcomes of premature infants at 9 and 24 months, as well as at 5 years of age. Magnetic resonance imaging is used to evaluate the infants’ cerebral cortical development and myelination.
Electroencephalography (EEG) is used to evaluate the infants’ brain function and maturation. Insights into possible long-term and sustainable outcomes will be gained via neuro-developmental follow-up examinations. It is hypothesized that the experience of CMT in neonatal care improves both short- and long-term neurological outcomes. We expect that the experimental group will demonstrate superior brain growth and development at 38-42 weeks of corrected GA as well as improved cognitive, behavioral and motor developmental outcomes later on. This paper will introduce first insights and preliminary results of the ongoing study. Strategies and challenges inherent in conducting a controlled clinical trial within this vulnerable group will be discussed.

References

About the Author
Friederike Haslbeck is a research fellow at the University Hospital Zurich and University Hospital Bern, Switzerland.

Contact: friederike.haslbeck@usz.ch
“SINGING CREATES FREEDOM”
MUSIC THERAPY ACADEMIC AND PRACTICE DEVELOPMENT IN LATVIA

Reiner Haus
University Liepaja, Latvia

Mirdza Paipare
University Liepaja / Latvia

In Latvia the singing voice is valued as the strongest power of the society and the most recognized cultural heritage that has always expressed national identity with a high political impact. The way singing in music therapy creates freedom for an individual person and overcomes functional or emotional limitation, singing in Latvia has been the origin of the political change towards freedom as well as its medium, as it happened in the long singing chain Tallinn-Riga-Vilnius 1989, which overcame the limitation of borders and repression, caused by the Ribbentrop-Molotow pact from 1939. There are two reasons that music therapy developed in Latvia in a manner, which one only could call creative, coherent and comprising. Without any doubt the deep binding between the personal experience of thousands of Latvians in those historic events in the political realm and the freedom creating power of music therapy is the first reason of this successful story about its academic and practice development in Latvia. In addition to this we can see the second reason in the fact, how Germany took over responsibility facing the heritage of its own historic burden: already 1998, due to the initiative of the author the German Clinic for Children and Youth in Datteln started its cooperation with the University Liepaja, looking for the possibility to obtain a music therapy training in Latvia. After five years of intense preparation with several annual guest lecture weeks the author got in Sept. 2003 the license for a music therapy master program with 10 students a year, which was mainly based on P. Nordoff's and C. Robbins’ creative music therapy approach, working together with a team of 12 Latvian lecturers on staff. Having chaired this program another 3 years until 2006, the author could pass over the program into the hands of the new graduated Latvian colleagues under the chair of the co-author Mirdza Paipare, to live what academic independency expresses: freedom in practice and research, using the heritage of singing as the core piece of Latvian identity.

Now, after 16 years a considerable progress has been made to gain an abiding place for music therapy in Latvia. From the very first start the signing contract partner Prof. Dr. med. W. Andler (†), former medical director and chair for pediatrics at the German University Witten-Herdecke, had a vision for a sustainable music therapy academic training program and a practice-network in Latvia comparable with the German standard.

Thus, from 2004-2010 a monitored network of practice-institutions in all Latvian regions was founded by the author and later extended by German charities and companies (www.muzikasterapija.lv). Now 25 years after the political independence of Latvia the singing voice is valued as the strongest power of the society and the most recognized cultural heritage that has always expressed national identity with a high political impact. The way singing in music therapy creates freedom for an individual person and overcomes functional or emotional limitation, singing in Latvia has been the origin of the political change towards freedom as well as its medium, as it happened in the long singing chain Tallinn-Riga-Vilnius 1989, which overcame the limitation of borders and repression, caused by the Ribbentrop-Molotow pact from 1939. There are two reasons that music therapy developed in Latvia in a manner, which one only could call creative, coherent and comprising. Without any doubt the deep binding between the personal experience of thousands of Latvians in those historic events in the political realm and the freedom creating power of music therapy is the first reason of this successful story about its academic and practice development in Latvia. In addition to this we can see the second reason in the fact, how Germany took over responsibility facing the heritage of its own historic burden: already 1998, due to the initiative of the author the German Clinic for Children and Youth in Datteln started its cooperation with the University Liepaja, looking for the possibility to obtain a music therapy training in Latvia. After five years of intense preparation with several annual guest lecture weeks the author got in Sept. 2003 the license for a music therapy master program with 10 students a year, which was mainly based on P. Nordoff's and C. Robbins’ creative music therapy approach, working together with a team of 12 Latvian lecturers on staff. Having chaired this program another 3 years until 2006, the author could pass over the program into the hands of the new graduated Latvian colleagues under the chair of the co-author Mirdza Paipare, to live what academic independency expresses: freedom in practice and research, using the heritage of singing as the core piece of Latvian identity.

Now, after 16 years a considerable progress has been made to gain an abiding place for music therapy in Latvia. From the very first start the signing contract partner Prof. Dr. med. W. Andler (†), former medical director and chair for pediatrics at the German University Witten-Herdecke, had a vision for a sustainable music therapy academic training program and a practice-network in Latvia comparable with the German standard.

Thus, from 2004-2010 a monitored network of practice-institutions in all Latvian regions was founded by the author and later extended by German charities and companies (www.muzikasterapija.lv). Now 25 years after the political independence of Latvia the singing voice is valued as the strongest power of the society and the most recognized cultural heritage that has always expressed national identity with a high political impact. The way singing in music therapy creates freedom for an individual person and overcomes functional or emotional limitation, singing in Latvia has been the origin of the political change towards freedom as well as its medium, as it happened in the long singing chain Tallinn-Riga-Vilnius 1989, which overcame the limitation of borders and repression, caused by the Ribbentrop-Molotow pact from 1939. There are two reasons that music therapy developed in Latvia in a manner, which one only could call creative, coherent and comprising. Without any doubt the deep binding between the personal experience of thousands of Latvians in those historic events in the political realm and the freedom creating power of music therapy is the first reason of this successful story about its academic and practice development in Latvia. In addition to this we can see the second reason in the fact, how Germany took over responsibility facing the heritage of its own historic burden: already 1998, due to the initiative of the author the German Clinic for Children and Youth in Datteln started its cooperation with the University Liepaja, looking for the possibility to obtain a music therapy training in Latvia. After five years of intense preparation with several annual guest lecture weeks the author got in Sept. 2003 the license for a music therapy master program with 10 students a year, which was mainly based on P. Nordoff's and C. Robbins’ creative music therapy approach, working together with a team of 12 Latvian lecturers on staff. Having chaired this program another 3 years until 2006, the author could pass over the program into the hands of the new graduated Latvian colleagues under the chair of the co-author Mirdza Paipare, to live what academic independency expresses: freedom in practice and research, using the heritage of singing as the core piece of Latvian identity.

Now, after 16 years a considerable progress has been made to gain an abiding place for music therapy in Latvia. From the very first start the signing contract partner Prof. Dr. med. W. Andler (†), former medical director and chair for pediatrics at the German University Witten-Herdecke, had a vision for a sustainable music therapy academic training program and a practice-network in Latvia comparable with the German standard.

Thus, from 2004-2010 a monitored network of practice-institutions in all Latvian regions was founded by the author and later extended by German charities and companies (www.muzikasterapija.lv). Now 25 years after the political independence of
Latvia in the music therapy master program in Liepaja have graduated more than 60 music therapy colleagues, who offer their service in approximately 30 health/social care institutions. They are organized in the Latvian music therapy professional association and get regular supervision and continued education. Music therapy is official acknowledged as health care profession from the Latvian ministry for health. In the past years music therapists in Latvia have been influenced by many outstanding personalities in music therapy. As a great heritage in itself should be mentioned first of all the annual guest lecture phases by Prof. Tony Wigram (†) from Aalborg University Denmark in 2006-2010. Access video expert at https://www.youtube.com/watch?v=anl4QoV-b5g
But also many visits of Prof. Jaakko Erkkilä and Prof. Esa Ala-Ruona from Jyväskylä University Finland as well of Heidi Fausch, music therapist and lecturer from Switzerland, have left a sustain impact on the Latvian music therapy colleagues. They have stimulated the academic development of the Latvian music therapy by giving access to a brought spectrum of improvisation methods in psychodynamic context for children, adults and geriatric patients with intense self experience, strengthened the music therapists’ competences on inclusion of drama therapy elements as well as on the meaning of psychodynamic models in music therapy theory and research using both quantitative and qualitative assessment models. In the centre of this singing as the core of Latvian identity was essential. The visits of these outstanding experts to Latvia were supported by the European Medical Association (EURO-PET), the Datteln Clinic for Children and Youth and the German Charity for people with disabilities (Deutsche Behindertenhilfe Aktion Mensch); the latter moreover invested with support of the German Embassy in Riga since 2004 with enormous financial contributions in several prestigious projects developing the infrastructure for the supply of music therapy service in stationary and outpatient work in many health care institutions in Latvia. If one is looking for a conclusion of this story, of course there can be given many; all of them will point to the fact, that the right understanding of historic responsibility from some German persons and institutions could not change the past; but being aware of the power of singing as key for freedom, both in a political way as well as in a therapeutic meaning, Latvia was enabled to build up music therapy on a high academic and practice level.

References

About the Authors
Reiner Haus, Dr. rer. medic, Dr. h.c., Music Therapist (MA), founder and scientific advisor music therapy master program Univ. Liepaja / Latvia.
Contact: r.haus@kinderklinik-datteln.de

Mirdza Paipare, Mg. Mus., Music Therapist (MA), director music therapy master program Univ. Liepaja / Latvia; supervisor chair Latvian music therapy association.
MINORITY SUPERVISORS WITH INTERSECTING IDENTITIES: POWER DYNAMICS AND SUPERVISORY DYADS

Feilin Hsiao
University of the Pacific, Stockton, CA, USA

Xueli Tan
University of Iowa, Iowa City, IA, USA

Background
Cultural diversity encompasses dimensions of race, ethnicity, gender, age, sexual orientation, socioeconomic status, physical and mental abilities/disabilities, religious preferences, language, place of origin, geographical location, and life situations (Roper, 2011; Sue & Sue, 2012). Each individual ascertains a point of intersection where these different dimensions come together to define their belongings to these groups. Singh and Chun (2010) emphasized that all aspects of an individual’s identity and their intersections must be acknowledged in order to understand the full impact of intersecting identities on psychosocial stress and power.

Development of Identity Statuses
Developing an understanding of one’s intersecting identities is a dynamic and progressive process. Researchers identified five stages of identity status development: (a) conformity, (b) dissonance, (c) immersion/resistance, (d) internalization, and (e) integrative awareness (Jernigan, Green, Helms, Perez-Gualdron, & Henze, 2010). The individual progresses from being “color-blind” through redefinitions and eventual awareness of inequalities and appreciation of all culturally diverse groups.

Racial Identity Social Interaction Model & Supervisory Dyads
The Racial Identity Social Interaction Model values the impact of identity statuses on the quality of supervisory interactions (Jernigan et al., 2010). The model focuses on the power of the supervisor and how race and culture shape the context of supervision. The intersecting cultural identities within each supervisory dyad are important considerations as the supervisee engages in the acculturation process of developing their professional identity in the field (O’Byrne & Rosenberg, 1988).

In instances where clinical supervisors are not from the majority culture, their alliances with various intersecting identities can potentially create different combinations of supervisor-supervisee dyads. They proposed four types of supervisor-supervisee relationships: parallel dyads (both parties share similar identity status), crossed dyads (both parties share opposite identity status), regressive dyads (supervisors have less sophisticated identity status in comparison to their supervisees), and progressive dyads (supervisees have less sophisticated identity status as opposed to their supervisors) (Jernigan et al., 2010).
**Resilience-based Model of Supervision**

Greene (1997) described the “one-down” phenomenon where each oppressed identity contributes to the additive experience of psychosocial stress and powerlessness. However, every history of marginalization and minority oppression burgeons a sense of resilience borne out of necessity (Singh & Chun, 2010). The Resilience-based Model of Supervision (Singh & Chun, 2010) examines the intersections of multiple cultural identities and emphasizes the need for minority supervisors to engage in three processes, i.e. 1) awareness of privilege and oppression, 2) affirmation of diversity, and 3) supervisor empowerment.

The model is based on six multicultural supervision domains: supervisor-focused personal development, supervisee-focused personal development, conceptualization of multicultural identities, skills of cultural based practices, process to establish open dialogues for cultural discussions, and outcome/evaluation.

**Summary**

When a supervisor embraces diversity, that individual honors the range of attributes and characteristics that interlace the supervisory relationship. Exploring intersecting identities and power relations can assist to develop awareness, affirmation, resilience and empowerment within the conglomerations of supervisor-supervisee dyads.

**References**


**About the Authors**

Feilin Hsiao is the associate professor and music therapy program director at University of the Pacific.

Contact: fhsiao@pacific.edu

Xueli Tan is a presidential doctoral fellow at the University of Iowa.
WHAT A GLORIOUS FEELING, I'M HAPPY AGAIN: MUSIC THERAPY AND DEMENTIA SYMPTOMS

Ming Hung Hsu
Methodist Homes (MHA), Anglia Ruskin University, UK

Rosamund Pendry
Methodist Homes (MHA), UK

Helen Odell-Miller
Anglia Ruskin University, UK

Jörg Fachner
Anglia Ruskin University, UK

Michael Parker
Anglia Ruskin University, UK

Abstract
The study seeks to investigate the effectiveness of a music therapy programme for care home residents with dementia. It explores the programme’s efficacy in minimising residents’ symptoms of dementia, and in promoting carers’ attentiveness to residents’ needs and abilities in managing residents’ symptoms of dementia.

Introduction
BPSD (Behavioural and Psychological Symptoms of Dementia) have been reported to affect approximately 80% of people with dementia living in care homes (Margallo-Lana et al., 2001; Zuidema et al., 2007). This compromises care home residents’ quality of life and additionally increases carers’ stress in daily practice. Previous research has indicated music therapy supports the reduction of BPSD (Livingston et al., 2005); however, little knowledge has been generated into how sessions work (McDermott et al., 2012), and their impact on carers’ practice. This PhD project has been carried out in dementia care homes in Methodist Homes (MHA), a non-for-profit organisation providing care services in the UK.

Aims
The study seeks to investigate:
1) the effectiveness of music therapy in minimising residents’ BPSD
2) the key elements of music therapy that reduce BPSD
3) whether the music therapy programme promotes carers’ attentiveness to residents’ needs and abilities in managing residents’ BPSD.

Methods
The study is a cluster randomised
controlled trial.

Participants comprised 16 residents and 10 staff across two care homes, randomized to the control (standard care) or intervention group. The intervention group received weekly individual music therapy for five months, and staff participants received weekly presentations using video-clips, to demonstrate music therapy sessions.

Quantitative data was collected using Dementia Care Mapping, Neuropsychiatric Inventory and psycho-physiological data. Qualitative data was collected using semi-structured interviews with staff, and video analysis of sessions.

Results
SPSS analysis of variance has indicated a reduction in symptoms and an increase in levels of wellbeing for residents in the music therapy group. Analysis of the qualitative data also indicated carers’ perceptions of music therapy’s impact on caregiving.

References

About the Authors
Ming Hung Hsu is Lead Music Therapist for Methodist Homes (MHA), and is a PhD student at Anglia Ruskin University.

Rosamund Pendry is music therapist and research assistant with Methodist Homes (MHA). She trained at Anglia Ruskin University and is a qualified Dementia Care Mapper.
I AM MY OWN MASTER: BUILDING SELF-KNOWLEDGE THROUGH A REFLECTIVE MUSIC THERAPY PROGRAM

Lene Majgaard Jeffrey
Giant Steps School, Australia

Abstract
Specific music therapy methods were designed to deliver and enhance a pilot meditation research program in two year 5/6 Australian mainstream primary school classes. In addition to students experiencing personal introspection via "mental silence", the mixed music therapy approach sought to induce relaxation, self-expression, intra- and interpersonal awareness, with the overall aim of building resilience and improved mental health.

Background Motivations
Youth mental health activist Dr. Richard Eckersley (2011) argues that young people are under pressure to define themselves merely by external attributes, the fallout from this being the loss of sense of social connectedness and of the value of relationships with others. The Inspire Foundation's report (2012) on the massive financial cost to the Australian economy of mental illness in young men, calls for investment in prevention and early intervention. The Mental Stillness Project is an Australian meditation research project, which examines specific effects and associated benefits of meditation. It relates to an Eastern definition of meditation as being a completely thought-free state of "mental silence" rather than mindful passive observation (Manocha, 2013). Researchers have observed significant health benefits and effects on asthma, menopausal syndrome, stress and ADHD (Harrison et al., 2004).

The greatest inherent strength of musical engagement is its ability to bring the attention into the present moment, thereby diminishing depressive thoughts of the past as well as anxiety about the future. On this basis the music therapist partnered with the research team to create a pilot MT program - this was delivered to pre-adolescent school students in half-hour sessions thrice weekly for the duration of the 2011 school year.

Methods
The approach to program design was experimental and client-guided. The basic requirement of a 10-minute mental silence experience within every session was delivered musically. As melodic instruction is more effectively absorbed than spoken words, the positive affirmations applied were sung by the MT and echoed by the participants using a melodic motif. An Indian harmonium accompanied these, the continuous sustained sound providing an important grounding and calming effect (Thane, 2011). In addition to this predominant aim, the therapist added the aspiration of using the liminal meditative experience as a safe container from which to explore personal emotions and social interactions. To this end, drumming, receptive listening, singing of collective song choices, spontaneous songwriting and drama-based games were employed, supporting the overall aim of seeking optimal mental health for the participants.
Outcomes
Mental silence was experienced as an easy natural process and by some students to a profound degree. Delivering the meditative process musically enhanced the desired outcomes of the parent program. Several participants exhibited greater perception of and sensitivity to emotions evoked by receptive musical experiences. Students’ song choices often contained highly philosophical lyrics with positive emotions. Interactions during group problem solving in drama games were pro-social and inclusive. A broadband behavioral screening tool (SDQ) was reported by class teachers at baseline and after six months. It demonstrated a reduced mental health risk in the subjects (see Figure 1).

![Figure 1. Outcomes SDQ Score](image)

The non-judgmental experiential MT model was inherently understood and well received by the students. The presence of mutual respect generated collaborative behaviors. Successful program delivery required the MT adopting an attitude of authenticity, and modelling flexibility and open creativity (McFerran, 2012). Acquired skills in self-reflection offered students a potential tool for increasing self-efficacy and well-being. A modified version of the MT program is currently being designed for application in special education for students with ASD, to be implemented in early 2014.

References

About the Author
Lene Jeffrey works in a multi-disciplinary team at Giant Steps Sydney, a school for children with ASD and in private practice.

Contact: lene@sol.com.au
TRIADIC SUPPORT OF INTERACTION BY IMPROVISATION

John Strange
United Kingdom

Definition and origin of TSII
Interaction between a client with profound developmental delay and an assistant may be promoted by music improvised by the therapist from outside the interacting dyad. The author entitles this approach “Triadic Support of Interaction by Improvisation” (TSII). This approach was developed during group music therapy (Strange, 2012) for profoundly disabled teenage students who were accompanied to sessions by familiar learning support assistants.

Music therapy assistants’ experience
Seven learning support assistants (LSAs) each responded in interviews to video of their interactions with profoundly learning disabled students, supported by the therapist’s improvised music. LSAs showed concern for the students’ autonomy and interest in their communicative behaviour and the mutuality of interaction, but viewed the music as influencing only the students.

Music therapists’ continuous responses
The second group of collaborators was 3 music therapists, who were introduced to a theoretical framework derived from Stern’s (1998) system for classifying schools of mother-infant psychotherapy. They were then directed, on successive viewings of the clips, to consider the behaviour and inferred mental processes of both the students and the LSAs. They responded continuously (Schubert, 2010) using a purpose-built mechanical device by positioning the pointer on a dial whose segments represented gradations of support or challenge attributed to the therapist’s music.

A synoptic graphic record
The music of the clips was transcribed in staff notation and a graphic record of the therapists’ continuous responses created (Figure 1) on which coloured strips indicated each therapist’s pointer positions when assessing the music’s influence on the student’s behavior (SB) and “representation” (SR) (Stern’s term for an internal model of a relationship) and on the LSA’s behavior (LB) and representation (LR).

Figure 1. Music Transcription

Support for the efficacy of TSII
The therapists as a panel then discussed these composite records of their continuous responses, considering how they may have been influenced by the improvised music. Despite great diversity in their detailed interpretations, therapists generally agreed that TSII can support and develop client-
assistant interaction. Most musical features cited were time- rather than pitch-based.

**Novel methodology**

Both the mechanical response device (Figure 1) and the synoptic representation of responses (Figure 2) could be useful whenever it is desired to record and analyze continuous responses to video-recorded clinical material.

**References**


**About the Author**

John Strange’s clinical experience has focused on child and adult learning disability and he also provides expert evidence to advise law courts on music therapy provision for victims of medical negligence.

Contact: strangemusic@ntlworld.com
THE MUSIC BASED ASSESSMENT OF INDIVIDUALIZED COGNITIVE AND MOTOR FUNCTIONING (MBA-ICMF)

Dikla Kerem
University of Haifa, Israel

Introduction
Every year adolescents in Israel from diverse cultural backgrounds (e.g., Ethiopians, Russians, Bedouins, Druze, and Arabs) come to study in a youth village. These adolescents often have limited capacity in Hebrew and may have difficulties with their mother tongue, or may simply be reluctant to engage in verbal interactions. Sometimes there is insufficient background information for the educational staff to establish an adequate profile of the student, making it extremely difficult to plan appropriate work. Part of my job as a music therapist was to provide a readily accessible and efficient assessment of the students' cognitive and motor functioning. This was accomplished with the Music Based Assessment of Individualized Cognitive and Motor Functioning (MBA-ICMF).

Purpose and Benefits
The aim of this assessment is to differentiate between children/adolescents who have learning disabilities and those with normal learning capability. A learning disability is a neurological condition that interferes with a person's ability to store, process, or produce information despite his having average or higher intelligence. Learning disabilities can affect one's ability to read, write, speak, spell, compute math, reason and also can affect a person's attention, memory, coordination, social skills and emotional maturity” (Learning Disabilities Association of America, 2013).

The assessment includes various areas such as gross and fine motor skills, sensory skills, and cognitive and academic skills. Contrary to other neuropsychological tests, the MBA-ICMF involves playing musical instruments and is unique in that it is independent of the subject's verbal abilities. It is inexpensive and does not require any specific musical background. In about one hour, one can assess a subject's capabilities in a non-threatening and enjoyable environment. Since it is a pleasant experience, it motivates the client's participation and increases the likelihood of meaningful data.

Procedure
The assessment uses prescribed activities, in contrast to Baxter et al. (2007), who use both prescribed activities and rhythmic or melodic improvisations.

The music therapist demonstrates the musical task and assesses the client's output following this demonstration. Video recording is recommended for analysis until proficiency is gained with the technique. Some of the observed skills appear in more than one area. The assessment is summarized, and the client's strengths, abilities, and needs are specified. In addition, recommendations for treatment are provided.

Field Experience
Many years of experience using the MBA-ICMF have shown that it differentiates well between children and adolescents with
learning disabilities and those with normal learning functioning as determined by the educational staff. Recently, this assessment was used with 10 refugee adolescents from Eritrea who had not yet learned Hebrew and for whom there were significant cultural differences. The results of the MBA-ICMF contributed significantly to the individualized plans which educators and therapists developed for the students.

Conclusion
Chase (2002) feels that using music for assessment purposes needs to be a primary focus in music therapy education and practice. There has been little systematic research, aimed at music therapy assessment; however, the situation is changing gradually (Salokivi, 2012). The MBA-ICMF awaits further rigorous quantitative validation and establishment of norms; but the empirical findings to date strongly suggest that the MBA-ICMF holds promise as a powerful assessment tool.

Video clips will be presented showing a client with learning disability and a normal learning client performing various MBA-ICMF tasks. Implications of the findings will be discussed.

References


About the Author
Dr. Dikla Kerem serves as a lecturer in the Music Therapy Program at the Graduate School of Creative Arts, University of Haifa, Israel and has a private practice for children, adolescents and adults.

Contact: dikla.kerem@gmail.com
NORDOFF-ROBBINS MUSIC THERAPIST TRAINING IN ASIA

Dong Min Kim
Jeonju University, South Korea

Hye Seon Baek
Musicing: Korean Nordoff-Robbins Music Therapy Association, South Korea

Gil Hong Park
Korea University, South Korea

Abstract
Since August 2011, the Nordoff-Robbins music therapist certification training program has actively been running at the Musicing center established by Korean Nordoff-Robbins Music Therapy Association (KNRMT) in Seoul, Korea. It is the only official Nordoff-Robbins music therapy training program offered to Asian music therapists in their own culture. Thirteen Korean music therapists have been enrolled in the program, four of them have already been certified as Nordoff-Robbins music therapists, and three more of them are to be certified by August 2014.

Developmental History of Nordoff-Robbins Music Therapy and Training in Korea
Since 1990’s when Nordoff-Robbins Music Therapy was first introduced by Dr. Clive Robbins and Dr. Alan Turry in Korea, many Nordoff-Robbins practitioners including Dr. Ken Aigen, Dr. Colin Lee, and Dr. Kana Okazaki-Sakaue have contributed their clinical and theoretical knowledge on the development of the approach in the country. Especially, the first three Korean Nordoff-Robbins music therapists, Dr. Young Shin Kim, Dr. Dong Min Kim, and Hye Seon Baek, trained and certified at the Nordoff-Robbins Center for Music Therapy at New York University played vital roles in the first phase of development of the approach in Korea.

Nordoff-Robbins Music Therapy in Korea entered in the next developmental phase as the certification training program started at the Musicing center established by Korean Nordoff-Robbins Music Therapy Association (KNRMT) in Seoul in August, 2011. In August 2013, four trainees from the first cohort of the program have successfully finished their training and been certified as Nordoff-Robbins Music Therapists. Currently, eight music therapists from cohort 2 and 3 are being trained in the program. As of August 2014, three more therapists from cohort 2 are expected to be certified as Nordoff-Robbins music therapists, and more new trainees are to be enrolled as cohort 4.

Current Status and Future Directions of the Nordoff-Robbins Music Therapist Certification Training in Korea
The training program consists of four major classes (Clinical Musicianship, Clinical Improvisation, Certification Seminar, and Practice/theory of Group Music Therapy) with 45 minute weekly or 90 minute biweekly
individual supervisions. The classes and supervisions are scheduled on Fridays and Saturdays to support music therapists with fulltime jobs to maintain both their work and training simultaneously.

Dr. Alan Turry, the managing director of the Nordoff-Robbins center for Music Therapy at New York University regularly visits the center to carry out the legacy of Nordoff-Robbins spirit through special lectures and supervisions for the trainees, meanwhile the six Korean training staff of the program, Dr. Dong Min Kim, Dr. Young Shin Kim, Hye Seon Baek, Hye Jin So, Hee Jung Kwak, and Silvina Choi, are making efforts to incorporate Korean culture into the core philosophies of the approach, such as music child, clinical musicianship, self-actualization, intrinsic motivation, and mutual growths through musical experience.

The next developmental step of the training program is to build Asian Nordoff-Robbins music therapy society with Nordoff-Robbins therapists practicing and teaching in other Asian countries such as Japan, China, Hong Kong and Singapore. Ultimately, establishing collaborative training programs in other Asian countries with regional Nordoff-Robbins colleagues is needed for handing down the Nordoff-Robbins heritage in the East.

About the Authors
Dong Min Kim, Assistant Professor, Dpt. Of Creative Arts Therapy, College of Medical Science, Jeonju University.
Contact: eastjadekim@jj.ac.kr


Gil Hong Park, Professor, Dpt. of Biochemistry, College of Medicine, Korea University.
EFFECT OF AUDITORY-MOTOR MAPPING TRAINING IN KOREAN ON CHILDREN WITH AUTISM: A PILOT STUDY

Hae Sun Kim
Colorado State University, USA

Introduction
Individuals with Autism Spectrum Disorder (ASD) are characterized with social impairments, language and communication difficulties, and repetitive behaviors (American Psychiatric Association [APA], 2000). In particular, impairment in speech and language has been regarded as one of the most pervasive developmental deficits in children with ASD, which provokes their parents to eagerly seek professional treatments (Kremer-Sadlik, 2005; Lim, 2012). In the United States, a number of these children with ASD live in environments where a language other than English is spoken. Regardless of the children’s environments, many immigrant or refugee families are advised by clinicians and educators to speak only one language with their children with ASD based on a belief that bilingualism can cause additional burden and negative influence on language development to these children who already exhibit with language difficulties (Hambly & Fombonne, 2012; Petersen, Marinova-Todd, & Mirenda, 2012). This recommendation often results in eliminating the use of parent’s heritage language, or the language of the country of origin and instead speaking English only. Nonetheless, no studies support these assumptions and recommendation; in fact, many studies have shown that children with autism can become fluent speaking more than one language, and bilingualism does not induce negative influences on these autistic children’s language development (Hambly & Fombonne, 2012; Petersen et al., 2012; Seung, Siddiqi, & Elder, 2006; Ohashi et al., 2012). In addition, limiting family’s heritage language not only can cause even greater emotional gap between family members including the child with ASD (Kremer-Sadlik, 2005), but also can decrease the child’s chances in social interaction due to the language barrier (Wharton et al., 2000). Therefore, instead of restricting the use of the native language of these families, providing interventions related to their culture and language is appropriate and needed.

Auditory-Motor Mapping Training
Auditory-Motor Mapping Training (AMMT) is a newly developed intervention which is specifically designed to facilitate speech in children with autism (Wan et al., 2010a; 2010b; 2011). AMMT include three main components: (1) intonation of words and phrases, (2) motor activities, and (3) imitation. A study by Wan et al., (2011) has shown significant improvements in the ability to articulate words and phrases of six minimally verbal children with autism after receiving forty sessions of AMMT. Based on this observation, the current study was to determine whether providing AMMT in Korean would improve the overall verbal production of children with ASD who live in
bilingual Korean-English speaking environments.

Methods/design
The current study included two male children with autism (M = 8.25 years) who exhibit minimal verbal abilities. Both participants were raised in the use of Korean as the primary home language. Both participants received nine individual sessions of AMMT 3 times per week, over a 4-week period. Probe assessments were conducted periodically during baseline and therapy sessions.

Results
After therapy, even though there was no statistical significance (p = .219) found between baseline assessment and last AMMT session, both participants showed some improvements in their ability to articulate words and phrases. Also, the parents of both participants reported that based on the progress that their children made in their speaking of Korean, their perspective of speaking in Korean to their children with ASD was changed.

Considerations
At present, there are limited interventions available that specifically aim to promote speech production of native languages in children with autism who come from a non-English speaking home environment. The current pilot study attempted to examine if an evidence based intervention called Auditory-Motor Mapping Training is an appropriate technique for improving Korean verbal output in children with autism. The results from the present study do not conclusively suggest that using AMMT to improve verbal output of children with ASD is successful. While the sample size was very small and there were not significant results by any of the measures taken, there is enough anecdotal evidence to warrant further study. Further research could include a larger sample size, exclusion of children with multiple diagnoses, and further modifications to the use of instruments as well as the AMMT technique in order to make the technique more appropriate for small children.

References


About the Author
Hae Sun Kim, MT-BC, is a graduate student at Colorado State University, USA, and a music therapist working for Music For Therapy in San Francisco Bay Area.

Contact: hskim.mt@gmail.com
CHILD ABUSE, POVERTY AND OUTCOME STUDY OF MUSIC THERAPY: A LONGITUDINAL STUDY

Jinah Kim
Dept. Of Arts Therapy, Jeonju University
Art Therapy Research Centre, Jeonju University, South Korea

Introduction
South Korea has gained a reputation for rapid economic development as one of the fastest growing developed countries. However, there have been long standing issues of underprivileged and vulnerable populations in the society who have been left behind from these economic developments (Ju & Kim, 2010, Kim, 2013a, c). This is a three year longitudinal study focusing on vulnerable children from low income working families who have been exposed to on-going child maltreatment and poverty in the economically deprived neighbourhoods in Jeollabukdo, Korea.
To the present knowledge of the author, there has been no systematic investigation of this subject. In this study, child abuse is defined according to recent Article 2 of the Korean Child Welfare Law, as violence against children including physical, emotional abuse, and neglect by adults. Sexual abuse is not included since it was beyond the scope of this study.

Methods
Informed consents from the main caregivers of the children (parents and grandparents) and the ethics approval from the Institutional Review Board of Jeonju University (JJIRBARP-2010-001) were obtained and the study was registered with the Current Controlled Trials – ISRCTN37583186.
The study describes a three year longitudinal study on the effects of music therapy on primary school children (aged between seven and twelve) who were exposed to on-going child abuse and poverty in Jeollabukdo, South Korea. The study was developed into five different phases. A large survey on children in economically deprived city slum areas in order to identify children with on-going abuse and poverty experiences; a pilot study of four individual children involving the development of treatment guideline; the first stage of main study of music therapy group vs. waiting group of children comparing the effects of music therapy with no treatment; and then the second stage of main study comparing longer treatment (treatment group receiving another set of treatment) vs. shorter treatment (waiting group receiving music therapy); in-depth interview with the participants on their experiences of group music therapy using Consensual Qualitative Research (CQR). The focus of this presentation will be on the results of the main study (a cluster randomized controlled study) of two stages. In the first part of the study, children were randomly divided into two groups: the experimental group who received group music therapy for once a week for 12 consecutive weeks; and the waiting group, who had their standard care at the local Child Community Centers. In the second part of the study, every child in both groups received group music therapy once a week to compare short-term and longer-term effects of music therapy. Repeated
measures ANCOVA (Analyses of Co-Variance) was used and effect sizes were calculated using the SPSS 20 in order to determine changes over time.

Results
Results of repeated measures ANCOVA indicated that there was almost no significant difference between children who were in experimental group and children who were in waiting group, except externalized behaviors (aggressive and delinquent behaviors) reported by the children (the Youth Self Report) that the children in music therapy group were less aggressive and less delinquent than children in waiting group during the 5th assessment compared with the first assessment (there were total 6 assessment over the 3 years of this longitudinal study).

Discussion and Conclusions
Implications of this study include the difference between statistical and clinical significance in interpreting the results, and the impossibility of conducting the ideal research design in a real world involving a vulnerable population with such complex treatment issues. In addition, cultural, personal, familial and community issues will be explored including the limitations of the current study and suggestions for future study.

Funding
The work was supported by the Korea Research Foundation Grant funded by The Korean Government (KRF-2009-32A-B00203).

References

About the Authors
Jinah Kim is an Associate Professor of Creative Arts Therapy Department, and the director of Art Therapy Research Centre, Research Institute of Health Science, Jeonju University, Korea.

Contact: jinahkim@jj.ac.kr
MUSIC THERAPY WITH A GIRL WITH SEVERE CHILD NEGLECT HISTORY

Sua Kim
Love’n Family Music Therapy Center, Korea

Abstract
This study explores an individual music therapy session with a girl having emotional and behavioral issues due to parental child neglect. Through improvisational playing and various other music therapy techniques, her positive changes were presented inside and outside the session.

Description
Three children, who were dying by starvation caused by physical, educational, and emotional neglect from their parents, were taken over to a child-care institution after hospital treatment. One of the three children, a girl, was diagnosed with depression and was fairly intimidated and maladjusted to school. As she showed emotional and behavioral problems, avoiding eye contact or refusing to tell her name, the child-care institution referred her to music therapy to increase her self-esteem and self-expression. She was seen weekly for 5 months.

At the beginning of the session, she displayed unstable, inattentive, and susceptible manners. However, as the therapist reflected her behavior through the piano playing right away, she gradually became involved in the playing with instruments which was the first communication between the two. Because she played the instruments faster and harder as the session proceeded, the therapist prepared a tool for preventing self-abused playing stimulated by tactile rather than auditory. Given the glove mallets with 10 different materials on each finger, her music became changed in a natural way. After starting communication and forming rapport with the therapist through improvisational playing, the therapist implemented a phased intervention by singing. She expressed that she did not sing because singing caused a sore throat due to her inappropriate singing style. Thus the therapist had her participate in singing for improving her self-expression as follows:

- Speech –singing game
- Syllabic singing with instrument playing
- Piggybacking ‘Hello Song’
- Writing lyrics about self
- Singing alone a favorite song

As the sessions progressed, her voice became confident and louder, trying to find the right pitch, and she wanted to audition for the school choir as she enjoyed singing. Immediately after the final music therapy session, she passed the audition and got involved in the choir. The school reported that her emotional and behavioral responses changed in both school and peer relationships.

Conclusion
The therapist confirmed that sympathy and reflection of the client’s improvisational playing, which projected her inner state, played an important role in developing the
girl's courage and will to change. In addition, through the session, trusting “music itself,” a safe power, was considered as a necessary factor. The client-centered approach became a foothold of therapy throughout the sessions. Finally, the therapist noticed that improvisation and singing activities were great tools to enhance one’s self-esteem and self-expression.

References

About the Author
Sua Kim, Love’n Family Music Therapy Center, Korea; Korean Nordoff-Robbins Music Therapy Training Level 1 Course.
COMMUNITY MUSIC THERAPY IN A COLLECTIVE CULTURE

Hiroko Kimura
Kumamoto University, Japan

Yumi Nishimoto
Kumamoto University, Japan

Abstract
It is often said that Japanese culture is collectivistic, and this influences music therapy practice in Japan. In this research the collectivist characteristics of Japanese Community Music Therapy (CoMT) are analyzed. Also, aspects of music therapy in the West and East are discussed, through a consideration of the music of Takemitsu, and the interaction of the two.

Japanese Culture and Music Therapy
Music therapy differs according to the cultural character of the place in which it happens. According to cross-cultural psychologist, H.C. Triandis, Japanese culture is a collectivist one. He suggests that people in a collectivist culture are likely to define themselves as aspects of groups, to give priority to in-group goals, to focus on context more than the content in making attributions and in communicating. Although Triandis notes that China, Korea, Japan, and Russia are collectivist cultures, perhaps the Japanese type is somewhat different. Japanese culture sets a higher value on 'process' then 'aim' or 'result', especially for relationships. This process is sometimes called ‘nariyuki’ in Japanese, which means ‘in the course of events’. For Japanese ‘nariyuki’ is not a procedure led by some clear objective or some dominant director but is a spontaneous development dependent on the atmosphere within a group. This sense of somewhat loose and subtle relationship is considered typical in Japanese groups. Although music therapy was introduced to Japan in the early 60’s, from Europe and US, where individualistic cultures are dominant, Japanese music therapy developed differently. For example, group singing is the main activity for mental health and the elderly, with pre-composed well-known songs preferred to improvisational ones.

How Collectivist Characteristics Appear in Community Music Therapy?
Cultural characteristics are well demonstrated in community life and CoMT is a good medium for considering the cultural aspects in music therapy. We have been carrying out CoMT for elderly people for six years and found three points of collectivist characteristics:
1. The participants tend to request songs not for their preference but for others or for the atmosphere of the group.
2. The participants are apt to do something (such as answering questionnaires) by mutual agreement.
3. The usual arrangement of particular chairs on which the participants sit is important for the group harmony.

At the back of these characteristics, we can see the ‘nariyuki’ principle, which concerns...
the thoughts of others and subtle changes of group atmosphere.

Beyond Collectivism
The results above reveal that the participants respect the harmonious state of a group, but the satisfaction of the individual is less regarded. Triandis reported that people in collectivist cultures tend to feel that they are being forced to consider others, which causes low self-esteem and a poorer sense of well-being.

The negative aspects of collectivist cultures should be addressed, but it is interesting that Japanese culture also has an individualistic aspect. That is, the respect of sensitivity within individuals, especially concerning nature. Sensitivity to nature is highly respected in Japan, as is shown in a lot of Japanese art. Although there is little evidence of specific music therapy in Japanese history, music concerning nature might have been a kind of therapy for Japanese people.

We may be able to say that Japanese people are collectivistic on the outside but individualistic within. This two-sided character may be a key element in moving forward with the present concern.

Music of Toru Takemitsu
Toru Takemitsu (1930-1996) was a Japanese composer, who made efforts to combine ‘western’ and ‘eastern’ music and created music uniquely his own. His work, both music and writing, revealed how he recognized the difference of such cultures and searched for a way to integrate them. He created his music by overcoming the dichotomy, of west and east, or of silence and sound. By considering his work and other Japanese traditional music, we may be able to recognize Japanese collectivistic culture more clearly and take a new step forward for Japanese CoMT. Lastly, the possibility of integrating Western and Eastern approaches is taken into consideration.

References

About the Authors
Hiroko Kimura is a music therapist and associate professor of Kumamoto University, working with aged elderly and children with special needs in Japan.

Yumi Nishimoto is a music therapist and a singer, based in Kumamoto University, working with aged elderly and in palliative care.

Contact: pkimura@kumamoto-u.ac.jp
MUSIC THERAPY AND DRAMA THERAPY: POSSIBLE COLLABORATION

Ludwika Konieczna-Nowak
The Karol Szymanowski Academy of Music in Katowice, Poland

Introduction
Theory and practice of all expressive therapies share some basic concepts. Interestingly, it seems that the potential of collaboration of expressive therapists is not fully recognized and considered neither in clinical practice nor in research.

In the project to be described here a drama therapist and music therapist designed and realized short treatment program for adolescent girls labeled as “behaviorally challenging”, and “in risk of social maladjustment”.

Music Therapy and Drama Therapy
Music therapy and drama therapy have a lot in common. Both may use improvisation and performance, are experiential and usually active, apply forms of projective play and metaphor-based activities, can be explained and practiced in different psychological frameworks. They can also be very different – while the main language of MT is music, the communication in drama therapy is more verbal and physical.

As both treatment options have some potential for improving functioning of teenagers with emotional, behavioral and social problems (Cossa, 1992; Crowe, 2007; McFerran, 2010; Weber & Haen, 2005) the combination of treatment methods seemed a promising idea in the context of the following project.

The project

1. The place
The institution in which the project took place was a foster care facility for children whose parents’ rights were limited or taken away. Most of the young residents experienced abuse and neglect in their families, and had behavioral, emotional and attachment problems.

2. The group
Six girls – residents of the facility mentioned above (ages 14-21) were chosen to participate in the music/drama therapy group. They all had previous positive experiences with music therapy, expressed interest in doing more arts-oriented activities and agreed to take part in the project.

The group also included four advanced music therapy students, for whom the project was a part of master music therapy curriculum.

3. Treatment plan
Time frame for the project was 6 weeks, one session per week, 90 min. each. Based on the information obtained from the primary care givers of the residents chosen, and incorporating the assessment from music therapy program, the general treatment plan was designed together by music and drama therapists. The goals were stated as: building trust among participants, improving communication and social skills, allowing for intimacy and emotional expression, reflecting on potential future life roles.

Only a very general scenario was planned, with using lullabies as a musical focus and relationship between mother and child as
main roles to be exercised. The sessions were organized around topics such as child’s room content, lullabies’ role, growing up and becoming adult, communication problems.

The techniques/strategies applied included: improvisation (both musical and theatrical), song writing, lyric discussion, hot seating, collective drawing, and still-image.

Conclusions
The collaboration of music and drama therapists occurred to be inspiring for both sides, had promising clinical outcomes for the clients and educational benefits for the students. After the project was ended, the participants came to the conclusion that a close cooperation of drama and music therapy might enhance the effectiveness of the treatment in the population described. Although the project was practical, the outcomes suggest an interesting research area that needs to be explored.

References

About the Author
Ludwika Konieczna-Nowak, Head of Music Therapy at The Karol Szymanowski Academy of Music in Katowice.

Contact: L.Konieczna@am.katowice.pl
QUANTITATIVE RESEARCH OF THE NONVERBAL COMMUNICATION OF PEOPLE WITH DEMENTIA DURING THE ‘ENCOUNTER’ GROUP

Irene Kruijssen
Stichting Cordaan, Netherlands

Introduction
In the Netherlands there are 250,000 people with dementia, and it is projected that this will be 500,000,000 in the year 2050. Dementia is a progressive neurologic disease mostly diagnosed with the help of the DSM-IV-TR. One of the issues associated with this disease is loss of communication skills although the need for communication stays till the end of someone’s life (Dröes et al., 2006). Communication is the understanding of both parties when verbal or non-verbal signals are given. The most effective way to maintain communication with people with dementia is to match what they indicate in word or body language (Schölzel-Dorenbos et al., 2010). Research shows that offering different incentives helps to improve communication.

In psychosocial interventions such as music therapy and spiritual care the emphasis is often on the verbal or non-verbal aspect of communication (Macdonald, Kreutz & Mitchell, 2012). In spiritual care the emphasis is for example on the use of life stories (Huizing, Tromp & Ubels, 2009). In music therapy the emphasis lies on retrieving and reliving of memories through music (Macdonald, Kreutz & Mitchell, 2012). Little research has been aimed at improving communication between people with dementia and hence opportunities to improve communication are being missed (Haberstroh et al., 2010). In music therapy it’s important to use all communication capabilities of a client. Music therapists are mainly trained in the non-verbal aspect of communication, and combining this with a discipline where verbal aspects are normally used can help to improve the various dimensions of communication.

Method
Fifteen participants (N=15), were block-randomized to a combined therapy program comprising music therapy and spiritual care: the ‘encounter’ group (experimental group, n=8) or a music therapy group (control group, n=7). During ten consecutive weeks, both groups received 45 minutes of therapy weekly. The experimental group received a combined therapy of music therapy and spiritual care, the control group received group music therapy. The first and last ten minutes of each session were filmed and analysed by two neuro-psychologists who employed two measures developed for people with dementia, the Qualidem (Ettema, 2007) and the NPT-ES (Muñiz et al, 2011).

Combination of Music Therapy and Spiritual Care: The ‘Encounter Group’
The ‘encounter group’ (Irik & Maijer-Kruijssen, 2010) was developed because of the cooperation between a spiritual counselor and a music therapist. The purpose of the ‘encounter’ group is maintaining communication and sources of meaning in people’s life as long as possible. In these groups there are people with different forms and different stages of dementia.
Results

During the ten sessions slight improvements in the nonverbal communication were found with both the Qualidem as with the NPT-ES. The experimental group showed a slight improvement during more sessions on the Qualidem subscales ‘positive affect’ ($p = .472$), ‘social isolation’ ($p = .310$) and the NPT-ES ($p = .403$) than the control group. Both groups scored equally on the Qualidem subscales ‘social interaction’ ($p = .303$) and ‘social isolation’ ($p = .310$).

When the experimental and control group were compared there were no significant improvements.

Conclusion

Both the combination of music therapy and spiritual care in the ‘encounter group’, and the group music therapy enhance nonverbal communication. In further research it is recommended to give more attention to the development of dementia and the kind of dementia people have.

References


About the Author

Irene Kruijssen works as a neurologic music therapist at Stichting Cordaan, Amsterdam, The Netherlands. Her special interests are music and the language of people with dementia.

Contact: imakruijssen@gmail.com
Introduction
Although working with adults who have Profound Intellectual and Multiple Disabilities (PIMD) can be challenging, two research studies have reported that music therapy improves participation and non-verbal communication skills (Lee & McFerran, 2012; Oldfield & Adams, 1995). Three case studies have also described that while difficult, joy and happiness are achievable when working with this population (Agrotou, 1994, 1998; Watson, 2007). This phenomenological study investigated the lived experience of five Australian music therapists to find the meanings and essence of interpersonal relationships with clients with PIMD.

Method
Single music therapy sessions of five therapist-client pairs were video recorded and each music therapist was interviewed. The music therapists were asked to describe their general clinical experience with adults with PIMD and the interpersonal relationships with the participating clients. The individual interviews were analyzed using phenomenological microanalysis (McFerran & Grocke, 2007). Based on the individual results of the interview analyses, group analysis was conducted to identify collective themes and find the essence of experiences. After the completion of the interview analyses, meaningful moments of the five music therapy sessions identified by the music therapists during the interview were analyzed using interpretative phenomenological analysis (Smith, Flowers, & Larkin, 2009).

Result
Interview Analysis:
Based on the individual analyses, 9 collective themes and 3 global meaning units were identified and an essence of the interpersonal relationships was developed. Impacts of contexts and mutual efforts are highlighted, and it was found that music therapists play a significant role in supporting the psychosocial needs of clients.

Video Analysis:
Rich individual descriptions were generated and the meaningful moments were categorized based on Amir’s (1992) findings. Three moments of surprise and two moments of completion and accomplishment were identified.

Synthesis of Interview and Video Analysis:
The meaningful moment reflected the co-created lived moments and the essence of the interpersonal relationship with adults with PIMD.
References


About the Author

Juyoung Lee is a registered music therapist and PhD candidate at the University of Melbourne in Australia.

Contact: jy2712@hotmail.com
BENEFITS OF AN ASIAN MUSIC THERAPY STUDENT GROUP:
MULTIPLE PERSPECTIVES

Yi-Ying Lin
Renyou International Co., Taiwan

Brian Abrams
Montclair State University, USA

The purpose of the study was to understand
the benefits of utilizing a self-regulated
Asian music therapy students peer group on
improving its members’ learning experiences
in academic study, clinical work, and
personal life in the U.S. from both
perspectives of educator and student.

In recent years, there have been increasing
numbers of Asian students enrolled in music
therapy programs in the U.S. These
students often bring diverse perspectives
from their multicultural backgrounds that
enrich their programs. However, major
discrepancies between Asian and American
cultures also bring high levels of stress and
challenge resulting from language barriers,
lifestyle changes, loss of control,
overwhelming unfamiliarity, and insufficient
social support. Furthermore, these students
are not the only ones experiencing this
acculturative stress — their educators also
face challenges of adjusting and adapting
their teaching to culturally diverse students
in order to provide them with sufficient
support in accordance with their needs. In
one case, a group of Asian students at
Montclair State University in the U.S.
spontaneously established a self-regulated
peer group for improving each other’s
learning experiences. This group was first
established in September, 2011 and was
composed of a total of eleven students, who
participated through August, 2013. In order
to understand this group better, a research
study on their personal experiences was
conducted utilizing both narrative and arts-
based inquiry. Findings indicate that the
group was helpful in providing important
opportunities for practicing music therapy
techniques, exchanging information, and
sharing thoughts and feelings using
secondary language in a relaxing and
secure environment. Moreover, increased
connection with in-depth cultural
understanding greatly improved social
bonding among members, thus creating a
sense of belongingness, which helped
strengthened the social support system in
the group. Finally, findings also suggest that
deep empathy and active introduction of
resources to multi-cultural students promote
those students’ wellbeing and success.

References
The need to belong: Desire for
interpersonal attachments as a
fundamental human motivation.
Psychological Bulletin, 117(3), 497-529.
doi: 10.1037/0033-2909.117.3.497
Carr, J. L., Koyama, M., & Thiagarajan, M.
(2003). A women’s support group for
Asian international students. Journal of
American College Health, 52(3), 131-
134.


About the Authors
Yi-Ying Lin, MA, MT-BC, completed graduate studies at Montclair State University in the U.S., was clinical trained in Beth Israel Medical Center, and currently practices music therapy in Taiwan.

Contact: cpilin@gmail.com

Brian Abrams, Ph.D., LCAT, LPC, MT-BC is Coordinator of Music Therapy at the John J. Cali School of Music, Montclair State University
MUSIC THERAPY ASSESSMENT PROTOCOL FOR STUDY THE VISUAL QUALITY OF LIFE ON DEMYELINATING OPTIC NEURITIS

Cybelle M. V. Loureiro  
School of Music, Federal University of Minas Gerais, Brazil

Marco Aurelio Lana-Peixoto  
Medical School, Federal University of Minas Gerais, Brazil

Livía E. C. Talim  
CIEM-MS Research Center, Federal University of Minas Gerais, Brazil

Background
Demyelinating optic neuritis (DON) results from an immune regulation disturbance that can occur either as an isolated condition (ION) or in association with multiple sclerosis (ON-MS). DON is characterized by sub-acute visual loss followed by recovery of the visual functions usually assessed by ophthalmologists (2002). Visual quality of life (VQL), however, refers to subjective perception from patients of their own visual limitations on daily activities (2003). Music Therapy (MT) clinical intervention was based on the Rational-Scientific Mediating Model (2005). A comprehensive review of the research literature shows that systematic studies on the use of MT in the treatment of MS have been conducted since about 15 years ago (2006). Neuroimaging studies on neuroscience and music demonstrated that the occipital cortex of blind individuals is activated during auditory stimulation (2005). They have outstanded the importance of investigating the interaction between auditory and visual cues for analyzing the inhibitory patterns of these individuals. Research literature on MT involving optic neuropathies could not be found on Medline, Lilacs, Cochrane and Scielo data banks. We decided to investigate the possibility of promoting changes on patients’ self-confidence that would contribute to the functional daily activities through audition and active involvement to music.

Objective
This study aims to describe the assessment protocol and analysis of data collecting in a MT clinical trial investigation in the VQL on patients with ION or in association to multiple sclerosis (ON-MS).

Method
Pair-wise comparison in clinical trial evaluated 40 patients at the CIEM - MS Research Center, Federal University of Minas Gerais (UFMG) Medical School, Belo Horizonte, Brazil. The cohort was divided into two subgroups of 20 individuals each, Group I receiving MT intervention and Group II serving as control. Data on VQL was assessed by the validated Brazilian version of the National Eye Institute Visual Function Questionnaire 25 Item Version (NEI-VFQ-25) (2008). Both groups were submitted to complete ophthalmologic evaluation. The NEI-VFQ-25 vision-related constructs include subscales on: global vision rating, difficulty with near vision activities, difficulty with distance vision activities, limitations in
social functioning due to vision, role limitations due to vision, dependency on others due to vision, mental health symptoms due to vision, driving difficulties, limitations with peripheral and color vision, and ocular pain. With the purpose of verifying the improvement of Group I a comparison every 3 months during 12 month of MT intervention, a specific MT protocol to collect demographic, clinical and intervention-related data was developed. It contains 19 items assessing cognitive and perceptual factors including attention, memory and spatial executive functioning all on specific visual-target exercises. Others efforts were directed to use music as a tool to promote psychosocial interaction. Visual motor, visual spatial and visual field exercises were specially designed to replicate functions related to specific activities of daily life that involve sustained, selective, divided and alternated visual attention, such as stair stepping and street crossing. Special composed music was used for auditory cueing exercises adequately configured to generate proper reaction time and attention to possible neglected or unattended vision physical and psychosocial functioning. Music was also used to cue the onset, spatial dimension and duration of movements along horizontal, vertical, sagittal and frontal planes. They were designed upon adequate selection of specially built sticks on basic colors as well as according to diameter, weight length and level of precision of execution. The discography comprised songs that favored the attentional and memory training and motor rhythmity as well as breaking or shifting rhythmic periodicity contained in the syncopated musical style of the brasileiro “chorinho” (crying), folk songs, “tango brasileiro” (Brazilian tango) and Uakti - I Ching 1994 - 02 Terra (Earth).

