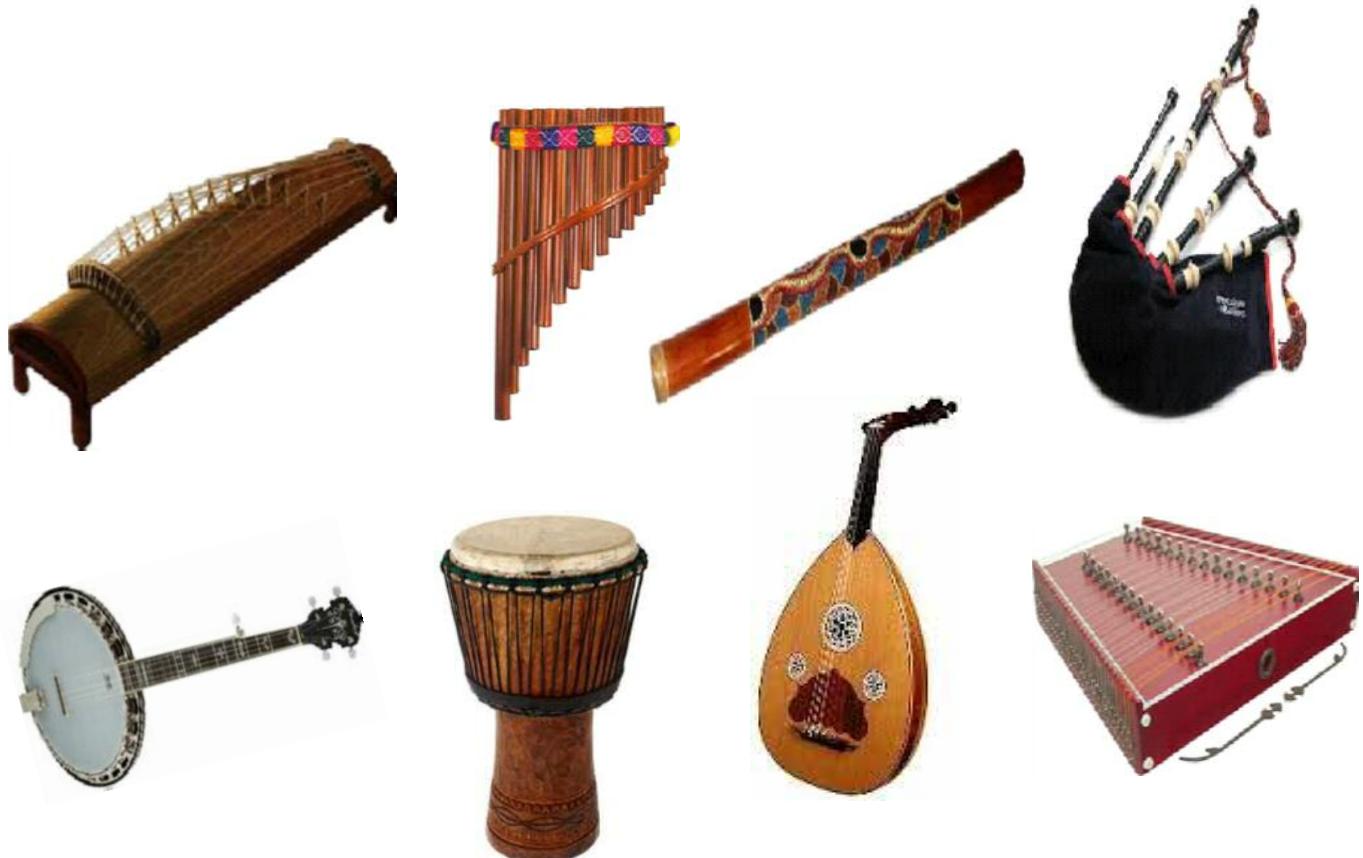


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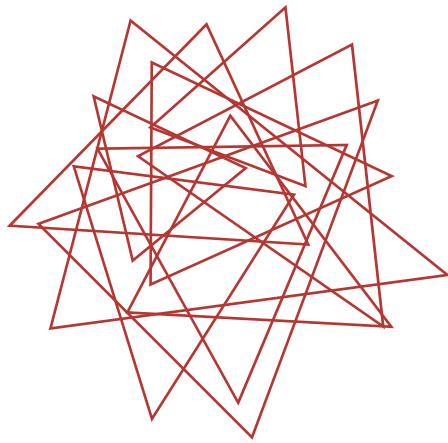
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## **GREETINGS FROM THE CONGRESS ORGANIZER**

### **Welcome to the World Congress of Music Therapy! Welcome to Japan!**

The first World Congress of Music Therapy in Japan is about to begin, and more than 2,000 people are attending from over the world. I hope it will be an unforgettable congress for each of you!

The theme of the Congress is «Moving Forward with Music Therapy», a theme which was chosen with the hope that leaders in the field of music therapy, experts, practitioners, beginners, students, and people from other fields would gather, interact and learn from one another. We also hope that attendees find ways to advance the discipline of music therapy, both at the international level and at the regional level, wherever you may be from.

Finally, I would like to thank the many people who helped prepare the 15th World Congress of Music Therapy. It would have been impossible to hold such a big event without their hard work and enthusiastic support. The rest of the Congress is in your hands. I hope all of you will take advantage of this opportunity to enjoy yourselves, meet new people, expand your networks, and boost music therapy, here and around the world.

Michiko Kato, MM, RMT (Japan)  
Congress Organizer of the 15th World Congress of Music Therapy

*Michiko Kato*



## **MOVING FORWARD & INSPIRING THE NEW GENERATION OF MUSIC THERAPISTS**

As co-editors of this important new edition of *Music Therapy Today* (MTT) we are pleased to write an introduction to the spring 2017 special edition. This latest edition features the proceedings of the 15th World Congress of Music Therapy (WCMT) in Tsukuba, Japan and includes 287 contributions from music therapists, educators, researchers, and allied health care professionals from the 8 global regions of the WFMT. Concurrent oral papers, roundtable, workshops and poster presenters at the WCMT were invited to submit a short paper about their presentations. On behalf of the WFMT and the WCMT organizers, we would like to thank each author for their contributions to this publication.

These proceedings offer a dynamic and comprehensive collection of significant developments in music therapy research and clinical practice; as well as music and medicine initiatives. Further papers are provided on the development of music therapy in newer areas of the world and education advances.

We are confident you will enjoy the opportunity to read these submissions and learn new and valuable information to take into your own clinical practices and scholarly work. Publications such as this one are an important way of sharing knowledge and growing the library of music therapy practice, which can grow the profession and the efficacy of our discipline. With that in mind, we hope you will consider submitting your own papers to future editions of MTT. The next deadline for submissions is January 2, 2018. Please visit

the WFMT website at <http://www.wfmt.info> for submission guidelines to our online journal.

We would both like to thank the editorial board members of MTT and additional volunteers for their role in proofreading and editing the submissions in this edition. Please join us in extending our thanks to: Ms. Elsa Campbell, Dr. Anita Gadberry, Dr. Annie Heiderschiet, Ms. Helen Oosthuizen and Dr. Michael Silverman.

We would also like to thank the WCMT Scientific Committee for their role in reviewing all of the submissions to the WCMT. Please join us in thanking: Mr. Gabriel Federico, Dr. Annie Heiderscheit, Dr. Yuka Kasuya, Dr. Petra Kern, Dr. Sooji Kim, Dr. Satomi Kondo, Ms. Makiko Kubota, Dr. Joanne Loewy, Dr. Katrina McFerran, Dr. Kana Okazaki-Sakaue, Ms. Helen Oosthuizen, Dr. Patricia L. Sabbatella, Dr. Michael Silverman, Dr. Alison Short, Dr. Ralph Spintge, Dr. Thomas Stegeman, Dr. Sumathy Sunder, Dr. Giorgos Tsiris and Ms. Yuuko Yonukura.

Finally we want to extend sincere gratitude to the WFMT WCMT Chair Michiko Kato for her role in overseeing this important World Congress. Further appreciation is extended to the Japanese Music Therapy Association and all WCMT Organizing Committee Members.

The WCMT theme of **Moving Forward with Music Therapy: Inspiring the Next Generation** is definitely evident in this collection of papers. We have no doubt that when you

engage in reading this edition you will feel inspired and learn and grow your own professional practice.

Warm Regards from Spain and Canada.

*Amy Clements-Cortes*

Amy Clements-Cortes, PhD, RP, MT-BC, MTA,  
FAMI  
WFMT President

*Melissa Mercadal-Brotos*

Melissa Mercadal-Brotos, PhD, MT-BC,  
SMTAE  
Chair Publications Commission, WFMT  
Chair Scientific Committee, WCMT 2017



Amy



Melissa



## **CREATING CONNECTIONS: EXPLORING THE IMPACT OF THERAPEUTIC CAREGIVER SINGING ON THE ELDERLY WITH DEMENTIA AT A RESIDENTIAL ELDERLY CARE FACILITY IN SOUTH AFRICA**

*Karyn Stuart*  
Music Therapist, South Africa  
The South African Context

In South Africa, with its population of 55.6 million people, diverse cultures and 11 official languages, music, especially singing, is often at the centre of cultural events: from a traditional 'rite of passage' ceremony to the roaring chants at local rugby games. Statistics SA (2011) states that there are over 2.2 million people living with Dementia in South Africa. Access to quality care is often lacking in quality and quantity especially in rural and under-resourced areas (Van Der Poel, 2009). As one of approximately only 50 registered music therapists in South Africa, tapping into the existing culture of singing seems relevant and necessary, and an applicable way of promoting an intimate and client-centered way of working as described by Kitwood and Bredin (1992).

### **Caregiver Singing Pilot Study**

I undertook a qualitative pilot study at a residential Dementia-care unit where caregivers expressed difficulty in relating to residents, especially during morning care routines (washing and dressing) where agitation and aggression added to caregivers' experience of burden of care. Detachment, isolation and distress, common in persons with Dementia (Pratt & Wilkinson, 2003) exacerbated difficult interactions. Music therapists are able to create meaningful connections with those

who have difficulty communicating (Beer, 2016) and there are aspects of the therapeutic use of music that may be shared with caregivers that would assist them in providing effective care, providing them with a useful resource. I sought to explore the impact of caregiver singing, during morning care routines, on the residents, the caregivers themselves and their interaction.

### **Methodology**

Four dyads (caregiver and resident with severe dementia) were videoed during usual morning care routines (MCRs), after which caregivers attended a comprehensive experiential workshop focusing on singing, attunement, use of elements of music and observation skills. Subsequently, the same dyads were videoed during 'singing' MCRs. Caregivers were interviewed about their experiences. All ethical considerations regarding inclusion in the study and use of video footage were addressed. Videos and interviews were transcribed, coded and categorized, and the process was peer reviewed.

### **Emerging Themes from Singing MCRs**

**Shared Awareness:** Both caregivers and residents were more alert to each other as seen in an increase in eye contact and awareness

of surroundings. The livelier energy levels created opportunities for more appropriate responses to each other. In stark contrast to the usual MRCs, caregivers were more responsive to the residents' actions and attempts at communicating.

**Shared Engagement and Enjoyment:** Singing together allowed for more conversations, reminiscence and meaningful touch than in the usual MCRs. The pleasure and playfulness created a sense of togetherness and led to the use of fewer instructions and more enjoyable interactions.

**Shared Intention:** Residents seemed better able, and more motivated, to comply with verbal and implied instructions. Caregivers reported feeling empowered to contribute towards positive changes in mood and increased independence in the residents.

### **Conclusion**

The opportunities for connection created through caregiver singing, support a client-centered way of engaging, impacting both the resident and the caregiver. In an under-resourced country like South Africa, this can be a valuable method of contributing to qua-

lity care of the resident whilst alleviating caregiver stress. Further research and application in this field would be valuable.

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## **MUSICAL RECOVERY: REGAINING HEALTHY RELATIONSHIPS WITH MUSIC DURING MENTAL HEALTH RECOVERY**

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University of Melbourne, Australia

### **Background**

Music therapy has previously been identified as a way to foster processes of mental health recovery (Ans dell & Meehan, 2010; Hense, McFerran & McGorry, 2014; McCaffrey, Edwards, & Fannon, 2011; Solli, Rolvsjord, & Borg, 2013). However, little is known about the specific factors apparent in group singing within music therapy and community-based music contexts which promote recovery. The current project aimed to address this gap by exploring the conditional and contextual factors involved in group singing which promote recovery.

### **Method**

Twenty-three adults who were in mental health recovery were recruited from a number of different singing groups in inpatient and community mental health contexts around Melbourne, Australia. A grounded theory approach primarily influenced by Strauss and Corbin (1998) was adopted which allowed for a deep exploration of meaning and action into participants' experiences of group singing.

### **Findings**

The findings of this study are presented as a grounded theory of group singing which is described as a resource for regaining healthy relationships with music in response to trig-

gering encounters with music. The results illustrate how people with mental illness can lose touch with the use of music as a health resource during their recovery. Many participants in this study reported a range of existing music use habits and triggering encounters with music in their singing group which appeared to interfere with their use of music as a health resource. Attendance in group singing was described as helpful in promoting a new, healthy relationship with music. A new term, 'musical recovery' was developed which depicts a process of regaining healthy relationships with music to promote mental health recovery.

This paper will discuss factors which were identified as promoting and interfering with musical recovery, and the importance of guiding and supporting consumers in their music use during recovery. Clinical implications for music therapists will be discussed, and a continuum depicting the diverse nature of group singing participation in different settings will be presented.

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## **A FUTURE OF MUSIC THERAPY RESEARCH AND PRACTICE IN THE TREATMENT OF EATING DISORDERS**

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*Annie Heiderscheit*

Augsburg College

*Ingvild Stene*

Norwegian Academy of Music

*Gro Trondalen*

Norwegian Academy of Music

The role of music therapy in the treatment of eating disorders has had little attention in recent years. With the increasing rate of eating disorder diagnosis worldwide, and the complex and resistive nature of the illness, it is vital to gain further support for music therapy programs in eating disorder recovery services. This symposium will showcase four clinical research case studies from four music therapists practicing in the area of eating disorder treatment and recovery around the world.

Presentation 1 (Bibb) will present the results from a mixed methods study comparing the level of post-meal related anxiety of adult inpatients with anorexia nervosa before and after 89 music therapy sessions in comparison to standard care (Bibb, Castle & Newton, 2015, 2016).

Presentation 2 (Heiderscheit) will present a clinical case of a young graduate student in eating disorder treatment utilizing the Bonny Method of Guided Imagery and Music (GIM)

to address the multiple and complex issues underlying her eating disorder (Heiderscheit, 2015).

Presentation 3 (Stene) will explore music listening and emotional knowledge in eating disorders, presenting results from a group music therapy study with female adults suffering from an eating disorder.

Presentation 4 (Trondalen, 2015) will suggest a possible agenda for future developments within music therapy clinical practice, theory and research for Eating Disorders.

Following the four 15 minute case presentations, a 30 minute panel (of the four presenters) and audience discussion will be facilitated by the primary presenter and will be based around the future of research in the field of music therapy and eating disorders. The combination of two prolific, expert clinician-researchers in this area, and two early career clinician-researchers will provide a unique perspective on the topic. Through this

symposium, we hope to offer an opportunity for learning, collaboration and inspiration for researcher-clinicians working in this field.

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**Gro Trondalen** is professor in music therapy and Director of Centre for Research in Music and Health (CREMAH) at the Norwegian Academy of Music, Oslo.

## **GENERATE INCOME AND SHARE YOUR EXPERTISE AS A MUSIC THERAPY ENTREPRENEUR ON MUSIC THERAPY ONLINE**

*Jacinta Calabro, RMT*  
Music Therapy Online, Australia

Continuing professional development is an important indicator for success in the music therapy profession. However, it is not always easy to find quality advanced training and knowledge that suits our individual areas of practice or our level of experience.

We are an incredibly diverse profession. With many different ways of working, many populations to service and differing frameworks and theories underpinning our work, it can be difficult to access advanced education that is relevant. It can also be difficult to access online journal articles, conferences, or other appropriate informal learning opportunities once we finish our university training.

### **Music Therapy Online**

Online professional development is a relatively new way for music therapists to maintain their learning, share their knowledge, and thrive in their career.

Music Therapy Online (MTO) is a new resource, which offers music therapists high quality, affordable and easy to understand professional development tutorials by expert music therapists from around the world.

Music Therapy Online serves music therapists worldwide by creating and commissioning high quality professional development tutorials. The tutorials are provided online

and are available to all, anytime, anywhere. Watch when you like, wherever you like. Access and availability to expert knowledge is now available on demand.

Music Therapy Online provides tutorials on a diverse range of topics to enable music therapists to continue to learn and grow in their career, with tutorials offered across a range of categories including clinical skills, methods, theories and frameworks, research, supervision, business skills and self care. The tutorials are also a useful resource for music therapists required to accrue ongoing education credit or for those wishing to upskill, change their area of practice or broaden their music therapy knowledge.

### **Shine your light**

MTO tutorials are created by music therapists, for music therapists. Many of us work in isolation or in small teams and our opportunity for sharing our work and our skills can be limited. With Music Therapy Online we can now share our knowledge with colleagues anywhere in the world.

Big ideas and small ideas are all welcome. Big concepts such as frameworks, theories and new research are ever evolving, exciting and vital to the foundation of a solid clinical practice. But small ideas are valuable too and can be the difference between a good clinician and an exceptional clinician. How

do expert clinicians practice? What techniques and ideas do they use in their work?

If you have expertise in a particular area then Music Therapy Online would like to help you share that knowledge. By sharing your knowledge and shining your light you're helping other music therapists shine too.

### **Music Therapy Entrepreneurs**

Music Therapy Online primarily seeks to support music therapist's ongoing education but MTO also aims to provide a source of income for music therapists who contribute to Music Therapy Online as Presenters.

By signing up as a Presenter at Music Therapy Online, expert music therapists can create educational resources that not only benefit other music therapists but also generate passive income. Music therapists can create a tutorial that makes them money while they sleep. How?

Once each tutorial is created it is available for purchase at Music Therapy Online. It becomes an evergreen asset – meaning that the tutorial can then be sold multiple times. As Presenters earn a percentage of each sale they can earn income from their tutorial indefinitely.

### **Interested?**

Creating an online tutorial is a fantastic way to shine your light on a global scale, educate other music therapists, generate passive income and join an inspiring new generation of music therapy entrepreneurs seeking to leverage their knowledge and maximize their time.

By sharing our expertise and supporting each other's learning we not only grow and strengthen our own professional networks, we grow and strengthen our professional globally.

[www.musictherapyonline.org](http://www.musictherapyonline.org)

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## **SUPPORTING HEALTHY AGEING AND MANAGEMENT OF AGE RELATED DISEASE IN AUSTRALIA**

*Imogen Clark*

University of Melbourne, Australia

### **Ageing policy in Australia**

As the global population ages, more people are experiencing the privilege of growing old. By 2050, estimates suggest that over 2 billion people will be aged 60 years or over (WHO, 2016). Current buzz terms, including healthy ageing and active ageing, are used to describe the notion of optimal health, independent life participation and security required for high quality of life through the full course of life. In Australia, 2 major policies support principles of healthy ageing (AIHW, 2017): 1) Preventative health, promotes healthy lifestyle choices, such as physical activity participation; 2) Living longer better, has a strong focus on supporting people with dementia (PWD) and their family caregivers (FCG). This presentation will discuss recent music therapy research in Australia targeted to address these policies.

### **Preventative health: Music therapy, physical activity and cardiac disease**

Regular physical activity is widely recognised as a preventative health measure that significantly reduces the incidence of age related non-communicable diseases such as cardiac disease, dementia and cancer (AIHW, 2107). Our research examined music listening strategies to improve physical activity participation among older adults with cardiac disease. My conceptual model proposed that personalised music listening promotes physiologi-

cal arousal and positive subjective experience leading to increased adherence with recommended amounts of physical activity (Clark, Baker, & Taylor, 2016a). We tested this model in a mixed methods randomised controlled trial over 6 months with 56 older adults post cardiac rehabilitation. Results suggested that personalised music listening during walking helped older adults with cardiac disease to manage barriers to physical activity and exercise at higher intensity leading to cumulative health benefits including improved waist circumference, exercise capacity, blood pressure and body mass index (Clark, Baker, Peiris, Shoebridge, & Taylor, 2016; Clark, Baker, & Taylor, 2016b). This research illustrates the strong potential of music therapy as a preventative health measure for older adults.

### **Living longer better: Music therapy and dementia care in the community**

The living longer better policy in Australia aims to support PWD and their FCG to live together for as long as possible in the family home. PWD are able to engage with music into the very late stages of disease, making music a powerful therapeutic resource that may support care-recipient-giver relationship quality, and management of dementia symptoms including agitation, depression, apathy and anxiety. In Australia, we are currently investigating effects of group singing and personalised home music programs on outcomes examining wellbeing and connection bet-

ween community-dwelling PWD and their FCG. While preliminary quantitative results are yet to be analysed, PWD and FCG participants have reported benefits from meaningful engagement with other group members and their loved ones. We have also observed high levels of musical participation and camaraderie, and the learning of new skills by PWD and FCG.

### **Conclusion**

This research demonstrates how innovative music therapy interventions address ageing policy and may reduce the burden of age related health care to society.

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## **MUSICAL MEMORIES: CONNECTING PEOPLE WITH DEMENTIA AND THEIR FAMILY CAREGIVERS THROUGH SONG**

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*Jeanette Tamplin*

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*Claire Lee*

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*Felicity Baker*

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### **Description**

Active music participation may offer benefits for people with dementia (PWD) and their family care givers (FCG) living in the community (Baird & Samson, 2015). For the PWD, this capacity to respond to music-making activities, such as singing, may facilitate reminiscence and successful social engagement (Vanstone & Cuddy, 2010). As a consequence, FCG may experience meaningful and satisfying connection with their loved one (Baker, Grocke & Pachana, 2012). Receptive music listening interventions may also assist with the management of challenging symptoms of dementia, such as agitation and anxiety, offering FCG strategies to use in the home.

This feasibility study investigated the effects of therapeutic singing groups and a home music therapy program for PWD/FCG dyads on: PWD/FCG relationship; life satisfaction, caregiver satisfaction, flourishing, and depression in FCG; and anxiety, quality of life, agitation, apathy, and cognitive function in PWD.

### **Method**

A mixed-methods, single group pre-post design utilised standardised outcome measures and qualitative interviews. Participants were recruited through dementia clinics, consumer groups, and support agencies. The intervention consisted of 20 weekly group sessions (attended by PWD and FCG together) with singing activities and opportunities for social interaction. PWD/FCG dyads were also given individualised recorded music programs for use at home. These resources aimed to provide FCG with music-based strategies to support management of dementia symptoms.

### **Discussion**

Data collection is still underway for this study, but results will be available for presentation at the Congress. Findings from the feasibility study and implications for further planned research will be discussed. Expected outcomes include support for: 1) sustained and fulfilling relationships between

PWD and their FCG; 2) alleviation of psycho-social and emotional difficulties commonly experienced by PWD and their FCG; and 3) PWD and their FCG to remain together in the family home for as long as possible. These outcomes may improve the quality of life for PWD and FCG while also reducing healthcare costs.

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## **CONSULTING THE FUTURE: THE VALUE OF SHORT-TERM PROGRAMS AND CONSULTANCY IN MUSIC THERAPY**

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### **Consultancy in Music therapy**

With rapidly developing technology, access to music streaming, and the growing recognition and demand for music in health, short-term and consultancy programs present a unique and emergent market for expanding music therapy services. Despite its potential, little is currently known about the global or clinical consultancy practices of registered or board-certified music therapists. In 2002, a survey of 873 American music therapists showed that 44% provided consultancy services (Register, 2002). The majority of consulting work centred on education, including workshops, in-services and seminars, and was predominantly in special education, disability, or aged care (Register, 2002), highlighting a limited application of consultancy in practice to date. The lack of clarity in the definition, utilisation and understanding of consulting, combined with a lack of training for music therapists has prevented its further exploration and development within our profession. To remedy this, the authors propose a model of consultancy to grow practice and understanding in music therapy.

### **Proposed model of consultancy for music therapy:**

1. Education and training: Existing consul-

tancy practice in music therapy involves educating or supervising others to using music in therapeutic or purposeful ways. A skill sharing approach (Rickson, 2012) can be easily applied to music therapy, and involves specific programs to empower carers, families or other professionals to use music in health.

2. Collaborative clinical practice: Working together with other health or education professionals to co-facilitate or apply music within a particular program (Green & Johnson, 2015). Examples of this can be seen when music therapists have the opportunity and referral relationships to work with other health professionals.
3. Consulting with organisations and services providers: Providing expert advice and recommendations, including reviewing how music is used in health and how to improve outcomes.
4. Increasing music access and technology: With tele-health a growing component in care, music therapists can play a role in assessing, setting up, starting and evaluating a program that can be run by other staff or carers (e.g. iPod programs). While the technology available is not yet good enough, it is also worth considering the future applications of music therapy over teleconferencing platforms.

### **Considerations in consultancy**

Music therapists complete extensive training and supervised practice to become experts in applying music in health and therapy, using best and evidence-based practice, however, we do not solely own music. While consultancy provides a dearth of opportunities for expanding practice, the appropriate balance needs to be reached for empowering others to use music and how we as clinicians can ensure continued ethical and appropriate use. The controversy of differentiating music therapy from music in therapy and health needs to be further discussed and explored, particularly with the growing pressure on health professionals to use innovation and flexibility in the boundaries of their roles (Nancarrow & Borthwick, 2005), and the ever-expanding technology and accessibility of music. Music therapy as a profession needs to acknowledge the changing digital landscape and dynamic work boundaries to meet growing demand, and to stay at the forefront of new and unique applications of music.

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## **COLLABORATIVE SONGWRITING WITH CHILDREN IN THE HOMELESSNESS AND FAMILY VIOLENCE CONTEXT**

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### **Introduction**

The majority of literature about children experiencing homelessness and family violence focusses on reporting problems and highlighting detrimental health, educational and developmental outcomes for children. In contrast, there is little acknowledgement of children's personal resources and capacities in times of crisis. Therefore a better balance is needed in representing children's strengths alongside their challenges (Fairchild, McFerran & Thompson, 2016).

### **Overview of the presentation**

This paper will describe a participatory arts based research project, involving 15 pre-adolescent children who were experiencing homelessness and family violence. The project aims to 1) Explore the resources that children draw upon when life gets hard and 2) Engage children as co-researchers and represent their voices and experiences in mutually empowering ways. Songwriting was used as a collaborative research method to co-construct knowledge with children through group and individual interviews, with children being invited to write songs about what helps them to 'do well' in their everyday lives.

This presentation will share excerpts from the songs written in collaboration with the children and the key learning's from across

the cases will be discussed. The children described a range of resources that help them to 'do well' in their lives including family, friends, music, sport, pets and a positive outlook. They also explored other resources they wish they could have access to including more money, food, safety, positive relationships and recreational activities. The songs created represent the capacity and strengths of children despite their experiences of transience and violence, while also acknowledging the gaps in the service system including the limited social and emotional opportunities for children in this context.

The results emphasise the need for music therapists to work towards building upon the existing resources in children's lives and to consider using song writing as a collaborative research method to provide opportunities for children's voices to be heard and responded to in times of crisis. In addition, the capacity for using strengths based songwriting as an approach to initial engagement and assessment in music therapy practice will be discussed.

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## **INTERNATIONAL PERSPECTIVES ON MUSIC THERAPY IN CHILD WELFARE**

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There is a growing interest and need for music therapists to work with children and young people who have been oppressed and marginalised due to their experiences of poverty, abuse and violence. Child welfare aims to support and nurture children's wellbeing and music therapy offers opportunities for children's voices to be heard and responded to in meaningful ways. The research and literature has addressed the immediate and long term risks, mental health concerns and challenges that children in these systems often face, however there is a lack of foundational understanding of the internal and external resources that children need in their lives to assist them to cope and be resilient in the face of adversity. This roundtable discussion will provide international perspecti-

ves on music therapy within the different child welfare systems around the world. The panel members will draw from their expertise across contexts such as child protection (Jacobsen, 2016), foster care (Krüger & Stige, 2015; Zanders, 2015), abuse (Kim, 2015), young people excluded from school (Derrington, 2012), family violence and homelessness (Fairchild, McFerran & Thompson, 2016) to explore some of the recent developments and challenges in child welfare research and practice. Possible future implications for music therapy in this context will be explored, with a focus on the ways music therapists may collaborate with children, families, service systems and the wider community in an attempt to contribute to personal and social change.

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## **LESSONS LEARNT IN PAEDIATRIC NEUROLOGICAL REHABILITATION ACROSS THE GLOBE**

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Our world is full of people of many cultures and a person's culture is not necessarily defined by the country of birth or by the community in which they are located. Kim and Whitehead-Pleaux (2015) identify that music is the representation of a specific culture or the self and society to which the individual belongs.

This paper is seated on the experiences of the author, as a young, white, female Australian music therapist, working in a British paediatric hospital with Arabic, Muslim families, who may have the belief that music is 'Haram,' that is, forbidden. The author then translated what was learnt into the Australian paediatric hospital environment and was able to reflect on what cultural respect actually looks like, and how to better meet the needs of people of diverse cultural backgrounds utilizing a music therapy service in hospital.

At a private hospital in the UK, the majority of patients were from Middle Eastern countries, whose embassies provided the funding for them to come the UK for treatment. Therefore, patients referred to music therapy were usually of Arabic background, Muslim faith, and their level of English language varied. Upon her commencement, the therapist was provided with information about the Arabic culture and Muslim faith. This included a prominent piece of information for

the role- that music is considered 'Haram' that is, forbidden. It was indicated that this belief actually presented minimal issues to the music therapy service. Families accepted that music therapy was a part of their treatment and they entrusted their child's health and well being into the hands of the professionals.

Given the background knowledge of the Muslim faith, this seemed oddly straightforward, which led the therapist to question why a family would accept music therapy as a service. The other staff at the facility highlighted that it was very expensive for children to be treated there, the services weren't available in their home countries and therefore, most families were accepting of what the professionals recommended would be best for their child- they handed responsibility over to the people they respected, with their highly specialised & experienced knowledge, skills and opinions. This paper utilises case examples to explore what this acceptance looked like and how the therapist approached the work. One of the themes that Gadberry (2014) identified as resonating for the therapist working in a foreign country was 'allowing the music to facilitate.' As the case examples will portray, perhaps how hearing how positively their children respond to music assists families to accept that music therapy can be beneficial and how music may be something that their

child can participate in, and express themselves in, despite disabilities. Forrest (2014) also notes, “the culture and cultural identity of an individual or family is not static, but rather ecological, changing over time and in response to circumstances and environments, as people move locales and communities.” Many of the children were admitted to this hospital for prolonged periods, so their cultural identity in a sense evolved in response to the environment, assimilating into the culture and community of the hospital.

The author then transitioned back to the Australian Paediatric Hospital environment and found herself reflecting on these recent experiences when she was presented with patients whose ethnic and cultural backgrounds differed to her own. This highlighted to the author the importance of developing authentic skills in multicultural empathy. She viewed first hand how a commitment of the therapist to learning about client’s cultural needs and values, and examining their own personal cultural values and how they may relate or conflict with that of the client, is imperative in developing an effective therapeutic relationship, to then bring about positive outcomes (Kim & Whitehead-Pleaux, 2015). This paper will further explore how the therapist can learn more

about client cultural values, and what cultural respect means and looks like, demonstrated with case examples and practical suggestions for clinical practice.

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## **USING MUSIC THERAPY RESEARCH TO PROMOTE SOCIAL EQUITY AND ACCESS IN HEALTHCARE**

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### **Abstract**

This paper explores how research can identify barriers and promote access and social equity in healthcare service provision; and will discuss the findings of a study that examined the experience of music and music therapy for paediatric palliative care (PPC) patients and their families, who come from diverse cultural backgrounds

### **Description**

Access to healthcare services is complex, influenced by those who provide and those who utilize the services; and demanding consideration of social and cultural factors (Levesque, Harris and Russell, 2013). In working with a culturally diverse community, clinicians must be culturally aware, sensitive and responsive, and consider the impact of language, age, gender, faith, cultural and community perceptions and patterns of relationship, and geographical and cultural isolation in ensuring program accessibility (Forrest, 2014).

This paper presents the findings of a research study that examined parents' and music therapists' reflections on the experience of music and home-based music therapy for children in PPC and their families, who come from diverse cultural backgrounds. The study aimed to explore how children in PPC and their parents used music in their lives;

how cultural beliefs and practices were associated with 1) care of children in PPC, 2) families' use of music, and 3) children's and parents' engagement with and experiences of music therapy in home-based PPC. Ultimately, the study aimed to identify barriers and improve access to home-based PPC music therapy services for children and families of diverse cultural backgrounds.

### **Design**

Study 1 – repeated interviews with parents of PPC patients aged 0-12 years receiving music therapy through a community palliative care program;

Study 2 – focus group interview with music therapists providing music therapy to PPC patients in community palliative care;

Study 3 – author's clinical memories and reflections on 34 cases.

A grounded theory methodology informed data collection and analysis; and a repeated-interview design was employed to capture the experiences of patients and families over time, and through their palliative care journey.

Data sources: parent interviews; music therapist focus group; the author's clinical memories and reflections; and a meta-synthesis of the findings of the three studies.

The findings of the study will be presented, and implications of the findings in promoting social equity and access in home-based palliative care for children/families which come from diverse cultural backgrounds will be discussed.

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## **WHAT'S THAT SOUND? TELE-INTERVENTION MUSIC THERAPY FOR YOUNG CHILDREN WITH HEARING LOSS**

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### **Introduction**

This paper focuses on a family-centred tele-intervention music therapy program in Australia for young children with hearing loss. The presentation will cover the intervention models and therapeutic approach used, along with initial findings and practical suggestions for music therapists embarking on tele-intervention service provision.

### **Tele-intervention**

The landscape of providing therapeutic services and healthcare in Australia is evolving with the increased use of tele-intervention programs, particularly as communication technologies have become more advanced and accessible. Community and private organisations are realising the potential of reaching rural and remote families via video conferencing platforms. With greater access to high-speed internet connections, families with health and wellbeing concerns are now able to access specialists in major cities and regional hubs from their own homes, therefore maximising the potential for positive outcomes.