Results and Conclusion
Significant improvement in the VFQ of Group I was found on different times after the program onset in the subscales of distance vision ($p=0.004$), peripheral vision ($p= 0.003$) and dependency ($p= 0.005$). The present protocol may be a valid and objective tool to evaluate the effects of MT on the VQL of patients with ON and MS.

References

About the Author(s)
Cybelle M. V. Loureiro: Director of Music Therapy Program, School of Music – UFMG; MT researcher at the CIEM.
Marco Aurelio Lana-Peixoto: Professor of Neurology and Ophthalmology – UFMG. Director at the CIEM.
Livía E. C. Talim. Researcher at the CIEM – MS – UFMG.
DISTANCE LEARNING IN MUSIC THERAPY WHEN THE DISTANCE IS 1,555 MILES!

**Emma Lovell**  
Music as Therapy International, UK

**Cathy Rowland**  
Music as Therapy International, UK

The work of Music as Therapy International (MasT) will be familiar to many. Established in 1995, the charity set out to work with care services in Romania, providing introductory training projects, equipping staff teams with the skills, experience, materials and confidence to deliver music programmes to adults and children in their care. The emphasis was on sustainability and over the past 19 years, MasT has developed a far-reaching portfolio, tailoring each project to the specific needs of their partners. As the projects have developed, so too has the charity’s commitment to sound governance, with the following values underpinning the work: sustainability, integrity, respect, innovation. In 2010, MasT launched their Interactive Music-Making Course, in Partnership with Oxleas NHS Foundation Trust. The University credit-rated course is designed for early years’ practitioners in the UK to develop their skills in order to make music-making more integral to the child’s early development experience. At this time MasT revised its training approach in Romania. We knew that our Romanian Partners were increasingly accessing online resources on our website and it seemed that improved IT systems and connectivity guaranteed a far-reaching and cost efficient method of skills sharing. Seeing scope to build on this and reach more staff working in smaller care settings and geographically spread, the charity devised an online Distance Learning Programme. Whilst there were similarities with the Interactive Music-Making Course, the biggest difference was of course the distance of some 1,555 miles between tutor and student! How could key music therapy theories and techniques be taught safely and effectively whilst upholding the charity’s core values?

In order to maintain and promote safe practice, we were clear from the start about the parameters of the course. The course was only accessible to people working with children under the age of 10, with a physical or learning disability, or social impairment. We also disallowed people working with children whose *primary* diagnosis was of an emotional or behavioural nature. Crucially, whilst the aims of the Distance Learning Programme are to develop people’s skills in a child-centered approach, there is a clear opening statement that it does not train students to become music therapists. Candidates are required to evidence their commitment to implementing new skills into practice at the point of application, and the first written assignment focuses on their personal motivation and understanding of the value of music as therapy.

The Programme comprises monthly tutorials and written assignments, concluding with a practical assignment (running an 8-week music programme with a small group of children) during which they receive online...
supervision from a UK music therapist. An important part of the Programme is the Intensive Study Weekend which takes place early in the course. Delivered in Romania, by members of the charity’s Advisory Panel and two experienced Romanian Local Partners, it offers students a direct, personal experience of music as therapy. Students must pass all their assignments to pass the course and all assignments are assessed against MasT’s Competency Framework.

The Distance Learning Programme is now in its fourth year. To date, 16 students have completed the course. From the very beginning, student feedback has been overwhelmingly positive and for the last two years the course has been oversubscribed. In monthly evaluations (2011-2013), just over 95% of students rated their tutorials as “good” or “excellent.” The experiential element, the Intensive Study Weekend, has a resounding impact. Coming afresh to this approach, with presumably limited knowledge of improvisational music-making, students seem to warm to opportunities to connect with themselves and others through free, creative expression. Many report leaving this weekend with a deep appreciation of client-centered principles underlying music as therapy. In recognition of this core learning, attendance at this weekend became compulsory in 2012.

MasT reviewed the Programme following its second delivery. Despite evident successes, the high attrition levels were a cause for concern (50% in 2011; 60% in 2012). It seemed that some students struggled with the reality of course requirements and, for reasons not always clear to us, the transition of applying their learning in practice was sometimes very challenging. Perhaps the vast physical distance had created a mental barrier in students’ minds? To address this we enhanced the rigour and support around the course. When marketing for the next enrolment, a minimum monthly time commitment was specified. Clarifications about course moderation and penalties for late assignments were introduced. A new mentoring scheme was created, with our Local Partners who co-deliver the Intensive Study Weekends trained to offer telephone and email support. These changes, designed to create a greater holding for the students from a distance, seemed effective. Last year’s graduates told us that access to a mentor was indeed helpful and, in 2013, the course’s attrition rate dropped to 36%.

In thinking about the difficulties some students had linking their theoretical and experiential understanding to practice, we devised an additional written assignment, requiring students to reflect upon fictional clinical scenarios from both a practical and personal perspective. Following the introduction of this extra step of preparation, there was a higher rate of completion of the practical assignment (90% in 2013; in comparison to 67% in 2012 & 75% in 2011). This year MasT’s Romanian Programme Officer has joined the marking team to offer the 4th cohort of students more responsive support. We hope this will further impact on the course’s attrition rate and help less able students, who historically have struggled with the course’s academic demands. In keeping with the charity’s vision of local sustainability, this development is the first step towards the course being fully locally led, ultimately from within Romania, albeit with continued international clinical support.

About the Authors
Emma Lovell is a music therapist working with the Hertfordshire Partnership University NHS Foundation Trust and Cathy Rowland is a music therapist and Clinical Advisor for Music as Therapy International.

Contact: clinical@musicastherapy.org
ALTERED STATES IN GIM: NEUROPHENOMENOLOGICAL PERSPECTIVES

Andrea McGraw Hunt
Temple University, USA

Introduction
The Altered State of Consciousness (ASC) is an essential component of the Bonny Method of Guided Imagery and Music (GIM). GIM theory states that the ASC expands states of consciousness, including brain states, leading to therapeutic change (Bonny, 1977/2002). The present study (Hunt, 2011) used a neurophenomenological approach to integrate participants’ subjective reports of their music and imagery experiences with concurrent EEG data during a modified GIM session. This presentation will focus on ASC phenomena of the integrated data for each of the four participants.

Participants
Two men, two women, all experienced GIM travelers, volunteered to participate; three were advanced trainees in GIM training, one was a GIM Fellow. All were musicians and music therapists.

Method
Participants engaged in a modified GIM session during concurrent EEG recording. Scripted, open-ended guiding was recorded over a short program of GIM music. Participants described their imagery immediately afterward while observing video of the session to facilitate recall. Interview questions also elicited information about states of awareness during the session. Phenomenological analysis of the interview data generated codes of imagery experiences. Raw EEGs were analyzed to determine coherence networks for each kind of guiding intervention. Raw EEGs were also reviewed to identify basic alertness throughout the session. Imagery experiences and EEG data were integrated to determine relationships.

Linda’s ASC
Linda’s imagery contained a somewhat coherent narrative, while her EEG showed alertness throughout the session. She stated that her imagery was not particularly vivid or emotional. Linda did not report whether she considered herself to be in an ASC at any point, however she indicated that she returned to alertness quickly after the end of the session. Her coherence maps showed whole-brain networks at the beta range, but gamma networks limited to left-hemisphere involving visual and language-processing regions. Linda may not have experienced a deep ASC.

Larry
Larry’s session was characterized by somatic sensations and imagery, with a sense of sleepiness and few narrative elements. Compared to the other participants, Larry’s coherence analyses showed fewer networks, particularly in the gamma frequency range. While Larry reported that he felt he was “in” an ASC several times during the session, raw EEG data showed that he was alert at these times. Larry stated that he felt relaxed and focused at these times, which seem to be the defining features of an ASC for him.
Daphne

Daphne’s session involved an ongoing biographical narrative including significant people in her life. She reported that the vivid, emotional imagery was very meaningful, and was easily recalled. Her coherence maps featured wide-ranging bilateral networks in the beta and gamma frequencies. Raw EEG indicated she was drowsy for nearly half of the session, however Daphne never stated she felt drowsy at any point. Furthermore, many of the “drowsy” points occurred during particularly vivid imagery. Whole-brain networks at the beta and gamma frequencies along with drowsy brain states may be neurological correlates for an ASC for Daphne. These frequencies are implicated in focused attention as well as information binding.

Craig

Craig reported biographical imagery and significant people, and stated that this session was very meaningful to him. He had some difficulty recalling the sequence and content of some images. Craig’s coherence featured bi-hemispheric whole-brain networks at the high gamma range. His most vivid images occurred during drowsy periods of the raw EEG, yet at other times, Craig could not recall images during “drowsy” moments. Craig may have experienced an ASC as well as straightforward drowsiness that affected his recall.

Conclusions

The four participants demonstrated unique imaginal and neurological experiences of the music and imagery session. Daphne’s and Craig’s sessions shared vivid, meaningful imagery that occurred during drowsy brain states and whole-brain gamma networks. Research has found high gamma coherence in experienced Buddhist meditators (Lutz et al., 2004). Daphne’s ongoing attention on a coherent imagery narrative may be reflected by whole-brain beta networks as suggested by research into Qigong masters’ brain activity (Litscher et al, 2001). Future research should investigate whether beta and gamma coherence along with drowsy brain states are 1) essential neural correlates of an ASC during GIM; and 2) are unique features of the ASC in GIM.

References


About the Author

Andrea McGraw Hunt, Ph.D., MT-BC is a Fellow of the Association for Music and Imagery and has been a music therapy professor and researcher at Temple University since 2011.

Contact: andimh@temple.edu
TO SEE IS TO BELIEVE? DEVELOPING A PSYCHOPHYSIOLOGICALLY INFORMED METHOD OF VIDEO ANALYSIS

Clare Monckton
Methodist Homes (MHA), UK

Ming Hung Hsu
Methodist Homes (MHA), Anglia Ruskin University

Abstract
Drawing from affective neuroscience, especially James-Lange theory, the paper presents a systematic video analysis stressing the value of psychophysiological measurements in supporting visual interpretation of video recordings. Taking a reductionist approach, the analysis reduces a session into constituents that help identify effective sensory cues in minimizing symptoms of dementia.

Introduction
Video analysis has enhanced music therapists’ qualitative exploration of phenomena within sessions. However, can subjective interpretation of video recordings provide reliable evidence of clients’ internal experience, particularly when conditions such as dementia can prevent clients verbally expressing how they feel?

The paper presents a systematic method of video analysis, as part of a PhD project investigating music therapy’s impact on symptoms of dementia. The concept relates to James-Lange and Neo-Jamesian theories (James, 1884; Lange, 1885; MacLean, 1952) which propose that bodily sensations fed back to the brain generate emotional experiences. In addition to visual checking, the analysis presses the values of quantitative physiological measurements giving direct insight into client’s inner world.

Aims
The analysis transcribes subjective (visual observation) and objective (physiological data) measurements (Gardhouse and Anderson, 2013). The aims are: (1) To identify client’s responses to sensory stimuli presented by the music therapist; (2) To identify which stimuli induce changes in client’s psycho-physiological state; (3) To establish which altered psycho-physiological states indicate improved emotional well-being.

Methods
Taking a reductionist approach, the analysis reduces a session to 4 defined constituents (verbal, musical, non-verbal and mixed expressions) of both client and therapist. These are visually identified and colour-coded in real time using Microsoft Excel with client’s heart rate and skin temperature superimposed onto the coloured codes along the timeline. Further physiological measures are analysed separately with additional computer programmes.

Results
The analysis has been able to visually pinpoint 4 client’s expressions in relation to therapist’s sensory cues. The physiological data supports the phenomenological
interpretations, revealing modulation in emotional arousal within client’s expressions. This enables identification of sensory cues that could most effectively reduce symptoms of dementia.

References
James, W. (1884), What is an emotion? *Mind*, 9, 188-205

About the Authors
Clare Monckton is music therapist with Methodist Homes (MHA), having trained at Roehampton University and is coordinator of the Dementia Network for British Association for Music Therapy.
Contact: clare.monckton@mha.org.uk
Ming Hung Hsu is Lead Music Therapist for Methodist Homes (MHA), working with several universities to provide training and placements for music and music therapy students; he is also a trained Dementia Care Mapper and currently a PhD student at Anglia Ruskin University.
ENRICHING CLIENTS’ LIVES THROUGH TEAM SUPPORT

Natsu Nagae
MOYO Music Therapy Center, Japan

Yuki Masuyama
MOYO Music Therapy Center, Japan

MOYO Music Therapy Center

MOYO music therapy center (MOYO) was founded in 2009 as a branch of Matsudo Ikuseikai Corporation (M.I.Co) that provides a wide variety of services to the community, including a residential facility, group homes, daycare services, and a community activity center. The collaborative work between M.I.Co and MOYO has begun with a fundamental principle in common, which is every individual has the right to be valued as well as to pursue enrichment of life, in order to cultivate the clients’ potentials and give client opportunities to have a role in the community. While MOYO mainly focuses on providing service to individuals under the age of 18, it has also implemented a music therapy program for adults with developmental disabilities (DD) including autistic spectrum disorders in conjunction with other affiliations of M.I.Co.

Bringing out the Inner Voices

One of the most crucial disadvantages for individuals with DD is the deficits in communication. Those individuals, whose cognitive capacities are moderately to severely impaired, often demonstrate difficulty with expressive language skills. Because of their limited verbal communication skills, they may be treated unfairly. Verbal expression is merely one channel of communication; however, it actually holds the central role in modern society. Living in the world with language, they tend to develop an inferiority complex and insecurity due to communication difficulties. The feelings of being unheard and ignored can cause deuteropathy and withdrawal from human interaction. Then, how can we help bring out each individual’s inner voice? Our work suggests that music can be a powerful tool because it goes beyond the language realm and allows people to communicate with each other in a variety of ways. For instance, music offers an opportunity to breathe together, to sympathize mood, to experience a variety of feelings, and to emotionally synchronize with others. Accordingly, creating music together can help build relationships with others, and MOYO’s effort to break through the communication challenges for the individuals with DD started.

Group Music Therapy in M.I.Co Setting

MOYO offers music therapy with a creative approach using improvisation. Each 45-minute group music therapy session was conducted biweekly. The group consisted of four to seven clients with DD including autistic spectrum disorders, who exhibited mild to severe communication deficits, two music therapists and one certified care worker as an assistant. All sessions were video-taped for evaluation purposes, and every session was documented by the music therapists.
**Find a Path – Share – Integrate**

In every session, the therapists carefully observed the clients’ behaviors and possible reactions to music, which were at times subtle. Therapists responded to the clients in a variety of ways as if to give a message that “I am with you, and I support you.” This approach gradually became a path to musically connect with each other for the clients. Over time, they became less tense; furthermore, they turned out to be open about being spontaneous and active during sessions. They would play instruments, vocalize, dance, and enjoy spending time together with other group members. And, by doing so, they contributed ideas for musical process, improvised in the moment. Certified care workers who observed music therapy sessions often commented that clients’ faces and overall presence were quite different from how they might be in other situations. They seemed to be more active and show a wider range of expression through music as if they acquired musical expression to interact with each other. In order to share how different these clients can be in music therapy sessions, every music therapy session was documented and shared with other health care professionals at the end of each shift. The music therapists documented what happened in each session, as well as each client’s communication style, musical preferences, interests, sensitivity to different sound, emotional state, impulse control in a group situation, and relationship development with the music therapists as well as the other group members. This information seemed to offer new perspectives to other health care professionals about the clients in terms of their unique abilities in a musical context.

Once a path to develop a relationship with a client was discovered, it was important for it to be integrated into other areas of treatment. In order to make this happen, the music therapists thoughtfully communicated with the team regarding each client’s communication style and characteristics on a daily basis. Working in coordination with other health care professionals to fully support each individual, gains from music therapy were extended into other areas of clients’ lives. With an integrated view from different occupations, we evaluated the development of clients in terms of communication skills, relatedness with others, confidence level, decision making, emotional expression, intentionality and so on. By bring together different observations and evaluations with the team, it became possible to sketch out the comprehensive development of a client. Another benefit of team discussions was it facilitated identifying the beginning of the growth process. Our future step is to put together a case study to share our stories.

**Conclusion**

Music therapy helped many clients to regain confidence and overcome barriers of verbal communication through interactive music making. It should be noted that this positive outcome could not have been accomplished by music therapy alone. As salient information and ongoing assessment were shared among different health care professionals, synergistic development in individual treatment was cultivated, bringing out the best of the clients.

**About the Authors**

Natsu Nagae (staff) and Yuki Masuyama (director) both work at the MOYO Music Therapy Center in Japan.
ENRICHING CLIENTS’ LIVES THROUGH TEAM SUPPORT

Natsu Nagae
MOYO Music Therapy Center, Japan

Yuki Masuyama
MOYO Music Therapy Center, Japan

MOYO Music Therapy Center
MOYO music therapy center (MOYO) was founded in 2009 as a branch of Matsudo Ikuseikai Corporation (M.I.Co) that provides a wide variety of services to the community, including a residential facility, group homes, daycare services, and a community activity center. The collaborative work between M.I.Co and MOYO has begun with a fundamental principle in common, which is every individual has the right to be valued as well as to pursue enrichment of life, in order to cultivate the clients’ potentials and give client opportunities to have a role in the community. While MOYO mainly focuses on providing service to individuals under the age of 18, it has also implemented a music therapy program for adults with developmental disabilities (DD) including autistic spectrum disorders in conjunction with other affiliations of M.I.Co.

Bringing out the Inner Voices
One of the most crucial disadvantages for individuals with DD is the deficits in communication. Those individuals, whose cognitive capacities are moderately to severely impaired, often demonstrate difficulty with expressive language skills. Because of their limited verbal communication skills, they may be treated unfairly. Verbal expression is merely one channel of communication; however, it actually holds the central role in modern society. Living in the world with language, they tend to develop an inferiority complex and insecurity due to communication difficulties. The feelings of being unheard and ignored can cause deuteropathy and withdrawal from human interaction. Then, how can we help bring out each individual’s inner voice? Our work suggests that music can be a powerful tool because it goes beyond the language realm and allows people to communicate with each other in a variety of ways. For instance, music offers an opportunity to breathe together, to sympathize mood, to experience a variety of feelings, and to emotionally synchronize with others. Accordingly, creating music together can help build relationships with others, and MOYO’s effort to break through the communication challenges for the individuals with DD started.

Group Music Therapy in M.I.Co Setting
MOYO offers music therapy with a creative approach using improvisation. Each 45-minute group music therapy session was conducted biweekly. The group consisted of four to seven clients with DD including autistic spectrum disorders, who exhibited mild to severe communication deficits, two music therapists and one certified care worker as an assistant. All sessions were video-taped for evaluation purposes, and every session was documented by the music therapists.
Find a Path – Share – Integrate

In every session, the therapists carefully observed the clients’ behaviors and possible reactions to music, which were at times subtle. Therapists responded to the clients in a variety of ways as if to give a message that “I am with you, and I support you.” This approach gradually became a path to musically connect with each other for the clients. Over time, they became less tense; furthermore, they turned out to be open about being spontaneous and active during sessions. They would play instruments, vocalize, dance, and enjoy spending time together with other group members. And, by doing so, they contributed ideas for musical process, improvised in the moment. Certified care workers who observed music therapy sessions often commented that clients’ faces and overall presence were quite different from how they might be in other situations. They seemed to be more active and show a wider range of expression through music as if they acquired musical expression to interact with each other. In order to share how different these clients can be in music therapy sessions, every music therapy session was documented and shared with other health care professionals at the end of each shift. The music therapists documented what happened in each session, as well as each client’s communication style, musical preferences, interests, sensitivity to different sound, emotional state, impulse control in a group situation, and relationship development with the music therapists as well as the other group members. This information seemed to offer new perspectives to other health care professionals about the clients in terms of their unique abilities in a musical context. Once a path to develop a relationship with a client was discovered, it was important for it to be integrated into other areas of treatment. In order to make this happen, the music therapists thoughtfully communicated with the team regarding each client’s communication style and characteristics on a daily basis. Working in coordination with other health care professionals to fully support each individual, gains from music therapy were extended into other areas of clients’ lives. With an integrated view from different occupations, we evaluated the development of clients in terms of communication skills, relatedness with others, confidence level, decision making, emotional expression, intentionality and so on. By bring together different observations and evaluations with the team, it became possible to sketch out the comprehensive development of a client. Another benefit of team discussions was it facilitated identifying the beginning of the growth process. Our future step is to put together a case study to share our stories.

Conclusion

Music therapy helped many clients to regain confidence and overcome barriers of verbal communication through interactive music making. It should be noted that this positive outcome could not have been accomplished by music therapy alone. As salient information and ongoing assessment were shared among different health care professionals, synergistic development in individual treatment was cultivated, bringing out the best of the clients.

About the Authors

Natsu Nagae (staff) and Yuki Masuyama (director) both work at the MOYO Music Therapy Center in Japan.
MUSIC, TRADITIONAL VALUES, AND PREGNANT WOMEN IN INDONESIA

Johanna Natalia
Faculty of Psychology, University of Surabaya, Indonesia

Abstract
This research investigated the influence of preferred music on the anxiety of Indonesian pregnant women. The experimental group (30 Ss) listened to music while the control group (29 Ss) did not. The results revealed that there were no significant differences in anxiety between the two groups that might be caused by traditional values.

Anxiety is a common response to pregnancy (Reading, 1983). Spielberger (1979, 1995) described anxiety occurrence as below:
Stressor → Threat → S-Anxiety
Stressor is an objective stimulus (pregnancy). Threat is an individual’s perception of the stressor (e.g., thinking about or paying attention to the pregnancy, the delivery process, and/or the baby).

Many music therapy studies have been conducted to show the benefit of music in reducing anxiety in obstetric setting, particularly during pregnancy (Winslow, 1986; Durham & Collins, 1986; Liebman and MacLaren, 1991, Federico and Whitwell, 2001).

This research investigated the influence of music on the anxiety of Indonesian pregnant women. The experimental group (30 Ss) listened to preferred music while the control group (29 Ss) did not. The results revealed that there were no significant differences between the experimental and control groups in gestational age, Apgar scores, the baby’s birth weight, or in the state and trait anxiety scores of the State-Trait Anxiety Inventory (Spielberger, 1977). However, there was significant difference in feelings from before to during, and from before to after listening to music in the experimental group (p ≤ 0.001). There are some possible reasons to account for the similar level of anxiety of the pregnant women in this study.

First, because they mostly lived with their extended families and received support from them. This may cause they have felt more secure and less anxious. In Javanese culture the benefit of togetherness is stated in the Javanese philosophy “Mangan ora mangan kumpul” (Hariwijaya, 2004). It means “Eat or not, together is the most important.”

Second, most of Indonesian people have strong beliefs in traditional values that are reflected in traditional ceremonies such as the Tingkeban. This ceremony is conducted for pregnant women when their pregnancy is at the 7th month. They thank God and pray for the welfare of the pregnancy. The effects of this supportive ceremony may have helped the pregnant women to feel secure and less anxious.

Third, there is a philosophy in Javanese culture that people should be “nrimo/pasrah”. Pasrah sumarah philosophy in Javanese culture means that one should totally submit one’s life to God (Hariwijaya, 2004). A large number of the two groups submitted their pregnancy to God’s fate as their way of coping with anxiety. The act may have reduced their anxiety.
Fourth, there was a strong religious atmosphere in Indonesia. The Indonesian pregnant women may have submitted their pregnancy to God. By doing this, their anxiety may have been reduced.

This research suggested to considering traditional values or beliefs that might be influence the anxiety of Indonesian pregnant women. They might be able to contaminate the dependent variable of the research so that the influence of music could not be seen clearly. Because of that, the further research should anticipate these possibilities so that the influence of the music as a treatment can be observed more obviously.

References

Acknowledgements
Thank you to Professor Emerita Denise Grocke, PhD, RMT, FAMI who supervised this research and has been guiding Johanna Natalia in her "music therapy journey".

About the Author
Johanna Natalia is a senior lecturer and psychologist at the Faculty of Psychology, University of Surabaya, Indonesia and has studied music therapy at the Faculty of Music, the University of Melbourne, Australia.

Contact:
johanna.natalia@alumni.unimelb.edu.au
INTEGRATION OF CHINESE MUSIC AND YIN-YANG PRINCIPLE IN GUIDED IMAGERY AND MUSIC

Wai Man Ng
Music Therapist, GIM Therapist, FAMI, Hong Kong, China

Introduction and Background
Guided Imagery and Music (GIM) is spreading to China recently. Chinese music and Chinese philosophy gradually become an important cultural resource for GIM. The Yin-Yang Principle is one of the most well-known Chinese philosophies that has been applied to Chinese medicine for thousands of years (Li, 2011). Chinese music is also structured according to the Yin-Yang Principle, and this can be a rich resource for GIM. The earliest Chinese GIM music programme was created by Hanks (1992) for a study comparing the imagery of participants from Taiwan and US. Since then, no other Chinese programs have been created. However, the development of the contemporary Chinese orchestra has been clearly established, and a thousand Chinese orchestral works have been composed which enable a wide selection of music for creating Chinese GIM music programmes. Ng created his first Chinese GIM music programme ‘Harvest’ in 2008, the second Chinese GIM music programme ‘Springs’ in 2010, and the third Chinese GIM music programme ‘Reminiscence’ in 2013. The 4th and 5th Chinese GIM programmes ‘Rainbow’ and ‘Kingdom’ were created in 2014. He used the concept of the Yin-Yang Principle to select and arrange the musical selections. The aim of this study was to examine whether the five Chinese GIM music programmes, created with the contour of the Chinese philosophy (Yin-Yang Principle), contribute to participants’ well-being.

Methodology
In phase one of the project, five Chinese music programmes were designed using a Yin-Yang contour. These programmes were evaluated independently by the three GIM therapists using a 9-point Likert scale, with Yin-Yang as the polarized descriptors. Each selection on each programme was given a score on the Yin-Yang scale, and used later in the study to match the Yin-Yang qualities of the participants’ imagery.

In phase two, the Chinese music programmes were trialed. Ten participants were recruited in this research project. They received seven individual GIM sessions (approximately 1.5 hours each session) over seven weeks. In the first session, the therapists introduced GIM and the research study process to the participants. The participants were required to fill in The Ryff Scales of Psychological Well-Being (Ryff, 1989) which took 6 – 8 minutes to complete. The therapists provided a short experience of GIM (approximately 10 – 15 minutes of music) to determine the participant’s responsiveness to GIM. The GIM Responsiveness Scale (Bruscia, 2000) was completed by the therapists at the end of the session. For session two to six, the participants took GIM sessions using the five Chinese GIM music programmes. The therapists filled in the GIM Responsiveness Scale after each session. In session seven, the participants completed The Ryff Scales of Psychological Well-Being and a
A questionnaire designed by the researcher, which took 20 – 30 minutes to complete. After all the sessions, the therapists were interviewed to summarize their experience throughout the sessions.

In phrase three, the participants’ questionnaires were analysed quantitatively and qualitatively. The quantitative questions were analysed descriptively and the qualitative questions were analysed by content analysis, since the questions were the same for all ten participants. Therapists’ interviews were analysed using deductive and inductive processes: the deductive analysis collated the answers to the set questions, and an inductive analysis was used to determine themes emerging from the data.

Conclusions

After the participant sessions with the Chinese GIM music programmes, a primary summary showed that (A) The concept of Chinese philosophy (Yin-Yang) can be applied to create Chinese GIM music programmes, (B) Chinese GIM music programmes are effective in GIM therapy, (C) Contemporary Chinese music is more accepted by Chinese participants, (D) Chinese GIM music programmes are helpful for Chinese participants to create imagery and explore their inner world during GIM sessions, (E) Chinese GIM music programmes can enhance the participants’ quality of life. Hopefully, Chinese music can be used by more GIM therapists around the world.

References


About the Author

Wai Man Ng is the only therapist obtained both the qualifications of Registered Music Therapist (HCPC, UK) and Registered GIM Therapist (FAMI, US) in Hong Kong.

Contact: hkmusictherapist@yahoo.com.hk
MUSIC THERAPY USING RUSSIAN FOLK SONGS FOR A RUSSIAN WOMAN LIVING IN JAPAN

Yumi Nishimoto
Kumamoto University, Japan

Abstract
This presentation reports the effects of music therapy using Russian folksongs with an aged Russian woman living in a care home in Japan. After she joined the music therapy group, she recalled her mother tongue which she had forgotten for a long time and it also improved her QOL. Moreover, it was effective for other participants of the care home, improving the understanding of this Russian woman and her culture.

Introduction
This presentation reports the effects of music therapy using Russian folksongs with an aged Russian woman living in Japan. After she was bereaved of her Japanese husband several years ago, she suffered depression and isolation in the facility where she lived before this, because she was a foreigner. Later, she moved to the current facility with fewer residents and joined our music therapy group. She has some disability in her right hand due to cerebral thrombosis and slight dementia. The objective of this therapy was to increase her physical and mental Quality of Life (QOL) and to help her integrate with the other participants.

Method
Altogether forty sessions were conducted in a small group once a week and ten aged participants took part in the sessions each time. The main activities were singing and playing simple musical instruments. The therapist considered her feelings and sang Russian folksongs in Russian as well as the traditional Japanese songs.

Progress and Results
After joining the music therapy and singing Russian folksongs, she recalled her mother tongue which she had not spoken for a long time. The music also revived memories of her younger days. She sang gladly and showed everyone how to sing the Russian folksong “Katyusha”. This song fits the Japanese sentiment and was popular in Japan after World War II. After that other participants tried to sing in Russian and she taught us some Russian words and phrases. Just by singing these Russian folksongs together centering on her, improved her QOL and also her desire to live, and she was able to receive understanding and approval from other participants too. In addition the other patients seemed to be watching her warmly. They were also touched by her singing, and their singing desire and level improved as well. This therapy was effective in facilitating group acceptance and understanding of a member of a different culture and origin. The final result was better relations in the group and acceptance of the individual.

References
Brynjulf Stige (Ed.). (2002). Culture-

About the Author
Yumi Nishimoto received an M.A. degree from Kumamoto University, Japan. She is working with elderly people with dementia and also with people in palliative care in hospital as a music therapist. She is a part-time lecturer of Kumamoto University, Japan.

Contact: yuminishi@k9.dion.ne.jp
MENTAL HEALTH, HUMAN RIGHTS AND THE ART(S) OF COLLECTIVE ACTION

João Arriscado Nunes
Center for Social Studies, University of Coimbra, Portugal

Raquel Siqueira-Silva
Center for Social Studies, University of Coimbra, Portugal

Artistic practices, including forms of musical performance, are of particular relevance for the promotion and articulation of collective interventions and processes of community- and collectivity-building within the domain of health. The struggle for the recognition of these vulnerable populations, communities and groups as subjects of rights and of their creative capacities and collective intelligence depends on the recognition of broader, inclusive conceptions of expression, beyond the centrality of the spoken and written word. In Brazil, the field of mental health was radically changed, from the late 1970s, through a movement for Psychiatric Reform which drew in an original and wide-ranging way on the creative capacities of those labeled as mental health patients to create new forms of subjectivity associated with artistic/esthetic practices as part of their struggle for human dignity and human rights (Siqueira-Silva et al, 2012).

The Project the authors are currently working on rests upon more than two decades of professional and research experience of music therapy in mental health in Brazil and of work on patient organizations and collective action in Europe, including Portugal. Its main objective is the collaborative development, with vulnerable communities and collectives, of approaches and tools based on artistic practices associated with the life experiences and struggles of local populations. The project combines field research and intervention, drawing on collaborative, participatory procedures. It is theoretically anchored in recent versions of Actor-Network Theory (Mol, 2010; Siqueira-Silva et al, 2011, 2012) and in innovative approaches in ethnomusicology, postcolonial/decolonial studies and cultural studies (Yúdice, 2004; Fischlin et al, 2013).

The approach we advocate and promote relies on two premises. We look towards different traditions and modes of engaging with esthetics considering the inextricability of modes of expression and the practices through which human beings inhabit the world and intervene in it, how they affect and are affected by others and by the non-human world. Our view of esthetics is broadened in order to consider both embodiment and attachment as constitutive features of inhabiting the world, moving in/through it and engaging with it, drawing on our socially and culturally constituted repertoires of resources for common action (Shusterman, 2012; Manning, 2013; Fischlin et al, 2013). Expressive practices are assessed within specific settings and shared ecologies of life and action and should not be trimmed down to fit established, canonical criteria of assessing
esthetic/artistic value. What is at stake is the ongoing enactment and evaluation of the particular territories of existence (Guattari, 1992) which are opened up to affects and provide the ground for emerging experiences of cocreating collectives. It is upon this ground that human rights may be refashioned so as to keep the tension between the appeal to common humanity and the respect for singularity.

References


About the Authors
João Arriscado Nunes is Professor of Sociology and Senior Researcher at the Center for Social Studies, University of Coimbra.

Contact: jan@ces.uc.pt

Raquel Siqueira-Silva is psychologist and music therapist, currently Ciência Sem Fronteiras/CAPES (Brazil) postdoctoral fellow at the Center for Social Studies of the University of Coimbra.
MUSIC’S RELEVANCE FOR 138 AUSTRALIAN PATIENTS AND CAREGIVERS AFFECTED BY CANCER: MUSIC THERAPY IMPLICATIONS

Clare O’Callaghan
Caritas Christi Hospice, St Vincent’s Hospital, Melbourne, Australia

Background
Although historically music has been used to deal with life stressors and ameliorate loss (Dissanayake, 2006), cancer patients’ and caregivers’ music-related experiences have received limited attention (Ahmadi, 2013; Castle & Phillips, 2003; Vale-Taylor, 2009; Williams et al., 2010; Zaza, Sellick, & Hillier, 2005). Regional inquiries will advance culturally sensitive music-based care, including music therapy, in oncology and hospice settings. A five-study project examined music’s relevance for Australian patients and caregivers affected by cancer, i.e., their music usages and views about its helpfulness (O’Callaghan, McDermott, Hudson, & Zalcberg, 2011; O’Callaghan et al., in press; O’Callaghan, Baron, Barry, & Dun, 2011; O’Callaghan, Barry, & Thompson, 2012; O’Callaghan, McDermott, Hudson, & Zalcberg, 2013). An overview of the findings is presented.

Methods
A constructivist approach with grounded theory informed methods was used in each study. Participants were patients and caregivers connected with three cancer settings and a hospice. Sampling involved convenience and theoretical strategies. Data included semi-structured questionnaires, semi-structured interviews, and behavioural observations. Thematic analyses were inductive, cyclic, and comparative. Qualitative inter-rater reliability was applied before comparisons across all findings. Four Human Research and Ethics Committees approved the research. Participants and/or guardians gave informed consent.

Results
The 138 participants, 14 months-to-104-years-old, comprised 26 paediatric patients and 28 parents; 12 adolescent and young adult patients; 52 adult patients; 12 informal caregivers; and 8 bereaved caregivers. Although music occasionally remained incidental, most adapted its usage to alleviate cancer’s effects. Participants often drew from musical lives and occasionally explored unfamiliar music to: maintain pre-illness identities, endure treatment, encourage survival, and improve life quality. Familiar lyrics maybe reinterpreted to support coping. Many ascribed human or physical properties to music when describing transformative effects. Younger patients’ social, music-based interactions especially promoted resilience and “normality”. Occasional participants, however, avoided or lost musical attachments. Families, friends, and health professionals, including music therapists often helped patients’ “reclaim” music. Preloss music involvement with patients can help the bereaved.

Conclusion
Music therapists may improve cancer patients’ and caregivers’ lives through: (a) offering music therapy sessions which include preloss (Magill, 2009; O’Callaghan,
2013) or ritual based work (Berger, 2006) when appropriate; (b) supporting or extending patients’ and caregivers’ pre-existing ways of using music to deal with stress or find joy, e.g.s., through offering free concert tickets and loans of music recordings, instruments, and software; and (c) encouraging health carers to inquire about patients’ and caregivers’ musical lives with recognition that altered music usage could signify vulnerability and need for additional support. Music-based care also needs sensitive delivery in public hospitals because it may distress bystanders.

References
Vale-Taylor, P. (2009). "We will remember them": a mixed method study to explore which post-funeral remembrance activities are most significant and important to the bereaved people living with loss, and why those particular activities are chosen. Palliat Med, 23, 537-544.

About the Author
Clare O’Callaghan PhD RMT is a palliative care music therapist and holds honorary titles with The University of Melbourne.
IDENTIFYING THE VALUE OF MUSIC THERAPY WITHIN INTERDISCIPLINARY ASSESSMENT: A RESEARCH PROJECT

Rebecca O’Connor
National Rehabilitation Hospital, Ireland

Dee Gray
National Rehabilitation Hospital, Ireland

Research Project
Research has identified the need for a variety of assessment tools to be used to encourage responses indicative of awareness in Disorder of Consciousness (DOC) patients (O’Kelly & Magee, 2013) and the importance of interdisciplinary working is well documented (O’Connor & Fearn, 2008). A two-year music therapy research project is currently taking place at the National Rehabilitation Hospital, Ireland with DOC patients and their families to identify the role of music therapy within interdisciplinary assessment and treatment for DOC adult and paediatric patients.

Assessment Tools
The Music Therapy Assessment for Awareness with Disorders of Consciousness (MATADOC) is a rigorous assessment tool for measuring responsiveness using a standardized music therapy protocol. It is a valid and reliable assessment to determine awareness in adult DOC populations with the capacity to determine differential diagnosis between VS, MCS and emerging (Magee et al., 2013). The MATADOC also informs goal setting and clinical care. In this research project the music therapists apply the MATADOC in conjunction with the SMART (The Sensory Modality Assessment and Rehabilitation Technique) and WHIM (The Wessex Head Injury Matrix) to contribute towards the overall interdisciplinary team assessment. The value of using the MATADOC alongside standardized non-music therapy measures is being explored in assessing patients’ levels of response, contributing to diagnosis, informing treatment as well as providing a response baseline and a means of monitoring change for this complex patient group (O’Connor & Gray, 2013).

Interdisciplinary Working
The emphasis of this research project is on exploring the valuable role that music therapy can play when it is part of the interdisciplinary assessment and treatment process of this complex patient population. The impact of working conjointly in sessions with other members of the team is being explored. Within the conjoint sessions music therapy plays a core role. The music created in the sessions becomes the ‘glue’, interweaving and facilitating all professionals to access and treat the patients. The team is able to work towards defining shared rehabilitation goals from each profession’s perspective through observing and taking part in musical interactions. This interdisciplinary approach is not simply a multi professional provision but a unified strategy that fuses therapy-specific methods in attaining shared rehabilitation issues.
The benefits of working closely with the interdisciplinary team (IDT) and family members in music therapy sessions is being evaluated and analyzed with a series of questionnaires.

**Project Findings to Date**

As the project is progressing, the positive impact of working conjointly in sessions with other professionals is becoming increasingly apparent. Feedback from questionnaires completed by family members has consistently agreed that music therapy enhances the overall assessment and treatment process provided to patients at the hospital.

**References**


**About the Authors**

Dee Gray RPN, MA is a music therapy researcher and Rebecca O’Connor RGN, MA is founder and Lead Music Therapist, both at the National Rehabilitation Hospital, Dublin, Ireland.

Contact: beckysococonnor@gmail.com
MUSIC THERAPY FOR SURVIVORS OF THE GREAT EAST JAPAN EARTHQUAKE AND TSUNAMI

Kana Okazaki-Sakaue
Tohoku Music Therapy Project, Japan

Kuninori Chida
Tohoku Music Therapy Project, Japan

This paper focuses on how music therapy has been helping survivors after the Great East Japan Earthquake and Tsunami.

Music Therapy Work after the Great East Japan Earthquake
This devastating earthquake happened at 2:46 pm on Friday, March 11th 2011. It was of a 9.0 magnitude which was the most powerful earthquake ever measured in Japanese history. Approximately, 18,000 died and thousands of people’s bodies are still missing. Three regions of Japan, Miyagi, Iwate, and Fukushima, were most seriously affected. Many people lost their homes; some towns and villages were completely swept away and ruined, resulting in many residents not being able to return due to the fear of aftershocks, tsunamis and radioactive contamination. These survivors reside in the temporary housing supplied by the government. And they have been suffering from these changes of environment, unpredictable fear and anxiety for their future life, loss of jobs, loss of family members and friends, etc.

Music Therapy
Weekly music therapy visits to the affected areas started right after the earthquake and regular group music therapy sessions have been taking place, in the common room of their temporary housing. Singing, instrumental and movement activities, music with other modalities and verbal intervention have been clinically implemented according to the needs of the clients. The clinical aims have been changing due to their phases and levels of trauma and grief process. Further, the team of clinicians are currently trying to overcome the challenges where there are needs to accommodate each individual client’s cultural and musical background.

Especially, as Japanese people are group-oriented rather than individual-oriented, it is necessary to consider the issues within the community where they reside.

Establishing the Tohoku Music Therapy Project (TMTP)
The authors, have established the “Tohoku Music Therapy Project” in order to provide mutual support within the local music therapists who practice regular sessions for the survivors. The members of this project are Kuninori Chida, Yoshie Sasaki, Kazuko Mii, Yasuhiro Sawase, and Kana Okazaki-Sakaue.

The music therapy work has been helping to establish clients’ sense of belonging and reunion with their separated community. The use of Japanese folk songs and therapeutic verbal interventions has helped clients to
release and share their complex emotions of sadness, anger and anxiety. Also the use of their indigenous dance music has supported the survivors to re-live and to experience the energy for the future.

**Project Aims & Mission**
The aims of the project are to:
1. Continue current regular music therapy sessions for the survivors who reside in the temporary housing on a regular basis.
2. Provide music therapy sessions for a broader range of clients in the hospitals, welfare centers, and children’s facilities within the affected areas.
3. Hold music therapy seminars and workshops in the Tohoku areas.
4. Help create and maintain a professional network with local music therapists and other disciplines.

We have about 100 funders who support our project and we are very thankful to them. It has been very important to obtain both financial and psychological support, as well as providing opportunities to learn more about techniques for trauma intervention after the natural disaster for the practicing clinicians to provide service. Our mission is to continue music therapy services in the immediate and long-term, as psychological symptoms often appear years after traumatic incidents. Also the professional support for the clinicians, such as supervision, need to be maintained over the long-term.

**References**

**About the Authors**
Kana Okazaki-Sakaue, DA, MT-BC, NRMT, ARAM, a music therapist trained in London and New York, is the Advisor of Tohoku Music Therapy Project, the Chair of the International Committee of the JMTA, and the committee member of Accreditation and Certification Commission, WFMT Contact: kanaokaz@hkg.odn.ne.jp

Kuninori Chida, BMus, a music therapist trained in Japan, is the President of Tohoku Music Therapy Project and is currently serving as a Chair of Disaster Intervention Special Committee of Japanese Music Therapy Association.
THE DEVELOPMENT OF EVIDENCE BASED MUSIC THERAPY WITH DISORDERS OF CONSCIOUSNESS

Julian O’Kelly
Royal Hospital for Neuro-Disability, U.K.

Disorders of Consciousness (DOC) primarily comprise the vegetative state (‘VS’) where sleep/wake cycles remain despite a lack of awareness of oneself or one’s environment, or minimally conscious states (‘MCS’) where awareness is inconsistent. Misdiagnosis rates have remained high, due to the challenges posed by complex disabilities (Hirschberg & Giacino, 2011). Music therapists share the belief that the non-verbal, emotive qualities of music offer an optimal medium for supporting arousal and awareness. Behavioral evidence indicates music therapy provides a unique contribution to the complex task of assessment (O’Kelly & Magee 2013b). However clinicians have failed to grasp the potential for dialogue and collaboration with neuroscience (O’Kelly & Magee 2013a, O’Kelly et al. in press).

Methods
To broaden our understanding of this field control (n: 20), VS (n: 12) and MCS (n: 9) responses to music therapy (live preferred music and improvisation entrained to respiration) and contrasting auditory stimuli (white noise and recordings of disliked music) were compared across behavioural, EEG, heart/respiration rate and variability recordings in a multiple baseline repeated measures study. Data was obtained with an XLTEC 50 channel video system, with segmentation and analysis in BrainVision Analyzer 2 and SPSS (ver. 20) for ANOVA’s across stimuli.

Results
Whilst heart rate and variability findings were heterogeneous, ANOVA’s indicated a range of significant responses (p ≤ 0.05) across healthy subjects corresponding to arousal and attention in relation to preferred music. These included concurrent increases in respiration rate with globally enhanced EEG power spectra responses across frequency bandwidths, most significant in right frontal and temporal regions in alpha and beta frequencies. These findings provide useful normative neurophysiological data on responses to receptive music therapy.

Whilst pooled patient heart and respiration responses were heterogeneous, preferred music produced significant increases in frontal EEG amplitude for theta frequency in 6 VS and 4 MCS subjects, and peak increases in alpha in 3 VS and 4 MCS subjects (p = 0.05 - 0.0001). These responses suggest the potential for preferred music to stimulate arousal, emotion and memory processes. Further support for arousal maintenance was indicated by significant peak increases in blink rate for preferred music [post hoc F(1,6) = 8.2, p = 0.029] across the VS cohort. At the within subject level concurrent changes (p ≤ 0.05) across measures indicative of discriminatory responses to both music therapy procedures were found in two VS patients. Significant post hoc MCS peak increases in frontal alpha frequencies for preferred music [F(1,809) = 50.6, p< 0.001] highlighted increased cortical activity important for neuroplasticity.
Conclusion
Music therapy improves arousal levels to prime patients for optimal assessment of awareness. Combined neurophysiological and music therapy assessment may offer prognostic information and a novel heuristic means of differentiating MCS from VS. Findings have informed a longitudinal study in progress, incorporating similar measures to explore rehabilitation outcomes with this population.

References


About the Author
Julian O’Kelly is an experienced music therapy clinician, researcher, author and educationalist with a commitment to supporting evidence-based practice in the fields of neurology and palliative care.

Contact: jokelly@rhn.org.uk
SHORT-TERM MUSIC THERAPY IN CHILD AND FAMILY PSYCHIATRY

Amelia Oldfield
Croft Children’s Unit, NHS, Cambridge, United Kingdom

Abstract
In this presentation I will reflect on the purpose of short-term music therapy work in a unit for child and family psychiatry. DVD excerpts from individual music therapy sessions with two children, aged 8 and 10, of normal intelligence but with severe emotional difficulties, will be shown.

Description
Short-term therapeutic interventions mean that there is little time to get to know the client, little time to develop a trusting relationship, and little time to enable changes to occur. So, if music therapists are working in an environment where patients are only admitted for short periods of time, can the treatment still be effective, and, if so, in which way and what can the therapist do to provide some continuity?

One possibility is for the music therapist to become involved in contributing to the diagnostic process (Oldfield 2006, Wigram 2000). But can music therapy also have a short-term role beyond diagnosis?

There is literature to suggest that short-term interventions are effective in paediatric fields and in children’s hospice care (Lorenzato 2005, Griessmeier 1994, Lower 2008). But what about psychiatric fields with verbally able patients where traditionally clients used to be involved in long-term psychotherapy, sometimes occurring several times a week over periods of several years?

In this presentation, I will start by presenting the Croft Children’s, Cambridge. I will then look at two contrasting short term (six week) case studies of individual music therapy work. The children seen are aged ten and eight, are verbal, of average intelligence, with various emotional difficulties. Music therapy served a different purpose in each case and different strategies were used to enable music therapy treatment to have a lasting effect. DVD excerpts of the music therapy sessions will be shown to illustrate the benefits and characteristics of the work.

Connor
Connor was ten years old and lived with his single mother and two younger siblings. His mother had suffered physical and emotional abuse as a child. Connor’s father had been violent to her and was in prison. The younger siblings’ father was also absent but this relationship had been less abusive. Connor’s mother struggled in her relationship with Connor because he reminded her of his violent father, even though Connor was quiet and reserved and tended to withdraw from difficult situations rather than enter into confrontations. Social services were concerned that Connor was suffering from emotional abuse in the home. During his stay on the Unit, it was felt that music therapy would be a useful way for Connor to express himself non-verbally, as he was very reluctant to talk about any of his difficulties or feelings. During his six individual music therapy sessions Connor played a wide range of instruments extremely loudly and expressively, improvising freely and spontaneously. At the end of the sessions he seemed spent and
tired, as though the playing had given him a chance to release pent up emotions. There was a marked contrast between the boy I saw playing the drum-kit, and the quiet self-effacing boy I saw on the Unit, who tended only to talk in answer to direct questions. During the family’s admission to the Unit the team helped Connor’s mother to come to the difficult decision to voluntarily have Connor fostered. With Connor’s permission I made a DVD of our music therapy work together which Connor was very proud of and was able to give a copy of to his mother. She was genuinely impressed to see him playing the instruments and was able to be positive about him.

Olivia
Olivia was eight years old. Her mother was convinced she had autistic spectrum disorder and attention deficit disorder. However, the Croft diagnosed an attachment disorder and very low self-esteem. Olivia was musical and creative and I will show a remarkable nine-minute ‘song-story,’ which took place in one of our music therapy sessions. Olivia is very engaged and she sings freely and tunefully incorporating a range of rhythms and styles. At times our musical exchanges take over, at other times the story comes to the fore and the music provides the accompaniment. Olivia uses creative movements and sometimes acts out elements of the story. I can mirror and emphasize these actions, or I can provide contrast, both of which she reacts to. The verbal content of the story shows that she wants to be in control and lead the story but can also incorporate my suggestions. The themes are about Olivia wanting to be liked and wanting to have friends, but also wanting to be good. Her Mum is very present in the story and feels almost unavoidable. Apart from the importance of providing a creative forum through which Olivia could verbally and musically express herself, it was very important to watch (with Olivia’s consent) the DVD with her mother after the session. While watching, Olivia’s mother was able to see the healthy and creative sides to Olivia, rather than watching out for symptoms of illness. She was moved by her daughter’s obvious desire for friends and began to recognize her emotional needs.

I will conclude this presentation by inviting the audience to contribute thoughts about short-term interventions of this kind.

References

About the Author
Amelia Oldfield has worked as a clinical music therapist and lecturer for 32 years.
EARLY INTERVENTION OF MUSIC THERAPY WITH TWO CHILDREN WITH JOUBERT SYNDROME

Renato Pantaleo
“Florio Salamone” Regional Institute for the Blind, Palermo, Italy

Introduction
In the present work, the author illustrates the music therapy intervention with two children, 12 and 19 months old respectively, with newly diagnosed Joubert syndrome. Joubert syndrome is a disorder with an autosomal recessive pattern of inheritance (Brancati et al., 2010), characterized by an overall developmental delay and cognitive impairment. Key clinical features include weak muscle tone (hypotonia), generalized muscle coordination difficulties (ataxia), visual impairment based on retinal dystrophy with a tendency to abnormal eye movements (oculomotor apraxia), and irregular breathing pattern. In addition, the condition is frequently associated with liver and kidney dysfunction.

Treatment for Joubert syndrome is symptomatic and supportive. The music therapy intervention is conducted as part of the activities of the multi-specialist team of the department of social and psycho pedagogical rehabilitation of the “Istituto dei Ciechi Florio Salamone” in Palermo (Italy).

Method
The phases of the music therapy intervention are as follows: a) after clinical evaluation by a neuropsychiatrist, possible goals of a multidisciplinary rehabilitation program are established; b) interviews are carried out with family members; c) three music therapy sessions of assessment are conducted to determine the therapeutic needs; d) based on the assessment findings, a specific rehabilitation project is drawn up and shared with the other team members; d) the treatment phase of music therapy begins. Individual improvisational music therapy sessions are provided twice a week, each session lasting 45 minutes. Family members are periodically interviewed to assess the permanence of the effects of the therapy.

The treatment plan aims to avoid or minimize the development of probable dysfunctions, in particular: mild cognitive impairment (medium/mild), defects in breathing (especially in newborns), hypotonia, ataxia, oculomotor apraxia, generalized motor delay. Some therapeutic sessions are conducted in collaboration with other specialists (psychiatrist, psychomotor therapist, expert on basal stimulation, expert in oculomotor rehabilitation, speech and language pathologist).

Discussion
In a first stage, the music therapy intervention mainly uses the surface of the piano as a space to structure a therapeutic relationship within the music. Based on the principle of attunement, the sonorous-musical relationship uses strategically the sharing of affective states to allow for effective prevention of emotional responses chronically unbalanced, frequent during the developmental stage of the children with the
Joubert syndrome. The attunement is expressed in different ways: it is often imperfect or even physiognomic; however, it is well identified in terms of intensity, rhythm, duration, and type. The therapist works with the mother/guardian, which plays a role in strengthening the emotional and affective aspects in the sonorous relationship. A clear evolution of the space-time relationship is observed.

Subsequently, the patient consolidates the experience of space-time integration in a different setting, i.e. taking advantage of sonorous mediators on a soft carpet (Cremaschi and Trovesi, 1996). At this stage, creative aspects emerge that are attributable to the construction and sharing of a thought within the therapeutic relationship. Building trust during therapy, allows the music therapist to act on the specific skills. Memory and overall motor coordination are stimulated, inducing a connotative style. In addition, specific motor and praxil skills are developed in relation to the evolution of the affective representation schemes and the sharing of emotional states. The strengthening of the symbolic dimension is favoured by ludic characteristics of the sonorous-musical experience in the therapeutic process. A multifaceted approach (body/sound/voice) is essential to achieve the stabilization of the therapeutic effects of the intervention (Stern, 1985).

References


About the Author
Renato Pantaleo is a music therapist and a musician. He has extensive experience working with autistic and visually impaired children.