### **Music Therapy Tele-intervention**

The provision of music therapy via tele-in-

tervention is an emerging field of practice, requiring collaboration and investment by service providers and clients to navigate the challenges inherent in this form of service delivery (Blaiser et al., 2013). Music Therapists are venturing into this new space with a small number of projects and services underway in Australia. In addition to current practice, an innovative partnership has recently been established between an early intervention music therapy program, and an organisation providing services to hearing impaired children and their families.

The challenge of reaching families in rural areas was identified, and a music therapy tele-intervention trial commenced with three varying models of group intervention. These involved programs and workshops that were conducted either entirely via tele-intervention or a mix of videoconference and face-to-face sessions. Programs were led by registered music therapists and supported by listening and spoken language specialists.

The overall goals in each format were to emphasise the importance of creative fun, to encourage positive parent-child interactions and support early learning and child development. Theory of mind was also a focus, as recent studies have shown that children

with hearing loss growing up in hearing families are seriously delayed in developing theory of mind understanding (Peterson, 2016).



### **Feedback**

Preliminary feedback indicates positive potential for these modes of tele-intervention delivery. To date, parents/carers have been favourable when giving early informal comments on the programs. Initial observations and experiences have indicated there may be a positive impact on the level of parent-child interaction and hands-on music making when the music therapist is not physically present at the facility or within the home.

### **Conclusion**

The three tele-intervention delivery modes

of workshop model, weekly model, and mixed model, highlighted the benefits and challenges inherent in this form of service delivery, particularly with children who have hearing loss. Learnings from these experiences and further programs by the authors will add to the growing knowledge base of this method of music therapy delivery.

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## **BRINGING CREATIVE ARTS AND NON-VERBAL KNOWINGS TO THE EXPERIENCE OF SUPERVISION**

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Founder of Inspiravision; Honorary Research Fellow, School of Music,  
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Traditionally, three different models for education, health, and social care professions frame supervision practice: psychotherapy-based; developmental and social role. Alongside these models, creative approaches and expressive arts methods in supervision can provide alternative means of exploring the dynamics of professional practice (Chesner & Zografo, 2014; Lee & Khare, 2001). Participants work collaboratively to inquire in a multi-modal way into the experiencing described by one or more participants, with the hope of acquiring new understanding of meanings held and developed through dialogues, resonance, and representations of all involved. There is no prescribed method other than 'being present and responding' to whatever arises. It is not a problem-solving approach, rather an opportunity to make individual and collective meaning from a common experiencing through intersubjective dialogues. Engaging in a non-talking process can create new awareness behind experiences that had only been previously articulated in verbal form. These approaches can promote a different understanding of the supervisee's reflexive practice. They can be adapted to any form of group process, research, organisational issues or community development (Lett, 2011).

Our innovative workshop will introduce participants to the role and use of creative arts supervision approaches. There are no levels of creative skill or ability required by participants in order to experience the benefits of this supervisory approach.

This workshop will

- Present the evidence for and benefits of expressive arts supervision approaches informed by a co-constructive paradigm
- Provide participants with an opportunity to explore experientially some of the issues they bring to supervision through a representation in one or a variety of creative mediums, and
- Invite participants to reflect on the creative representations of their supervision experience and explore collaborative understandings on the phenomena that may impact work practice

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## **THE COLLECTIVE MUSIC THERAPY PODCAST: INNOVATIVE APPROACHES TO TRANSLATING AND COMMUNICATING PRACTICE**

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*Matthew Lewin*

Collective Music Therapy

The complexities of defining music therapy have often created robust debate and discussion within the field (Ans dell, 2002; Stige, 2012). However, the way in which the role of music therapy is translated from academic and professional discourse and communicated to the general public is often overlooked. This poses a challenge to the field as a lack of general awareness leads to music therapy being misunderstood, undervalued and underrepresented in health services. Furthermore, greater communication of one's role has been found to increase positive client outcomes (Suter et al., 2009), thus highlighting the importance of translating and communicating the practice of music therapy to a broad audience.

In response to this challenge, the presenters have developed an engaging, conversational podcast program about music therapy aimed at the general public (CMT, 2016). The Collective Music Therapy podcast is a fortnightly podcast and was launched in June 2016 via iTunes and Soundcloud. By December 2016, the podcast had received approximately 2,000 unique listens and more importantly, had reached a broad audience spanning 43 different countries. The podcast supports the translation of the abstract concepts of "music" and "therapy" into concrete

and understandable and enjoyable discussions, creating broader awareness and engagement of the profession and practice in the community (Granito, Scorilli & Borghi, 2015). These discussions illustrate international perspectives on the ways in which music therapy can be used to support the health and well-being of individuals and communities.

Resource-oriented and Community music therapy frameworks support the empowerment of individuals and communities to enhance well-being through access to music activities and experiences (Rolv sjord, 2010). Drawing upon these frameworks, the podcast becomes a tangible tool that supports the individual to be better informed, thus creating the potential for greater equity in choosing health services. This is especially pertinent in Australia where changes in health-care delivery are shifting towards greater freedom of choice for many service users (NDIS, 2016). Thus, more accessible forms of information delivery are required.

### **Relevance to Conference Theme**

For the profession of music therapy to move forward, it is imperative that music therapists embrace and create opportunities for

broader appreciation and engagement with music therapy. This presentation will outline the goals, methods and implications of a music therapy podcast aimed at generating greater interest and demand in the field.

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## **MECHANISMS OF CHANGE IN SELF-CONCEPT AND WELLBEING FOLLOWING A SONGWRITING INTERVENTION FOR PEOPLE IN THE EARLY PHASE OF NEUROREHABILITATION**

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### **Introduction**

Self-concept represents a collection of subjective beliefs and schemas that encompass the past, present, and future selves and covers multidimensional domains, involving cognitive competence, academic performance, social acceptance and physical appearance [1]. Maladaptive views of identity post-injury have been associated with unhealthy coping and subsequent risk of developing psychopathology including depression and anxiety [2].

Therapeutic songwriting is one approach that has been used to promote adjustment to some of the common losses following acquired neurological injuries [3]. Recently, our research team has developed and piloted a targeted songwriting intervention specifically designed to explore past, present and future self for people with Spinal Cord Injury (SCI) and Acquired Brain Injury (ABI) by promoting adjustment using post-injury narratives [4]. To date, however, there have been no investigations of the potential mechanisms of change during the songwriting process. To this end, the goal of the current

study was to construct knowledge about the mechanisms of change active during a songwriting intervention for people in the early stages of recovery following acquired neurological injury.

### **Method**

We recruited 5 people with ABI and 5 people with SCI from inpatient rehabilitation units. These participants engaged in a 12-session songwriting program in which they worked collaboratively with a music therapist to explore their past, present and future selves. Measures of self-concept, depression, anxiety, affect, satisfaction with life, and flourishing were administered pre-, mid-, and post-intervention, and compared with repeated measures of flow and meaningfulness of songwriting.

### **Results**

Medium effects were found for changes in self-concept ( $d = 0.557$ ) depression ( $d = 0.682$ ). Improvements in self-concept over time were associated with decreases in depression, anxiety, and negative affect, and an increase in

flourishing and positive affect. Strong experiences of flow were not positively correlated with positive changes to self-concept and wellbeing, whereas deriving high levels of meaning were associated with increased negative affect, increased anxiety, and reduced emotional suppression.

### **Discussion**

Our findings demonstrate that songwriting intervention is positively associated with enhanced wellbeing outcomes. In addition, our analyses provide preliminary evidence that individuals who perceive the songwriting intervention as highly meaningful process are more likely to acknowledge their emotions and consequently experience an increase in anxiety and depression; this needs to be explored further in future studies with larger sample sizes. We suggest that acknowledging their changed circumstances allow individuals with acquired neurological injuries to grieve for their losses and reconstruct a healthy, coherent sense of self.

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## **DIFFERENT LIVES DIFFERENT TRUTHS, A COLLABORATIVE MUSIC PROJECT FOR MENTAL HEALTH PROMOTION**

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Community music therapy has expanded the role of the music therapist beyond clinician to include facilitator, advocate, project coordinator, consultant and networker. In making music for health, music therapists are exploring new possibilities and opportunities relating to broader agendas, arenas, agents, activities and artefacts (Stige, 2004). Pavlicevic and Ansdell (2004) acknowledge the way music can be an attractor, connector and motivator, not only reflecting emotional life but creating it, playing a vital role in health promotion, personal and cultural identity building.

This project was initiated by a songwriter and a music therapist to investigate the potential of composing, recording and performing songs specifically for mental health recovery and promotion purposes. Participants volunteered to perform and record the original song cycle, bringing a wide range of musical skills. Some musicians were self-taught and others professional, and some brought their lived experience of mental health issues, either personally or as carers. The project was titled Different Lives Different Truths to acknowledge the way personal truth and reality is shaped by our unique lived experiences.

The songwriter's creative vision was to capture some of the lived experiences of dealing with and recovering from various forms of trauma. His intentions were to make the

songs as authentic as possible, to promote empathy and understanding and to avoid oversimplifying or sensationalizing. Diverse songs balance the sometimes overwhelming reality of experiences such as anxiety, paranoia, psychosis, rejection, loss and confusion with recovery themes of hope, acceptance, connection, validation, and understanding. The song cycle also has the potential to be developed into a moving, entertaining and uplifting musical drama performance. The music therapist volunteered outside her work role, encouraging the songwriter to pursue his vision and organizing musicians to bring the original songs to life.

The songs were intended to assist consumers and carers to talk openly about their experiences and to gain acceptance and knowledge through sharing with others. Consumers have been supported to use particular songs for emotional self-regulation, self-soothing and self-validation and to reduce anxiety, stress and isolation. The songs have been used as a tool to support and validate the caring role, including difficult emotions like anger, guilt, love and hopelessness. A carer who performed a song about having a son with schizophrenia commented that the song enabled other carers to acknowledge their feelings and reflect on both personal and shared experiences.

As mental health promotion, the songs are intended to be used in community and

mainstream educational settings to facilitate deeper understanding and empathy for people experiencing trauma and mental illness. A song from the perspective of someone hearing voices has been used in public seminars with voice-hearers, staff and carers, in order to open conversations and to combat the shame and isolation associated with these experiences. The song has also been played to tertiary students and police cadets who described it as a powerful means of gaining insight into the challenges presented by such confronting experiences. Music therapists face exciting times as specialists looking more broadly at ways to promote health and wellbeing of individuals, groups and communities. Pavlicevic and Ansdell (2004) recommend working flexibly along a continuum of individual and communal possibilities with the courage to throw theoretical concerns to the wind when appropriate, daring to follow the needs of people and circumstances. Music therapists face new opportunities, advantages, risks

and challenges by expanding their roles and taking on diverse opportunities to build resources, partnerships and networks relevant to their particular context.

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## **MUSIC AND ART THERAPY COLLABORATIONS IN ACUTE PAEDIATRICS**

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Presented by registered music therapists, this poster describes shared experiences of clinical collaboration with art therapists in an Australian acute pediatric hospital, with the aim of stimulating conversation about creative partnerships. Two program streams are outlined to highlight the therapeutic possibilities of combined music and art therapy with children and young people: Oncology and Eating Disorders.

### **Why combine music and art?**

While a growing volume of literature examines the use of arts-based therapies in acute pediatrics (Edwards & Kennelly, 2015; Malchiodi, 2013), there are limited resources which discuss collaborative partnerships between art and music therapies (Nesbitt & Tabatt-Haussman, 2008). The authors' experience of working together has been mutually beneficial, providing opportunities for professional growth and insight into outcomes that extend beyond individual disciplines. The process-driven shared approach, including methods, therapeutic outcomes and case studies, will be examined through the lens of partnering therapists.

The complementary elements of each discipline (art and music) have been observed to

increase potential for overall engagement and improve patient outcomes. Beginning interactions with regulating, rhythmic music activities, or using receptive music to create a familiar auditory environment, appears to open a creative 'window of tolerance' (Siegel, 1999) in which to engage in artmaking and promote abstract thinking processes. Likewise, art offers variable media qualities (restrictive to fluid forms) and the potential for visual representation, or an artistic product, that can be externalised or viewed from a distance.

### **Program stream 1. Oncology**

Similarly to the collaboration undertaken at the New York University Langone Medical Centre (Nesbitt & Tabatt-Haussman, 2008), the creative working partnership between music and art therapists in pediatric oncology has provided a context of normalization for patients and their families within the medical environment at the RCH. This current collaboration has addressed goals during oncology treatment including reduction of anxiety, stress and nausea, improved mood and affect, physical rehabilitation (active participation), family cohesion and increased engagement in wider multidisciplinary services.



Figure 1. Oncology music and art therapy group (RCH, 2016).

### Program stream 2. Eating Disorders

Young people requiring inpatient treatment for eating disorders often experience multiple admissions for extreme medical and cognitive instability. The expansion of the pre-existing music therapy group to include art therapy has been observed to provide additional avenues to explore abstract concepts such as emotional awareness/expression and identity formation (Cameron & Kipnis, 2012; Dokter, 1994). Young people who do not have a strong connection with music have been observed to engage well with art, and vice versa.



Figure 2. Emotion in music (RCH, 2016).

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All case material has been de-identified and shared with express permission.

## **THE EXPERIENCE OF SPEECH PATHOLOGISTS WORKING WITH MUSIC THERAPISTS TO FOSTER SPEECH AND LANGUAGE DEVELOPMENT FOR CHILDREN WITH HEARING IMPAIRMENTS**

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### **Background**

It has been documented that music is not only able to be perceived, but also positively experienced by children and adults with hearing impairments (Chen-Hafteck & Schraer-Joiner, 2011). Music, in the form of infant-directed speech, is known to be an innate form of early communication, and research suggests that this innate musicality is no different for children with hearing impairments (Chen-Hafteck & Schraer-Joiner, 2011). Recently, neuroimaging technology has shown connections between the neural mechanisms and pathways of music and language, highlighting the connection between music and language development (Barton & Robbins, 2015). For children with hearing impairments, continued exposure to auditory stimuli has shown to have a positive effect on listening ability, and in turn language development (Barton & Robbins, 2015). With this knowledge, it was hypothesised that music experiences may be beneficial as part of speech therapy for children with hearing impairments, and there is currently little music therapy research in this area. This study aimed to gain insight into the experience of speech pathologists, working with music therapists to foster speech and language development for children with hearing impairments.

### **Methods**

Data were collected through two in-depth interviews with speech pathologists, who work collaboratively with a registered music therapist, co-facilitating group therapy sessions for babies and toddlers with hearing impairments. The data was analysed through the process of inductive thematic analysis (Braun & Clarke, 2006).

### **Results**

There were a number of themes which emerged from the data, with many similarities between participant's responses. Overall, both interviewees spoke of how well the music therapy goals and interventions fit with and complimented their own speech goals. Both participants also emphasised the motivation music provided for the children. Through the children's enjoyment of music, and the positive environment this created, it was reported that the group were more relaxed, and therefore better prepared to work toward their speech goals. They were also motivated to use their voices, in order to participate in musical activities, and to request more of the music they loved.

The overarching goal that both speech pathologists were working toward was 'lear-

ning to listen'. They explained that after cochlear implant fittings, there is a long process of auditory rehabilitation, in order for the brain to recognise sound. A speech therapy technique called 'acoustic highlighting' was utilised, to make speech sound more interesting and to engage the children. This involved speaking with exaggerated pitch and melodic contours, similar to the 'musical' qualities of infant-directed speech. This also demonstrated appropriate intonation and speech rhythm, and it was found that music was often effective in the same way.

Music was also found to assist in aspects of social development, creating opportunities to practice social skills such as turn taking and peer awareness. Further, the group provided a chance to develop age appropriate social skills, as these children often spent a lot of time in therapy learning to communicate with adults only.

The therapy team worked closely, formulating goals and session plans collaboratively. However due to the unpredictable nature of the children's needs, flexibility was often necessary, and ongoing communication during sessions was vital to adapt plans as needed. These results show that music was used in a number of ways to encourage speech, including learning to listen, developing social skills, providing motivation and creating a positive learning environment. Music was also used as a communication form in itself,

for example, where children's vocalisations were imitated using instruments, creating conversation. This was effective at these children's preverbal stage. It was clear that this interdisciplinary partnership was valued by the interviewees, who showed excitement toward the future of this collaborative work. Further music therapy research specific to this setting would be beneficial, to give these children the opportunity to reach their full potential, and to experience the joy of music, just as their typically hearing peers.

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## **DIFFERENTIATED SELF AND INTEGRATED SELF IN IMPROVISATIONAL MUSIC THERAPY ON AN INDIVIDUAL-COMMUNAL CONTINUUM: THE CLIENTS' EXPERIENCE FROM THE CLIENTS' AND THERAPISTS' POINT OF VIEW**

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### **Introduction**

This proposed research study aims to investigate clients' musical experience of self in improvisational music therapy, on an individual-communal continuum, through Flow Theory. The music therapy world seems to be in a transition period due to a growing need for Community Music Therapy. Ansdell (2002) advocated music therapy on an individual-communal continuum whereby clients can flexibly take music therapy in different settings from individual to community. The presenter has witnessed the positive effect on clients undertaking individual to community sessions, depending on their needs, in her own practice. From this experience, each individual, group and community session seems to have a different effect that complements each other. Shaping a theoretical explanation of this effect and process is the basis of the study.

Flow is the state of complete absorption in an activity, and music is an ideal activity to induce flow experience (Csikszentmihalyi, 1990). The concept of self in Flow Theory is that the self grows when it increases in complexity through differentiation (a movement toward uniqueness and separating oneself

from others) and integration (a union with others beyond the self) through the flow experience (Csikszentmihalyi, 1975, 1990, 1993, 1997). Theories of differentiated self and integrated self may explain the positive changes in self that occur through music therapy, both in the individual and group-community settings.

### **Method**

Mixed method will be used to investigate the clients' experience of self in music therapy and the outcome of music therapy intervention. There will be two different plans of action in this study. The first plan involves the implementation of improvisational music therapy with 10 adult participants in the three different settings. Eight weekly individual sessions will be conducted followed by 4 weekly group sessions and all the participants will perform in a community concert in the end. Music will be improvised in all these settings. Each participant will fill in the Flow State Questionnaire with additional questions regarding differentiated self and integrated self after each session to gather quantitative data. Interviews will be conducted after each setting of individual, group and community for qualitative data. A pre-

test and post-test of the whole music therapy intervention will be conducted with a simple likert scale regarding differentiation and integration. The purpose of these tests will be to investigate the outcome of this intervention.

The second plan involves the surveying and interviewing of the music therapists who practice individual to community music therapy. Their clients' experiences from the therapists' point of view regarding differentiation and integration will be discussed. Forty to 50 surveys will be expected to be completed and 4 to 5 key informants will be interviewed.

Clients' music therapy experience will be investigated from both the clients' subjective and therapists' objective point of view through these two different project plans. It will allow us to view clients' experiences through two different lenses: from inside and outside, and will increase trustworthiness of the study result.

## **Results**

Thematic analysis will be used for all the interview data and descriptive statistics will be used for the quantitative data. The result of

both analyses will be expected to complement each other to understand both music therapy experience and outcome.

It is hoped that this study will contribute in the construction of a supportive theory of music therapy on an individual-communal continuum and to contribute in the development of a holistic model of music therapy.

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## **THE BIG PICTURE: THE GLOBAL SOUNDTRACK TO GROWING MUSIC THERAPY IN DEMENTIA CARE**

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This presentation examines music therapy in dementia care on a macro scale through the lens of four key concepts: specialisation, incentives, facilitation and innovation. Based on research and clinical experience, this submission examines the barriers and road-blocks that can be found in dementia care, including challenging behaviours, emotional and psychological burnout, physical and mental demands of the work, necessary skill shortages, and gaining organisational and staff support. Using these key concepts, we propose a framework for growing the profession to meet rising clinical demand for services in an ageing population, including:

1. Specialisation: Working with dementia can be emotionally draining, therefore, strong self-care practices are needed to make it sustainable and rewarding (Te Boekhorst, 2008). We suggest that dementia-specific, specialised training and mentoring is needed to assist music therapists to work with the complex case presentation often present in people who have dementia (Teri, Huda, Gibbons, Young & Van Leynsele, 2005).
2. Incentives: Encouragement is needed to support music therapists to navigate the environment of dementia work and to assist them to find satisfaction, particularly where the conventional form of therapeu-

tic goals or change is unlikely to be realised. We propose methods of enticing and retaining skilled clinicians in dementia care.

3. Facilitation: Strong facilitation skills are an essential part of music therapy with the clients, their families, and multidisciplinary staff to foster understanding and support for music therapy, enabling the clients to gain maximal benefits (Hancock et al., 2006).
4. Innovation: As healthcare and practice evolve, there is a need for constant innovation and research to support the continued value of music therapy in dementia care and to develop the existing evidence-base. This is essential for music therapy to be positioned at the forefront of dementia care and continue to play a vital role in the wellbeing of those with dementia.

The combination and integration of these four facets and how they may improve the quality and volume of music therapy in dementia care will be a central focus of the presentation. During discussion, participants will be invited to contribute towards creating strategies and resources, allowing for international collaboration and peer learning across countries and levels of experience. Strategies will be examined at the different organizational levels including community

understanding, managerial engagement, and direct work with care staff, residents and families. Furthermore, practical applications of the four key concepts will be discussed, including developing support networks for music therapists, supporting recent graduates, developing consultancy, and improving resources.

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## **SINGING FOR WELLBEING IN A NEW ZEALAND SCHOOL SEVERELY Affected BY EARTHQUAKES**

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*Dianna Reynolds*

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### **Abstract**

Our research investigates the perceived relationship between singing and well-being, in a school community severely affected by earthquakes. Singing was introduced specifically to enhance wellbeing. The factors that enabled daily classroom singing to be developed and sustained, and the perceived relationship between singing and school well-being, will be outlined.

### **Singing for Wellbeing**

There is increasing pressure on schools to address children's social and emotional needs, together with their learning needs. Children flourish in a caring environment that focuses on relationships, where they feel connected, and where they have a sense of belonging. A positive school climate therefore leads to academic success as well as student and staff wellbeing (Cavanagh, 2008; Education Review Office, 2015; Seldon, 2013; Viner et al., 2012).

There is good evidence to suggest singing is a highly motivating medium that can have a positive impact on wellbeing (Clift, 2012);

and the evidence that well-being influences learning is uncontested. Dodge et al. (2012) describe subjective wellbeing as "the balance point between an individual's resource pool and the challenges faced" (p. 229). Drawing on this model, we view singing as a resource that can counter the challenges faced by staff and children in school communities.

Since the devastating 2010-2011 earthquakes, members of our Christchurch primary school community have been singing daily to improve wellbeing, and wellbeing scores remain high. Taking a participatory action research approach, university, teacher and child researchers gathered data from teachers' journals (google docs); children's artworks, video journaling, and peer-peer interviews; as well as teachers and children focus groups; to determine how the programme was developed, sustained, and perceived.

Initial findings suggest that the daily singing for wellbeing was able to be developed and sustained because teachers passionately believe singing is good for children and, while it was helpful to work towards performances, the primary focus was on singing for fun rather than music education. Other factors

include allowing children to choose the repertoire, and to listen or move to music instead of or as well as singing.

Our teachers and children argue that classroom singing promotes positive emotions, improves mood, energizes them, connects peers and family, fosters identity, and can bring comfort, calm, and a sense of achievement. At the time of writing (December 2016) findings are preliminary. However, it is evident that correlations can be made between perceptions of classroom singing, and subjective well-being which involves sense of belonging and connection to school; experience of achievement and success; resilience; self-confidence; self-management skills; physical activity; a sense of being cared for; experience of feeling safe at school; sense of being included; confidence in identity and optimism about the future (NZ Curriculum Online, 2014).

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## **EFFICACY OF PARKINSON GROUPS FOR IMPROVING COMMUNICATION AND WELLBEING IN PARKINSON'S DISEASE**

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### **Description**

Communication impairment is one of the most common symptoms of Parkinson's disease, significantly impacting quality of life (Miller, 2012). Speech characteristics may include a soft, monotone, breathy or hoarse voice quality, imprecise articulation, dysprosody and dysfluency (Skodda et al., 2013). These characteristics, combined with reduced nonverbal communication, cognitive-linguistic impairment and poor self-perception of speech, make communication difficult and lead to self-consciousness, reduced likelihood to participate in conversation, and the avoidance of social interaction that requires speaking. Communication difficulties can compound issues of depression and related social isolation (Miller et al., 2006).

These substantial problems negatively impact social participation and vocational opportunities, and may lead to breakdown in family and social relationships.

Singing shares many of the neural networks and structural mechanisms used during speech and can thus be used therapeutically to target functional communication issues and provide rhythmic cues to stimulate and organize motor speech output. This pilot feasibility study investigated the effects of Parkinson singing groups over three months on speech and communication participation, using a comprehensive battery of measures.

### **Method**

Participants with Parkinson's disease (n=77)

completed assessments of speech, voice and respiratory function at baseline and three months. Intervention participants ( $n=48$ ) attended 2-hour weekly or monthly singing group sessions incorporating targeted vocal and respiratory exercises and singing specifically selected, familiar songs. These sessions were designed to elicit high intensity vocal output and respiratory effort, with the aim of improving communication outcomes. Control participants ( $n=29$ ) took part in regular weekly or monthly peer support and/or creative activity groups that did not involve singing.

### **Discussion**

Data analysis was underway at the time of submission, but results will be presented at the World Congress. Findings from the feasibility study and implications for further planned research will be discussed. Anticipated outcomes include: increased respiratory pressures, voice intensity, pitch and loudness ranges, improved voice quality, and communication confidence, and subsequent improved quality of life.

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## **MUSIC THERAPY WITH YOUNG CHILDREN ON THE AUTISM SPECTRUM: PARTNERSHIP WITH PARENTS**

*Grace Thompson*

The University of Melbourne, Australia

Understanding how to best support social development and inclusion for children on the autism spectrum is important to all members of society. The preschool years are a time of rapid development, and as such are recognised as a period where intensive support will have benefits for child development and family outcomes. Young children learn best through play experiences with parents and family members who are nurturing, warm, and attuned to their needs (Schore, 2005; Stern, 2010). Children on the autism spectrum may have features that create challenges to their ability to relate and engage with their family (Carpente, 2013), often leading to fewer opportunities for social learning (Clifford & Dissanayake, 2008).

Partnering with parents in early intervention services is now recognised as best practice in Australia (ECIA, 2016). Collaborating and partnering with family members is vital for positive child and family outcomes, as the foundational elements of social responsiveness are typically fostered within natural, everyday, 2-way purposeful communications with others (Schertz, Odom, Baggett, & Sideris, 2013). Activities that are motivating and engaging for children are essential in providing opportunities for spontaneous social engagement.

This paper presented the results from recent qualitative research projects exploring parent perspectives on aspects of music therapy that

were meaningful and valuable for their children on the autism spectrum (Thompson, in press; Thompson, 2016; Thompson, 2015; Thompson, 2013). Overwhelmingly, parents reported that music therapy is a motivating and engaging activity that provides meaningful opportunities for social engagement between family members. This paper will also present ideas for how to translate these research findings into practice, with a particular focus on supporting families to use music for wellbeing in the home.

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## **THE ONLINE CONFERENCE FOR MUSIC THERAPY: SUPPORTING INTERNATIONAL COLLABORATION AND ONLINE EDUCATION**

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Online education and professional development for music therapists is relatively new. Until 2011 there were no continuing education options other than live attendances or correspondence courses. A small team of music therapists from Canada, Bahrain and the USA founded the Online Conference for Music Therapy (OCMT) in 2010. In 2015, the OCMT became a 501(c)3 non-profit organization registered with the State of Maryland in the United States. Today, the OCMT remains a unique 24-hours live online event that is also recorded, where professionals and music therapy students from all parts of the world meet to learn, network, disseminate research and clinical practice information. The OCMT creates opportunities for international collaboration and provides accessible online education options for music therapists and music therapy students.

International representatives from the OCMT share information about this unique music therapy conference through live and video recorded presentation in order to provide an overview of the OCMT history, mission and vision. The objective of this presentation is to educate international music therapists about the OCMT and how they can participate in the conference. Discussion with the

audience includes how online continuing education, such as the OCMT, can provide opportunities for increased international collaboration among music therapists.

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## **THE EFFECTS OF MUSICAL ATTENTION CONTROL TRAINING (MACT) IN RESIDENTIAL YOUTH CARE**

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### **Introduction**

Around 75 percent of all adolescents placed within secured residential youth care settings in The Netherlands are diagnosed with attention related problems such as Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD) (Schuijt & Konijn, 2015). Musical Attention Control Training (MACT) is one of the techniques originating from the Neurologic Music Therapy (Thaut, 2005). MACT has proven to be an effective intervention to improve attention outcomes with several populations including traumatic brain injury, stroke and autism. The purpose of this randomized controlled pilot study was to obtain preliminary evidence on the usability and effects of MACT on attention outcomes with adolescents in secured residential youth care settings.

### **Method**

Six participants ( $n=6$ ) were randomized to Musical Attention Control Training (MACT,  $n=2$ ), Improvisational Music Therapy (IMT,  $n=2$ ) or a control group (TAU,  $n=2$ ). During six consecutive weeks, both groups followed the designated interventions for 45 minutes at fixed moments during the week. The MACT-group was conducted according to the clinical protocol provided in Thaut (2014, p. 260), the IMT-group repeated two improvisational exercises weekly and the control

group received treatment as usual, but without any music therapy or music training during the intervention period.

Participants included were both males and females (age 16-17), diagnosed with ADHD, ADD, ODD and/or CD and a minimum TIQ of 85. All of them stayed in "De Koppeling", a secured residential youth care facility in Amsterdam, The Netherlands.

All participants completed the Trail Making Test (TMT) A + B and the WISC-III Digit Span (DS) Forward and Backward to measure focused, selective, sustained and alternating attention. Measurements were conducted at baseline, and after respectively six and nine weeks.

### **Results**

Although no significance was found due to the small sample group, measurements indicate an improvement in attention outcomes varying from 12 to 88 percent in the MACT-group. In comparison, the results of the IMT-group only showed minor improvements in alternating and selective attention and even a small decrease in sustained and focused attention. Interestingly, one of the participants in the TAU-group showed the highest overall increase in sustained attention (34 percent).

### **Discussion**

When compared to IMT and TAU, the results

of this study suggest that MACT is a usable and effective intervention to improve focused, sustained and alternating attention on adolescents placed within secured residential youth care settings.

With this population generally showing low treatment motivation, it is notable that the MACT-protocol was very well tolerated, with an overall attendance of 97 percent.

Furthermore, all participants were highly motivated to complete both the TMT- and DS-tests. Feedback from the participants stated they were eager to see if they could improve their scores every time they took a test. This could be an important consideration in relation to further studies with this complex population.

This study was a first step to obtain evidence on the effects of MACT on attention outcomes with adolescents placed within secured residential youth care settings. Although the results show no significance due to the small number of participants, this study provides valuable recommendations for future research with this diverse and complex population.

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## **CHILD MUSIC PSYCHOTHERAPY AS A CONTINUUM OF DEVELOPMENT: THEORY AND PRACTICE**

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### **Music Psychotherapy Approaches**

Music psychotherapy is an approach where music as psychotherapy is itself considered to be psychotherapy (Bruscia, 1998). Music can be cathartic, release emotions, and activate psychic functions of the mind in a day-dream like state (reverie) or as fantasies. This can include receptive and active methods which bring pleasure, and relax and calm down children. In music-centered psychotherapy, much of the activity and communication happens through music. A therapist uses free improvisation with different instruments as the main method, with a child or an adolescent who has emotional problems and cannot therefore discuss their thoughts and emotions with the therapist. (Alanne, 2010, 2014; De Backer & Sutton, 2014.)

Music in psychotherapy is music psychotherapy where both music and verbal psychotherapy are used equally. A therapist can use methods such as songs, projective music listening, free association to music, and guided imagery in their different forms. In verbal psychotherapy with music, music has no special therapeutic goal. It can sometimes be used to promote discussion. Frequently, psychodynamic music psychotherapy with children involves elements from all four defined approaches. (Alanne, 2010, 2014.)

### **Music Psychotherapy in Action**

Music psychotherapy should happen in a se-

cure and supporting atmosphere. A therapist can recommend and encourage the use of music in the form of a game, especially with shy children at the beginning of therapy. The music psychotherapy process often involves active improvisation without demands. Clients find their own way of expressing themselves naturally without coercive methods. Then, it is possible to reach the unconscious through the symbolism and associations relating to music. (Alanne, 2014; De Backer & Sutton, 2014.)

### **Music and Sounds as Informative Sources of a Development**

Music is a developmental object for children. It enables the continuance of the separation-individuation process and the experience of thirdness in the relationship between a therapist and a patient, as an analytic third. In therapy, the phase-specific verbal and musical interventions of providing insights, portraying empathy, and holding client's emotions at their level of disturbance, development, and verbal skill are applied. Interpretations can be genetic/transference interpretations, as well as here and now interpretations of "moving along" with the patient's music in clinical improvisations. Music provides a meaningful dynamic shape for emotional arousal, and works through the rhythms, vibrations, chords, and melodies of music, which a therapist holds and contains. A therapist attunes, mirrors, matches, and reflects the experiences in a way that models the

early reciprocity and non-verbal communication of a mother and an infant.

The patient's dynamic unconscious, transference, resistance, defenses, and symptoms are analyzed through the symbolism of music. Verbal techniques such as empathic describing, confronting, clarifying, and interpreting the child's behavior are applied in accordance with music. In a therapy of sufficient length, a therapist can become a developmental object for a child through the music. The goals for music psychotherapy with children are usually better self-understanding, and the regulation of emotions and behavior through music and words. Music psychotherapy enables a safe therapeutic regression to the early developmental phases, as well as corrective experiences, for traumatized and deprived children. (Alanne, 2010, 2014; De Backer & Sutton, 2014.)