Contact: Renato.Pantaleo@libero.it
MUSIC AND RESILIENCE: INTRODUCING MUSIC THERAPY IN THE PALESTINIAN REFUGEE CAMPS OF LEBANON

Deborah Parker
Associazione Prima Materia, Italy

Liliane Younes
National Institution for Social Care and Vocational Training, Lebanon

"Music and Resilience", winner of the IMC’s "Musical Rights" Awards for 2013, has introduced music therapy within the Mental Health Clinics of the National Institution for Social Care and Vocational Training 'Beit Atfal Assumoud', one of Lebanon's largest NGOs, providing social, sanitary, educative, recreative and training services for refugees from Palestine and from other nations.

'Beit Atfal Assumoud' means “The House of the Resilient Children”. The concept of 'resilience' is central to Assumoud's work; in the face of events threatening the psychophysical balance of individuals and their community, the term indicates the capacity, not only to survive, but also to maintain a sense of identity and ethnocultural belonging, in order to support the development of progressive adaptive strategies.

The camp's population is at the highest possible psychophysical risk; one of the most significant factors affecting today's younger generation is that their parents grew up during the years of the civil war, with its unspeakable horrors, including extensive loss of primary family carers, all of whom had already been scarred by the Israeli invasion of 1948 which caused the first wave of refugees. Thus emerges a clear picture of 'basic fault' (Balint 1979).

Assumoud recognizes the importance of music in building resilience; the request for music therapy acknowledges the significance of the 'sound/music' medium, not only as a bearer of cultural identity, but also, and prior to every other social function, as an essential vehicle underpinning all learning and adaptive processes. Music therapy resources are developed within a biopsychosocial framework of thinking (Osborne 2012), using the 'Sound Organization' model (Parker 2012), informed by Attachment theory, Motivational Systems Theory, and Daniel Stern's 'theory of vital form', which places musical activity at the centre of the therapeutic process. The humanistic approach places trust in the child's ability to make positive changes, with the support of a 'good enough therapist'. The model is non-directive or at most semi-directive, leaving the child free to express and to experiment without pre-set agendas.

During the project's first year, 10 NISCVT mental health staff members were given preliminary training and individual music therapy was offered in 5 camp locations to 30 children between the ages of 3 and 11, with varying pathologies.

A customized evaluation form collected data on positive change in 4 domains – motor, cognitive, social/relational, expressive/communicative – as observed by the music therapists, by another team specialists and by each child's parents.
Music therapy appears to be working at base level to decrease emotional disturbance evident in all Palestinian refugee children, showing effectiveness in relaxing defense mechanisms, building sense of security, self-esteem and agency, reinforcing emotional regulation, improving awareness and expression of emotion. This addresses primary objectives in affective/relational disorders, and is useful in all cases, to prepare the child better for the adaptive learning processes targeted by other therapeutic disciplines. For the non-verbal child, the sound/music medium provides an alternative and essential means of communication, the consolidation of which is a prerequisite for functional language development.

The 2nd year of the project takes into account not only these results, but also the allarming increases in waiting lists for mental health paediatric intervention caused by the new wave of refugees from Syria. Training now includes group music therapy techniques. 7 groups have been activated, involving a total of 25 children and adolescents with varying pathologies, but all of whom present symptoms of stress and emotional disruption. The clinical objectives for these groups have been set to concentrate on: reducing anxiety and stress; reinforcing emotional stabilization; sustaining expression/communication. Evaluation is now being conducted through the IMTAP (Baxter et al. 2007) model; baseline and periodic evaluations are being elaborated using audiovisual recordings of sessions, for case-histories and future statistical analysis.

The project faces many challenges, not only due to Lebanon’s social-political instability, which affects the refugee population more than any other social group, but also due to limited resources. The partners are grateful for funds made available by the Italian Regions of Puglia and Tuscany, and by ‘8perMille’ Chiesa Valdese, specific sponsor for the WMTC presentation. The project’s consistently positive clinical results justify the hope that the future will bring increased resources to support the development of resilience in the young Palestinian refugee population of Lebanon.

References

Unpublished Master thesis.

About the Authors
Deborah Parker is clinical music therapist in a Community Music Project in Italy and coordinator and trainer for “Music and Resilience.”
Contact: info@primamateria.it

Liliane Younes is clinical psychologist and coordinator of mental health services for the NISCVT Lebanon.
MUSIC THERAPY’S ‘RIPPLE EFFECT’: A PRACTICE-LED STUDY IN DEMENTIA CARE HOMES

Mercédès Pavlicevic
Nordoff Robbins Music Therapy, United Kingdom

Stuart Wood
Nordoff Robbins Music Therapy

Giorgos Tsiris
Nordoff Robbins Music Therapy

Background
Music therapy has become well established in dementia care. While there are encouraging findings regarding the effects of music and music therapy on the symptoms of persons with dementia, there appear to be no studies that focus on how music therapists work in everyday care home settings, and engage with the needs and resources of people affected by dementia. Likewise, the literature tends to profile music therapy as a homogenous praxis, and no studies were found on music therapy as part of the care home ecology. The latter omission appears to be at odds with therapists’ accounts of their work, and with the contemporary socio-cultural broadening of music therapy theory (Ansdell 2014; Pavlicevic & Ansdell, 2004; Stige & Aarø, 2012; Stige et al., 2010).

Method and Aim
This practitioner-led study (Pavlicevic et al., 2013) explores the needs of people affected by dementia, their social-musical resources, and music therapists’ strategies for optimising the possibilities for creating musical communities in dementia care settings. Six Nordoff Robbins music therapists with substantial experience in the dementia care sector, together with two practitioner researchers developed this practice-led study. Methods included iterative analysis of music therapy recordings in care homes (and accompanying narratives), and thematic analysis of focus group discussions and practitioners’ research journals.

Findings and Discussion
By considering music therapy strategies alongside care home needs and resources, music therapy’s ‘ripple effect’ was identified, with resonances from micro (person-to-person musicking), to meso (musicking beyond session time) and macro level (beyond the care home). Thus music therapy engages not only with the individual residents, but also with care staff and close family members; changing the atmosphere and sense of wellbeing in the care home beyond the immediacy of the session; and enriching care staff – resident relationships. Findings suggest that music therapists strategically ensure that work drifts around the entire social and physical space of the care home. This intentional ‘drift’, together with practitioners’ sustained improvisational attitude, characterizes Community Music
Therapy’s ‘ripple effect’ (Pavlicevic & Ansdell, 2004), in which music therapists become part of, and engage with, the immediacies of daily contexts.

The study suggests that all who are part of the dementia care ecology need opportunities for social-musical flourishing, shared participation, and for expanded self-identities. On such basis, funders might consider an extended brief for music therapists’ social-musical roles, to include generating and maintaining musical wellbeing throughout residential care settings.

References

About the Authors
Mercédès Pavlicevic, PhD, is Director of Research at Nordoff Robbins Music Therapy.
Contact: mercedes@nordoff-robbins.org.uk

Stuart Wood is Head Music Therapist at the Barchester-Nordoff Robbins Initiative, and completing his doctoral studies at Nordoff Robbins Music Therapy.

Giorgos Tsiris is Research Assistant at Nordoff Robbins Music Therapy (where he is completing his doctoral studies) and music therapist at St Christopher’s Hospice.
INTERCULTURAL MUSIC THERAPY RESEARCH AND PRACTICE AT SCHOOLS

Eric Pfeifer
Catholic University of Applied Sciences Freiburg, Germany

Introduction and Project Description
This very article is derived from a presentation dealing with the topic in the above mentioned headline. The presentation mainly focused on the results and contents gained through a doctoral pilot study (Pfeifer, 2014) that was realized at a primary school in Austria.

During the winter term of the school year 2011/12 a class of first graders was taking part in weekly group music therapy sessions. The sessions happened directly at school and lasted for one school lesson (50 minutes). In the end sixteen group music therapy lessons were performed over the whole term. Additionally, there was a second class of first graders to be integrated in the study as a control group. This class was not part of the music therapy interventions but alternative offers, conducted by the teacher of the class (e.g., reading a social story, listening to music), were realized. The music therapy class had a fairly high amount of pupils with migration background (approx. 50%) rooted in different countries and cultures all over the world.

Research Proceedings
The pilot study focused the possibilities and competences of music therapy approaches in today’s schools and everyday school life as affected by migration and interculturality. Basically, it was a main goal to follow and foster preventive, integrative and supportive aspects of music therapy in this field with children just diving into their first year at school. Both, qualitative and quantitative methods were included as to explore the children’s ideas and possibilities of implementing and using bodily and multimodal expressions for the purpose of bridging feelings of foreignness in themselves and between themselves and their classmates. Another question concentrated on the eventual positive effects of music therapy approaches referring to the development of the self-concept (Filipp, 1980) and identity.

On the one hand the qualitative part of the study included participant observation and video analysis (objective/video hermeneutics) as the two main methods. On the other hand, there was a standardized test functioning as quantitative approach.

Results and Outcomes
To sum up, the outcomes allow to carefully argue that music therapy interventions seem to have a positive effect on the development of the self-concept and the identity of immigrant and non-immigrant first graders. Even more, the effects of the interventions in the music therapy class tend to be stronger than the ones of story-telling, listening to music etc. in the control group. Unfortunately, the effects may not be of a long duration. A few weeks after finishing the project the measured value decreased.
significantly. A conceivable explanation may be found in the circumstance that the music therapy project did not last long enough to generate long-term effects.

Apart from that, the findings gained through qualitative research offered surprisingly interesting insights. Both, immigrant and non-immigrant children used a wide variety of bodily and multimodal expressions for the purpose of gapping aspects of foreignness in and between themselves and their classmates. The music therapy setting being the fundament in all its characteristics (improvisation, dancing, singing...), the children used their hands and arms bridging distances, they welcomed and invited each other with gestures, hand-movements, laughs and mimics, they created what might be called “real-time-bridging-figures” etc.

Future Perspectives
Referring to a statement by Karkou (2010) that arts therapy research studies are still not sufficiently documented and quite often reduced to one particular school in a particular country, one could claim that there is a lack of music therapy studies at schools that include international and intercultural comparisons. Keeping this particular deficiency in mind, there are current intentions to create an international study carrying the ideas of the pilot project into a larger research setting. In other words, universities in Austria, Germany and Switzerland try to create a comparative study focalizing the potentials and effects of intercultural music therapy on migration, integration, prevention, emotional regulation, social competence, language acquisition etc. in schools.

References


About the Author
Dr. Eric Pfeifer, M.A., BEd is Professor at the Catholic University of Applied Sciences Freiburg in Germany.

Contact: eric.pfeifer@vol.at
INCLUDING MUSIC THERAPISTS IN THE REHABILITATION TEAM OF CHILDREN WITH COCHLEAR IMPLANTS

Yina Magally Quique B.
Universidad Manuela Beltran, Colombia

Background
The cochlear implant (CI) is a device that takes sound and transforms it into an electrical signal that can be interpreted by the brain as a sound signal. The CI consists of two parts, one is placed inside the cochlea through a surgical process; the other part is external and visible on the head of the users (Rivas et al., 2007).

The main goal of music therapy (MT) with this population is to awake an interest for musical instruments and sound exploration. The next step would be to encourage them not just to discover the sound, but also to distinguish, identify and understand it (Radbruch, 2001).

The rehabilitation team is composed of professionals in the educational and rehabilitation fields (Rivas et al., 2007). Generally the family, speech therapist, psychologist, occupational therapist and the audiologist are part of the group.

Music and Cochlear Implant
Musical elements benefit the rehabilitation process. Music therapists, whose principal tools are sounds, can guide children with CI into the world of sound. Promoting music education for children with more than 4 months with the CI has been emphasized (Abdi, Khalessi, Khorsandi, & Gholami, 2001).

Musical elements through CI have been reported as:

Pitch: melodic perception is poor (Gfeller et al., 2005). Limitations in polyphonic pitch perception could affect significantly music perception (Donnelly, Guo, & Limb, 2009).

Rhythm: there is a high synchronization between the electrical impulse and the arrival to the nerve (Drennan & Rubinstein, 2008); this can explain why CI users have good rhythm discrimination.

Quality or timbre: the ability of identifying the timbre of different instruments is limited (Drennan & Rubinstein, 2008). However it can improve as a result of feedback or training (Driscoll, Oleson, Jiang, & Gfeller, 2009).

Method
The inclusion of a music therapist in the rehabilitation team on behalf of children with CI was meaningful for the kids, parents and for the group of professionals of this study.

The research was conducted with 5 children between 8-10 years old. Only four of them finished the process (3 boys and 1 girl). All of them had a pre-linguistic hearing loss and had more than a year of experience with the implant.

Music therapy sessions were twice a week per individual. Each session lasted for 45 minutes and was video recorded. All the participants were included in a program with different professionals such as speech therapist, psychologist, educational support and audiologist.

An initial interview was performed with the family of each child, and also with the team of professionals. After the 10 sessions of treatment another interview took place.

Conclusion
The professional members (speech therapist, psychologist, educational support) reported a
The parents of the participants reported that children always wanted to attend MT sessions. Parents believed that MT offered an additional factor that captured the children’s attention. They also reported that children started to sing more frequently at home and showed interest in listening music.

Finally, each child enjoyed MT sessions and improved his/her musical “doing” by playing instruments and identifying sounds. Moreover, all of them grew in their musical “beings”, enjoying music, smiling and playing along with the music therapist.

References


About the Authors
Yina Quique, BA in Speech therapy, MSc in Music Therapy. Professor and researcher at the Universidad Manuela Beltran.

Contact: yina.quique@docentes.umb.edu.co
VIOLIN AND MIND: AN UNUSUAL MUSIC THERAPY PROJECT WITH PERSONS WITH ALZHEIMER’S

Silvia Ragni
Alzheimer Day Center, Palliative Care Center Fondazione Roma, Rome, Italy

Machiko Nagasawa
L’Aquila, Italy

Luisa Bartorelli
Alzheimer Day Center, Palliative Care Center Fondazione Roma, Rome, Italy

Why the violin? Normally the violin is excluded from traditional Music Therapy because it is considered a difficult instrument to play and people are concerned about learning to play it because of the feeling of unattainability. We use the violin because it can be played in a group, is made from a natural material, which vibrates when played and is held close to the body, on the shoulder, between the head and the heart. It has a sound very close to the human voice and allows an enormous range of possibilities: rhythmic, melodic, timbre and harmony.

The study was conducted with 16 persons with probable Alzheimer’s disease, divided into four groups. They participated in 16 meetings, 1 hour twice a week, led by a music therapist and a professional musician. Two observers recorded the participants’ responses to the exercises on a grid built ad hoc. Before the start and at the end of the study an information sheet was created for each participant with various clinical assessment tests (MMSE, GDS, Tinetti, PPT). The sessions were divided into two phases: a passive listening and a practical phase of playing the violin using the bow, leading to musical exercises of increasing difficulty. A video was made of the study.

In the first phase of passive listening, the music therapist and violinist play a specific musical theme at the start of each session, different for each group. This musical theme remains with the group through the study, and becomes the identifying theme of the group. After this, music is introduced from a wide repertoire including various musical genres from different eras – popular, classical, opera, Italian songs, marches, hymns, and folk music. The repertoire of about 100 pieces is selected on the basis of information obtained from interviews with the participants and their families, taking into consideration their taste, preferences, and past relationship with music. The music is all transcribed and played on the violin, in an easy form so that the participants can play along on open strings to accompany the musicians. The second phase of active participation is divided into two parts. In the first part, the participants take the violins in their hands, getting to know each part of the violin well, through sensorial-exploratory
work, including the scroll, the bridge and the strings. In the second part, they do some simple exercises, which slowly increase in difficulty, providing them a way of playing the instrument, according to a set method. Exercises are added in each session: from plucking strings (pizzicato) to holding the bows and bouncing the bows on the strings (balzato) then finally to playing (detachè). The music alternates between improvisation and well-known pieces of music such as The Four Seasons of Vivaldi, The Triumphal March from Aida, Funiculi Funiculà). The melody is played by the violinist. The participants accompany the violinist, keeping the rhythm while moving their bows on their open strings, led and modelled by the music therapist.

We observe: improvement in verbal expressiveness, musical response and the integration of gestures and postures. Statistical significance is seen in the PPT and in certain musical tests. The musical experience is of great significance in terms of the participants’ motivation, improvement of mood, reinforcement of sense of identity. The use of a manageable instrument like a violin, held close to the body, fosters a strong emotional attachment, soliciting autobiographical memories and contributing to improving the quality of life of people with dementia, on a motorial, cognitive and spiritual level.

References

About the Authors
Silvia Ragni: Psychologist and Music Therapist, leading the Alzheimer Day Center of the Palliative Care Center Fondazione Roma in Rome, Italy . Contact: silviaragni62@gmail.com

Machiko Nagasawa: Violinist and Music Therapist, Graduate in Musicology and Violin from the Osaka Kyoiku University. Lives in L’Aquila, Italy.

Luisa Bartorelli: Professor of Psychogeriatrics, President of Lazio Section of Italian Association of Psychogeriatric Medicine, President of Alzheimer Uniti, Italy.
MUSIC THERAPY WITH UNACCOMPANIED REFUGEE MINORS: A QUALITATIVE CASE STUDY

Merete Hoel Roaldsnes
The Norwegian Academy of Music, Norway

Background
What can music therapy offer children who are unaccompanied refugee minors? How can I as a music therapist approach these children? What kind of music, musical activities and music therapy method is proper working with these children? What should be the aim of the music therapy in this context? These initial questions are the point of departure for the case study that I will present in this paper.

I found that if I wanted to acquire more knowledge about this music therapy practice, I had to interact with unaccompanied refugee minors over a lengthy period of time. I had to ask them about these matters and through collaboration and interaction examine these questions.

Unaccompanied refugee minors are children and youth who have arrived to a recipient country without their parents, relatives or other caregivers. These children have a lot of resources and strengths and are often well integrated in the new society. However, many of these children are vulnerable and at higher risk of developing mental health problems.

Method
As a part of my ongoing PhD project, I worked with unaccompanied refugee children in a music therapy group for ten months. The music therapy group worked with different kinds of music, instruments and vocal, according to the children’s preference and interests. Playing in a band, improvisation, exploring different kinds of instruments, and performance in concert and studio are only a few examples of what the group worked on. Dialogue and collaboration between the music therapist and the participants have been a guideline in all decision makings in the group.

The research focuses on the children’s experiences from participating in the music therapy group. From their perspective, what specifically in the music therapy group is meaningful and significant? The participant’s construction of meaning has been examined through two research questions.

The first question focused on the content in the music therapy group. From the children’s perspective, what in the music therapy group is meaningful? The word content here extends semantically much deeper than mere musical material and activities. The music therapy group contains three components: the music, the children, and the music therapist. All three components are interrelated and the children’s experience of meaning might be connected to their relationship to the music, their relationship to the music therapist, or their relationship to other participants in the group.

The second question focused on how this
content might contribute to each participant’s life and situation. Why, and in what way, is the music therapy group meaningful for the children? These main questions are examined through the lenses of participatory action research, participatory observation and interviews.

Results
Preliminary results and reflections from the case study will be shared. Some of the children experienced the music therapy group as a break from worries and difficult thoughts. Some emphasized the music therapy group as a possibility to express feelings and the group as a possibility to express and perform their musical and cultural identity and history. Some told stories about increased self-esteem and experiences of mastery and joy.

Results and reflections from the case study will be reflected in a theoretical perspective with Resource-Oriented Music Therapy, and Multicultural Therapy and Counseling. I will reflect on these theories and discuss how they have influenced the research and the practical work with the music therapy group.

References

About the Author
Merete Hoel Roaldsnes, music therapist and PHD fellow at The Norwegian Academy of Music.

Contact: mroaldsnes@gmail.com
CROSS-CULTURAL SKILL-SHARING AS AN INTRODUCTORY MUSIC THERAPY TRAINING MODEL: SUCCESSES, LIMITATIONS AND CONSIDERATIONS

Cathy Rowland
Music as Therapy International, UK

Alexia Quin
Music as Therapy International, UK

Music as Therapy International uses skill-sharing to introduce music therapy principles to local care staff who work with people with disabilities and emotional difficulties in countries where music therapy is not established or widely accessible. We commission music therapists to live and work alongside these staff and to devise locally-sustainable, therapeutic music programmes. We then offer professional and moral support long-term. The immediate success of our skill-sharing is the profound impact it has on our Local Partners and their clients. To date we have trained 190 staff, working in 71 care settings in 6 countries, potentially enabling over 7,400 children/adults to access therapeutic music programmes run by our Partners. Our model emphasises autonomy, individuality, fun and creativity, components our Partners embrace passionately. Behind this success are our core values of respect, integrity, flexibility, innovation and sustainability.

We recognise that our skill-sharing crosses cultures. Our projects respect not only a country’s culture, but the culture of the local region and of each individual care setting. Whilst we can research local culture, in terms of a region’s history, politics, social models and arts, we accept that we never truly understand it. Our therapists join our Local Partners as ‘outsiders’. We respect established practice, but being an outsider enables us to innovate more than we might under other circumstances. This role frees us to model best practice sensitively, unhindered by local barriers to change.

The impact of our skill-sharing goes beyond the immediate. Some Local Partners have run music programmes for over 15 years. In 2013 we evaluated their practice, observing 21 music programmes arising from our skill-sharing. This sample represented our Partners in 2 continents, with whom we have skill-shared in different formats and who have been practicing for varying lengths of time. Our evaluation tool was the Competency Framework, devised by Hadley and Quin (2002). The Framework is divided into ‘Elements of Competency’, each comprising a range of skills. We ratified individual skills evidenced and awarded mean scores to clusters of skills or a Partner’s overall practice.

Our findings reveal key areas of practice within cross-cultural skill-sharing to consider: A client-centred approach: This approach draws from theoretical principles of the UK music therapy model. In some places where we have worked this has seemed difficult to adopt. However, within one country there can be places that struggle and places that embrace the concept so it is not a universal
challenge. Local Partners’ showed highly competent practice against both competencies relevant to a child-centred approach (73%).

**Musicianship:** The majority of evaluated Partners’ lowest scores were against competencies which comprise “A confident use of musical skills and instruments with a focus on interpersonal connections” (42%). We do not demand prior musical training of our Local Partners. Does this limit the extent to which they can use music-making to shape the improvisation of their clients? That said, in Rwanda our volunteers saw communal music-making already embedded socially. Was this why our Partners there demonstrated highly competent music practice (98%) despite no formal training?

**Underpinning Theory:** Our skill-sharing leaves working concepts of theories such as Rogers’s Unconditional Positive Regard and Stern’s Affect Attunement. Our Local Partners most often showed very highly competent practice (80%) against these principles. There are limitations of skill-sharing with respect to broader theoretical frameworks, and consequently we accept and define limitations in the practice of our Local Partners. There is associated risk that Partners become ‘stuck’ with their clients’ difficulties and 19% of evaluated Partners did not demonstrate adaptation of their activities in response to their clients’ changing needs over time.

**Emotional Depth:** A lack of supervision and underpinning theory leaves us with a responsibility to ensure our Local Partners do not work at too deep a level of emotional need for safe practice. Evaluated Partners scored highly (73%) in relation to offering appropriate emotional support to their clients. Sustainable practice may limit the depth of our Partners’ work, but its impact is lasting. When evaluating our Partners’ practice as a whole, 5 demonstrated considerable competence, 10 demonstrated high competence and 6 demonstrated very high competence. Our findings also suggest our Partners stop practicing, rather than continue unsafely, if they lack competence [No evaluated Partner demonstrated less than competent practice (50%)]. Additionally, local skill-sharing has created “2nd” and “3rd” generations of practitioners.

**About the Authors**

Cathy Rowland is a music therapist and Clinical Advisor for Music as Therapy International.

Alexia Quin is a music therapist and the director of Music as Therapy International.
THINKING MUSIC THERAPY PRACTICE FOR VICTIMS OF THE GREAT EAST JAPAN EARTHQUAKE 2011

Nobuko Saji
Professor of Suzuka Junior College, Japan

Introduction
On March 11th, 2011, an earthquake of magnitude 9.0 occurred off the Pacific coast of Japan. This earthquake is referred to as the Great East Japan Earthquake. The maximum height of the Tsunami exceeded 8.5 meters and the run-up height reached 38.9 meters (“Miyako of March 11th, 2011”, 2011). Its powerful waves engulfed the entire town. One and a half months after this earthquake, my colleagues and I began music therapy sessions for the victims on a voluntary basis and we are still continuing. At the time, there were many missing people and the radioactive contamination problem has become more serious. However, now the urgent need is for mental care of victims who lost their loving family, their homes and jobs, and their hope for the future.

I had been performing music therapy sessions at hospitals and institutions on the coast and inland of Miyagi Prefecture for many years before the Great East Japan Earthquake. After the Earthquake, I started a new music therapy project with my local colleagues at severely damaged areas of hospital A on the coast of Miyagi Prefecture, shelter B and temporary housing C and D on the coast of Iwate Prefecture. Medical and music therapy staffs were also among victims of the disaster. Therefore, to re-start music therapy sessions, I had to consider their situations together with those of the clients. Many people living in shelters and temporary housing suffered deeply from sudden loss of family members. As I started sessions with them, I immediately realized that the music therapy frameworks I had been using before the earthquake were not applicable.

This study is based on music therapy practice my colleagues and I have been performing for 2 and a half years on regular bases in the disaster stricken areas. The aim is to discuss what kind of music has reached the heart of victims and how we used music as a communication tool.

Method
Group sessions were held on the first floor of A, B, C and D. Clients were the earthquake victims and 8 to 18 people attended every session. Average age at A was 71.7±1.5 and that at C and D was 65.7±24.9. The people attending B were 12 to 92 years old. Approximately 80% of the attendees were women. All sessions were held once a month and each session was 40 to 60 minutes from April, 2011 to the present, 2014. The spaces for sessions were rooms of 162 m² (A), 1296 m² (B) and 100 m² (C and D). Ethical concerns: we were careful not to reveal individuals’ identity in case of analysis and publication of this work.

Results
In the early sessions after the earthquake, we considered that passive music therapy and ‘attentive listening’ would be suitable for the victims. They all had feelings of sadness, anxiety and regret. In the first session, we played a familiar Japanese song “Koujou-no-tsuki” (composed in 1901) with tone chimes. We played each sound carefully and respectfully in order to be in tune with their feelings. When we finished playing, we noticed that some people were humming the melody of the song slowly and quietly. We immediately joined their humming, playing harmony with tone chimes. People’s humming was so soft, that we could hardly hear them. However, we understood that this was the beginning of communication through music. Since then, we continued using tone chimes and humming in sessions. As music therapy progressed, the humming
sounds gradually became louder and clearer, so that the lyrics eventually became audible, although the tempo was still very slow. In each session, after playing tone chimes, we allowed the clients to express their feelings; we listened attentively and sympathetically and ended the session by playing and softly singing familiar children’s songs.

Six months after the Earthquake, active music therapy and ‘attentive listening’ became the main part of the sessions. Differences in living situations then began to appear among temporary housing residents. Some were able to move out, but many others could not. Some began to work but others confined themselves to homes from deep sadness. In sessions, we led the clients in a way that they could share their feelings with others, play together and feel sympathy towards others. For instance, we tentatively started to sing out “Enya, Dotto, Enya, Dotto,” a popular local folk song “Saitaro-bushi”. The clients immediately joined in clapping and the room was filled with smiles. The song was played calmly and slowly in the beginning, however, as music therapy sessions progressed, people began to participate in singing and drumming and they even began to dance. We continued to spend time expressing feelings and listening as we did in the earlier stages.

Current issues are the support for those isolated and confined at home and those still having difficulty expressing their inner feelings, although they managed to attend the sessions.

Discussion
We confirmed that familiar music is effective in music therapy practice for clients living in shelters, however, modulations on tempo, tonality, volume and timbre need to be conducted according to their mental conditions. We also found it better to keep sessions short and simple to prevent clients from becoming tired. Continuous, periodical music therapy sessions provide a safe place where victims can relax and be just as they are. In temporary housing, unlike shelters, the privacy of residents can be secured, although people could become unaware of each other’s life and may lead to social isolation. Music therapy advertising leaflets were put up on notice boards by staffs of the city support center. They also went from door to door inviting residents to music therapy sessions. Such sessions have now become part of the residents’ life, a place to exchange information and release stress and anxiety.

The remaining issue is that the residents of temporary housing, both of those who attend or do not attend music therapy sessions, still suffer from mental trauma. We consider familiar music played in subjective tempo is useful in sessions for the victims. It allows them to express their real feelings, which lead to catharsis. Familiar music also reminds them of happier days and brings back their will to live. This music therapy project has to continue in cooperation with local administration and locally based music therapists.

Conclusions
In early post-earthquake, tone chimes and humming in victim’s ‘subjective tempo’ were better received than the lyrics of a song. In the 6 months after the earthquake, music for catharsis, and times for ‘attentive listening’ were needed. Continuous music therapy practice was suitable for releasing from trauma and social isolation. This music therapy project is still continuing in cooperation with local administration. The victims are waiting for us.

Reference
Miyako of March 11th, 2011, Photograph Magazine, Miyako City, 1-3.

About the Authors
Nobuko Saji is an emeritus professor of Miyagi U.

Contact: sajin@suzuka-jc.ac.jp
MUSIC EDUCATION AND MUSIC THERAPY: CONTACT SURFACES AND BOUNDARIES

Barbara Schnetzinger
Medical University of Vienna, Buchkirchen, Austria

Abstract
This thesis, which was released at the MDW 2010, discusses the similarities and differences of music education and music therapy. For the first time the Austrian Music Therapy Act was used for scientific research and thereby clarity is given for all people employed in these two professional fields.

Description
Hypothesis: There are gradual, but no fundamental differences between music education and music therapy.

Research Questions
- Which common and different aspects can be found in the legal foundations of music education and music therapy?
- Which role do the music education and music therapy play in the Austrian educational and social system?
- What similarities and differences can be found in the practice of music education and music therapy?

Content
1.) Definition of music education and music therapy on the basis of legal principles:
   • Music Therapy: Music Therapy Act
   • Music Education: School Organisation Act
The Primary School Curriculum
The Curriculum KOMU
   • Similarities: concerning goals of health and self - dependence: promotion of both, students and patients, to a healthy and self – dependent person; promotion of social skills and social thoughts; integration of the pupils and patients into the social, economic and cultural society;
   • Differences: treatment of symptoms, problems and suffering states in music therapy; focus on the learning process in music pedagogy;

2.) A brief overview of the current education system and social education in Austria: Where are both fields classified? Concerning the professional fields of: the elementary schools, the remedial teaching, the school psychologists, the special schools, the music schools and the music therapy in Austria:
   In the current education system and social education in Austria the music education is clearly separated from music therapy, but: In which cases pupils need support of special education or socio-educational promotion? How far can educational measures in Austria go?

3.) Comparison of the aspects of music education and music therapy in practice based on their:
Immediate objectives:

Similarities in the short – term goal of development of student’s and patient’s autonomy, promotion of their resources and creative expression;
Differences in the encounter and work with a certain repertoire, different styles and techniques in the music education in contrast to the work with symptoms, acute
and chronic diseases of the patients in the music therapy;

Remote goals:
Similarities in the promotion of expression, the communication behaviour and the development of personality;
Differences in kind of dealing with music: performance levels in the music education in opposition to the treatment of long-term physical and mental disorders and their prevention;

Inner attitude of teacher personality and therapist personality:
Similarities in facing the pupils and the patients with human warmth, respect, goodwill and interest; opening a safe space by structuring the units and behaving reliably; preparing a trustful and careful setting;
Differences in the manner in which this spare is used like the intention of the music education and the music therapy;

Relationship design:
Similarities in the empathy and the adequate reactions of music teachers and music therapists in contact with pupils or patients; creating a responsible and balanced relationship design;
Differences in the importance of relationship: relationship for using a role model of behaviour in music education on the contrary to relationship as the centre of healing in music therapy;

Environment:
Similarities in using the time frames, the temporal setting and the group sizes to achieve the short - and long - term goals;
Differences in the settings because of contrasting methods, techniques and interventions of music education and music therapy;

Equipment and instruments: instruments, voice, ensembles, symbolism of instruments, association and interpretation;
Similarities in using the instruments and the voice to establish contact and expressing feelings;
Differences in learning technical claims and musical skills in music education as against interpreting the instruments as symbols and their effects in music therapy;

Methods, techniques and interventions:
Similarities in using the medium of music and its effects in both professionals in a flexible and dynamical way for reaching the goals;
Differences in using music for learning and teaching in music education in contrast to using music only for personal expression with therapeutic reflexion;

4.) Summary: Each valuable lesson contains therapeutic aspects. The other way round any effective therapy unit includes pedagogical elements. The opposites, which often are presented as different perspectives, are characteristic for the differentiation between music education and music therapy and give these disciplines their typical features.

5.) Questions Methodology: In this thesis, the position of both occupational areas in the Austrian education system and social education is clarified. After a clarification of the relevant terms "health" and "independence", the final chapter contains a direct comparison of different dimensions of music education and music therapy practice and its resources for health promotion and health literacy.

Conclusion: Music education and music therapy both aim to use the medium music to help the Austrian students or patients to develop into healthy, self-dependent people.
IT FEELS LIKE ARMAGEDDON: PARALLEL PROCESSES WITH A FEMALE PERSONALITY- DISORDERED OFFENDER

Helen Short
National Health Service, UK

Introduction
This paper describes work with Karly, a 23 year old British woman with a diagnosis of paranoid schizophrenia and emotionally unstable personality disorder, detained at an enhanced medium secure unit for women in the UK. The work began in the wake of a 70% cut to the arts therapies service. As a newly qualified therapist this was my first paid post in forensic psychiatry.

Karly
Karly’s early relationships were difficult. As a child she had a complex relationship with her mother who has a diagnosis of bi-polar affective disorder and was sexually abused by her brother. She struggles with the boundaries of the professional relationship, often seeking out physical intimacy. She has been known to mental health services for over 10 years and has a history of violent behaviour which includes attacking her Mother with a kitchen knife. Her most recent conviction was actual bodily harm in which she attacked a nurse.

Work with Karly
Karly struck me as a woman stuck in adolescence. I immediately felt a strong connection with her. Her experiences resonated with mine and she often made seductive comments such as that she ‘felt safe’ in my presence. It was crucial that I remained aware of my warm feelings for her and how this fed into my desires to be valued following the recent cuts.

Karly’s initial presentation was cold and sometimes hostile and in strong contrast to her music which was tentative and timid, giving the impression of a girl who was insecure and fragile. She often described feeling bullied by nursing staff and being in hospital as intolerable. This mirrored my own difficult feelings; I too felt bullied by the institution that had destroyed my department and stipulated a heavy caseload, which at times felt impossible.

Karly’s behaviour could be challenging. In session 4, whilst holding a djembe in the air she asked how I would respond if she threw it at me. I felt concerned about the interaction, which was delivered with humour but felt controlling and intimidating. I responded concretely, stating ‘I would pull my alarm’. Karly responded ‘I would have killed you by the time anyone got here’. This felt sinister and as if the dynamics of the index offence were repeating themselves. I wondered aloud if Karly was trying to frighten me. She denied this, stating that it was my ‘psychological training’ that was making me think that which made me question my own response and competency.

Karly’s craving of intimacy was apparent within our music. Even at times when she appeared ill-tempered, she would create physical intimacy, for example by choosing to play the same instrument as me. During one session, Karly chose the chromatic section of the xylophone after I had chosen the diatonic part. Her music felt chaotic and uncontained and she seemed to require my
support in order to develop structure and pattern. It struck me that she seemed to want our music to blend but the quality was dissonant and mismatched and I couldn’t provide anything that allowed our music to be harmonious. I wondered if this type of interaction was symbolic of Karly’s relationship with her Mother which she had described as intimate but volatile and whether it felt as uncomfortable for Karly as it did for me. Playing duets on the black notes of the piano and removing the possibility of dissonance enabled her to sustain and slow down her interactions and allowed us to improvise in a way that felt less tense and anxiety-ridden.

One day, when returning to the ward, the space through which we passed was dark and empty. Karly commented ‘it feels like Armageddon. Imagine it had happened and we’d been in music therapy this whole time!’ It seemed Karly had found her safe place with me. This idea of us being alone had felt appealing and I realised she had evoked powerful feelings in me. Adshead (2004) highlights the tendency of the forensic patient to relate to professional caregivers in an enmeshed way and that caregivers who have experienced insecure childhoods may be vulnerable to boundary violations. Feeling anxious and paranoid about our connection I reflected upon my own difficulties with my parents throughout childhood during which certain interactions stimulated in me a murderous rage. Perhaps an obliteration of the institution and everyone in it was my phantasy too.

It often seemed that making a mutually supportive connection within the music was overwhelming for Karly. Following improvisations she would often reach to touch me and maintaining the boundaries often seemed catastrophic for her. She would respond in a defensive way, attacking herself for ‘ruining everything’ or attacking me by demanding to end therapy. As the work progressed, Karly became more able to reflect upon her responses and her tendency to perceive this intervention as persecutory. Her music became more expressive and responsive and our improvisations allowed her to physically separate from me and to rely solely on the intimacy of the musical relationship. She became able to reflect upon her behaviour within therapy in a measured and thoughtful manner. It felt as if Karly and I reached a position where we were able to be together comfortably without fear of the boundaries being eroded.

Work with the forensic patient is complex and requires careful processing, particularly during times of difficulty that may not only impact upon our ability to contain our patient’s projections but also lead us to question our own competency and vulnerability.

References

About the Author
Helen Short practices in several National Health Service settings working with male and female mentally-disordered offenders.
CULTURE-CENTRED MUSIC THERAPY: MEETING IN THE MIDDLE

Tanya Marie Silveira
Australia

A Way of Life
Our cultural heritage is intrinsic to our being. Over time, scholars have placed emphasis on the collective and individual characteristics possessed by culture. These characteristics constitute the eventual understanding that culture is based upon a society’s way of life (Griswold, 2012). Drawn from this, it has been identified that one of the three senses of culture is based upon the shared outlook, attitudes, values, goals and customs of a society (Kroeber & Kluckhohn 1952). The premise of this paper is to emphasize the significance of accessing one’s culture to assist in developing and establishing the therapeutic relationship in music therapy.

The Music Child
Engaging children with high needs in music therapy can be challenging. When cultural difference is added to the equation, a different way of working with the child is often required. In gaining deeper insight to the cultural and thus intrinsic characteristics of our participants in Music Therapy, there is greater potential for establishing the therapeutic relationship. The eventuating comfort and openness encouraged by this approach promotes the surfacing of the music child within. In engaging participants through familiar and natural means, they are intrinsically motivated to connect. Therefore, the notion of the novel is somewhat eliminated as it is only natural for human beings to respond to aspects of culture (Lederach, 1995).

The Mind, Body and Soul
In January 2013, a pilot program in Music Therapy was initiated in Mumbai, India. This pilot program offered Music Therapy to underprivileged children undergoing treatment for cancer. The initial stage of engaging with the children was complex as a result of the language barrier and fact that Music Therapy was not a known intervention. The way through: an understanding of Indian Culture. The methods employed were based on developing a greater understanding by gaining insight to the significant aspects, or way of life, of the Indian culture. Five main areas were identified as significant to establishing the therapeutic relationship between participant and Music Therapist. These aspects were based upon the importance of music in Indian culture through its impact on the mind, body and soul.

1. Basic Language and Gestural Communication: As Hindi was the primary language spoken, it was important to be learnt at a basic level. Basic terms such as “namastē” (English: “hello”), “nahīṁ” (Enlish: “no”), “hāṁ” (English: “yes”) and “baba” (colloquial term used to address children) were used in sessions to ensure that children were able to feel at ease with a newcomer. Along with this, typical gestures were used, for example, the gesture associated with greeting, “namastē”, involved the hands meeting in the centre of the chest coupled with a small bow.

2. Traditional Instruments: Music is a very important part of the traditional practices of
many Indian Religions (e.g. Hinduism). Traditional Indian instruments such as the djembe drums, ghungaroo dancing bells and khartals were used in sessions. Along with this, the C Flute and Guitar were also used (by the Music Therapist) in an attempt to simulate the bansuri flute and various traditional stringed instruments.

3. Hindi Folk Songs: Children were encouraged to sing their favourite songs. Songs included traditional Hindi folk songs, western pop songs and theme songs of various cartoons. The Music Therapist accompanied the children (using the guitar) and at times joined in singing with them using actions.

4. Raga Based Improvisation: Children were encouraged to use the available percussive instruments for improvisation. When the Music Therapist used the same instrument as the child during improvisation (for example; the djembe drum), the child tended to copy the rhythm of the Music Therapist, acting as an interactive musical game. Once rapport was established during percussive improvisation, the Music Therapist chose from a number of Ragas (dependent upon the time of day) and improvised using the flute. The child and Music Therapist improvised together (flute and percussion).

5. English Through Music: After the development of rapport and establishment of the therapeutic relationship, the Music Therapist provided opportunities for the children to learn simple English songs using pictorial representation and gestures. As English was already being taught to the children, the Music Therapist based each English song on the current work module. English through music encouraged the children to extend their vocabulary as a group.

Meeting in the Middle
On returning to Australia, cultural diversity and challenging interactions were identified at a student placement (Special School setting). Based on the experience of working in Mumbai, the Music Therapist identified that the best way to develop and establish the therapeutic relationship in Music Therapy was by simply meeting in the middle. At this placement the most prominent non-western cultures included Indian, Arabic and Chinese; in all of which the flute was a traditional instrument (e.g.; Indian: Bansuri, Arabic: Nay, and Chinese: Xiao). Using traditional scales from each culture (For example; Indian: various ragas, Chinese: pentatonic scale, Arabic: double harmonic scale) during flute improvisation, the potential for connection was created. This coupled with gestural and basic language communication proved to be very useful in Music Therapy, even if the children predominantly understood the most recognized language in Australia, English.

References

About the Author
Tanya Marie Silveira assisted in the development of a music therapy program in Mumbai, India.
Contact: tanya.silveira@gmail.com
LYRIC ANALYSIS INTERVENTIONS IN PSYCHIATRIC MUSIC THERAPY:
CLINICAL APPLICATIONS AND RESEARCH

Michael J. Silverman
University of Minnesota, USA

Psychiatric music therapists often implement lyric analysis interventions to address a variety of clinical objectives (Silverman, 2007, 2009a). In an attempt to determine effective songs for use and clinical objective areas in lyric analysis interventions, Silverman (2009d) conducted a descriptive study of psychiatric music therapists’ use of lyric analysis interventions. The author found “Lean on Me” was the most commonly song while change was the most frequently cited clinical objective area. Interested clinicians are also directed to Standley and Jones (2008) for a list of songs for use in lyric analysis interventions organized by counseling topic.

Ideally, lyric analysis interventions should initiate with live music and then proceed to a more dialogue-centric conversation concerning the song and how patients may relate to, perceive, or interpret the lyrics. However, there are situations and circumstances wherein recorded music may be superior, more appropriate, and even more therapeutic (Silverman, 2009d).

During lyric analysis interventions, patients can be encouraged to share their perspectives of what the song lyrics may mean or how lyrics might be interpreted. The music therapist’s questions based from the lyrics can directly or indirectly relate to the lyrics. For example, in a scripted lyric analysis of “Desperado” with patients on a detoxification unit, Silverman (2009b) used the following dialogue to directly encourage discussion: “Lines 5 and 6 read: ‘These things that are pleasing you can hurt you somehow.’ What are some things that can both please and hurt us at the same time?” This led to a discussion of immediate benefits of drugs and alcohol wherein participants were also able to note the long-term problems resulting from misuse of these substances. Patients also noted that these lyrics could also be interpreted as relationships, gambling, shopping, eating, relationships, and sex. Thus, the lyrics were used in a direct manner to stimulate discussion and therapeutic dialogue.

Psychiatric music therapists do not necessarily have to utilize lyrics in a direct manner; rather, they can utilize the lyrics as a type of “therapeutic springboard” from which to ask related questions in an indirect manner. During a scripted lyric analysis of “Don’t Stop,” Silverman (2009c) used the following questions to initiate dialogue: “Let’s look at the first line of the song. This line reads ‘If you wake up and don’t want to smile.’ What are some reasons that we may have woken up but not wanted to smile?” This led to a discussion concerning problems patients might be experiencing including anxiety, lack of motivation, being frustrated concerning their inpatient hospitalization, depression, feeling apathetic, and physical, emotional, spiritual, or psychological pain. Patients often noted the importance of having a positive attitude and
making the most of the day and their inpatient hospitalizations, even if they did not wake up with a smile. Thus, the music therapist indirectly derived a question from lyrics but directly related the question to patients’ experiences to stimulate constructive dialogue concerning illness management and recovery.

While vague lyrics may enable patients to make numerous subjective interpretations, this writer – anecdotally – has had clinical success using lyrics that may be considered more vague with acute care and higher functioning patients. For patients who may be more chronically mentally ill, vague lyrics may not be as successful during lyric analysis interventions due to their ambiguity. When working with patients who have longer-term inpatient hospitalizations and who may be displaying more psychotic or delusional behaviors, lyrics that are more direct or concrete may facilitate discussion and therapeutic dialogue. This concept warrants empirical investigation.

References

About the Author
Michael J. Silverman, PhD, MT-BC is the Director of Music Therapy at the University of Minnesota.

Contact: silvermj@umn.edu
MENTALIZATION AND ITS RELATION TO MUSIC THERAPY

Gitta Strehlow
Bethesda Hospital Hamburg-Bergedorf,
Clinic for Psychiatry and Psychotherapy, Germany

The concept of mentalization developed by Peter Fonagy and his colleagues has become increasingly widespread over the last ten years in Europe and the United States. Mentalizing is the fundamental human capacity to “read” one’s own and others’ mental states. The imaginative mental activity enables us to perceive and interpret human behaviour in terms of intentional mental states such as needs, desires, feelings, and beliefs (Bateman & Fonagy, 2012).

The concept of mentalization emerged in psychoanalytical thinking that integrates results from the attachment theory, neuroscience, theory of mind and developmental psychology (Bateman & Fonagy, 2002, 2004). Mentalization is not a specific form of new therapy, but a change in the therapist’s attitude with the development of new therapeutic interventions (Allen et al., 2008). It is worthwhile for music therapists to investigate the benefit of how music therapy can foster the capacity to mentalize.

In the beginning the concept of mentalization focused on BPD patients and proved itself in randomized controlled trials (Bateman & Fonagy, 2009). Recognition that reduced mentalizing capacity is a core feature of many psychological disorders, expanded the concept which is nowadays in use for diverse treatments for psychiatric disorders (eating disorder, depression, addiction, autism spectrum disorder and PTSD). Enhancing mentalization capacity becomes the core component of effective psychotherapy and can be understood as a new paradigm that connects psychodynamic- and behaviour orientated therapy.

The paper will introduce the main points of Fonagy’s mentalization concept and its use in music therapy. Emotional involvement when playing or listening to music, experiencing music from different perspectives and music with its ambiguity of meaning are some music therapy examples to reflect on the self and others. Music therapy offers various opportunities to improve mentalization capacities (Strehlow, 2009, 2013).

Finally, case vignettes from different mental health practice are used to examine key aspects of the concept of mentalization, such as marked mirroring and the concept of the alien self, in relation to music therapy.

References
Bateman, A. & Fonagy, P. (2009): Randomized controlled trial of out-


About the Author
Dr. Gitta Strehlow has worked since 2000 with adults at Bethesda Hospital Hamburg-Bergedorf, Clinic of Psychiatry and Psychotherapy and in parallel since 1998 with sexually abused children.

Contact: Gitta.Strehlow@t-online.de
A GLOBAL MUSIC AND HEALTH MOVEMENT? SOME THOUGHTS ON THE
EPISTOMOLOGICAL CHALLENGES FACED

Muriel E. Swijghuisen Reigersberg
Music, Mind and Brain Centre, Psychology Department, Goldsmiths College, UK

Abstract
This paper focusses on the interdisciplinary relationships between music therapy, ethnomusicology, music psychology, music, health, and wellbeing. It seeks to raise epistemological questions and challenge disciplinary boundaries, rather than provide definitive answers on how to resolve these.

Background
The research is based on interdisciplinary work I am presently conducting via the Music, Mind and Brain Centre at Goldsmiths College, Psychology Department. The group explores the cognitive and neural basis of aspects of musical behaviour and experience, using a variety of psychological and neuroscientific techniques. My own methods, by contrast, are ethnomusicological, applied, practice-based, experiential, and ethnographic. Through collaborating with my psychology colleagues, hosting a conference on music, health and ethics and by attending interdisciplinary conferences and presenting at some internationally, I have gathered some ethnomusicological data on the nature of interdisciplinary engagements between music psychologists, music therapists and ethnomusicologists. It is these preliminary outcomes that I will present. The information discussed will raise more questions than it will answer. This is not unusual when discussing the outcomes of pilot projects.

Areas of Discussion
Scholars often assume that, unlike their own discipline, other disciplines are ‘homogenous’. This is not true, as is the case with ethnomusicology. This paper will explore the perceived domains of inquiry of ethnomusicology by other disciplines. My own methods, for example, are rooted in the tradition of ethnomusicology which in the UK, draws on Alan Merriam’s ‘The Anthropology of Music’ (1964) and John Blacking’s ‘How Musical is Man’ (1973). This ‘type’ of ethnomusicology, historically, is different to the form of the discipline as practiced in The Netherlands, Germany, Austria and France. In these four countries by contrast, historically, anthropological elements have been de-emphasised and the musicological elements have been explored more fully. This is changing. Colleagues are more willing to embrace multiple approaches. Anthropologically, things are changing too. In the USA, for example, special study groups on applied (cf Swijghuisen Reigersberg, 2010), medical (cf Koen et al, 2008) and most recently cognitive ethnomusicology have been formed. All groups include colleagues researching music, health and wellbeing. These developments, in theory, should facilitate collaboration between music therapists, ethnomusicologists and music psychologists. In practice, however, there are some challenges to be addressed. Within music therapy too, there are disciplinary
differences. My own work, for example, is practice-based, culture- and community centred and rooted in experiential case studies. It is therefore better suited to form a partnership with research methods used by Stige (2002), and Pavlicevic and Ansdell (2004). My research methods are less compatible with clinical approaches. The reasons for this are epistemological and ontological. Many ethnomusicologists argue that results achieved in laboratory studies, or in therapeutic settings should not be presented as if they hold true for all of human-kind. Results should be replicated in context, across cultures, before definitive conclusions on music’s impact on humanity’s health and wellbeing can be arrived at. More analytical attention should be given to ‘culture’ as a ‘set of variables’ within any experimental study and further exploratory work must be done on the longitudinal effects of musical entrainment and how it impacts on music wellbeing and therapy settings, before ethnomusicologists will be entirely ‘satisfied’. This is also the reason why many ethnomusicologists are not yet engaging with music psychologists and therapists, despite the fact that all three disciplines would agree that music impacts on humans both physiologically and socially, and that it would be in the best interest of clients, researchers and practitioners to collaborate. Collaboration will ensure that results are scientifically as accurate as they can be and therefore are more likely to benefit the wellbeing of a ‘musicking’ humanity. Combine this with differences in publishing practices, conference etiquette and institutional and international language barriers and the challenges are multiplied. Not just epistemological but also disciplinary and linguistic boundaries need to be challenged to create a critical mass of researchers willing to engage in interdisciplinary research. It is these challenges that I shall elaborate on during my presentation.

References

About the Authors
Dr Muriel E. Swijghuisen Reigersberg is a visiting fellow (applied/ medical ethnomusicologists at the Music, Mind and Brain Centre, Goldsmiths College, London, UK.

Contact: m.swijghuisen@gold.ac.uk.
C.G. JUNG AND HIS IMPORTANCE FOR MUSIC THERAPY

Tonius Timmermann
University of Augsburg, Germany

Abstract
Up to now the Jungian research is orientated solely on visual and narrative structures. In this presentation, acoustic and musical approaches will be offered, followed by a discussion with the participants on relevant topics.

Description
Jung is an important pioneer of using arts in psychotherapy. He was the first to inspire his patients to express their inner feelings by painting pictures. The unconscious for him was more than a container for repressed or forgotten personal contents. He considered it a space full of patterns and figures, the fountain of creativity and arts. He extended the personal unconscious of Freud by adding a collective, transpersonal unconscious, which is archetypally structured. So, specific forms of perception have grown in the evolution of the homo sapiens on all kinds of levels, including also the acoustic realm.

Up to now the Jungian research is orientated solely on visual and narrative structures. So, in this presentation, acoustic and musical approaches will be offered, followed by a discussion with the participants on the following topics:
Do archetypal musical structures exist and what would this mean to the effects of music in music therapy? Certainly music cannot be taken like an “acoustic medicine”. Individual experiences cannot be judged as “right” or “wrong” with regards to a musical symbolism, which could be (1.) connected with the fate of an individual in his family system, (2.) influenced by the specific culture and (3.) transpersonal and transcultural.
What kinds of archetypal powers are at work in the spontaneous symbolizations of patients in the free music therapeutic improvisations? What kind of musical expression is connected to Jungian terms like “persona/shadow”, “anima/animus”, “super-ego/inner voice” and “self”? How can they be helpfully used in the music therapy practice?

References

About the Author
After studying music therapy in Vienna and years of clinical practice, research and graduation (PhD) he became Professor at the University of Augsburg in 2003 and is now head of the master training.

Contact:
tonius.timmermann@phil.uni-augsburg.de
EXPLORING MUSIC THERAPISTS’ PERCEPTIONS OF SPIRITUALITY: AN INTERNATIONAL SURVEY

Giorgos Tsiris
Nordoff Robbins Music Therapy, United Kingdom

Background & Emerging Aim
Despite various theoretical explorations regarding spirituality and music therapy (MT), only a small number of empirical studies have been conducted. This pilot study aims to provide a systematic overview of music therapists’ (MTs’) reported perceptions of spirituality and its (ir)relevance to MT.

Method
An online survey was distributed to professional and student MTs across the world. Thematic analysis and descriptive statistics were used to analyze the collected data.

Summary of Findings
In total, 358 respondents (from 29 countries) took part in the survey. The UK, USA and Australia were the three predominant countries in terms of respondents’ nationality, country of work and country of study. In total, 20% of the respondents were trainee MTs. The most represented approaches to MT training are psychodynamic (49%) and music-centred (Nordoff-Robbins) (25%).