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## **MIXIS: A WEB PLATFORM TO DOCUMENT AND CAPITALIZE THE MUSIC THERAPY ACTIVITIES**

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**Keywords:** Traceability – Flexibility – Transmissibility.

### **Abstract**

The project MIXIS enhances the client experience, promoting continuity and traceability of music therapy interventions addressed. Through a shared system of documentation and registration of therapeutic processes, linked networks are created and developed among: operators, beneficiaries, families and organizations, safeguarding their own privacy.

### **Description**

MIXIS (Innovative Models for Social Inclusion – [www.bzmixis.eu](http://www.bzmixis.eu)) is a project created by the social cooperative “GliamicidiSari”. The Lebenshilfe Onlus (Bolzano) has supported and developed this project, creating an organic system of credentials for the various sectors covered, including music therapy activities.

The system is an easily accessible web-based application. The home page illustrates the various areas of activity. After logging-in, access is provided to the “consulenze & terapie” page and in this virtual space you can find all you need to know about the music

therapy courses. MIXIS provides access to review the documents and projects available, as well as enter, edit and store new data sets about the client.

Through an easy manageable interface, made up of several cards, it is possible to upload the basic documentation about the person involved in the music therapy process. Other functional sections are: planning, development, and assessment. The information entered in the system is available after the end of the activity, creating a traceable data set useful for the treatment of client.

Each card is made up of different fields related to the therapeutic targets, through an identification code, allowed to connect significant parts of the process, making it shareable and visible to other specialists.

The MIXIS makes the therapeutic process clear and continuous, leaving the musical footprints traceable at any time, and using a unique pin for each client, making it completely private and individual.

Such a system, for music therapy in particular, offers a flexible structure and can be edited, expanded and applied to various areas of therapy. Its main feature is that it is not

linked to an exclusive therapist, but it is a baseline for the new generations. MIxIS generates information on musical biographies of clients and provides opportunities for future research.

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## **MUSIC INTEGRATION GROUP FOR REFUGEE MOTHERS AND CHILDREN SEEKING ASYLUM IN SWEDEN**

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### **Introduction**

In 2015 a total of 162,877 people sought asylum in Sweden, twice as many as in 2014. Of those, the Swedish Migration Board decided upon 58,802 cases and granted residence permits to 32,631 (Swedish Migration Agency, 2016). In 2015 the largest group of immigrants came from Syria. This trend continued in 2016 with the majority of asylum seekers coming from Syria, Afghanistan, and Iraq (Migrationsinfo.se, 2016). These immigrants have not only fled war-torn countries, but many of the women have traveled on their own, pregnant, or with children. During their journey they may have been at risk for sexual and gender-based violence in addition to other dangers involved with fleeing (Clayton, 2016).

Refugees bear a great deal of stress, not only as a result of their past experiences but also as they await a decision from the Migration Board, or even after they have been granted asylum (Tinghög, 2009). Acculturative stress in immigrant parents has been positively correlated to anxiety symptoms in their children (Leon, 2014). In Sweden, newly arrived adult asylum seekers study Swedish and children attend school or daycare. However, mothers with very young children are often at home, isolated from the rest of society, unable to meet Swedes and learn the language, adding to their stress.

### **Program Description**

Recognizing a need, my colleague and I started an integration music group for mothers and their small children in the spring of 2016. The majority of the women were from Syria; the others were from Afghanistan and Yemen. Some had already been given permanent resident status while others were awaiting a decision from the Migration Board. The makeup of the group was dynamic as there was no formal registration but many women attended on a weekly basis.

A semi-directive model was used, allowing the mothers and children to explore and improvise, but also guiding the sessions with music and songs intended to teach the Swedish language, and offer opportunities for expression and interaction. The sessions included singing, dancing, playing instruments, and using props such as pom-poms, scarves, and belly dancing shawls to demonstrate directions, colors, and other concepts.

Each week we asked the women what they would like to do. We felt this would allow them some control over their situation and also make them active participants in the sessions. One woman told us she hadn't danced in five years and this was now her greatest desire. We covered the windows in the room with screens for privacy and played familiar dance music. The expression of joy on her face

was incredible as she danced freely around the room with her baby in her arms. Another mother rarely ventured out of her apartment. Her son became very excited each time she got him ready to go out, anticipating making music in our group. She has since started socializing with other group members outside her home. When Swedish mothers were in attendance there were opportunities for socialization and integration that were otherwise not available to the refugee women and children. We taught each other songs, exchanging vocabulary and stories, much as Orth (2005) described. The sharing of music aided in cross-cultural understanding and bridged gaps between our cultures and music (Jones, Baker & Day, 2004). A study is being planned investigating interaction and cooperation between mother and child using different methodological categories similar to the ones described by Oscarsson (2017) and also looking at the effect of the integration group on the stress levels of its participants.

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## **MUSIC THERAPY IN GERIATRICS: A TARGET GROUP SPECIFIC NEEDS ANALYSES**

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### **Context and aim of the project**

Aging is often accompanied by age-related limitations, decline in physical or cognitive functionality in everyday life or increased rate of age-related diseases like dementia. Studies indicate that Music Therapy has a high potential to contribute meeting these complex health needs by e.g. reducing agitation, anxiety or depression and enhancing relaxation and wellbeing. (McDermott, Crellin, Ridder, & Orrell, 2013; Ueda, Suzukamo, Sato, & Izumi, 2013; Warth, Keßler, Hillecke, & Bardenheuer, 2015; Zhao, Bai, Bo & Chi, 2016) At the same time Music Therapy can have a positive impact on care workers (Hsu, Flowerdew, Parker, Fachner, & Odell-Miller, 2015). Within the project “Music Therapy 360°”, a concept for the establishment of Music Therapy interventions to improve quality of life for patients, relatives and care workers in eldercare is developed, implemented and evaluated in two local geriatric facilities in south Germany. To develop the Music Therapy concept, a systematic literature search is conducted and initial needs analyses in both facilities are undertaken. The aim of the needs analyses is to assess the specific needs and attitude of the patients, their relatives and care workers in terms of music therapy. In the context of “Music Therapy 360°”, this paper presentation will focus on the methods and results of the needs analyses.

### **Methods**

Self-report questionnaires are used to assess wellbeing of the patients, their relatives and care workers. Additionally, self- and proxy-report questionnaires are used to assess quality of life of the patients as well as care workers stresses and strains during their daily work routine.

Guided Interviews are conducted with patients, relatives and care workers to provide more in-depth insights, especially in terms of the attitude towards Music Therapy.

### **Results**

Questionnaire-data of patients (n=65), relatives (n=12), care workers (n=30) is evaluated. A qualitative content analysis of guided interviews with patients (n=4), relatives (n=4) and care workers (n=8) is performed. In the interviews, four main topics emerged: previous experiences, preferences, doubts and challenges, and attitude towards presented Music Therapy techniques.

Considering the results of the need analyses, a modularly-designed Music Therapy concept that is attuned to the specific needs of patients, their relatives and care workers is developed to improve wellbeing, care relationship and to reduce strains during daily nursing routine.

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## **ULLABIES IN THE WORLD LINEAR ANALYSIS OF MELODY, RHYTHM AND HARMONY FOR APPLICATION IN MUSIC THERAPY**

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*Rosa Caringella*

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### **Lullabies in the world**

The lullaby is a song performed by a familiar voice, which can induce sleep in children. But in some societies they are used to pass down cultural knowledge or traditions. Our study is the analysis of these songs, from a melodic, rhythmic, and harmonic profile for their use in therapeutic relationships.

Lullabies can be found in the popular culture of all peoples. But the purposes of lullabies vary. In some societies they are used to pass down cultural knowledge or tradition. The European Commission has created the Lullabies of Europe project to collect lullabies in all the different languages of the community in order to preserve their cultural heritage.

Our study presents the analysis of these short songs, from a melodic, rhythmic, and harmonic perspective. The results of this analysis provide a psychodynamic reading of the songs, and more precisely:

1. The musical interval profile that characterizes the sound cultural identity of that community;
2. The rhythmic profile that reveals the patterns of neuropsychological functioning of the members of that community;

3. The harmonic profile, revealing aspects of the sensitivity, the range of emotions, and the cultural quality of those people, and
4. The lyrical profile, which reveals the cognitive level.

All these elements can be used in music therapy to optimize the adequacy of performance and interventions. This information is particularly useful for music therapists who have to operate in multicultural contexts and regions.

The results of this analysis will also allow us to identify what rhythmic and musical elements should be used in order to achieve effective improvisation in sound relationships. The analysis of the lullaby provides a comprehensive understanding of the cultural identity of a people, and allows us to approach its culture with a language and in an appropriate manner.

### **The melodic linear analysis**

The melodic linear analysis is the most important and the most informative of all other analyses and is usually neglected.

I will present a model I have created which is very effective in the following:

1. Reducing the melody to its essential factors (melodic profile of pitch/rhythmic pattern of durations);
2. Recognition and classification of the interval structures creating the melodic profile, and of temporal structures of generating the rhythmic pattern;
3. Reduction in symbols, by means of the low numbers, and the explicit and implicit chordal structure;
4. Process of comparison of all detected elements.

Out of this complex series of operations we will have the basic elements of music i.e. we will have the melodic and rhythmic profile. We shall see if there is a special interval in melodic micro-organism succession, and we will find out how the permutation and transposition of these recurring intervals is organized.

All information provided by all these elements is used to organize an extended process of comparison. In addition, the following factors will be investigated: the thematic process and the melodic order, as well the structural functions of harmony and tonal order.

The presentation concludes with the presentation of some examples of analysis and observation of the results

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## **MUSIC THERAPY ACADEMIA AND PRACTICE IN ITALY**

*Silvio L. Feliciani*

State Conservatory of Music, Pescara, Italy

*Massimo Magri*

State Conservatory of Music, Pescara, Italy

### **Premise**

In Italy there are 80 music conservatories, and 80 universities. The bachelor's degree program in Music Therapy at Pescara Conservatory is a special program since it is the only nationally accredited Bachelor's degree in Music Therapy in Italy. The music therapy students of this institution are distinguished by their musicianship and preparation.

### **The Poster**

This Poster illustrates the overall academic plan of the degree including the content of the various disciplines. The presentation will devote special attention to internship and practical music therapy training.

The students, working together in pairs or groups, learn to recognise how they feel, to give life to feelings themselves through sounds, and learn how to control and manage the outflow of emotions through the use of sound and music.

In the first year, students who must focus on sound production, have to learn the use of various aspects of dual and group sound relationships.

Students of the second year will learn the technique of thematic improvisation in indi-

vidual and group simulations, and in the most diverse contexts.

The ultimate goal of the program is to provide students with the ability to learn the fundamental parameters of sound communication; to use sound elements in a nonverbal context; to recognize the use of the patient's body-music-sound expressions.

The fundamental part of our activities involves the participation of our students in placements with patients.

The presentation illustrates the activities, which give an international dimension to the program: international placement, seminars, and master classes. The most important activity is certainly the job placement in foreign institutions, but the seminars and master classes are held by experienced and internationally renowned musicians or professionals. Sometimes, these activities are also linked to teachers' mobility within different institutions.

All this activity produces positive results. The time that the foreign guests spend with our students always leaves very positive effects and shows them previously unimagined perspectives.

Our own teachers can also benefit from

these visits, since they can compare their knowledge and broaden their interests.

### **Songs and Thesis**

The poster will also present:

- a) the best songs composed by the students for welcoming and greeting patients, selected by myself
- b) the titles of the thesis awarded with distinction by the Commission, and the link from which they can be downloaded (in English).

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## **EMBODIMENT AND PSYCHODYNAMIC MOVEMENT IN MUSIC THERAPIST ACADEMIC TRAINING – A WORKSHOP**

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Body, Mind and Soul are inseparably intertwined and embedded in the social and ecological environment. Conscious and unconscious communication with ourselves and others are based on body. You can't neither perceive, nor express, nor communicate without your body.

That leads us to the question, how therapists and clients can use body and movement as a resource in therapy.

Psychodynamic Movement is a wonderful way to learn more about body-sensations and to discover the power of bodywork in combination with music in therapy.

For music therapists it is essential to develop an excellent body awareness, open for their own sensations as well as for their clients' sensations.

Psychodynamic Movement is a great chance to enlarge that skill and a powerful tool in music therapy in regard to diagnosis and intervention

Psychodynamic Movement Training is a key subject of our bachelor and master degrees

programs at University of Music and Theatre in Hamburg, Germany.

This workshop will give you a short overview about the underlying theories.

*Embodiment* (Maja Storch, Switzerland) and *Psychodynamic Movement* (Mary Priestley, Great Britain).

And best of all give you the chance, as a practical insight, to move your body to exercise the power of Psychodynamic Movement.

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## **“WIRED BY MUSIC” – A PILOT STUDY ON THE EFFECTIVENESS OF MUSIC THERAPY IN DEPRESSIVE ADOLESCENTS**

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The present paper describes the development and pilot evaluation of a music therapy treatment manual for depressive adolescents including active and receptive techniques. Primary treatment goals are the improvement of emotion regulation and interpersonal relationships. Preliminary results from the pilot study will be presented.

Depression is among the most prevalent mental illnesses in adolescents. Recent research found evidence supporting the hypothesis of depression mainly being a disorder of emotion regulation. Listening to music and associated activities are of major importance in adolescents' identity formation, mood regulation, and peer group building processes (McFerran, 2010). Moreover, neuroimaging studies found strong associations between neural networks involved in music processing and those responsible for emotion regulation (Koelsch, 2014). However, despite the evaluated positive impact of music therapy on depression in adults (Maratos et al., 2008), there is a lack of scientifically sound studies and formalized tre-

atment guidelines for adolescents (Gold et al., 2004). Therefore, the aim of the present pilot study was to develop a treatment manual and to evaluate suitable methods for a subsequent randomized controlled trial.

The present pilot study utilizes a prospective, single-arm repeated-measures design. Recruitment has started in January 2016 and is expected to be completed in July 2017. The primary outcome is depression (CDRS-R, BDI-II), secondary outcomes encompass emotion regulation (Feel-KJ), quality of life (KIDS-CREEN) and stress (heart rate variability, hair cortisol). Clients aged between 13 and 17 years with a depression diagnosis are eligible to participate in a manualized music therapy treatment lasting for twelve weekly single sessions. Interventions of the manual mainly focus on stabilization, improvement of emotion regulation, realization, recognition, expression of own feelings and the work on interpersonal relationships. The manual combines receptive music therapy methods such as listening to the client's preferred music and

creating playlists, with active approaches such as referential impro- visations and musical role plays. Expected results are a feasible and methodologically robust design for a phase-II clinical trial and the final version of a music therapy treatment manual for depressive adolescents. Preliminary results concerning the clinical outcomes of the pilot study will be presented.

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## **MUSIC. MATTER. MAKING: TOWARD A MUSIC THERAPY BEYOND THE HUMAN**

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### **Introduction**

Contemporary music therapy, I suggest, needs to consider the imperative of ontogenesis, the coming into being, which engages with the matter, devices and processes of how music therapy is made that goes beyond interpersonal relations and ingrained dualism (Kohn, 2013) and moves towards correspondences (Ingold, 2013) multiplicities (Mol, 2013), and inseparability (Gilbertson, 2015).

### **Challenge**

Major definitions of music therapy commonly struggle with encompassing a diversity of therapy, research and education practices whilst at the same time using restrictive verbal devises such as “use of music” and “relationships” to draw boundaries over expansive ranges of music and health practices, rituals and ancient behaviors of caring and living. Though many of these definitions may seem different, they commonly share one aspect: a near complete absence of acknowledgement of the non-human agential and creative properties of the world in which all clients and therapists are. Even where the use of the term ‘complex interventions’ can be seen to offer a potential solution, I agree with contrasting texts (Cohn et al 2013) that there is a continuing need to re-consider different forms of ‘complex’ and to avoid a ‘complex’ that through a subtle

exclusion and privileging still remains ‘controlled’ and segregative of the ‘world’ as human, non-human, living and non-living. There is a ‘trouble’ (Haraway, 2016) here that needs to be remained with.

### **Response**

To rectify this, is to understand differences between ontology (being) and ontogenesis (becoming) and what ubiquitous implications these have for music therapy beyond supposed epistemological diversity. I choose to follow the path of ontogenesis through which an unclear ‘world’ (de Pina-Cabral 2014) emerges in which music therapy discourse is per definition inseparable from the matter, devices and processes of how music therapy is made (e.g. Gilbertson & Aldridge 2008). As music therapy can be considered ‘to be of the world’, it is important to consider which different imperatives drive music therapy enactments. This consideration questions the apparent familiarity of what it is to be human. It increases an extended and materially engaged reflexivity and a sensing of trouble with any mainstreaming of therapy, research and educational methods which disregard material agency and ecological situatedness. As Donna Haraway (2016) suggests, “staying with the trouble requires learning to be truly present [...] as mortal critters entwined in myriad unfinished configurations of places, times, matters, meanings” (p.1).

To develop music therapy, I presently turn to audio, video, semiotic, computer graphic, body casting, instrument design and architectural and theoretical examples taken from therapeutic, research and education practices and will stay with the trouble.

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## **HUMOUR IN MUSIC THERAPY: IMPROVISING CHANGE**

*Nicky Haire*

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### **Introduction**

There is a growing interest in humour in music therapy, yet there has, to date, been little in-depth research into the phenomenon. (Amir, 2005). This paper will explore the existence of humour in musical and non-musical exchanges in music therapy with adults with neurological conditions and, using case material, will consider humour in relation to improvisation and therapeutic process.

### **Overview**

According to Simon Critchley ‘...humour provides an oblique phenomenology of ordinary life; it is a way of describing the situation of our existence and, at its best, indicates how we might change that situation’ (Critchley in Baggini & Stangroom J, 2002, p.198).

In a small-scale study, the author explored the role of humour in music therapy in a paediatric psychiatric setting. (Haire, 2008; Haire & Oldfield, 2009). In studying the role of humour in the shared musical and non-musical exchanges with young people, the impact it had on the therapeutic process in this work was highlighted. Humour was evident in a number of ways and was being used as an icebreaker, a diversion, an equalizer, a means of socializing and a means of avoiding socializing or masking feelings, to address issues of control and to instill hope. The various features that made humour were also discussed: e.g. exaggeration, imi-

tation, clumsiness/slapstick and incongruity, and the author observed how these qualities were realised in music therapy; through ‘comedy’ instrumentation, musical style/devices, words, gestalt, gesture, facial expression etc. (Amir, 2005; Haire 2008). It was concluded that the use of humour depends largely on the personal characteristics of each therapist and client, their individual needs, and a shared cultural understanding.

Having worked as a music therapist with adults with neurological conditions in different settings for just under ten years, the author’s interest in the phenomenology of humour in interactive and empathically motivated musical improvisation with this client group has developed. Thus far, it has been the author’s experience that humour in music therapy forms a central part of relational work, not only with clients and carers, but also with staff members.

In a therapeutic relationship, humour offers opportunities for spontaneous, dialogic, embodied, non-verbal relational experiences with self and other; thus facilitating new experiences, identifying possibilities for change, illuminating different perspectives and contributing to positive social connections, enhanced quality of life and general wellbeing.

The main motivation for this paper comes from the author’s desire to explore her approach to clinical practice in depth. In addition to addressing any positive effects of humour on engagement, social interaction,

mood, and quality of life, the author is also keen to explore issues of over-arousal and self-regulation, and discuss the concept that humour can be used as a device or tool to elicit a predictable outcome, potentially leading to instances of overuse and/or misuse.

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## **ENCOUNTERS ON STAGE: EXLORING EMBODIED EMPATHIC IMPROVISATION AS PERFORMANCE**

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Queen Margaret University

*Vicky Karkou*

Edgehill University

*Suzi Cunningham*

Freelance Dance Artist and Therapist

### **Introduction**

This roundtable is organized around live improvised non-verbal dialogues between a Dance Movement Therapist and a Music Therapist. Taking Erving Goffman's sociological concept of encounters (Goffman, 1961) as a starting point, the therapist's experience, alongside the experience of 'the audience' will then be explored and discussed.

### **Overview**

'... it is not simply enough to listen and respond to the client in the music making. There needs to be an emotional reciprocity on the part of the therapist also' (Darnley Smith, 2014, p.162).

Building on important collaborative work that has grown out of the annual multi-disciplinary improvisation research forum hosted by music psychologists, Dr. Graeme Wilson and Prof. Raymond MacDonald at Edinburgh University: Concurrent (<http://www.concurrent.>

music.ed.ac.uk), this roundtable will move beyond a simple 'role-play' between therapists which might illustrate how clinical improvisation occurs in a therapeutic context, and use this live encounter as a basis to reflect on themes which may arise such as empathic improvisation, embodiment, perception, space, play, and performance of self.

As therapists we reveal elements of ourselves all the time to clients, within a therapeutic alliance, but what does the experience of entering into this kind of encounter in public feel like? How comfortable does the therapist feel in revealing the self and exposing the intimacy of such an encounter?

The panel will explore how shared understanding arises, or does not arise, when the therapists dialogue with each other through movement and sound; how these different modalities interplay, and the effect of being in dialogue 'on stage'. Indeed, how are shared narrative and/or 'moments of meeting'

(Stern, 2004) perceived and understood (or not) between improvising agents and audience in a non-verbal exchange? How do we understand the ecology of the improvised encounter in a semi-public space? And how do internal and external experiences and perceptions manifest in play, sound, and embodiment when 'in performance'?

This is a unique opportunity to move forward and innovate together as Arts Therapists, to witness the live dynamic vulnerability of such an encounter in an open space, and to be an active agent in exploring and experiencing the encounter as an audience member.

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**Suzi Cunningham** is a dance artist and Movement Psychotherapist based in Edinburgh. She has a special interest in the field of addiction, embodied improvisation and Butoh techniques.

## **STORYCOMPOSING IS ON A NEW PATH FOR PERSONS WITH DEMENTIA**

*Hanna Hakomäki & Leena Tuomisto-Saarikoski*  
Finland

### **Introduction**

Storycomposing® is an improvisational song-writing method. It is a model for musical interaction, which provides the opportunity to express feelings and experiences that have significance for an individual. The method follows four steps –1) musical expression (time, space and instruments for musical expression; no prior studies in music, or any musical experience are needed), 2) interaction (the Storycomposer creates a piece and the co-composer listens and writes the piece down, but there is no supervision or teaching), 3) a Storycomposition (the artefact is written down to make it possible to play it again as many times as needed), and 4) a performance (a Storycomposition is played to significant others). Storycomposing is suitable for people of all ages, and has shown its potential both in practice and in research, especially when working with young children and their families. The Finnish Medical Society Duodecim conferred the Culture Award of 2008 on Hanna Hakomäki for developing the method. Hakomäki (2013) investigated the mechanism of the method together with a 14 year old co-researcher, from the child's perspective. The results showed how Storycomposing forms a collaborative platform for expressing a person's inner thoughts in a musical way, and helps to create personal narratives. These narratives can be shared as music and they often contain or arouse memories, thoughts and

emotions. Storycomposing is based on musical innovations, interaction, and communication. The notation system, often used when Storycomposing, is known as Figurenotes®. The latest applications of the Storycomposing method have taken place with older people with dementia.

### **In practice**

In recent years, the Finnish Cultural Foundation has given grants to art projects connected to residential care and health care facilities. In 2015 and 2016 there have been Storycomposing projects in care homes for older persons with dementia. In these cases, it does not mean 'music therapy' but is a creative interaction between the Storycomposer and co-composer - a professional musician. These practice-based projects have brought into light the potential of these participants to take part fully and capacity to express themselves in this activity. Wonderful moments of equal, reciprocal communication between the Storycomposer and the co-composer are noticeable. Despite the symptoms of dementia, it is possible to recognize a healthy, whole person deep inside and a Storycomposer has been able to show the capacity for reflecting his or her own inner world during the process of Storycomposing. Even though Storycomposers might not have played any instrument earlier in life, their musicianship can be seen and heard in this activity. The question is, if the Storycompo-

sing activity, that has awakened musicianship, can effect the everyday life of persons with dementia, and the quality of their life in residential care? The human value of the ability to be brave enough to extend oneself to explore a new creative area is inestimable.

A concert is an important part of the process. A person with dementia has an opportunity to share his or her musical journey with his/her family members in an intimate, safe atmosphere where their compositions are played with the help of a musician. The concerts are impressive occasions, enriching the communication between the participants. Storycompositions are embedded in memories, meanings and aesthetic values. The narrative embodied in the music of a Storycomposition is a musical experience, which has to be played and listened to in order for the meaning of that narrative to be shared. When this happens, the Storycomposing concert offers a forum through which the Storycomposer's true self can be seen and heard and thus it is possible to create a 'new self-identity in music' every time a Storycomposition is performed. In the concert the voice of the person with dementia is heard both musically and literally and the support of all participants assists the reciprocal dialogue.

### **Discussion**

This Storycomposing project is an example of a

fruitful collaboration between a music therapist and a musician, keeping alive the dialogue of music and musicianship in music therapy. This deepens and widens understanding of levels of meaning in musical expression and communication. This collaboration with persons with dementia will be continuing in forms of practical work, articles and research projects.

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## **MUSIC THERAPY IN GERIATRICS: A TOOLBOX OF MUSIC THERAPEUTIC INTERVENTIONS**

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### **Context and aim of the project**

Aging is often accompanied by age-related limitations, decline in physical or cognitive functionality in everyday life or increased rate of age-related diseases like dementia. Studies indicate that Music Therapy has a high potential to contribute meeting these complex health needs by e.g. reducing agitation, anxiety or depression and enhancing relaxation and wellbeing. (McDermott, Crellin, Ridder, & Orrell, 2013; Ueda, Suzukamo, Sato, & Izumi, 2013; Warth, Keßler, Hillecke, & Bardenheuer, 2015; Zhao, Bai, Bo & Chi, 2016) At the same time Music Therapy can have a positive impact on care workers (Hsu, Flowerdew, Parker, Fachner, & Odell-Miller, 2015). Within the project "MUSIC THERAPY 360°", a concept for the establishment of Music Therapy interventions to improve quality of life for patients, relatives and care workers in eldercare is developed, implemented in two local geriatric facilities in south Germany and evaluated in terms of quality of life criteria.

To develop the therapeutic concept not only were qualitative interviews with Music Therapy practitioners conducted, but also systematic analyses of established literature about music therapy with the elderly were conducted. The aim of this extensive literature review is to create a catalogue of Music Therapy interventions used in geriatric care and described within the literature. In terms

of "Music Therapy 360°", this paper presentation focuses on the results of the literature review.

### **Methods**

15 online databases are searched using pre-defined search terms. Articles published between 2006 and 2016 are screened according to predefined exclusion and inclusion criteria. Articles are included if they a) provided a sufficient description of the music therapeutic intervention with the elderly and b) are written in English or German language. In the next step, data on the methods and description of the interventions, participants, study design, study outcome are extracted and analyzed.

The identified interventions are summarized into different intervention groups to design a catalogue of interventions.

### **Results**

The catalogue comprises a 3-tier structure: "Tier 1": Basic everyday module, "Tier 2": Recreational module and "Tier 3": Patient specific module. The tiers are split in different intervention subgroups with similar outcome measures of the particular interventions. For each tier, Music Therapy interventions can be combined on a modular basis in accordance with individual needs and demands of the pilot facilities.

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## **MUSIC-THERAPEUTICAL VOCAL IMPROVISATION AS AN INTERVENTION FOR PROFESSIONAL SINGERS WITH FUNCTIONAL DYSPHONIA**

*Tina Hörhold*

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### **Background**

Professional singers represent a special group of clients within the vocal therapy field. In order to treat professional singers when they suffer from a functional dysphonia, a special interdisciplinary expertise in the areas of medicine, vocal pedagogy, singing and vocal therapy is necessary. Psychological factors also play a role in the development of vocal problems. The implementation of a multi-modal therapy is necessary to help a dysphonic opera singer. One approach is a short-term music therapy intervention in the framework of a vocal therapy oriented vocal instruction. The music therapy intervention consists exclusively of free vocal improvisations as well as reflective discussions. The effectiveness of this therapeutic method in a single case is examined in the presented paper.

### **Methods**

For evaluation purposes, the German version of the Center for Epidemiologic Studies Depression Scale, long form, Allgemeine Depressionsskala (ADS-L), as well as the Singing Voice Handicap Index (SVHI) were used. Through a qualitative contents analysis, the conversations following the improvisations were coded, the procedures compared, and the final interview carried out with the client was analyzed.

### **Results**

The evaluation as well as the qualitative investigation indicated a decrease in the dysphonia and related psychological symptoms experienced by the client. In the context of therapy, the singer realized that in the course of becoming a professional, the joy of singing had been lost. This could be recovered through reactivating the resources of singing during the music therapy intervention. The singer was able to return to work as a professional singer.

### **Discussion**

The results of the study show that the individual, multimodal treatment was useful for this client. Which methodology ultimately caused which proportion of the effect cannot be determined. It would seem that the various treatment methods enhanced each other.

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## **HISTORY, METHOD AND EDUCATION' OF TURKISH MUSIC THERAPY**

*Emine Elif Sahin Karadeniz*

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It is known that music therapy was first seen among shamans present in the lives of primitive tribes. The therapeutic use of music, which started with shamans in the early periods of history, has also been influential in Western civilization in Antiquity and Medieval times. Western civilizations noticed the effects of music on human health and advocated for its importance. In Central Asia, healing ceremonies have been used by the shaman musicians called "Baksi" and "Kam" for various diseases. The musical healing methods were the main pillars of Turkish medicine. In Islamic Civilization, Sufi's were interested in music and they used it for they believed it to be beneficial. In Islamic Civilizations, Zekeriya Er Razi (854 - 932), Farabi (870 - 950) and İbni Sina (980 - 1037), the doctors and musicologists who are close to Tasavvuf (a practice of mysticism), focused on the healing effects of music. The resulting musical healing techniques continued to be used in Seljuk and Ottoman hospitals.

Today, receptive music therapy is traditionally applied in Turkey. It is applied with a patient's choice of relevant Makams (a system of melody types used in Turkish and in some Middle Eastern classical music), a relaxing music, rhythm and the sound of water. Improvised therapeutic music is played with instruments like Ney (Reed Flute), Rebab (Middle Eastern-Far Eastern Spike Fiddle), Çeng (Turco-Ottoman Harp), Ud (Oud), Dombra (Turkic Lute) and Rübab (Central

Asian Necked Bowl Lute) and with appropriate Makams. The aim of this method is to alter the emotional state of the patients in order to relax them and enhance their self-esteem.

Historically speaking, it can be said that the practice of music therapy in Turkey found its place through Turks who appreciated the importance of music, applying the methods they had developed. Hospitals for psychological healing and medicine utilized music therapy methodologies in the Seljuk and Ottoman period and pioneered the advancement of world psychiatry and medicine. Although music therapy has a deeply-rooted history among Turks, with the advancement in technology and medicine, it eventually took a back seat. In 1976 TÜMATA (Turkish Music Research and Promotion Group) was established to investigate and promote the birth, development, treatment value, repertoire and instrumental richness of the Turkish music.

While music therapy works continue to be carried out in accordance with the old Turkish customs, traditional Western music therapy methods have also begun to be used. More importance is placed on supporting trained music therapy experts who conduct studies in this field. As a result, the Turkish Music Therapy Association was established in 2014 in order to effectively implement music therapy methods in a way that is recognized internationally. There are no music therapy

programs in Turkey. However, in studies planned for the future, priority has been given to a strategy where widely accepted music therapy methods can be combined with Traditional Music Therapy methods. The objective of the education in Turkey is to train music therapists who are relevant to the modern context but situated within our own culture. Currently, studies are under way to open a certification program to train qualified specialists in the field of music therapy. Music therapy, under the name of Traditional and Complementary Medical Practices, was recognized by the Ministry of Health in 2015.

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## **MUSIC THERAPY IN GERIATRICS: IMPLEMENTATION AND EVALUATION OF A MUSIC THERAPY CONCEPT**

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### **Context and aim of the project**

Aging is often accompanied by age-related limitations, decline in physical or cognitive functionality in every-day life or increased rate of age-related diseases like dementia. Studies indicate that Music Therapy has a high potential to contribute meeting these complex health needs by e.g. reducing agitation, anxiety or depression and enhancing relaxation and wellbeing. (McDermott, Crellin, Ridder, & Orrell, 2013; Ueda, Suzukamo, Sato, & Izumi, 2013; Warth, Keßler, Hillecke, & Bardenheuer, 2015; Zhao, Bai, Bo & Chi, 2016) At the same time Music Therapy can have a positive impact on care workers (Hsu, Flowerdew, Parker, Fachner, & Odell-Miller, 2015).

Within the project "MUSIC THERAPY 360°", a concept for the establishment of Music Therapy interventions to improve quality of life for patients, relatives and care workers in eldercare is developed, implemented in two local geriatric facilities in south Germany and evaluated in terms of quality of life criteria. In addition, the project aims to examine the transferability of the concept and to develop a music therapeutic treatment guideline for Music Therapy with the elderly.

### **Methods**

1. Systematic literature search and need analyses: Using a mixed methods approach, needs analyses in both facilities are undertaken to assess the need for Music Therapy.
2. Catalogue of Intervention: Based on the results of step one, a target group specific, needs-oriented Music Therapy concept is developed.
3. Implementation phase 1 (6 months): The designed catalogue is implemented.
4. Intermediate evaluation: The intermediate evaluation is conducted and the concept is modified and implemented again.
5. Implementation phase 2 (12 months): The modified catalogue is implemented.
6. Final evaluation: The final evaluation will be completed.

For all data collection the assessment instruments (qualitative interviews and self-report questionnaires for patients, relatives and care workers) remain constant. Additionally, feedback conversations and protocols are analyzed.

### **Results**

Based on the evaluation and the practical

experiences, a final concept for Music Therapy with the elderly which is evaluated in terms of quality of life criteria and its practical suitability is designed.

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## **LIFE LONG LEARNING PROCESSES IN COMMUNITY MUSIC THERAPY - A CASE STORY FROM A SCHOOL SETTING**

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### **Introduction**

How does Community Music Therapy function as a resource for the development of life-long learning processes in a school setting? I based the theoretical discussion on a socio-cultural perspective that suggests that learning can be understood as social practice (Stige & Aaro, 2012). Access to various forms of learning resources is crucial for the quality of learning. Music can be regarded as a resource more or less accessible for the learner in order to achieve learning in transitions between situations (Krüger & Stige, 2015).

I also base the paper on an educational perspective suggesting that young people in lack of school motivation need special help and support in order to participate in school and hence plan their future education (McFerran & Rickson, 2014). I suggest that Community Music Therapy may function as a resource suitable for the facilitation of vocational training and training in social skills. Further, leisure and everyday life should be seen as fundamental learning arenas in relation to school learning. Individual freedom, support from adults, involvement of peers and community belonging is crucial to the informal learning process. Implications for practice are discussed.

### **Findings**

I present a case narrative taken from a series

of music therapy sessions in a school setting. The population is adolescents in the age 14-16 with low motivation for school participation. The narratives show music therapy can be used in order to support what OECD (2015) (Organisation for Economic Cooperation and Development) describe as life-long learning processes.

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## **MUSIC THERAPY: BORDERLINE PERSONALITY DISORDER AND THE MENTALIZING POINT OF VIEW**

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### **Abstract**

The Mentalizing Model generates important suggestions for music therapy with borderline patients. Following the tradition of Nordoff/Robbins-Music Therapy, the use of the AQR-Tool is appropriate to bridge the gap between the verbal-oriented psychotherapy conception and experience-oriented approaches in music therapy. Videotaped scenes will serve for illustration.

**Keywords:** Music Therapy, Borderline Personality Disorder, AQR-Instrument.

### **Description**

Music therapy with borderline patients benefits from engagement with mentalization-based therapy (MBT), for it generates important suggestions concerning the direction of interventions and the role and function of the therapist in music therapy interaction as well.

Nevertheless, the interplay between the verbal-oriented psychotherapeutic conception on the one hand and experience-oriented approaches in music therapy on the other hand should be pointed out.

Following the tradition of Nordoff/Robbins-Music Therapy (NRMT), the AQR-Tool (assessment of the quality of relationship) is the ac-

ting frame of reference and is helpful to bridge this gap. Based on findings of developmental psychology and attachment theory, the AQR-Instrument is able to grasp the music therapy aspects, hence pre-verbal processes of relationship, which lead to processes of mentalizing. Videotaped scenes illustrate the author's ideas on music therapy with patients with borderline personality disorder.

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## **TINDERBOX PROJECT: PARTNERSHIP WORKING TO FACILITATE A LARGE YOUTH MUSIC GROUP**

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*Luci Holland*

Tinderbox Project

### **Background**

As the music therapy profession grows, so does the need to utilise music therapy training in increasingly flexible ways, as the range of client groups and circumstances in which we may find ourselves working expands. This case study considers a music therapist working as part of a broad community arts project in Edinburgh, Scotland, named the Tinderbox Project.

The Tinderbox Project comprises a city-wide range of music and arts based programmes for young people (Tinderbox Project, 2016). One of these programmes is a large open group for ages 8-25, which aims to use music as a means to develop confidence and creativity, and promote positive relationships. This programme's format has evolved considerably since its conception in 2011, and currently comprises weekly workshops, delivered concurrently in five different settings, concluding each term with a collaborative performance. These settings include a school for pupils with autism, a youth homelessness charity, and a community arts centre in a deprived area of Edinburgh.

In the final term of 2016, 153 young people

attended workshops through this programme, comprising a variety of ages, socio-economic backgrounds, musical tastes, musical training and additional support needs or lack thereof. Given this variety and the participant-led nature of the project, it is no surprise that the use of music in workshops is also hugely varied, and has included composition and song writing, trying new instruments, improvisation, music listening, rapping and music technology.

### **Discussion**

The breadth of this project is notable not only in its content and the demographics of the attendees, but also in the team of fifteen workshop facilitators, which includes music therapists, community musicians, performers, youth workers and music educators. Each facilitator brings a different musical and interpersonal skill-set to the team, informed by their professional experiences outside of the project. This case study is written from the perspective of a music therapist working on this team, and considers the relevance of music therapy skills and knowledge for a project such as this, which is outside of music therapy practice as it is defined in the United Kingdom. The benefits

of collaboration outside of music therapy can be described on three levels; for the individual therapist who collaborates, for the clients/participants, and for the music therapy profession as a whole. For example, one could consider the author's development of a particular interest in community music therapy theory (e.g. Pavlicevic & Ansdell (2004)) as a result of this work, or the relevance of music therapy theory and practice to group music-making in other contexts (Pavlicevic, 2003) and its impact on the experience of the participants. Furthermore, collaboration can promote consolidation of the music therapy profession's identity (Twyford & Watson, 2008); this is especially relevant in the context of this work, given the relative youth of the music therapy community in Scotland compared to other parts of the U.K.

### **Conclusion**

The inclusion of music therapist professionals in this project team seems to be both relevant and mutually beneficial. This programme, and indeed the Tinderbox Project as a whole, has evolved considerably over time, and continues to do so as participants and facilitators learn about, from and with each other in this dynamic and exciting group.

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## **THE IDENTIFICATION OF NEW MUSICAL GRIDS AND METHODS TO EVALUATE THE EFFICACY OF MUSIC THERAPY IN EXTREME CASES OF SEVERE MENTAL DISORDER**

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Music therapy is a useful tool for the treatment of severe mental disorders. It promotes emotional expression through a non-verbal channel, stimulating a process of opening towards the outside world. The diagnosis of this extreme case client has been changed many times (autism, Asperger syndrome, neurocognitive developmental deficit, severe mental disorder). The patient started music therapy 8 years ago and during the first observation showed a complex situation of atypical clinical framework, excessive facial tensions with total absence of verbalization. The music therapy approach followed the clinical evolution of the patient. Clinical techniques applied in this case were clinical improvisation, and vocal sounds with different musical instruments. In addition we have used Musical Conversation and creative listening that followed the setting in an attempt to involve different physical senses. Clinical evaluation has been performed every six months through specific observation grids. According to psychological evaluation and considering atypical clinical aspects of the case, was necessary to create specific musical grids, which are still not final, tailored for this extreme case that presents several undefined clinical aspects with a non relevant results in published literature. The grids used were two: the first, named "Instrumental Pathway", in order to assess the relationship between rhythm and

bodily movement using musical instruments (mainly idiophones) like an extension of human body. The second one, named "Vocal Pathway", for assessing vocal sounds, specifically vowels, consonants, groupings of sounds and words or phrases. In addition, considering the initial clinical condition of the patient, characterized by the total absence of verbalization, this grid was also useful to evaluate differences among vocal sounds emitted and their pitch within 3rd interval, storage and playback of short melodic sequences. Annual assessment showed a slow but positive progress of behavior, neurocognitive development, acquisition of certain phonemes and, if appropriately stimulated, the patient was able to use few specific words correctly. In future more researches to establish standards to evaluate the efficacy of music therapy treatment on these cases will be needed.

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## **AN EXPLORATION OF THE EXPERIENCES OF MUSIC THERAPISTS WORKING WITH A TRANSLATOR**

*Emmeline Lynda McCracken (Bmus, MSc Music Therapy)*  
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With the need for music therapy growing globally, therapists from the UK have been increasingly working in countries with no or lacking access to music therapy, and with clients for whom English is not their first language. These settings may necessitate the support of a translator, and the peculiarity of the relationship between the therapist and the translator is the focus of my exploration of the reality of field work for music therapists.

I am interested to build understanding and discover to what extent music therapists use translators and what are their clinical experiences, and whether further, substantial research is needed to be carried out in this area of the profession.

There is a noticeable lacuna in the literature on the use of translators in music therapy, with most exploration offered by a small number of authors, and mostly by music therapists working abroad. Existing literature offers a handful of articles which refer to the use of a translator. Both Fitzsimons (2016) and Bolger (2012) touch briefly on the difficulties and experiences of linguistic barriers they have experienced when working within a different culture, with Bolger focusing particularly on her experiences of working with her translator. Lang and McInerney (2002), Lang, McInerney, Monaghan and Sutton (2002), and Woodward (2014) explore the experiences of working with a

translator. Lang and McInerney focus on this in the most depth and particularly on the effect the translator being present had on the client. The experiences and effects on the translator have been explored in greater detail by Lang et al. and Woodward.

Having used a translator in Bosnia and Herzegovina where I have volunteered on the Balkans Music Camps with Professor Nigel Osborne since 2008, I've accumulated considerable field experience. During my work on the camps I have used translators in creative song-writing. Limitations of my experience are set by the nature of the camps - these are community music camps which did not offer the dimension of using a translator within a clinical setting.

Having met, spoken to and learnt of other music therapists' experiences of using translators within the profession I have found that many have had similar experiences to myself, in using a translator on a predominantly community music basis. There have, however, been some who have used a translator in clinical music therapy. There is a need to explore in further depth this particular phenomenon and situation which occurs in field work as well as provide a guidance-type insight on work with a translator.

Due to the sparse literature surrounding this topic, and obvious need amongst the professionals in the field, a paper researching and

analyzing the work of a music therapist with a translator would be beneficial to furthering our understanding of the challenges of the profession as well as provide an opportunity to further our capacities to competently perform our work.

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## **IMPROVISATIONAL MUSIC THERAPY AND TRANSCULTURAL CHALLENGES AMONG ASIANS**

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### **Abstract**

Improvisation and cultural specific differences are the topics of this presentation, which is structured in two parts. Part-1 deals with improvisation in psychodynamic music therapy and its characteristics. Part-2 discusses the results of a survey-based study about Asia specific behavioural patterns in group music therapy improvisation.

### **Improvisational Music Therapy**

To participate in a free (non-idiomatic) musical improvisation means to get into a dynamic playing state. The presumption that an improvisation shows and unfolds mental structures makes improvising and free musical play core methods in active, psychodynamic music therapy. Improvising in a group fosters openness for the situation, intense listening and mindfulness, respectful integration of variety and difference, interaction, co-creativity. Theories from psychology and sociology build up a framework for the experiences from music therapy practise.

### **Transcultural Challenge**

During music therapeutic education we can observe certain common phenomena that Asian students have to deal with. The follo-

wing four aspects provide the theoretical background for a better understanding of such phenomena: (i) collectivistic self-concept of Confucianism; (ii) structure of traditional, hierarchical relationship in a Confucian society; (iii) emotional expression as a culture dependent phenomenon; (iv) shame as a dominant emotion in East Asian societies.

The correlating questions that emerge are e.g. How does the Asian self-concept affect self-expression in music therapy? How do Asians – accustomed to follow instructions from authorities – deal with spontaneous impulses as a basis of self-expression? Do Asians experience expression of emotions in music therapy as breaking of a taboo? Does shame play a role in the music therapy improvisation among Asians? And finally, confronted with group music therapy improvisation, which developments do Asian music therapists make during their educational /professional activities and which educational measures promote this process?

### **Survey-based Study**

The survey-based study deals with the question, whether there is an Asian specific behavioural pattern in group music therapy improvisation. Based on the theoretical background the survey study includes seven

categories: (i) Feeling of safety; (ii) Perception of own impulses (the improvisational idea); (iii) Pressure to perform; (iv) Enjoyment of self-expression; (v) Subjective experience of the relation of individual and the group; (vi) With self-expression related thoughts and feelings; (vii) Subjective development in respect to self-expression.

## Results

The survey is addressed to European and Asian music therapists and music therapy students, who are studying or have studied in a western country. The first results suggest that there is a significant difference between the improvisational behavior of European and Asian music therapists, especially in the following categories: feeling of safety, perception of own impulse and enjoyment of self-expression.

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## **FROM SELF-CONSTRUCTION TO GROUP TOTEM: THE CREATED MUSICAL INSTRUMENT AS A REPRESENTATION TOOL**

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### **Preliminaries About Self-Construction**

In spite of the difference of conception, the Freudian metaphor of the patient as an instrument (Lecourt, 2001) is likely to bring to light a major part of the music therapeutic experience. Indeed, music therapy often appears as an opportunity for the client to (re)construct meaning, emotions, images, attitudes, representations related to his/her personal history. In other words, the process includes the redesign of the self in a broad sense. The musical instrument intervenes in several steps of this process, enacting the role of intermediary object, as described by Alvin and Benenzon (Pecourt, 2012). It also progressively becomes a tool of creation, all the more powerful because of its tridimensional and sound characteristics, capable of being the voice of the individual - a particularity which is not always found in therapies using other artistic mediations. Brun (2005) reminds that in the therapeutic processes using artistic mediations, the object created by the client allows him/her to create the subject, that is to say him/herself, opening new paths for representation and symbolization. On the other hand, music therapists generally try to propose the most adapted instrument to the client, according to his/her specific needs and abilities... a necessary criterion which may be optimized by taking into account, whenever possible, the client's choices and decisions.

### **Application**

These observations have led me to propose to some of my clients to build their own instruments, whenever this kind of activity seemed congruent with their needs, their consent and the goal of the therapeutic process. The clients are free to bring and use almost any material that they want, just as they are encouraged to create a totally original and personal instrument, which does not have to look or sound like any other available instrument, nor have a predefined level of complexity. Far from being a didactic or "hobby" activity, this construction focuses on the individual's inner content. The beginning instruction is often given as: "I do not suggest that you build something resembling a guitar or a kalimba; instead, I suggest that it has something resembling you." This is also a reminder made to the clients, about the fact that they are the masters of the therapeutic process, allowed to create and control the tools in the service of their own change. Once the instruments ready, the clients are invited to give them a name or title and to feel free to share any story coming to their mind about the object that they have created. Afterwards, the created instruments may be integrated to the setting and used within other music therapeutic activities. The clients are encouraged to familiarize with their own instruments by storing them and bringing them to the following

sessions, in order to initiate the favorable conditions for "feeling at one with the instrument", as mentioned by Estellon (2011).

### **An Overview of the Group Totem**

In our work with groups, an adapted version of the therapeutic totem phenomenon is used. Mostly inspired by the Benenzonian approach (for example Benenzon, 2004), the procedure takes place during the closure of the session. The group members are invited to create a totem, using their handmade instruments as well as any other additional object, in order to analyse the group dynamics and the self-perception of each member at that precise moment. Depending on the needs, various activities around the totem are proposed (musical/choreographic games, storytelling, etc.). The gathered elements of information are used for the planning of the following sessions.

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## **BRINGING IT ALL BACK HOME**

*Alexia Quin*

Music as Therapy International, United Kingdom

This paper considers how music therapists have been inspired to develop their practice back home having undertaken project work overseas for the UK charity Music as Therapy International (MasT). Focus is given to a series of pilot projects in the UK, supporting and enhancing care practice in a range of settings for children and adults. Best practice recommendations are included.

MasT uses a 3-step approach, skill-sharing between music therapists and local care staff worldwide: Offering introductory training (Getting Started), followed by sustainability work (Keeping Going) and, ultimately, capacity building (Taking it forward). Over 20 years these projects have enabled 11,000 children/adults to benefit from continuing music programmes by training 300 staff in 100 care settings in 4 continents.

This approach has proven effective in diverse care contexts and cultures. Projects repeatedly demonstrate how principles of music therapy can enable care staff to embrace musical tools to bring new opportunities for non-verbal communication, developments in language and social skills, empathy, self-expression and emotional well-being, to make surprising connections and build relationships with service users.

This paper explores the experiences of music therapists who have worked with MasT on international skill-sharing projects, and their relevance to traditional clinical music therapy practice on returning home.

In 2016, MasT devised a programme of projects bringing its approach back home. Areas of clinical focus were young children, adults with learning disabilities and people living with dementia (Allen et al, 2013; Anderson et al, 2015; Quin, 2014; Quin & Rowland, 2016.). The author examines the relevance of the approach to the UK context, its impact and lessons learned.

Consideration is given to comparable work undertaken by music therapists independent of MasT (Gillespie, 2016; Hadley, 2016; Horesh, 2016; Lindblad, 2015; Margetts, 2014; Parker & Younes, 2014; Tsolka, 2016) and an increasing prevalence of music therapy skill-sharing worldwide.

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## **VIOLIN AND MIND: AN UNUSUAL MUSIC THERAPY PROJECT WITH PERSONS WITH ALZHEIMER'S**

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This new music therapy project, in which people with dementia work with the violin, is a continuation of a previous study in 2006 which had positive results. When we started the original project, we were concerned that this instrument might be unsuitable and might create a reaction of fear or rejection among the participants. The violin is normally excluded from a music therapy setting for the difficulty associated with the instrument, and for the image that has built up and been passed on over centuries: virtuoso, diabolical, impossible. In contrast, however, the hypothesis that the violin could be accepted and happily used by the participants has been proven true. They appreciate the characteristics of the violin: it is an instrument from our present day culture, it vibrates and it is held close to the body. Furthermore, it can be played in a group. The use of the violin in an active way can now be considered part of a music therapy setting. We know that the use of music in the care of people with dementia is becoming widespread. Supported by studies in neuroscience, it is now evident that stimulating creativity and expression can activate the damaged brain circuits.

People with dementia gradually lose memory and language, while the emotional and spiritual spheres remain preserved for a long time. Because of cognitive difficulties, people are not able to express themselves nor make themselves understood and sometimes they are excluded from relations with others, thus suffering painful isolation losing esteem and self-confidence.

Listening to music and even playing a music instrument are valuable tools to enable self-expression and communication, allowing people with dementia to still feel a sense of belonging. As in non-verbal modes of expression, music bypasses the cognitive level and enables expression when there is an inability to use words, or because the person does not want to. Music has an effect on a person at different levels: corporal (bringing out body movement), emotive (recalling memory and autobiographical aspects), cognitive, relational and even spiritual, depending on the kind of music. In our project, the violin is not only listened to by the persons but also played by them, following a specific method of musical therapy integrated with the simple aspects of instrumental teaching. The

violin becomes a real chamber music instrument and each group consists of 4 to 5 participants, each with his or her own violin.

The work is led by two music therapists who play the violin. The sessions last 50 minutes each and there are 12 – 16 sessions in total during the project. Each session is divided into four phases. The first is the listening phase when the music therapist and violinist play a specific musical theme at the start of each session. Music is then 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. Next is the introductory phase and the participants are introduced to the violin slowly by holding, stroking and tapping the violin. Then comes the practical phase when the participants start by strumming and plucking the strings of the violin. Then they play with their bows in a simple manner, like in a chamber music group. Finally, there is the musical dialogue when each participant has their personal time to improvise on their violin together with the therapist. There is a short conver-

sation in which the participant shares what they feel, a very intense narrative moment during which the person expresses feelings, memories and thoughts which the music has brought out in a comfortable setting with the other participants. There is a sense of accomplishment, self-esteem and gratification.

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## **THE ROLE OF CAREGIVERS AND MUSIC THERAPISTS FOR WELL-BEING IN PERSONS WITH DEMENTIA**

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### **Aging, Dementia and Caregiving**

Aging means “to grow old” – and healthy aging means growing old in a way where the person remains active, autonomous and integrated. This emphasizes an approach to aging and well-being in opposition to anti-aging and ageism. Dementia is a syndrome affecting cognitive functioning, but is not directly related to age although dementia diseases are more common with old age. People in mid- to late-stage dementia show severe cognitive decline and require extensive assistance to carry out daily activities. They are therefore dependent on someone to assist them around the clock. The assistance or caregiving may be provided by family or other informal carers, or by professionals. Caregiving is often reported as stressful and as a physical, emotional and economic burden which may negatively affect healthy aging and well-being (see Ridder, 2016).

### **Aims: Exploring Caregivers' use of Music**

A series of in-depth interviews were carried out with the aim to understand the benefits of musical interaction on well-being in persons with dementia and their caregivers, to explore best practice of caregivers' use of music, and to reveal how music therapists may play a role in facilitating caregiver competences.

### **Qualitative Interview**

An in-depth interview was carried out with Ann, who took care of her husband at home until his death. The following is a short summary of Ann's story: Ann calls herself “unmusical”, and describes her husband, John, as a musically gifted person who loved classical music. In the last years, the couple listened daily to playlists she developed over time; noting each time she experienced a piece of music both of them liked. She described their shared listening, and how John enjoyed these daily moments. Shortly before his death, Ann used music for hours at the hospital. She not only described the esthetic values of composed music, but also how John related to the tone of voice and tempo; he did not understand words in communication, but understood the musical components in what was expressed. Ann described caregiving as “tuff”, but also told about shared moments of presence, warmth, happiness and comfort.

### **Analysis and Results**

A hermeneutic-phenomenological seven-step analysis was carried out using the Nvivo software. The transcript was coded through an inductive process, keeping as close as possible to the original wording. Hereafter a deductive process followed, structuring and integrating the categories in a broader con-

ceptual framework, e.g. including a psycho-social model of music in dementia (McDermott, Orrell, & Ridder, 2014).

Two important findings from this interview were that 1) even though the caregiver described herself as "unmusical", she used various ways for her and John to experience music, and 2) even though caregiving was described as a burden, she still offered a salutogenetic (health focused) perspective to dementia.

This caregiver used music to establish "Who you are", using music with a stabilizing and ritualizing function (Listening to personalized music in order to provide routine, stability, safety, and continuity. Attending cultural/spiritual events or concerts, with John strengthened and transformed afterwards). Further, she used music regarding the "Here and now" with a territorial, recreative, signaling, or regulating function (Using music to mark the space as yours and to be in control. Creating a sound landscape with background music and musical signals. By being occupied or diverted by listening alone to liked music, and by regulating mood or arousal). Finally, she used music to achieve "Connectedness" with a communicative or relational function. (Musical parameters played an increasing role when communicating, and music allowed reciprocity and a shared bodily and emotional experience).

## Perspectives

In order to achieve well-being in people with dementia and their carers, there is a need to increase knowledge about family carers' use of music and how music therapists may play a role in coordinating and facilitating family and professional carers' use of music

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## **THE DEVELOPMENT OF PERSON ATTUNED MUSICAL INTERACTION (PAMI) FOR PEOPLE WITH DEMENTIA**

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The Person Attuned Musical Interaction (PAMI) manual aims to encourage interdisciplinary skills-sharing and explore how carers may use certain music therapy components when interacting with residents with moderate to severe dementia. Our preliminary results indicate PAMI helps to cultivate reciprocity between a person with dementia and a care home staff.

### **Background**

Despite the progression of dementia, a person's need to relate to another human being remains. The carer's task is to pick up communicative signals from the person and respond back in a way that gives meaning and context (Kitwood & Bredin, 1992). Formal music therapy needs to be provided by trained music therapists (McDermott, Crellin, Ridder, & Orrell, 2013). However, it may be possible to identify and manualise some music therapy components and therapists' expert knowledge that carers can use in daily life to build more attuned, two-way re-

lationships with people with moderate to severe dementia.

### **Methods**

The first phase of this four-year study focused on the development and piloting of the PAMI manual. Following an action research method, interviews and consultations with specialist music therapists were conducted to identify the essential components for enabling attuned musical interaction with a person with dementia. Consultations and workshops with music therapists and care home staff allowed the researchers to develop an in-depth understanding of the key components of interactions with the residents with moderate to severe dementia. In order to understand how a complex intervention (Craig et al., 2013) and music therapy key characteristics (Geretsegger, Holck, & Carpente, 2015) may be integrated in a manualised form in dementia care, a literature review was carried out with focus on manuals regarding relationship for persons with dementia. In addi-

tion, a literature review on person centred care for dementia was conducted to develop a theoretical framework and contextualise the music therapy key components within person centred care. Identified key components formed the basis for developing the pilot PAMI manual. Consensus methods and expert consultations were utilized to refine the pilot manual.

## Results

Shared practice stories gave access to carers and music therapists' implicit tacit sensory, emotional, and bodily experiences of PAMI. Preliminary results suggest the importance of using oneself as an instrument in regulating tension and in attuning to the other person. This has implications for learning models and for how to understand the role of professional caring. The development of the PAMI manual indicates that it is possible to describe and share the core elements of attuned musical interactions that encourage reciprocity between a person with dementia and a care home staff. Further evaluation of PAMI will include descriptions and analysis of interactions followed by refinement of the manual with particular emphasis on carers' learning processes and the practicing of person-attuned care.

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## **DESCRIPTIVE RESEARCH IN MUSIC THERAPY IN SPAIN**

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### **Introduction**

Descriptive research in the field of Music Therapy has contributed to increase knowledge on the status of the profession at different levels. Survey designs have been used as the main method.

### **Method**

The purpose of this research was to provide updated information about the professional situation of music therapy in Spain based on the analysis of descriptive research covering the last three decades. The data included survey studies conducted in Spain and doctoral dissertations.

### **Data collection and analysis**

Specific information was identified and categorized. Five categories were identified for data analysis: (a) music therapy profession, (b) music therapist profile, (c) music therapy clinical practice, (d) music therapy education, and (e) music therapy research.

### **Results**

Seventeen articles were published which covered the five categories identified: (a)

music therapy profession (4), (b) music therapist profile (5), (c) music therapy clinical practice (4), (d) music therapy education (2) and, (e) music therapy research (2).

A total of 20 dissertations were found in the Spanish Dissertations database “TESEO” (1976 -May 2016) which included MUSIC THERAPY in the title. The topics addressed are: (a) music therapy clinical practice with different populations (17), (b) music therapy methods of evaluation (1), (c) music therapy profession (1), and, (d) history of music therapy (1).

### **Conclusion**

This paper examines the contribution of descriptive research within the area of the music therapy profession in Spain.

The results of this study provide a map of the current situation of the profession and give clinicians and researchers valuable information regarding the current status of research activities connected with clinical practice and other professional areas in music therapy in Spain.

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## **IDEAS FOR MUSIC THERAPY INTERVENTIONS BASED ON MINDFULNESS PRINCIPLES**

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### **Introduction**

Mindfulness has enjoyed popularity in last decades, both in common culture and clinical psychology studies. It is a concept that has been derived from Buddhism and claims to raise one's self-control, objectivity, affect tolerance, flexibility, equanimity, concentration, and mental clarity. It also raises emotional intelligence and the ability to relate to others and one's self with kindness, acceptance and compassion (Davis & Hayes, 2012). It has its tools and exercises including meditation and by using these it aims to achieve its goals through sharpening the senses, creating awareness towards one's self thoughts and emotions and showing compassion and acceptance towards own and other people's thoughts and emotions. Research literature also shows at meta-analytical level that mindfulness has become an effective psychotherapy method (Khoury et al., 2013) and is included in both solely mindfulness- based protocols such as Mindfulness Based Cognitive Therapy (Segal, Williams, & Teasdale, 2012) and Mindfulness -based Stress Reduction (Grossman, Niemann, Schmidt, & Walach, 2004) and in other protocols which included mindfulness as a part of them such as Acceptance and Commitment Therapy (Hayes, Strosahl, & Wilson, 1999) and Dialectical Behavior Therapy (Linehan, 1993).

There are also music therapists' attempts to include mindfulness as a concept in their cli-

nical practice. This paper examines these attempts and attempts to share ideas for music therapy interventions based on mindfulness principles with fellow music therapists, while the author carries the hope that they can benefit from mindfulness in their clinical work, inside and outside of the therapy room.

### **Methods**

To get a glimpse of what is being done currently by therapists in this area, the author scans the literature for studies and books connecting mindfulness and music therapy. He is also searching for professional music therapists whose works involve mindfulness practices. Then he interviews these therapists in a semi-structured frame and brings the data together by looking at the most used methods and interventions by these therapists.

The author also shares his ideas and suggestions about possible music therapy interventions and ways of including mindfulness in clinical processes.

In the presentation, after explaining basic principles of mindfulness, music therapy intervention examples are given for these principles. Some of them use receptive techniques, during which the participants can experience these interventions directly, others (active techniques) are being discussed and explained and the chance is offered to par-

ticipants to imagine how they would feel like in that activity.

The presentation also includes short beginning and ending meditations that help the audience to enjoy simple mindfulness experience. These parts do not include music and the aim is to introduce mindfulness to the audience experientially and to create a mindful gathering environment with higher level of presence.

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## **COGAN SYNDROME: IMPROVEMENT OF PSYCHOMOTORIC ASPECTS WITH A MUSIC THERAPY PROGRAMME**

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Cogan's Syndrome or Oculomotor Congenital Apraxia, is a rare disease that affects the eye and alters brain function. It impedes the voluntary horizontal movement of the eyes as well as the capacity to fix the eyesight.

Patients with Cogan's Syndrome can suffer from a diversity of derived alterations. The patient (Mía) suffers from a serious associated disease called Oculomotor Ataxia-Apraxia. It affects the coordination between her eyes and hand movements.

Due to her two-dimensional perception, Mía can play flat instruments without a problem. However, when she plays the piano (a three-dimensional instrument that depends on fine motor skills), confusion stems from the execution and representation of the melodic design. **SEE VIDEO 1A**

Due to the poor capacity to fix her eyesight, Mía presents cephalic movements, such as the tilting of her head, as well as shaking when she moves. **SEE VIDEO 2A**

All these factors cause her frequent pain (especially headaches) and a risk in the development of her self-concept, given that she's very conscious of her difficulties.

Therefore, our principal objective was to improve her visual-motor/visual-spatial coordination, through the act of playing the piano.

Our secondary objectives were to decrease the cephalic movements through the actions of singing and dancing, as well as to reduce her pain and self-concept through music therapy consisting of improvisation, piano playing, singing and dancing.

The study design was a quasi-experimental, quantitative, "before-after", in a place adapted to the programme and the patient's needs. The study was divided into three phases and took place over the course of eight and a half months. Different tests were adapted and used for the evaluation. We measured the variation in the degrees of the cephalic movements with a computer programme, used common pediatric scales to measure the area and level of pain and evaluated her self-concept by analyzing her negative/positive/self-esteem using a non-verbal response. Finally, drawings were selected from the Frostig Test in order to evaluate the visual-motor/visual-spatial coordination. The patient represented the given drawings over the keyboard, with and without visual references.

In the intervention programme, improvisation was made with the piano and small percussive instruments. Piano playing was based on the Frostig test as well as melodies that were chosen by Mía. Pre-recorded music was used for the dancing choreography and singing was accompanied by the music therapist piano playing. **SEE VIDEO 3A**

## **Results**

An improvement in the degrees of the cephalic movements; however not sufficient to surpass the assigned levels. In 10 sessions, we saw improvements in the areas of pain, and two occasions where the level of pain did not decrease. Between sessions 1 and 10, we saw an improvement in the three parameters of the self concept (self esteem was the most favorable). Through the use of references for the visual-motor/visual-spatial coordination, we can conclude that before the use of music therapy, the patient had greater visual-spatial difficulties. However, after the execution through the referencing, this was the factor that saw the greatest proportional improvement. Without references, the visuo-motor/visual-spatial coordination posed a great difficulty (before the use of music therapy). They both improved considerably after the use of music therapy (especially the visual-motor coordination).

We confirm that this music therapy programme provides benefits on the Ataxia-

Apraxia of Cogan's Syndrome. In this case, the piano served as an efficient instrument to improve the patient's fine psychomotor skills.

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## **THE AQR-TOOL – ASSESSMENT OF THE QUALITY OF RELATIONSHIP – THEORY AND APPLICATION**

*Karin Schumacher*

Music Therapy with Children on the autistic spectrum  
Development of the AQR-Tool, Germany

*Sonoko Suzuki-Kupski*

Music Therapy in Neurological Rehabilitation

*Gerhard Kupski*

Music Therapy with Borderline Patients

### **Abstract**

The AQR-Tool is a tool to evaluate the Assessment of the Quality of Relationship in Music Therapy. It is based on findings of developmental psychology and attachment theory and can be illustrated by videotaped scenes. Techniques of intervention in work with patients with impaired dialogue ability will be discussed.

### **Description**

The AQR-Tool has been developed in music therapy with children on the autistic spectrum and facilitates the assessment of the quality of relationship. Developmental psychological knowledge, especially infant research, forms the theoretical basis.

The “AQR-Tool” focuses on how the relationship of oneself (body and voice), to objects such as musical instruments and to the music therapist is accepted by children with profound developmental disorders. It was developed by the music therapist Karin Schumacher and the developmental psychologist

Claudine Calvet. The examination of the concept of development, as formulated by the infancy researcher Daniel Stern (Stern 2000), initially led to interpreting the clinical picture of autism from the point of view of infancy and attachment theorists. The development of socio-emotional skills, as described by Stern, builds the theoretical basis for the “AQR-Tool”.

The “AQR-Tool” contains four scales. Every scale differentiates between seven so-called “modi” which follow the logic of normal development. Three scales have their focus on the patient and describe the patient’s instrumental expression, the vocal-pre-speech expression and the physical-emotional expression. The fourth scale focuses on the music therapist and his or her intervention. The “AQR-Tool” can be applied to confirm the qualities in a relationship (diagnostic) as well as the presentation of a course of therapy (evaluation). It can indicate whether the therapist offers an intervention appropriate to the patient’s state of development (method) and helps to work out an appropriate strategy for the therapy (prognosis).

During the last few years this tool has been transferred to various fields of application. This is exemplified by the work of S. Suzuki-Kupski (aphasic clients/neurological rehabilitation) and G. Kupski (borderline clients/psychotherapy).

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### **About the Authors**

**Prof. Dr. Karin Schumacher**, University of the Arts Berlin/ (Germany), developed the AQR-Tool from long-term experience and research on music therapy with autistic children and is still working as supervisor, researcher and lecturer all around the world.  
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**Sonoko Suzuki-Kupski** has been working in neurological rehabilitation as a music therapist (NRMT) since 1995 and is certified to use the ARQ-Tool.

**Gerhard Kupski** has been working with borderline patients as a music therapist (NRMT) since 1999 and is certified to use the AQR-Tool.