Five themes emerged regarding respondents’ perceptions of what spirituality means: spirituality as part of human life and existence, and as a way of living; spirituality as something beyond the individual; spirituality as a greater reality beyond the physical world; spirituality as belief and meaning-making; spirituality as a sense of connection or relation. Spirituality is connected to religion(s) for 46% of the respondents, whereas it is not connected for 41% of them. Respondents (81%) perceived themselves as a ‘spiritual person’; this perception is not dramatically influenced by their diverse views regarding their spirituality’s (ir)relation to religion. On average, 76% reported that spirituality is connected to their MT identity and work; many perceived MT as a vocation, as a way of expressing and enacting their spirituality through their work. Respondents reported a dialectical relationship between spirituality and MT practice, i.e. not only that their spirituality informs their practice (64%), but also their practice informs their spirituality (62%). The majority reported that they have had a ‘spiritual experience’ in MT (65%), and that their way of thinking about health/illness is informed by their spirituality (78%). Also, 71% consider their clients’ spirituality. Respondents (91%) suggested that MT contributes to clients’ spiritual wellbeing, although many clarify that this is not the aim of their practice or their ‘primary responsibility’ as therapists. The majority (46%) reported that their MT training has informed their spirituality. However, 57% reported that they have not received sufficient training in spirituality during their MT studies, and 49% would like a change in how spirituality is addressed in training. The majority (48%) consider opportunities for discussing spirituality with their clinical supervisor as essential. Talking about spirituality with other professionals at the workplace is not considered unprofessional.
(74%), but there is no clear agreement regarding the ethics of expressing the MTs’ own spirituality to their clients (39% perceive it as ethical; 37% perceive it as unethical); respondents argue that this depends on the particular case each time. Most respondents are uncertain about whether spirituality should be addressed differently in MT literature (38%) and research (43%), and by professional bodies (44%). Respondents face problems and dilemmas regarding three main areas: (i) spirituality’s negative impact on MT’s professional and scientific recognition, (ii) spirituality as a taboo area, and (iii) the ethics of integrating spirituality into MT practice.

Conclusion
Considering the highly (inter)subjective and context-based nature of spirituality, this pilot serves as an initial exploration of the territory. Having gained an overview of MTs’ reported perceptions, this pilot sets the ground for future exploration of how spirituality is ‘performed’ in MT and people’s lived experiences in-action and in-situ. Although no kind of ‘stabilization’ or generalization is attempted, the large sample of this pilot suggests that spirituality is of interest to a large number of MTs. Also, respondents’ responses show that despite their diverse perceptions, there is a shared recognition of frames, patterns and elements in relation to spirituality. Also it becomes apparent that spirituality depends on context; it is a multifaceted phenomenon with varying and conflicting appearances depending on the contexts within which people live and form their personal and collective identities.

References

About the Author
Giorgos Tsiris is Research Assistant at Nordoff Robbins Music Therapy (where he is completing his doctoral studies) and music therapist at St Christopher’s Hospice.

Contact: giorgos.tsiris@nordoff-robbins.org.uk
BRIDGES OF MUSIC - ORCHESTRAL WORK WITH PEOPLE LIVING WITH SEVERE DISABILITIES

Luca Tiszai
Saint Elisabeth Nursing Home, Ipolytölgyes, Hungary

Introduction
A performing group of people living with severe disabilities offers a new vision about their participation. They are usually living with a poor network of social connection on the margins of society, excluded from many opportunities. Although it seems difficult to involve them in any kind of social activity the connecting power of music could promote real changes in their social state.

Basic Elements of the Consonante Method
The Consonante method is a way of forming an orchestra from people living with severe disabilities. Instruments have to be searched and adapted to suit their physical abilities and their given stereotyped movements. The custom built musical instruments use the pattern of Hungarian Zither: playing always the same sounds: C and G. The given pitches determine the keynote, but as the Zither itself, these instruments offer an accompaniment which is always consonant, consequently no one can play false on them.

Any kind of instrument can be used: strings, percussions, or wind instruments. The Nádizumzum after which the Orchestra was named is a special kazoo of cane. The instruments can also be used by feet, furthermore wind instruments with a harmonica holder could be a solution when the musicians can’t use their hands, but can influence their respiration.

Using exclusively folk melodies based on anhemiton pentatonic scale the accompaniment could be any of the five tones, because in general each of the five notes is consonant in its relationship to any of the other notes giving grand variety of accompaniment.

Equalized Possibilities and the Common Field of Folk Music
Coming into musical contact gives a new experience of social inclusion. People who earlier could not relate to these individuals, start to connect with them in constructive and mutual ways. Instruments that are appropriately tuned and modified provide the opportunity to freely improvise while also adjusting to the orchestra. This musical activity creates a platform of equality and mutuality reframing the previous unequal and one-sided social relationships. The limited accompaniment is an access of participation for people who normally cannot participate because of their limited musical training or ability, or physical determination. According to the experiences of the orchestra professional musicians also find joy in exploring the possibilities of these instruments: they are usually trying to make them sound in many different and unusual ways.
Folk songs are the part of our cultural heritage and national identity. Performing well-known and popular folk songs with the additional possibility to sing along with the audience also reinforce personal, interpersonal, and environmental connections. Within a multicultural group members can also learn each other's folk songs, dances, and instruments in this way.

Being part of an orchestra increases social and cognitive skills: individuals who are living deprived of the possibility to take responsibility for their own lives have to learn the meaning of obligations; their level of concentration is improving continually, they have to learn to tolerate frustration, to delay gratification of their needs and of their appetite.

They experience belonging, success, and appreciation and they discover their ability to give in contrast to their everyday sense of dependency and powerlessness.

The orchestral performance is also important for parents; often the concert is the first event when they can be proud of their child, and sharing videos of the concerts increases the experiences of social connectedness.

**Perspectives**

Consonante Method could also be used in many other situations like long-term hospitalization, nursing home setting, orphanages, and many other areas where patients feel isolated, lonely, and incompetent.

Because of the simplicity and plasticity of the method it could be used by families and friends without the presence of a professional or therapist as a simple, spontaneous, and joyful free-time activity, which is usually missing from the life of families caring for a member with severe disabilities.

**References**


**About the Author**

Luca Tiszai is working in the field of special education and music, and is the founder of a Hungarian folk orchestra called Nádizumzum with members living with severe disabilities.

Contact: tiszai@freemail.hu
TIME-LIMITED GUIDED IMAGERY AND MUSIC (BMGIM) WITH PROFESSIONAL MUSICIANS

Gro Trondalen
Norwegian Academy of Music, Norway

Introduction
This presentation addresses time limited individual music therapy (Trondalen, 2009-10) through the Bonny Method of Guided Imagery and Music (GIM) (Bruscia & Grocke, 2002) with ten professional musicians: exploring music listening as health performance. Health performance includes physical, mental, social and existential dimensions of personal wellbeing.

Research Design & Clinical Approach
The research design is inspired by hermeneutic phenomenology using an explorative approach. The individual GIM format was characterized by a prearranged time limit of five sessions, including music listening, drawings and verbal conversation. In addition came semi-structured interviews after the musicians had completion the five sessions.

Research Questions
The questions to be discussed in the presentation are what kind of health resources professional musicians use to e.g. i) bear to be at stage ii) work as musicians iii) develop as musicians iv) work on life circumstances in a way that personal creative resources are released.

Clinical Theory
The clinical theory is informed by developments in relational psychology, highlighting an intersubjective perspective (Stern, 1985/2000; 2010).

Results
The research showed that musicians seized strength and increased self-efficacy through individual GIM, which supported professional and personal identity (Trondalen, 2011; 2013).

References


**About the Author**
Gro Trondalen, PhD, SET, CMT, Fellow of AMI is Professor in music therapy and Head of Centre for Music and Health at the Norwegian Academy of Music. She also works clinically as music therapist in adult mental health.
MUSIC THERAPY AND AUSTRALIAN INDIGENOUS HEALTH: FEASIBILITY AND POTENTIAL

Sian Truasheim
Institute for Urban Indigenous Health, Australia

Introduction
Cultural safety is defined as “active behavioral strategies that ensure appropriate cultural engagement with Indigenous peoples is genuinely effective and appropriate” (Bidzinski, Boustead, Gleave, Russo, & Scott, 2012). What is the way forward in ensuring that music therapy for Aboriginal and Torres Strait Islander people is culturally safe and effective?

History and Health
Traditional Aboriginal and Torres Strait Islander culture still plays an important role in the daily lives of Australia's first nations people. Before colonization in 1788, approximately 250 different Aboriginal language groups existed (Reid, Ellis, Kali, & Simon, 2007). Aboriginal and Torres Strait Islander conceptualization of health is shaped by this history, and encapsulates “not just the physical well-being of the individual, but the social, emotional, and cultural well-being of the whole community” (National Aboriginal Health Strategy Working Party, 1989). Australia’s colonization resulted in much trauma for Aboriginal and Torres Strait Islander people through a lack of political power, the forced removal of children, control of movement and the oppression of traditional culture.

The ramifications of colonization and ongoing discrimination have far reaching effects on the health of Aboriginal and Torres Strait Islander people. Aboriginal adults experience greater hardship in social health factors (eg: housing, education, employment), two and a half times greater burden of illness, and 20 years shorter life expectancy than non-indigenous Australians (Rosenstock, Mukandi, Zwi, & Hill, 2013; Vos, Barker, Begg, Stanley, & Lopez, 2009).

Music Therapy and Cultural Safety
While cultural safety is an important consideration within all music therapy, developing cultural safety for Aboriginal and Torres Strait Islander clients is especially important due to the health services' role in past traumas. Resulting mistrust of health services by some people requires culturally safe and effective services to ensure no further harm is done and current health inequality is improved.

There has been only limited publishing on Aboriginal and Torres Strait Islander cultural considerations in music therapy. Through reflection on and examination of music therapy services for Aboriginal and Torres Strait Islander clients in Brisbane, logistical considerations, inter-professional staff involvement and Indigenous perspectives in therapy were all identified as important in establishing a culturally safe program.

Cultural Safety in Action
The potential for misunderstanding when working with Aboriginal and Torres Strait Islander people should not stop music therapists from working with this population.
Instead, therapists should enter this work valuing cultural safety as a primary priority, and with openness to learn about the local culture in partnership with their clients and the wider community. Partnering with clients ensures that clients develop their own goals for therapy in line with the priorities and values of their culture. It creates an environment where clients can speak openly and teach the therapist about their culture with assurance it will be respected and viewed as a strength. Partnering with clients and the community also ensures positive community reviews of health services, which plays an important role in ongoing access and belief in services.

Connecting music therapy services to existing community controlled health organizations is advisable. Community controlled health organizations are becoming more common in the Aboriginal and Torres Strait Islander communities, and often have strong links within the community and effective processes to safely and effectively engage clients in health care.

As cultural protocols are diverse between groups and regions, it is difficult to discuss specific cultural considerations for therapy. By partnering with clients, the wider community, and community controlled health services, music about the appropriate cultural conventions for their area are and gain a deeper understanding of the complexities of the community in which their clients are living.

**Conclusion**

Music therapy has the potential to provide effective and culturally safe health care for Aboriginal and Torres Strait Islander clients when considerate planning and execution of therapy, at clinician, organizational and community levels.

**References**


**About the Author**

Sian Truasheim completed a Masters of Music Therapy by coursework in 2012, and now works for the Institute for Urban Indigenous Health in Brisbane, Australia.

Contact: sianrmt@gmail.com
MUSIC THERAPY WITH CHILDREN WITH ATTACHMENT DISORDERS AND THEIR CAREGIVERS

Kirsi Tuomi
Private Music Therapy Practice, Finland

Introduction
The aim of this paper is to examine the possibilities of music therapy when treating children with attachment disorders.

Attachment Theory
Attachment theory was created by psychiatrist and psychoanalyst John Bowlby. One key concept of the theory is the secure base (Bowlby 1988) which gives a child space and possibility to explore the world. In times of stress or danger the child knows she/he can return to this secure base, where she/he will be nourished physically and emotionally, comforted if distressed, reassured if frightened (Bowlby 1988; Schofield et al 2007). This helps secure attachment to develop.

The need to be attached is vital to the child, more vital than the quality of interaction. The attachment may occur even with a parent who mistreats or neglects the child physically or emotionally. In this case attachment bonds have developed but the patterns of attachment is insecure. There are children who have had no opportunity to create an attachment bond at all. When the attachment model does not exist, it is called disorganized pattern of attachment.

How to Recognize Poor Attachment?
Attachment disorders surface in various ways. The child may be clinging or rejecting, unable to ask or receive help. She/he may often be controlling, overbearing and insistent to decide matters which are for typical for adults to decide. In addition, manipulative features may appear such as lying, stealing and breaking toys. There can be sleeping and eating problems and difficulties in developing social relationships with peers. There is variation in forcefulness of symptoms and their combinations.

Treating Attachment Disorders
There are some special issues which should be considered when attachment is the focus of music therapy and several are listed below.

Since meetings and partings are crucial points when talking about feeling of safety, arrivals and departures from therapy sessions must be carefully planned. When the family is together with the child, these matters are easier to take into consideration. During the sessions the therapist should be aware of the regulation of emotions and feelings of shame. Poor self-esteem is connected with insecure attachment and these children seem to experience shame. The therapist should mediate acceptance, curiosity, empathy and playfulness (Hughes, 2007) in order to be engaged and keep the “therapeutic window” open.

Music Therapy and Attachment Disorders
When talking about music therapy it is important to recognize its strengths and its limits. Music holds great potential (Burkhardt-Mramor, 1996; Hussey et al,
2008; Tuomi, 2011) and can be a positive way to connect, a chance to be playful, and a place to share joy. Music can offer a range of possibilities to succeed and provide ways to interact. It can be a healthy area of development where early interactional needs can be met and practiced without words. Music can offer tools to express and mediate all kinds of emotions that can be transferred to everyday life and become a self-nursing medium to promote mental health.

With attachment disorders other needs must also be taken into consideration such as trauma and behaviours at home and in school. Verbal interventions may also be important to include in therapy sessions. Are music therapists able to implement verbal interventions?

Combining Verbal and Reflective Work with Musical Interventions?
The author has created a model in her practice based on frameworks from Theraplay and Attachment Focused Family Therapy which provide useful tools for music therapists working with this client group. The case vignettes and video clips help to explore the area more closely.

References

About the Author
Kirsi Tuomi combines music therapy techniques with Theraplay and DDP – therapy in her music therapy practice and in her current PhD research.

Contact: luovat.tuulet@gmail.com
Abstract
Anxiety disorders are a serious public health problem. This study proposes a new therapeutic alternative: Humanist Music Therapy (presented in 1999 at the IX WCMT), to establish a first approach in psychiatric interventions. At the end of treatment there was a significant decrease in anxiety levels. Some mild depressive symptoms also decreased.

Objective
The objective of this study is present the results of a pilot study with Humanist Music Therapy (HMT) for patients with Generalized Anxiety Disorder (GAD) who were under clinical control and pharmacological treatment to manage the symptomatology of this disorder following a structured experimental protocol.

Method
The study group consisted of seven patients with GAD, with no co-morbidities, characterized by DSM IV criteria and channeled by psychiatrists at Mexico’s National Institute of Psychiatry Ramón de la Fuente Muñiz. A pretest-posttest design using the Beck Anxiety Inventory (BAI) was elaborated for this group of patients. Also, the Beck Depression Inventory (BDI-IA) was applied to estimate depression levels. Researchers programmed 12 structured sessions based on the methodological curve of the Humanist Music Therapy model (figure 1) with receptive and active music therapy techniques.

HMT sought to strengthen subjects’ self-esteem, assertiveness, control of irrational thoughts, and consciousness of habits and customs through the use of creativity, interaction, memories, psychodrama and the tools of group psychotherapy.

Results
Scores on the BAI were analyzed and subjected to a two-tailed statistical Student’s T test for related groups. The results obtained on the BAI (figure 2) that was applied before and after treatment with HMT show that the mean achieved on the pre-test was 24.83 (TE 5.03) and that this score decreased significantly on the post-test, to
just 8.16 (TE 4.9). After analysis, statistics show that the difference between the pre- and post-test results on the BAI is significant (t= 3.760, p < .01; CI 95% low, 5.27, high, 28.06). Respect BDI-IA scores, on the pre-test, this scale showed that most participants had only mild indexes of depression, while the post-test measures projected significant reductions, including some cases in which subjects scores indicated that they were “free” of depression (t=3.125, p < .001; CI 95%, low, 1.47, high, 15.18).

Conclusions

Based on these findings we consider that the use of active music therapy can have the effect of reducing the anxiety symptomatology in GAD patients. This approach employs body movement and the discharge and release of tensions as means of fostering better conflict management. It is important to emphasize that HMT focuses on facilitating a process in each individual that propitiates empathy, self-respect, positive consideration and congruence, among other aspects. In relation to the methodological curve proposed in this research, HMT emphasizes the importance of the space that patients require to use verbalization as a means of exteriorization; that is, they need to put what they have learned into perspective by reconsidering their personal histories and conflicts. Respect BDI-IA scores, we suggest that our findings are highly relevant, that they should be taken into account in future research that focuses on depression management. Results confirm that the application of HMT helped reduce the symptomatology of GAD and could be used as a clinical alternative or in conjunction with pharmacological treatment for these patients. Additional studies are required to evaluate the application in different states of this disorder.

References


About the Authors

Víctor Andrés Terán Camarena has a BA in Psychology and BA in Concert Guitar. He has a Music Therapy degree from the “Instituto Mexicano de Musicoterapia Humanista” in Mexico City. He is currently investigating the influence of music therapy on psychiatric diseases. Contact: victor.teran@gmail.com

Enrique O. Flores Gutiérrez, M.D., Ph.D., Medical Sciences researcher (Sub-direction of Clinical Research) at the “Instituto Nacional de Psiquiatría Ramón de la Fuente” and Music Cognition professor at UNAM in Mexico City.
MICROANALYSIS RESEARCH FOR AUTISTIC CHILDREN

Zuzana Vlachová
Faculty of Education, Masaryk University, Brno, Czech Republic

Giulio Collavoli
'Fondazione Stella Maris' neuropsychic rehabilitation centre, Calambrone - Pisa, Italy

Introduction
In this paper we present a video-microanalysis trial in progress. The instrument fits for microanalysis of improvisational music therapy within an individual setting and essentially targets the social interaction.

Microanalysis Instrument
The basic product of an analysis with the described instrument is a linear transcript scheme. The scheme includes a time-personal line, basic description of activities done in the session, behavioral symptoms of social interaction, technical notes, video tagging and the musical score. The time-personal line shows in a unified scale the process and the speed of reactions and general movement of the session. Above the time line there is a parallel line which divides spatially actions of a therapist from those of a client.

Activities in the session are noted schematically for both participants, because of the flexibility and non-directive approach in that kind of examined music therapy. Actions of the therapist vary and it is important to note them, not only the reactions of the client. In the transcript scheme we distinguish in general parts connected with music from non-musical activities. Information about used means or techniques and the most important changes in used material (i.e. dynamics, texture, playing style) are also being described. However, most of the details about used material are left for other types of analysis. In that manner, the basic description of activities gives contextual information for further interpretations of meanings.

These interpretations are based upon behavioral symptoms of social interaction. We have a system of categories for social interaction symptoms based upon operational transformation of diagnostic criteria for autism (APA, 2000; WHO, 2000). Technical notes include code of a case, number of sessions, external influences, conditions etc.

For the video tagging we activate a fixed or mobile camera to film our work. The camera must observe the entire room where the treatment takes place. Once we have obtained the source material of the session, we download it on a source video where we can launch the footage. At the same time, we configure the software with the parameters set on a different source (ipad, tablet, mobile) so as to start tagging the video. It is necessary for us to set the parameters to those parts of sessions that we want to analyze. At this point, we launch both the video and the video analysis at the

ISSN: 1610-191X
© 2014 WFMT. All rights reserved.
same time (t.0) and we start tagging, while the video goes on, watching what happens during the whole session.

In the musical score we transcribe the most tagged musical elements that emerge from the interaction between therapist/client and analyze the structure with musical parameters (duration, pulsation, rhythm, intensity, melody line, musical fragment, musical phrase, non-verbal aspect) (Suvini, In prep).

Conclusion
With no doubt it is important to capture the actions and manifestations of the child in music therapy and consequently give them a meaning connected to intra- or interpersonal communication according to the context. With our instrument we aim to provide a useful means to elaborate the music therapy work with autistic preschool clients, to detect the efficacy and meaning of a concrete session or intervention.

The main purpose of the video tagging system is getting a quick, efficient and concise framework for the data that come to light in relation with the parameter, the quantity of events during each session and the specific occasions in which they have occurred; we can then compare them with the data of other sessions and explore sexistence of parts they have in common or of events that are being repeated, and in what manner and frequency.

References
Suvini, F. (In prep.). Microanalysis in music therapy - a dialogue between music and words.

About the Authors
Zuzana Vlachová - social educator and music therapist, PhD student at Masaryk University Brno
Contact: zuzkavlachova@gmail.com
Giulio Collavoli – certificated piano teacher, composer and music therapist, engaged in the TIME-A international research
One of the topics of the WFMT World Congress is: What impact do cultural influences and values have on practice, research and the provision of therapy? According to the Community Music Therapy (CoMT) point of view, culture influences every aspect of music therapy work because culture is a way of being in the world, looking at the world, and talking about the world. Every culture has a way of putting frames on what we see, feel, understand, need, and expect. In this paper, the importance of learning to re-frame experiences will be underlined, because how one looks at things changes what one sees and even who one is.

The Study
The study is situated in the framework of Gulu’s sociocultural post-war context from the experiences of four European music therapists and through a CoMT frame: A view that reflects on the role of culture and context in establishing situated practices. The birthplace of the study is an experience of conflicting elements during a volunteer music therapy practice with disadvantaged children in Gulu’s (North of Uganda, Africa) socio-cultural post-war context. The researcher experienced difficulties with a series of categories (i.e keeping boundaries of time in the sessions; emphasizing privacy in the therapeutic relationship) and decided to find out if this was her unique experience, or if other volunteers had faced similar issues.

Through a phenomenological/hermeneutic analysis of the researcher’s field notes and interviews with three music therapists, and analysis consisting of triangulation, results pointed to a series of CoMT qualities that help specify a situated practice. A grounded theory method was used to move experiences from a descriptive level to a theoretical one. The researcher’s worldview role is contemplated in the phenomenon of study and reflexivity is considered a relevant technique.

The following CoMT qualities (see Stige & Aar, 2012) are contemplated as significant in order to re-frame the final categories drawn out of the music therapist’s experiences. The ecological quality would mean taking into consideration the local sense of time: not insisting so much on establishing an “industrialized culture” therapeutic timetable (in terms of hours and minutes) but more an “agricultural culture” one (in terms of periods of work routine). This quality also helps to acknowledge the social nature of the individual’s sense of self. Because people perceive themselves in relation to their meaningful relationships, cultural and social determinants of selfhood are to be worked with. The participatory quality would mean not focusing on the therapeutic relationship as a means of recovery, but as a bridge for musicking (Small, 1998) participation. The
musicking could take place following an ecological quality, that is, taking in consideration their collectivist self and musicking in the open, where other members of the educational community could also participate. This would finally lead to the performative quality, which would include musicking not as a private group activity but as an activity that affords other members to join in. The resource-oriented quality would mean that providing musicking opportunities is the music therapist’s role. The reflexive quality would consider why it is important to understand the way musicking happens in Gulu and what paramusical elements are afforded (cultural identity, group connection, pride, hope, joy...). Health musicking situations in Gulu are thought to be achieved through the performance of traditional Acholi music, which is shared with and looked at.

Conclusion
This paper presentation acknowledges the need of phenomenological and ethnographic research in music therapy in order to create situated frameworks. These frameworks are created by reflecting about conventional boundaries and by stretching them, so as to frame the context where practices take place. Context and its local knowledge are -therefore considered important in the creation of a discourse that validates a practice. When we position ourselves differently, what we look at changes. And different frames allow different possibilities to emerge. Finally, an Action Research process -where reflective and active approaches blend in a common path- is suggested as an optimal future path for Gulu’s context.

References

About the Author
Ana Navarro Wagner did her music therapy master’s dissertation in Aalborg University. Currently she lives in Barcelona and combines music education and music therapy in multicultural backgrounds.
THE HOME THAT WAS MINE: THE MEANING OF A GROUP MUSIC THERAPY WITH TEENAGE GIRLS UPROOTED FROM GUSH KATIF

Chava Wiess and Dorit Amir
Bar Ilan University, Music Department, Ramat Gan, Israel

Abstract
This lecture presents a case study research which focuses on short-term group music therapy with 6 teenage girls who lived in the Gaza District settlements, who were uprooted as part of the Disengagement in 2005. Research purpose was to examine the meaning and significance of music therapy group for the participants. The mixed method analysis yield three main categories: post trauma, loss and coping.

Description
During the uprooting from Gush Katif, people’s lives were damaged: families lost their homes, communities were falling apart and schools closed. The music therapy group was formed two years after the Disengagement, in one of the temporary communities set up in southern Israel, and included six teenage girls, aged 12-14. The therapeutic process consisted of 12 weekly meetings, each lasting an hour and a half.

The research questions were: How characteristics associated with trauma showed up in the musical and verbal expression of the girls in therapy? How coping with the trauma found expression in the musical and verbal processes? What changes the teenage girls experienced in the group process and in what areas? What behaviors indicated the need to fulfill specific needs of study participants? What effects a structured working approach had in comparison with an unstructured approach in the group therapy and which approach better suited working with the particular population?

This case-study research was analyzed by qualitative and quantitative methods. Research tools included interviews with the participants before and after the music therapy group, video filming during each session, questionnaires concerning participants’ mood before and after each session, and researcher’s diary.

The findings consist of three main categories: post trauma, loss and coping. Post-trauma was characterized by (1) intrusive thoughts concerning traumatic and uprooting events that participants experienced. (2) Avoiding activities that reminded the participants of the uprooting and the adjacent period. (3) Excessive arousal characterized by physiological arousal, mental alertness, and restlessness.

Loss was characterized by feelings of bereavement, longing, anger and pain. Coping included physical release, expressing feelings, faith and hope. The group was a source of strength and support. The study’s findings indicate an improvement in the girls’ mood by the end of the therapeutic process. Group cohesiveness also increased during the course of treatment and became stronger by the end of the process.

About the Authors
Prof. Dorit Amir, D.A., CMT, has been the founder and the head of the music therapy M.A. program at Bar Ilan University in Israel,
since 1982. She has published books, articles and book chapters on music therapy in Israeli, European, American and Australian journals. She serves on the review board of the Arts and Psychotherapy, the Journal of Music Therapy and Barcelona’s monograph series of Qualitative inquiries in music therapy. In addition, Prof. Amir has vast clinical experience with a wide variety of client populations.

Contact: dorit.amir@biu.ac.il

THE MUSIC STORE AS AN “ARENA” FOR COMMUNITY MUSIC THERAPY

Yutaka Yoshida
Music Farm Mandoro, Japan

Abstract
A YAMAHA music store in Japan is found to have become an “arena” for community music therapy practices with a great access to many useful resources. In the presentation, I will discuss how these resources were put together and functioned to bring out a new music culture in a community.

Description
Music therapy sessions are not yet served systematically in many areas in Japan. However, music stores provide various music lessons all over Japan. In this presentation, I will present my own Community Music Therapy (CoMT) case study which utilized one YAMAHA music store as a musical-therapeutic-communal arena.

The CoMT practice started with individual music therapy sessions with children with developmental disabilities in a lesson room of the music store. While continuing them twice a month, several meetings with music teachers, who worked in the same music store, were held to discuss how we could collaborate together. As a result of this, some clients of mine started taking musical instrumental lessons as well.

Monthly concerts were also held in the hall of the music store. The performers there include not only the clients of the music therapy sessions but also the music lovers in the community, members from a local chorus group and a local brass band as well as a sax teacher.

In addition to the participant observation, I have used interviews to further investigate the meaning of the CoMT sessions. The findings are as follows:

1) By combining music therapy sessions and instrumental lessons, the clients were able to enrich their musical expressions.
2) The clients and their families gained more confidence through the sympathetic reactions by the audience at the concerts. This also affected the clients’ engagements in fortnightly sessions positively.
3) Finally, as an arena for CoMT, I found that the music store had very rich resources; a space, instruments and a number of useful things as well as an access to various networks of people. All these different resources were put together in the CoMT practice and they functioned to bring out a new music culture in the community.

References

About the Author
Yutaka Yoshida, formerly a special education teacher, currently works as a board-certified music therapist.
Contact:
mandoro-mandoro@qc4.so-net.ne.jp
VIBROACOUSTIC MUSIC THERAPY, INTEROCEPTIVE AWARENESS AND EMOTION REGULATION

Jorge Zain
University of Buenos Aires, Argentina

Vibroacoustic Music Therapy
Vibroacoustic Music Therapy was developed both in theory and as a treatment modality, based on concepts drawn from Vibroacoustic Therapy, as originally described by Tony Wigram (Grocke, Wigram, 2007; Zain, 2008). This is a receptive approach in which the consultant has no active participation playing music. Instead it is the music-therapist who facilitates patient entry into a state of receptivity and deep relaxation, through vibroacoustic musical experiences and mental imagery (Zain, 2013).

The basic therapeutic procedure requires having the patient lie supine on an examining table, where he is made aware of acoustic vibrations projected over his body, generated using different sources such as the vibroacoustic table, the harmonics monochord table, or low frequency singing bowls placed directly over him. The music-therapist also executes live music, generating more sounds with tibetan bowls, gongs, tubular bells or other musical instruments, fully enveloping the client, thus combining the vibratory experience with a particular surrounding sonority. The resulting music follows no particular beat, undergoes no abrupt changes in dynamics, tone, intensity or harmony and is therefore considered to be soothing and sedating.

Interoception and emotional regulation
The human brain is constantly receiving information from a countless variety of receptors registering body processes and physiological states. This is the basis for consciously interpreting body sensations such cold, heat, pain, itching, muscle fatigue, or others originated in internal organs causing gastrointestinal discomfort, shortness of breath, and many more symptoms. Another term used for the conscious perception of somatic sensations is interoceptive awareness.

The interoceptive sensory system, in which viscerosensitive centers distributed in the brainstem, the thalamus and the cerebral cortex participate, is continuously registering changes occurring during physiological states (Craig, 2002).

Several studies on “mindfulness” provide evidence that experiencing negative emotions as fluctuations in body sensations, favors emotional withdrawal from these experiences, ultimately regulating emotional processes (Craig, 2002; Farb et al., 2010). During Vibroacoustic Music Therapy, individuals are trained through vibratory experience, sound baths and mental imagery to put into practice as part of therapy, a form of interoceptive somatic listening.

Vibroacoustic experiences help register and place these particular sensations, which closely intermingled with the senses (hearing, paresthesias, touch, temperature, pressure, sight etc.) promote a form of emotional regulation, favoring conscious...
awareness of body state changes.

The Vibroacoustic Music Therapy session immerses the consultant in a network of senses where sound, vibration, images, touch and smell may be identified in a positive framework or context, generating a sense of calm and serenity. This positive information reaches the cortex through different pathways, depending on the sensory modality involved.

The key is to generate a positive context in order for the consultant to develop new neuronal networks and be able to use them. If the client is accustomed to self-connect in a “hostile” manner, we need to generate new information that can reach the brain through multiple pathways, so that the brain in turn will use each of these sensory modalities to complete an experience and interpret it as positive. This experience can be a very simple one and becoming in time a familiar route by creating new neuronal networks through training; a phenomenon feasible as a result of brain plasticity, which allows change and adaptation vis a vis new stimuli (positive or negative) to occur. Humans can establish new neuronal networks throughout their lives, a process which may be enhanced by training (Kays, Hurley, Taber, 2012).

Success lies in facilitation of the new experience. Feelings of calm and relaxation triggered by a soothing sound climate created on the tibetan bowls and other instruments, maximizes sensory interconnection, therapeutic bonding and generates “imprints”, allowing clients to acquire new insight on their place in the world. They learn to feel, to listen to their inner voice, to observe themselves and become more self-aware.

References

About the Author
Jorge Zain is director of the Vibroacustic Music Therapy Center in Buenos Aires.

Contact information: jorgezain@gmail.com
WE ALL MAKE MUSIC: A STUDY OF MUSIC ENSAMBLE FOR SPECIAL NEEDS YOUTH

Juan Pedro Zambonini
Universidad del Salvador, Argentina

Ralf Niedenthal
Centro C.A.M.I.N.O., Argentina

Introduction
The present paper intends to share our perspectives and findings based on our experience coordinating a musical ensemble with special needs youth in the city of Buenos Aires, Argentina during the year 2013. The ensemble was carried out as part of the activities of the department of Adaptive Musical Pedagogy of Centro C.A.M.I.N.O. in Buenos Aires, Argentina. The population included young people between the ages of 13 and 21 years of age with diverse diagnosis such as Down syndrome, cerebral palsy and undiagnosed disorders. Before entering the group each patient had to complete an interview to determine if he/she met the criteria for admission to the ensemble. The principal admission condition was to have basic learning capacity in order to learn a song and remember simple musical instructions such as changes in tempo and dynamics. The ensemble met weekly on Saturdays. The goals for the project were: to promote significant social interactions, provide experiences closed to their chronological age, develop social skills and experience a sense of belonging with peers.

Methodology
The project incorporated the dynamic of co-therapy into its methodology. Both music therapists coordinated the ensemble sessions and met twice weekly to analyze, reflect and plan the project with periodic supervisions with the center coordinator. Each ensemble session was planned with anticipation outlining a maximum of three possible activities, leaving room for spontaneous participant suggestions. After each session both therapists recorded the most relevant information in a log that documented dates, patients that attended, goals, activities, clinical observations, personal impressions by each therapist as well as suggestions for future encounters. At the end of the year members of the ensemble presented two songs in a yearly concert held by Centro C.A.M.I.N.O.

Theoretical Posture
Initially it was decided that the encounters would not be considered under a clinical music therapy framework. Instead, an approach within the field of preventive music therapy and recreation was more appropriate. There were also several theoretical postulates that emerged from a need to support the work that would be done as music therapists. Miguel Materazzi’s concept of health as a tendency presented by Pellizzari and Rodriguez (2005). Isaac Prilleltensky’s “sites of well-being” as well as “signs of well-being” influenced the perspective of health adopted for this project (2005). The most relevant signs were found within the personal and relational sites. These were the sense of community,
empowerment, voice and choice in partnership, affirming partners, empathy and social skills (Prilleltensky, 2005). Elements from *Music in Special Education* written by Adamek (2005) were a resource to define the activities. Additionally some aspects of the clinical musicianship expressed under the Nordoff-Robbins Center for Music Therapy approach were also used (Nordoff, et al., 2011).

**Techniques and Resources**

The principal techniques used were: collaborative songwriting, visual queuing, hand signals (similar to those used in the Kodaly method), technological adaptations with headphones and prerecorded melodies, Adaptive Use Musical Instruments (AUMI), group improvisations and relaxational routines (De Castro, 2004).

**Relevant Findings**

Most of the findings were identified and conceptualized from the personal impressions of each therapist documented in the log. Throughout this process, limitations, shifts in perspective and positive qualitative results in each patient were found. The most relevant limitations that were encountered related to technological setbacks, unclear group admission criteria and irregular attendance of some ensemble members. The most valuable findings lay in the shifting of mindsets as it became clear that preventive music therapy in a recreational setting can bring significant changes to participants. For example, a great change in subjective positioning was evident in a member of the ensemble as she demonstrated increased self-confidence and was empowered to share her ideas with the rest of the ensemble; also the interaction among peers increased to the point of not needing the music therapist or caretaker to mediate dialogues, showing signs of empathy and autonomy; during the verbalizations of the last sessions, ensemble members demonstrated clear signs of belonging and a strong sense of community evidenced by the naming of the ensemble “Los Sabadabadu” at the conclusion of the project.

**Conclusion**

The preventive and recreational approach of music therapy in a musical ensemble with special needs youth can bring both valuable and positive changes to those who participate in sessions regularly. Systematization and a clear work methodology will increase the effectiveness of the project and will be reflected on significant changed in the members of the ensemble.

**References**


**About the Authors**

Juan P. Zambonini and Ralf Niedenthal are professors at the University of El Salvador and music therapist at the Centro CAMINO.

Contact: juanzambo@gmail.com
MUSIC THERAPY IN HYPERTENSIVE PATIENTS TREATMENT AT BRAZILIAN UNIVERSITY HOSPITAL: HEALTH EDUCATION

Claudia Regina de Oliveira Zanini  
School of Music and Performing Arts of Federal University of Goiás - UFG, Brazil

Diana da Silva T. Santana  
Employees Association of the State of Goiás - FISCO, Brazil

Elvira Alves dos Santos  
Graduate Student in Music Therapy at UFG, Brazil

Abstract
This is a report about a university extension project being carried out in the League of Hypertension of a Brazilian University Hospital, which acts as an outpatient multidisciplinary care of the hypertensive patient. Music therapeutic interventions are developed involving different settings.

Description
Arterial Hypertension (AH) is a chronic non-transmissible disease, highly prevalent, with significant impact and increase on morbidity and mortality of the population, caused by cardio circulatory diseases (Chobanian et. al, 2003). According to the VI Brazilian Guidelines on Hypertension (2010), psychosocial, economic, educational aspects and emotional stress are involved in the initiation and maintenance of hypertension. Music therapy is among the different techniques of stress management recommended by Brazilian Guidelines. Music therapy may contribute to the improvement of the individual with hypertension by interfering with these biological, psychological and social aspects.

This paper presents the experience of a university extension project conducted in a Brazilian University Hospital, with inclusion of music therapy in outpatient multidisciplinary care of the hypertensive patient.

This project emerged from a survey conducted during PhD studies in Health Sciences from the UFG, entitled "The Effect of Music Therapy on Quality of Life and Blood Pressure in Hypertensive Patient" (Zanini, 2009). The study demonstrated that music therapy helped to improve the quality of life and blood pressure control in hypertensive patients, and provided support for music therapy as a non-drug therapy in a multidisciplinary approach to hypertension treatment programs (Zanini et. al, 2009).

Music therapy is provided in group format at the League of Hypertension, having as objectives: encouraging healthy habits contributing to the reduction of stress; providing a non-pharmacological therapy approach for the treatment of hypertension; positively influencing staff health, contributing to the humanization of public health services, and stimulating the relationship between extension activities,
teaching and research at the university. The interventions are developed in a Humanistic Music therapy perspective in various settings (the waiting room, cardiac rehabilitation, meeting room of the multidisciplinary team of professionals and others). Recreation, listening and musical improvisation, as defined by Bruscia (2000), are the most frequently used musical experiences during music therapy. In addition to these experiences, breathing and relaxation exercises for the development of body awareness and musical games are also used. Therapeutic aspects related to health education, increased self-expression, and shifts in behavioral awareness that support increased quality of life are afforded by the music therapy process. The group format allows patients to increase these awareness in both themselves and other group members.

The inclusion of the music therapist in this multidisciplinary outpatient service (League of Hypertension / UFG) has contributed to promoting health and improving the quality of life of patients. It is concluded that music therapeutic interventions will meet the main objectives of public health policies in Brazil, such as the National Humanization, National Health for the Elderly, National Policies for Primary Care and Health Promotion, consciously included in actions of the entire team.

References

About the Authors
Claudia Regina de Oliveira Zanini - PhD in Health Sciences at Faculty of Medicine/ Federal University of Goiás - UFG.
Contact: mtclaudiazanini@gmail.com
Diana da Silva T. Santana - Bachelor in Music Therapy / Federal University of Goiás.
Elvira Alves dos Santos – Graduate Student in Music Therapy / Federal University of Goiás.
THE SOUNDS OF ANXIETY: A PATH TO THE PULSE OF COMMUNITY

Rebecca Zarate
Lesley University, USA

The Social Architecture of Anxiety
This paper approaches the topic of anxiety from a cultural and social perspective. It examines the presence of certain manifested social constructs of anxiety: "risk consciousness," (Wilkinson, 2001), "Collective anxiety and its relationship to social hostility" (Stein, 2004), and "individual anxiety themes as operational anxiety devices" (Beck, Emery, & Greenberg, 2005). Anxiety represents a dynamic force based on the concepts of self, fear, helplessness, adequacy, and value. This presentation will propose a potential treatment model using music psychotherapy improvisation on anxiety categories from a cultural and social perspective.

Cultural Affect and Anxiety
According to the World Health Organization (2004), anxiety has become a serious international threat to global health, productivity, and sensibility. The social impact of cultural affect from all areas of communities of practice will be discussed. It is important to gain further understanding of the function and role of anxiety in societies from this analytically informed anthropological perspective.

Music Therapy Practice and the Subjective Experience of Anxiety
Capturing the subjective perspective of those who experience anxiety beyond normal range is important in informing current and future practice in music therapy. According to Pearson (2008) the experience of anxiety can feel "unbearably vivid yet insanely abstract" (p. 11). The simultaneous experiences of living with the dichotomy of vivid and abstract qualities may have promising results in music therapy improvisational approaches such as affect consciousness (Ruud, 2010). The lived experience of anxiety was the basis for the current investigation because of the number of individuals who suffer from this, are likely to not seek treatment, or have received traditional treatment that was unsuccessful.

Toward a Socially Informed Clinical Practice
Based on the findings from the social and recent clinical literature, the potential direction for cross-cultural, socially informed music therapy and anxiety treatment will be discussed.

References


About the Author

Rebecca is Assistant Professor and Music Therapy Coordinator at Lesley University.

Contact: rzarate@lesley.edu
KOREAN TRADITIONAL MUSIC THERAPY
AND KOREAN MEDICINE MUSIC THERAPY

Hye-Won Chung
Chung-Ang University, Korea

Seung-Hyun Lee
Center for Oriental Medicine Music Therapy
Kyung Hee University Hospital at Gangdong, Korea

Introduction
We will present Part I and Part II with Korean Traditional music. Part I is about the music therapy at the diverse clinical settings with Korean Traditional music. Part II is about the Korean Medicine Music Therapy through the Korean Traditional music.

Part I
First presenter (Dae Yong, You) will present the characteristics of Korean Traditional music for our better understanding including the Korean pentatonic scale, forms, jangdan (like a rhythm) and timbre. He will emphasize the emotional therapeutic power in music-psychological opinion.

Second presenter (Jeong-Ohn, Kim) will prepare the clinical experiences in community settings. She is a director of Senior welfare center. She had directly administered the various music class including Korean traditional music and so on for 3000 membership seniors. She will share the response of seniors for improving their self-esteem and gaining confidence for healthier lives in the music therapy classes (Byung-Chuel, 2006). And she will present the results from the session for Dementia, Parkinson’s disease, and stroke patients with Korean traditional instruments to enhance cognition and reduce depression.

Third presenter (Hyunju, Kim) will describe a study on psychiatric music therapy by the dramatic music program for the Creative Pansori epic chant. Pansori mean Korean traditional dramatic music. Pansori is dramatic music that one singer makes a story to a drum beat and this is the same with the vocal music of Western music (Sung-Chun, 1997). Pansori is listed in UNESCO (2003) as a World intangible cultural heritage. It is Korean music that was recognized for its uniqueness because one singer plays the roles of all the characters alone as peerless (https://en.unesco.org/silkroad/silkroadthemes/intangibleculturalheritage/pansori-epic-chant) “one-man opera”. Based on this, a music therapy program was composed by the dramatic music program emphasizing the depression of psychiatric patients.

Fourth presenter (So-Jung, Lee) is scheduled to share the results of various music therapy sessions for developing social skills and preventing aggressive behaviors at elementary school settings.
Fifth presenter (Hye-Won, Chung) will tell the result of listening to the Korean traditional music and playing the instruments to decrease the aggressive behavior and promote emotional regulation at preschool and elementary school settings.

Part II
Final presenter (Lee, Seung-Hyun) will introduce the effectiveness of ANC’s number increasing by using Oriental Medicine Music Therapy which was applied to blood cancer patients (Seung-Hyun, L., You-Sang, B., Mi-Ra, P., & Ji-Won, A., 2005).

She will tell the name, ‘Oriental Medicine’ has been changed to ‘Korean Medicine’ from 2013 The Association of Korean Medicine. Oriental Medicine (Korean Medicine) Music Therapy is a new Oriental Medicine (Korean Medicine) treatment that combines Oriental Medicine (Korean Medicine) and music to quickly cure diseases through the five viscera, the pentatonic scale and correlations between the seven passions. Seventeen kinds of Oriental Medicine music therapy using various instruments and five elements of music are performed in the clinic center to help patients with stroke, cancer, atopic dermatitis, postpartum diseases, digestive diseases, hemiplegia, and chronic fatigue (Seok-Jae, Seung-Hyun, Yeo-Jin, Jin-Moo, Bongha, Jinsung, & Jae-Woo, 2012) to rapidly heal (Seung-Hyun, 2008).

The result, after patients with leukemia were cured through Oriental Medicine (Korean Medicine) Music Therapy, their WBC and ANC were increased significantly in the blood test. In WBC, test for significance was P=0.0419, which was efficacy. In ANC, we had p=0.0262, also efficacy. The results showed Oriental Medicine (Korean Medicine) Music Therapy was effective for the immunity of cancer. Through patients’ statements, Oriental Medicine Music Therapy was effective for physical improvement as well as emotional stability.

References

About the Authors
Hye-won, Chung; Dae-yong, You (Chung-Ang University, Professor), Jeong-Ohn Kim, So-Jung, Lee (Chung-Ang University); HyunJu, Kim (Sookmyung Women’s University Graduate School of Music Therapy); Seung-Hyun, Lee (Center for Oriental Medicine Music Therapy, Professor).

Contact: hyewonmt@gmail.com
INTRODUCTION

Twenty-first century music therapy educators deal with a variety of issues and advancements that continually challenge how they teach, advise, and the roles they assume. At the forefront are matters such as: impact of technological advancements, advising students at risk, increase of advanced degrees, rising interest to study abroad, to name a few. This paper briefly describes these four areas.

IMPACT OF TECHNOLOGY ADVANCEMENT

Online degree programs are increasing within many higher education programs, including the field of music therapy. Through modern instructional technology and designs, educators now can reach a globalized student body. As a result, various learning styles and cultural dimensions need to be considered when planning an online course. Staying current with technology while building an online infrastructure and functional community of learners for in-depth learning, reflection, and application of knowledge in music therapy practice is a challenge that today’s educators face when instructing students who are digital natives.

ADVISING STUDENTS AT RISK

Similar to reports in the United States (Hunt & Eisenberg, 2010), many campuses across the world are experiencing an increase in students with severe mental health issues or specific learning disabilities. These students often need additional advising and some may even need to be counseled out of music therapy programs. As a result, music therapy professors are challenged to expand their roles and skills in identifying these students and in counseling them on issues related to their academic performance.

ADVANCED DEGREES

Students increasingly are seeking out advanced degrees in music therapy, as more countries require a Master’s degree to enter the profession. In some regions, this desire for advanced training is tied to government regulation and/or licensure of the profession. While the need for Master’s
programs continues to grow, there has not been an upsurge in the development of higher-level training programs or hiring full-time tenure-track faculty to ensure program delivery, coordination, and success.

**Study Abroad**

An interest in travelling, a global perspective of music therapy, and international music therapy experiences have prompted an increase in inquiries about international music therapy education, training, and job opportunities. These needs necessitate the development of parameters and best practices for music therapy study abroad experiences that serve our students and clients.

**References**


**About the Authors**

Amy Clements-Cortes, Ph.D., MT-BC, MTA, FAMI, Assistant Professor, Music and Health Research Collaboratory, University of Toronto; Instructor & Supervisor, Wilfrid Laurier University; Senior Music Therapist/Practice Advisor, Baycrest, Toronto; Past-President CAMT; WFMT Clinical Practice Commission Chair.

Petra Kern, Ph.D., MT-DMtG, MT-BC, MTA, owner of Music Therapy Consulting is online professor at Marylhurst University and the University of Louisville, Editor-in-Chief of *imagine*, and Past President of WFMT.

Gene Ann Behrens, Ph.D., MT-BC, Professor/Director of music therapy, Elizabethtown College; chair WFMT Global Crises Intervention Commission; MTP editorial board; national/international presentations on curriculum development, supervision, research, neurobiology of trauma.

Melissa Mercadal-Brotons, Ph.D., MT-BC, is Director Interuniversity Music Therapy Master Program (Universitat Pompeu Fabra-Universitat Ramon Llull) Barcelona, Spain; Professor and Coordinator of graduate programs and Research in ESMuC, Barcelona.

Thomas Stegemann, MD, is a child and adolescent psychiatrist and music therapist; Professor and Head of Music Therapy at the University of Music and Performing Arts in Vienna, Austria.

Dena Register, Ph.D., MT-BC is an associate professor of music therapy at the University of Kansas. She is a Fulbright Scholar and consultant to Mahidol University Music Therapy program in Bangkok, Thailand.

Contact: a.clements.cortes@utoronto.ca
NEW MUSIC THERAPY ANALYSIS TOOLS FOR VEGETATIVE AND MINIMALLY CONSCIOUS STATE PATIENTS

Adriana De Serio
Music Conservatory, Italy
Don Orione Musictherapy Centre, Roumania

This research intends to compare the outcome of eight patients in vegetative states (VS) seven patients in minimally conscious states (MCS). The PEMI (Patient-Environment-Music Index) and SOMPAT (Patient’s Somatic Pattern) have been set up to identify the patient’s behavioural evolution within an Integrated Musictherapy Plan (IMPVMCS).

Materials and Methods
Patient’s clinical/functional assessments: DRS, GCS, neuroendocrine and immunobiological assessments (haematic assay of the osteopontin, OPN), imaging diagnostics. IMPVMCS steps: Patient’s Sonorous-Musical Anamnesis. Production of Bodily-Environmental-Rhythmical-Sonorous-Vocal-Energy (BERSVE) by Sonorous-Musical Instruments (SMI) and SMI made by the Author with savage and foods (Edible SMI: ERSMI), voice, canto. SOMPAT: analysis of patient’s neuropsychophysical feedback, eye, mouth, upper/lower limbs motility, muscular tone, perspiration. Physiological parameters monitoring, before, during, and after BERSVE production: Cardiac Frequency, Plasmatic Oxygen Saturation, Respiration Acts, Blood Pressure, Evoked Potentials, fNMR. PEMI (time t₀ / tₙ) to monitor the patient’s behaviour evolution. The PEMI includes two Dimensional Categories (OME-MₕMₗP) with the sub-units Oneself (O); Man (M); Environment (E); Music listening (Mₗ); Music production by the musictherapist/ patient system (Mₕ). The Author sets up a Relation Evaluation Scale (RES), with the five behaviour systems (CEXYW: Closing, Exploration, Expression, Interaction, Integration), that are valued in connection with the musical parameters of Intensity, Duration, Rhythm. RES test score: from 0 to 100, gap of 20 in order to set up the patient’s Music therapeutic Advancement Index. The Author points out the effectiveness of the neuroendocrine / immunobiological assessments (particularly the haematic assay of the OPN) and the imaging diagnostics too. The patients that were examined in this research underwent the haematic assay of the OPN (mean haematic value: 50 ng/ml in relation to the normal controls), the typing of the lymphocyte subset, the sero-assay of prolactin, cortisol, GH, ACTH, TSH, FT₃, FT₄, T₃, T₄. For this study (still in progress) the Author recruited the patients with GCLA that underwent the fNMR. BERSVE promotes the cortical activation of the temporal bilateral area in the VS. In the MCS clinical pictures the BERSVE supports the activation of the posterotemporal and temporo-insular areas.

Results
The results point out a range of patient’s behaviour acts/feedback monitored in connection with the acoustic stimuli within the BERSVE production. The patients showed a progressive psychomotor
recovery and a resumption of communicative skills. Of note is the comitial crises in five MCS patients: these fits are likely to have caused a superficiality of the coma and therefore a recovery joined in a fire of the reticular formation (this occurrence is the same as in relation to the generalized convulsive fits). In this way a neosynaptogenesis has been promoted with regards to the neurotransmitters too and then a reconstitution of the continuity/entireness of the neural network in order to guarantee some suitable relations of vigilance between the cortex and the peripheric structures and at the same time a right conduction of the afflux from the peripheric to central structures.

Conclusions

The IMPVMCS gives the opportunity for an observation of psychophysical and behavioural responses and for the analysis of cerebral paths made active by means of SME. The IMPVMCS can contribute to increase the neural network the widespread damage has noy destroyed. In this way the activation of the minor hemisphere reorganizes in order to uphold the behavioural expressiveness such as the automatic motility and the prosody. The BERSVE production closely connected with patient’s Psycho-Physical-Energy (PPE) can give rise to a Psycho-Physical Activation Feedback (PPAF) that PEMI and SOMPAT show by the fNMR in relation to the immunological and neuroendocrine-vegetative area too in order to make superficial the consciousness states and to promote the recovery.

References


About the Author


Contact: E-mail: adrideserio@libero.it
MUSIC THERAPY, ALTERED STATES, AND IMAGERY

Jörg Fachner
Anglia Ruskin University, UK

Denise Grocke
University of Melbourne, Vittoria, AU

Andi Hunt
Temple University Philadelphia, US

Anita Forsblom / Esa Ala-Ruona
University of Jyvaskyla, Finland

Lars Ole Bonde
Aalborg University, Denmark

Music functions to alter states of consciousness (ASC) according to cultural beliefs and intentions an individual might possess with relation to inducing ASC. Music and related imagery occurring in ASC contexts have been used for therapeutic purposes. Here we want to discuss the interdependencies of imagery, music and ASC.

Musical imagery research investigates imagination of intervals, melodies and other musical elements in order to compare them to the listening process. This may include any imagery of sound and music where there is no physical source, e.g. when conductors study scores or composers compose without piano. Here we are interested how spontaneously evoked and guided imagery in connection to music and ASC is processed.

Listening to music can completely absorb people, cutting off other sensory input, but absorption skills seem to be linked to music preference, imagery, hypnotisability and intensity of emotions evoked. There is also a distinction between “high” and “low” imagers; this can even be tested.

The Bonny Method of Guided Imagery and Music (GIM) is a specialized one-to-one form of music imagery in which the client describes images that occur spontaneously while listening to special classical music programs in an ASC. Imagery is diverse including visual, auditory, somatic, direct memories, involuntary and unbidden imagery, images of significant people, places and events from the person’s history. A typical GIM session comprises an initial discussion of the client’s concerns, and a focus for the music and imagery experience. The therapist provides a relaxation induction for the client who reclines with eyes closed. The therapist chooses a pre-determined music program, or spontaneously chooses music to match the client’s imagery. As the music plays the client describes any imagery, feeling, or thoughts.
We will discuss process- and brain related interdependencies of imagery, music and ASC in therapy. One important topic is: How to distinguish between ASC and relaxation? A recent inquiry on out-of-body experiences has shown that such ASC occur more often in immobility, when lying down supine or sitting when the focus of attention can turn inward, and more afferent information is processed. To what degree can deep relaxation be considered an ASC and a precondition for imagery evocation? Further we want to discuss: What is understood as an induction of ASC in a GIM setting and how important are they for the imagery in pivotal moments? What musical properties can support and deepen ASC and stimulate imagery? What states of ASC (and music) support therapeutic change?

References

About the authors
Jörg Fachner, Professor of Music Health and the Brain at Anglia Ruslin University in Cambridge, UK; Co-editor of Music and Altered States (2006) and Music Therapy and Addictions (2010).

Contact: jorg.fachner@anglia.ac.uk

Denise Grocke teaches Guided Imagery and Music (GIM) at University of Melbourne; Co-author of Receptive Methods in Music Therapy (2007), and co-editor of The Bonny Method of GIM (2002).

Andrea Hunt is Assistant Professor at Temple University. She has primarily worked with adults recovering from mental illness and addictions, and her interests include neurophenomenology, multicultural competence, and music-based assessment.

Anita Forsblom, Freelance – Researcher, teacher and Supervisor. GIM Music Therapist and Dance Movement therapy-student is working in her own MT and DMT clinics in Southern Finland.

Lars Ole Bonde is professor at Department of Communication and Psychology, University of Aalborg, Denmark and at Center for music and Health, Oslo, Norway.
CULTURAL CONTEXTS IN MUSIC THERAPY EDUCATION AND TRAINING

Karen Goodman, Montclair State University, USA
Thelma Sydenstricker Alvares, Rio de Janeiro Federal University, Brazil
Leslie Bunt, University of the West of England, UK
Avi Gilboa, Bar Ilan University, Israel
Robert Krout, Southern Methodist University, USA
Sumathy Sundar, Chennai School of Music Therapy, India
Elizabeth York, Converse College, USA

Abstract
In this roundtable, leading educators from Brazil, India, Israel, the United Kingdom and the United States discuss their varied perspectives on culture related to core and evolving practice in music therapy education and training (Goodman, in press).

Introduction
The concept of culture-centered music therapy demonstrates a shift from emphasis on ethnic multiculturalism to culture in a variety of contexts (Stige, 2002). As music therapy develops in clinical practice and training around the globe (Goodman, 2011), multiculturalism in clinical practice, supervision and training is of paramount importance in the profession, and yet literature on the topic is relatively sparse. In an analysis of graduate program content throughout the United States, Goodman (2011) found only three courses that directly addressed the issues of culture related to music therapy practice.

Cultural Awareness
While the cultures we relate to, work in and practice in remain varied, Bunt (in press) raises a critical question: How can our training integrate the artistic and scientific processes necessary to equip future therapists to practice safely and effectively in constantly shifting and challenging settings and context? In our initial search for personal clarity and identification as a prospective therapist, it is important to gain an awareness of various cultural arenas a music therapy student is facing. Gilboa (in press) suggests that there are three cultural 'spheres': 1) a personal sphere which includes the cultural “baggage” that the student comes with to the program; 2) the program sphere which includes the cultural mosaic of students in the training group; 3) the clinical sphere which includes the (multi) cultural encounters that the students experience in the fieldwork. These spheres can be experienced as either coherent or as non-coherent; in which case, students might encounter dissonance and conflict.

While there is much literature focusing on student self-awareness, the need to consider the cultural mosaic of others and extend this awareness to clinical work is less considered. For example, York (in press) reports that only 20% of music therapy students in the United States, responding to a national survey, had received sensitivity training in a music therapy class in reference to LGBTQ issues and culture, a type of training that could pave the way to sensitivity in working with clients who identify as LGBTQ. Alvares, in recognizing that we need a new culture around human diversity in which social insertion may occur as a result of understanding diversity as something inherent and not deviant to human nature (Alvares, in press), speaks about this shift in attitude leading to expansion of professional performance beyond the clinical setting in Brazil. This involves music festivals, Carnaval making,
music performance outside clinical settings, recording CD’s and participation in cultural festivals about human diversity. Other efforts to help students consider diversity issues may include international community-based learning experiences to communities, which would otherwise be alien to students. Krout (in press) describes the impact of these experiences for his students involved in the Jamaica Field Service Project for impoverished people with special needs in rural parishes in Jamaica. While consciousness of culture in relation to self and others is considered, another consideration related to music therapy education and training is the development of curriculum that, while culturally indigenous can also become part of a global mosaic (Sundar, In press).

References


About the Authors
Professor Karen D. Goodman, seasoned clinician, educator, administrator and author, is grateful for the collaboration of the Members of the roundtable, all notable academics within their respective programs, countries and around the world.

Contact: goodmank@mail.montclair.edu
INTERNATIONAL PERSPECTIVES ON COLLABORATIVE MUSIC THERAPY RESEARCH

Annie Heiderscheit
Augsburg College, USA

Linda Chlan
College of Nursing, The Ohio State University, USA

Collaborative and Interdisciplinary Research

Collaborative and interdisciplinary research has been garnering more attention from funding agencies and healthcare organizations (Stober, 2011). Researchers are discovering that many of the issues they are striving to address in their work are complex issues. The complexity of the issues require an approach that is not encapsulated within one discipline or unidisciplinary approach (Tracy & Chlan, 2014). Developing solutions to the complex issues in healthcare require not simply a multidisciplinary approach but an intertwining of these perspectives and areas of expertise to develop viable solutions (Bindler et al, 2012).

Benefits of Interdisciplinary Research

One of the main benefits of interdisciplinary research is the coming together of a cadre of scientists to address and answer complex clinical problems. Given the nature of today’s healthcare settings, one discipline cannot have all the skills or all the answers to complex patient problems that require innovative interventions. The interdisciplinary team also benefits from collaboration through exposure to other, sometimes distinct perspectives in conducting research and addressing complex clinical problems.

Music Therapy and Interdisciplinary Research

The growing interest in the surrounding the use of non-pharmacological interventions and integrative approaches in patient care are driving forces in the growth of interdisciplinary research in music therapy. As a result, it is becoming more evident that music therapists need to draw upon the expertise of other disciplines to continue to understand, evaluate and determine the comprehensive impact and benefits of music in healthcare (Magee & Heiderscheit, in press).

Collaborating with Music Therapists

One of the most complex healthcare settings is the intensive care unit (ICU). Given the dynamic and challenging nature of the ICU, nurses contribute the clinical knowledge on patients and their complex needs, while the implementation of non-pharmacological interventions such as music must be delivered by a music therapist. The music therapist requires astute assessment and communication skills to work effectively in this challenging setting with competing needs of patients, staff, and family members. We have developed strategies to ensure the delivery of an experimental protocol in this setting.
challenging setting while acknowledging the competing needs of patients, family and staff (Heiderscheit et al., 2011; Heiderscheit, et al., in press).

Conclusion
The growing interest in interdisciplinary research is also emerging in music therapy. The expertise and skills that music therapists possess are vital to the success of research utilizing music interventions. Exploring and discovering these types of research opportunities can serve to enhance, improve and advance patient care, as well as develop innovative solutions to complex patient care problems.

While interdisciplinary research brings together diverse disciplines to address complicated issues, those that successful integrate music interventions with the expertise of a music therapist, also help to advance the profession of music therapy. There is continued evidence, examples and illustrations of this in the music therapy and related research literature.

References


About the Authors
Annie Heiderscheit, Ph.D., MT-BC, LFMT is the Director of the Master of Music Therapy and Assistant Professor of Music at Augsburg College, Minneapolis, MN, USA.

Contact: heidersc@augsburg.edu

Linda L. Chlan, PhD, RN, FAAN is the Dean’s Distinguished Professor of Symptom Management Research in the College of Nursing, The Ohio State University, Columbus, Ohio, USA.
WFMT: STATE OF THE ORGANIZATION

Annie Heiderscheit and WFMT Council Members
World Federation of Music Therapy

Introduction
The WFMT roundtable explores the history, development, evolution and current state of the World Federation of Music Therapy as the 2011-2014 officers, commissioners and regional liaisons identify and discuss the growth of the organization.

Background and History
The World Federation of Music Therapy was founded in 1985 in Genoa, Italy, when key leaders in music therapy from around the world gathered and recognized the need for an international music therapy organization. Since its inception, the WFMT has worked to serve as a resource and to advance the profession of music therapy around the world. One manner in which this has been achieved is through the hosting of a world congress every three years. The following include the congresses to date: Vitoria, Spain (1993), Washington, D.C (1999), Oxford, UK (2002), Brisbane, Australia (2005), Buenos Aires, Argentina (2008), Seoul, South Korea (2011) and Krems/Vienna, Austria (2014).

Growth and Development
The profession of music therapy has continued to develop, evolve and grow throughout the world. The WFMT has strived to meet the developing profession. In 2008, this involved changing the structure of the organization to model the World Health Organization and create a stronger international representation. This structural change ensures the organization has a commissioner from each of the eight region in the world; Africa, Australia/New Zealand, North America, Latin America, Southeast Asia, Europe, Eastern Mediterranean and Western Pacific.

Present and into the Future
The WFMT has worked to recognize and understand the varying needs of music therapists and music therapy organizations around the world. This needs range from countries beginning their first professional organization, professional journal or training program to gaining recognition by their government. Over the past several years, the WFMT has worked to create a variety of resources and add breadth and depth to the website to meet the growing needs of the profession.

In 2011, the WFMT re-established Music Therapy Today, in order to disseminate current knowledge and information about music therapy education, clinical practice, and research worldwide. In the last few years, the WFMT Council has worked to build a number of resources for music therapists to use. These include: an international music library, regional liaison blogs, Music Therapy World (archive issues of Music Therapy Today, conference reports, dissertations, videos, CDs, and books on music therapy), and sound board (that includes audio snippets of music therapy sessions).

In the past year, a WFMT task force has taken on the charge of completing the
organization’s first strategic plan. Council members have been working over the past year to develop internal, external stakeholder and Facebook surveys and distribute those surveys. The task force as taken the data and feedback from these surveys and utilized these key findings to develop the strategic plan for the next 5-10 years for the WFMT.

Conclusion
The Council has strived to continue to meet the mission and vision of the WFMT, by developing and promoting music therapy worldwide. This has been accomplished through structural reorganization, development of resources and a strategic plan.

References
All WFMT publications, resources, project outcomes, and events are available on the WFMT website at www.wfmt.info. Monthly spotlights are posted on Facebook.

About the Authors
Annie Heiderscheit, Ph.D., MT-BC, LFMT is the Interim President of the World Federation of Music Therapy and the Director of the Master of Music Therapy and Assistant Professor of Music at Augsburg College.

Contact: heidersc@augsburg.edu

2011-2014 Council Members include Officers: Petra Kern (Past President), Jen Spivey (Secretary/Treasurer & Executive Assistant); Commissioners: Lucanne Magill (Education & Training Chair), Amy Clements-Cortes (Clinical Practice Chair), Gene Ann Behrens (Global Crises Intervention Chair), Dena Register (Accreditation & Certification Chair), Clare O’Callaghan (Research and Ethics Chair), Joerg Fachner (Publications Chair), and Maite Barbe (Public Relations); Regional Liaisons: Sunelle Fouche (Africa), Jeanette Mildford (Australia/New Zealand), Anita Gadberry (North America), Cybelle Loureiro, (Latin America), Sumathy Sundar (Southeast Asia), Angela Harrison (Europe), Aksana Kavaliova (Eastern Mediterranean), and Melanie Kwan (Western Pacific); and World Congress Organizer Gerhard Tucek (Austria)
GOOD, BETTER, BEST: RECOMMENDATIONS ON EVIDENCE-BASED PRACTICE FOR CHILDREN WITH AUTISM SPECTRUM DISORDER

Petra Kern
Music Therapy Consulting, USA

Marcia Humpal
Private Practice, USA

Jennifer Whipple
Charleston Southern University, USA

Linda Martin
Coast Music Therapy, USA

Angela M. Snell
Monroe County Intermediate School District, USA

Darcy Walworth
University of Louisville, USA

John Carpenter
The Rebecca Center for Music Therapy at Molloy College, USA

Hayoung Lim
Sam Houston State University, USA

Linn Wakeford
University of North Carolina at Chapel Hill, USA

Introduction
Autism Spectrum Disorder (ASD) has received worldwide attention from music therapy practitioners, researchers, and educators. The increase in prevalence rate in all cultures and nations indicates a need for evidence-based interventions that can improve social, communication and everyday life skills of individuals with ASD. This roundtable features latest developments in the field.

Evidence-Based Practice and ASD
Music therapy is one of the 22 emerging practices identified by the National Autism Center (NAC, 2009) that may address the two core symptoms within each personalized session: a) persistent deficits in social communication and social interaction across multiple contexts, and b) restricted, repetitive patterns of behavior, interests, or activities (American Psychiatric Association [APA], 2013, p. 50). Music therapy interventions are informed by research evidence, incorporating many of the 11 identified ASD-specific evidence-based practices in each session (Kern, Rivera, Chandler, & Humpal, 2013; NAC, 2009). While research on the effectiveness
of music therapy interventions remains limited, it is gradually expanding.

**Research-Based Knowledge**
A recent meta-analysis by Whipple (2012) provides evidence that music therapy interventions with young children with ASD are very effective (overall effect size of $d = 0.76; p < .0001$) for improving communication, interpersonal skills, personal responsibility, and play.

**Assessment and Goals**
Most music therapists assess clients to identify their present level of functioning for intervention planning. Having no known validated music therapy assessment tool specific to ASD, music therapists employ self-created assessment tools and music-therapy or work-space specific assessment tools. Communication skills, social skills, and emotional skills represent the top three targeted goal areas (Kern et al., 2013).

**Approaches and Techniques**
A majority of music therapists in the United States apply a behavioral approach to music therapy when working with clients on the autism spectrum, while some use Nordoff-Robbins Music Therapy or Neurologic Music Therapy (Kern et al., 2013). Music therapists also embed other theoretical frameworks and strategies into the therapeutic process (e.g., DIR®/Floortime™ Model, key points of communication and language development, and sensory processing). Prominent evidence-based instructional strategies applied in music therapy sessions are prompting, reinforcement, and picture schedules. Music therapy techniques utilized to achieve therapeutic goals are singing and vocalization, instrument play, movement and dance, free and thematic improvisation, songwriting and compositions, listening to live music/pre-recorded music, and combining music with media.

Adhering to family-centered practice and embedding interventions in children’s natural and inclusive environments are two prominent guiding principles of planning and implementing interventions for individuals with ASD. These principles should be continued and studied in more depth.

**References**


**About the Authors**
Please review the 2014 World Congress of Music Therapy program for authors’ biographies. Note: All authors contributed to the Kern & Humpal (2012) book.

Contact: petrakern@musictherapy.biz
THE COLOR OF US: MUSIC THERAPY FOR YOUNG CHILDREN IN EUROPE

Petra Kern
Music Therapy Consulting, USA

Stine Lindahl Jacobsen
Aalborg University, Denmark

Kirsi Tuomi
Finnish Society for Music Therapy, Finland

Elizabeth Georgiadi
Musical Movement Foundation, Greece

Krzysztof Stachyra
Maria Curie-Skłodowska University, Poland

Claire Flower
Chelsea and Westminster NHS Foundation Trust, UK

Thomas Stegemann
University of Music and Performing Arts, Austria

Introduction
Early childhood matters; experiences early in life can have a long-term effect on later learning, behavior, and health. Music therapists around the world have recognized the importance of early intervention/special education and offer timely services for young children and their families for improving developmental skills. This paper provides a snapshot of demographics, cultural values, intervention settings, and common approaches in six European countries that are featured via a roundtable at the 2014 World Congress of Music Therapy.

Denmark
Of all music therapists in Denmark, only one fourth are working with young children—mainly at child development services, special needs daycare centers, preschools and to a lesser extent at family care centers, refugee centers, rehabilitation centers, and hospital units. In early childhood practice, the music therapy interventions build on analytical, Carl Orff-, and Julien Alvin inspired approaches. Music therapists often work in multidisciplinary teams, making an effort to find the best possible intervention option for the individual child.

Finland
Early childhood music therapy in Finland is typically provided in individual sessions, including separate meetings with parents. Group sessions seem to be rather rare. Music therapy interventions are more often provided to preschoolers (ages 4-5) than infants and toddlers. The Social Insurance Institution of Finland (KELA) funds most therapeutic services lasting longer than one year. Music therapists in Finland commonly apply a psychodynamic or attachment based framework when working with young children and their families.
Greece
In Greece, a very small number of music therapists work in early childhood settings. Music-centered or psychodynamic, improvisational, participatory approaches are the most common approaches in use. Services are offered to infants and children with disabilities such as cerebral palsy, autism spectrum disorder, and other developmental disorders. The emphasis on parent/infant bonding is increasing. Services are provided mainly in specialized music therapy centers, in children’s hospitals, or in other educational/therapeutic centers.

Poland
In recent years, music therapy (including services for young children) has rapidly developed in Poland. Improvisational models and behavioral approaches are increasingly replacing the Mobile Music Recreation Model, which has been dominant for many years. Music therapists primarily work with children with special needs (including language impairment or emotional disturbance) and also support premature infants. Music therapy is progressively a feature of inclusive preschools and centers for children with special needs and also may be included in pediatric hospital services.

United Kingdom
Music therapy practice in recent years has been shaped by developments in policy to which practitioners have responded creatively. Seeing the child within the context of the family and understanding the differing settings in which practice happens is a framework of practice that is crucial. Practitioners use a range of approaches to provide responsive services to young children and families.

Austria
In Austria, approximately 25% of all music therapists work with children and adolescents. Music therapy in Austria is influenced by various psychotherapy approaches such as psychodynamic, humanistic, and systemic traditions. Additionally, developmental theories play an important role for today’s clinical practice. Music therapy for young children is provided both in clinical settings (e.g., hospitals, child development centers, private practice) and in educational environments (e.g., preschools and kindergartens).

Conclusion
While music therapists around the world provide services for young children and their families, cultural values are reflected in the theoretical frameworks and service delivery models provided. However, improving the lives of young children and their families through music is a goal that is common to all.

References
All authors contributed to the color of us series in imagine (2011 2012, 2013) available at www.imagine.musictherapy.biz.

About the Authors
Please review the 2014 World Congress of Music Therapy program for authors’ biographies.

Contact: petrakern@musictherapy.biz
MUSIC THERAPY WITH DISORDERS OF CONSCIOUSNESS: RESEARCH INNOVATIONS TO GUIDE BEST PRACTICE

Wendy L. Magee
Boyer College of Music and Dance, Temple University, Philadelphia, PA, USA

Dee Gray
National Rehabilitation Hospital, Dublin, Ireland

Marcela Lichtensztejn
INECO, Buenos Aires, Argentina

Rebecca O’Connor
National Rehabilitation Hospital, Dublin, Ireland

Julian O’Kelly
Royal Hospital for Neuro-disability, London, UK

Background
Meaningful emotional and personalized musical experiences can arouse several neural networks related to consciousness, enabling the recruitment and coordination of brain regions in disorders of consciousness (DOC), thus reaching a person’s communicative musicality (Lichtensztejn et al., in press). However, the evidence for music therapy (MT) to address clinical needs in DOC remains sparse and based in expert opinion (Magee, 2005). Without adequate evidence for its effects, it is difficult to determine best practice to guide MT interventions. Measurement issues are central to this topic, as measuring responsiveness and awareness in this population is confounded by the complexity of the patient group.

Interventions
Music therapy offers a unique contribution to compliment standardised assessments of awareness more reliant on language processing (O’Kelly & Magee, 2013). Live music seems to be a crucial stimulus to trigger patients’ observable behavioural responses. Recent research compared MT methods using live music with other musical and non-musical stimulation in vegetative state (VS) and minimally conscious state (MCS) patients. The findings support the use of MT for improving arousal, selective attention and neuroplasticity in both (O’Kelly et al., 2013). Results found significantly increased blink rate for preferred music for VS patients.

Measurement
Research has identified the need for a variety of assessment tools to be used to encourage responses indicative of awareness in DOC patients (O’Kelly & Magee, 2013) and the value of music therapists working as integral part of interdisciplinary teams is well documented (O’Connor and Fearn, 2008; Magee & Baker, 2009). MT assessment not only can contribute for a differential diagnosis (Lichtensztejn et al., in press; Magee, 2005) but also can provide sensitive data about the patient’s potential for
rehabilitation and about what areas of functioning will likely improve over the course of interdisciplinary treatment. An important focus in current research with DOC populations is in developing and standardizing MT specific measures as well as testing the clinical utility of non-music standardized measures for demonstrating change during MT with DOC.

Lichtensztejn et al. (in press) compared a patient’s responses measured with the Wessex Head Injury Matrix by applying both standard non-music stimuli and live music interventions. Live music interventions resulted in the patient achieving improved clinical outcomes and responding to a greater number of items, changing his diagnosis from VS to MCS. The Music Therapy Assessment for Awareness with Disorders of Consciousness (MATADOC, Magee et al., 2014) is an assessment tool for measuring responsiveness using a standardized MT protocol. It has been found to be a valid and reliable assessment to determine awareness in adult DOC populations with the capacity to determine differential diagnosis between VS, MCS and emerging (Magee et al., 2014). O’Connor & Gray report on a study that explores the MATADOC alongside standardized non-MT measures to assess adult and pediatric DOC patients’ levels of response, contributing to diagnosis, informing treatment as well as providing a response baseline and a means of monitoring change for this complex patient group (O’Connor & Gray, 2013). Results indicate the positive impact of working conjointly in sessions with other professionals as well as working closely with family members is becoming increasingly apparent.

About the Authors
Wendy L. Magee, PhD, is Associate Professor in Music Therapy at Temple University, Philadelphia, USA.

Dee Gray RPN, MA is a music therapy researcher and Rebecca O’Connor is RGN, MA is founder and Lead Music Therapist, both at the National Rehabilitation Hospital, Dublin, Ireland.

Marcela Lichtensztejn, MT-BC, LCAT, NRMT is the Founder Director of the Creative Arts Therapies Department and the Music Therapy Program at INECO, Buenos Aires, Argentina.

Julian O’Kelly is PhD Mobility Fellow in Music Therapy at the Royal Hospital for Neuro-disability, London.
MUSIC THERAPY WITH FAMILIES:
REFLECTIONS ON PARTICULAR BENEFITS FOR CAREGIVERS

Amelia Oldfield
Croft Children’s Unit, Cambridge, United Kingdom

Kirsi Tuomi
Private Music Therapy Practice, Finland

Barbara Griessmeier
Frankfurt University Hospital, Germany

Tali Gottfried
Private Music Therapy Practice, Israel

Abstract
Four experienced music therapists will describe different aspects of working with individual children between the ages of 5 and 18 and their carers. They will focus on the role music therapy plays for the carers.

Description
Family-centred music therapy has become an established way of working in recent years especially in the UK, Australia and the USA. Recent literature reveals that parents and caregivers play a significant role in music therapy with children with a wide range of difficulties (Edwards, 2011; Kern & Humpal, 2012; Tomlinson et al., 2012). However there are many countries where music therapy with families is only just beginning. Shifting the therapy from individual or group work to family work leads to reflections on how to meet with parents, and an examination of the parents’ roles and the music therapists' roles in the treatment process.

In the last two International Music Therapy Conferences (Nordic Congress, Jyväskylä 2012 and European Music Therapy Congress, Oslo 2013), Amelia Oldfield and Kirsi Tuomi coordinated very successful Symposia on the topic of music therapy with families. The Round Table in Krems 2014 now aims to be more specific, focusing on individual work with older children (aged 5 to 18) and their families, and looking at the specific role of the work with caregivers. Discussion will centre on the following aspects of working with caregivers: dual role of the therapist; is one therapist enough; parent consultation; different caregivers; different approaches. The four 15/20 minute presentations by music therapists from four different countries who specialize in this work, will be partly illustrated with DVD excerpts of music therapy sessions. The aim is to be interactive with the audience. There will be time for questions and debate.

Amelia Oldfield
Amelia will present the case of Josh and his family. Twelve-year-old Josh had a history of medical conditions which meant that his parents struggled not to be overprotective of him. As he was becoming an adolescent, issues around his independence were
causing major problems in the family. Family music therapy sessions helped his parents to value Josh’s qualities of leadership, but also to establish their own authority as parents.

**Kirsi Tuomi**
Kirsi will focus on children with attachment disorders and their foster or adoptive families. MIM-assessments and parent interviews will be presented, shedding light on the parent’s capacity for reflective thinking and the choice of approach for each family. Kirsi will illustrate her work through case vignettes, which include using video feedback to draw out positive interactions.

**Barbara Griessmeier**
Barbara will present 15-year old Juliano, and his mother. Juliano suffered from a severe blood disease and had to undergo hematopoietic stem cell trans-plantation, staying in an isolated room for 6 months. In various music therapy sessions, Juliano and his mother experienced the possibility to share joy and relaxation, but also deep emotional concerns and communication. The special benefit for Juliano’s mother will be taken into account.

**Tali Gottfried**
Tali will describe her clinical practice of Collaborative Counseling in Music Therapy for parents of children with ASD, which is being tested in her PhD research. The music therapist conducts both the treatment sessions for the child and the counseling sessions for the parents, aiming to generalize insights from the therapy room to everyday life of the family. Video excerpts will be integrated in Tali’s presentation.

**References**

**About the Authors**
*Amelia Oldfield* has worked, researched and lectured as a music therapist with children and families for over 30 years.

Contact : amelia.oldfield@anglia.ac.uk

*Kirsi Tuomi* combines theraplay and music therapy techniques in her music therapy practice and her current PhD research.

*Barbara Griessmeier* has worked as a music therapist and general therapist in the psycho-social care service at a children’s oncology unit for nearly 30 years.

*Tali Gottfried’s* music therapy work and current PhD research focus on children with special needs and their families.
COLLABORATION:
EMPOWERING THE RESEARCHER AND CLINICIAN RELATIONSHIP

Jessy Rushing
University of Kentucky, USA

Lori Gooding
University of Kentucky, USA

Olivia Swedberg Yinger
University of Kentucky, USA

Ethical Call of the Profession
The relationship between music therapy practice and research is “integral” and recognized by the World Federation of Music Therapy and the American Music Therapy Association (AMTA, 2010; WFMT, 2014). Aligning the best research with clinical expertise governed by patient values, needs, and preferences defines evidence-based practice (AMTA, 2010).

Need for Collaboration
Studies consistently suggest that the benefits of collaboration between researchers and practitioners far outweigh the drawbacks (Denis & Lomas, 2003; Jones, et al, 1998; LeGris, et al, 2000). Challenges stem from clinicians' feelings of inadequacy in relation to research (Olade, 2004; Otera, 2013) as well as limited availability of mentors and support (Olade, 2004). Without the perception of adequate support clinicians and providers may struggle to fit research in among daily responsibilities. Conversely researchers may have the knowledge and strong funding sources, yet they may have limited access to participants and community facilities.

Factors Contributing to Collaboration
LeGris and Weir (2000) outlined a successful model for collaboration based on mutual commitment, support, and adaptability. Pinto (2012) found that research benefits, perceptions of researcher's availability, and agency preparedness were significant factors connected with providers' willingness to engage in research. Pinto (2012) also found women were significantly more willing to collaborate. Support, flexibility and even sociability seem to play key roles in creating balance and coordination of research.

Conclusion
Defining the need for collaboration and identifying barriers to collaborative research will aid in the dissemination of research findings into evidence-based healthcare delivery. Furthermore, increased understanding of the presented elements will bring those together who study with those who act on and in issues facing society (Denis & Lomas, 2003).
References

About the Authors
Jessy Rushing is a clinical music therapist and internship supervisor at UK Healthcare.

Dr. Lori Gooding and Dr. Olivia Swedberg Yinger are music therapy professors at the University of Kentucky.

Contact: jessy.rushing@uky.edu
WFMT ASD EXPLORING THE FUTURE: STUDENT PERSPECTIVES ON GLOBALIZATION OF MUSIC THERAPY

Jen Spivey and WFMT Assembly of Student Delegates
World Federation of Music Therapy

Introduction
Nurturing a new generation of music therapists is critical to the healthy development of the profession. Student organizations provide opportunities for future professionals to hone their skills and to prepare to serve local, national, and regional organizations before they transition into their vocational roles. Early involvement can initiate and enhance professional connections, lifelong networking, and collaboration in an increasingly globalized field. The World Federation of Music Therapy Assembly of Student Delegates (WFMT ASD) exists, in part, to help students expand their horizons beyond mere membership in vocational organizations. It aims to foster awareness among the international student body by uniting individuals towards common goals while simultaneously providing a platform for the individual to be heard.

Brief History of the WFMT ASD
The WFMT ASD was established in 2011 under the guidance of Dr. Petra Kern, WFMT President, and Ms. Rose Fienman, WFMT Executive Assistant. Since its inception, the WFMT ASD has aimed to respond to student interests, to provide informative resources, and to offer collaborative opportunities. The purpose of the ASD is to enhance students’ knowledge of the profession; to provide a forum for international student activities; to facilitate the sharing of ideas, thoughts, and opinions; and to assist in preparing responsible, politically aware, and skillful leadership of the WFMT. The existence of ongoing projects, such as music therapy Info Cards and the Connect peer communication exchange, coupled with the continual development of new projects, such as Tips for Travel and student videos, is a direct outcome of expressed student needs. Moving forward, the 2014-2017 ASD will build on the existing vision to promote the exchange of ideas and information among students by increasing global participation and cooperation, raising awareness of WFMT, and representing the student voice to the WFMT Council.

Regional Student Concerns
While the music therapy profession is experiencing growth around the globe, each WFMT region encounters unique developments and challenges in this process. ASD representatives synthesize information from student colleagues within their regions, helping to create a cohesive picture of critical music therapy student concerns, achievements, and developments. The ASD serves regions where no formal student groups exist to those where there is a complex structure of student organization leadership and activity. One challenge is identifying how to meet the needs of the broad spectrum of student experience. Through data gathering, information sharing,
and soliciting feedback, the ASD aims to maintain open communication with students across all regions, offering support and resources specific to regional student concerns.

Broadening Perspectives
As students progress through their music therapy training, they seek opportunities to become connected to their peers and to the profession at large. Interest in global developments and international music therapy work is a growing trend among students. By fostering connections, developing resources, and engaging in dialogue with these student contacts, the ASD invests in the future of the music therapy profession.

References
WFMT ASD projects and publications are available on the WFMT for Students webpage of the WFMT website at http://www.wfmt.info/WFMT/WFMT_for_Students.html.

About the Authors
Jen Spivey, MT-BC, serves as the 2011-2014 WFMT Executive Assistant, overseeing the WFMT Assembly of Student Delegates, and has served as the WFMT Secretary/Treasurer since 2013.

Contact: spivey.jen@gmail.com

Anna-Kristina Stekl is a graduate student at IMC University of Applied Sciences Krems (Austria) and serves as the 2011-2014 WFMT Student Delegate to Europe.

Julie Lytle, MT-BC, CCLS, graduated from Capilano University (Canada) and serves as the 2011-2014 WFMT Student Delegate to North America.

Kumi Sato, MS, is a Ph.D. candidate at Tsukuba University (Japan) and serves as the 2011-2014 WFMT Student Delegate to the Western Pacific.

Lucila Pivetta, Licenciada en Musicoterapia, graduated from Universidad del Salvador (Argentina) and serves as the 2011-2014 WFMT Student Delegate to Latin America.

Puchong Chimpiboon, is a graduate student at Mahidol University (Thailand) and serves as the 2011-2014 WFMT Student Delegate to Southeast Asia.

Tanya Brown, M.Mus, RMT, graduated from the University of Pretoria (South Africa) and serves as the 2011-2014 WFMT Student Delegate to Africa.

Tim Minchin, MMusThy, RMT, graduated from the University of Queensland (Australia) and serves as the 2011-2014 WFMT Student Delegate to Australia/New Zealand.
THE ECONOMICS OF THERAPY:
CLIENTS, COLLEAGUES, CASH, AND COMPETITION

Daniel Thomas
Chroma, UK

Alison Ledger
University of Leeds, UK

Petra Kern
Music Therapy Consulting, USA

Stine Lindahl Jacobsen
Aalborg University, Denmark

Vicki Abad
Sing & Grow, Australia

Abstract
“Without funding we can offer nothing.” This roundtable features an international panel of music therapists exploring what happens when music therapy and business collide. Consisting of music therapy business owners, lecturers and researchers, the panel invites participants to grapple with the following questions:

- Can 21st century music therapy care for clients, colleagues, cash and competitors?
- Can we apply core therapeutic skills to develop successful music therapy businesses?
- Are “for-profit” music therapy businesses ethically justifiable?

Background
The business of therapy is about two things: (a) getting the job, and (b) providing the service; the content of therapy is contained by the context of business. Without a healthy and functioning economic context surrounding their work, music therapists may struggle in the current economic climate where these issues are even more pressing.

We have little control over the financial health of government budgets; however, we can be proactive in controlling the financial health of our own businesses. Music therapists have distinct skills including attunement, improvisation, and listening that are learned for and honed in the clinical space. In his book, To Sell is Human, Pink (2012) suggests these skills are also highly desirable and effective within the economic environment. He believes that successful businesses are fundamentally about building relationships; and as music therapists we know that relationships lie at the heart of successful therapy.

Context
There is very limited research and minimal
statistical information about the state of the global music therapy economy. We are not certain about how much music therapy contributes to global Gross Domestic Product (GDP). Most national associations for music therapy do not routinely track the number of legal entities in which our work takes place; these might include music therapy charities, not-for-profit organizations, and for-profit businesses. Having so little data on the economic aspect of the profession makes it very difficult to identify areas of best practice or risks factors effecting sustainable growth.

In the current economic climate with GDP still falling in many countries, relying on government-funded positions may not be an option anymore. There is a clear need to build business skills and resilience in our profession alongside our culturally biodiverse practices and ecological approaches. Ledger (2010) found that music therapists were uncertain about gaining support and securing funding. Our approach with commissioners may include consultative services, but what do managers and commissioners need to know about music therapy to effectively engage, communicate and build relationships with those who fund the services?

World Federation of Music Therapy statistics (2012) identified 14,623 music therapists worldwide. Governments fund many of these music therapists directly or indirectly through charitable grants or via the public sector and statutory services. For this reason it is thought that music therapists predominately work in the not-for-profit, statutory or charitable sectors. Due to how they are funded, these sectors take resources from the wider economy whilst private “for-profit” music therapy companies, of which there are fewer, add to the amount of money governments have to spend. Working within a “for-profit” business model makes some people uncomfortable but perhaps the time has come to question why.

**Conclusion**

Music therapy is both an evidence-based practice and a service. Acknowledging this brings ethical dilemmas into the open. Can we justify earning our living from people who need help? Can we advertise our services responsibly? Music therapy students should be taught business and therapeutic ethics concurrently. Basic strategies for business development and support for students to reflect on their own qualities as potential entrepreneurs should become the norm in training courses.

**References**


**About the Authors**

Daniel Thomas is a music therapist and Director of Chroma (wearechroma.com). He has many years’ experience as a clinician, owner and entrepreneur in the industry.

Please review the congress program for all other speakers biographies.
WORLD-WIDE PERSPECTIVES ON IMPROVISATIONAL MUSIC THERAPY FROM THE TIME-A PROJECT

Grace Thompson
The University of Melbourne, Australia

T. Gottfried², M. Geretsegger³, A. Oldfield⁴, F. Suvini⁵, G. Gattino⁶, C. Elefant², J. Carpentè⁷, J. Kim⁸, C. Gold⁹
²Tel Aviv/IL, ³Vienna/AT, ⁴Fulbourn, Cambridge/UK, ⁵/IT, ⁶/BR, ⁷New York/US, ⁸Jeonju/KR, ⁹Bergen/NO

Background
Improvisational music therapy methods have been viewed as a valuable way of working with children with autism spectrum disorder (ASD) since the pioneering efforts of Alvin and Nordoff and Robbins (Alvin, 1978; Nordoff & Robbins, 1977). The TIME-A project is a unique international collaboration targeted at investigating the effectiveness of improvisational music therapy (IMT) (Geretsegger, Holck, & Gold, 2012; Wigram, 2004) for children with autism spectrum disorder (ASD). Within this project, an international “consensus model” for IMT has been developed by drawing on the world-wide perspectives of the international collaborators (unpublished report, Geretsegger, Carpentè, Holck, Elefant & Gold, 2013).

World Wide Perspectives on Improvisational Music Therapy with Children with Autism Spectrum Disorder
Clinicians from 4 continents around the world present examples of clinical work highlighting an aspect of working improvisationally in their local context. The overarching principles of the “consensus model” developed within this project are explored across the presentations, particularly those aspects of IMT that are categorized as unique, essential and acceptable within the model. Clinical examples focus on how IMT is adapted to different contexts and why IMT is useful with children with ASD (Oldfield, 2006). The clinical examples also examine the range of characteristics of the children in the study, including those who are: high functioning and verbal; low functioning and non-verbal; younger (4 years old); older (7 years old); and receiving IMT in natural settings such as the home (Thompson, 2012).

Conclusions
The global perspectives in this round table provide an opportunity for discussion that will help to explore and deepen our professional understanding of an important music therapy method within the field of ASD (Gold, 2011).

References


**About the Authors**

Grace Thompson is lecturer at The University of Melbourne whose clinical work focusses on young children with special needs in family-centered settings.

Contact: graceat@unimelb.edu.au

Tali Gottfried is the owner of the Private Practice for Music Therapy, and a PhD candidate at the Doctoral Program for Music Therapy in Aalborg University, Denmark.

Monika Geretsegger is a music therapist, clinical and health psychologist based in Vienna, and a PhD researcher at Aalborg University.

Amelia Oldfield is professor at Anglia Ruskin University and has worked with children with ASD and their families for over 30 years.

Ferdinando M. Suvini is a music therapist and teaches at the University of Florence and Conservatorio of Como and L’ Aquila.

Gustavo S. Gattino teaches at UFRGS University (Brazil). His clinical work focuses on children with ASD & multiple disabilities.

Cochavit Elefant, is the head of the music therapy program at the Graduate School of Creative Arts Therapies at the University of Haifa, Israel.

John Carpente is professor of music therapy and executive director of The Rebecca Center for Music Therapy and Center for Autism at Molloy College, New York.

Jinah Kim is Associate Professor at Jeonju University, Korea and Associate Editor of the Nordic Journal of Music Therapy.

Christian Gold is Principal Researcher at Uni Research, Bergen; Adjunct Professor at University of Bergen; Honorary Professor at Aalborg University, Denmark; Editor-in-Chief of the Nordic Journal of Music Therapy.
MUSIC AND THE EXPRESSION OF VIOLENCES IN SCHOOLS

Andreas Wölfli  
Institute for Music Therapy, Germany

Katrina Skewes McFerran  
The University of Melbourne, Australia

Philippa Derrington  
Queen Margaret University, UK

Working with teenagers, the relationship between music and the expression of violence is complex and represents a challenge for professional music therapy approaches in schools. Music therapists often utilize the relationship between music and emotions but it is rare to see discussion focused on the darker side of this relationship. However, the music psychology literature depicts a connection between ‘problem’ music and a vulnerability to mental health problems (North & Hargreaves, 2006), and many authors describe how young people can use particular types of music for priming antisocial behaviours, including violence (Baker & Bor, 2008). The current literature shows some new insights on both issues (McFerran, Garrido, & Saarikallio, 2013).

As music therapists, it is critical that we have a nuanced understanding of the relationship between youth, music and antisocial behaviours, particularly when this is linked to violence. ‘Violence prevention’ is a new area of music therapy practice in schools.

Comparing innovative programs from different countries (Germany, Australia, and UK) three music therapists consider how different cultural influences in each context have shaped their approaches into a continuum of preventative practices. These range from developing skills to handling conflict (Nöcker-Ribaupierre & Wölfli, 2010), to increasing consciousness about the ways music influences (and sometimes primes)
antisocial behavior (McFerran, 2011), to the use of music with violent youth to reconnect with positive self-identity (Derrington, 2012). Case examples from group and individual work demonstrate how both the positive and negative affordances of music can be harnessed by music therapists to reduce the level of violence in youth culture.

By addressing the relationship between music and violence the authors challenge the assumption that music is always connected to positive growth.

References


About the Authors
Andreas Wölfl, is Head of the Music Therapy Training at Freies-Musikzentrum Munich, Germany.

Contact: andreas.woelfl@t-online.de

Katrina Skewes McFerran is Associate Professor, Convenor of Masters in Music Therapy & Director of the Australian Music Therapy Research Unit.

Philippa Derrington is lead of the MSc Music Therapy Programme and specializes in work with young people with emotional and behavioral difficulties.
WORKSHOPS
ANTHROPOSOPHIC BASED MUSIC THERAPY

Monica Bissegger
Filderklinik, Filderstadt, Germany

Sarah Bieligmeyer
ARCIM-Institute (Academic Research in Complementary and Integrative Medicine), Filderstadt, Germany
Department of Clinical Psychology and Psychotherapy, University of Tuebingen, Germany

Doris Dorfmeister
Filderklinik, Filderstadt, Germany

Eduard Helmert
ARCIM-Institute, Filderstadt, Germany

Alice Ranger
ARCIM-Institute, Filderstadt, Germany
Department of Clinical Psychology and Psychotherapy, University of Tuebingen, Germany

Jan Vagedes
ARCIM-Institute, Filderstadt & Filderklinik, Filderstadt
Department of Neonatology, University Children’s Hospital Tuebingen, Germany

Abstract
Anthroposophic Music Therapy has been developed from Dr. Rudolf Steiner’s anthroposophical understanding of the human being. The workshop will present an introduction to this anthroposophic knowledge and its relation to music therapy. Practical experiences of this therapy will be given and current research on its effectiveness will be presented.

Description
Anthroposophic Music Therapy is based on Rudolf Steiner’s research and teachings about the full nature of the human being (Steiner & Wegman, 1997). It takes into account the threefold human organization’s nerve-sense activity, its polar opposite metabolic-limb activity and its intermediate rhythmic systems of breathing and heartbeat. Through melody, harmony, rhythm and sound, music opens inner realms of experience and appeals to emotions through which we can already grasp what we cannot understand merely with our heads (Evans, 2007; Evans, 2000). Music works on the breathing and the heartbeat (the rhythmic system), harmonizing upwards and downwards: in the nerve-sense system it provides greater clarity and alertness; in the metabolic-limb system it balances and stimulates (Yamasaki et al., 2012). Emphasis on the rhythmic or melodic, the selection of the instrument and the duration of therapy are chosen according to the nature and severity of the disease (Hamre et al., 2007; Hamre et al., 2006). Music therapists use different instruments as “acoustic medications” – using percussion, stringed and wind instruments and especially the human voice, the most versatile of acoustic instruments. Children and adults can benefit from music therapy for a variety of diseases. Unhealthy infants can also receive music therapy in the form of the mother’s voice (under the
therapist’s guidance), or the therapist’s voice, accompanied with a harp or lyre (Bissegger, 2001). Further, music therapy is successfully used for many medical conditions, such as psychosomatic disorders like depression, anxiety and fatigue (Koelsch, Offermanns, & Franzke, 2010), and for heart and circulatory diseases (Riganello, Candelieri, Quineieri, & Dolce, 2010). A guiding principle for this therapy is to lead the patient out of psychological isolation by stimulating their latent vitality and ability for self-regulation. During the workshop, subjects will receive, and actively participate in, practical applications of this therapy. Also, current research involving the pentatonic scale, live versus digitalised music, the effects of single intervals, sound-bed therapy with cancer patients, among other themes, will be presented.

References

About the Authors
Monica Bissegger is an anthroposophic music therapist at Filderklinik.
Contact: m.bissegger@filderklinik.de
Sarah Bieligmeyer (psychologist) is doing her doctor’s degree at University of Tuebingen under Prof. Hautzinger.
Doris Dorfmeister is an anthroposophic music therapist at Filderklinik.
Eduard Helmert (physician) works at ARCIM-Institute.
Alice Ranger (psychologist) is doing her doctor’s degree at University of Tuebingen under Prof. Hautzinger.
Jan Vagedes is pediatrician and is the scientific director of the ARCIM Institute.
HOW AND WHY TO CHANGE FROM PRODUCT TO PROCESS MUSIC THERAPY

Janice M. Dvorkin  
University of the Incarnate Word, USA

Product and Process  
Based on how music is perceived in the European tradition, the goal is to produce music. This product is what people hear, perceive, hopefully enjoy and want to hear again. In the United States, music therapists were often hired in institutions to provide music in the same way. This use of music by music therapists was made clear by being hired under the Recreation or Activities department. Enjoyment of the music was the principle goal and not considered a therapy; with goals and a process that is connected to the individual person and his/her disorder. This way of using music has often not changed, particularly on the Bachelor’s level (the level of training that enables music therapists to obtain certification and the ability to work). The teaching of the “activities” that meet the needs of the patients with whom the music therapist is working leads to a reliance on certain concrete academic experiences or directed by books on music therapy. Should the patient refuse to follow the directions of the music therapist, then there is no music therapy for this person. Or the activity is completed, along with the session. The work of a therapist is often limited by the limitations of the therapist.

Another way to work as a music therapist is to focus on the needs of the patient, based on the disorder and why the music therapist is working in that setting. These goals include coping skills, problem solving, pain management, etc. in medical, rehabilitation and educational settings. In order to do this kind of work, the therapist has to learn about the patient through music, including the use of assessment tools and entering with the music ability to play composed music, accompany the patient and/or improvise music with him/her (and sometimes the family). This begins the process towards creating a relationship between the music therapist and the patient. From this point, the therapist needs to consciously move from the beginning of the session to the end in a purposeful manner. In other words, the therapist keeps track of the immediate responses by the patient and responds to that response by trying to think of how to use music to meet the response. If the patient refuses to accept the intervention initiated by the therapist, then the therapist “works with the resistance”. This means focusing on the why the patient chooses not to use music that day, or ever. Often the refusal is due to a negative experience with music or a lack of knowledge about how the elements of music can be used as part of the patient’s therapy. While singing and playing instruments are frequent music therapy techniques, learning to connect the different elements of music to coincide with the status of the patient is also part of music
therapy practice. An example is a soldier in a hematology unit of a military hospital. Initially, he was very adamant about not wanting the experience and why he was there, the music therapist directed him to breathe deeply, then sigh and then moan. As he was moaning, he was overcome by the distress of his condition and went quickly into the restroom. Upon returning to his bed, he talked about what had just occurred. He began to describe feelings and thoughts that he had been trying to suppress. At the end of the session, he was open to having a music therapy session again.

How is process work accomplished?
In order to work in this way, the therapist needs to be able to listen and observe the patient and then think of the possibilities of how music could be incorporated into helping the patient improve his/her functioning. Initially, this involves the therapist striving to express empathy (understanding) to the patient. No one can prepare specifically how to accomplish this with a new patient. Instead, it is the first step in the therapy process. The music therapist needs to have a curiosity about the patient and be willing to create a new series of sessions for the patient. This is often not evident when the music therapist enters the session prepared to use techniques regardless of the patient’s responses. In addition to retaining the behaviors of the patient, the music therapist can also use counter-transference responses. Music therapists often use their auditory cortex to retrieve music responses to the patient, in regard to content or knowledge. The process can also focus on musically imitating, or reflecting the person’s actions or verbalizations. While this way of working can provoke feelings of insecurity, “What happens if I can’t think of anything to do musically?” Then it means that you need to continue listening and observing, until you can make sense of the patient’s behaviors.

Music Therapy Training
While I have been told that Bachelor’s level students cannot learn to work in this way, I am successfully running a music therapy program that is based on this way of working. These students learn about the clinical populations in their methods courses and are given an example of how to work with music and why with this person. They also are directed to use role playing in all the instrument and improvisation courses. These students then find other music, or techniques, to use with various populations and become familiar with associating these interventions in their work. As a clinical supervisor, I hear about music therapists who only want to be given more specific ways to do music therapy to “help the patient feel happy”. I hope music therapy has grown beyond a beginner’s therapy.

About the Author
Dr. Dvorkin has worked as a music therapist for 35 years, as a licensed psychologist for 22 years and as a clinical supervisor for 29 years.

Contact: dvorkin@uiwtx.edu.
MUSICAL TECHNIQUES OF ENGAGEMENT

Susan C. Gardstrom
University of Dayton, USA

James Hiller
University of Dayton

Larisa McHugh
University of Dayton

Dorie Phillips
University of Dayton

Introduction and Purpose
The success of our work as clinicians is predicated, in large measure, on the level of our clients' engagement in the music therapy process. High levels of engagement increase the potential for a more satisfying process, as well as for greater and more meaningful therapeutic gains for our clients. As music therapists—whether we are facilitating listening experiences or leading a client in vocal or instrumental performance, composition, or improvisation (Bruscia, 1998)—we are in a position to positively influence levels of client engagement. Without a clear understanding of the nature of engagement and techniques that promote it (Cohen-Mansfield, Dakheel-Ali, & Marx, 2009), we will undoubtedly miss opportunities to do so, thereby compromising client growth and wellbeing.

In music-related literature, one can find studies that aim to identify and explore the concept of engagement with pediatric and adult medical patients and individuals with developmental and learning disabilities (O’Callaghan & Colegrove, 1998; Robb et al., 2007; Toolan & Coleman, 1995). Some published studies pertain to engagement among residents with Alzheimer’s Disease and Related Dementias (ADRD) (Harrison et al., 2010; Mathews, Clair, & Kosloski, 2000). By and large, the reports that do exist have as their focus the verbal and nonmusical actions or techniques of the therapist, such as gesture, facial affect, proximity, touch, etc. (Cevasco, 2010; Darrow, Ghatti, & Achey, 2001). The purpose of this session is to expand conscious awareness and effective use of musical techniques of engagement.

Session Structure
In Part 1, we will define terminology and briefly examine theoretical foundations surrounding the concept of engagement. In Part 2, we will label some common musical techniques of engagement, describe their functions, and demonstrate their use with live performance or clinical video footage. Part 3 will include opportunities for attendee participation and peer feedback.

References
Cevasco, A. (2010). Effects of the therapist’s nonverbal behavior on participation and affect of individuals with Alzheimer’s


**About the Authors**

All authors hold posts at the University of Dayton (UD): Susan Gardstrom serves as Coordinator of Music Therapy; Jim Hiller is Lecturer in Music Therapy; Larisa McHugh is a UD practicum supervisor and active hospice clinician; Dorie Phillips is a UD practicum supervisor and early childhood music provider.

Contact: sgardstrom1@udayton.edu
To speak of drum Circles is to harken back to humanity’s first musical experiences; those that resounded in accordance with the way of life and exposed the community as a functional whole. The last 20 years of our post-modernity have borne witness to collective musical experiences that seek to reunite the people in search of a common goal: the love for a mutual territory of existence.

A drum circle is a healing experience of joining that expresses the musical experiences of each of the participants, as well as the musicality of their coordinator. Other words they reflect the spirit of the experience are: singing, dancing, cooperation, synergy, unity, celebration, healing, presence, spirit (Hull, 2006). As health professionals, our focus in every instance should be to outline the group’s creative potential, strengthening healthy and resilient bonds. It is possible to consider it as tool of music therapy given that it overlaps with health-promoting and preventive health approaches (Pellizzari and Rodriguez, 2005) such as: integration, participation, creativity, expressivity and resilience.

Beyond seeing Humans as a biopsychosocial, cultural and spiritual totality, a broader look at music therapy from the basis of Anthroposophy allows me to glimpse a human whose musicality is explained from within itself. We are musical beings because we are human.

Within humans are manifested the four elements present in nature: earth, water, air and fire. Thus humans are incarnated in a physical body which manifests vitality, an etheric body composed of the four ethers (chemical, life, light and warmth), and the astral body that expresses emotions through its Self. (Steiner, 2010) Each of these elements is manifested in a three-part structure: in thought (neuro-sensitive system), in feeling (heart and lungs) and in will (lower and upper limbs). From this outlook, the same laws and forces that take part in the formation of life (embryology, blood flow, formation of organs, etc.) are present in art and health.

Thought and will are set in motion by the centre of feeling. Thus, in music, it is possible to think in polarities: binary and ternary rhythms, major and minor scales in melodies, vowels and consonants in language and so on. Likewise, in health you may find cold/heat, sclerosis/inflammation, epilepsy/hysteria, cancer/AIDS, depression/mania, etc.

The existence of binary and ternary rhythms in music is mirrored by the rhythmic system conformed by the heart and lungs. Cardiopulmonary activity conforms an intertwined rhythmic system. On one hand is the heart with its mitral (bicuspid) valve on the left side and tricuspid valve on the right side. On the other are the lungs, the left one divided into two lobules and the right one in three. One can see the number 5 present in both organs. Where there are two in the
lungs, there are three in the heart and vice versa. The heart and the lungs interact in an alternating and inverted fashion. They set in motion both thought and will, encouraging a dynamic equilibrium between caution and fluidity, quietness and movement. If we observe nature, the earth might be dry and hard, drowned in water or balanced in its components. Any fixation or crystallization into one polarity or another speaks of lack of equilibrium and poor health, especially if it is not possible to escape this state without medication.

People with congenital deformities in the corpus callosum, for instance, are impeded from reproducing this alternation (binary rhythms vs ternary rhythms) in a natural or spontaneous fashion. Therefore, working on these rhythms alternatively through different sound mediums are highly therapeutic for persons with motor impairments or mood disorders, as it allows them to flow between the two extremes and experience equilibrium.

References


About the Author
Karina H Glinka, music therapist. (USAL – Bs. As. Argentina), singer and percussionist. shamanic drums / Frame drums / Shakers Luthier.

Contact:
vozdetambor.consultorio@yahoo.com.ar
BEING IN THE “HEAR” AND NOW:
MUSIC-MAKING AS MINDFULNESS PRACTICE

Faith Halverson-Ramos
SoundWell Music Therapy, United States

Abstract
Research shows that mindfulness has a variety of health benefits. While traditionally associated with meditation practices, it is proposed by this author that mindfulness can also be experienced through music-making. In this presentation, participants will deepen their understanding of mindfulness through music-based activities and examine possible implications for themselves and their clients.