## **PREMATURE FAMILY MUSIC THERAPY INTERVENTION (PFMI): A PROTOCOL TO SUPPORT PARENTING, ATTACHMENT BOND AND PRETERM DEVELOPMENT**

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Hospital “Filippo del Ponte” NICU, Italy

### **Introduction**

The birth of a very premature infant is a critical event in the life of a family and has a traumatic impact on infants and their parents for emotional, social, health and economic status reasons. In recent years several initiatives were made in the NICU: from family focused interventions to different music therapeutic techniques. Since 2013 at “F. Del Ponte Hospital” in Varese, Italy, we have been structuring an integrated psychological and music therapeutic Italian protocol, PFMI. Our goal is to support the preemies’ neurobehavioral development, improve the wellbeing of caregivers, support their relationship and promote sound ecology. The music therapy activities engage both the parent and the infant reciprocally in physical, sensory, and emotional experiences and become a support during hospitalization and after discharge. The methodologies that we have used provide early intervention from the first days of hospitalization in NICU and make use of music therapy sessions: live (parental song, lullaby, live music) and recorded (listening to recorded parental songs and music tracks). These techniques are used either individually or together, depending on the stability of the newborn and the objectives set. This stimulates parents to take an active role in the son’s care and treatment and allows the baby to find the affectivity and the bon-

ding experience interrupted by premature birth. The music therapy sessions take place three times a week with preemies and caregivers and they consists of several phases. The first phase (when preemies are in an incubator) consists of singing lullabies or “children’s songs” with the parents or new songs. The parents’ singing voices are recorded to an mp3. When parents are not in NICU we administer parents’ songs through speakers in combinations to Classic Music or music listened during pregnancy. When parents are near the incubator (or in Kangaroo therapy) they are encouraged to sing live the lullaby through the portholes of the opened incubator or during skin-to-skin contact. The music therapist helps parents to sing in the event of emotional difficulty, gives them an adequate vocal technique, and teaches them how to use song-writing for personal lullabies. The second phase begins when the baby has achieved a good degree of stability. The newborn, through combination of different music (relaxing or activating effect), and singing mother (live or recording) is stimulated to develop nutritive sucking, solace, and interactive attention towards their parents. In addition to live music, lullaby, mp3 speakers, we used the PAL device for the nutritive sucking. In the third phase, before discharging, the administration of music becomes predominantly live with the parent’s voice accompanied by instruments played

by the music therapist (ukulele, ocean drum, gatobox, kalimba). In the last phase (after discharging) the newborn and their parents are directed to music therapy in group and in water (pool).

The effectiveness of this protocol was evaluated by a randomized study conducted from 1st May 2014 to October 2016. To estimate the beneficial effects of treatment in the short and long-term we considered several parameters: clinical course, hrv analysis, general movements, oxygen's saturation, stress level of the parent and of the child, neuro-behavioral, neurological development of the premature baby and the relationship with his parents. The target population was made of 140 preterm infants (male and female) and their parents. All infants were born under 32 GA (between 23-32 weeks' gestational age) and/or weighed under 1500 g at birth and began participation in the study within two weeks after birth and after clinical evaluation. First results show a positive trend regarding the beneficial influence of music therapy on outcomes in the short and long term of treatment.

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## **LEARNING FROM SERVICE EVALUATION: IDENTIFYING ‘IMPACT AREAS’ OF MUSIC THERAPY SERVICES**

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### **Introduction**

In recent years, there has been an increased demand for evaluating music therapy services not only within large service providers, but also as a professional requirement for individual music therapists.

Typically, service evaluations are associated with pragmatic functions (including service review, development, and funding) and their outcomes often remain unpublished, internal organizational reports. In addition, service evaluation outcomes are not widely considered within the research communities, perhaps in part because of their context-specificity (Tsiris, Spiro & Pavlicevic, 2015).

Given the amount and kinds of information collected in such service evaluation projects from practitioners, service-users and those around them, such projects constitute a hidden treasure trove of information particularly about the perceived impact of music therapy services.

### **Learning from service evaluation**

In an attempt to gain further knowledge from service evaluation, we carried out a review

project. Drawing from work at Nordoff Robbins England and Wales (see also Tsiris, Spiro & Pavlicevic, 2017), this review included: (a) retrospective analysis of 27 evaluation reports of music therapy services provided in diverse settings and with a range of client groups, and (b) an online survey of music therapists who co-led these evaluation projects. Data was analyzed using descriptive statistics and coding.

The reports that were included in this review shared an evaluative approach that considers the potential impact of music therapy not only on clients (service-users), but also on their families, carers, staff and the whole worksite (Tsiris, Pavlicevic & Farrant, 2014). This approach is in line with socio-cultural epistemologies underpinning contemporary music therapy practices (Pavlicevic et al., 2015; Procter, 2013).

### **Identifying ‘impact areas’**

Through exploration of patterns and potential commonalities across the different evaluation reports, this review revealed a number of ‘impact areas’ of music therapy services. These refer to perceived impact areas that music therapy is reported to have (in varying degrees) across different settings

and client groups. Areas of impact, in line with the evaluative approach, related to four groups: service-users, families, carers and friends, staff, and the organization as a whole.

### **Implications**

The findings show that service evaluation, and the identified 'impact areas', can contribute to practice, assessment and research initiatives (Spiro & Tsiris, 2016; Tsiris, Spiro & Pavlicevic, 2017). The context-sensitive nature of such evaluations enables the identification of areas of impact that can feed back into practice and also generate research questions. While acknowledging its limitations, we consider what service evaluation can offer and how it can be re-positioned in relation to the broader knowledge base in music therapy.

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## **GROUP MUSIC THERAPY IN THE TREATMENT OF EATING DISORDERS**

*Ingvild Stene*

Norwegian Academy of Music, Norway

### **Abstract**

This presentation addresses a PhD study with people suffering from an eating disorder. The research embeds a pilot and a follow up based on semi-structured interviews, tests, and observations. The presentation discusses how group music therapy and receptive music therapeutic approaches can support emotional knowledge and mentalization in eating disorders.

### **Description**

This paper presents a PhD study with people suffering from an eating disorder. Eating disorders are psychiatric conditions in which medical complications are common. Despite their prevalence and the devastating effects on those who suffer from them, there is still no clear consensus on how to best understand and treat these multifaceted conditions.

The present study includes semi-structured interviews, tests, and participatory observations. The main objective is to investigate how five female adults experience receptive music therapy approaches in 11 group ses-

sions. The researcher is also the music therapist in the group sessions, working with a clinical psychologist. The receptive approach in the study is an exploratory one, which embraces music examples brought forward by the group members. The music listening excerpts which are chosen by the music therapist, are inspired by the method Guided Imagery and Music (GIM).

This presentation suggests some results from the study, and discusses the clients' experiences, which also includes, how music affects their bodily experiences and their emotional states of being. Examples from these experiences elaborate *as emotional knowledge development in the group music therapy*. Positive and negative experiences of the body are discussed within a mentalization-based framework.

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## **GROUP MUSIC THERAPY INTERVENTIONS TO ENHANCE MENTALIZATION**

*Gitta Strehlow*

University of Music and Theatre Hamburg, Institute for Music Therapy, Germany

The concept of mentalization has changed a lot over the past decade. Originally developed in the mid-nineties by Peter Fonagy and his colleagues in England, the term mentalization is nowadays well known and the concept of mentalization is used in many countries all over the world.

Mentalizing – seeing ourselves from the outside and others from the inside – develops within the context of attachment relationships. The most recent enhancement focuses on group therapy and the theory of epistemic trust (Bateman & Fonagy, 2016).

For the past ten years, music therapists from different countries (e.g. Belgium, Denmark, Germany, UK) have been working successfully with the concept of mentalization (Hannibal, 2014; Strehlow, 2013; Strehlow & Lindner, 2016). Patients and therapists are interpreting their way of playing music, the moods and wishes of self, others and the relationships between the players. Fonagy's interventions focus on explicit mentalization. Music therapists deal with implicit (automatic) and explicit (controlled) mentalization during and after playing or listening to music. The capacity to mentalize depends on the level of stress, therefore music therapy interventions should be carefully matched to the arousal level.

This paper will give an update on music therapy publications and conferences regarding

mentalizing and music therapy. The first conference about the Art of Mentalizing was held in New York (2016) and showed how the therapeutic dialogue through art, music and dance can enhance the mentalization capacity.

This paper will demonstrate one of the core interventions “mentalizing the affect” in group music therapy. Other interventions to stimulate the implicit and explicit mentalization capacity in group music therapy will also be shown.

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## **FROM COMMUNITY MUSIC THERAPY TO PEACE**

*Enrica Tifatino*

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### **Abstract**

There is a long tradition of Music Therapy (MT) as an auxiliary tool of medicine. There is a tradition about the clinical application to intervene in specifics diseases or specific groups. Music therapy is a field still open to research and further input regarding prevention. The field is vast and fertile that unfolds a series of infinite possibilities in application areas. It's necessary to broaden the interpretation and use of Community and Preventive Music Therapy, from considering it not only a tool to promote individual welfare within society but also a potential vehicle to support peace and social justice.

This work is to be a review of various studies reported in recent years in various publications and congress that refer to two intertwined aspects: On one hand the benefits of music therapy in preventive and community level, considering the individual and social. On the other, the possibility of a culture of peace through Music Therapy

### **Introduction**

We live in a time particular of instability, and politic, economic, and social development. Violence and conflict are the consequences of such instability. The interest in this area is linked to a constant search to find a possible solution to resolve the situation. The world needs peace and a just society. We should not accept and see the pain and suffering of in-

nocent people, when the world is desperately shouting this necessity of peace. From this concern, this research has developed and is aimed to gather evidence that confirmed the hypothesis that Community Music Therapy can be used to promote a culture of peace.

### **Methodology**

The methodology used for this work includes a comparative analysis, organizing and reviewing the material within the bibliography found, for a final analysis and discussion. The research is qualitative and descriptive, rather than quantitative. Therefore the results are described in relation to each theme so that there is a greater understanding of them. A systematic review of the literature published to date is carried out.

### **Results**

The most important outcome of each program or project is to have discovered a way to help victims of violence, to allow the integration of all members in a community, to educate for peace and to foster nonviolent attitudes. Using music therapy at a community level allows not only reaching large groups of people, but also achieves objectives that include the physical-mental-psychological health of each member of the communities. Although with sometimes different approaches, it can be confirmed that the objectives and goals of each intervention are very similar to each other and direc-

ted towards Social Welfare. In evaluating the results presented by the articles and projects, all the works are directed and oriented towards the resolution of the conflicts and suggest recommendations for the future work of music therapy in this context.

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## **A MUSIC THERAPY PROTOCOL FOR ADOLESCENTS SUFFERING FROM CHRONIC FATIGUE SYNDROME**

*Gro Trondalen*

Norwegian Academy of Music, Norway

*Julie Mangersnes*

Akershus University Hospital, Norway

### **Introduction**

This presentation addresses the music therapy treatment protocol within the ongoing research project "Chronic fatigue following acute Epstein-Barr virus infection in adolescents" (CEBA): a randomized controlled trial. The research study is a combined prospective and cross-sectional study of 25 adolescents (12-20 years) suffering from acute EBV infections and 25 healthy controls of similar age- and gender distribution (50 in total). To our knowledge, there is no study or protocol identical to the present one.

### **CFS/ME – a major cause of adolescent disability with unknown patho-physiology**

Chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME) is characterized by unexplained, long-lasting, disabling fatigue and exertion intolerance, accompanied by pain, cognitive impairments, orthostatic problems, sleep difficulties and other symptoms (Royal College of Paediatrics and Child Health, 2004). CFS/ME is a major cause of disability among adolescents, and may have detrimental effects on psychosocial and academic development, as well as family functioning (Wyller, Reme & Mollnes, 2015). Adolescent CFS/ME prevalence is estimated at 0.1 % to 1.0 % (Nijhof et al., 2011). Treatment options are limited.

### **The music therapy protocol**

The music therapy protocol is an integrated part of this project, where youths developing CFS/ME are offered a combination of music therapy and cognitive behavioral therapy (CPT). The treatment program consists of 10 sessions of 90 minutes' duration, over a period of 10 weeks. The music therapy interventions include receptive music therapy focusing on the development of personal play lists, to be used in the everyday life of the client, and music listening including relaxation procedures. Other music therapy interventions in the individual music therapy session can be music improvisation on a variety of instruments, in addition to songwriting, rooted in themes brought forward by the client in the session. The music therapy protocol is developed in order to support the general aim of the study that is to investigate the effect of an individually tailored training program in adolescents developing CFS/ME after an acute EBV infection.

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## **RAP & SING MUSIC THERAPY APPLICATIONS ENHANCE EMOTION REGULATION OF ADOLESCENTS IN SCHOOLSETTING**

*Sylka Uhlig, PhD*

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### **Abstract**

Music as an effective self-regulative tool for emotions and behavioural adaptation for adolescents, can enhance the development of emotion related skills when applied as music therapeutic school intervention. The purpose of this study was the assessment of the applied Rap & Sing Music Therapy to strengthen self-perception and -description as well as self-esteem by the development of self-regulative skills for modulation of positive and negative feelings in a non-clinical, school-based program.

### **Method**

Boys and girls, ages between 8-12, participated in the project with their own class during regular school hours. No adolescent was excluded, no pre-screening for special needs conditions was applied. Adolescents with and without behavior and/or developmental delays were included in the same study condition. Control groups were informed about their control status, their exclusion from music data and their postponed Rap&SingMT sessions. One hundred and ninety adolescents of grade 8 of a public school in the Netherlands, were randomly assigned to an experimental group who received Rap&SingMT, and a control group who received regular classes. Both interventions were applied to 6 classes once a week during 4 months. Measurements took place at base-

line, and again after 4 months without interventions.

### **Results**

Primary outcome data (n=98), include measures of psychological well-being of adolescents, about self-description, emotion regulation and self-esteem. Significant difference between groups was shown, and indicated a stabilized Rap&SingMT group, in opposite to increased problems in control group ( $p=.001$ ;  $np^2=.132$ ). Rap&SingMT yielded significant improvements on measures of 'emotional symptoms' and 'hyperactivity/inattention' items on SDQ teacher, and on DERS subscale of 'difficulty engaging in goal-directed behavior when distressed'. No other applied measures showed significant outcomes. However, there seems to be an overall benefit of Rap&SingMT, indicated by its significant declined problem score of all measures, as opposed to the control group.

### **Discussion**

Our findings point to links with studies for emotional and motivational engagement, as Rap&SingMT provided group collaboration by identifying sensitive personal and peer themes in a safe music therapeutic environment, to enhance skills for well-being in adolescence. For long-term emotional and behavioral adaptation processes, interventions and assessments might need to cover longer

periods of time, and to repeat interventions for at least 9 or 12 months, e.g. to reduce specific problems (Stockings et al., 2016). The short Rap&SingMT cycles of 45 minutes once a week during 4 months without spare time, showed interference with school schedules which limited numbers of sessions from 16 to 13. Further concerns about collected data, which consisted of subjective experiences and personal reflections of Rap&SingMT participants recorded by interviews, revealed that adolescents were unable or unwilling to translate their 'lived music experiences' into words. Musical emotions seem not directly translatable into words (Aljanaki, Wiering, & Veltkamp, 2016), an often discussed theme, is especially true for pre-verbal experiences during 'flow' moments in music.

### **Conclusion**

The significant results of this study contribute to the empowerment for rap applications in music therapy. Linking rap's authentic vocal and cultural messages with health and wellbeing, addressing personal, serious and uncomfortable themes, the development of emotion related skills in schools can be enhanced, likewise other settings (HIP HOP PSYCH', 2014; Uhlig, Dimitriadis, Hakvoort, & Scherder, 2016; Viega, 2015).

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## **VOICEWORK – TRANSCENDING SOCIETIES, GENERATIONS, CONTINENTS- VOCAL SENSITIVITY AND DIVERSITY, ESSENTIAL FOR MUSIC THERAPY**

*Sylka Uhlig*

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Vocalizations and singing are used in all human societies, generation and continents, and present a broad diversity of human expression and communication patterns. Vocal sounds of clinical and non-clinical populations influence us - and our emotions individually, socially and culturally - offer treasures of information. Vocal sounds seem to be related more to biology than to culture, like the natural authentic expressions of emotions, an innate program of physiological changes which are associated with emotional reactions - like in situations of pain, sorrow or pleasure (Juslin & Timmers, 2011). These vocal sounds are acoustic symbols of collective values (Uhlig, 2006). For that reason, through the voice, vocalizing and singing define human attributes and transcend cultures and generations - as they both are used in all societies (Peretz, 2009).

Vocal emotional expression and vocal communication perform the exchange of emotions, feelings and attachment values like the bonding relationship between humans, developed through fine-tuned exchange of musical/vocal qualities. Vocal sounds as protection and warning system for fear and danger, support feelings of safety and develop trust for survival and cooperation as well as for healthy attachment ties (Koelsch et al., 2011; Malloch & Trevarthen, 2009). Archaeological research revealed that singing toge-

ther, whereby one changes melody/melodic line, rhythm or dynamics, is a way of testing whether others will follow or not. Therefore, the development of trust for protection and survival through singing are evolutionary needs. Voice research presents fascinating results about humans, which are valuable for daily life as well as for therapy. For example, performed research about the pitch of the voice of politicians, found that pitch is related to the assumed capacity of leadership: "Sounds Like a Winner: Voice Pitch Influences Perception of Leadership Capacity in Both Men and Women. Male and female leaders with lower voices get selected (Klofstad et al. (2012))!

Clinical research about voices does not present less fascinating results, like a study which analyzed intonation, rhythm and pitch of doctors (surgeons) voices to detect malpractice processes. This study discovered that not all surgeons are sued after malpractice, but it depends on their voices: "If a surgeon's voice was judged to sound dominant, the surgeon tended to be in the sued group. If the voice sounded less dominant and more concerned, the surgeon tended to be in the non-sued group" (Ambady et al., 2002). Another clinical example is presented about a client's experience of music therapy during his coma condition): "The music was exquisite. The first time I didn't recognize it

as a voice, but as some kind of medieval wind instrument. But the second time I knew it was a voice, that there was a person there, there was someone who didn't want to kill me" (Gustorff & Hannich, 2000).

The important role of the voice in therapy - as it is practiced in music therapy and described by Baker & Uhlig (2011), requires awareness and vocal training for therapists: Voicework from birth to death, the anatomy and function of human voice, its sensitivity and evolutionary connotation presents research of different disciplines and defines the specificity of the voice as human instrument. A large diversity of perception and interpretation of human voices as well as approaches to therapeutic voice work are demonstrated – a comparative analysis. An overview about these subjects gives information for basic and professional use, and offers an invitation for awareness for the development of vocal interventions and dialogues in music therapy.

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## **COMPOSE ONESELF TO COMPOSE COLLECTIVE SONGWRITING WORKSHOP – TO TREAT PSYCHIATRIC ILLNESSES IN BOTH ADULT AND ADOLESCENTS**

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This workshop concerns a music therapy technique, termed collective songwriting, experimented by me for many years now in mental health settings, to treat psychiatric illnesses including psychosis and autism in both adults and adolescents. The objectives of the experience are: to promote personal redefinition through the discovery of resources that become skills, to perceive themselves as an author, to realize songs as communication tools with the external world. Collective songwriting is an articulated process whereby the music and lyrics produced by patients will help with teasing out their healthy parts which are stuck and not easily accessible. It is a space to discover how the authentic communication through music contains vital, powerful and liberating elements of poetry. "It is a work about something or someone inside us that wants desperately to be". (Marina Ivanovna Cvetaeva). It's organized in a structured setting in which a group of twenty observers is arranged in a circle around a circle of the ten composers. The process starts with the composing of music in which the music therapist departs from the melodic cells, which emerged during the free vocal improvisation of the group, then condenses, connects and composes a piece of music with the group. Hence we can go to the second step of the process, by an active imagination production

in which raw material emerges, so we begin to define images, characters, stories and themes, to reach a rich and full description of what happens, considering the sounds of the composed music as a guide. In this phase, it is very important to safeguard as much as possible the nature of what has been expressed, working for the recovery of the words, grabbing as much communication as you can, "accept it as it sounds, without translating or interpreting, it should be a delicate fermentation" (Rainer Maria Rilke). This is the lyrical elaboration phase: one reads and rereads, aloud with the group, you move from element to element, from expression to expression, from image to image, letting representations grow gradually. We are creating personifications and trying to establish an inner conversation with them. In these moments, evocative language prevails, the language of poetry, not denotative and that remains open to different possibilities. The images may resound in us and speak to us. You can discover that these words and images have an order and a brightness. It's another condensation process in which characters, figures, personification, personified figures, find a form. You can also discover a double-movement: while you work on the figures, the figures work on you, creating tensions, announcements and revelations. Staying in the middle of the ex-

perience is central, suffering together during the creation of the song, also remaining in the cloud of unknowing, helping participants to find and articulate their own linguistic world. In some participants, you can disclose what Hillman called the poetic basis of mind, which corresponds to the psyche's natural way of speaking which is a direct result of non-conceptual thinking. Following this step, which leads to the articulation of the verse, we can choose the title, another part of the elaboration process in which we reflect on every element of the song which is then recorded and a home-made video clip, with drawings made by participants, produced and presented to the community through the Internet or public events. After the explanation of these steps, the workshop ends with a guided discussion between the participants. Finally, conclusions are drawn which further underline the objectives and benefits of the process in the light of the experience and suggestions which emerged during the discussion.

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## **SINGING IN A FOREST SOUND BATH – SHINRIN YOKU FROM A MUSIC THERAPY PERSPECTIVE**

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Some of the most interesting evidence of nature's health benefits revolve around the popular Japanese practice of "Shinrin Yoku", an activity, which involves spending time in natural surroundings. This case study concerns a form of experimental music therapy, set in a forest, for the treatment of groups of up to 10 adults with a variety of psychiatric diseases. The therapeutic activity requires being in contact with the generative power of the wood's natural elements, coupled with a form music therapy. After a short walk carrying portable stools, the group arrives in the wood. Arranged in a circle, the group members sit on their stools, hold hands with the person sitting next to them, and close their eyes, listening to the high-fidelity soundscape around them. Then, using the technique of free vocal improvisation, they begin to sing together without overwhelming the external sounds of nature: first producing quiet, long tones of varying pitch which, gathering and synchronizing by the rules of harmony, will become the first chords and then organized music. On the way to this temporary organized musical state, one might feel a state of elevation, an "electro-emotive" force, until perceiving, through "let yourself go" sound production, a profound sense of relaxation.

The participants' search for deep, intense communication with themselves and the surrounding natural elements puts them into a state of meditation connected with, and

immersed in, the emotional process of discovery and a personal process of redefinition. Like an experienced driver, the music therapist uses appropriate changes of his vocal tone to tune the group's cycles of energy oscillations, putting them in phase with one another, and ensuring that the energy level, from chaotic and excess, is governed and decreased. This 'fulcrum sound' may be the root of a chord that harmonizes emerged intervals, or the note which determines the major or the minor mode, or simply a pedal note which supports the cloud of sounds that gradually emerges and leads to order. Through the technique of free vocal improvisation and the subsequent research-phase mechanism, the sounds of the forest and singers correlate and resonate with each other with the same beat and intensity, resulting in a cross-coherent system that determines heart rate variability and respiratory rhythms. In the transitional phase, we can observe and verify the entrainment phenomenon called 'dragging', a biomusicology phenomenon related to a body's perceived synchronization with external rhythm. Joseph Giordania defines entrainment as the human ability to be dragged. This capacity occurs with the achievement of specific altered states of consciousness – states in which you lose your individuality, do not feel fear and pain, engage in a collective identity, and actions are produced in the interest of the group. When this attunement takes place, the system

goes into a coherent state. Singing in a forest also means feeling and listening to what is around us, integrating oneself with an articulate soundscape. It creates an 'intuitive system' allowing for self-investigation and self-knowledge, a shared experience with very high emotional intensity that can produce profound changes in consciousness. Once again, music acts as an awareness space that releases internal tensions and attempts to harmonize deep parts of the psyche, not in an enclosed institutional space, but instead bathing in the natural sounds of the forest, in a fresh and unknown dimension of play and fun. The singers exit from themselves, the habitual "I", and enter into a freer and more creative potential key size, re-contacting vital parts of themselves probably buried and hidden, parts which had perhaps even given up. At every meeting, directly after the improvisation, there is a discussion about the experience in which the music therapist takes note of literally every communication between the participants. An audio recording of the session is used as an additional analytical tool for quarterly clinical interview.

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## **UNDERSTANDING OUR REFUGEE CLIENTS: EXPLORING POLITICAL, CULTURAL AND SOCIAL CONTEXTS**

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### **Abstract**

According to UNHCR (United Nations High Commissioner for Refugees, 2016), there are an estimated 65.3 million forcibly displaced people worldwide. This figure accounts for persons who are forced to flee home due to social and political insecurity, conflict or environmental disaster. Many migrate within their nation's borders, while others traverse borders to claim asylum through international refugee protection laws in order to obtain security, wellbeing, and belonging. Naturally, music therapists are increasingly encountering this client population in a variety of settings, as can be evidenced in the surge of relevant music therapy literature in the past decade. While the available literature succeeds in providing insight into case-specific therapy, very few attempt to identify the unique dominant traits of the refugee experience, nor do they recognize the existence of an emerging client population deserving of analysis.

This paper was written in the aim to identify, in relation to music therapy, the multi-dimensional experiences of a refugee or forced migrant as they navigate through the phases of pre-flight, flight, temporary-settlement, and settlement. These phases are marked both temporally and geographically, and require a persistent creativity to transcend previous and current negative expe-

riences, to re-make or re-create home and a sense of belonging. While it may be assumed that the pre-flight/ conflict phase is the most traumatic or life-changing event, it has been found that most refugees experience greater trauma during the temporary-settlement and settlement phase in a new country as they navigate political and cultural processes, often having to struggle for basic human rights and their right to remain in the receiving country (Harris, 2003). Hostile and restrictive immigration policies in so-called 'safe' countries often create very unstable environments for asylum-seekers and refugees, as the means of survival or even their existence is criminalized. The general 'politicization of the individual' in all phases is fundamental to the refugee experience and alludes to the complexity of the interrelating contexts wherein the person becomes a refugee. In order to explore the plurality of the political, cultural, interpersonal, and intrapsychic dimensions, the author assumes a culture-centered approach aided by Bronfenbrenner's ecological systems theory which posits that "an individual is influenced and develops in relation to changing or interacting properties in his/her immediate environment, from levels of interpersonal relationships to community to society (p. 21). The ecological model can provide the framework with which to map the interacting contexts which impact the wellbeing of a refugee client, from the political to the intra-

personal. Ecological model has previously been recognized as a useful tool for locating the agency of the client, therapist and the music within the relational processes between contexts in community and culture-centered music therapy (Stige, 2002). Plural identities can further be analyzed through the feminist theory of intersectionality which posits that by locating multiple social identities (such as gender, class, race, and disability) with a socio-historical perspective, a picture can emerge which illuminates areas of 'constrained or productive power' (Crenshaw, 1991). Intersectional analysis also offers rare insight into the power dynamics which occur within a multi-cultural therapeutic setting, as the therapist can inherently act as a representation of the institution and culture of the prevailing system, against which the refugee client is often struggling. It is suggested that by locating the refugee and therapist in their multiple contexts, a picture of intersecting oppressed social identities and power relations can emerge and guide the therapeutic process of assessment and design.

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## **THE DEVELOPMENT OF CREATIVE THERAPY-BASED PLAY GROUPS FOR PRE-SCHOOL CHILDREN AND PARENTS IN INNER CITY LONDON**

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*Claire Everest*  
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### **Context**

Having established a flexible method of working in children's centres in London, Katherine realised there was a huge need for therapeutic work within this area. Parental depression and its impact on attachment was particularly prevalent. In March 2015 many state-run children's centres (including two where Katherine worked) were closed, due to government changes. There was a general move toward fewer, more specialised services.

In the creative therapy department at Coram, there has been an increase in referrals to music and art therapy for children who present with attachment disorders. The need for early intervention alongside parents and children is therefore increasingly evident in this work.

### **How the groups work**

Claire and Katherine launched the Under 5's Creative Groups at Coram in May 2016. Parents, children, therapists and early years staff come together for two hours a week and participate in child-led creative activities. Parents and children attend the groups

through agency or self-referrals. Referral reasons can include: social, emotional and behavioural concerns; parent isolation; attachment difficulties; specific diagnoses such as Autism. Many families have additional needs such as overcrowded living conditions; single parenting; siblings with Autism etc.

These inclusive groups focus on nurturing early attachments and provide a space for children to develop communication in a therapeutic environment. Parents can gain advice and support from staff and each other as needed: The closed nature of the group means that stronger support-networks are formed amongst parents. This also means children who may find relating difficult, are able to progress within the predictable membership and format of the groups.

### **Modelling a child-led approach**

By participating in the groups parents and children build trust and understanding of the music and art therapists' techniques in a non-threatening setting. Secure attachments are fostered between parents and children through the use of modelling by staff, using motivating media.

Parents are also able to attend a taster session of music therapy with the therapist and their child in a separate therapy room during the main group session. Here, child-led techniques are modelled by the therapist in a nurturing way and parents are given ideas of how to continue these at home.

Each group ends with a singing session: here children can develop their communication and relating skills in the familiar group setting with motivating, musical activities adapted to meet the needs of the families.



Staff can identify families who may benefit from further therapeutic intervention and therapy sessions can be arranged outside of the groups. Onward referrals have included a non-verbal three year old and his mother attending music therapy sessions: his mother was supported in getting music therapy

included as part of her son's Education & Health Care Plan. Crucially this intervention gave his mother something positive at a difficult time. Video feedback was used to show his mother and new teacher how the sessions impacted positively on his relating and communicating whilst providing an outlet for non-verbal emotional expression.

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## **MIX & MATCH INTEGRATING MUSIC TECHNOLOGY SKILLS IN PROFESSIONAL MUSIC THERAPY TRAINING**

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### **Introduction**

Although literature does refer to the importance of educating music therapists to meet 21st-century skills in music technology (Crowe & Rio, 2004; Hahna et al., 2012; Magee, 2014; Nagler, 2011), best practices in professional training to achieve these skills are lacking. Separate courses in music technology provide students with specific skills, but teachers should help them integrate these into clinical work to meet the clients' needs. Education should therefore focus on training music therapy teachers in such a way that it allows their clinical expertise to become available in order to integrate the theory and practice of meaningful use of music technology in daily practice.

### **Method**

Design-based research offered the opportunity to find out how theory and daily practice could be combined.

The case study in this research focuses on music therapy teachers applying and integrating music technology in methodology and practice classes, using case-based learning and clinical reasoning as a case method.

As a follow-up, a 3-phase training has been

developed and experienced, in which teachers as well as students learned collaboratively how to integrate existing music technology in a meaningful way into their professional skills.

Phase 1: instruction (modelling, microteaching).

Phase 2: practising in authentic context (coaching).

Phase 3: reflection-on-action (team-learning).

Instruments used for evaluation include pre-test/post-test questionnaires, observations, coded reflections (axial/ selective) and semi-structured group interviews.

### **Results**

Music technology should be integrated into the professional music therapy education by using case-based learning and clinical reasoning, simulation (modelling) and coaching (Joyce & Showers, 2002) to provide music therapists with the necessary skills and confidence regarding the specific use of music technology in daily practice.

Educational media have been developed as part of the training programme (video case studies, instruction videos, music technology game, instructional guidelines for teachers).

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## **ADOE-AN INTERCULTURAL WORKGROUP ON MUSIC THERAPY**

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### **Abstract**

ADOE, Asian-German-Austrian Workgroup on Music Therapy meets every year in Berlin or Hamburg, Germany, to discuss intercultural questions concerning music therapy. Which cultural similarities and differences can we find between music therapists from Asia and Europe. Methodical as well as terminological questions are looked at from different cultural perspectives.

### **Establishing a workgroup**

On the occasion of professional journeys to Asian countries, and the support of students from Asia in German and Austrian music therapy training programs the professors Karin Schumacher and Eckhard Weymann became interested in intercultural topics concerning the profession. As participants of the WFMT-Congress in Seoul, South Korea in 2011 they conceived the idea to establish the workgroup ADOE. Together with colleagues, music therapists and students, from Japan, Korea, China, Thailand and from European Countries the group discusses questions relevant to studying, practicing and researching music therapy.

### **Intercultural challenges**

The topics of the annual meetings of the group are (amongst others): possibilities of

mediating and adapting music therapy styles from middle Europe, e.g. psychodynamic-developmental approaches, to Asian cultures; terminology: translation of important terms; cultural backgrounds: religion, history, ways of life, traditions of dealing with health, illness and death; institutions for education and public health; questions concerning the development of music therapy as a profession in different countries and cultures.

### **Invitation to a roundtable discussion**

The group presents some results and invites interested participants to a discussion.

Topics include; transcultural challenges of Asian students in Europe, new perspectives on professional identities of music therapists, possibilities for mutual learning with regard to cultural diversity.

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## **MUSIC THERAPISTS IN ISRAEL: THEIR CLINICAL AND THEORETICAL ORIENTATION**

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### **Background**

Since the early 1980s, when the first music therapy training programs in Israel were founded, music therapy in this country has developed tremendously and includes approximately 700 music therapists (MTs) working in an ever-growing number of educational, medical, and mental health institutions.

### **Objective**

In this presentation, findings from a study on MTs in Israel, their fields of interest and their clinical and theoretical orientation will be presented. In particular, differences between the more and less experienced MTs will be explored.

### **Method**

107 MTs answered an internet survey examining (1) the instruments and the techniques they use; (2) the populations they treat; and (3) their theoretical orientation.

### **Results**

There are significant differences between

more and less experienced MTs in almost all fields of inquiry. Generally, most of the less experienced MTs were open to more techniques, were proficient with more instruments, and uses more music in their work.

### **Conclusion**

The results of this study enable a broad perspective on the progress of music therapy in Israel which is of great importance to us as heads of music therapy programs. Such information can be important to MTs from other countries as well. We will use the multinational forum of the MTs attending our presentation to promote a wider dialogue regarding developments in music therapy, and possible "generation" differences in other countries.

**Key words:** Music therapy, professional identity, clinical orientation, professional changes and advances.

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## **SOFTWARE BASED AND AUTOMATIZED MICROANALYSIS IN MUSIC THERAPY ASSESSMENT FOR CLINICAL PRACTICE**

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Microanalysis in music therapy focused in the very beginning in research of micro-processes in clinical practice of music therapy (Wosch, Wigram, 2007). In a very small number first tool of music therapy assessment for clinical practice was included (Wigram, 2007). Up to date the number of microanalysis music therapy assessment methods for clinical practice increased to the number of five (Wosch, Erkkilae 2016). All are observational methods and need training to learn these methods for application in clinical practice. However, in 2007 there were also first automatized microanalysis methods used in music therapy research (Baker, 2007, Erkkilae, 2007). One method (MTTB) was based in Music Information Retrieval (Erkkilae, 2007). This method has been further developed and applied in pilots in clinical practice of music therapy in developmental disorders, in adults with psyche disorders (Jonscher, Gruschka 2011) and in health prevention in industry. These methods (MTTB-B, CoGeEmo) assess musical emotions and social behavior in music (i.e. in clinical improvisations). Especially social behavior (interaction) fits a need of clinicians (Streeter, 2010). The paper will present and discuss the state of the art of these automatized assessment tools. This includes also the need of more research and development in gaps of reached probability and validity. One challenge in this is the difference between algorithm and complex flexible human perception. Another cha-

llenge is the theoretical frame including theory of music therapy, psychology and neuroscience. Finally interdisciplinary perspectives of software based music therapy assessment including biomarkers will be presented and discussed.

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## **MEDIAL TEMPORAL AND FRONTAL NEURONAL NETWORKS IN AUTOBIOGRAPHICAL MUSICAL MEMORIES IN DEMENTIA**

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Several neuroimaging studies have revealed that the temporal medial regions including both amygdala and hippocampus are modulated by musical emotions. The activities in these brain regions, well known in the context of memory processing, are modulated by unpleasant or negative musical emotions (Koelsch et al., 2006; Lehne et al., 2014) and by pleasant music (Salimpoor et al., 2013). These results suggest that musical emotions might induce an implicit and/or explicit representations of particular autobiographical memories related to music. The medial pre-frontal cortex has also been reported being crucial in the context of explicit autobiographical memories induced by familiar music (Janata, 2009). Patients studies have revealed that some syndromes induce an impairment recognition of musical emotions while others can induce an increased sensitivity to music. On the one hand, patients with fronto-temporal degeneration have shown an impaired recognition of musical emotions correlated to the gray matter loss in the medial temporal lobe structures (Omar et al., 2011). On the other hand, musicophilia, characterized by a strong interest in music, has also

been reported in patients with fronto-temporal degeneration who present an increased gray matter volume in the left posterior hippocampus (Fletcher et al., 2013), indicating that the emotional attachment to music might be related to the hippocampus volume, itself, together with the medial pre-frontal cortex, subserving a possible retrieval of related autobiographical memories. These aspects will be discussed in the light of recent neuroimaging studies and of preserved areas of brain function of musical memory and therapy in dementia (Jacobsen et al., 2015, Schall et al., 2015). Extensive clinical evidence suggests preserved musical memory until late stage AD (Muthesius et al. 2010, Wosch 2011). A neural model will be discussed to explain the complex relationships between autobiographical memories and musical emotions with its application in biography oriented music therapy in dementia.

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## **MUSIC THERAPY EDUCATION IN BRAZIL: ANALYZING TRAINING COURSES' CURRICULUMS**

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### **Introduction**

Brazilian music therapy began to take shape at least 40 years ago (Carvalho, 1975) with the creation of the first music therapy training course in the state of Rio de Janeiro in the 1970's. The number of training courses has increased over the years. Nowadays, there also are some post graduate courses in music therapy, which are planned for trained professionals in the healthcare or music area. Even after all these years and the expansion of music therapy in Brazil, the music therapist profession is not yet regulated in the country. However, Brazilian music therapists can receive a register number by an association after they graduate, allowing their practice.

Earlier music therapy training in Brazil included fieldwork like Volpi (2006), studies of music therapy professors, the clinical musicality of the music therapist (Piazetta, 2006). However, the goal of this research was to bring a first look on graduation courses' curriculums in music therapy in Brazil.

### **Method**

This is a documentary research. According to Sá-Silva, Almeida and Guindani (2009) documentary research operates with primary

data and seeks, from its reorganization, to bring new readings and understandings about the object studied.

Two steps were followed in this investigation: 1) A survey of active undergraduate music therapy courses in Brazil using the Brazilian online platform e-MEC (a public platform with graduation courses data); 2) a search for the curriculums offered in the different institutions, which was done directly throughout virtual pages, fan pages of social networks of the Institutions of Higher Education and in direct contact with students and coordinators of the courses. The curriculums were analyzed according to: 1) credit hours; 2) classroom disciplines (theoretical subjects) and 3) training internship activities offered in the courses.

### **Results**

We found six (6) music therapy undergraduate courses in Brazil: three (3) in the southeastern region (São Paulo, Rio de Janeiro and Belo Horizonte), two in the southern region (Curitiba and Porto Alegre) and one in the midwestern region (Goiânia). Half of these courses are offered in private universities and the other half in public universities. All courses are 8 semester, or 4 years, long with a total of 2400 - 3480 semester

hours. In the public universities - the courses are housed under the Area of Arts or Music. But in Faculdades Metropolitanas Unidas (FMU), a private university, for example, the course is under the health area.

Diversity was observed among the training courses. While some institutions place greater emphasis on students' musical knowledge, even requiring knowledge before registering for the course -with specific skills testing- others focus more on "therapeutic" training, regarding clinical management.

Both kinds of institutions offer a clinic-school service. It means that the registered students can do an internship in music therapy and help the community. This is relevant to bring music therapy to the population, validating its importance and its recognition as a health promotion practice.

### **Discussion**

Reflection on music therapy training is essential to think about the development and recognition of the profession in Brazil and also in the world.

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## **FAMILY-CENTRED MUSIC THE RAPY IN THE NEONATAL INTENSIVE CARE UNIT (NICU): CULTURE(S), CLINICAL PRACTICE, AND RESEARCH IN COLOMBIA**

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### **Paper description**

Preterm birth is a main cause for neonatal mortality and long-term morbidity around the world. The required hospitalization in the Neonatal Intensive Care Unit (NICU) can be a very stressful life event for both the preterm babies and their parents (Carson et al., 2015; Simmons et al., 2010). Music therapy (MT) is known to be beneficial for fostering the self-regulation and development of preterm babies and can help parents to reduce stress and anxiety levels and improve their wellbeing in the NICU (Ettenberger, Rojas Cárdenas, Parker & Odell-Miller, 2016; Ettenberger et al., 2014; Loewy et al. 2013).

Recently, there is a growing interest in the cultural structural factors that underlie how MT is provided in the NICU (Shoemark, 2015). In Colombia, South America, music therapy is an emerging profession and not a commonly used treatment in medical settings or hospitals. Conducting research as well as piloting clinical practice with a variety of populations in the NICU helped to formalize a MT service that is now active in three important hospitals in Bogotá, the capital of Colombia. A focus of this paper will lie upon stressing the need to consider the social, cultural, and structural realities when implementing such a service in a new coun-

try and culture. Family structures, social relationships, and of course the music and ‘musicking’ are all socially and culturally shaped aspects that influence how MT in the NICU can be done, developed, and understood. But also the larger structural frameworks need to be taken into account and both clinical service and research need to be tailored individually to each hospital and NICU.

Hereby, the main pillars of a family-centred MT approach in a NICU in Bogotá, Colombia, will be outlined and examined within the concepts of ‘culture-centered’ and ‘culture-specific’ music therapy (Stige, 2002). Ecological systems theory (Bronfenbrenner, 1994) will be used to make the more hidden aspects of MT in the NICU visible. The results of three recently conducted mixed-methods research studies in this NICU (Beltrán Ardila & Ettenberger, in press; Ettenberger et al., 2016, Ettenberger et al., 2014) will be used to exemplify the potentials and challenges when actively integrating the families to the therapy process.

### **Conclusions**

There is a mayor gap in addressing and making transparent the social, cultural and structural realities when discussing music therapy

in the NICU. However, these realities can have a major influence on the development, implementation and outcomes of clinical practice and research in this area.

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## **FOCAL MUSIC THERAPY IN OBSTETRIC (FMTO) WITH TEEN PREGNANCY**

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Twenty years of development in the clinical treatment of different types of pregnancy promoting links between families and society supporting the new role. This programs focuses on prevention to reinforce motherhood, helping to become a mother or the bonding with the newborn and the orientation they need to help the baby develop in each step of childhood.

When we talk about teen pregnancy, we are referring to two types of crisis; one inside the other. Teenage Identity, and maternity with all the responsibilities that raising a child involves.

Focal music therapy in obstetrics (FMTO) has more than 20 years of development in the clinical treatment of different types of pregnancies. This time we will share the working model in different hospitals with teen pregnancies.

In Argentina, one in six births is from teen mothers, so music therapy has a new field to develop. When we talk about teen pregnancy, we are referring to two types of crisis; one inside the other. Teenage Identity, and maternity with all the responsibilities which are involved in raising a child.

The pregnancy interrupts all the projects that the young woman may have in her life; modifying the path which that life takes. It is very common to leave school in this condition.

There are different situations that exist around teen pregnancy. The most dangerous are the ones where the future mothers are under 16, or 11-12 years old girls, when their bodies are not sufficiently developed to handle a pregnancy. In addition, it is also dangerous because of the impact the pregnancy has on their consciousness about the real care the baby needs. The young person is letting childhood go and comes into an adult world very quickly as a premature woman.

FMTO, through different musical activities and procedures, promotes links between the families and society to support these young women in this new role. The music therapy programs focus on prevention at all levels and are very important, especially those which reinforce motherhood, help to become a mother, foster the bonding with the new-born and the orientation they need to help the baby develop in each step of childhood.

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## **MUSIC THERAPY AND ITS RELATIONSHIP TO SCHIZOPHRENIA: A PILOT STUDY AT A REHABILITATION CENTRE IN TRINIDAD**

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### **Introduction**

This paper presents findings of a clinical project which studied the effect of music therapy over a period of 24 weeks on nine schizophrenic clients who completed the Positive and Negative Syndrome Scale (PANSS) to evaluate their symptoms before and after the music therapy process.

### **Theoretical Background: Psychoanalysis**

The clinical work and the development of a client therapist relationship in this pilot study is informed by psychoanalytical approaches, including early mother infant interaction such as containment theory, attachment theory, and object relation theory, addressing the client's transference, unconscious and conscious processes. The client may be able to explore different facets of other relationships in their lives within a safe and trusting environment. Another critical aspect of this approach is that it helps to develop a better understanding of the emotions and ambivalences that occur within the clinical process during the client therapist relationship.

### **History**

Most clients who were referred to Music Therapy were diagnosed with schizophrenia, suffering from psychosis, hallucinations, disorganized thoughts, and had problems with confidence, self-esteem, and interaction in

groups. The group members were both outpatients and inpatients males between the ages of twenty and sixty. Moreover, at the beginning of the therapy, the music sounded disorganized, and individuals seemed to be within their own worlds.

### **Settings**

At the Centre, music therapy sessions were conducted once weekly in the music therapy room. The following musical instruments were available: a glockenspiel, a small electronic keyboard, and three djembes, acoustic guitar, a steelpan, a snare drum, a crash cymbal, and small percussion instruments. Based on the music therapy assessment, two groups were chosen for music therapy, each group constituted of five clients, and one client did not complete the test. The psychiatrist who was the team leader interviewed each client and together with the music therapist as an observer completed the Positive and Negative Syndrome Scale (PANSS). The therapist supervisor recommended this test during the planning process.

### **Results**

There is evidence that there were improvements in each client. The test is divided in three scales: Positive Scale, Negative Scale, and General Psychopathology Scale. The evidence displayed improvements regarding

their negative symptoms in areas of emotional withdrawal, poor rapport, passive/apathetic, social withdrawal, difficulty in abstract thinking, lack of spontaneity and flow of conversation and stereotyped thinking.

### **Conclusion**

The results suggest that music therapy can enhance a client's way of being. The results are a further indication that music therapy also enables clients to be more adventurous and that finding support from other members can increase their ability to relax in the company of others. Research focusing on clients living in the Caribbean and therapeutic processes using the steelpan would contribute to existing knowledge of music therapy interventions within the mental health setting by providing a Caribbean perspective.

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## **MUSIC, DRAWING AND MOVEMENT (MICC) A METHOD OF CREATIVE INTERVENTION IN CRISIS AND TRAUMA**

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### **Abstract**

Victims of natural or man-made disasters, such as earthquakes and fires, are vulnerable to severe emotional distress, leading to other difficulties as they begin to rebuild their lives. Creative music therapy can support a positive process for personal and community development following a disaster.

### **Introduction**

Following a natural or man-made disaster, when conditions of safety have been restored and basic needs taken care of, any acute distress must be addressed or post-traumatic stress syndrome can result. People may suffer depression, hopelessness, and insomnia, among other conditions. Interventions involving music, drawing, and movement, can provide individual or group support and an opportunity for self-expression in a safe nonverbal environment. Creativity allows an outlet for emotions, and plays an important role in developing resilience and strengthening people's ability to deal with trauma.

### **Description**

"Creative Intervention in Crisis" (MICC), developed in Chile following the February 2010 earthquake, is a method which provides emotional support for victims in crisis situations. Dynamic individual or group activities

involving music, drawing and movement provide psychosocial support for those suffering personal and socio-cultural loss. Timely emotional and spiritual support can determine the success of victims in overcoming the challenges of reconstructing their world.

### **Method**

"Workshops for Self-Care and Personal Development", engage participants in dynamic creative activities in a safe space. Three sessions, each with clear objectives, offer participants an opportunity for non-verbal expression and catharsis.

Session 1: Participants connect with their emotions, feelings, and realize their need for catharsis. (Phase I). Session 2: Participants become aware of personal and community strengths and resources (Phase II). Session 3: In groups, participants discuss the value of community resilience and work together to find solutions (Phase III).

The most vulnerable groups are seniors and children, as they are often unable to express their feelings and fears. Front line workers (firefighters, healthcare workers, teachers, and police) are also at risk. Providing elements for musical expression using instruments, songs, stories, and body movement with an emphasis on breathing techniques, are very useful. Thus, the use of music and

other creative elements of expression will be carefully introduced according to the needs of clients and the natural process of trauma in each individual.

## Results

The opportunity to participate in music therapy sessions, using a protocol for crisis and trauma intervention, can have a positive outcome for victims of natural or man-made disasters. Making music, drawing, movement and breathing exercises, allow participants a natural outlet to freely share their feelings and experiences in a supportive atmosphere, whether in individual or group sessions. Participants have reported that this environment allowed them to channel their worries and fears constructively, and resulted in lowering their anxiety levels. Careful consideration of the cultural context and religious beliefs of trauma victims are essential in achieving a sensitive and informed intervention.

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## **LEVEL OF ENGAGEMENT OF STUDENTS IN MUSICAL PRACTICE IN A MUSIC THERAPY BACHELOR'S PROGRAM**

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### **Abstract**

The objective of this quantitative research was to determine the level of engagement of students in musical practice in a Music Therapy Bachelor's Degree Program. The following references were used: theory of self-determination, self-efficacy beliefs and flow theory. The instruments used were: profile of the participants and flow experience reporting by Araújo and Pickler. The questionnaire was completed using the Likert scale.

### **Description**

Flow Theory describes the quality of the involvement of people in activities performed with great concentration and excitement. Csikszentmihalyi (1999) points out that these states are generated by affective components of motivation, which direct the execution of an activity.

The beliefs of self-efficacy, according to Brandura (1997), influence the choices of courses of action, in setting goals, in the amount of effort and perseverance in the pursuit of goals. And a good performance depends on those elements.

Self-determination uses empirical methods to determine the internal resources of personality and self-regulation (1985). According to this theory, three psychological needs are discussed: the need for competence, autonomy and emotional connections.

For the elaboration of empirical research data, the following questionnaires were adapted and developed by Araújo and Pickler (2008): Profile of participants and Flow Experience.

Questionnaires were sent to 48 students and 30 of them were completed. From the first questionnaire it was found that: according to the most significant results, before graduation it was found that 76% of the subjects studied in private music schools and 76% studied music for more than 5 years. 40% studied music for 2 to 3 days a week and another 40% studied music 3 to 5 days a week. 43% studied for 1 hour/ day and 36% studied 30 minutes/per day. 50% didn't study more because of the time dedicated to work. 56% have other musicians in the family. From the second questionnaire, based on the Likert scale, with the following options: never, rarely, often, almost always or

always it was found that most students when studying the musical practice: occasionally lose track of time, always get the feeling of well-being, always experience feelings of joy, always feel instant pleasure, always have the desire to continue playing, always desire to overcome challenges, often show satisfaction with results, almost always realize that his/her practice is becoming better, almost always disconnect themselves from the outside world and always wish to play/sing even more.

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## **KEEPING COMMUNITY ALIVE THROUGH RESPONSORIAL SINGING AND AFRO-COLOMBIAN RHYTHMS IN GROUP EXPERIENCES**

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The creation of social connectedness and social capital are nowadays an important issue in many contexts and new methodologies are arising. Today, many creative arts based community intervention programs are being designed, endorsed and implemented to stimulate the reconstruction of deteriorated social fabric. It is all about "doing" art to modify the way people relate to others, mitigate antagonistic relationships, and/or assume interaction from different points of view. In this context, arts operate as a medium, a tool whose main purpose is to have an impact on people and somehow address and rebuild the deteriorated connections. Findings from research conducted by Gomez (2015) conclude that the effectiveness of these interventions depend greatly on collective participation and therefore music has a significant potential to foster the recreation of social fabric.

Small (1999) proposes the action of "musicking", where the musical act consists of any form of participation within a musical performance. It is a conscious action of the people who are present at the moment in

which there is music, where all of them are agents who are responsible for what happens within that time. Therefore, during a music therapy session, the meaning of music is constructed through interactions and existing relationships established by the participants who are part of that particular musicking. In this context, music has to be understood as a unique way of relating (Stige, 2003) where musicking can manifest and redefine social, natural and spiritual relationships of a particular individual or community. In this framework, it is essential to conceptualize music from an ecological perspective, where it behaves as a changing multidimensional environment that allows the exposure, analysis and recreation of biological, psychological and sociocultural features of the participants (Stige, 2003).

It is also important to understand that music, and its meaning, are born within specific historical and cultural contexts, therefore, many musics exist. An important decision for a music therapist (MT) is the choice of a particular kind of music for a session. Musicking interventions yield better results

when the interpreted music reflects the identity or is an important reference for the specific individual or community, since individuals have been immersed in this specific kind of music since infancy (Ans dell & Stige, 2008). This choice greatly facilitates the reconstruction of social values for the MT. If community/group musicking is to be guided by a MT it is imperative that (s)he is able to take into account the cultural significance of music within the community/group's context.

Music and its meaning are naturally reproduced mimetically within specific historical and cultural ecosystems. Therefore, mimesis is at the very core of musicking where the mimetic human act cannot be reduced to the mere action of copying or imitating. It necessarily denotes a physical action of performative nature (Wulf et al.; 1992). Consequently, to address work with a community/ group, mimesis is a valuable methodology through which the MT can learn to interpret, understand and participate in musicking so that (s)he can later on further develop the ability to promote and/or guide the transformation of emotions and the re-definition of prior experiences to meet an established objective.

The Afro-descendants of the Colombian Pacific Coast have reproduced social binding community rituals since the XVII century. The "Arullos" (lullabies) are social events where individuals come together to drum, sing and praise catholic saints from dusk until sunrise. These rituals, where food is served, neighbors come together and music does not stop, have always served to create

social connectedness and to rebuild deteriorated relations. Their music is composed of a main melody responsorial singing choruses and syncopated percussive polyphonies.

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## **INTERSHIP PRACTICE WITHIN A CENTER FOR RESEARCH AND CLINICAL TRAINING IN MUSIC THERAPY**

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### **Abstract**

This study presents the data collected at a Center for Research and Clinical Training in Music Therapy in a public University in Brazil. This work aims to reflect the importance of this Center for the construction of knowledge, research, professional qualification and community assistance.

### **Description**

The three pillars that make up the Brazilian Higher Education are: Education, Research, and Extension. For this purpose, the Bachelor's Degree Program in Music Therapy from the State University of Paraná (Campus Curitiba II - FAP) has the Center for Research and Clinical Training in Music Therapy Prof. Clotilde Leinig - the "CAEMT", which has provided since 1976, an academic space suitable for the training of students, the conduction of research and community assistance. It should be noted that all sessions are part of the academic internship program. The objectives of the CAEMT are: a) to provide music therapy care to society in general; b) to give pedagogical support to the Undergraduate and Postgraduate Degree Programs in Music Therapy; c) to develop studies, extension projects and technical-scientific research. Under this view, the CAEMT has met different demands/needs of the community. Participants

are referred to the CAEMT by professionals and by Social, Health and Special Education Institutions. In 2015, 45 patients were assisted per week, in groups or individually. These sessions were carried out by 3rd and 4th year students, under the supervision of four teachers who were also music therapists. The demands were for people in need of neurological rehabilitation (14.28% of total sessions); mental health disorders (5.7%); demands on the social context (8.5); educational demands, (28.5%); and Pervasive Developmental Disorder/Autism (42.85%). From this report, the objective of this work is to reflect on the importance of a Clinical Center within the University for the construction of knowledge and professional qualification of the music therapist.

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## **RESEARCH CONDUCTED BY BRAZILIAN MUSIC THERAPISTS IN DOCTORATE PROGRAMS, A LONGITUDINAL STUDY**

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### **Introduction**

The insertion of music therapists in Stricto Sensu Postgraduate Programs in Brazil is recent, beginning in the late 1990s. Thus, so far there are few studies illustrating the reality of research in music therapy in Brazil. During the X Brazilian Symposium on Music Therapy (Porto Alegre, 2000), the first survey was presented with limited data due to the small number of studies that met the criteria of scientific research. For Bruscia (2000: 247): "research is a systematic and self-monitoring investigation that leads to a discovery or a new insight". Therefore, research results can contribute to confirm or alter an existing practice or knowledge. The construction of knowledge in music therapy has been a frequent area of study. From Gaston, 1968, to Aigen, 2014, it has been recognized the importance of the three pillars that relate and enhance the theoretical field of the profession: research, clinical practice and theory. The knowledge of what is being developed by Brazilian research music therapists provides an overview of music therapy studies in Brazil. This study aims to present an overview of the research conducted by doctoral level Brazilian music therapists in graduate programs, completed from January 2000 to June 2016. This investigation the scientific production arising from these studies strived

to identify the relationship between the researchers field of occupation and knowledge areas of the graduate programs. In Brazil the classification of the areas of knowledge has eminently practical purpose, aiming to provide a body of information that acts in science and technology, an agile and functional way to aggregate their information. This document, constructed in the 1950s by CNPq (National Coordination of Scientific and Technological Development, a government agency responsible for promoting scientific and technological research in the country) was superficially expanded with the inclusion of the "other" category only. Therefore, Music Therapy is not included in this table.

### **Methods and Results**

This is a documentary research with quantitative-qualitative approach, which is based on data available in the Lattes Platform Curricula (CNPq). The methodological design was drawn from the curriculum of Brazilian music therapists followed four stages and had the following inclusion criteria, the presence of the word "music therapy" in the title, the keywords or abstract; and the author have a music therapist degree, bachelor or specialist academic training recognized in the country. The research steps covered the lo-

cation of the curriculum, identification of the area of occupation, and the quantification of publications. When researching the subject of music therapy, 714 curricula were found in which 49 doctoral level music therapists were identified. Then, 27 did not use the Word "music therapy" and, 22 were suited in the inclusion criteria. The data analysis considered the area of knowledge of the graduate programs and the area of applicability of music therapy developed by the music therapist researcher. The areas of knowledge of the graduate programs identified were Health Sciences (45%), Human Sciences (32%), Music, Letters, Communication and Semiotics (23%). The areas of applicability developed by the music therapist researcher were: Mental Health (27%), Hospital área (23%), Theory of Music Therapy (18%), Neurosciences (9%), Education (5%), Health Promotion (9%), Protocols in Music Therapy (5%) and Women's Health (4%).

### **Conclusion**

Most of the studies were conducted in health science programs with research on mental health. In Brazil, music therapy is not recognized as an area of knowledge by CNPq. Thus,

the research of music therapists are present in different areas of knowledge. In-depth studies on music therapy are few. This may occur because there are no specific music therapy programs in the country.

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## **EXPLORING AN INTEGRAL UNDERSTANDING OF EVIDENCE-BASED MUSIC THERAPY PRACTICE**

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In response to a pervasive trend across a wide array of health care professions (Sackett, Rosenberg, Muir Gray, Haynes, & Richardson, 1996), the music therapy profession has sought to advance itself by promoting Evidence-Based Practice (EBP) of music therapy (American Music Therapy Association, 2005). The extant literature on music therapy practice, theory, and research provides a range of very different perspectives on what may count as the "evidence" upon which practice is based (e.g., biomedical, cognitive-behavioral, psychodynamic, existential-humanistic, music-centered, and holistic orientations; objectivist and interpretivist research methods; etc.). Furthermore, a close examination of the core elements in some of the more prominent definitions of EBP reveals the possibility for an inclusive understanding, potentially embracing the full range of perspectives on evidence for music therapy practice (Bruscia, 2014). In spite this diversity, however, the inter-relationships among these different perspectives on evidence, and how each informs music therapy practice, have not been explored and organized into a coherent framework wherein each perspective is considered on balanced, equal grounds along with each of the others. Without such a framework, the endeavor to "locate" a particular perspective with respect to others, as well as to promote productive dialogs among these various perspectives, can become problematic, and may be accompanied by certain risks, such as the possibility for mistaking one pers-

pective for another, or for overshadowing and obscuring one perspective with one or more of the others, impeding the advancement of the music therapy field's own evidence base (Abrams, 2014; Aigen, 2015). Thus, the purpose of this presentation was to illustrate a framework based upon four distinct epistemological perspectives (Wilber, 2001) on evidence-based music therapy practice that together represent an integral understanding (Abrams, 2010).

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### **Session Overview**

The session presented an understanding of the significance of evidence-based music the-

rapy practice, based upon four distinct perspectives; it further presented information on how an integral understanding of evidence-based music therapy practice can inform everyday clinical music therapy work.

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## **BUILDING YOUR SCOPE: EXPANDING YOUR CLINICAL EXPERTISE**

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### **Clinical scenario**

Consider this: For the past two years, Caroline (a new professional) has been working with children diagnosed with autism spectrum disorders. She applies for a full-time job providing music therapy for adults being treated for cancer. She thinks she would enjoy this work, although she is uncertain about working with this clinical population. Does this scenario raise any concerns? If so, what?

Professional competence & scope of practice  
Competence is defined as "the ability to do one's job properly" (Raven & Stephenson, 2001). Scope of practice is more difficult to define, as a universal definition does not exist; among healthcare professionals it may refer to competence, standards of practice, or a legal base of practice (White, Oelke, Besner, Doran, Hall, & Giovannetti, 2008). The American Music Therapy Association (AMTA) and Certification Board for Music Therapists (2015) state that the music therapists' scope of practice outlines the knowledge, skills, abilities, and experience for qualified clinicians to practice safely and effectively, applies established standards of clinical practice without risk of harm to the public, defines the potential for harm by individuals without formalized music therapy training and credentials, and describes the education, clinical training, board certification, and continuing

education requirements for music therapists. Music therapists only provide services within the scope of practice that reflects his/her level of competence. However, the music therapy profession is not defined by a single music intervention or experience, but rather a continuum of skills sets (simple to complex) that make the profession unique. This unique continuum also adds to the complexity of assessing competence, yet competence is an ethical and legal imperative.

### **Code of Ethics and competence**

The first item in the AMTA (2014) Code of Ethics asserts, "The MT will perform only those duties for which he/she has been adequately trained, not engaging outside his/her area of competence" (1.1). Additionally, we are compelled to be aware of personal limitations, problems, and values that might interfere with our professional work and aspire to strive for the highest standards in our work (AMTA, 2014). Competence is comprised of practical and theoretical knowledge, cognitive skills, abilities, behaviors, judgment, self-awareness, and values (Raven & Stephenson, 2001; Dileo, 2000). Competence is challenging because it can be difficult to assess. The practice of music therapy is broad; music therapists' goals and interventions are influenced by clinical populations, settings, or individuals' needs, areas and levels of prac-

tice, theoretical orientation, and ranges of experience (Dileo, 2000). Music therapy education and clinical training within the United States covers a spectrum of clinical populations and music therapy methods, but it is difficult to address the full breadth and depth of these topics within a single training curriculum.

A new professional's first job might be in a different setting than his/her clinical internship. It is also unrealistic to consider that music therapists are likely to work with the same clinical population for the entire span of their careers, interests may expand, new opportunities arise, or personal situations change. These factors may challenge areas of competence, which can lead to the age-old conundrum: How do professionals change their clinical focus and obtain jobs without related experience? How do professionals get experience without having the job? The answer has ethical implications and may depend on the methods by which a music therapist pursues a vastly different path.

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## **CRISSCROSSING CULTURES: EASTERN AND WESTERN CONCEPTS AND PRACTICES OF MUSIC THERAPY**

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Music therapy is a recognized therapeutic form used throughout the world. Educational programs for the modality exist in various countries, yet many students choose to attend school in the United States to study music therapy. They do so out of a deep commitment to music and to helping others. A Western education, however, not only presents a culture clash of customs, values, foods, and landscape, but also propels these students into a tradition of therapy in which self-awareness and the expression of emotions are valued as goals. These goals are inherently counterintuitive to many international students: they grew up, were socialized, and steeped in an Eastern tradition of caring for others over self, collectivism, strong family ties, and reserved emotional expression. Traveling to the US for music therapy education not only presents a culture clash of customs, values, foods, and landscape, but also propels these students into a Western tradition of therapy in which self-awareness and the expression of emotions are valued as goals (Shea & Yeh, 2008).

Notions of therapy are based upon cultural values. Eastern ideals of valuing family honor, emotional restraint, and collectivism over personal freedom shape an approach to therapy that is more practical, cognitive, and integrative (Nishizono, 2005). The Western valuing of freedom of expression and individuality has led to psychotherapeutic approaches based upon exploration of unconscious

desires and thoughts (Jung, 1989). Not to oversimplify, but Western culture seeks to free itself from repression while Eastern culture retains values of humility and engagement in collective society via emotional restraint and a focus on social harmony.

Themes such as harmony with nature, integration of differences, importance of family, being other-oriented versus individual-oriented, and seeking resolution are found in Asian cultures (Tseng, Chang, & Nishizono, 2005). These are deeply held values, and Asian forms of therapy tend to focus on strengthening these purpose of the study being referred to here (Beer, 2015) was to look at what happens to graduates, specifically those from Asian countries, when they return home and are faced with bringing their new-found knowledge into the workplace. In the study conducted by Dr. Beer, music improvisation was paired with interviews in data collection, analysis, and representation, and music excerpts will be played to highlight themes and experiences. Hana, a music therapist who had traveled from her home country of Japan to study in the US, created an improvisation she titled “Studying”. The music evokes a sensation of being ungrounded, yet there is also a musical leap upward of an octave, suggesting a reaching out and moving forward (Beer, 2015).

### **LISTEN TO AUDIO 1B**

Focusing on this shift in cultural perspective of therapy presents an opportunity to elucidate and define fundamental differences in notions of therapy and also to explore the education US universities are providing international music therapy students. Asian clinicians who trained in the US literally crisscross cultural divides: they find themselves at one point of contrary and competing needs when they arrive here and begin to learn about western therapy, and at another when they return home and realize the language they learned here does not translate into their language.

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## **TWELVE INTERNATIONAL ROAD SIGNS: WHAT TRAUMA-INFORMED WORK IN OTHER COUNTRIES HAS TAUGHT ME**

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While the literature provides some suggested ‘to-do’ and ‘not-to-do’ lists for music therapists working internationally (Brown, 2002; Quin, 2016), limited advice seems to exist concerning day-to-day interactions when training staff or providing therapy. As a music therapist, I have done trauma work in Bethlehem, Optional Practical Training (OPT) for almost three months; trained non-governmental organization (NGO) staff in Somaliland twice; and provided training and treatment in the slums of Kenya. Experiences from these international journeys continue to teach me important concepts, techniques, and insights about how to provide therapy, train staff, and engage in day-to-day interactions in other countries. In a way, these lessons present themselves as a series of international road signs that guide my work.

To recognize these international road signs even before I start to travel, I need to first be mindful of what my past has taught me and prepare for future responsibilities. The first road sign reminds me to leave my Americanized lenses and biases behind and view events through an encultured perspective. As I continue to prepare for a trip, I also begin thinking forward and consider two key responsibilities: road signs two and three. Road sign two reminds me to be aware that I will not be the same person when I return, as some changes can be challenging. I often

prepare by reflecting on who I am as a result of my past before I leave. This processing seems to help me be more accessible to personal changes that occur during the trip and begin the processing as I start home. In addition, sign three tells me to be responsible for developing a plan before I leave that makes the project sustainable. I have learned to begin preparations for each trip by reflecting on these first three international road signs.

Once I arrive at my destination, I then need to be aware of several other international road signs. One key word on two of these road signs is collaborative. Road sign four suggests that when presenting myself, I need to avoid presenting myself as an authority, especially when brought in as an expert. Instead, I need to create a collaborative planning experience where I work alongside the people, listening and observing as they tell me how I can help. Road sign five reminds me to also step back and teach from a collaborative perspective—that I am learning with them. I need to be open to the class taking over a discussion to understand a concept. As a sixth road sign, I work at identifying realistic expectations that do not underestimate their ability to work with complex topics but also be ready to adjust for differences in culture and language. Road sign seven highlights my need to present many example experiences to support learn-

ning complex concepts and develop relationships.

Collaborative teaching also relates to letting go of boundaries, a concept on two other signs. Number eight is about letting go of my music therapy boundary, presenting experiences using different definitions of "what is music"; I also need to be aware of which arts are used and what materials are available in each situation. Content on road sign nine encourages me to let go of job titles and learn how to train staff for the therapy jobs that are needed. I need to present therapy concepts and methods in a way that keeps the staff and those whom they serve safe. In some situations, few trained specialists are available.