Description
Mindfulness can be understood as a state of being in which one experiences moment-to-moment awareness from an internal place of non-judgment. Increasingly, research in mindfulness is showing that such a state of mind can have a highly beneficial affect on one’s sense of well-being. Benefits of mindfulness include: reduced rumination, stress reduction, improved working memory, greater focus, less emotional reactivity, more cognitive flexibility, greater relationship satisfaction, self-insight, morality, intuition and fear modulation. Traditionally, mindfulness practice has been associated with meditation practices, but music can also be used as a form of mindfulness practice. In this educational and experiential presentation, participants will deepen their understanding of mindfulness through a variety of music-based mindfulness activities. Through discussion, participants will also examine ways in which mindfulness techniques can be introduced and utilized with the diverse populations served by music therapists.

References
About the Author
Faith Halverson-Ramos, MA, LPC, MT-BC provides music psychotherapy services in Boulder County, Colorado with a focus on wellness and mental health.
ORGANOLOGY OF MUSICAL INSTRUMENTS
UNIVERSAL PRINCIPLES AND CULTURAL DIVERSITY

Aurelio C. Hammer
SVARAM Musical Instruments and Research, India

Introduction
Musical instruments are the primary 'tools' for the music therapist; they are part and parcel of his organ of expression and communication, not only an extension and support of the vocal organ but manifesting their own 'voices' and characters.

With the globalization of the field of music a wide range of musical instruments are becoming available, crossing borders of defined cultural identities and it can be helpful to create a comprehensive perspective of the diversity, commonalities and origins of musical instruments.

Whereas classical Organology has focused mainly on the description, classification and study of musical instruments and their use in traditional and cultural backgrounds, it is rewarding in the context of music therapy to investigate the manifold possible relationships of the human instrument encounter. These relationships are obviously very meaningful in active, participatory therapeutic music settings but can also offer revealing insights for the conventional and clinic context.

Description
In ancient and tribal cultures the origin of musical instruments is often described in legends and myths in terms of the supernatural, the magic and mysterious and they are presented as an essential aid, ally and tool for the progress, health and well-being of the individual and the community. Depending on geographical and cultural circumstances and the availability of certain materials, a rich diversity of musical instruments has developed over the course of time. Yet it is interesting to observe that there are only a few core-archetypes of instruments to be found throughout all the cultures of humanity.

What then are the significations of these archetypes, and how do they relate to therapeutic applications of music? We know of some instruments solely being reserved for ritual and healing purposes; what, if any were their distinctions? What are the handed down timeless principles and concepts underlying the role of instruments, what their cultural specifications and limitations? What are applied traditional experiences to be validated in the use of instruments, what are the necessary innovations to provide for the present growing need in Music Therapy?

With the widespread availability of electronic media, what is the specific advantage or drawback in applying acoustic, material instruments? Can an instrumentarium be developed which is specifically geared for therapeutic use, what would be its parameters, what the requirements?

These questions are posed as an inquiry for music therapists worldwide to foster a
greater awareness and stimulate cultural sensitized investigations into the place, function and specificity of musical instruments in the pragmatic, symbolic and meta-context of the therapeutic situation.

References
Buchner, Alexander, (1968), *Musikinstrumente der Voelker*
Deva, Chaitanya, *Study of Indian Musical Instruments.*
Danielou, Alain, (1943), *Introduction to the Study of Musical Scales.*
Gosh, Manmohan (Transl), (1961), *Natya Shastra of Bharata,* Calcutta.
Kirby, P.R., (1934), *Musical Instruments of the Native Races of South Africa,* London.
Schneider, Marius, (1972) *Aussereuropaeische Folklore und Kunstmusik,* Koeln.

About the Author
Aurelio (A. C. Hammer), Founder and Director of SVARAM Musical Instruments & Research, is specialized in Music Ethnology, Sound Research and Sound Healing.

Contact: aurelio@auroville.org.in
ACCULTURATIVE STRESS REDUCTION AND CULTURAL ADJUSTMENT IN MUSIC THERAPY

Seung-A Kim
Molloy College, USA

Due to globalization, our demographics are constantly changing and continual change in the racial and ethnic profile is projected, especially with the ongoing influx of immigrants, young families, multiracial individuals, businesspeople and travelers (Population Reference Bureau, 2008). Therefore, the diversifying nature of the population in many countries makes it more likely that music therapists will work with more diverse populations in the coming years (Kim & Whitehead-Pleaux, in press). Individuals who have experienced living in two or more cultures may experience another layer of stress—acculturative stress which arises while they adjust to a new culture because they face many challenges during their cultural adjustment (Berry, 2006). Thus, one’s acculturation process must be examined and any cultural conflicts need to be resolved so that one could reach the ultimate state of cultural well-being (Kim, 2013b).

How then can music therapy assist clients' acculturation process, help them to reduce and prevent their acculturative stress, and achieve the state of their cultural well-being? As a cultural marker, music has been used in healing since preliterate times. Our musical behaviors are cultural, as we learn these behaviors from the culture(s) we belong to: “Naturally, cultural issues are brought into consciousness that can either raise intergroup tension or, if done wisely, create the conditions to work them through. Cultural conflicts and personal discrepancies can be mediated and negotiated” through music (Gilboa, Yehuda, & Amir, 2009, p. 9). The preference of music is based on individual and cultural backgrounds including personality, past experiences, ethnic/racial, religion, and affiliations. We make music and assign meaning to it based on our values and beliefs. Thus music can be an effective vehicle for examining one's cultural identity (Kenny, 2006; Kim, 2013b). For example, in her case study with six older Korean immigrant women, Kim (2013a) shared that the clients used music as a medium to increase an awareness of their acculturative stress and “worked through social–political oppression experienced during their cultural adjustment phase” (p. 428). Musical experiences, e.g., music-assisted relaxation, improvisation, and folk songs were identified as the effective management of acculturative stress. Listening to music or improvising and dancing to the clients’ own cultural music and sharing their feelings in group music therapy brought some insights on their own cultural identity as well as others. Music has also been studied as a treatment for stress and anxiety reduction (Kim, 2013c). The APA (2013) surveyed American adults on the status of their stress and coping strategies and reported that music was used most frequently to manage their stress. Further, other creative art mediums such as art therapy, drama therapy, creative writing, and role playing combined with music were found to be effective to manage stress.
(Kim, 2013c). The role of music in stress reduction includes:

**Music as Cultural Identity Building.** Music can be an indicator of the client’s status of cultural being. In turn, since music is an expression of culture, through musical experiences, it is possible that the client will develop a higher level of cultural awareness.

**Music as an Acculturative Stress Reliever.** Music can bridge cultural differences between clients. When engaged in musical communication, it seems that the clients can hear, feel and intuitively understand the music played. Whether it would be their favorite song or a community act, it seems to provide a space where they can discover who they are in music and be free of their cultural conditioning and social restrictions. This is due to the nature of music being flexible, e.g., the client can choose their own music; the client can sing/play a song at a tempo and expression that they want.

Although acculturative stress and cultural adjustment are a significant topic, there is a sparse amount of literature that discusses them in music therapy and multicultural education on these topics is scarcely offered (Kim, 2011). One’s cultural awareness develops over time, while cultural knowledge can be possibly obtained in a relatively short time. In addition, multicultural training in music therapy is a life-long learning process. The lack of these scholarly activities points to a demand for more focus on future research regarding applying multicultural training in music therapy (Kim & Elefant, in press). Future studies could also focus on identifying the needs for specific multicultural music therapy training; raising awareness of the importance of such topics as acculturative stress and cultural adjustment; and developing resources that are more widely available.

**References**


**About the Author**

Seung-A Kim, is an Assistant Professor at Molloy College, NY.

Contact: skim@molloy.edu
BUILDING COMMUNITY THROUGH FACILITY-WIDE PERFORMANCES IN A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY

Bronwen M. Landless
Grafton Integrated Health Network, United States of America

Abstract
“I feel like I can do anything!” said an excited teenager after participating in a show. This is one benefit derived from using performance in a psychiatric treatment facility. The process of implementing facility-wide productions, grounded in the philosophy of community music therapy will be discussed, along with benefits, challenges, and future research possibilities.

Foundational Literature
Based on a comprehensive literature review conducted by McFerran (2010), 56% of work done with adolescents and documented in the literature occurs within the context of individual music therapy. In the articles reviewed, identity formation and social interactions were the most common goals identified. It also emerged that music therapy with adolescents is seldom community music therapy, or even music therapy in community-based settings. These facts combined are both surprising and concerning for three main reasons: 1) complex difficulties with social interactions are a primary reason for placing adolescents in psychiatric residential treatment facilities, 2) much of the work done with adolescents should occur within the context of a group where improved peer and other social interactions can be explored and practiced, and 3) we work hard towards helping teenagers improve their social skills and interpersonal relationships seemingly in isolation and inside the walls of facilities.

Therefore, a community music therapy approach may have the added benefit of providing increased opportunities for socialization. Community involvement in the facility music therapy process could furthermore serve to alleviate misunderstanding and resolve misgivings that members of the community may have towards such facilities as a whole, and/or towards the clients who are placed and treated there. In turn, it could also serve to ease client resentment towards the members of the community. These could be the ripple effects referred to in community music therapy, that result from musical engagement paired with a focus on the bigger picture, instead of a more narrow focus that leads to only evaluating goals that are directly attached to the behaviors of an individual.

These interactions can occur when members of the community attend a performance by clients who are in a psychiatric treatment facility. Kaplan (2008) asserts that the performance is a culmination of all the dimensions of the group process. She speaks to the power of receiving affirmation and acceptance from the “outside, legitimate environment” (p.52), and says that by receiving feedback from the community, the increased self-confidence and level of functioning of the group are heightened even further. Additionally, a feeling of emotional security is derived from a sense of belonging and
acceptance. This sense of security then has a positive, long-term effect on children’s learning capacity, motivation, and social competence (Nöcker-Ribaupierran & Wölfl, 2010). Therefore, the experience of performing is beneficial to clients beyond the performance experience itself, and further epitomizes the power of music as more than entertainment, but as a tool that can capture attention, communicate feelings, and bring people together (Davis, 2010).

Background Information
I have implemented 14 facility-wide shows over nine years, and consistent with the research, have observed the benefit that clients, facility, and community derive from using performance in music therapy on a grand scale. Facility-wide performances are those that incorporate and depend on the cooperation of the clients and every department in a facility and its members to implement a production. Such an endeavor is interdisciplinary in nature, and in addition to strengthening relationships within a facility, has the potential to create and enhance community relations. Based on research and experience, I have developed a protocol for implementing such shows.

Developing Facility-Wide Shows
Workshop attendees will learn how to develop and implement facility-wide shows in 35 detailed steps, including suggested timeframes. Steps will include suggested goals and objectives, importance of the step, how to implement the step, potential barriers, and possible solutions. Attendees will experience at least one of these steps first hand, and will brainstorm ways that this protocol for developing shows can be generalized to their population and place of work.

References


Other Source of Note

About the Author
Bronwen Landless, MMT, MT-BC, provides music therapy services and supervises interns and practicum students Grafton, Berryville (www.grafton.org), a psychiatric residential treatment facility where she founded the music therapy program.

Contact:
bronwen.m.landless01@grafton.org
STANDARDIZATION OF THE MUSIC THERAPY ASSESSMENT FOR AWARENESS IN DISORDERS OF CONSCIOUSNESS (MATADOC)

Wendy L. Magee
Boyer College of Music and Dance, Temple University, Philadelphia, PA, USA

Richard Siegert
AUT University, New Zealand

Steve Taylor
AUT University, New Zealand

Barbara A. Daveson
King’s College London, Cicely Saunders Institute

Gemma Lenton-Smith
Ealing Music Therapy, London

Background
Assessment and diagnosis of people with disorders of consciousness (DOC) following profound brain injury remains a complex task with few standardized tools available for multi-professional teams (Seel et al., 2010). Music is a useful tool to assist with diagnosis of this population (Magee, 2007). We present the results of a study to standardize the Music Therapy Assessment Tool for Awareness in Disorders of Consciousness (MATADOC), a measure that contributes to interdisciplinary assessment of awareness.

Results
A prospective study with 21 adults with DOC used repeated measures to test reliability and validity for the Essential Categories Principal Subscale independently (5 items), and then the entire MATADOC (14 items). The Principal Subscale was found to have good inter-rater and test-retest reliability using evidence-based criteria for DOC measures (Seel et al., 2010). The Principal Subscale was also found to have satisfactory internal consistency and was found to measure a related construct: ‘awareness’. The MATADOC subscale therefore has utility as a diagnostic measure of awareness for people with DOC. Analysis for the entire MATADOC showed all items achieved adequate reliability except two items. Given the clinical utility of this measure that encompasses assessment, treatment planning and ongoing evaluation, the psychometric properties of the measure need to be balanced with its clinimetric properties.

Diagnostic outcomes were compared between MATADOC and a standardized measure widely used for assessing awareness in DOC. We found 100% agreement between outcomes produced by MATADOC and the reference standard. These findings suggest excellent external validity with an external standardized measure. The MATADOC is a reliable and
valid measure for assessing awareness in patients with DOC when used by professionals trained in its use. It has good utility as a measure for evaluating clinical responses in DOC populations and provides greater sensitivity for assessing auditory responses than other standardized tools currently available (O’Kelly & Magee, 2013).

References

About the Authors
Wendy L. Magee, Ph.D. is Associate Professor in Music Therapy at Temple University, Philadelphia, PA.
Contact: wmagee@temple.edu

Richard J. Siegert. Ph.D. is Professor of Psychology and Rehabilitation at AUT University, Auckland, New Zealand.

Steve Taylor, MSc (hons), is a Biostatistician at Auckland University of Technology.

Dr. Barbara A. Daveson is Lecturer in Health Services Research in Palliative Care, King’s College London, Cicely Saunders Institute.

Gemma Lenton-Smith (MA) is a Music Therapist for Ealing Music Therapy, London.
EVALUATING THE BEHAVIOURAL, EMOTIONAL/SOCIAL AND ACADEMIC OUTCOMES OF MUSIC THERAPY WITH ADOLESCENTS WHO ARE EXPERIENCING MENTAL HEALTH

Joanne McIntyre
The University of Western Sydney, School of Humanities and Communication Arts, Kingswood Campus, Penrith, Australia

Introduction
There are increasing numbers of children and adolescents experiencing difficulty academically, behaviourally and emotionally in Australian schools and forecasts indicate that this trend will continue into the foreseeable future (McLeod & McKinnon, 2007). More specific programmes and approaches need to be developed that work with affecting self-regulation, communication and social/behavioural dysfunction within this population group if they are to develop and succeed in these areas.

Music therapy studies conducted with adolescents diagnosed with an Emotional Disorder (ED) indicate that using music as an intervention can be of inestimable value for those who have difficulties with self-control, thinking, responding appropriately and social interaction (Sausser & Waller, 2006; Laiho, 2004; Clarkson & Robey, 2000; Rickson, 2003; Jackson, 2003).

The literature also suggests that music in the classroom, music therapy and music listening has the potential to address some immediate and long-term needs associated with ED’s in adolescents that medication and verbal therapy are currently unable to meet (Layman, Hussey and Laing, 2002). To pursue a study with this cohort, particular research tools and music therapy skills are needed to generate opportunities for collecting data that will reveal change and provide the opportunity to address the behavioural or ‘cultural’ issues which many mental health issues produce.

Method
In July 2013, a Ph.D study was commenced at a school for adolescents experiencing mental health issues. The study aimed at examining the ‘carry-over- effect’ of music therapy into the classroom setting. Specifically, the study investigated the behavioural, social/emotional and academic progress of adolescents 13-18 years of ages who participated in a twenty-week music therapy programme. Study participants were previously classified as students with an emotional disorder (ED) by The Australian NSW Department of Education and Training. A number of measurement tools were utilised, sourced from education (WIAT-II), psychology (BASC-2) and researcher generated tools, to identify any progress or change in each participant.

Results
This paper will discuss initial results of the research and indicate how the data supports and adds to the current literature. With data being collected from the teachers, the participants, and the school counselor, it became clear that the diversity of diagnoses
and the ‘adolescent culture’ greatly impacted session content and the data that was collected. Case vignettes showing how the participants responded to the music therapy programme and a discussion of ‘adolescent culture’ and the effect it had on the study will also be discussed.

References


About the Author
Joanne McIntyre is a Ph.D. Candidate with The University of Western Sydney, Australia and her area of work and research is adolescent mental health.

Contact: joannemcintyrermt@hotmail.com
EXTENDING THE CULTURE OF FAMILY THROUGH MUSIC THERAPY: RESEARCH THROUGH LIVED EXPERIENCE

Theresa Merrill
Eastern Michigan University, USA

Lucanne Magill
Seasons Hospice, USA

Family as Culture

*Family* plays a highly significant role in cultures worldwide. The concept of *family* is broad as it consists of a multitude of relationships that cross time, experiences and generations. In some cultures, it is common for three to four generations to be living together under one roof, and often relations have distant, long-lasting bonds which are built upon historical connections. In many countries, *families* can be challenged with difficult life and/or social predicaments involving poverty, illness and/or disaster, resulting in loss, separation or abandonment.

In other cultures, *family* is being re-defined both in theory and practice from the so-called ‘nuclear/biological’ family toward an expanded and more personally defined system of connection and support. In this presentation, the authors examine ways in which *family* is created, experienced and performed within the context of the shared music experience and the therapeutic alliance.

The authors discuss experiences of reconstituting, expanding and weaving together family matrices in both group and individual settings in diverse cultural and clinical settings. Music Therapy conducted in urban and remote areas in North America, India and Nepal illuminate the special role that this modality can have in extending the culture of *family* in various settings. In work done with patients and families living with chronic and life-threatening illness, with children with autism and with male orphans in an orphanage in India, music therapy was found to be a motivating and expressive modality that supports and reinforces personal and inter-relationships and the inclusion of non-biological, close support systems that emerge as music therapy participants seek to form units of support among themselves.

Music Therapy and the Performance of Family

In community music therapy with client and caregiver groups, in oncology, palliative and end of life settings, music therapy strategies have been observed to help build bridges of communication while fostering improved sense of meaning, feelings of empowerment and joy even as deeply-engrained familial roles are challenged and/or permanently changed.

The identification of *community music therapy* as a model of practice is presented as a context for challenging ‘traditional’ therapeutic roles and as a pathway to more
open and socially inclusive contexts that enable new alliances with ‘chosen others’ to be performed and transformed into consciously supportive relationships through shared musicking.

This collaborative paper presents a phenomenology of family. That is, family as experienced through the reflections on case material from work in North America, India and Nepal.

References


About the Authors
Dr. Theresa Merrill is director of music therapy at Eastern Michigan University.

Dr. Lucanne Magill is a music therapist with Season’s Hospice in San Bernardino County, CA.

Contact: tmerril1@emich.edu
PERCUSSIVE PATTERNS FOR ALTERED STATES OF CONSCIOUSNESS

Riccardo Misto, Italy

Amongst the many different applications of rhythm phonetic system “Takadimi” (derived from South Indian solfeggio “Konnakol”) there is an interesting one which can be used for reaching a particular state of pure and primitive mind. In this altered consciousness state we see how the mind collapses, so inducing a high level of skills, including some so called paranormal effects (trance). We are talking about the same strategies used by Sufi or Woodoo practitioners in their ritual ceremonies.

For this purpose it is necessary to use some percussive drum, which allows the production of two different sounds with two drumsticks.

Before analysing the percussive procedure, let’s see the psychological principles behind the practice. First of all, we have to understand how the mind works in our normal everyday life: every mind process rests on a binary function based on opposites (yes/no, black/white, right/wrong, etc.). We can say that the mind divides and choose. Now, what does it happen when we send to the mind a unique message which includes two different and contradictory information? In this case the mind is unable to decode and find the solution, because for its constitution the coexistence of two different and opposing statements is not possible. In this impasse, it collapses and emerges a new state of mind, with different capacities and functions. This principle is the real basis for many mental modifications, including a generic meditative process. Some “mantras” work in this way: if you recite the word “Rama” on an ongoing basis, at a certain point the mind has the problem of deciding whether the message is Rama or Mara. In the recitative process (japa) the same word assumes two different meanings, and so the mind can’t give a correct and unique answer, and therefore it collapses.

In the percussive system we are introducing, the information we are sending to the mind is a rhythmic formula that includes two different decoding modes: this expedient induces such a paradox that the mind can’t tolerate, and as a result we have its fall. We have to use the same procedure as in the mantra “Rama”, but using a rhythmic pattern instead of the word. For that purpose are very useful odd divisions with specific accents, producing two different sounds on the drum. The best odd formula is five, that in Takadimi solfeggio is: TA KA TA KI TA (TAKA = 2 + TAKITA = 3), and the accents are on 1 = TA and 3 = TA.

<table>
<thead>
<tr>
<th>Division</th>
<th>Notation</th>
<th>Phonemes</th>
<th>Hands</th>
<th>Accents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>Ta Ka Ta Ki Ta</td>
<td>R L R L</td>
<td>^ ^</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Ta Ka Ta Ki Ta</td>
<td>L R L</td>
<td></td>
</tr>
</tbody>
</table>
possible formation of new synapses. Playing Takatake structure for a long time on the edge and on the skin alternately, a little at a time you may feel and clearly distinguish the two cells, with different sounds, while mingle and alternate regularly. On the metal edge we can hear this pattern:

<table>
<thead>
<tr>
<th>Division</th>
<th>5</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phonemes</td>
<td>Ta</td>
<td>Ka</td>
</tr>
<tr>
<td>Hands</td>
<td>R</td>
<td>L</td>
</tr>
<tr>
<td>Skin/Skin</td>
<td>E</td>
<td>S</td>
</tr>
<tr>
<td>Accents</td>
<td>^</td>
<td>^</td>
</tr>
</tbody>
</table>

On the skin:

<table>
<thead>
<tr>
<th>Division</th>
<th>5</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phonemes</td>
<td>Ta</td>
<td>Ka</td>
</tr>
<tr>
<td>Hands</td>
<td>R</td>
<td>L</td>
</tr>
<tr>
<td>Skin/Skin</td>
<td>E</td>
<td>S</td>
</tr>
<tr>
<td>Accents</td>
<td>^</td>
<td>^</td>
</tr>
</tbody>
</table>

At this point the performer must be able to perceive the two different structures simultaneously, while having the overall feeling of the whole rhythmic cell.

When the mind is able to do this, it produces an altered state of consciousness that opens the doors to higher levels of awareness, releasing a not normally used energy potential, with possible occurrence of paranormal phenomena generically defined.

As we said before, the techniques and rituals of many shamans (typical Voodoo and Sufi dancers) use this principle in inducing to the performers a state of “trance”, extendable even to those who only passively are participating in the ceremony. Here the basic principle is to imply a particular "attention" in the player: in this case a very strong concentration (contemplation) of rhythmic and percussive structure is required to distinguish the two different rhythmic cells, perceiving them both separately and as a whole. Aside from this particular effect, the percussive technique in question has good values with regard to the strengthening of psycho motor coordination, producing great emotional drain and mastery of rhythmic structures too.

References

About the Author
Riccardo Misto is an italian musician and music therapist, Nada Yoga and Harmonic Chant expert and teacher.

Contact: ricmisto@tin.it

Watch video at https://www.youtube.com/watch?v=aAMfHQTo6Q
THE HASIDIC NIGGUN⁶ EXCERPTS FROM A DIALOGUE

Aron Saltiel
Graz, Austria

David Kaetz
Graz, Austria

Niggun singing is a religious phenomenon with a musical format. The practice of repetitive singing in Judaism is centuries old, found in both Ashkenazic and Yemenite communities. The tradition is still very much alive. Where do these melodies come from, and what is their essence? Some derive from a momentary inspiration of a rebbe, spiritual leader of a Hasidic group. Others are composed by a cantor or other musician and in some way ‘confirmed’ as a niggun by the rebbe. Still others are “discovered” in a secular context, recognized as a holy tune and included in the Hasidic repertoire. Thus, it is not uncommon to find Ukrainian shepherd songs, Russian lullabies, military marches, Viennese waltzes or fragments of works by Beethoven or Mendelssohn.

Typical of niggunim is that they are considered sacred and are sung primarily without words. Even with respect to niggunim with lyrics, it is clear that the melody was present first. And they are considered sacred because of the effect they have on some aspect of the psyche of the person that sings or hears them.

How would we take a ‘secular’ tune make it sacred? First, we would have to be a rebbe, someone with the gravitas to distinguish between sacred and profane. At the rebbe’s tish (the rabbi’s table, where he holds forth during a ritual meal), a song that is not felt to be holy will not be sung. Conversely, if a new tune is sung and gets the rebbe’s nod, it will be sung again and again. There are stories about how certain niggunim were found; for example, there is the story of the rebbe who hears a Roma musician playing in the marketplace, recognizes the tune as holy and buys it from the musician. This whole procedure of bringing a tune into the holy sphere is connected to a Kabbalistic notion called tikkun olam, or “repair of the world.”

Niggunim can also be effective outside of their religious context. In Aron’s voice workshops, he mobilizes niggunim so people can be moved by their own voices and by the particular qualities of these tunes. He finds that they have a healing effect in that they support the motility of the psyche: “In my voice classes, I introduce niggunim after bodywork, breath and voice exercises with the students. It’s a way to transfer the openness, the “newness” in the body, to their practice of singing. The previous work encourages them to let go of their habitual bodily organization and reconnect to their physiological potential. Singing a new melody, one without familiar “tracks” in the body, is a good way of grounding a new “path.” It also enables the students to experience the connection between the physical action of singing and its resonance in the feelings and the mind.”
It is the power of music, and the work of musicians, to re-organize the psyche and soma through sound. In some way, it is like traveling. When you travel, you find yourself in an unfamiliar geographic, climatic, and cultural environment. When you sing a niggun, it carries you beyond your usual set of resistances into a different space. Traditionally, niggunim are used to bring about a very specific attitude in the singer; this attitude is both predefined and verifiable. The technical term for this inner attitude is kavanah (pl., kavanot), often translated as "intention" or "mindset."

Specific kavanot or frames of mind are desirable for specific religious actions. Examples of such frames of mind are t’shuvah (repentance), devekut (devotion, or intimacy with God), likewise joy, unity, love. In their original context, these qualities are not seen as emotions, but as aspects of the divine, or as archetypal energies, which correspond to psycho-spiritual models such as the Kabbalistic tree of life. Thus, when sung with the appropriate kavanah, a niggun is a technique to put oneself in the appropriate inner space to fulfill a sacred obligation.

A favorite way to explore a niggun is to sing it for a while, and then to experience its effect in silence. One can register how the tune affects the body, the emotions, and the thoughts and images. You could compare this to being in an architectural space and exploring its effect on oneself. As mentioned above, the power of a niggun is in the voice. When a niggun is played on the violin or clarinet, for example, it may be a melody, but it is not necessarily a niggun unless a certain vocal quality predominates. This predominance of vocal quality derives from another religious aspect of niggunim; namely, much of Jewish communal life takes place on the Sabbath, when, according to Jewish law and tradition, melodic instruments cannot be played. On the Sabbath, prayers are sung, blessings are sung, the Torah itself is sung. Likewise, the Talmud and commentaries are studied while chanting. The singing voice is the vehicle par excellence of devotion and learning. The niggun is the Sabbath voice, freed of its usual baggage.

As a voice for the heart, the niggun bears comparison with the African-American “spiritual.” Although spirituals and niggunim differ in the importance of the lyrics, they share essential qualities: they are sung in a group, over and over, with ever-increasing intensity, to lift or concentrate or reveal the spirit, to fortify us for life. Thus, we could describe the Hasidic niggun as a tool for inner reorganization; at the same time, it connects one to something larger than oneself. This is what sacred music can do, and what makes it sacred.

References

1The word niggún (pl. niggûnim) is Hebrew; it denotes a melody (rather than a song).
2According to this understanding, fragments of an original unity, created at the beginning of time, and shattered and scattered immediately afterward, are found and restored to wholeness.

About the Authors

Aron Saltiel, singer and psychotherapist, lives and practices in Graz, Austria.
Contact: a.saltiel@gmx.at

David Kaetz, musician, Feldenkrais teacher and writer. CDN/AT
MUSIC THERAPEUTIC IMPROVISATION AND SUPERVISION

Hans Ulrich Schmidt  
University of Augsburg, Germany

Tonius Timmermann  
University of Augsburg, Germany

Abstract
Free improvisation as a typical way to get in contact with and to express inner feelings will be used as a very effective method in supervision of music therapists. The participants are invited to bring clinical cases and situations to work on.

Description
Supervision usually uses verbal forms of working through problematic cases and situations. For music therapists free improvisation is a typical way to get in contact with and to express inner feelings. Therefore it can also be a very effective method in supervision, not only but especially with music therapists. However, also other psychotherapists, such as those who mainly work on the verbal level, might well benefit from this music therapeutic supervision method, as it helps to connect with deeper feeling levels. Group improvisation is used to nonverbally express the different feelings arising towards the patient previously discussed. Such sounding together provides with information of both the inner states of the participants as well as a representation of the inner world of the patient.

In this workshop participants are invited to present case studies, which could circle around treatment problems or difficulties within the working institution. So, one participant presents a difficult situation with her or his patient(s). The group then improvises with musical instruments and voices about the feelings arising, followed by a verbal analysis. Different perceptions that are connected are made perceptible and audible at the same time, which makes sense for a holistic understanding of the patient’s inner world. All knowledge about and experience with music therapeutic improvisation can then be used for a thorough verbal analysis. Important conclusions for the clinical work and further treatment will then be drawn from that experience.

References

About the Authors
Hans Ulrich Schmidt & Tonius Timmermann, professors and heads of the master training at the University of Augsburg, Germany

Contacts:
hans.ulrich.schmidt@phil.uni-augsburg.de
MUSIC BEFORE MEDICINE

Shen Wu
International Institute of Musical Therapy, USA

Abstract
Ancient Chinese medicine texts, the I-Ching and The Yellow Emperor’s Internal Medicine, explain that our internal organs have intrinsic frequencies. Through resonance, musical sound waves of the Five Tones can vibrate the body’s five major organ systems, thus correcting their imbalance to gain smooth flow of qi for vigor and longevity.

Description
Music, herbal medicine, and Qigong (qi energy exercises) shared the spotlight as the fundamentals of traditional Chinese medicine in ancient times. Music was considered to be the most important and the foremost of the three; hence the character for “music” was created before and placed above the character for “herb” to form the character for “medicine”. However, with the increase in efficacy of herbal medicine, and a series of unfortunate incidents in Chinese history, the use of music as medicine vanished completely for thousands of years. But Master Shen Wu, a master Qigong practitioner, re-discovered the therapeutic effects of music by studying the ancient texts. He also discovered that playing the Five Tones while practicing Qigong, qi flow amplified quickly. He then combined the two powerful healing therapies of music and Qigong to form his Music Qigong Therapy. Now music is restored to its rightful stature as a healing therapy.

Classical Music has calming qualities. But if the music is composed according to the Five-Tones Theory its therapeutic efficiencies increase dramatically. The Five Tones: metal-tone, wood-tone, water-tone, fire-tone, and earth-tone correspond respectively to the five internal organs—Lung, Liver, Kidney, Heart, and Spleen. The Five Tones can resonate these five organs thus correcting their imbalance and allowing the body to resume its natural state of good qi flow to bring good health.

Qigong exercises are gentle and simple, practiced to gain qi from the universe to increase the body’s qi. Qigong exercises are extremely effective, easy to learn, and take only a few minutes to practice; all of which make Qigong an excellent way to gain and maintain excellent health.

Whether you are in excellent health and wish to maintain it, or in poor health and wish to gain excellent health, you can benefit from the unique therapies of Music Qigong.
Multimedia References
CBS News about music qigong.

View video at
https://www.youtube.com/watch?v=dtxiAVWvUCs&feature=youtu.be

Additional multimedia examples can be requested by the author.

About the Author
Master Shen Wu, founder of Music Qigong, re-discovered the therapeutic effects of music by deciphering ancient texts.

Contact: shenwumusic@gmail.com
POSTER SESSIONS
PERCEPTION OF BASIC EMOTIONS IN MUSIC: PAN-CULTURAL OR MULTI-CULTURAL?

Heike Argstatter
Deutsches Zentrum für Musiktherapieforschung (Viktor Dulger Insitut) DZM e.V. (German Center for Music Therapy Research), Germany

Abstract
In a cross-cultural study, eighteen musical segments, representing six basic emotions (happiness, anger, disgust, surprise, sadness, and fear) were presented to subjects from Western Europe and Asia. Results give evidence for a pan-cultural emotional sentience in music. However, there were distinct cultural, emotion and item-specific differences in emotion recognition.

Background
Emotion perception is 'the ability to detect and decipher emotions in faces, pictures, voices, and cultural artifacts' (such as musical pieces) (Scherer & Scherer 2011). The accuracy of emotion detection in music is comparable to facial or verbal emotional stimuli (Juslin & Laukka 2003). Especially basic emotions such as happy/sad seem to be human invariants and as such detached from musical experience (Krumhansl 1997). On the other hand, there is evidence for cultural specificity: recognition of emotional cues is enhanced if the stimuli and the participants stem from the same culture (Elfenbein & Ambady 2002).

Rationale of the present study
A cross-cultural study investigated the following research questions: (1) How are six basic universal emotions (happiness, sadness, fear, disgust, anger, surprise) perceivable in music unknown to the listeners with different cultural background?; and (2) Which particular aspects of musical emotions show similarities and differences across cultural boundaries?

Methods
The German Center of Music Therapy Research developed a test of emotion perception in music (Busch et al., 2003, Mohn et al., 2010). Professional musicians with Western musical background were instructed to improvise short musical pieces on instruments of their choice in a way that a listener should be able to decode one of the intended basic emotions. Duration of the segments was limited to maximum of seven seconds. Overall 18 music segments (three segments for each emotional quality) made up the test (media files http://dzm-heidelberg.de/index.php/abgeschlossene-projekte/emu.html). Subjects were asked to mark the most appropriate emotion category on a forced-choice answer sheet.

Sample
The sample consisted of two groups from Western Europe (Germany, n = 82; Norway, n = 115) and two groups from Asia (South Korea, n = 242; Indonesia, n = 110). All participants had to be born and grown up in the target country and they had to be native-speakers.

Results
Accuracy levels for the overall recognition in
all groups were well above the levels expected from chance guessing (correct classifications: Germany 67% (SD 13%), Norway 60% (SD 38%), Korea 48% (SD 13%), Indonesia 45% (SD 20%)). Thus there seems to be evidence for a pan-cultural musical sentience. However, we found distinct cultural, emotion and item-specific differences in emotion recognition. On a cultural level, cultural proximity led to similar emotional classification results i.e. the two West-European (Germany and Norway) samples and the two Asian (Korea and Indonesia) samples achieved similar recognition patterns. Overall, the European participants outperformed the Asian participants. For both the West European as well as the Korean participants for all emotions but ‘surprise’ at least one most distinctive, pancultural item could be identified though the Indonesian participants could classify ‘happiness’ and ‘sadness’ only.

Discussion
The universal ability to detect emotional quality in musical pieces seems to be restricted to certain emotional categories; ‘Happiness’ and ‘Sadness’ are the easiest to classify, ‘Surprise’ was the emotion most difficult to be decoded cross-culturally. Different enculturation seems to be the main reason for cross-culturally different emotional recognition patterns.

Limitations
The response format was forced-choice rather than dimensional (valence/arousal). Especially due to the cross-cultural language entanglements, a language independent response format would be highly desirable. The study has an unbalanced design, i.e. West European participants did not judge emotions expressed by members of the Asian group. Musical samples from Korea are already recorded and data will be analyzed soon.

References

About the Authors
The author is Research CEO of the German Center of Music Therapy Research (DZM e.V.) and Managing Director of the German Center of Excellence in Music Therapy (G-CEMT).
Contact:
heike.argstatter@dzm-heidelberg.de
THE EFFECTS OF MUSIC LISTENING ON ACUTE PAIN PERCEPTION

Ravi R. Bhatt
Department of Psychology, The Ohio State University, Columbus, USA

Thomas K. Hillecke
SRH University Heidelberg, School of Therapeutic Sciences, Heidelberg, Germany

Julian F. Thayer
Department of Psychology, The Ohio State University, Columbus, USA

Julian Koenig
SRH University Heidelberg, School of Therapeutic Sciences, Heidelberg, Germany

Abstract
This study reports findings from a randomized controlled cross-over trial, extending a previous study on the effects of music listening to reduce sensitivity to cold pain stimulation. Within this small replication, participants listened to music or white noise (compared to a silence condition) before nociceptive cold pain stimulation by the cold pressor task (CPT). In line with previous research pleasant music may increase pain threshold and tolerance compared to silence. Most interestingly we were able to show that annoying white noise may reduce pain threshold and tolerance. However, due to the small sample size these differences were not statistically significant. Clinical implications of these preliminary results linking pain sensitivity to environmental noise are discussed.

Background
A recent experimental study reported that pleasant classical music may alter pain experience, compared to a silence condition and an auditory attention task. The authors found, that compared to the silence and unpleasant music, pleasant music had a significant effect on assessed pain ratings and tolerance to cold pain stimulation. Furthermore, unpleasant music did not exacerbate pain experience in line with previous research. We wondered if this would still be the case for if subjects were presented with annoying noise.

Methods
Experimental conditions consisted of either listening to 5 minutes of static white noise (WN) or pleasant classical music (ML) and a silence condition. Subjects were randomly assigned to groups and to either receive the experimental (ML or WN) or silence condition first. The procedure was repeated...
with a washout time of 15 minutes between. Pain threshold and pain tolerance were assessed by immersing the non-dominant hand up to the wrist in a tank with circulating ice water. to prevent local warming.

Results
Analysis of variance (ANOVA) revealed no statistically significant differences on pain threshold and pain tolerance between the conditions on the 0.05 level. Planned contrasts reveal marginal results of a linear trend on pain threshold such that pain threshold was the highest for ML, 2nd highest for silence, and the lowest for WN. Planned contrasts for pain tolerance revealed a similar pattern. Overall, non-significant results may be attributed to a small sample size, effect size, and power statistic.

Conclusion
While the present analysis failed to achieve the set level of significance, our trend analyses illustrate an emerging pattern in cold pain sensitivity due to the experimental condition. Subjects listening to music prior nociceptive stimulation reported the greatest threshold and tolerance to cold pain stimulation. A larger RCT is currently conducted to further investigate the impact of unpleasant noise on pain experience.

References
EFFECTS OF A SOUND-BED-INTERVENTION ON PATIENTS DIAGNOSED WITH CANCER: A PROSPECTIVE PILOT STUDY

Sarah Bieligmeyer
ARCIM-Institute (Academic Research in Complementary and Integrative Medicine), Filderstadt, Germany
Department of Clinical Psychology and Psychotherapy, University of Tuebingen, Germany

Doris Dorfmeister
Filderklinik, Filderstadt, Germany

Eduard Helmert
ARCIM-Institute, Filderstadt, Germany

Jan Vagedes
ARCIM-Institute, Filderstadt & Filderklinik, Filderstadt
Department of Neonatology, University Children’s HospitalTuebingen, Germany

Abstract
In a pilot study we examined immediate effects of music therapy on cancer patients’ mental state, body warmth and pain perception using a sound-bed. With the sound-bed-intervention, which is based on the Tao-chord-progressions, positive effects on a patients’ subjective well-being and the distribution of body warmth could be attained.

Description
Cancer patients often suffer from pain, depression and anxiety (Archie, Bruera, & Cohen, 2013; Breivik et al., 2009; Mitchell et al., 2011). Faced with pain inducing treatments, they also have to deal with reduced vigilance, vitality, inner balance and body warmth (Brintzenhofe-Szoc, Levin, Li, Kissane, & Zabora, 2009; van den Beuken-van Everdingen et al., 2007). For over 60 years music therapy has been accepted as an evidence-based complementary method that can positively benefit neurological and psychological symptoms (Chuang, Han, Li, & Young, 2010; Madson & Silverman, 2010). The sound-bed, as used in the Filderklinik (Germany), is an instrument which renders music as not only audible but also tangible. It is a wooden bed constructed with a set of strings (like a contrabass) located under the reclining area in such a way that the bed itself functions as the resonance body of the instrument (Schröter, 2007). Based on the tao-chord-progression - a precursor of the pentatonic system - a skilled music therapist plays the strings like an instrument.

In this pilot study, 16 cancer patients completed the Basler-Mood-Questionnaire (BBS) (Hobi, 1985) and five additional questions addressing their perceived body warmth and subjective pain perception before and after the music-intervention. The BBS contains the subscales “inner balance”, “vitality”, “vigilance”, “social extroversion”. For the pilot study no control group and no cancer patients subgroups were necessary. The data show significant positive increases on all subscales of the BBS except “social extroversion” and on all additional questions except the pain related question and “actual mood”.

We will show results of the pilot study and their limitations. Collected data regarding points of interest like further psychological and physiological variables will also be
presented on the poster. Results giving insights related to the psychological or physiological effects of the sound-bed intervention e.g. on heart rate variability or respiration rate will also be shown.

References


About the Authors

Sarah Bieligmeyer (psychologist) is doing a doctor’s degree under Prof. Hautzinger at the University of Tuebingen. Contact: s.bieligmeyer@arcim-institute.de

Doris Dorfmeister is an anthroposophic music therapist at Filderklinik.

Eduard Helmert (physician) works at ARCIM-Institute.

Jan Vagedes is pediatrician and neonatologist and is the scientific director of the ARCIM Institute (Academic Research in Complementary and Integrative Medicine), Filderstadt, Germany.
MUSIC THERAPY AT THE UNIVERSITY OF AUGSBURG, GERMANY

Johanna Bosse
University of Augsburg, Germany

Tonius Timmermann
University of Augsburg, Germany

Hans Ulrich Schmidt
University of Augsburg, Germany

Poster Description
The poster illustrates the different settings in which music therapy is implemented at the University of Augsburg (Germany) in education, practice, and research.

Music therapy at the University of Augsburg contains a master study program, a doctoral study program, a research center for music and health, an annual music therapy research conference and an institute for outpatient music therapy and research. The music therapy department is also connected to other faculties (especially social sciences, pedagogical science, psychology, political science...) and is also part of a health focused interdisciplinary research network at the university.

These are the structures that the music therapy department in Augsburg has developed into since the founding of the master program for music therapy in 2003.

About the Authors
Johanna Bosse has been research assistant for music therapy at the University of Augsburg since 2009.

Contact: Johanna.bosse@phil.uni-augsburg.de
Prof. Dr. Tonius Timmermann and Prof. Dr. Hans Ulrich Schmidt are heads of the music therapy department at Augsburg University.
DEVELOPING LANGUAGE SKILLS IN A PUBLIC SCHOOL: CHILDREN’S CULTURAL DIVERSITY

María del Carmen Canet Vayá
Marius Torres School. Educational department. Generalitat of Catalunya, Spain

This paper addresses the use of music therapy to improve speech in the language of children at the pre-school and primary school level, combining and adapting music therapy with speech language therapy intervention.

The study was based on a program of linguistic immersion of official languages which included different intervention processes for children with cognitive, speech, and phonetic language problems. Another area of study focus was on how this program has affected children who are developing, their speech abilities and relationships, both neurologically and cognitively. This program and clinical approach was implemented in schools due to the needs of the students. One of the school’s planning objectives is to introduce the linguistic immersion program to children who have immigrated to Barcelona across various stages of their formative education. This program includes the learning of official languages, but focuses on Catalan and Spanish, due to the location. Origins of the program were centered on the intervention of 20 children, between 4 and 7 years of age, all of whom had language programs. Small control groups were formed depending on their distinctive problems. Initially, these groups were all given diagnostic tests and evaluated based on a psychological diagnostic perspective. Working within the parameters of this perspective, processes of comprehension and production were evaluated: pragmatically, phonetically, morphosyntactically and semantically, via standardized tests including: (Prueba del lenguaje oral de Navarra [Plon]; auditory discrimination; evaluation tests of language development; Illinois test of psycholinguistic abilities [ITPA]; and by behavioral observation.

Results of the evaluation identified errors and difficulties in the process of communication, fluency and lexicon; grammatical integration problems; hearing problems and compression. Boys and girls aged four, had more phonological than phonetic problems, consisting basically of elisions (omissions or deletions) and quantitative errors. However, with 5-7 year-old boys and girls, there appeared mostly epenthesis, substitutions and the assimilations processes. Following the previous analysis, an action protocol with specific therapeutic planning objectives was established for each child. They regrouped into different groups as a function of diagnosis: (1) evolutionary dyslalia, (2) dyslalia functions, (3) Organic dyslalia, and (4) those with specific problems of their native language. According to the objectives planned in the protocol of action, the music therapy treatment orientation was divided into different levels: A. Phonic. B. Semantic morphological perspective. C. Syntactic perspective. Techniques used were oral-motor activities, stimulation of phonological awareness through auditory discrimination of musical sounds and noises of the
environment, pace and support to automate and increase flexibility in articulatory movements, and different rhythmic patterns (i.e. rhymes, rhythmic games, improvisations, tongue twisters) which allowed the child the step from the syllabic form to the extension of the morphological and syntactic components of the sentences, memorizing sequences of sound reproduction, helped the child to use different sound patterns of speech. The results indicated significant progress in the areas of communication of language and speech for the majority of the children. Music therapy activities were later extended to different school courses in order to encourage speech and assist in learning reading-written course work. The results implied significant progress in the speech of most children which involved the subsequent further generalization of the communication process.

**Conclusion**

The linguistic processes can be changed for different reasons such as membership linguistic destiny communities, defective joints, different references and different message alterations. The interest of this study lies in stimulating processes encoding and decoding of communicative activity from functional anatomical aspects.

**References**


**Author**

Prof. María del Carmen Canet Vayá
Music Therapist (Universitat de Barcelona). Speech Language Pathologist and Audiologist (Universitat Politècnica de Catalunya. NY State University).

Contact: mcanet2@xtec.cat
GENERATING RHYTHM: MUSIC THERAPY IN PARKINSON’S CARE

Amy Clements-Cortes
University of Toronto, Canada

Music therapy is implemented with persons diagnosed with Parkinson’s disease (PD) to address a variety of goals. Common goals include: walking and gait, speech, dyskinesia, reducing tremors, increasing self-esteem, improving stability and speed of movement, emotional expression and relaxation. This paper outlines several areas of need and concern in the care of Parkinson’s including: rhythm and gait, and rhythm and speech while overviewing the author’s work with PD patients using Neurologic Music Therapy (NMT) techniques and the Tenori-on instrument.

Rhythm and Gait
Many individuals with Parkinson’s have problems with initiation, consecutive movement and slowness of movement or bradykinesia. Rhythm can become a template for organizing a series of movements. The critical factor is that rhythm must stimulate the impulse in the PD patient to move in order for the impulse to transfer into real movement. Music therapists explore various rhythmic patterns or musical styles to establish which patterns will help with walking, balance and movement.

Rhythm and Speech
PD patients may also experience problems with articulation where speech is slurred or unclear, often caused by poor breath support and/or a result of difficulties with the motor aspects of speech.

NMT
This section presents the most important NMT techniques used by the author in her work with Parkinson’s patients.

Rhythmic Auditory Stimulation (RAS) is used to assist the recuperation of movements that are fundamentally biologically rhythmical, most notably gait. RAS uses rhythm to improve the control of movement in facilitating functional and stable gait patterns in Parkinson’s patients. RAS provides rhythmic cues to entrain movements and serves as a facilitating stimulus to achieve more functional gait patterns (Thaut, 2005).

Patterned Sensory Enhancement (PSE) uses the elements of music to provide temporal, spatial, and force cues for movements which replicate functional activities and exercises part of daily living. Unlike RAS, PSE is applied to movements that are not intrinsically rhythmical and provides more than just temporal cues. Motions such as reaching and grasping are enabled through musical patterns and further assembled into functional movement patterns and sequences (Thaut, 1999).

Therapeutic Instrumental Music Performance (TIMP) is the playing of musical instruments in order to exercise and stimulate functional movement patterns. Instruments are not played in the traditional manner, but are placed in various locations to facilitate practice of the desired functional movements (Thaut, 2005).

Rhythmic Speech Cueing (RSC) is
implemented to cue and control the initiation and rate of speech through cueing and pacing. Vocal Intonation Therapy (VIT) uses intoned phrases mimicking the inflection, prosody, and speech pacing to assist with issues such as inflection, pitch, breath control, timbre, and dynamics.

Tenori-On
The Tenori-on is a unique instrument described as a basic rhythm machine and with 256 different sounds built in. The following are some areas the author has used this instrument in work with PD patients,

1. Improve walking/ gait. The Tenori-on allows the music therapist to create any rhythm and easily change the tempo to match a client's pace, or set a goal pace. The music therapist can create the melody or beat, save it and be free to assist the client.

2. Reduce shaking/ tremors. Relaxing tones and sounds such as: harp, piano, or nature sounds can be created on the Tenori-on and implemented to match or move the mood of the client in a positive direction and aid in reducing shaking or tremors.

3. Improving stability and speed of movement. To improve the speed and stability of movement the therapist can ask the PD patient to create melodies on the Tenori-on by, or outline a pattern on the instrument asking the PD patient to match the pattern. To view a Tenori-on tutorial for music therapists visit http://www.youtube.com/watch?v=80_uemUavXo&feature=youtu.be

References


About the Author
Ph.D., MT-BC, MTA, FAMI, Assistant Professor, Music and Health Research Collaboratory, University of Toronto; Instructor & Supervisor, Wilfrid Laurier University; Senior Music Therapist/Practice Advisor, Baycrest, Toronto; Past-President CAMT; WFMT Clinical Commissioner.

Contact: a.clements.cortes@utoronto.ca
SINGING AND WELLNESS: BUDDY’S GLEE CLUB, PHASE TWO STUDY

Amy Clements-Cortes
Music and Health Research Collaboratory, University of Toronto, Canada

“Buddy’s Glee Club Two: Singing and Wellness” examined the physical, psychological, social, and emotional effects of singing in a weekly choir facilitated by a music therapist for both cognitively intact and cognitively impaired older adults. This mixed-methods study was part of a multi-phase group of studies assessing the health benefits of singing on several dimensions including: pain, anxiety and mood.

Research Questions
What, if any, are the benefits of the lived experience of singing in a glee club facilitated by a music therapist and accompanist as expressed by older adults living in nursing homes?
How can a glee club program best be implemented with older adults in nursing homes?
What is the impact of singing on the physical and emotional dimensions of health? (In this context: anxiety, happiness, pain control, energy and mood).

Method
Sixteen participants sang in a weekly 60 minute choir session held over 16 weeks. Data was collected by self-report, observation and interviews. Mood, pain, anxiety, happiness, and energy were assessed each week via Likert scales in a pre and post-test fashion; participant behavior and interactions were recorded in weekly observation notes; and interviews were completed with participants and staff and volunteers involved with the choir.

Results
For all participants, average pre-post weekly scores for happiness and mood increased each session; energy increased for 14 of 16 sessions; pain decreased for 14 of 16 sessions, and anxiety decreased for 11 of 16 sessions. Aggregated sessions data, indicated that changes were statistically significant (p<.01) for four indicators: increases in energy, mood and happiness while showing a decrease in pain using T-test analyses, (two-sided). The decrease in anxiety was not statistically significant at conventional levels (P=0.06); but is encouraging. Qualitative data led to the identification of nine major themes: community building/making friends; special moments; climate of positivity; music is therapy; singing makes me feel well/keeps me going; no anxiety at glee; increased mood, energy and alertness; I can do it; and, I love to sing—as well as recommendations for music therapists facilitating choral programs with this population.

Discussion
Findings propose that singing is a valuable activity to improve mood, happiness, and energy, while decreasing pain and anxiety in a choir facilitated by a music therapist and accompanist for older adults diagnosed with cognitive impairment. This echoes the findings of Grape et al., (2003) with respect to improvement in mood; Clift et al., (2010)
with respect to decreased anxiety and Dunbar et. al., (2012) who suggested active music making contributes to reduction in pain perception more so than just listening to music.

Anxiety decreased for 68.75% of sessions, but the decrease was not statistically significant at p<.01 like the other measures. The weaker effect is suggested in the number of outliers and range of answers, which varied the greatest for anxiety out of all of the data. Qualitative comments and an individual score analysis indicate extenuating factors potentially contributed to the increases in anxiety.

Qualitative results suggest the choir facilitated participants in gaining a sense of community; increasing confidence, sense of purpose, mood, energy and alertness; and experiencing a positive climate. The choir provided participants with a chance to interact socially with others, and contribute to group goals, while facilitating distinct moments during the weekly sessions and performances.

The use of a music therapist facilitator was essential in providing choir sessions in a manner that allowed all clients to participate in a non-judgemental environment. The choir focused on making music rather than striving for perfection. The music therapists' therapeutic skills were essential in developing a trusting community where each singer felt comfortable to express him/herself. The therapists provided time between singing repertoire for discussion and reminiscence.

As music therapists, their training enabled them to help redirect singers who may be confused and their observation skills were essential in determining and maximizing singer participation.

Funding
This study was funded by a private donor from the Baycrest Centre Foundation and the Advancing Interdisciplinary Research in Singing (AIRS) collaborative research group.

References


About the Author
Amy Clements-Cortes, PhD, MT-BC, MTA, FAMI, Assistant Professor, Music and Health Research Collaboratory, University of Toronto; Instructor & Supervisor, Wilfrid Laurier University; Senior Music Therapist/Practice Advisor, Baycrest, Toronto; Past-President CAMT; WFMT Clinical Commissioner.

Contact: a.clements.cortes@utoronto.ca
EDIBLE R/S MUSICAL INSTRUMENTS IN MUSIC THERAPY
FOR GERIATRIC DISABLED AND WHEELCHAIR BOUND PATIENTS

Adriana De Serio
Music Conservatory, Italy
Don Orione Music Therapy Centre, Romania

This paper describes the Edible Rhythmical-Sonorous-Musical Instruments (ERSMI) invented by the author and employed inside an Integrated Music therapy program for groups of Geriatric disabled and wheelchair-bound patients (IMtPlaGerPa). The patients are residents in a social-rehabilitative centre.