Three other road signs relate to lessons from my day-to-day experiences. Road sign ten stresses flexibility as a key to responding in many situations, such as dealing with events and time. No matter what starting time is announced, the actual time for an event is when it actually begins, as the concept of time can be very relative. The eleventh road sign reminds me to balance the reality of feeling overwhelmed by the poverty or tragedy of a situation with an ability to also

perceive the strength and resiliency of people. Road sign twelve is about learning the importance of observing lines of authority in a culture and within the organizations. This structure needs to be respected during all interactions.

While not exhaustive, these twelve international road signs reflect lessons I have learned while working abroad. They begin, however, with an understanding of oneself and one's biases.

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## **NETWORKING WITH THE WFMT THE METAPHOR OF A SPIN-DRUM**

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World Federation of Music Therapy

Networking among music therapists across countries is critical to promote the development of the profession worldwide. This communication needs to occur across established, developing, and emerging professional organizations, as well as with countries where the potential to introduce music therapy exists. Despite the diversity across music therapists, professionals can connect on one or more issues they face in the future-professional recognition and credibility, current treatment integrated with traditional healing, credentialing or licensing, job opportunities, research, and training (Mercada-Brotons & Heiderscheit, 2015; Wheeler & Baker 2010).

Making the connections necessary to further the profession of music therapy, however, often can be a challenge given the diversity and physical distance among music therapists across the world. A review of networking principles can reveal insight into the skills needed to further open channels of communication. The parts of a spin-drum, a drum found in many cultures, in turn may provide a metaphor for presenting and discussing these skills.

Such a metaphor might begin by referencing the container or the two sides of the spin-drum as a symbol of the need to listen and

give of oneself when beginning to network. While music therapists may know this principle as a part of their relationship building tools, challenges sometimes arise when they seek to learn about each other as colleagues. To give the instrument a voice, different colored beads are placed in the body of the spin-drum between the two heads; this may symbolize the need to be open to differing views. The turning stick that connects the two drum heads and provides an ability to turn and direct the drum represents the organization and work of the World Federation of Music Therapy (WFMT). This association seeks to provide direction and basic structure to connect music therapists across the world.

As the spin-drum is put together, strings are added to the outside which may signify a need to reach out and make contacts—the more strings or the more contacts, the better the eventual sound of the drum. Likewise, the more music therapists challenge themselves to reach out and get to know colleagues from different countries during a world congress, the more rich their own music making during therapy will become. Finally, the beads on the end of the strings complete the spin-drum and allow music therapists to share the making of music; this addition also highlights the importance of

sharing resources. The commissions and liaisons serve to develop and disseminate information from many areas such as, education, clinical practice, trauma, and research.

Music therapists around the globe are working to create and define their own professional fields in their respective countries. Similarities and differences exist across these experiences. The World Federation of Music Therapy was created to not only support the development of music therapy across the world, but to also facilitate communication, networking, and the sharing of information across organizations and among individuals. To promote this networking and information sharing among individuals, music therapists need to step outside their defined areas, listen to each other's drum beats, and learn to make music together. Spin-drums can provide a metaphor for discussions about how we come together to communicate and make music.

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## **MUSIC PRODUCTION IN ADULT MENTAL HEALTH SETTING: A COMMUNITY MUSIC THERAPY MODEL**

*Dany Bouchard*

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In the context in which the music therapist has to record his client's original songs and/or musical performances, how can music production be used as a therapeutic process? What are the objectives and the short and long-term benefits?

Since budget restrictions are always a reality that music therapists have to face; we have to find ways to implement projects that involve the recording of a CD and have to strategize how to produce it with high quality standards (professional results). During that process, the music therapist will often become a music producer. We will explore the double role of the music therapist regarding this aspect.

A description of a complete cycle of music production process will be presented: Pre-Production (improvisation to composition), Tracking (recording, mixing), Post-Production (editing, live performance, broadcasting, etc.).

This complete cycle is linked to two case studies: 1) a mental health choir, 2) creation of a band with members having mental health issues. Both cases demonstrate the music production cycle; displaying how they share their creativity (original songs) and perform concerts in the community thus sensitizing the public about mental health issues.

The difference between musical improvisation and composition in music production will be highlighted.

We will also discuss how music production in mental health can be considered as a community music therapy model. Links that can be made with other interested professional musicians and how to reach the community at large in the post-production stage will be elaborated.

Submitted are two examples of songs showing the results of musical production within mental health settings. The song Melancholy is from the mental health choir Le Groupe MusiArt (part of the MUHC - Montreal General Hospital).

### **LISTEN TO AUDIO 1C**

The song Les amis authentiques is from Le Big Bang Band whose members have mental health issues. (part of Les Impatients, a mental health foundation).

### **LISTEN TO AUDIO 2C**

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## **CLINICAL IMPROVISATION TECHNIQUES IN MUSIC THERAPY: EXPERIENTIAL WORKSHOP**

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### **Abstract**

In this workshop, participants will explore a series of exercises designed to practise the clinical application of improvisation techniques with a broad spectrum of clientele. The presenters will introduce a process-oriented approach to clinical improvisation based on a guide they co-authored (Carroll & Lefebvre, 2013).

### **Description**

Improvisation plays a central role in music therapy, and the use of clinical improvisation is, in large part, what sets music therapists apart and makes our contribution to the field of health care and education so unique. This is reflected in the growing number of music therapy publications focusing on improvisational approaches as well as on broadening the clinical improvisational resources of music therapists (see list of references below).

The taxonomy of clinical improvisation techniques, described by Kenneth Bruscia (1987), provided the inspiration for developing a teaching guide for understanding and applying these techniques (Carroll & Lefebvre, 2013). This guide took shape within the context of clinical improvisational courses taught by

the presenters since 1988. It not only includes strategies for developing clinical musicianship; it also provides a vocabulary for articulating the what, why, when, and how of our unique role as music therapists in a language that can be understood by healthcare and educational professionals, administrators and decision makers alike.

This experiential workshop will familiarize participants with a systematic process-oriented approach to clinical improvisation and effective ways of applying clinical improvisation techniques in order to meet the diverse needs of a client, individually or in the context of a group. For example, what improvisation techniques can be used to work with a client whose playing tends to be compulsive or impulsive, fleeting or continuous? Through a series of role-play exercises with specific clinical and musical 'playing rules', participants will practice applying the techniques with clinical intuition and creative intent. This workshop will be of particular interest to music therapy students, clinicians, educators and supervisors.

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## **VOICES OF THE DYING AND EMERGING THEMES IN PALLIATIVE CARE MUSIC THERAPY**

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### **Music Therapy in End-of-Life Care**

Music Therapy uniquely affirms the holistic well-being of individuals in a number of environments at end-of-life and plays a unique and important interdisciplinary role in palliative care. While the literature is increasingly growing on the effectiveness of music therapy in palliative care, it is not without a risk of bias due to a high percentage of anecdotal data, or small sample sizes in quantitative studies. Nevertheless, music therapy has the potential to engage the client to address the complex issues that arise and are compounded in the dying experience.

### **Emerging Themes in Palliative Care Music Therapy**

A systematic review of the current practice of music therapy in palliative care has resulted in the emergence of nine themes of practice, falling into three categories: physical, psychosocial, and whole person care. The physical topics relate to specific concerns regarding end-of-life care and include: 1) Music therapy for effective symptom management; 2) Music therapy for pain management; and 3) Music therapy to promote relaxation. Psychosocial themes connect to anxieties regarding emotional expression, grieving, closure and relationship completion. They are: 4) Music therapy to strengthen self-identity; 5) Music therapy to support emotional expression and grieving; and 6)

Music therapy to support relationships. The third category related to whole person care involves: 7) Music therapy as life review and legacy creation; 8) Music therapy as a spiritual/transpersonal, growth experience; and 9) Music therapy to enhance quality of life.

### **Dileo and Dneaster Model of Music Therapy in Palliative Care**

Dileo and Dneaster's (2005) Model of Music Therapy in Palliative Care defines three levels of practice including: supportive; communicative/expressive; and transformative. At the supportive level, music therapy is used to palliate symptoms common to end-of-life, and to offer support for the patient. At the communicative and expressive level, music therapy is used as a vehicle for the patient to reflect and convey feelings. At the transformative level, music therapy is implemented to facilitate growth and insight at the end-of-life.

### **Clinical Case Example of Emerging Themes**

The clinical case "Saying Goodbye with Song" shares the story of Dean, a 68 year old male dying of pancreatic cancer. Music therapy was instrumental in helping Dean connect to his wife, children and grandchildren. Songwriting, improvisation and song choice were the primary techniques utilized in the 11 music therapy sessions he received. Music therapy with Dean was implemented at three levels

of practice over the course of his sessions. It was first introduced at the supportive and communicative/expressive levels to provide music for relaxation and sleep, as well as to help with emotional expression and reminiscence with his wife Elena. Music therapy quickly continued at the communicative/expressive level and the transformative level where Dean worked to select the songs and lyrics for a "Grandchildren Tribute", and also for a song he was writing for Elena. Song choice and lyric analysis were particularly important in helping Dean connect with each of his grandchildren while leaving them a legacy gift. Relationship completion was at the forefront in the session where Dean's family heard the Grandchildren Tribute for the first time. Song choice, and lyric discussion and analysis also helped facilitate the anticipatory grieving process. Dean's case is an example of the following emergent themes in palliative care music therapy: 1) Physical: Music Therapy to Promote Relaxation; 2) Psychosocial: Emotional Expression and Grieving, Supporting Relationships, and Relationship Completion; and 3) Spiritual and Whole Person Care: Life Review and Legacy Creation.

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## **SHORT-TERM EFFECTS OF RHYTHMIC SENSORY STIMULATION AND ALZHEIMER'S DISEASE**

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Dementia is a prominent issue in today's society. Alzheimer's disease (AD) is the most common type of dementia (Braak and Tredici, 2012) and by 2050 it is estimated that the incidence of AD will increase 100% around the world (Turpie, 2015). At present pharmaceuticals are the first treatment but overall are not highly effective in terms of symptom management. There is a growing body of literature documenting the exploration of other treatment options such as cognitive, recreation, and music therapy.

Low frequency sound is the foundation of Rhythmic Sensory Stimulation (RSS), which was the treatment used in this study. Essentially, RSS applies sound and vibration to the body and auditory systems. This study used 40 Hz to stimulate participants based on evidence that persons with AD have lower levels of steady state 40Hz gamma activity

that is associated with intra-brain communication and cognition (Jeffreys et. al, 1996; Ribary et. al, 1991).

### **The Pilot Study**

This study assessed the effect of stimulating the somatosensory system of Alzheimer's disease (AD) patients with 40Hz sound. A total of 18 participants completed the AB cross-over study design involving 13 sessions: intake and 12 treatment. Treatment A was the 40 Hz sound stimulation, and Treatment B involved the use of visual stimulation via DVD. Both treatments were given two times per week over 6 weeks. There were 3 outcome measures the: St. Louis University Mental Status Test (SLUMS), Observed Emotion Rating Scale, and behavioural observation by the researcher. The series of 6 SLUMS scores in treatment A and the 6 scores in treatment

B were submitted to regression analysis with comparison by group. Slopes for the entire sample and the subgroups in the 40Hz treatment were all significant. The 40Hz treatment led to a session average effect size of .58 on the SLUMS test score per treatment. The quantitative data are further supported by thematic analysis of qualitative data. Results are highly encouraging and further research is implicated, specifically a larger randomized control trial.

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## **INTERGENERATIONAL MUSIC THERAPY: BRIDGING THE GENERATIONAL GAP THROUGH COMMUNITY-BASED MUSIC MAKING**

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### **Introduction**

Intergenerational programming is mutually beneficial for participating generation groups. Children and older adults involved in intergenerational activities demonstrate improved attitudes toward, and interaction with the opposite age group (Belgrave, 2011; Isaki & Harmon, 2015). Older adults also demonstrate increased physical activity/function, intellectual ability, and improvements in areas related to quality of life (Sakurai et al., 2016). Despite these documented benefits, there is a large gap in intergenerational research due to a limited number of studies that examine effects across multiple domain areas, and even fewer that are music-based. Therefore, the purpose of this study is to identify the effects of an intergenerational music therapy program on children's literacy, older adults' physical functioning and self-worth, and interactions between the two age groups.

### **Method**

Participants of this study are three-year-old children from a university-based child care setting and older adults from a senior living facility, some of whom have cognitive impairments such as Alzheimer's disease, dementia, and Parkinson's disease. The experimental group will participate in 30-minute, semi-weekly music therapy sessions following a consistent format:

1. A gathering activity (10 minutes) using an original transition song to orient the participants,
2. A signature greeting song (3 minutes) to promote intergenerational interaction,
3. Non-locomotor and locomotor movement (5 minutes) to improve adults' physical functioning,
4. Instrument Play (5 minutes) to promote intergenerational interaction,
5. Storybook singing (5 minutes) correspon-

- ding to the storybook of the day to improve children's literacy skills,
- 6. Storybook reading (5 minutes) to improve children's literacy skills (see Figure 1), and a
  - 7. Closing/goodbye activity (7 minutes) using a signature "goodbye" song to promote intergenerational interaction.

This study was approved by the Institutional Review Board at the researchers' university.



Figure 1. Storybook reading.

## Results

Preliminary results, a program evaluation, and future recommendations will be shared during the 15th World Congress of Music Therapy in Tsukuba, Japan.

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## **CLINICAL IMPROVISATION IN MUSIC THERAPY: THEORY, PRACTICE, RESEARCH AND TRAINING**

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### **Abstract**

Clinical improvisation is widely used in music therapeutic settings. This roundtable will reflect the use and innovative research in clinical improvisation in music therapy practice from an international, multi-theoretical perspective. Four music therapists from three different countries will provide a comprehensive perspective regarding innovative theoretical perspectives and clinical uses of improvisation with various classifications of psychiatric and medical populations. They will also present relevant information on improvisational analysis (manual and computational) and how to assess the emotional impact of improvisations through heart rate variability measurements. Finally, they will discuss issues in conducting various types of research in improvisation and also on advanced training in improvisation.

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## **MUSIC BRINGS US HOME: RESEARCH AND PRACTICE REGARDING MUSIC THERAPY FOR HOMELESS PERSONS**

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### **Abstract**

An innovative collaborative clinical and research project is described in this presentation. Effects of weekly music therapy sessions offered over 5 months on mood, coping, expression, hope and quality of life of homeless persons are presented with qualitative data from participant interviews. Clinical processes are described and accompanied by video.

### **Description**

This presentation will describe a study conducted in a collaborative effort between Temple University's Arts and Quality of Life Research Center, the Collaborative Learning Department of the Philadelphia Symphony Orchestra, and Broad Street Ministry that examined the effects of a 14-week music therapy program on mood, coping, expression, hope and quality of life in persons experiencing homelessness. Music therapy sessions were conducted by two master's-level music therapists and included 2-3 or-

chestra musicians who provided musical support. Data were collected pre and post the 14 week sessions and at the end of each session. Interviews with participants at the end of the program provided insights into their experiences in music therapy. Videos will show the clinical process of participants as well as the respective roles of music therapists and professional musicians.

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## **ONCE SERVED, TWICE FORGOTTEN: HOW TO SUPPORT ADULTS WITH SPECIAL NEEDS AND THEIR FAMILIES**

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Adults with special needs are often an overlooked population in society. Frequently, therapeutic services are provided for children, yet services for adults are not as common. Thus, individuals may have received services when they were younger, yet are essentially overlooked, or forgotten once they become adults. These individuals and their families have many unmet needs, and finding a place in society and having a meaningful life can be challenging. Limited work and leisure opportunities for adults and lack of respite care for their families leave many people with a lower quality of life.

Music therapy, including community music therapy, offers viable solutions for this population and their families. Clarkson and Kilkillick (2016) detailed a helpful example of community music therapy that not only met the needs of clients and their caregivers, but also transformed how treatment was provided by moving sessions out of the clinic and into the clients' community living area. During music therapy sessions, adults with intellectual disabilities and their caregivers engaged in meaningful interactions that provided positive emotional feedback to each party.

The importance of emotional connections and expression, facilitated by nonverbal means,

was also seen in Pavlicevic, O'Neil, Powell, Jones, and Sampathianaki's 2014 study of young adults with severe learning disabilities participating in long-term music therapy. Several positive outcomes for the clients and their family members were documented by the authors. Clients developed confidence and improved their self-esteem in a group that allowed them to safely explore their personhood without being controlled. The participants reported forming friendships and feeling that they belonged in a peer group. Their families also became friends with one another and reported feeling less isolated. Belonging, having meaning in life, and feeling valued all contribute to life satisfaction (Eidevall & Leufstadius, 2014).

Music therapy offers a unique environment for adults with special needs to communicate, interact, express themselves, and develop as human beings. Caregivers and families may be included in the music therapy sessions, thus participating in meaningful moments with their loved ones. They may also choose to use the time to interact with each other, building support systems while their child or care receiver is engaged in a music therapy group. Through music therapy, adults with special needs and their families can meet a variety of needs and experience validation of their strengths.

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## **OUTCOMES OF RESEARCH STUDY ON MUSIC IMAGERY AND RELAXATION WITH WOMEN IN INDIA**

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The presentation at the 15th WFMT World Congress of Music Therapy will disseminate the results obtained from the study entitled, "The Effects of Music Imagery Relaxation (MIR) on Anxiety Levels of Indian Women Undergoing Breast Cancer Surgery," a randomized controlled trial. MIR is an innovative technique created by the lead investigator that was tested recently in a preceding pilot study conducted at the Health Alliance of the Hudson Valley in Kingston, NY (Gimeno, 2015). The themes to be covered during this presentation will include: (1) outcomes of the current research study; (2) fundamentals of the music therapy technique used called "Music Imagery Relaxation" (MIR); (3) cultural awareness while conducting a research study in India; and (4) further research on music therapy research based protocols.

(1) The presentation will discuss the results of the study examining the effectiveness of MIR on pre-surgical anxiety in Indian women undergoing breast cancer surgery. In the first experimental group, MIR was administered just prior to surgery, in a second experimental group, Progressive Muscle Relaxation (PMR) was administered just prior to surgery, and a third experimental group received standard care. Comparisons between the efficacy

of MIR versus PMR and the control group will be also outlined and discussed.

- (2) An overview of the MIR technique will be given to understand its principles. Since MIR is an adaptation of the Bonny Method of Guided Imagery and Music (GIM), parallels between both approaches will be addressed.
- (3) Because the study will be conducted in India, cultural issues will be addressed. Specifically, we will discuss music choices by the participants (did they prefer Western music or more traditional Indian raga music?) and how the songs chosen related to the imagery of their experience. Because Indian culture is vastly different from the Western cultures, the authors will present their understanding of how the therapeutic relationship differed between hospital patients in the previously conducted pilot study in the United States versus our work with the patients in the current study.

In addition, the authors' perception of Indian culture and hospital adjustments while implementing a clinically western music therapy treatment intervention will be discussed. Emphasis will be placed on the cultural aspects of women spirituality, music, and narratives of relaxation inductions.

The presentation will conclude with an open forum for questions.

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## **BURNOUT AMONG MUSIC THERAPISTS: PRELIMINARY RESULTS FROM AN INTEGRATIVE REVIEW**

*Lori F. Gooding*  
Florida State University, USA

### **Burnout**

Burnout is a state of physical, emotional, or mental exhaustion that can lead to decreased motivation and distress as well as cause a reduced sense of accomplishment (Gooding, 2016). Burnout is a gradual process, and it has been cited as a concern for those in helping professions, including music therapists (Fowler, 2006). This is due in part to the fact that music therapists frequently work in stressful environments, which can contribute to burnout. Other factors that have been associated with burnout in the field of music therapy include (a) insufficient pay, (b) lack of respect, understanding, or appreciation, (c) loss issues, (d) multiple roles or non-music therapy job duties, (e) lack of self-awareness, (f) lack of benefits for those in contract work, and (g) heavy case load (Chang, 2014; Clements-Cortes, 2006; Oppenheim, 1987).

Music therapy researchers have investigated burnout, career longevity, turnover, and other factors related to occupational stress or burnout. Personality factors that may contribute have been identified (Vega, 2010), coping strategies have been suggested (Bitcon, 1981), and preventative practices that can decrease burnout and increase career longevity have been identified (Fowler, 2006). However, no studies to date have comprehensively summarized the literature on burnout and related factors in the field of music therapy.

### **Integrative Review**

An integrative review is a systematic research review method that integrates data from diverse methodologies ranging from experimental to non-experimental studies. Integrative reviews are a comprehensive approach to analysis and are appropriate when multiple types of literature are to be reviewed (Gooding & Yinger, 2015). Integrative reviews also allow for inclusion of practice applications, theory and/or guidelines (Southern Connecticut State University, 2016). The purpose of the current integrative review was to systematically examine burnout (and related factors) in music therapy. The poster will provide a description of the search criteria and methodology, and preliminary results related to study type, assessment tools, etc. Preliminary themes will also be identified.

### **Preliminary Results**

Burnout is a concern for music therapists and risk factors include insufficient pay, work overload, and lack of support, among others (Clements-Cortes, 2013). However, health promoting behaviors may offset some of the risk. Music therapists need to be aware of the risks and taught self-care strategies to promote well-being, prevent burnout, and promote career satisfaction (Gooding, 2016).

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## **MUSIC THERAPY TO MEET PARENTS' NEEDS IN THE NEONATAL INTENSIVE CARE UNIT (NICU)**

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### **Introduction**

Parents of infants hospitalized in the Neonatal Intensive Care Unit (NICU) face a wide range of stressors including interpersonal stressors, financial difficulties, birth-related trauma, and issues related to work and child care balance. As a result, parents of infants in the NICU are more likely to experience posttraumatic stress symptoms, depressive symptoms, and delays in attachment (Hall et al., 2015). Healthcare facilities now recognize the need to provide parental psychosocial support (Hall et al., 2015), and music therapy has been shown to be an effective tool to both address psychosocial needs and provide patient- and family-centered care (Gooding, Yinger, & Iacono, 2015). Music therapy protocols are regularly used in the NICU (Gooding, 2010) and recent studies have shown that 73% of music therapists who work in the NICU address parental anxiety (Trainor, 2015). Research has shown that music therapy interventions can increase relaxation in parents (Colliver, 2015) and that music therapy may alter parental role behaviors in parents of infants in the NICU (Gooding, in process). Studies have further shown that addressing children's needs through music therapy can positively impact parents and can improve their perceptions of the healthcare experience (Gooding et al., 2015).

### **Evidence-Based Practices**

This session will provide an overview of evi-

dence-based practices that address common parental factors like anxiety, environmental stressors, and altered parental role. Information from the presenter's own research will be shared, and case examples and suggestions for practice will be provided. In particular, the presenter will discuss the use of parent-preferred music, counseling skills, and singing and song writing. Complications that may impede patient- and family-centered care will also be covered, and creative ways to deliver care will be shared.

### **Conclusion**

Parents experience considerable stress when their infant is in the NICU, and music therapists are increasingly called to address both infant and parent needs in this setting. In fact, data from one study have suggested that music therapists who work in the NICU regularly address goals like parent anxiety and parent-infant bonding (Trainor & Gooding, 2016). Given that music therapists are actively engaged in patient- and family-centered care in the NICU setting, it is important that we both understand parents' needs and develop best practices to address these needs.

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## **ADVOCACY FOR THE PROFESSION OF MUSIC THERAPY: INTERNATIONAL PERSPECTIVES**

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*Angel Leung*

Institute for Creative Arts Therapy (HK), Hong Kong

*Carol Lotter*

University of Pretoria, Pretoria, Gauteng, South Africa

### **Advocacy in Music Therapy**

Advocacy within the profession of music therapy is vital to the establishment of professional practice. Music therapy as a profession is in differing stages of development around the world and there are issues related to advocacy in every country. Three music therapists from differing regions will share their experiences related to advocacy.

### **Professional advocacy**

The profession of music therapy is more widely recognized internationally than ever before. In some countries the profession has been established for over sixty years. In other parts of the world music therapy is just emerging as a profession. The development of a profession at any stage requires trained professionals to advocate for the professional practice and representation of the profession itself (Grace, 2001; Mark, 2005, Myers, et al, 2002). This can vary from country to country due to cultural perspectives and heritage. Additionally, music therapists do not hold a universal credential and there is not an educational requirement or entry level that is consistent throughout the world.

The purpose of this presentation is to identify and discuss issues surrounding the advocacy of the profession of music therapy. The presenters will examine the challenges, successes and strategies for advocating for music therapy in different communities that are experiencing various stages of development of the profession. The presenters representing three different parts of the world, including the United States, Hong Kong, and South Africa will share approaches for defining, promoting and establishing professional boundaries for the profession of music therapy. Specific examples of advocacy experiences will be examined and discussed to provide participants with tools to develop the skills to advocate for music therapy effectively and efficiently in their own communities.

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## **PERSON-CENTERED DEMENTIA CARE: VALIDATING PERSONHOOD THROUGH CAREGIVER-FACILITATED MUSIC INTERVENTION**

*Feilin Hsiao, Ph.D., MT-BC*  
University of the Pacific, USA

*Ruth A. Macgregor, MA, MT-BC*  
University of the Pacific, USA

### **Introduction**

Marked by global deterioration in cognitive, motor, communication, and social functioning, dementia is a major neurocognitive disorder that compromises abilities essential to tasks of daily living and independence. As dementia progresses, behavioral and psychological symptoms such as agitation, aggression, and apathy become apparent. Consequently, caring for persons with moderate to severe dementia often involves excessive, prolonged emotional strain for caregivers due to the decline in meaningful interaction and reciprocal connection with care recipients. Therefore, maintaining quality relationships between caregivers and care recipients is essential for effective, compassionate, and sustainable caregiving. It is also a major predictor of the caregiving dyad's well-being and the caregiver's perceived burden and sense of meaning in his or her role (Quinn, 2015).

### **Literature Review**

To challenge the biomedical model of dementia care and its negative underlying assumptions about persons with dementia and their capabilities, Kitwood (1997) developed the concept of personhood, defined

as "a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being" (p. 8). Based on this framework, the philosophy of person-centered dementia care emphasizes that meaningful relationships can be sustained by acknowledging care recipients' perspectives and experiences, thus validating their personal identities and histories, and promoting reciprocity and shared decision making. This is particularly relevant to music therapy, which involves selecting music that reflects personal identity and history in order to promote relationship building and interpersonal connectedness through shared musical experiences (McDermott, Orrell, & Ridder, 2014). In addition, given the evidence that persons with dementia retain autobiographical memories associated with familiar music despite the deterioration in their cognitive functioning, purposefully selected music can generate reciprocal interaction in caregiving dyads and foster positive emotional experiences (Janata, 2009; McDermott et al., 2014).

### **Caregiver-facilitated Music Intervention**

Addressing the conceptual framework of personhood, the caregiver-directed music inter-

vention supports interpersonal engagement in caregiver-care recipient dyads with shared musical experiences. The intervention implements Kitwood's (1997) positive person work including collaboration, validation, negotiation, play, stimulation, creation and giving. The music therapist's primary responsibilities include formulating a treatment plan for the caregiving dyads and training family caregivers to implement acquired facilitation skills. The procedures consist of a pre-treatment intake, an assessment, caregiver training, implementation, and post-treatment and follow-up evaluations. Four forms of music-based interventions are used: singing and humming, gentle movement, instrument playing, and receptive listening. Drawing upon case scenarios, effective facilitation skills to support musical engagement and strategies to promote caregiver persistence will be discussed.

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## **STUDYING MUSIC THERAPY IN FOREIGN CULTURES: STUDENTS' UNIQUE EXPERIENCES IN CROSS-CULTURAL PRACTICES**

*Asako Miyahara Kando*  
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### **Abstract**

This paper explores experiences of international students who study music therapy while residing in foreign cultures, focusing on multifaceted challenges they navigate during their training. The discussion provides a new understanding of their reciprocal and intercultural experiences as a critical resource for music therapy practices which, by nature, are multicultural.

### **Description**

Those who study music therapy while residing in a culturally different environment inevitably encounter various barriers in and out of their music therapy training. The challenges they face and navigate would vary depending on the cultural aspects which make each individual unique and diversified. How do international students navigate and negotiate these barriers during their coursework and clinical experiences? Does their way of engaging with the host cultures affect their navigation of barriers in music therapy practice? How do their learning experiences differ from those of students who study in their own cultures? Does the nature of music therapy have a specific impact on their experiences? Ultimately, would their experiences contribute to their strength as music therapist and be applicable to the music therapy practice in their home countries?

Although the experiences of international students are relevant to cross-cultural music therapy practices, the current literature has not yet examined these in depth. Especially, the narratives and perspectives of those who have studied in a culturally different environment need to be unfolded further to enhance our understanding. This presentation explores some distinctive features of international students' learning experiences, reflecting on the presenter's experiences as a foreign student in different cultural societies, most notably in India and Canada, along with views from existing literature. In particular, this presentation will examine barriers related to 1) students' cultural/social backgrounds, 2) their identities, and 3) their learning environments; using theoretical frames such as acculturation, dominant narratives, mono/multiculturalism, and collectivism/individualism. The discussion subsequently explores how their reciprocal and intercultural experiences would become crucial in a broader context of music therapy practice which should be multicultural in its orientation.

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## **IT'S TIME TO SHARE THE DATA: OUTCOMES OF THE INTERNATIONAL SURVEY STUDY**

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Shenandoah University, USA, World Federation of Music Therapy

### **Introduction**

Every week, there are social media posts, news reports, international conferences, or scientific articles about happenings or the benefits of music therapy in different parts of the world. This leads to questions like: "Is music therapy a growing profession worldwide?" "How do music therapists practice around the world?", or "What are the global trends?" While there is a wealth of information on country-specific topics (i.e., history, political background, training and education, clinical practice, theoretical frameworks and approaches, research, recognition and state regulations, organizational issues, publications and online resources) (e.g., ECMT, 2016; imagine, 2016; WFMT, 2016), only a few countries have published recent data-based workforce analyses (e.g., AMTA, 2015).

Despite previous efforts of council members of the World Federation of Music Therapy (WFMT), there is currently no descriptive data on the worldwide development of the profession. Therefore, it was time to gather some data! Data-based information allows for informed advocacy, up-to-date training opportunities, and planning a sustainable future of the field.

### **Method**

**Participants.** Considering low response rates reported in several previous international survey studies, this research inquiry involved 18 key partners from WFMT's current association and full organizational members. Their role was to a) provide expertise in strengthening the questionnaire, b) translate the questionnaire into their native language, c) provide accurate member information and contacts, and d) support the dissemination of the survey through multiple pre-scripted announcements.

**Instrument Design.** A 30-item questionnaire was distributed through SurveyMonkey® to 5,619 professional music therapists in five out of WFMT's eight regions. The questions with multiple-choice answers addressed demographic information, practice-related items, and clinical trends in music therapy. Before the data collection, an Institutional Review Board (IRB) approved all related documents of this survey study.

**Data Analysis.** Quantitative data from multiple-choice questions were tallied and converted into percentages by SurveyMonkey®. Qualitative data from open-ended questions and "other" sections were analyzed by following an open coding procedure (Creswell, 2015).

## **Results and Discussion**

"It's Time to Share the Data" is reflective of the main impetus for this one-of-a kind international survey. The authors will share and discuss the results of the survey at the 15th World Congress of Music Therapy in Tsukuba, Japan in a concurrent and poster session.

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## **THE TRANSFORMATIVE APPLICATIONS OF ANALYTICAL MUSIC THERAPY TECHNIQUES IN MUSIC THERAPY WELLNESS**

*Seung-A Kim*  
Molloy College, USA

**Stress Reduction in Analytical Music Therapy**  
Due to the complexity of modern society, the degree of stress that people experience daily has been greater than ever before. Chronic stress can be detrimental to their well-being. It may also have a prolonged effect on their lives (Kim, 2013a). Therefore, reducing stress has been an important topic for music therapy. This presentation emphasizes the benefits of Analytical Music Therapy (AMT) techniques to help individuals by reducing and preventing stress.

Analytical Music Therapy (AMT) was born out of 96 experimental sessions by Mary Priestley and two other colleagues, Marjorie Wardel and Peter Wright in Brittan in the 1970's. They called these sessions Intertherapy: They took turns in the roles of client and therapist while the third person was an observer who documented the sessions and commented afterwards on what took place. During the Intertherapy period, they were exploring new techniques and interventions and conceptualized them to one of the significant models in music therapy, AMT (Priestley, 1975).

Priestley (1994) took a positive way of looking at these aspects of life in pointing out that "times of stress, viewed as opportunities for maturation, can produce in both therapist and patient the incentive to struggle and grow" (p. 198). In Analytical Music Therapy, analytical music therapists sensitively

detect the status of the clients' emotional well-beings and help them to develop some strategies to deal with existing stress (Copper, 2012).

### **Role-Playing to Enhance Assertiveness**

Although improvisation or other creative modalities can also be used to lessen the stress level of the clients (Kim, 2013a; 2013b). Using free improvisation is a primary medium. Three purposes of using improvisation are:

- a. To uncover issues while doing role plays based upon clients' presenting problems (Eschen, 2002)
- b. To enhance creativity and spontaneity in improvisation (Priestley, 1974; Scheiby, 2002)
- c. To manage stress (Kim, 2013a).

Clients who display somatic symptoms or who experience chronic stress would benefit from this technique to relieve physical symptoms related to stress (Kim, 2013b).

### **Psychodynamic Movement**

One of the techniques that was developed by Priestley and modified by Pedersen and Scheiby is Psychodynamic Movement (Pedersen, 2002). This technique is particularly useful for clients to gain greater insight into their own body, mind and spirit. "The core of psychodynamic movement is improvised

movement by one or more persons on an agreed topic, accompanied by one or more persons who follow and interpret the movements in a parallel instrumental/voice improvisation. This is also called “improvised movement to improvised music” (p. 191).

In addition, role- play and experiential exercises provide an opportunity to examine and experience transference and other psychodynamic phenomena relating to stress. By utilizing AMT techniques, analytical music therapists help clients develop their ability to articulate and discuss important concepts of stress reduction and prevention as well as their own feelings and self-reflections on stress.