Materials and Methods
Fourty five patients (age range: 68-101 years; average: 84.53 years) divided in three groups took part in 25 group music therapy sessions once a week in their social-rehabilitative centre. Quantitative analysis tools: Patient’s clinical assessment tests (MMSE, FIM, VAS); Patient-Environment-Music Index (PEMI) (time t₀ and tₙ); Therapeutic Advancement Index (ThAI). - Patient’s Somatic and Graphic Pattern (SOMPAT) monitoring. Qualitative analysis tools: Patient’s sonorous-musical anamnesis; Musictherapy Session Protocols. Sonorous-Musical Instruments (SMI): various percussion instruments, piano and further instruments the author made from salvage materials. ERSMI: a bread roll empty of his crumb and stuffed with rice/seeds and wrapped in tinfoil; tubular home-made pasta stuffed with some legumes (as rain-pipe); empty and stuffed egg shell with croutons/other foods; empty pepper / pumpkin of his seeds and stuffed with little pieces of parmesan, and closed with sewing thread; carrots and zucchini as a baton and drumstick; candied involucres of oranges/mandarins stuffed with puffed rice, peanuts, almonds; empty cream puffs stuffed with some pieces of chocolate. - Active production of Sonorous-Musical Energy (SME) by voice, canto, body, SMI, ERSMI. - Synchronization. - Free/structured bodily-rhythmic-sonorous-musical games; rhythmical-sonorous dialogue. - By means of the SME by the bodily-rhythmic-sonorous instruments each of the patients told his (true or fantastic) story and the role of the leader would change. Both the therapist and each of the patients could be the leader and conduct the group orchestra, the group’s composition of songs, drawing, movements and dances. - Sound pitch and dynamic gradation differentiation. - Improvement of patient’s skills to catch the sound (near-far). By means of a gradual increase in the modulation of the musical parameters and the vocalization the music therapist makes the patients achieve an emotional swelling/culmination and then the slackening. Interaction of SME and visual, tactile and kinetic energy. Techniques: holding, mirroring (imitation, synchronization), exact/inexact/synesthetic synchronization, contrast, development, songwriting.

Results
The ERSMI are easy to use for the severe disabled patients too. Each patient plays one or more ERSMI and together the three groups of the patients have carried out a musical orchestra that performs a lot of public concerts where the conductor is the
music therapist. The musical program of these concerts includes classical, traditional and modern music. Inside the IMtPlaGerPa the ERSMI manipulation, the SME production and the concerts too promote mood, emotional balance, speech and self esteem improvement, social relations, teleological motor sequences, physical activity of upper/lower limbs, in accordance with the musical parameter features.

Conclusions
The patient’s motivation and gratefulness in relation to the ERSMI manipulation and to the concert performances become a rehabilitation instrument too. The ERSMI significantly interfere with the quality of the life and mood. There are numerous convergences between mind and music that are closely and mutually connected. Sound and music energy can promote a regressive sphere and an unexpected internal thought cohesion. The IMtPlaGerPa/ERSMI promote and optimize the patient’s neuropsychophysical rehabilitation, a motivated compliance with the music therapeutic care, a higher quality degree of the cognitive/manipulation/relation skills and a better development of the sensorimotor/expressive/emotional/creative resources that allow him to ward off the health worsening and to better life’s quality.

References

About the Author
Prof. Dr. Adriana De Serio. Professor, Musictherapist, Italy. Rehabilitative Medicine Units. Benenzon Musictherapy Magister/Supervisor. Roumanian Musictherapy Centre “Don Orione” President.

Contact: adrideserio@libero.it
MUSIC THERAPY IN AQUATIC AND DRY ENVIRONMENTS FOR THE REHABILITATION OF CHILDREN WITH DIFFERENT DISABILITIES

Adriana De Serio
Music Conservatory, Italy
Don Orione Music Therapy Centre, Romania

This experimental paper introduces an Integrated Music therapy Program in Aquatic and Dry Environments (PsyReImtPADrE) for psychomotor Rehabilitation of children suffering from different disabilities. The patients are residents in the Romanian Music therapy Centre “Don Orione” in the city of Voluntari (Roumania). Nineteen patients (age range: 5-17 years; average: 7 years) suffering from different disabilities participated.

Materials and Method
Tub (m. 3 x 1.50; water temperature: 32-34°C). 36 Individual music therapy sessions (16 water; 20 dry). The PsyReImtPADrE is worked out by means of: Patient’s sonorous-musical anamnesis and music therapy assessment.

Music Therapy Session Protocols
Production of Sonorous-Musical Energy (SME) by voice, water, body, floating rhythmic-sonorous-musical instruments (SMI) and SMI the Author has made from salvage and edible materials (ERSMI). Techniques: holding, mirroring (imitation, synchronization), contrast, development, songwriting, therapeutic singing, clinical improvisation.

Measures and Quantitative Analysis
Patient’s Somatic and Graphic Pattern (SOMPAT) monitoring; Patient-Environment-Music Index (PEMI) (time t₀ and tₙ); Therapeutic Advancement Index (ThAI) to analyse the evolution of the patient’s rehabilitation within the patient-environment-music-music therapist system. The author set up a Relation Evaluation Scale (RES), with five behaviour systems (CEXYW) that were valued in connection with the musical parameters. A grille to classify the five CEXYW systems was also established. The t₀ time defines the initial stage of the eco-musical system situation of the patient; at tₙ time another matrix is made up. Therefore, at tₙ time (where tₙ = t₀ + δ t) the Eco-Musical Therapeutical Matrix (EcMuThMa) is made up to value the evolution of the patient behaviour system at tₙ time. The Musictherapeutical Advancement Index (MAI) is determined: MAI (tₙ) = [PEMI (tₙ) - PEMI (t₀)] / PEMI (t₀). By a suitable algorithm the CEXYW system and the musical parameters can be put in correlation with the five elements (OME-MₑMᵢ) of the two Dimensional Categories. The PsyReImtPADrE develops in several stages that include some acoustic stimuli by different modalities: Welcome/Final song. Free/structured bodily-environmental-rhythmic-sonorous-vocal energy (BERSVE) production. Modulation of musical parameters/ rhythmic patterns. Swelling/ culmination method.

Results
The results show the PsyReImtPADrE can contribute to the children’s behaviour...
improvement and to support school performance. In aquatic environments a free and empathic SME production can depict the individual/group mood and dynamics in order to achieve intrapersonal and interpersonal harmony. The children showed decreased levels of emotional stress, satisfactory communicative needs, reduced active and passive protest reaction. Improved emotional condition, reduced anxiety levels, optimization of excitation and inhibition processes were achieved. By the bodily-vocal-rhythmical-musical instruments and the sonorous-aquatic massage the PsyRelMtPaDrE improves patient’s motricity, hearing acuity, sensorial perceptions and speech, attention, muscular/postural/mood tone, self-confidence, bodily and spatial feeling and perception, extended borders of bodily contact, emotional balance and communication, interaction and mutual acceptance and social relations. In this way the PsyRelMtPaDrE can give rise to a self-improvement of patient’s creative energy, that the SME productions extrapolate.

Conclusions
The PsyRelMtPaDrE promotes brain plasticity activation. It explores social and emotional changes that children face during the music therapy treatments. The PsyRelMtPaDrE can optimize patient’s kinetic harmony coordination, cognitive, communicative and relational abilities, experimentation of his own body image and a self-management of his expressive and creative resources.

References

Author
Prof. Dr. Adriana De Serio, Professor, Musictherapist, Italy. Rehabilitative Medicine Units. Benenzon Musictherapy Magister/Supervisor Roumanian Musictherapy Centre “Don Orione” President, Bucharest.

Contact: adrideserio@libero.it
NEW MUSIC THERAPY ANALYSIS TOOLS FOR VEGETATIVE AND MINIMALLY CONSCIOUS STATE PATIENTS

Adriana De Serio
Music Conservatory, Italy.
Don Orione Music Therapy Centre, Romania

This research intends to compare the outcome of eight patients in vegetative states (VS) seven patients in minimally conscious states (MCS). The PEMI (Patient-Environment-Music Index) and SOMPAT (Patient’s Somatic Pattern) have been set up to identify the patient’s behavioural evolution within an Integrated Musictherapy Plan (IMPVMCS).

Materials and Methods
Patient’s clinical/functional assessments: DRS, GCS, neuroendocrine and immunobiological assessments (haematic assay of the osteopontin, OPN), imaging diagnostics. IMPVMCS steps: Patient’s Sonorous-Musical Anamnesis. Production of Bodily-Environmental-Rhythmical-Sonorous-Vocal-Energy (BERSVE) by Sonorous-Musical Instruments (SMI) and SMI made by the Author with savage and foods (Edible SMI: ERSMI), voice, canto. SOMPAT: analysis of patient’s neuropsychophysical feedback, eye, mouth, upper/lower limbs motility, muscular tone, perspiration. Physiological parameters monitoring, before, during, and after BERSVE production: Cardiac Frequency, Plasmatic Oxygen Saturation, Respiration Acts, Blood Pressure, Evoked Potentials, fNMR. PEMI (time t₀ / tₙ) to monitor the patient’s behaviour evolution. The PEMI includes two Dimensional Categories (OME-Mₐₙₐₓ) with the sub-units Oneself (O); Man (M); Environment (E); Music listening (Mₐ); Music production by the musictherapist/ patient system (Mₙ). The Author sets up a Relation Evaluation Scale (RES), with the five behaviour systems (CEXYW: Closing, Exploration, Expression, Interaction, Integration), that are valued in connection with the musical parameters of Intensity, Duration, Rhythm. RES test score: from 0 to 100, gap of 20 in order to set up the patient’s Music therapeutic Advancement Index. The Author points out the effectiveness of the neuroendocrine / immunobiological assessments (particularly the haematic assay of the OPN) and the imaging diagnostics too. The patients that were examined in this research underwent the haematic assay of the OPN (mean haematic value: 50 ng/ml in relation to the normal controls), the typing of the lymphocyte subset, the sero-assay of prolactin, cortisol, GH, ACTH, TSH, FT₃, FT₄, T₃, T₄. For this study (still in progress) the Author recruited the patients with GCLA that underwent the fNMR. BERSVE promotes the cortical activation of the temporal bilateral area in the VS. In the MCS clinical pictures the BERSVE supports the activation of the posterotemporal and temporo-insular areas.

Results
The results point out a range of patient’s behaviour acts/feedback monitored in connection with the acoustic stimuli within the BERSVE production. The patients showed a progressive psychomotor recovery and a resumption of communicative skills. Of note is the comitial
crises in five MCS patients: these fits are likely to have caused a superficiality of the coma and therefore a recovery joined in a fire of the reticular formation (this occurrence is the same as in relation to the generalized convulsive fits). In this way a neosynaptogenesis has been promoted with regards to the neurotransmitters too and then a reconstitution of the continuity/entireness of the neural network in order to guarantee some suitable relations of vigilance between the cortex and the peripheric structures and at the same time a right conduction of the afflux from the peripheric to central structures.

Conclusions
The IMPVMCS gives the opportunity for an observation of psychophysical and behavioural responses and for the analysis of cerebral paths made active by means of SME. The IMPVMCS can contribute to increase the neural network the widespread damage has not destroyed. In this way the activation of the minor hemisphere reorganizes in order to uphold the behavioural expressiveness such as the automatic motility and the prosody. The BERSVE production closely connected with patient’s Psycho-Physical-Energy (PPE) can give rise to a Psycho-Physical Activation Feedback (PPAF) that PEMI and SOMPAT show by the fNMR in relation to the immunological and neuroendocrine-vegetative area too in order to make superficial the consciousness states and to promote the recovery.

References

About the Author
Prof. Dr. Adriana De Serio
Professor, Musictherapist. Rehabilitative Medicine Units. Benenzo Musictherapy Magister/Supervisor. Musictherapy Centre “Don Orione” President, Bucharest.

Contact: adrideserio@libero.it
TOWARDS ‘AINTEGRATION’ IN MUSIC THERAPY WITH HOLOCAUST SURVIVORS

Miriam Druks
Levinsky College of Education, Israel

Dorit Amir
Bar-Ilan University, Israel

Abstract

‘Aintegration’ is defined as the human ability to bear cognitive and emotional complexity manifested in the ability to live with inconsistencies and paradoxes, yet being able to live life fully (Lomranz, 1998). This lecture will focus on the ways music enabled Aintegration of Holocaust survivors in group music therapy.

Description

This presentation will be based on a qualitative study which investigated the meaning of music therapy and the role of music with a group of Holocaust survivors in Israel.

The study’s 7 participants experienced extreme traumatic events during their lives: before and during the Holocaust - loss of homes and family members at a very young age, insecurity, loss of trust in others, torture, fear of death and hunger. After the Holocaust, they immigrated to Israel and started building new lives. This was another traumatic event, leading to a loss of identity and discontinuity in their lives. Thus, life during and after the Holocaust created enormous difficulties and conflicts. Yet, despite their post traumatic symptoms, paradoxically, they carried on showing a great deal of strength, healthy coping mechanisms and life force.

Findings show the polar existence of participants, expressed through their stances and feelings that arose during group therapy and individual interviews. They moved between the need to talk about the Holocaust and the need to silence this discourse. Their perception of identity fluctuated between alienation and belonging; they experienced themselves as immigrants, Europeans yet Israelis, Holocaust survivors and old.

Musical experiences in the group allowed participants to move between these polarities and turned the fluctuated perception into an aintegrated one. Singing about their pains and sorrows made it possible for them to move from conflict and alienation into closeness and sharing. Listening to classical relaxing music created a space which enabled them to process painful and complex issues yet at the same time to feel relaxed and contained. Improvising together allowed participants to move from a need for structure and control to a need of relief and release – group improvisations created a stable and safe musical container which enabled the participants to experience playfulness and spontaneity.
References

About the Authors
Miriam Druks, Music therapist, Head of the Music Therapy Master’s program at Levinsky College of Education. Lecturer and supervisor.
Contact: druksm1@gmail.com

Prof. Dorit Amir, Ph.D. Music Therapy Program, Bar Ilan University, Israel.
SHORT-TERM EFFECTS OF PENTATONIC LIVE MUSIC ON NEONATES UNDER PHOTOTHERAPY

Josephine Geipel
School of Therapeutic Sciences, SRH University Heidelberg, Heidelberg, Germany

Alice Ranger
ARCIM Institute (Academic Research in Complementary and Integrative Medicine), Stuttgart-Filderstadt, Germany
Department of Clinical Psychology and Psychotherapy, University of Tübingen, Germany,

Barbara M. Menke
School of Therapeutic Sciences, SRH University Heidelberg, Heidelberg, Germany

Jane Vagedes
ARCIM Institute (Academic Research in Complementary and Integrative Medicine), Stuttgart-Filderstadt, Germany
Filderklinik, Stuttgart-Filderstadt, Germany
Department of Neonatology, University Children’s Hospital Tübingen, Germany, University of Tübingen, Germany

The purpose of this randomized controlled pilot study was to investigate the impact of pentatonic live music according to Bissegger [1] on maternal anxiety and on physiological and behavioral parameters of newborn infants under phototherapy. There are no experimental studies that explore the influences of music on children with hyperbilirubinemia and their mothers [see 2-3]. In different studies it was shown, that music has a relaxing influence on preterm and newborn infants. This manifests itself for example in better heart rate variability parameters [4] or reduced activity [5] of the infants through music.

Included in this study were infants with hyperbilirubinemia requiring phototherapy, with a gestational age of ≥ 35 weeks, a 10-minute-Apgar-score ≥ 7, verification of good hearing and no other health problems. Mother-infant dyads were assessed under both a music and a control condition.

Using repeated measures, neonatal heart rate was recorded along with activity patterns measured by a software-based video analysis. The State-Trait Anxiety Inventory [6] scaled maternal anxiety in a pretest and a posttest. The state of the children assessed through the mothers was gauged by a modified version of the State-Trait Anxiety Inventory. A third questionnaire sought the effect of the music on the subjective well-being of mother and child. After a baseline measurement of 15 minutes in the music condition subjects were treated with pentatonic live music of the children’s harp played for 15 minutes, which was followed by 15 minutes data collection without an intervention.
During the control condition only the measurements were carried out. Due to time constraints the study had to be canceled. Because of that fact two descriptive case studies were made. Results suggest that pentatonic live music increases time-domain HRV parameters. The LF/HF ratio of the two children improved over the three phases during the music condition. This militates in favor of a good sympathovagal balance during and after the music [7]. Both mothers rated the effect of the music on their subjective well-being and the well-being of their children positive. The strong relation between the development of maternal state-anxiety and the state of the children shows the relevance of music therapy with the mother and the newborn together. Physical activity of the children increased under the influence of music. The lethargic children owing to the hyperbilirubinemia [8] seem to be supported in self-regulation through the music. The findings reveal a trend of positive effects of pentatonic live music on newborn infants under phototherapy and their mothers that require further research.

References

About the Authors
Josephine Geipel received her M.A. in Music Therapy from SRH University Heidelberg, Germany in 2013. She was a research assistant at the ARCIM Institute, Stuttgart-Filderstadt, Germany for the presented study.

Contact: Josephine.Geipel@gmx.de

Alice Ranger (psychologist) is a doctoral candidate at studying under Prof. Hautzinger at the University of Tuebingen, Germany.

Barbara M. Menke received her B.A. and M.A. in Music Therapy from SRH University Heidelberg, Germany. Her main research focus is on music therapy in neonatal care.

Jan Vagedes is pediatrician and neonatologist and is the scientific director of the ARCIM Institute (Academic Research in Complementary and Integrative Medicine), Filderstadt, Germany.
THE EFFECTS OF MUSIC THERAPY IN NEUROREHABILITATION WITH PERSONS AFTER BRAIN INJURY

Marketa Gerlichova
1st Faculty of Medicine at Charles University, Dpt. of Rehabilitation Medicine, Prague, Czech Republic

Abstract
In 2014 we are finalizing the research of the effects of music therapy in neurorehabilitation and education rehabilitation with persons after brain injury in the context of their quality of life. The research looks into the therapeutic possibilities of music therapy in order to improve the level of functional abilities in persons with acquired brain damage and thus facilitate the return of these people to society, including professional placement in some cases.

Research Summary
The poster presents the results of the research carried out within Ph.D. studies 2007-2013. The research focused on the effects of music therapy in neurorehabilitation and education rehabilitation with persons after brain injury and strokes (see also Aldridge, Gilbertson, 2008 and Gilbertson, 2006). The combined research consisted of a quantitative part aiming to follow 100 patients undergoing music therapy at the Department of Rehabilitation Medicine of the 1st Faculty of Medicine at Charles University and the General Teaching Hospital in Prague, evaluating the change in their functional abilities concerning:

- movement,
- communication,
- cognitive skills,
- self-sufficiency.

Apart from the quantitative part (observational study) the research included a qualitative part. The patients were measured according to FIM (functional independent measure) before and after the therapy intervention.

The qualitative part of the research looked into the significance of music therapy with 17 of these patients according to Grounded Theory.

Quantitative Research Part
The group of 100 patients consists of 43 women and 57 men. All suffer from one of the following disorders: traumatic brain injury (TBI), strokes, neurodegenerative disorders and other brain disorders (intoxication, tumors, infection etc.).

<table>
<thead>
<tr>
<th>Gender</th>
<th>TBI</th>
<th>Stroke</th>
<th>Ndeg.</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>women</td>
<td>14</td>
<td>17</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>men</td>
<td>27</td>
<td>25</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

The age pattern of the group is as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>TBI</th>
<th>Stroke</th>
<th>Ndeg.</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 30</td>
<td>45</td>
<td>59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 -</td>
<td>38</td>
<td>17</td>
<td>16</td>
<td>29</td>
</tr>
<tr>
<td>46 -</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 60</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The length of the stay in the daycare centre ranges from 4 to 6 weeks. During this stay, patients undergo comprehensive rehabilitation provided by a multidisciplinary team at the department (Lippert-Grüner, 2005). Patients thus undergo physiotherapy, ergotherapy, speech therapy, special education, dance therapy and music therapy at the same time (Gerlichova, 2011).
The results of the study prove the positive effects of music therapy in improving movement, communication and self-sufficiency – especially depending on the number of the music therapy sessions attended.

Qualitative Research Part
In this part of the study, we focused on the group of 17 people suffering from TBI, stroke and other diseases (approximately thirds of the group). Individual patients were interviewed for 30 minutes following a template pattern. The information gained from the interviews was subsequently analyzed with open and axial coding performed. The results are further categorized and the process of qualitative research is currently going on (Strauss, Corbin 1994) with the aim to find key links between the effects of music therapy in neurorehabilitation in the context of the quality of life of people with brain damage. These conclusions are also the subject of the poster section presentation.

References


About the Authors
M.Ed. Marketa Gerlichovahas worked since 1996 at the Department of Rehabilitation Medicine at the 1st Faculty of Medicine at Charles University and the General Teaching Hospital in Prague as a music therapist, special educator and physiotherapist mainly with persons after brain injuries.
FLASH SONG THERAPY: A METHOD OF ACTIVE MUSIC THERAPY FOR DEMENTIA

Mieko Iizuka
Music Therapist, Kyoto Medical Center, Japan

Michikazu Nakamura
Department of Neurology, Kyoto Medical Center

Abstract
In this paper, we would like to propose a method of active music therapy for dementia, which we call “Flash Song Therapy” (FST). In FST, patients sing their favorite songs one after another with the accompaniment of a music therapist. Soon after the first verse of one song ends, the introduction of the next song begins. Individualized, active music therapy using FST had positive effects on BPSD and QOL of juvenile Alzheimer’s disease. We would like to suggest that FST is one possible method to help patients maintain their concentration and improve their rhythm of activities. This is achieved by allowing the patients to sing songs in rapid succession and at an appropriate tempo.

Introduction
Evidence of the effects of music therapy on dementia is now accumulating (Raglio 2012; Sakamoto 2013; Ueda, 2013). One of the future issues should be to explore effective methods of music therapy and compare the efficacy of each method. In this paper, we would like to propose a method of active music therapy for dementia, which we call “Flash Song Therapy” (FST).

Method
In FST, patients sing their favorite songs one after another with the accompaniment of a music therapist. Soon after the first verse of one song ends, the introduction of the next song begins. The quick changes of songs help the patients to maintain their concentration: recognition of the next song evokes new interest in their minds. In the beginning of each session, the therapist accompanies the patients in their natural tempo and in a comfortable range, expressing sympathy for them. As the session progresses, the therapist gradually increases the tempo and uses higher notes. We applied FST to eight patients with juvenile Alzheimer’s disease (MMSE 0-23, average 10.5) in a private session. Cognitive functions, behavioral and psychological symptoms of dementia (BPSD), ADL, QOL and caregiver burden were evaluated before and after 8 and 16 private sessions of FST. In two patients, we measured the tempo of gait just before and after each session.

Results
Even advanced dementia patients, except one, sang up to twenty songs without losing concentration. The BPSD and QOL scores improved significantly after the 16 sessions (Behave-AD: from 9.1±7.4 to 4.9±5.6, p=0.01; Dementia Happy Check: from 28.0±12.4 to 34.0±11.0, p=0.03). Some patients showed improvements in cognitive function, though
they were not significant (MMSE: 10.5+-8.3 to 12.1+-9.5, p=0.44). The tempo of their gait tended to increase after each session. Some patients commented that “I feel as if I am free of illness when I sing.”, “The music therapy session is the happiest time for me.” Some families and caregivers reported that the patients became calmer, happier and were able to confidently speak about themselves in the company of others.

Discussion
Individualized, active music therapy using FST had positive effects on BPSD and QOL scores of patients with juvenile Alzheimer’s disease. The effect on BPSD is consistent with other studies. We would like to suggest that FST is one possible method to help patients maintain their concentration and improve their rhythm of activities. This is achieved by allowing the patients to sing songs in rapid succession and at an appropriate tempo.

FST is based on the cultural history of Japan. Almost all Japanese people born during the period from the 1900s to the 1970s learned many traditional Japanese children’s songs, which are called “Shoka” and “Doyo”. The Japanese learned these songs in elementary school as a part of their compulsory education and can sing dozens of such songs from memory. Furthermore, Japanese people are typically willing to share their favorite songs with others in social settings. Many Japanese have grown up watching the same music programs on TV, and listened to and sang songs – “Kayokyoku” – together.

This unique and uniform song culture of Japan makes FST applicable to most dementia patients. They, even at an advanced stage, can sing many songs when the introductions are played, and they can share the same memories and emotions with their families and therapists.

Since FST is based on Japanese music culture, the method and selection of songs might have to be adapted to the particular music culture of other countries. We think individualized music using FST can be an effective tool in accessing the limited but still vast memories of dementia patients and in communicating with them. This is even true in advanced stages of dementia, where patients have difficulty in expressing themselves in words.

References

About the Authors
Mieko Iizuka, MT, is a music therapist as well as a violist.

Michikazu Nakamura, MD, is a neurologist.
CORRELATION OF ACOUSTIC FEATURES WITH PERCEPTUAL IMPRESSION EVALUATION AFTER SINGING TRAINING

Maki Kato, Kazumasa Yamamoto, and Seiichi Nakagawa
Department of Computer Sciences and Engineering, Toyohashi University of Technology, Japan

Abstract
The aim of this study is to explore the correlations of acoustic features of singing with speech intelligibility and singing evaluations as perceptual impression evaluations for patients with dysarthria patients through singing exercises in Music Therapy sessions. The results showed that the correlations had high values. This is fundamental research toward automatic estimation of speech intelligibility through singing training for the patients.

Introduction
Dysarthria is a motor speech disorder resulting from neurological injury of the motor speech system that induces limited articulation of phoneme (Darley, 1975). For these patients, singing training is an effective way to improve their vocal articulation. A previous study reported increasing the vocal range and the vocal intensity of the patients, which contributed to improvement in their speech intelligibility (Kato, 2008). Also, we found that they showed a greater improvement in rhythm compared to pitch (Kato et al., 2011). In this study we found some correlations of acoustic features with perceptual impression evaluation and also showed the improvements of their intelligibility.

Methods
Vocal Protocol in Music Therapy Sessions
The eleven patients with dysarthria (ages: 34-75) who resided at the facility performed singing and vocal training 25 minutes in a 40-minute Music Therapy session held once a week for one year. Each session included a test song and a few other songs, physical exercises, oral exercises, breathing exercises, and diadochokinetic (DDK) practice arranged in scales.

Voice Recording
We recorded the patients’ recitation of grammatically correct sentences, nonsensical sentences, and a test song in 4 terms: pre-test, mid-test, post-test and final-test.

Acoustic Analysis
After the training was done, we extracted 5 acoustic parameters of their singing; normalized pitch score, normalized rhythm score, normalized power score, pitch deviation score, and power deviation score by using a tool (Boersma et al., 2009).

Perceptual Impression Evaluations
We evaluated their recorded speech (nonsensical and grammatically correct sentences) and their songs by 2 groups of listeners (music and engineering students).

Oral Diadochokinetic Test
This test is known as the Fletcher Time-by-Counter Test of Diadochokinetic Syllable Rate (Fletcher, 1972). In the 4 terms of training, an oral DDK test was done.
individually. This test measures how quickly a patient can accurately repeat a series of alternating phonetic sounds of /pa//ta//ka//la/.

Results
The results of our research showed that the correlation between the normalized pitch and nonsensical tests by all students was statistically significant with 5% of significant level. The correlation between the normalized rhythm and intelligibility tests by all students was statistically significant with 1% of significant level. The correlation between the normalized power and intelligibility tests by all students was also statistically significant with 1% of significant level. We found that two different perceptual groups of non-music major students and music major students similarly evaluated the patients’ singing and the intelligibility of nonsensical sentences. Also, the results of the oral diadochokinetic tests for comparing the pre-tests and final-tests found that 90% of the patients improved their scores. Therefore, these acoustic parameters can be utilized to improve their speech.

Summary
In this research, we compared an automatic analysis with human evaluations to more accurately measured acoustic parameters and offered an objective and subjective method to evaluate dysarthric patients’ speech intelligibility. And this research will be expected to lead to automatic estimation for intelligibility after the singing and vocal training instead of human judgment. Also, the results indicated that singing and vocal trainings are effective and remain as speech rehabilitations for dysarthric patients, even years after the patients’ accidents or disease.

References

About the Authors
Maki Kato: PhD student at Computer Sciences and Engineering, Toyohashi University of Technology, Japan.
Contact: kato@slp.ics.tut.ac.jp

Dr. Kazumasa Yamamoto: Associate Professor at Dept. of Computer Sciences and Engineering, Toyohashi University of Technology, Japan.

Dr. Seiichi Nakagawa: Professor at Dept. of Computer Sciences and Engineering, Toyohashi University of Technology, Japan.
THE EFFECT OF POST-TASK MUSIC ON HEART RATE VARIABILITY AFTER A PROGRESSIVE ERGOMETER CYCLING TASK– A CROSS-OVER RANDOMIZED CONTROLLED TRIAL

Michael Kessler
SRH University Heidelberg, School of Therapeutic Sciences, Heidelberg, Germany

Thomas K. Hillecke
SRH University Heidelberg, School of Therapeutic Sciences, Heidelberg, Germany

Julian F. Thayer
Department of Psychology, The Ohio State University, Columbus, USA

Julian Koenig
SRH University Heidelberg, School of Therapeutic Sciences, Heidelberg, Germany
Department of Psychology, The Ohio State University, Columbus, USA

Background
It is not clear if beneficial effects of music listening (ML) interventions on post exercise recovery (Karageorghis & Priest, 2012a, 2012b) arise from the music itself or acoustic distraction in general. None of the former studies on the use of post-task music (e.g. Eliakim, Bodner, Eliakim, Nemet, & Meckel, 2012) comprised measures of heart rate variability (HRV) (Ellis, Koenig, & Thayer, 2012).

Method
A randomized controlled cross-over trial to compare listening to classical music with listening to an audiobook (AB) was conducted. A self designed questionnaire was used to assess socio-demographic and health related (e.g., history of cardiovascular diseases, cigarettes and alcohol use, sport activities) variables. All subjects performed an ergometer cycling task (2 min each: 80W; 100W; 120W. HRV was measured within a 5 minute baseline (BL), 6 minutes of the ergometer task (80W; 100W; 120W) and during a 5 minute post-line (PL). Ratings of perceived exertion (RPE) were assessed at the end of every phase of the experiment. During the 5 min PL subjects were provided with headphones and were presented with the ML or AB stimulus. Stimuli were provided via an MP3 player on standardized settings that were slightly adjusted to the participants needs (e.g. volume).

Results
51 subjects (30 female; age: 22.49±2.61 yr; height: 174.9±9.06 cm; weight: 68.67±13.82 kg; BMI: 22.37±3.82 kg/m²) completed the trial. Randomization allocated 26 (51%) subjects to first receive the ML then the AB intervention during post-task and 25 subjects (49%) to first receive the AB and
then the ML intervention. ANOVA revealed a statistically significant difference on RPE and different time- and frequency domain measures of HRV between periods. No significant differences between the interventions (ML vs. AB) were observed. RPE was significantly correlated with measures of HRV.

**Conclusions**
The present study provides evidence that beneficial effects of music listening interventions on post-task recovery might simply derive from acoustic distraction. Future studies comparing music listening, diverse types of acoustic distraction and silence conditions are necessary to address the specificity and nature of the effects of music listening interventions on post-task recovery.

**References**

**About the Authors**
Michael Kessler is a student at the SRH University Heidelberg, Germany. He is a research fellow at the Lab for Pain Research (LPR) Heidelberg.

Thomas K. Hillecke, PhD, is a professor of clinical psychology and dean of the School of Therapeutic Sciences at the SRH University Heidelberg, Germany.

Julian F. Thayer, PhD, is the Ohio Eminent Scholar in Health Psychology at The Ohio State University, Columbus, OH, USA.

Julian Koenig, PhD, is a post doctoral researcher at the Department of Psychology, Emotions and Quantitative Psychophysiology Lab at The Ohio State University, Columbus, USA.

Contact: Michael.Kessler@hochschule-heidelberg.de
MUSIC THERAPY WITH TWO BOYS WITH AUTISM: OUR WORLDS, OUR MUSIC

Sara Knapik-Szweda
Academy of Music in Katowice, University of Silesia, Poland

Music therapy based on improvisation is an emotional, relational, motivational medium to communicate, express oneself and get the opportunity to apprehend others through music. Music making together and a reciprocal interaction between a therapist and a client is meaningful and significant in a therapeutic process. This attitude is based on Person-centered therapy where the foundation of music therapy is a relationship between a therapist and a client and the development of trust between them. (Wigram, Pedersen, Bonde, 2004). Within a musical process, a music therapist uses elements of music (rhythmic patterns, melody, beat, harmony, dynamics expression) which influence client’s developmental areas, especially the clients diagnosed with Autism. Autism is a complex developmental disorder that affects verbal and nonverbal communication and social interaction, and is also associated with restricted and repetitive patterns of behavior (Kern, Graham, Aldridge, 2006). Improvisation provides musical variability and flexibility to allow a therapist to get to the child in instrumental or vocal ways. These data have a big potential because among numerous research connected with improvisation and autism in Western Culture, they still provide some initial although limited evidence about the efficacy of music interventions in the case of children with autism. The studies conducted in Poland still do not provide enough data and conclusions to present them. There is a need to conduct studies in Poland and indicate the influence of improvisation on communicative, social and cognitive development of a child.

Project Design
The study presents the influence of music therapy on boys (5 and 9 years old) diagnosed with Autism. The main goal of the study is: to show the influence of improvisation on a musical and nonmusical communication, social development and reduction of stereotyped, repetitive behaviors. The project is based on phenomenological assumptions in which all things, situations and events appearing in the process, influence each other and have a specific effect. The sessions with client (9 years old) started in October 2012 and lasted until March 2013 (8 recorded sessions). The MT sessions with client (5 years old) started in October 2012 and lasted until April 2013 (14 recorded sessions). The sessions based on individual music therapy treatment and indirect approach took place once a week. The music therapist used improvisational techniques based on the elements of Creative Music Therapy by Paul Nordoff and Clive Robbins (Nordoff, Robbins 1971) and improvisational techniques by Tony Wigram. Each session was recorded and described on the basis of two music therapy scales created by Nordoff and Robbins: Scale I Child – Therapist Relationship in Coactive Musical Experience Rating Form and Scale II Musical Communicativeness Rating Form (Nordoff, Robbins 2007).

The results of the research indicate that the music therapy intervention in a children treatment program has a positive outcome in social, emotional, cognitive, behavior areas in both discussed cases. There were changes in social skills, especially in a reciprocal
interaction with the therapist in a music therapy process. Parent’s involvement, social, cultural factors, environment among the children also influence the therapy’s outcome. In therapy, these factors play important roles which form and support the music therapy process.

References

About Author
Sara Knapik-Szweda, MA, MT-BC, is a PhD student at the University of Silesia in Katowice. She works with physically, neurologically and intellectually handicapped children and teenagers in various therapy centers.

Contact: knapik.sara@gmail.com
SONIFICATION OF BIOLOGICAL RHYTHMS – EXEMPLIFIED BY THE SOUND OF BRAC

Annegret Linde
Friedrichshafen (BW), Germany

Today’s methods of music therapy face great challenges in a rapidly changing society of soaring multicultural variety. Finding the right choice of music for the reduction of stress and the initialization of healing processes is increasingly difficult and time-consuming. The patients’ musical preferences are fixed to their cultural background and show a vast variety. The therapist feels obliged to extend his repertoire by studying ‘foreign’ music. The approach presented in this paper introduces a new method to ease his daily work by reducing music to its universal basics, which are subconsciously accepted by any human being around the world, and by matching them with the essential elements of biological rhythmicity.

Interdisciplinary Approach
The human organism’s Biological Rhythm System (BRS) is the most sensitive level of function, time and stress regulation. The Sonification of Biological Rhythms (SBR) combines a basic rhythmic regulation with the fundamental effects of the emotional, mental, somatic regulation of music, i.e. its smallest unit: a single tone. The universality of BRS affiliates with the individuality of a harmonic mono sound. Combining the knowledge of chronobiology, medical science, acoustics, harmonic and music sciences\(^1\), a method for rhythm frequency modulation (RFM*) has been developed. A special programmed software enables the therapist to create a harmonically and rhythmically flowing mono sound on the basis of a biological / natural rhythm’s frequency\(^4\). This provides several positive synergistic effects: individuality integrated in universality; independence of cultural background, actual trends and preferences; independence of age – even prenatal; simplicity of composition; optimization of patient’s perception; distinctness of patient’s assessment: acceptance, rejection or indifference; simultaneous effects on mental, emotional, rhythmic and somatic level and on spatiotemporal perception; optimization for evaluation of effects for patients, therapists and scientists.

Mono Sounds
The period of a rhythm, i. e. its frequency is the basic information for sonification and functions as key note. Frequencies beyond the range of 16 Hz – 16 kHz are converted into this audible range by doubling or halving the value. The targeted variation of the rhythmic and musical parameters ‘octave of key tone’, ‘tone color’, ‘cultural universal intervals’, ‘intensity’, ‘cycle motive’, and ‘cycle dynamics’ generates a harmonically and rhythmically flowing mono sound being adapted to the individual requirements of the patient. The ‘octave band’ of the key tone is eligible from sub contra to sixth accented. The low frequencies of waves (α, β, γ and δ) in the analogous octave of the key tone are to add in order to accelerate and ease relaxation. ‘Tone color’ is represented by a
large variety of instruments featuring a characteristic spectrum of harmonics. Considering his patient’s situation the therapist chooses instruments to energize, to sedate or to support resonance with positive / negative conditionings. Single tones representing the intervals of octave, fifth, fourth and third may be added as overtones and ‘undertones’. This is to point out and strengthen the rhythmic relations within the human organism and to create vibration effects. The four characteristic cyclic phases of ‘consumption of structure’, ‘dissolution’, ‘regeneration’ and ‘rehabilitation’ are represented by the arrangement of time sequences for settling and holding levels, decay and interval time. Listening to the repetition of the cyclic motive results in spontaneous dynamic, sedating or stabilizing effects on the respiratory system and subsequently affects the cardiovascular system and the autonomous nervous system. The Basic Rest Activity Cycle BRAC is a dominant rhythm within organism’s stress regulation. Its period is about 120 minutes. The frequency of 145,542 Hz acts as key tone. The sound is represented by strings, the intervals octave, fifth and major third are accented, the motive with a period of 16 seconds is intended to stabilize the organism.

**Application**
The generated mono sound is applied using earphones and vibration equipment. The combination of both application methods provides an optimal therapeutic influence.

**Conclusion**
SBR combines the knowledge of music and biological rhythmicity with the therapists’ knowledge related to their patients. The therapy is independent of any external social or cultural influence. Furthermore it is highly individually related to the patient’s emotional, mental and somatic states. Combining the knowledge of interdisciplinary research the SBR opens a new therapeutic approach for music therapy and research in a multicultural society.

*rhythmovogue.plus*

**References**

**About the Author**
Annegret Linde: personality and stress profil via voice frequency analysis; sonification of biological rhythms; mentoring, training.

Contact: an.linde@stimmanalyse.eu
MUSIC THERAPY RESEARCH IN SPAIN: A DESCRIPTIVE STUDY

María Teresa Del Moral Marcos
Pontifical University of Salamanca, Spain

Melissa Mercadal Brotons
Ramón Llull University- Pompeu Fabra University, Spain

Andrés Sánchez Prada
Pontifical University of Salamanca, Spain

Introduction
Music therapy is currently a profession in process of being recognized in Spain. In order to achieve this challenge, it is important to know the current status of scientific publications in music therapy and its evolution. Following the work initiated by other authors (e.g. Poch, 2006, 2008, 2011; Brooks, 2003; Wheeler, 2005; Aigen, 2008; Del Moral, Sánchez-Prada, 2012; Sabbatella & Mercadal-Brotons, 2013), who have dedicated their efforts to researching scientific publications in music therapy, this descriptive analysis of music therapy publications with Spanish participation has been completed.

Methodology
Different types of documents (articles, books, chapters, theses, papers) were retrieved from the following databases: Academy Search Premier, Cairss for music, Dialnet, E-Journals, Eric, Medline, ProQuest Dissertations & Theses, ProQuest Research Library, PsycInfo, Pubmed, Rilm, ScienceDirect, Scopus, Teseo, Web of Knowledge, Web of Science. Furthermore, the last international and national music therapy congresses, catalogues of Spanish libraries, Spanish journals of Music Therapy, and the following journals were analyzed:

British Journal of Music Therapy, Canadian Journal of Music Therapy, Journal of Music Therapy, Music Therapy Perspectives, Music Therapy Today, Nordic Journal of Music Therapy, New Zealand Journal of Music Therapy, Qualitative Inquiries in Music Therapy, The Australian Journal of Music Therapy and Voices. Different criteria of inclusion and exclusion were taken into account, as well as different search and analysis parameters (type of document, language, subject, methodology, sources title, authors, affiliations, publications by year and its evolution).

Results
More than 450 publications with Spanish participation were sourced, consisting mainly of articles and papers. The first publication dates from 1787, but in fact the scientific publications appear regularly since 1985. Higher numbers of publications were found for the years 1993, 2006, 2008, 2010 & 2012, when National or/and International Congresses were held (Fig.1).

Conclusions
The evolution of music therapy publications has been progressing in Spain. This work provides an updated list of music therapy publications in Spain.
Proceedings of the 14th WFMT World Congress of Music Therapy
July 7-12, 2014 in Vienna/Krems, Austria

ISSN: 1610-191X
© 2014 WFMT. All rights reserved.

Figure 1. Evolution of Music Therapy publications with Spanish participation.

References


About the Authors

Maite del Moral. MTAE, Master Research Methodology.
Contact: maitedelmoral@gmail.com

Dr. Melissa Mercadal-Brotons.MT-BC.MTAE.

Dr. Andrés Sánchez-Prada. Psychologist.
ANTICIPATORY GRIEF IN TERMINAL PATIENTS: INTEGRATED ASSESSMENT BY MUSIC THERAPY AND PSYCHOLOGY

Elisabeth Martins Petersen
Palliative Care Center (University Hospital Pedro Ernesto, UERJ), Brazil

Janete Alves Araujo
Palliative Care Center (University Hospital Pedro Ernesto, UERJ), Brazil

Juliana Alves Araujo Freze
Palliative Care Center (University Hospital Pedro Ernesto, UERJ), Brazil

Introduction
Life-threatening or poor prognosis disease cause changes and losses in the lives of patients and families. For patients, loss of control over whole, disempowerment of inexorable reality of finitude (Bright, 2006), For family, suffering, ambivalence feelings for monitoring disease and psychological disturbing as the actual death. This grieving experience before actual death (Kovács, 2008) begins with diagnosis, accompanies all stages of disease and intensifies until death is announced. Anticipatory Grief “involves the symbolic preparation for the loss of a loved one. [But] there’s no assurance that anticipatory grief will prepare someone for a sudden death notice” (Hendricks & Byers, 2006, p.343). Later, it was extended to other crisis situations, as the life-threatening diseases’ diagnosis, that causing stress across the family network. However, It doesn’t replace the elaboration of postmortem mourning. Psychological support can minimize the distress, burden of care, suffering of family. It’s a singular process, “a way to go ‘closing’ relationships, decreasing feeling of impotence, bring a sense of mission accomplished” (Lisboa & Crepaldi 2003, p.101). It’s a symbolic ritual farewell. Palliative care’s team approach of NCP requires a humanistic, interdisciplinary practice, and is based on relief of the biopsychosocial-spiritual suffering. Patient and family are the unit of care, and anticipatory grief becomes a more intensely lived experience. Often, attendances are performed together, involving different professionals that complement their specific knowledge in the pursuit of more effective alternatives in wide approach.

Music Therapy and Psychology: Integrated Assessment
In this context, psychology and music therapy, together, can offer care, effective presence, emotional and spiritual comfort, encouragement of rescue life stories and the legacy of achievements, coping with the terminally ill, the anticipatory grief and ritual farewell, connecting narratives and music. Music therapy interventions with live music (recreated or improvised, chosen or remembered by patient, family or music therapist) and interactive therapeutic relationship allow the patient to express musically what is verbally unspeakable, legitimizing the suffering, promote
reminiscing events shared together with family they: are moments of great companionship, relaxation, excitement, solidarity (Magill, 2005). Religious music, and beliefs about the life beyond death, brings comfort, feelings of faith sharing and trust between patients, families and careers in the final moments (Bright, 2006; Lima, 2002).

Conclusions
Living hastening death announced by advanced disease is, perhaps, the most difficult phase for the patient; for family is the prospect of adapting and preparing for the reality that presents itself for the future. Psychology-and-Music Therapy's support provides comfort and active listening of feelings and emotions that patient and family need to express.

Farewells intermediated by music reaffirm ‘bonds of connection between people, helping to make dying a shared experience” (Lisboa, 2003 p.104), and preparing for the final rupture of ties, possible revisions life and declarations of love, gratitude, forgiveness - the true end of the last chapter in the life of a loved one.

References
THE PROCESS OF MENTAL INDEPENDENCE FROM MOTHER: SONGWRITING WITH A YOUNG ADULT CLIENT WITH A SEVERE TRAUMATIC BRAIN INJURY IN MUSIC THERAPY

Ayako Masuzawa
Kashiwaba Neurosurgical Hospital, Japan

Background and Purpose
Hiroko was female, twenty-four years old. She was diagnosed with a traumatic subarachnoid hemorrhage following a traffic accident when she was eighteen years old. Six years after the accident, she was admitted to our hospital for surgery to remove a cyst on her thoracic vertebrae. She had left hemiplegia with paraplegia, using a wheelchair. She also presented attention deficit, dysarthria, and impulsivity. As Karaoke had been one of her ways to ease stress at home, she wished to have music therapy immediately on hospitalization. The initial purpose of her therapy was to ease pre-surgery stress. However it became evident that she was mentally and physically dependent on her mother with low self-esteem and poor confidence. Therefore improvement of her self-esteem and confidence was included in the purpose.

Method
Eighty individual music therapy sessions were held five to six times a week from November 2010 to March 2011. Each session lasted forty minutes. At first, Hiroko sang her favorite music with a microphone in karaoke style as she requested. Later, songwriting was gradually suggested in order to express her feelings and to reflect on herself. As she empathized with the songs of her favorite rock group, the familiar music was used as a springboard on which she could replace the original lyrics with her own. She made four songs, and sang them to her mother and also made recorded CDs for her mother.

Process and Result
Although she appeared lively and cheerful at the beginning, she sometimes showed anxiety and stress of her condition. She was rather impulsive and her emotional state tended to change abruptly. Moreover she seemed physically and mentally dependent on her mother, who often took the initiative for her in a daily life.

Initially, she wanted to sing along with the CD of her favorite rock group as that felt familiar. She wanted her mother and the therapist to support her singing by playing small instruments like tambourine, but not piano accompaniment, as she felt insecure without the singer’s voice. She always sang over-excitedly implying that it was rather a transient escapism for her.

After the surgery, as a wish to share her feelings with others arose in her, I suggested songwriting to her. Although she showed her wish to make a song to thank her mother, she found it difficult to express her feelings in words at first. Therefore we decided to use her favorite song as its lyrics fitted her feelings. As her mother was happy with the first song, her motivation for songwriting gradually increased. She found her own words to
express herself and made another three songs, which was firstly rather abstract and later to write down her own feelings whenever they came to mind, which resulted in self-realisation of not only her anxiety and difficulties, but also her positive feelings, such as hope and gratitude to others. In addition, she became more independent and confident in the songwriting work without asking her mother or the therapist for help. After the last session, her mother commented that she had gained a sense of achievement and developed herself mentally.

Discussion
Wright (1960) indicated that conversion of one’s sense of values is important for psychological adjustment of people with disability; to notice the possibilities, to value the innate aspects rather than the physical aspects, not to underestimate their potential over their disabilities, to focus on their own values not comparing with others. It was also said that songs allow humans to express emotions and are “the sounds of our personal development” (Bruscia 1998).

For Hiroko, songs changed from being a transient relaxation to an expression of not only difficulties, but also of hope and her own potential. They also helped her to reflect on herself deeply by seeing and singing and listening to her own feelings. In addition, the experience of making her mother happy by her songs seemingly increased her confidence in being helpful to others, and led to a change in became more personal. It was also suggested her relationship with others from passive to more active.

Conclusion
This case study showed the process of Hiroko’s mental independence from her mother through songwriting. Although she made great achievements during the sessions, this process would hopefully not finish at the end of the therapy, but would continue through her life. Thus, providing support for clients to continue their process at home should be valued aspect of client development.

References

About the Author
Ayako Masuzawa is working as the full-time music therapist in Kashiwaba Nerurosurgical hospital, Sapporo, Japan.

Contact:
musictherapy.kashiwaba@hotmail.co.jp
MOMENTS OF COMPANIONSHIP FOR CHILDREN WITH VISUAL IMPAIRMENT AND THEIR SIGHTED CAREGIVERS

Maren Metell
Statped Southeast, Department of Visual Impairment, Norway

Introduction
What do moments of shared companionship afford children with visual impairments and their sighted caregivers? The background for this poster presentation is fieldwork from an exploratory study in Rio de Janeiro that I carried out as a part of my master thesis in visual impairment pedagogy. The focus in this master thesis is on how joint music making can contribute to bonding and interaction. In this presentation, the aim is to provide a theoretical discussion of the findings in the framework of community music therapy and disability studies.

The Study
This was a qualitative, exploratory study in which children with visual impairment (aged one to four) and their caregivers participated in music therapy sessions over 10 weeks. Data has been collected by participant observation, video recordings and interviews. Moments of positive interactions in music were selected and analyzed and the selections were triangulated by interviews with caregivers.

Findings and Discussion
The findings suggest that participation in music therapy sessions promotes positive and meaningful interactions and affords several things for children and caretakers. Moments of shared companionship in music seems to promote empowerment and may change the perception of possibilities for participation for both caretakers and children. The meaning of these moments of companionship are discussed in the broader perspectives of community music therapy and disability studies.

Theoretical Background
Children with visual impairment and their sighted caregivers often face several challenges in the first years of the child’s life. These challenges may both be linked to their relationships and interaction and to broader structures in community (Barnes & Sheldon, 2010; Bigelow, 1995; Brambring, 2006). Empowerment is a central category as families with children with disabilities often experience marginalization (Brambring, 2006; Goodley & Mc Laughlin, 2008). Community music therapy provides a perspective that goes beyond the dyad of music therapist and the participating families, is sensitive to context and culture and challenges structures in society (Pavlicevic & Ansdell, 2004; Stige & Aarø, 2012).

References
Bigelow, A. E. (1995). The Effect of Blindness on the Early Development of the self. In P. Rochat (Eds.), The self in...


About the Author
Maren Metell qualified as a music therapist in 2011 (University in Bergen), is currently writing a master thesis in visual impairment pedagogy (NTNU Trondheim) and working at Statped Sørøst, Department of Visual Impairment.

Contact: marenmetell@gmail.com
BABIES AT SOCIAL RISK: MUSIC THERAPY INTERVENTIONS FOR THE STIMULATION OF “MOTHERING”

Marilena Fernandes do Nascimento
Colméia – Integraded Medicine, Brazil

Maria Carolina Simões dos Santos
FMU – United Metropolitan Colleges, Brazil

The intention of this work is to present an experimental project involving babies at risk and their caretakers. Through music therapy interventions we were able to evaluate the sound/musical expression and neurological and psychomotor development of these babies, thereby promoting the "Mothering" and the integration of the musical environment.

The shelter where the project was carried out counts on three caretakers per period (morning, afternoon and evening shifts) who are responsible for the daily activities of the babies. Other collaborators take care of the nutrition, hygiene and general necessities. The shelter also counts on the participation of a psychologist and social worker.

Given the inherent fragility of these babies the necessary integration is further decreased due to the quantity and variety of the caretakers involved. Within a normal family structure, the baby is attended with a routine. There is a certain reliability within the environment (familiar faces, repeated sounds and smells) which reinforces the baby's sense of security and healthy development.

Despite the fact that the children are very well taken care of, the shelter environment naturally lacks consistency in relation to the quantity stimulation proffered by the diverse staff.

The proposal is that the sound/musical environment be constructed in such a way that all the caretakers use a common form of musical stimulation with the objective of building consistency and reliability in the caretaking. This contributes to the process and quality of the "Mothering". This construction is based on the wealth of information provided by the babies during the music therapy process as well as thorough research and studies conducted by trained music therapists.

The music therapy intervention occurs through the use of children’s' songs and lullabies stimulating "Mothering", and thereby spontaneously promoting social, mental and emotional skills among the participants, facilitating self-esteem, autonomy, a sense of security and social integration.

References
QUADRO DNPM AUDIO-MUSICO-VERBAL (organizado pela educadora musical e musicoterapeuta Nydia do Rego Monteiro- teste em 2010).

About the Authors

Marilena Nascimento is a music therapist and specialist in behavioral medicine. She served as supervisor of the music therapy sector of the Association for Assistance to Disabled Children. President of the Brazilian Association of Cerebral Palsy.

Maria Carolina Simões is a music therapist, percussionist and specialist in education, and works in the psychiatric area with addicted patients and children at social risk.
A TRAGIC CHINESE MUSIC AS A REMEDY FOR THE WOUND OF LOVE

Wai Man Ng
Music Therapist, GIM Therapist, FAMI, Hong Kong, China

Introduction
The Butterfly Lovers Violin Concerto is one of the famous works of Chinese music and certainly one of the most famous outside China. Musically, the concerto is a synthesis of Eastern and Western traditions, although the melodies and overall style are adapted from traditional Chinese Opera. The solo violin is used with a technique that recalls the playing technique of Erhu, the Chinese two-string fiddle. In this one-movement programmatic concerto, there are three sections that correspond to the three phases of the story — Falling in Love, Refusing to Marry and Metamorphosis (with a total duration of 25:18 minutes). The music is an orchestral adaptation of an ancient legend, the Butterfly Lovers.

People, in their whole life, might experience different love stories which probably include romance, sweetness, peace, boredom, argument, separation, anger, sadness, and acceptance. Sometimes, people get hurt in the process and the wound of love appears which might have a negative effect on physical, psychological, emotional and social health. Furthermore, some people might find it difficult to start another new relationship under the shadow of failure. Therefore, a similar tragedy and music can lead the people to feel resonance and express their emotions, which take an important role in a therapeutic process.

Purpose of Study
The project was designed for healing the wound of love for 6 individual participants by using The Butterfly Lovers Violin Concerto in order to evaluate how the participants benefited from this traditional Chinese music and story during the GIM session.

Methodology
There were six participants (5 female and 1 male) in the study. They were suffering from failure of love, which manifested in low self-confidence, feeling insecure, and negative thoughts. At first, they were invited to share their experience on their own love stories with the GIM therapist. At the end of sharing, the participants were required to evaluate the wounded level on a 1 to 10 scale and imagine an animal representing themselves. Secondly, the participants were required to experience the GIM process including Induction and Music Listening. After the 25-minute music listening, the participants had to finish a mandala, a verbal sharing and a final evaluation.

Results
The results in this study include three aspects: (A) The Change of Wounded Level: the participants experienced 22% (average 1.7 points) reduction of wounded level after the session. (B) The Relationships between the Themes of Music and Participants’ Personal Experience: Theme One (Falling in Love) with 68% relating to the participants’ personal experience; Theme Two (Refusing to Marry) with 34% relating to the participants’ personal experience; and Theme Three (Metamorphosis) with 45% relating to the participants’ personal experience.
(C) The Insight and Inspiration after the GIM Session:

**Participant A:** The session helped me re-experience the previous feelings.

**Participant B:** The music reminded me that I still have hope and I can overcome the trauma.

**Participant C:** The music helped me review my past experience and re-build my current hope.

**Participant D:** I was able to understand my thoughts through the musical journey.

**Participant E:** The music provided me a chance to release my emotions, to think positively, and to encourage me to love myself.

**Participant F:** The musical journey became a mirror to reflect my inner feelings.

**Conclusion**

The Butterfly Lovers Violin Concerto includes a series of themes which can connect with the participants’ personal experience. After the session, when the participants recollected the story behind the wound, they felt released from their bad experience up to 1.7 points in the scale. On the other hand, the theme Falling in Love was able to bring the participants to recollect their romantic experience. However, the participants did not have strong imagery relating to the second theme Refusing to Marry, because they probably had already accepted the reality of separation. Interestingly, the participants expressed that they were able to forgive their ex-boyfriends or ex-girlfriends, and sent them a sincere blessing. Perhaps, their past stories were like the third theme Metamorphosis, transformed to a beautiful legend which was stored up in their mind forever.

In brief, the story Liang Shanbo and Zhu Yingtai and the Chinese music The Butterfly Lovers Violin Concerto provided a platform for the participants to recollect their memories, release their feelings, rethink what they learned and how they can take better care of themselves. At the same time, the story and music turned the wound and their past experience into a positive resource which is an important encouragement in their life. Every country has their own beautiful legends and love stories which are still waiting for someone to explore whether they are suitable to be used as remedies for the wound of love.

**References**


**About the Author**

Wai Man Ng is the only therapist obtained both the qualifications of Music Therapist (HCPC, UK) and GIM Therapist (FAMI, US) in Hong Kong.

Contact: hkmusictherapist@yahoo.com.hk
INFLUENCE OF LISTENING TO MUSIC ON OXYHEMOGLOBIN CONCENTRATION IN BRAIN

Emiko Oguchi
Graduate School of Nursing and Rehabilitation Sciences, Showa University, Japan

Nana Ichimura
Graduate School of Nursing and Rehabilitation Sciences, Showa University

Takae Inagaki
Graduate School of Nursing and Rehabilitation Sciences, Showa University

Abstract
We measured changes in the concentration of oxyhemoglobin (HbO2) induced by listening to different kinds of classic music in brain of healthy 9 female volunteers, using optical topography device (NIRS: near-infrared spectroscopy). As a result, intracranial HbO2 concentration was increased by listening to 'Toccata and fugue' and 'Jimunopedei' and decreased by 'Piano concerto' 'Carmen'.

Introduction
In recent years, the effect of music listening has been investigated using various indicators (Nakayama, 2010), and it was found that there are music to activate parasympathetic nervous system as well as some music numbers to activate sympathetic system (Teraguchi, 2003).

However, it has been hardly reported on the variation of the cerebral blood flow (Ogata, 2009) by music listening using optical topography device (NIRS: near-infrared spectroscopy) with intracranial oxyhemoglobin (HbO2) concentration as an indicator (Abiru, 2011; Shimoshige, 2008).

Method
We measured changes in the concentration of HbO2 induced by listening to different kinds of classic music in the bilateral prefrontal cortex of healthy 9 female volunteers (mean age of 22.1 years old), using NIRS (Kusayama, 2011).

The music numbers used are 4 pieces of 'Toccata and fugue D minor', 'Piano concerto the 21st C major', 'Opera Carmen prelude', and 'Jimunopedei'.

The presentation time of the music is 120 seconds respectively, and at the change of the music, sixty seconds interval was taken.

Results
Intracranial HbO2 concentration was increased by listening to 'Toccata and fugue' and 'Jimunopedei', and its trend was slightly stronger in the right frontal cortex than that of the left. But in adverse, intracranial HbO2 concentration was decreased by listening to 'Piano concerto' and 'Carmen'. Its trend in the former music number, was slightly stronger in the right frontal cortex than that...
of in the left, and in the latter one, it was distinctive in the central frontal cortex. Research subjects were asked about impression and the preference of those music numbers to find out 'Toccata and fugue' and 'Jimunopedei' are tended to be disliked for the research subjects that made intracranial HbO₂ concentration increased. On the other hands, 'Piano concerto' and 'Carmen' tended to be favorable for the research subjects that made intracranial HbO₂ concentration decreased.

Conclusion
Some possibility that psychological effect with the preference of the music makes the cerebral blood flow change was suggested.

References

Heart Rate Variability and Peripheral Arterial Tonometry. IEEJ Trans. ELS, 129 (10), 1808-1814.

About the Author
Emiko Oguchi, Ph.D., is a pharmacist and professor, teaching pharmacology and integrative medicine, including exercise therapy with music, to the students of the Graduate School of Nursing and Rehabilitation Sciences in Showa University and others in Japan.

Contact: eoguchi@nr.showa-u.ac.jp.
MUSIC-BASED MUSIC INTONATION THERAPY AND OTHER MUSIC THERAPY TECHNIQUES WITH A PATIENT WITH BROCA’S APHASIA

Aiko Onuma
Music Fits, Boston, USA

Izumi Izuta
Speech Pathologist, Vancouver, Canada

Abstract
The purpose of this study is to examine the efficacy of Music-Based MIT (MBMIT) alone and in combination with various other music therapy techniques in improving speech, cognition, motor skills, and psychological functions in a patient with severe Broca’s aphasia with real word recurrent utterance and hemiplegia.

Patient
RS had an aphasia and hemiplegia due to a left hemisphere CVA. RS had very little success with traditional MIT that was prescribed by the clinical team, which he received in a few sessions 2 months after the CVA. Six months after the CVA, he was discharged from physical, occupational, and speech therapies since the clinical team determined he was not making progress. He was able to output only a few words and had real word recurrent utterance with the word yes. He also presented with apraxia of speech.

Method & Procedure
A variety of music therapy techniques including MBMIT were implemented with RS in 80 individual music therapy sessions over the course of 28 weeks during an 8 months period immediately following discharge from the other therapies. The Music Therapist had regular weekly meetings with a speech pathologist who specialized in aphasia due to CVA.

Result
RS’s performance in speech, cognition, motor skills, and psychological functions were noticeably improved through using MBMIT and other music therapy techniques.

Discussion
Results of this and other current studies indicate that, with variations, MIT is a viable option for enhancing verbal output for some individuals with aphasia (Baker, 2000; Bonakdarpour et al., 2000; Dunham & Newhoff, 1979; Goldfarb & Bader, 1979; Marshall & Holtzapple, 1976; Monica, 2010; Norton et al., 2009; Racette et al., 2006; Schlaug at el., 2008). The issues of treatment length and intensity, as well as variations to the protocol that may be needed for some patients (Monica, 2010), require further exploration relative to the efficacy and effectiveness of MIT. This study also indicates that finding appropriate timing to use the tapping element of MIT to patients with non-fluent aphasia is very important. Finally, replication with more patients is needed to confirm result of this study.

References


About the Authors

Aiko Onuma provides music therapy services and individualized music lessons for all ages and levels including professional music therapists locally and internationally. Contact: info@musicfits.com

Dr. Izumi Izuta worked as a speech pathologist in Japan for decades and currently studies music at Capilano University in Vancouver, Canada.
MUSIC THERAPY IN HEALTH PROMOTION
CONTRIBUTING TO THE CONTROL OF ACADEMIC STRESS

Graziela França Alves Panacioni
International School of Goiânia - Goiás - Brazil

Claudia Regina de Oliveira Zanini
School of Music and Performing Arts of Federal University of Goiás - UFG, Brazil

Abstract
The aim of this research, which was conducted as part of a master's degree in music (UFG) and which used both qualitative and quantitative methodology, was to investigate the effect of music therapy in stress management for a group of undergraduate and graduate students and its effect on the quality of life of these subjects.

Description
Entering academic life can increase stress levels and generate physical and/or psychological symptoms that affect students' quality of life and health. In the academic environment stressful factors are not liable to change, i.e., there will always be evaluations, new situations and challenges to be faced. The research included undergraduate and graduate students at UFG, aged 18 years and older, who showed some level of stress on Lipp's Stress Symptoms Inventory - LSSI (Lipp, 1996). The subjects were referred to the research program through UFG's Saudavelmente Program linked to the Social Service Division of PROCOM – the Office of the Dean of Academic Affairs, after approval by the university’s Ethics Committee.

Qualitative data were collected using socio-demographic questionnaires, music therapy forms, semi-structured interviews, reports and audio/video recordings of the sessions. LSSI and WHOQOL-Bref (for assessment of quality of life) were used for collecting quantitative data. The first was administered before and after the music therapy sessions by a psychologist involved in the research. We established a closed group of students who participated in ten music therapy sessions lasting from sixty to ninety minutes and used the musical experiences described by Bruscia (2000). In the first session there was a survey of the participants' main complaints, which were: poor memory; learning difficulty in the course, family problems, anxiety about the Course Final Paper, difficulty in speaking in public, dissatisfaction with the course, difficulty in interpersonal relationships; self-demand. In the music therapy process, it was possible to work on strategies for coping with stress such as increasing self-esteem, decreasing anxiety, time management, life goal setting and improving intra- and interpersonal relationships. Since each subject's stress level varies according to the assessment and the subjective interpretation given to the stressing factor (Lazarus, 1999 cited in Santos and Alves, 2007), an attempt was made to learn about subjects' strategies for coping with, reducing or eliminating stress. For music therapy sessions, songs related to the participants’ sound and musical identity were used. Music therapy analysis
of the sessions was carried out leading to a discussion from the phenomenological point of view of the therapeutic process, excerpts from interviews and the quantitative results. With music therapy, new perspectives of interpretation and meaning of the events experienced as stressful were revealed; new possibilities of perception and understanding of the “world” in all its aspects (surrounding, human and self) opened up, and the awareness and the strengthening of the “being” were facilitated. The music composition carried out with the group, in essence, highlighted these aspects (see Table 1).

<table>
<thead>
<tr>
<th>Theme</th>
<th>Aspect(s)</th>
<th>Strategy(ies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am not going to waste more time</td>
<td>Reduce anxiety/ shift significance of the stressing factor</td>
<td>Freedom to choose/ responsibility</td>
</tr>
<tr>
<td>I will meet deadlines</td>
<td>Time management</td>
<td>Setting priorities</td>
</tr>
<tr>
<td>I will schedule my life</td>
<td>Self-awareness/ organization of life</td>
<td>Setting goals for life</td>
</tr>
<tr>
<td>I am not going to fool around anymore</td>
<td>Strengthening self-esteem</td>
<td>Acknowledging potentials</td>
</tr>
<tr>
<td>I will love life more</td>
<td>Valuing “myself” and life</td>
<td>Being positive/ exercise gratitude</td>
</tr>
<tr>
<td>It is necessary to say “no”</td>
<td>Myself and I / others and I</td>
<td>Self-assuredness/ tolerance</td>
</tr>
<tr>
<td>I will accomplish this mission and be happy</td>
<td>Expectations for the future</td>
<td>Commitment and hope</td>
</tr>
</tbody>
</table>

Note. Themes of musical compositions with therapeutic aspects and coping strategies addressed in the music therapy process.

Regarding quality of life, before the process of music therapy, all participants had an average overall quality of life and 16.67% had poor quality of life in psychological, social and environmental aspects. At the end of the process, there was an improvement in quality of life, especially in the physical, environmental and general aspects of the group, which showed significant statistical differences. The evaluation of the stress level (ISSL), taken before the music therapy sessions, showed that 67% of the group was in the resistance phase and 33% had symptoms of stress. At the end of the process, 83% of the group showed no stress. The results show that music therapy can contribute to health promotion, stress management and to an improvement in students’ the quality of life. In conclusion, the participation of a music therapist in multidisciplinary programs for students can help build a healthier university.

References

About the Authors
Claudia Regina de Oliveira Zanini - PhD in Health Sciences at Faculty of Medicine/ Federal University of Goiás - UFG.
Contact: mtclaudiazanini@gmail.com

Graziela França Alves Panacioni – Master in Music at School of Music and Performing Arts/ Federal University of Goiás - UFG.
LEVERAGING IDENTITY THROUGH MUSIC

Ludmila C. S. Poyares
Center for Psychosocial Care
"Professor Luis Rocha Cerqueira" - CAPS Itapeva, São Paulo – Brazil

Roberto M. Fadden
University of Cruzeiro do Sul
Center for Psychosocial Care
"Professor Luis Rocha Cerqueira" - CAPS Itapeva, São Paulo – Brazil

Abstract
This project will show the application of music therapy; which rescues and empowers the individual who suffers psychologically as a whole. All which is made possible through the sounds of music, the realization and acknowledgment of one's own vocal identity, promoting quality of life, increased sociability and mental health.

Description
The following is a case study regarding a patient of the Center of Psychosocial Care - CAPS Itapeva. The patient is ongoing an individual music therapy treatment, which utilizes music and/or musical elements (sound, rhythm, melody, and harmony) to promote the restoration, restructure, or reframing of the patient's identity and well being as a whole.

The Center of Psychological Care "Professor Luís da Rocha Cerqueira" -CAPS Itapeva São Paulo, was the first CAPS to be implemented in Brazil in 1987 after the psychiatric reform. The CAPS is an institution of the Public Health Service which treats patients with severe and persistent mental disorders by offering clinical care and psychosocial rehabilitation. With the goal of better serving its patients, the CAPS implemented Music Therapy in March of 2013.

Music therapy utilizes music/sound as a vehicle to promote the patients well being in the areas such as cognitive functioning, emotional and affective development, and behavior and social skills. Throughout the treatments, music is used to trigger certain emotions in the patients' unconscious psychology that in turns triggers memories back to the individuals' conscious psychology.

Furthermore, in many treatments singing can be substituted for a musical instrument. The voice amplifies the sound capabilities of the patients' body showing ones concrete existence in a real world. The singing that patient "LJPS" enjoys so much enabled high self-esteem, self-worth, self-confidence, and an acknowledgment of others. Which as a result offers the patient quality of life and mental health.

In conclusion, due to the results we believe that music therapy has helped the patient to improve his clinical state. The musical and sound elements enhanced the patients' spatial awareness of one's movements. In addition, the patients' musical expressions
resulted in an improved biopsychosocial state.

References


Goldberg, J. I. (1992). Mental illness and the institutions-the prospect of new practices. Master’s Dissertation submitted to the Department of Preventive Medicine, Faculty of Medicine, University of São Paulo – SP.


About the Authors

Poyares, Ludmila C. S.: Music Therapy, Specialist Psychopathology and Public Health Faculty of Public Health, University of São Paulo; Researcher at the Institute of Psychiatry PROJESQ HC-FMUSP and Laboratory of Mental Health Collective – LASAMEC; currently Music Therapist at the Center for Psychosocial Care "Professor Luis Rocha Cerqueira" - CAPS Itapeva, São Paulo – Brasil.

Contact: ludychris_mt@yahoo.com.br

Fadden, Roberto M.: Psychologist, Master in Social Psychology from the University of São Paulo, is currently a Professor Assistant, University of Cruzeiro do Sul and Psychologist at the Center for Psychosocial Care "Professor Luis Rocha Cerqueira" - CAPS Itapeva, São Paulo – Brazil.
EFFECTS OF PENTATONIC MUSIC ON PHYSIOLOGICAL PARAMETERS OF NEONATES AND MATERNAL ANXIETY

Alice Ranger  
ARCIM-Institute (Academic Research in Complementary and Integrative Medicine), Filderstadt, Germany  
Department of Clinical Psychology and Psychotherapy, University of Tuebingen, Germany

Monica Bissegger  
Filderklinik, Filderstadt, Germany

Thomas S. Bott  
Department of Neonatology, University Children’s Hospital Tuebingen, Germany

Eduard Helmert  
ARCIM-Institute, Filderstadt, Germany

Jan Vagedes  
ARCIM-Institute, Filderstadt & Filderklinik, Filderstadt  
Department of Neonatology, University Children’s Hospital Tuebingen, Germany

Abstract  
The positive effects of music on physiological parameters have been shown in newborn infants, mainly in preterms. The focus of our studies is to investigate the effects of live music played on a pentatonic harp on different physiological parameters of term and preterm born babies and on their mother’s anxiety.

Description  
The benefits of music therapy in premature infants have been studied often and span a wide range of short- and long-term effects (Standley, 2002). Short-term effects include physiological and physical changes as well as alterations in observable behavior. For instance, it was demonstrated that the level of the stress hormone cortisol decreased when babies were exposed to live harp music (Schwilling et al., 2011). The relaxing nature of music and the related stress reduction also result in a decreased motor activity which in turn causes greater weight gain and fosters the physical development of premature children (Kemper & Hamilton, 2008; Standley, 1998; Whipple, 2000). Additionally, music induced stress reduction can be accompanied by an enhanced oxygen saturation (Chou, Wang, Chen, & Pai, 2003).

The effects of music in term born infants have been studied less often. In most studies the effect of music on term born babies was investigated during painful interventions such as circumcision (Joyce, Keck, & Gerkensmeyer, 2001; Marchette, Main, & Redick, 1989; Marchette, Main, Redick, Bagg, & Leatherland, 1991). However, results are heterogeneous. In two separate studies we want to investigate the effects of live music played on the pentatonically tuned, so called, children’s harp. Therefore, we measure the infant’s heart rate, respiration rate and oxygen saturation of twenty term and twenty preterm infant’s under two conditions; once with music intervention and once without
music intervention, using the VitaGuard® VG 3100 (Getemed, Teltow). The order of the conditions is randomized. The mother’s anxiety is measured using the State Trait Anxiety Inventory (Laux, Glanzmann, Schaffner, & Spielberger, 1970).

Current results of the studies referring to the infants’ physiological parameters and mothers’ anxiety will be presented. Results, limitations and points of interest of the studies will be discussed.

References


About the Authors
Alice Ranger (psychologist) is doing her doctorate degree under Prof. Hautzinger at the University of Tuebingen. Contact: alice.ranger@arcim-institute.de

Monica Bissegger is an anthroposophic music therapist and works at Filderklinik (Filderstadt), Germany.

Thomas S. Bott (Cand.med.) is a doctoral student under Prof. Christian F. Poets at University Childrens’ Hospital of Tübingen, Dept. of Neonatology.

Eduard Helmert (physician) works at ARCIM-Institute.

Jan Vagedes is a pediatrician and neonatologist and is the scientific director of the ARCIM Institute (Academic Research in Complementary and Integrative Medicine), Filderstadt, Germany.
EFFECT OF MUSIC AS A REINFORCER ON A CLEANING TASK IN CHILDREN

Kumi Sato
University of Tsukuba, Japan

Introduction
Although previous research for children with special needs have shown effective use of music as a prompt to teach various skills, the effect of music as a reinforcer has not been fully investigated yet (Kern, Wakeford, & Aldridge, 2007). There are a few studies that music was employed as a reinforcer in a music activity; however, those studies did not look into how music can be used as a reinforcer to encourage children to complete a task or to engage in an activity in a practical setting (Sussman, 2009). This study examines the effect of a song as a reinforcer and considers whether a song will be an alternate choice of reinforcement, which is appropriate to the context, for children.

Method
Participants. The participants were three children at the age of three to five, and they attended the day treatment program two to four days a week.

Setting. Each child followed an individual schedule at the center, but all of them were given some free playtime after they finished their academic tasks and exercise. When they moved on to a group activity, a timer with an alarm was used as a prompt to encourage them to put toys back to the original places. If some took a long time to complete the task, others who finished the task earlier had to wait until everyone was seated. The longer they waited the more likely they started playing around and required additional time to move on to the next activity.

Songs. A musical assessment was conducted by an interview with their parents and direct observation during music activities, and two short songs were written based on their musical preferences. One song was provided at the beginning of the transition time to encourage children to put toys away (Treatment A), and the other was employed after they were seated to praise them for cleaning up (Treatment B).

Data collection. The length of time to initiate the cleaning task and the length of time to complete the task were measured to compare the difference between two conditions.

Baseline. The care staff was asked to provide a verbal prompt right after the timer rang and not to give any other prompts for one minute. The participants were not praised for the cleaning task also.

Treatment. During Treatment A, a song was sung by the care staff after the timer rang, and verbal praises were given if the participant finished the cleaning task. During Treatment B, the care staff followed the same procedure as baseline to provide prompts and sang another song when everyone was seated.
Results
On some days, Student A took a long time to clean up and other days he didn’t, but he required less time during Treatment B compared to Treatment A. Although Student B had some days in which he took a long time for cleaning up, the time required for him to finish the task decreased overall. Student C required much less time to complete the cleaning task during treatment.

Figure 1. Length of time to clean up
* Each participant decided his own schedule to come to the day treatment though the intervention was provided to the group, so the number of data points under each condition is different among each participant.

References

About the Author
Kumi Sato, MS was trained in the U.S. and enrolled in a doctoral program at University of Tsukuba to continue her study in Japan.

Contact: ksato.mt@gmail.com
LIVE CLASSICAL MUSIC IN AN URBAN MEDICAL CLINIC: A QUALITATIVE INVESTIGATION

Michael J. Silverman
University of Minnesota, USA

Jon Hallberg
University of Minnesota Physicians, USA

Background
Many researchers and clinicians have integrated music in medical waiting room environments to potentially influence patient anxiety and satisfaction. While the implementation of music does not seem to effect patients’ satisfaction with their medical care, these investigators have found that music in waiting rooms can lead to decreased anxiety. Although some investigators have implemented live music, most researchers conducting studies evaluating music in waiting rooms have utilized recorded music. Despite a lack of well-controlled empirical studies to support its implementation, music is often utilized in medical waiting areas. More specifically, there is a dearth of data concerning how live classical music in a medical waiting area might affect the overall environment as well as perceptions of staff who provide medical treatment.

Objective
The purpose of this qualitative investigation was to understand medical staff perceptions of live classical music in a general care clinic waiting area.

Methods
The authors implemented a music medicine program consisting of solo live classical piano and guitar music in the waiting area of a small urban clinic. The researchers conducted individual semi-structured interviews with eight medical personnel who worked at the clinic.

Analysis
The researchers utilized an inductive approach to identify themes wherein initial codes were linked to the data but were not driven by the researchers’ a priori assumptions concerning relationships between or within data. The authors identified and established code categories and themes during repeated readings of the data but not prior to these readings (Atkinson & Hammersley, 1998). The process of data analysis in this study was based upon Braun and Clarke’s (2006) six phases of thematic analysis for researchers, including: a) familiarization with the data; b) generation of initial codes; c) searching for themes; d) reviewing themes; e) defining and naming themes; and f) producing the report. The researchers independently reviewed all qualitative data, generated initial codes, organized codes into categories, created initial themes, reviewed themes, defined themes with supportive thematic statements, and provided relevant examples from the data. Member checking was utilized after data were transcribed. To ensure trustworthiness, the researchers met
and discussed data, codes, and potential quotes to utilize to depict themes.

Results
All participants noted they would like the frequency of live classical music in the clinic to increase. Emerging themes included: (a) the clinic is a unique arts-based healthcare provider; (b) live music is different than recorded music; (c) live music blends without overpowering the environment; (d) live music facilitates non-medical interaction; and (e) beneficial affective results of the live music.

Conclusions
Overall, medical staff perceived the presence of live classical music in the clinic waiting area positively and all interviewees requested increases in the frequency of the live music. Based upon a mutually advantageous collaborative partnership between a university music therapy program and a university medical clinic, the authors suggest implementing similar programs for the benefit of the patients, staff, and students. People who are interested in commencing similar clinic live classical music programs should be highly cognizant of the dynamics, amplitude, and aesthetic properties of the live music. Clinicians should orient performers as to the purpose of the clinic and how music can be an integral and augmentative component of the clinic's mission. Performers should carefully and systematically select music so it blends with the environment and calms listeners. As many highly skilled musicians may be more accustomed to traditional performance venues, brief orientations should be mandatory before musicians provide music in medical settings. Moreover, live classical music programs in medical settings will likely only be successful if the music is of extremely high quality. Future research is warranted.

References

About the Authors
Michael J. Silverman, PhD, MT-BC is the Director of Music Therapy at the University of Minnesota.
Contact: silvermj@umn.edu

Jon Hallberg, MD is the Director of Mill City Clinic in Minneapolis, Minnesota.
TOWARDS PROFESSIONALISATION OF MUSIC THERAPY:  
A MODEL OF TRAINING AND CERTIFICATION

Krzysztof Stachyra  
Maria Curie-Skłodowska University, Poland

Ways to Professionalization
Does a single best model of music therapy development exist? Countries where this discipline is not yet well-established are seeking the best way to develop standards of music therapy training and practice. Based on literature as well as practical examples, the poster will present the route towards music therapy professionalization in Poland in the hope that this could be an inspiration for other countries at an analogous stage of development.

Content
Music therapy is becoming increasingly popular around the world. Some countries have developed structures and built good relations with specialists from other disciplines, others are at the beginning of this process. In countries and regions where music therapy is not yet well-established, music therapists are struggling with such challenges as how to organize the process of training music therapists, how to develop the discipline, how to become a partner for national health care systems, etc. Formulating answers is not easy and may necessitate a long-term process. An effective system for the development of the music therapy profession should enable useful structures to be established, training and practice to be enhanced, and research and publications to be developed. It must be flexible enough to take into account the specific resources (including human resources), traditions, needs, culture and economic situation of each country. But at the same time any system must include some core elements to make it stable and grounded, and to afford the possibility of developing according to standards.

Conclusion
This poster is an attempt to formulate clear answers as to what is most important in finding a way for music therapy to develop within a particular country. The practical example of Poland can be a model for countries at an analogous stage of development. It shows a process of training and building structures and describes all the important steps that must be taken to establish a good basis for the development of the discipline.

References

About the Author
Krzysztof Stachyra, PhD, MT-BC is President of the Polish Music Therapists'
Association, a member of the WFMT Commission on Education and Training, and co-editor of the “Voices” journal. He works clinically with adults with autism and learning difficulties.

Contact: kris.stachyra@gmail.com
EFFECTS OF A FOUR-YEAR MUSIC THERAPY GROUP PROGRAM FOR CHILDREN WITH ASD

Ryoko Suzuki†§
†Center for Child Development and Psychosomatic Medicine, Dokkyo Medical University, Koshigaya Hospital, Japan

Izumi Futamata‡§, Azusa Uchida§, Azusa Sanpei§, Moe Kurita†§, Chika Iijima§, Tomoko Akiyama§, Ryoichi Sakuta†§
‡Toho College of Music, Japan
§Saitama Child Music therapy Society, Japan

Objectives
We have been doing music therapy, in the form of group sessions, for improving social and communication skills among children with autism spectrum disorder. The purpose of this study was to assess issues related to music therapy and investigate the beneficial effects of a four-year music therapy program.

Methods
Subjects were 10 children with autism spectrum disorder, aged 7 to 10 years. A 60 minute session was conducted once a month over a 4-year period, for a total of 50 sessions. One pediatric neurologist, 1 clinical psychologist, and 5 music therapists participated in the music therapy.

Process and Results
Period 1: Communication behavior through interactions with the therapists.
   (a) action based therapist’s instruction.
   (b) role reversal by therapist’s instruction.
   (c) expansion of flexibility and reduction in persistency.

Period 2: Promoting client relationships within the group.
   (a) concerted action between clients.
   (b) concerted action between the group.
   (c) activities led by clients.

Period 3: Coordinating the promotion of social behavior between clients.
   (a) cooperation among group members.
   (b) flexible cooperation among group members.

Period 4: Understanding an intention of the other.
   (a) interpreting a facial expression.
   (b) expressing musical emotions.

Period 5: Expansion of flexibility.
   (a) actions with winning and losing.
   (b) counseling each other.

Period 6: Cooperation during problem resolution through a role-playing game with music.

Discussion
Each program was completed within 3–5 sessions. Therefore, clients were able to deal with advanced issues related to adjusting to social behavior before the end of the 50 sessions. This was based upon
understanding the characteristics and issues for each client. We introduced programs incrementally for children to be able to learn the skills they lacked.

Furthermore, we extended the range of music to various genres. Our results suggest that our program, along with a diverse repertoire familiar to the children, led to the expansion of the children’s tolerance and flexibility. Our medium-term music therapy program appeared to be quite useful for facilitating prospective plans within group sessions.

References

About the Authors
Contact: ryoko323232@yahoo.co.jp

Izumi Futamata: An associate professor at Toho College of Music and a certified music therapist of Japanese Music Therapy Association where he is one of the executive board members.


Tomoko Akiyama: A certified Clinical Psychologist of Japan Society of Certified Clinical Psychologist.

Ryoichi Sakuta: MD, Professor, Center for Child Development and Psychosomatic Medicine, Dokkyo Medical University, Koshigaya Hospital, Japan.
**IMPORTANT CLINICAL INFORMATION IN MUSIC THERAPY**

*Naomi Takehara¹, Tamaki Yano², Tsutomu Masuko¹, Tomoko Ichinose¹, Kakuko Matsumoto¹, Tomomi Aoki¹, Megue Yokoya³*

¹Mukogawa Women’s University, Japan  
²Doshisha University, Japan  
³Annex-Minatogawa Hospital, Japan

**Abstract**

This study investigated what type of clinical information in music therapy is considered important. Abstract descriptions in the Japanese Music Therapy Association (JMTA) in 2001–2010 were quantitatively analyzed. It was concluded that co-occurrence network analysis of words to synthesize diverse information enables the sharing of information among music therapists and researchers.

**Introduction**

In qualitative music therapy, interaction was considered from diverse perspectives and an approach devised to study and clarify the type of information music therapists find important. Text mining revealed a reciprocal relationship between music and intersubjectivity.

**Methods of Data collection**

Abstract descriptions were collected from the available data on the 2001–2010 JMTA conference. Titles, Observations, and Conclusions were collected from original data and were verified with new data; moreover, dictionaries were created for text mining. Text data was chronologically sorted by categories and areas. The categories include Children (361 cases), Senior Citizens (254), Adults (164), Medical Treatment (124), Psychiatry (96), Palliative Care (61) and Others (134).

**Method of Data Analysis**

Content analysis software: KH Coder (Higuchi, 2012a, 2012b) was used. Analysis of word associations was used to analyze the data, in addition to Jiro Kawakita’s (1970) “KJ method,” correspondence analysis (CA), and analysis of co-occurrence network of words.

**Results and Discussion**

**Important Clinical Information**

Results revealed that the following words are considered important: oneself and others, perception of sensation, expressions, psychological terms and/or physiological terms, interdisciplinary professionals, time and location, forms or substances, therapist behavior and effect of music, interaction, objectives, and evaluations.

**Chronological Information**

During the 2001–2005 period, CA revealed words related to functional aspects, such as clients of music therapy and disorders and disabilities. During the 2005–2010 period, music therapy became correlated to words related to social contexts, such as sharing one’s experiences with others.
Co-occurrence Networks of Words

Relationships were found between music-related words (e.g., instruments and sounds, singing) and words related to inter-subjectivity (e.g., awareness of oneself and others, expression, emotional release, sharing the same time and space) (see Figure 1).

Figure 1: Co-occurrence Network of words

Modularity: Node=179, Edge=300, Density=0.02
Node size shows appearance frequency of words.
Edge size shows co-occurrence frequency of words.

Relations of Words

Large Networks

- Program, Period, Goal, Future, Task, Assessment, Study, Interaction and Mentality (Symptom and Emotion) etc.
- Therapeutic relationship, Form, Social function and Psychophysiological function (Strain and anxiety) etc.
- Location, Daily life, Staff, Problem, Behavior, Language communication, Ability, and Psychology (Motivation and Spontaneity) etc.
- Instrument, Performance, Improvisation, Sound and Rhythm (Consciousness of self and others, Pleasant, Like, Ventilation, Expression, Emotion, Feeling, Share and Experience), Song and Singing (Facial expression, Voice, Word and Conversation) etc.
- Disorder, Development, Cognition, Sensation and Physical (Movement, Brain, Hand) and Mental (Interest and Self-confidence) function etc.

Small Networks

- Involve, Staff and Person
- Deepening and Understanding
- Power and Living
- Before and Therapy begins
- Effective and Method

References

Koichi Higuchi (2012b). KH Coder 2.x, tutorial.

This work was supported by JSPS KAKENHI (Grant-in-Aid for Research Activity Start-up) Grant Number 25885111.

About the Author

Naomi Takehara, Ph.D. in Culture and Information Science. Music Therapist (Japanese Music Therapy Association)
Assistant Professor
Music therapy Research Lab., Department of Applied Music, School of Music, Mukogawa Women's University.

Contact: sumile3@gmail.com
WILL PROFESSIONAL MUSICIANS ACCEPT MUSIC THERAPY FOR THEMSELVES?

Junko Tanaka
Kawasaki University of Medical Welfare, Japan

Background
In the world of art therapy, we have often discussed the effect of art as a means of therapy but seldom the value of art. If the clients are professional artists, do they accept music therapy in the same manner that “non-artists” (general cases) do? I think this is a crucial question for understanding and respecting every client’s own value of music in music therapy. The purpose of this study is to discuss the value of art based therapy on case studies of professional artists who have suffered disabilities and to consider possible problems of current music therapy.

Methods
I have conducted a comparative study, by assessing individual narratives, texts, and other reporting, on the attitudes of eight artists in the West and Japan after each suffered from a disability. The artists include Allan Pettersson, a composer with rheumatoid arthritis; Alfred Schnittke, a composer who suffered a stroke; Derek Bailey, a guitarist with carpal tunnel syndrome; Rick Allen, a rock music drummer with left arm amputation; Géza Zichy, a pianist with right arm amputation; Izumi Tateno, a pianist with right hemiplegia; Chieko Oku: a pianist with dermatomyositis; and Jacqueline du Pré, a cellist with multiple sclerosis.

Results and discussion
The results suggest that each of the reviewed artists’ attitudes could be regarded as valuing “art for art’s sake” or “aestheticism”. Each artist continued to engage his or her work despite the presence of his or her disability. Furthermore, most of the artists persevered in his or her personal expression while embracing new possibilities instead of holding to orthodox methods. The only exception was du Pré, who had lost physical capability due to her progressive illness. Based on this information, it appears disability does not inhibit artistic expression, and in some cases it even activates it.

Five artists, Allen, Zichy, Tateno, Oku and du Pré, could be grouped in the so-called “overcoming narrative” (Lerner N. & Straus N., 2006, pp 1-10). Lerner and Straus have pointed out that the overcoming narrative has been prevalent since the biography of Beethoven. One concern is that the overcoming narrative can promote the idea that disabled people must overcome their disability in order to live a respectable life. Music therapy may also have the same tendency.

Three artists, Pettersson, Schnittke and Bailey, do not seem to conform with the overcoming narrative. These artists each seemed more interested in expressing his art than in overcoming his disability. This is
quite different from the other five artists' reactions in that these three artists' attitudes might be quite unusual responses compared with general clients' ones. Notably, improvising musician Bailey has even refused an operation and was going to pursue his music with a disabled hand (Bailey D., 2005).

Pettersson and Schnittke were not performing musicians and Bailey was a free improvisation musician and didn’t have to precisely reproduce music from a musical score. Therefore, we can perceive and identify differences in the flexibility of music making: where it is low, music making becomes difficult, and where it is high as in free improvisation, it may be easier.

Conclusions
We may understand how artists remain distant from medical viewpoints. They have just purely sought their own music. For them, music has been a purpose and not simply a means for health as in music therapy. Therefore, it is suggested that all activities can be, simultaneously, the purpose, means, and existence, and not solely means.

While we can recently find similar ideas in the music therapy community, more discussion is needed.

Reference

About the Author
Occupational therapist and Associate Professor at Kawasaki University of Medical Welfare.

Contact: jtanaka@mw.kawasaki-m.ac.jp
EFFICACY OF MUSICAL INTERVALS ON PSYCHOLOGICAL PARAMETERS
– A RANDOMIZED CONTROLLED TRIAL

Jan Vagedes
ARCIM-Institute, Filderstadt & Filderklinik, Filderstadt
Department of Neonatology, University Children’s Hospital Tübingen, Germany

Eduard Helmert
ARCIM-Institute, Filderstadt, Germany

Bernhard Deckers
ARCIM-Institute, Filderstadt & Filderklinik, Filderstadt, Germany

Jeff Martin
ARCIM-Institute, Filderstadt, Germany

Matthias Kohl
Hochschule Furtwangen, Furtwangen, Germany

Holger Kern
Freie Hochschule Stuttgart, Stuttgart Germany

Abstract
Both cognitive and vegetative function can be improved through music (Bower, Catroppa, Grocke, & Shoemark, 2013; Chuang, Han, Li, & Young, 2010). Few studies have examined the effectiveness of musical intervals, the basic elements of music, on psychological parameters (Lee, Skoe, Kraus, & Ashley, 2009; Pijl & Schwarz, 1995). This study, executed under randomized controlled conditions, investigated the effectiveness of specific musical intervals on mood change.

Description
The study was carried out on 66 participants (student teachers and pupils from the 12th and 13th school classes) who were split into three groups according to a planned randomization process. Major seventh, fifth and minor third musical intervals were consecutively played to the study subjects in a randomized order. The intervals had been previously recorded on a CD to ensure that each group of subjects heard the same thing. Each interval was played for 30 seconds in three variations (up, down, simultaneously) for each of the 12 different musical tones of the chromatic scale (12 x 30 seconds = 6 minutes). The subjects evaluated their experiences using the Basler–Mood-Questionnaire before and after each six minute interval period with the four different sum scores: “inner balance”, “vitality”, “vigilance”, “social extroversion”. Differences between the ‘before’ and ‘after’ for each interval were calculated and then compared using the Wilcoxon signed rank test. The p-values have been adjusted with the
Bonferroni-Holm method.

For “inner balance” there was a statistically significant difference between the third and the seventh (adj. p=0.0005) and the fifth and the seventh (adj. p=0.0002), in both cases with lower “inner balance”-values for the seventh interval. For “vitality” and for “social extroversion” there were statistically significant differences between the third and the fifth, with lower “vitality”-values (adj. p=0.0166) and lower “social extroversion”-values (adj. p=0.0026) for the third in both cases. For “vigilance” there were no differences between the three intervals. Minor third, fifth and major seventh influenced sum scores of the Basler-Mood-Questionnaire in a specific manner. Further research is necessary to clarify the underlying mechanisms.

References


About the Authors
Jan Vagedes, pediatrician and neonatologist, is scientific director of the ARCIM Institute (Academic Research in Complementary and Integrative Medicine), Filderstadt, Germany.

Eduard Helmert (physician) works at the ARCIM-Institute, Filderstadt, Germany.

Bernhard Deckers (lecturer for external applications) works at the ARCIM-Institute, Filderstadt, Germany.

Jeff Martin is scientific consultant at the ARCIM-Institute, Filderstadt, Germany.

Matthias Kohl is Professor for Biostatistics at the University of Furtwangen, Germany.

Holger Kern is Professor for Music-Science at the Free University of Stuttgart, Germany.
MUSICAL COMPOSITION IN MUSIC THERAPY WITH MULTI-FAMILY GROUP TO PREVENT DRUGS IN SCHOOL SETTING

Fernanda Valentim
Federal University of Goiás, Brazil

Eliamar A. B. Fleury e Ferreira; Sandra Rocha do Nascimento;
Célia Mª. F. S. Teixeira
Federal University of Goiás, Brazil

This study was developed as part of a project conducted by the School of Music and Performing Arts of Federal University of Goiás, UFG, Brazil. It was subsidized by the National Anti-Drug Secretary (SENAD). The objective is to discuss the use of musical composition with a multi-family group to prevent the use of drugs in school settings.

Method
The project’s target audience included families of fifth and sixth graders from a school in a low-income periphery in the city of Goiânia, Brazil. A total of 20 people participated in the interventions: 5 children, 4 teenagers, and 11 adults. Among the adults, 6 were mothers, 4 were fathers, and 1 was a school employee. The executing team was formed by 4 researcher professors and 4 music therapy undergraduate students from School of Music and Performing Arts/UFG.

To announce the multi-family group (MG) meetings, printed invitations were sent to the families of the students of 5th and 6th grades. A banner was placed in the school’s entrance, and telephone contacts were also made with each student’s guardians. Because it was an open group, for each meeting and each time a new member joined the group, they were asked to sign the consent form regarding the participation and image rights. Material resources used were: acoustic speakers, microphone, musical instruments, CDs, etc. The meetings took place in a shed and in two classrooms at the school.

After divulging the research in the school, five MG meetings were held. The meetings were at night, with the duration of 2 ½ hours, once a week. The MG methodology was used, connecting the therapeutic music experiences (Bruscia, 1998) to psychodrama games. In each meeting, themes were discussed with emphasis on risk and protection factors in relation to the use of drugs. In the last MG meeting, the groups created a parody of the song Asa Branca (by songwriters Gonzaga and Teixeira). This popular Brazilian song is about the drought in the Brazilian Northeast, the people’s suffering, resilience, and hope.

The analysis of the data presented here refers to this last meeting, and it was done based on music therapeutic analysis (Barcellos, 2007).

Results and Discussion
The musical composition made by the group of children expressed important internal content: When I’m not helped, I feel overwhelmed. I get crazy, get sick, and I can
even kill myself. I get depressed; out of control and I can even use drugs. When I am helped, I have a wonderful life. I’m calm, I’m happy, I can have a good future. I can be away from drugs with good models and when I talk to my family.

The lyrics of the song talk about themes that are part of the reality of these families, such as suicide, depression, and drugs. However, they topics that are often avoided, not perceived, accepted or spoken of within the family context. According to the parents, until the MG sessions, they were unaware of these concerns.

Musical composition of the parents group revealed idealized content distanced from reality: When I thought about protection, what kind would it be? Participating with my family, guiding through the right path. Perseverance, tolerance, talking, and listening. Living the life with emotion, White Dove, symbol of peace. Living the life with emotion, with hope and tenderness.

These contents are close to the concept of myth as a defensive tool that acts to twist the reality of family relations, therefore avoiding pain and conflict, protecting the family from facing some truths about its own operation (Penso & Costa, 2008). When parents maintain their perceptions of these myths, they grow apart from reality. This favors the development of risk factors, making the family members more vulnerable, especially children and adolescents.

Conclusion
In this experience, it was observed that the music supported the verbal content expressing the viewpoint of each group. The musical production by the children was understood as a request for help, showing the risk and protection factors to the use of drugs. Meanwhile, the parent’s musical production showed, among other aspects, the myth of a united family without conflicts. Vulnerability issues can be recognized through the lyrics of the songs. While talking about the contents, abilities that are necessary to face the risk situation to drug use were identified, such as: self-knowledge, clear communication, establishing well-defined limits, resilience, expression of love, and self-esteem. It is believed that the musical experiences lived by the group, especially through the song Asa Branca, bring interaction and improvement of the family communication system, reaffirming the importance of group work in a school community.

References

About the Authors
Fernanda Valentin. Music Therapist and Master Professor EMAC/UFG.
Contact: fernandavalentin@outlook.com

Eliamar A. B. Fleury e Ferreira. Music Therapist and Master Professor EMAC/UFG.

Sandra Rocha do Nascimento. Music therapist and Ph.D Professor EMAC/UFG.

Célia Mª. F.S. Teixeira. Psychologist and Ph.D Professor EMAC/UFG.
THE EFFECT AND TIME COURSE OF A MUSIC THERAPY INTERVENTION ON AUTONOMIC NERVOUS SYSTEM FUNCTIONING INDEXED BY HEART RATE VARIABILITY

Marco Warth
SRH University Heidelberg, School of Therapeutic Sciences, Heidelberg, Germany

Natalia Garrido Rosa
Oncology Unit at The Complejo Hospitalario of Jaén, Spain

Thomas K. Hillecke
SRH University Heidelberg, School of Therapeutic Sciences, Heidelberg, Germany

Julian Koenig
SRH University Heidelberg, Germany
Department of Psychology, The Ohio State University, Columbus, USA

Introduction
Music therapy interventions are widely used in the management of stress-related symptoms. In cases of chronic psychological or physical stressors, the evolutionary evolved ‘fight or flight’ response can be detrimental to health (Segerstrom & Miller, 2004). The organism’s stress response involves activation of the autonomous nervous system (ANS) via the sympatho-adrenomedullary (SAM) axis (Ulrich-Lai & Herman, 2009). Heart rate variability (HRV) offers a low-cost, non-invasive and reliable measure of the ANS function. Music therapy interventions have the potential to modulate ANS activity as well as the psychological, endocrinological, and neurological stress response (Ellis, Koenig, & Thayer, 2012; Fancourt, Ockelford, & Belai, 2014). However, little is known about the mechanisms of these pathways. The objective of the present study is to explore the response to a music therapy relaxation intervention in healthy participants, measuring self-perceived relaxation and different parameters of HRV as markers of ANS functioning.

Method
This study was conducted at the Lab for Pain Research at the SRH University Heidelberg. Before and after listening to 15 minutes of relaxing live played monochord music, 16 apparently healthy students completed a relaxation inventory (RI) and a visual analogue scale (VAS, 0-10) comprising ratings of subjective relaxation. Starting 5 minutes prior to the intervention, inter-beat-intervals (IBI) between successive heart beats were recorded using a Polar watch and chest belt. Kubios HRV (version 2.1) was used to transform raw IBIs for further statistical analysis with IBM SPSS Statistics (version 20). Repeated-measures ANOVA were run on various parameters of HRV to explore the amplitude and time course of the relaxation response to music. Further analyses included paired-samples t-tests on the psychometric data.

Results
Mean heart rate was significantly affected by the intervention ($F = 16.77$, $p = .00$, $\eta_p^2 = .56$). Values were lowered whilst listening to music and returned to the
baseline level afterwards, most adequately explained by a quadratic trend. Interestingly, RMSSD and absolute HF power – both indicative of parasympathetic activity – decreased over time $F(4) = 3.19, p = .09, \eta^2 = .20$; $F(4) = 1.93, p = .19, \eta^2 = .13$), whereas HF in normalized units increased ($F(4) = 3.20, p = .10, \eta^2 = .20$). This relative gain of HF power was also reflected by lowered levels of the LF/HF-ratio during relaxation ($F = 1.78, p = .21, \eta^2 = .12$).

In addition, ratings of perceived relaxation were significantly greater after the intervention compared to baseline scores (RI: $t = -5.68, p = .00, d = 1.42$; VAS: $t = -4.20, p = .01, d = 1.11$).

**Discussion**

Although generalizability of the results is limited due to the small sample size and the exploratory character of our analyses, some interesting conclusions can be drawn: In our student sample, participants showed a strong physiological and psychological response to the 15 minutes of live played monochord intervention. The instrument’s rich and uniform soundscape might facilitate cognitive distraction and physical relaxation. Lowered levels of heart rate and the observed increase in the relative proportion of HF components reflect a shift towards parasympathetic dominance in ANS activity. Music-based interventions might be effective and feasible in maintaining or reestablishing autonomic homeostasis in the management of stress-related symptoms. Based on these preliminary results, we are currently continuing data collection, introducing an alternative relaxation intervention without musical elements. Additionally we are planning to conduct a comprehensive RCT, including power analysis, hypothesis testing, experimental stress induction and measures of cortisol.

**References**


**About the Authors**

Marco Warth, MA, is a research associate of the SRH University Heidelberg, Germany and a PhD student at Heidelberg University, Germany.

Natalia Garrido Rosa, MA, is a music therapist at the Oncology Unit of The Complejo Hospitalario of Jaén, Spain.

Thomas K. Hillecke, PhD, is a professor of clinical psychology and dean of the School of Therapeutic Sciences at the SRH University Heidelberg, Germany.

Julian Koenig, PhD, is a post doctoral researcher at the Department of Psychology, Emotions and Quantitative Psychophysiology Lab at The Ohio State University, Columbus, USA.
WFMT Congress Events

- **WFMT Council Meeting** (Council Only)
  July 6, 2014

- **Presentation of the 2017 World Congress Proposal**
  July 8, 2014, 9-10:00 a.m.
  All WFMT members are invited to attend

- **WFMT Booth**
  July 8-12, 2014

- **Spotlight Sessions** moderated by Council members, including Council speakers
  July 8-12, 2014

- **WFMT Roundtable**
  July 9, 2014, 2:30-4:30 p.m.
  All congress participants are invited to attend and to meet the 2014-2017 WFMT Council candidates

- **WFMT General Business Meeting**
  July 10, 2014, 12:00-1:30 p.m.
  All WFMT members are invited to attend

- **New WFMT Council Meeting** (Council Only)
  July 12, 2014, 3 p.m.

Visit the WFMT Booth

www.wfmt.info
### WFMT Member Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Full Organizational</th>
<th>Associate Organizational</th>
<th>Individual Professional</th>
<th>Individual Associate</th>
<th>Student Organizational</th>
<th>Individual Student</th>
<th>Patron (Patron levels)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receive membership certificate</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Receive email communication from WFMT, including annual report</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Networking opportunities</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Access to Member Directory, upon request</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>International research access as of 2015</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Nominate an award recipient</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Suggest candidate for Regional Liaison</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Attend presentation of World Congress of Music Therapy (WCMT) proposals</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Music therapy events eligible for posting in WFMT Facebook group</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Run for WFMT position (Individuals only)</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Eligible to be appointed to Assembly of Student Delegates (students only)</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Features on WFMT website</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Right to vote</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Submit a proposal for hosting the WCMT</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Reduced WCMT registration fees</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Listed in the WCMT program</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Photo shoot with WFMT President &amp; other Council members</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Recognized at Opening Session of the WCMT</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Participate in Social Dinner at the WCMT</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Have Council member speak at one of your events</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Dedicate your funds to a specific WFMT cause</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
</tbody>
</table>

Visit the WFMT booth to join today!
Online applications available.

2014-2017 Membership Term

www.wfmt.info
The 2014 WFMT Lifetime Membership Award goes to Dr. Ruth Bright, who is a retired music therapy clinician, author, educator, and advocate. Dr. Bright was instrumental in the development of music therapy in Australia, serving as the national association’s first President, 1975-1979, and returning for a second term, 1981-1984. She was also involved in the development of the music therapy course in Sydney in addition to serving as a member and Chair of many committees. In 1992, she was honored as a Member of the Order of Australia for services to community health. Dr. Bright’s passion for serving others is evident in her extensive publications on the topics of grief and gerontology.

Dr. Bright is a founding member of the World Federation of Music Therapy. She was present at the historic meeting in Genoa, Italy in 1985 and initially served as the Training Coordinator for the newly formed Federation. From 1990-1993, Dr. Bright served as the second President of WFMT. Under her presidency, various commissions were formed, some of which still exist in WFMT.

Dr. Bright’s enthusiasm and tireless work has influenced the field of music therapy. We are honored to name her as the 2014 WFMT Lifetime Membership Award recipient.
In April 2011, the WFMT Council decided to extend the WFMT recognition program beyond the WFMT Lifetime Membership Award to honor major contributions in education, practice, and research of music therapists around the world. We are pleased to honor the following individuals in the inaugural year of the awards.

**DR. JAYNE STANDLEY**
Research & Special Projects Award
for a significant contribution to the development of the profession through a specific research study or scholarly project.

**DR. AMELIA OLDFIELD**
Clinical Impact Award
for long-term impact on advancing the knowledge and practice of music therapy within a specific clinical area of population through the publication or presentation of the work.

**DR. PETRA KERN**
Service Award
for providing significant service to the profession of music therapy through work related to the World Federation, supporting the growth of WFMT.

**DR. SUMATHY SUNDAR**
Advocate of Music Therapy Award
for major contributions to the promotion of music therapy in an area of the world where the profession is less established.
Student Scholarship
WFMT World Congress Scholarship for Students

Congratulations to the recipients of the 2014 WFMT World Congress Scholarship for Students.

This award is offered to undergraduate and graduate students active in music therapy student associations in their countries who demonstrate an interest in global music therapy and the work of the WFMT.

Read about the recipients’ World Congress experiences in the WFMT Facebook Group and on the WFMT for Students’ Window to the World blog following the Congress.

www.wfmt.info
Presenting the
WFMT Assembly of Student Delegates
2014-2017 Representatives

Irene Sandjaja
(Australia)
Australia/New Zealand

Tamara Ziegler
(Germany)
Europe

Annabelle Brault
(Canada)
North America

Bhuvaneswari Ramesh
(India)
Southeast Asia

Kumi Sato
(Japan)
Western Pacific

TBD: Africa, Eastern Mediterranean,

WFMT ASD-hosted events at WCMT:

• Pre-Congress Seminar
  • July 7, 2014, 1:30-7:00 p.m.
• WFMT ASD Meeting
  • July 8, 2014, 9:00 a.m.-12:00 p.m.
• Student Poster Session
  • July 9, 2014, 1:45-2:30 p.m.
• WFMT ASD Booth
  • July 9 & 11, 2014, afternoon
• WFMT ASD Roundtable
  • July 10, 2014, 4:30-6:30 p.m.

Thank you to the 2011-2014 ASD members for their dedication and work on behalf of the WFMT.
Honoring the WFMT Council Members for their commitment, dedication, and work on behalf of the World Federation of Music Therapy.

Thank you to the WFMT Council Members for their commitment, dedication, and work on behalf of the World Federation of Music Therapy.

2011-2014
Music Therapy Today publishes articles that are related to music therapy education, practice, and research.

Categories may include, but are not limited to:

- Editorials
- Presidential Notes
- Positions
- Statements
- Curriculum Reports
- Clinical Case Studies
- Research Reports
- Service Projects
- World Congresses Proceedings
- Interviews
- Book Reviews
- Online Resources

ISSN 1610-191X

Submission Deadline: January 2, 2015