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## **MAKE IT MY HOME—1ST YEAR ADJUSTMENT FOR INTERNATIONAL MUSIC THERAPY STUDENTS**

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*Yu-Ling Chen, PhD, MT-BC*

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### **Abstract**

For international students, study abroad means facing new challenges in communication, culture, and/or academic studies. The project demonstrates approaches that help international music therapy student studying in the United States adjust and cope with the aforementioned challenges, and learn to establish healthy relationships with classmates, professors, and clients.

**Keywords:** Cultural Adjustments, International Student, Music Therapy, Study Abroad.

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## **MUSIC PSYCHOTHERAPY TREATMENTS FOR ACUTE, CHRONIC AND PROCEDURAL PAIN**

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Music therapy offers a plethora of techniques for changing the perception of pain in infants, children (Loewy, 1996) and adults (Mondanaro & Sara, 2013), providing coping strategies for acute, chronic and procedural pain. Understanding of pain has broadened to a neuromatrix model expanding toward an integrative foundation of systems. When pain is triggered, we perceive a weaving of experience, an interaction between a wide array of dimensions: sensory, affective, evaluative, postural, and other domains of function. (Melzack & Katz, 2004) Musical processes facilitated through therapeutic alliances influence multiple domains, resulting in less perceived pain. Music medicine and music therapy are safe, potentially effective integrative treatments indicated for many types of pain. Participants will assess, and evaluate through 'experiential' a variety of pain music therapy applications-utilizing live music clinical improvisation. Whether acute episodes during pain crises or a lingering pain resulting from a chronic condition, music therapy is analgesic, an in-the-moment treatment modality. Within particular treatment regimens music therapists assess and evaluate-in rese-

arch and clinical practice we place stronger emphasis on integrative strategies, directing patients and caregivers in methods that integrate culturally specific music into daily care. Implementing music therapy into the plan of care for patients in pain translates into safe, preventative, cost effective, symptom-focused treatment.

Rhythm release, tonal intervallic synthesis (Loewy, 2011) breath entrainment and music visualization purposefully utilize live, culturally meaningful music (Mondanaro, 2016) to enhance strength or to relax. Such techniques can unite individuals and groups in hospitals or clinical settings. In fragile settings such as radiation oncology, the programming of recorded music has a significant place (Rossetti, 2014)-understanding anxiety's role in managing discomfort, pain and the trials and tribulations of dis-ease may afford a meaningful place for music therapy interventions.

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## **MUSIC THERAPY AND STROKE: RESEARCH AND PRACTICE OF SURVIVORS IN A COMMUNITY OF CARERS**

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This presentation discusses medical music psychotherapy in treatment for survivors of stroke, reviewing existing literature as well as music therapy approaches. Our particular focus addresses our ongoing research project which examines the effects of music therapy, and group singing in particular, on language and quality of life experienced by survivors of stroke and their carers. The person who experiences stroke can be left with functional deficits in the domains of cognition, communication and/or motor control. These impairments can lead to mood disorders and isolation. The carers of patients with stroke also bear a tremendous emotional and physical burden. The carer-patient relationship is impacted on many levels. Music and music therapy's rehabilitative influence are notable as therapeutic tools focusing on neuromotor related activation of brain structures and regions related to movement in stroke.

The use of singing is recognized as one of the most powerful music therapy interventions in enhancing emotional, psychological, and psychosocial aspect of well-being in normal function. Singing in groups is also notable as beneficial for individuals living with

chronic illness, including strokes (Särkämö, Tervaniemi & Huotilainen, 2013; Sun & Buys, 2013; Talmage, Ludlam, Leão, Fogg-Rogers, & Purdy, 2013). The existing literature in music therapy focusing on the interrelationship of communal/group singing and health is limited to several studies (Clift & Hancox, 2010; Clift & Morrison, 2010; Livesey et al., 2012; Sun & Buys, 2013; Talmage et al., 2013). Collective music making such as choir singing enhances social capital and has a direct impact on mental and physical health. Integrating music in a comprehensive rehabilitation plan for stroke survivors' affect, quality of life and speech may prove to be useful in systemized efforts to address treatments that may improve the psychological well-being of patients with language loss.

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## **MUSIC AND MEDICINE: INTERDISCIPLINARY TRENDS IN RESEARCH**

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An interdisciplinary based journal team outlines mechanisms of new trends in music and medicine. From treatments models to clinical practice; formulation of clinical trials; case reports- we illustrate integrative practice reflected through professional writing. Articles of influential studies that integrate music and medicine will be highlighted.

### **Description**

With the surge of integrative approaches and their growing acceptance in medical practice, the expansion of medical music interventions has become more readily understood. Music therapy in medicine provides for an integrative experience in its unique capacity to activate several mechanisms of entrained function.

An interdisciplinary-based journal team identifies critical aspects of music and medicine's international perspectives. We will outline

how projects involving integrative aspects of music and medicine are exemplified and highlighted through professional writing. Case examples will reflect articles exemplifying critical tools in developing writing toward publication, and how significant team inclusion in doing so can be. Papers that have provided significant means of understanding, in measuring music in medicine initiatives, will reflect a range of writing-from case studies, through discussions of valid research instruments, to qualitative descriptions to recommendations for clinical trials.

As we focus on articles from a variety of scientific disciplines, we will reflect on how this journal has solidified clinical activity in its melding of research initiatives informing practitioners from a variety of backgrounds. The interdisciplinary potential for growth initiative lies in the integrative quest for the continuity and development of research, practice, and knowledge.

Most journals aim to discuss interventions and outcomes, but one of the continued goals of 'Music and Medicine' is to describe, analyze, and consider the impact of the music itself-abstracts are translated in 7 languages. In this way, readers have been provided with essential insight as to how interventions might be refined, thus advancing the ways music can be instituted in future medical and clinical efforts. Taking into consideration the effect of music and its impact to potentially reduce stress in medical environments calls on those who institute the implementation of music to continually assess, address, and evaluate the particulars of music's effects. An essential primary mission of 'Music and Medicine' is to work within the broader environment of each medical genre, so that we can consider each and every aspect of care from the personal and professional perspective of treatment values and preferences.

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## **FIRST SOUNDS-RHYTHM, BREATH AND LULLABY (RBL)- AN INTERNATIONAL TRAINING MODEL**

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A range of philosophical and theoretical contexts can inform the application of music in NICU and Special Care Nurseries. The First Sounds method is a 3 prong, live music psychotherapy approach addressing medical and musical interventions with a team, inclusive of music therapists, a neonatologist & nurse practitioner. The First Sounds: Rhythm, Breath, Lullaby training has been 'grandparented' in 18 countries. Focus includes EMT (Environmental Music Therapy) development with evidence-based live music interventions oriented within a neuropsychological developmental music context for premature infants and their caregivers. Tier 1 training includes music psychotherapy support for caregivers informed by theories of healthy dyadic, triadic development, and trauma theory embracing culturally sensitive applications. A

diversity of clinical music therapy approaches as representative of neonatal care being instituted using the RBL approach that is developing around the world will be explicated. Emphasis on applications for program building will include the fostering of development in Japanese hospitals. These specified considerations may be applicable to the initiation of new programs in other countries. (RBL, 2016) Attendees will design live music applications of the transnatal environment focused on rhythm, timbre and tonal interuterine elements to foster comfort, stability, nurturance, safety, increasing opportunities for entrainment and self-regulation for the premature infant. Attendees will demonstrate knowledge and application of the First Sounds model -contingent singing, evaluation of applicative sounds & music to increase

respiratory, sleep, feeding, and quiet-alert opportunities with proficiency. (Loewy, 2013) Attendees will demonstrate the blanket of sound applications: tonal-vocal holding, with competence to develop lullabies (Loewy, 2015) catered to address the developmental, physical, emotional and cultural needs of the infant & family and will effectively evaluate the caregivers' level of trauma and identify music anchors whereby families of NICU infants will entrust music therapy support to enhance the caregiver-infant bonding process. Attendees will explicate, through trauma amelioration theory music's process in EMT providing a tangible means of coping where professional & personal caregivers connect to infants through song of kin-fostering parent-child attachment.

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## **BEING IN A MUSIC THERAPISTS' BAND: ABOUT MUSICAL AND CLINICAL BENEFITS**

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In all caregiving professions, self-care outside the clinical space is an ethical responsibility; it allows us to revitalize and be available again for our client's needs. Taking into account the specificity of using music in our therapeutic approach, the goal of this presentation is to highlight the importance of making music and being involved in creative process for ourselves as music therapists.

With a function similar to peer supervision groups, our band was formed in a music centered vision, as we put our needs to be active and nourished musically in the forefront. By going through the joys and challenges of group music creating, we follow the idea of walking the same path that we invite our patients to engage.

The particularities of a music therapists' band will be described: space for free improvisation, sense of security, freedom and acceptance, adaptation to different levels of needs (from individual needs to the song's needs). Therefore, our musical approach both differs from clinical context (where the client's needs prevail) and professional music making (less pressure on results and time issues).

We will point out the relevance of crossing the bridge between improvisation and composition by going through full musical production process, as it allows us to continuously explore and reinforce our musical identities. Phases of our creative process include 1) free improvisation and raw recording, 2) re-listening and making choices, 3) building structure and consolidating the song's vision, 4) recording sessions, 5) editing and mixing, 6) broadcasting and sharing. There will be short audio examples of these phases.

Then through clinical examples, we will focus on how being in a music therapist's band influences our professional practices.

We will end by a reflection about the need to include basics of musical production techniques in music therapy programs.

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## **THE MOMENTUM CHOIR AS COMMUNITY MUSIC THERAPY: BELONG, BELIEVE, INSPIRE**

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### **Abstract**

This paper tells the story of the Momentum Choir and Momentum Western New York. An example of Community Music Therapy, the choirs provide authentic musical experience in which the gifts of unique artists are professionally nurtured, and their communities have the opportunity to learn about the abilities and talents of individuals with disabilities.

### **Introduction**

We believe that there is a need for Community Music Therapy projects that address the unique needs of adults living with disabilities who are talented, passionate musicians. Many individuals have had rich music experiences in school that were for them, as for many of us, the most important aspect of their social and academic lives. The transition from K – 12 to adulthood is challenging, fraught with many losses – with the loss of membership in the school music community as one of the most difficult. The concept of Momentum Choir fulfills this need.

### **Momentum Choirs**

Established in September 2015, Momentum Western New York is a highly disciplined,

professionally facilitated performance choir that developed from a vision to nurture the gifts of musicians who live with a disability. Artistic Director and founder Dr. Joni Milgram-Luterman was inspired by the performers and Artistic Director Mendelt Hoekstra of the original, highly successful Momentum Choir, established 2007 from the Niagara Region of Canada, whose mission is to provide an authentic musical experience in which the gifts of unique artists can be professionally nurtured, and through which the artists can be given the opportunity to belong, believe and inspire. The original Momentum Choir began with eight choir members ten years ago and currently has over 65 choir members who perform for audiences of over 2000 people at a single concert. Momentum Western New York, inspired by the success of the Momentum Choir, held auditions in the fall of 2015, began rehearsals with ten choir members in December of that year, and has already had 4 successful concerts of over 80 audience members, adding six new members by year's end.

Momentum Choirs as Community Music Therapy provide opportunities for individuals to connect with a community of musicians leading to many benefits, including an increased sense of purpose. Additionally, family members and friends have new oppor-

tunities to be proud of and support the talents of their loved ones. Finally, choir members serve as disability advocates to the wider community.

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## BIO-GUIDED MUSIC THERAPY: FOCUS ON BRAIN MAPS

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### Introduction

One of the signature processes that differentiates Bio-guided Music Therapy from other neurological and medical-based music therapy approaches, is the utilization of real-time physiological data to inform live music therapy intervention (Miller, 2011). This arrangement of both music and data functioning as “co-therapists” allows for direct targeting of medical complaints by addressing associated physical symptoms in the music therapy moment. Common monitoring measures include electromyograms for muscle-related disorders, electrodermal and thermal monitors for stress-related disorders and electroencephalography (EEG) and hemoencephalography (HEG) for neuro-related disorders.

### Brain Maps

Measures that may be used to generate graphical representations of the brain include the EEG, magnetic resonance imaging (MRI), positron emission tomography (PET) and others. In a quantitative EEG (qEEG) map a color key shows “hot” areas in orange or red indicating amplitudes or coherence above the mean, and cooler colors of aqua and blue for levels below the mean.

In the above figure, we see “normal” EEG theta levels in green next to elevated EEG alpha levels in yellow and orange during a

vocal toning condition. Brain maps during several musical conditions showed toning and Tibetan bowls to appear normalizing compared with silence. The 50-string sound bed showed most dramatic slow-wave reduction.

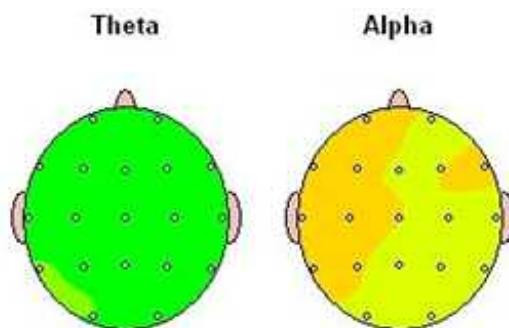


Figure 1. Z-scored EEG theta and alpha amplitudes during vocal toning.

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## **PARENTS' EXPERIENCES OF MUSIC THERAPY IN THE NEONATAL INTENSIVE CARE UNIT (NICU)**

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This presentation discusses a study exploring experiences of parents whose infants are in the NICU and how they express such experiences during music therapy sessions. Pregnancy and the birth of a new child can be exciting and joyful for families, but can also be overwhelming for some. When an infant is born prematurely, with associated complications and medical issues, this precious time can turn into a stressful and traumatic experience, negatively affecting both infants and parents.

Primary caregivers and parents of NICU infants experience tremendous stress, feelings of loss, uncertainty, guilt, and betrayal during their NICU stay (Aagaard & Hall, 2008; Cleveland, 2008). Much music therapy research has focused on the effects of music therapy on premature infants' physiological and behavioral needs, such as heart rate, respiratory rate, oxygen saturation rate, sucking response, and weight gain (Standley, 2012). Various music therapy interventional protocols have been developed and implemented in order to meet above mentioned areas (Goding, 2010). Literature and research in music therapy recognizes the importance of understanding and integrating parental perspectives and needs into caring for their newborn in the NICU (Benzies, Magill-Evans, Hayden, & Ballantyne, 2013; Bieleninik & Gold, 2014; Edwards, 2011a; Loewy, 2011, 2015b; Shoemark & Dearn, 2008). These to-

pics, however, have not been extensively investigated in the field of music therapy, whereas they have been discussed and investigated a great deal in health care fields other than music therapy. Considering the crucial role that parents play in infant care and the necessity of providing care that meet parents' psychological and psychosocial needs, I identified a need to conduct a study that explores experiences in the NICU from a parental perspective. Furthermore, music therapy research has not yet examined parental verbal and musical responses during music therapy sessions in the NICU.

Three parents of premature infants in the NICU participated in an individual music therapy session and post-session interview that was conducted right after the session. Data was collected through video recordings of music therapy sessions and post-session interviews. Results from the music therapy session analyses revealed the complexity that exists in the therapy process and provided the referential and ontological meanings from each session. This was affirmed through the detailed examination of various components of the session. Through the post-session interview analyses, seven global themes associated with parents' experiences of music therapy, as well as their experiences pertaining to their role as a parent and overall experience in the NICU were discovered. Study results may inform needs of parents in the NICU as well as roles

of music therapy in addressing and meeting such needs.

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## **CAN MUSIC SUPPORT EMOTION REGULATION DEVELOPMENT? EXPLORING A MUSIC-BASED INTERVENTION STRATEGY**

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Emotion regulation (ER) is the ability for a person to maintain a comfortable state of arousal by controlling and shifting his or her emotional experiences and expressions. The emergence of maladaptive ER occurs in childhood and is one characteristic often shared by several disorders. Maladaptive ER can significantly affect multiple areas in child development, such as the ability to learn in school, form and maintain healthy relationships with peers and adults, and manage and inhibit behavioral responses.

Interventions for children at-risk for developing maladaptive ER skills are limited and need further exploration. Based on limitations noted in existing treatment options, a Musical Contour Regulation Facilitation (MCRF) intervention was developed to improve ER abilities in preschool-aged children by providing opportunities to practice real-time management of high and low arousal experiences. As part of the intervention development process, the feasibility and fidelity of the MCRF intervention were examined, with the aims of exploring the efficacy and perceived meaningfulness of the intervention (feasibility), as well as examining the impact of the music stimulus and therapist effect on child engagement and arousal levels (fidelity).

The purpose of this presentation is to outline

the development of the MCRF intervention through an overview of its theoretical and conceptual framework, to summarize stages of feasibility and fidelity testing for the MCRF intervention, and to present preliminary feasibility and fidelity results. Overall, the MCRF intervention demonstrated moderate to large clinical effect sizes across multiple scores measuring emotion regulation skills pre- and post-intervention (feasibility). Furthermore, the implementation of the music applications adhered to the MCRF intervention protocol an average of 85.4% of the time. Implications of research findings are explored in relation to how they influence clinical music therapy practice and future research.

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## **THE THERAPEUTIC FUNCTION OF MUSIC FOR THE MUSICAL CONTOUR REGULATION FACILITATION INTERVENTION**

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Emotion regulation (ER) is the ability for a person to maintain a comfortable state of arousal by controlling and shifting his or her emotional experiences and expressions. The emergence of maladaptive ER occurs in childhood and is one characteristic often shared by several disorders. Maladaptive ER can significantly affect multiple areas in child development, such as the ability to learn in school, form and maintain healthy relationships with peers and adults, and manage and inhibit behavioral responses.

Interventions for children at-risk for developing maladaptive ER skills are limited and need further exploration. Based on limitations noted in existing treatment options, a Musical Contour Regulation Facilitation (MCRF) intervention was developed to improve ER abilities in preschool-aged children by providing opportunities through the contour and temporal structure of a music therapy session to practice real-time management of high and low arousal experiences.

The purpose of this research is to provide a theoretical rationale for the Therapeutic Function of Music (TFM) to support the MCRF intervention. A review and synthesis of the music theory, music neuroscience, and music

development literature was conducted to inform the TFM. Results provided guidelines for structuring the music stimulus to create musically facilitated high and low arousal experiences. Developmentally appropriate music for preschool-aged children should include rhythmic and melodic repetition, consonant harmonies, binary rhythms, and an easy-to-follow, step-wise melodic contour that falls within an octave range. Music composed to facilitate high arousal can incorporate more complex ternary rhythmic pattern, fast tempos, bright timbres, staccato articulations, complex musical textures, as well as unexpected or novel musical events (e.g. a sudden rhythmic change). Music composed to facilitate low arousal can incorporate soft dynamics, a low-than-normal pitch range, slow tempos, ritardandos, simple musical textures, and legato articulations.

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## MUSIC-CENTERED SONG EXPLORATION

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*Brian Abrams, PhD, MT-BC*  
Montclair State University, USA

Songs are the basis for numerous music therapy experiences. This presentation will focus on music-centered song exploration—an approach to working with pre-composed songs in music therapy in which the music plays a primary role in the therapeutic process.

Song Discussion, often referred to as Lyric Analysis, has been defined by Bruscia (2014) as:

The therapist brings in a song that serves as a springboard for discussion of issues that are therapeutically relevant to the client. After listening to the song, the client is asked to analyze the meaning of the lyrics and to examine (in dialogue with the therapist or other clients), the relevance of the lyrics to the client or the client's life. (p. 340).

Many music therapists utilize songs in this way, focusing on the verbal content of a song's lyrics, and employing the music as a pretext for verbal discussion. In this approach, the therapist typically works within a psycho-educational and/or behavioral health framework, in which songs are utilized for topical, thematic lyrical contents that align with clinical goals. In this work, while the music may "prime" the client's awareness in certain ways, much of the work itself con-

sists within the subsequent, verbal discussion.

By contrast, Music-Centered Song Exploration engages clients in the song as whole musical experience, in which lyrics are treated as inextricable from the lived, aesthetic-temporal context of the musical gestalt. Based upon this principle, Music-Centered Song Exploration can be defined via a modified version of Bruscia's Song Discussion, as follows:

The therapist brings in a song that serves as a springboard for discussion of issues that are therapeutically relevant to the client. Through listening to the song, as a whole or in individual excerpts (depending upon the specific nature and direction of the session) the client is asked to explore the experience of the song, and to examine (in dialogue with the therapist or other clients), the relevance of the music and lyrics to the client or client's life.

In this method, music is understood as central to the therapeutic experience, and as the core, guiding principle of the work and its goals. This method is rooted in theory positing that the experiential, therapeutic potential of a song resides in its musical context, and that a music-centered approach better integrates the unique expertise em-

bodied in music therapy as a discipline on behalf of the client. Techniques used in the facilitation of this method are drawn from related models, such as the Bonny Method

### **Session Overview**

The session will present a music-centered approach to song exploration, including basic constructs of music-centered theory, and the procedural processes involved (song selection, facilitation and evaluating music-centered song exploration).

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## MUSIC THERAPY WITH YOUTH AT RISKS

*Julien Peyrin*  
Dans La Rue, Canada

Firstly, we will begin on a general note by presenting the various issues affecting that clientele (including: family and social exclusion, drug addiction, psychiatric disorders, suicide, etc.).

Then, we shall define the role of music therapy by describing the diverse kinds of interventions adapted to this population. An individualized framework is established with each teenager who joins the therapeutic approach of this music program, including sessions of psychomusical relaxation proposed to youth living with stress and anxiety disorders, drum circle sessions dedicated to the improvisation and the expression of oneself in context of open group, and finally musical recording sessions in studio (texts, songs or improvisations).

We shall approach more exactly the project of the musical compilations made in 2013 and 2016, involving young people benefiting from our services with professional artists. We will see how this kind of project with therapeutic aim could be developed with other populations in difficulties.

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## **INSPIRATION FROM TRINIDAD: STEELPAN AND CALYPSO FOR GLOBAL MUSIC THERAPY INTERVENTIONS**

*Jean Raabe, M.Ed., MBA, MT-BC*

University of the West Indies, Trinidad & Tobago and Michigan, USA

Scientific documentation concerning the use of steelpan and calypso for music therapy interventions has not been readily available for music therapists. The author of this paper seeks to change that with the support and assistance of interested colleagues. The steelpan has properties and characteristics unlike many of the instruments used by the author for therapy, making it a more effective tool than instruments previously favored for music therapy sessions. The traditional rote memory style of teaching steelpan has also been conducive to designing effective therapeutic interventions.

The therapeutic value of an instrument that has melodic, harmonic and percussive capabilities all in one is immeasurable. The instrument's design lends itself to giving a client success on the first attempt, because the harmonic partials brought out in tuning each note bring richness and beauty with the single strike on a note. The pan speaks to the heart of people in a special way, because it also vibrates and produces tones in comparison with the human voice. The author has not used another instrument that can "sing" for a client, so for a non-vocalist it adds a new dimension to their capabilities in producing and creating music. This has also true for non-musicians, making it more valid for clients who've never had a voice in so-called modern society.

The workshop presentation for the 15th World

Congress was originally designed for a different international audience to hear about the intrinsic therapeutic value of the steelpan. The steelpan fraternity has a global membership, so a similar workshop was first done for that audience in 2012 (Port of Spain, Trinidad, W.I.). A year later the workshop was redesigned to present at a conference in Trinidad concerning arts for persons with disabilities, and then redesigned again for music therapists at multiple annual AMTA conferences. The interactive workshop has provided participants with opportunities to play steelpans and percussion, and demonstrated intervention possibilities for music therapists working with various client populations.

Steelpans (drums) were born out of innovative, yet poverty-stricken, panyards of Trinidad & Tobago. The instrument was associated with crime and delinquency in its early years, but was elevated to the national instrument of T&T in 1992. Pans have provided an opportunity to use instruments that are both melodic and percussive, have harmonization capabilities and capture the interest of clients in a variety of ways. A wide range of populations have been drawn to the pleasing sound of the instruments, making them an effective catalyst for powerful music therapy interventions. The therapeutic aspects of steelpan became evident through sharing how the instruments were built and tuned, as well as how the history and cultural ramifications

were critical to the development of these versatile instruments. Video clips of steelbands from around the world strengthened understanding of the therapeutic value of steelpans as a global entity.

Calypso music was the original style used with steelpans, but with A440 chromatic tuning they have blended well with other instruments to play any musical style. Calypso rhythms and chord progressions were used for improvisation, while participants interacted and propelled the interventions demonstrated/used during the workshop. The improvisational form of calypso called extempo was the main style used, however, blues and Caribbean folk music were also used to give clarity on how a variety of genres work with steelpans.

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Jean uses steelpan for community music therapy in Michigan, USA, teaches a music therapy course at University of the West Indies, Trinidad, and played with internationally recognized Phase II Pan Groove (1995-1015). Email: occasions@yahoo.com

## **COMMUNITY MUSIC THERAPY FOR COLLEGE STUDENTS WITH AND WITHOUT INTELLECTUAL DISABILITIES**

*Melody Schwantes*

Appalachian State University, USA

Students with intellectual and developmental disabilities (IDD) have recently been granted limited access to 2 and 4-year colleges and universities in the United States through the support of federally funded grant programs. One of the challenges that students with IDD often struggle with while enrolled in these programs is developing authentic social interactions and community (Grigal, Hart, & Weir, 2013). To help support students at our university enrolled in such a program, we developed a pilot community music therapy group to create a space for college students with and without IDD to come together in a natural setting in their residence hall to form relationships through the creation of music. This action research study aimed to find out how music therapy might support relationship building for students with and without IDD.

Adults with IDD have accessed community music therapy (Stige, 2013) and creative arts therapies (2009), however, little research has been conducted to learn of their perceptions and experiences in the music therapy sessions. Further, there have been very few music therapy studies that have provided an inclusive context that benefitted both individuals with IDD and without IDD.

Over the course of the fall semester, volunteer students participated in 10, weekly community music therapy sessions in the open lobby of their residence hall on cam-

pus. The music therapy sessions included instrument playing, instrument learning, group music making, improvisation, and dance/movement to music- all utilizing participant selected music. The semester ended with students attending two different concerts together outside of the group setting.

After the conclusion of the sessions interviews were held with the participants in order to determine what they would consider to be the outcomes of participating in the community music therapy sessions. It was found that a previous relationship to music, whether formal or informal was helpful in encouraging students to participate in the music therapy sessions. During the music therapy sessions, music selection, connection to the music and to other participants, and methods of participation all positively contributed to building community. Some of the logistics, including the time of the sessions and the location in the open lobby were challenges identified that may have been barriers to developing deeper relationship. The participants highlighted the importance of attending a concert together as it helped to perform the group (Stige & Aarø, 2012) in many ways. Finally, the participants articulated ways that participating in the group gave them courage to be themselves and to not be afraid to try new things in the future. Students with and without IDD highlighted ways that they personally benefitted from participating in the group.

Guidelines and relevant to the topic of the manuscript are encouraged. Clear images (jpg file, maximum of 1 MB), audio (mp3 file; maximum of 10 MB), videos (mp4, maximum of 50 MB) must be submitted separately.

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## **SONG AND EMOTION: EXPLORING THE ROLE OF MUSIC IN EMOTIONAL REGULATION WITH ADOLESCENTS HOSPITALIZED FOR ACUTE PSYCHIATRIC CARE**

*Johanna Shriver*  
Lesley University, USA

### **Background**

For adolescents hospitalized for intensive care in a mental health facility, the process of developing emotional regulation can be interrupted. Research has identified music therapy as an effective model of treatment with the adolescent population (McFerran, 2010). Further research has identified music as an important piece in assisting adolescents develop the ability to regulate emotions effectively, building resiliency and coping skills (Eberstadt, 2005; Gooding, 2011; Schwartz 2004).

### **Method and Results**

Research was conducted with three adolescent patients in a public psychiatric hospital in the form of a 1:1 music listening, interview, and lyric analysis session. The method of research was phenomenological and qualitative, focusing on the individual relationship of each participant to music and the role it plays on their life. Research was conducted under the approval of the state Institutional Review Board and the ethical guidelines of the American Music Therapy Association.

In each session, participants were asked how they were feeling and asked to select two or three songs from a list of 25 songs co-

vering a variety of genres and styles. Each participant met with the researcher twice, with 24 hours minimum in between sessions. Session one was identified as self guided, in that the participants selected music without researcher instruction. In session two, the researcher issued additional instructions to guide music selection, therefore it was referred to as externally guided. Participants were provided with lyrics to each song selected and asked to highlight lyrics they found meaningful. After the listening, participants were again asked how they felt and then asked a variety of open ended questions about lyrics, the music of the song, and which, if any, had contributed to any emotional change through the listening experience. The researcher analyzed participant identified lyrics and provided opportunities for the participants to identify the role music plays in their life. Participants used the same songs and were asked the same questions at both sessions.

Out of three participants, three out of three achieved emotional regulation when allowed to self guide and identified the change as lyric driven. In the externally guided session, only one of three affected an emotional change and identified this change as music driven. The other participants recorded no change in emotions. Participants identified common themes of fear, accep-

tance, authority, and parental relationships through lyrics, and commonly shared uses of music included emotional expression and managing emotions. For purposes of this study, exclusions included patients actively self-harming and cognitively limited patients who were unable to assent to the research with full understanding.

While the sample size of this study was small, patterns emerged that appear to indicate participants were able to achieve emotional regulation through lyrics that validated their emotions in the moment, allowing for release, management and freedom to resolve emotions as needed. When instructed by another to regulate emotions a certain way, participants were unable to achieve regulation, or simply chose the fastest method to fulfill the instruction, thus not allowing for full emotional regulation.

This research has demonstrated the important role music can, and does, play in developing emotional regulation with adolescents experiencing severe emotional dysregulation. While there is more to learn, it is clear music plays an important role in the lives of our

clients and is an important clinical tool in their treatment and recovery.

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## **TONING, SINGING AND BREATHING: MEASURING COGNITIVE, RESPIRATORY, CARDIOVASCULAR AND EMOTIONAL RESPONSES**

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*Alexandre Lehmann*

International Laboratory for Brain, Music and Sound Research (BRAMS).  
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### **Introduction**

This study involved a collaboration between a music therapist and two neuroscientists. Its purpose was to explore toning, a form of vocalizing that is gaining in its use and applications in music therapy practice (Austin, 2009, Clements-Cortes, 2016, Ilya, 2013). A scientific understanding of toning is lacking because of the paucity of studies to date. The current study sought to increase our understanding of toning through an exploratory mixed methods approach.

### **Design, Objectives, Procedures**

Empirical data was gathered using a single-blinded, cross-over group study. Participants were 20 adults who were non-musicians. The objective was to investigate the effect of toning and singing on cardiorespiratory and cerebral physiology, and to disentangle the role of breathing from that of vocal production. Continuous cardiorespiratory and cerebral recordings were taken for baseline data, and

throughout the approximately 2-hour experiment. Qualitative measures consisted of an interview conducted at the conclusion of the experiment, and a Music and Emotions questionnaire administered at the conclusion of each of 4 protocols comprising the study. The primary objective was to gather descriptive information concerning the effects of self-administered toning on study participants, and secondarily, singing and breathing.

The presentation will include further information on the procedures, as well as the methodologies employed to analyze the data.

### **Results**

Results indicate many therapeutic benefits to toning. Among these is a significant finding that toning results in a respiration rate of 6.1 breaths per minute, which has significant cardiovascular and respiratory benefits, as well as psychological benefits. Singing songs also positively impacts cardio-respiratory function, although to a lesser extent. Toning

increases heart rate variability. It also demonstrates the capacity to easily induce an altered state of consciousness or attention, which is often described as meditative. Full results will be discussed in the presentation.

### **Conclusion**

The results of this study provide important new information on toning, with the potential for expanded areas of clinical application of this intervention. This study also offers a model for collaboration between music therapists and neuroscientists.

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**Alexandre Lehmann**, PhD, is a cognitive neuroscience professor and researcher interested in many aspects of human hearing, from the basics of the auditory system to the pleasure of moving to a beat.

## **MUSIC PREFERENCE, INDIVIDUAL VARIABILITIES, AND MUSIC CHARACTERISTICS: A MULTI-AXIS PARADIGM FOR PAIN**

*Xueli Tan, PhD, MT-BC*

Lesley University, United States of America

### **Abstract**

This 3-phase mixed methods study ascertained salient individual variabilities and music characteristics associated with pain management interventions. Participants included 97 music therapists, 50 healthy adults, and 35 cancer patients. The results revealed predictors such as demographics, personality, and coping styles in influencing changes in music preferences under various pain contexts.

### **Purpose of Study**

The purposes of this 3-phase mixed methods study were to 1) identify salient individual variabilities and music characteristics associated with interventions for pain management, 2) explore current pain management practices of music therapists, 3) delineate any differences in general musical taste and context-specific music preference, as well as preferred music characteristics, and 4) investigate the contributions of individual variabilities, personality, behavioral coping styles, and pain levels in predicting changes in music preferences and preferred music characteristics under various pain conditions.

### **Method**

Participants included 97 music therapists, 50 healthy adults, and 35 cancer patients. The music therapists completed an online questionnaire to provide quantitative and qualita-

tive data regarding the saliency of individual variabilities and music characteristics in determining the choice of music for pain management interventions. Healthy adults and cancer patients completed a battery of tests and questionnaires, including a Participant Intake Form, an adapted Short Test of Music Preference-Revised (STOMP-R-A), a Music Characteristics Test, the Miller Behavioral Style Scale-abbreviated (MBSS-abbreviated), and the NEO Five-Factor Inventory-3 (NEO-FFI-3). In addition, the of the McGill Pain Questionnaire-2 (SF-MPQ-2).

### **Data Analysis**

A one-way ANOVA, independent t-test, chi-square statistic and the McNemar's test were utilized to test for possible response bias, differences in baseline covariates, statistical differences between general music tastes and music preference, and genre-specific preference changes respectively. Qualitative responses were analyzed using open coding and thematic development techniques. Multiple logistic regression analysis was used to examine the contributions of demographic factors, personality, behavioral coping style, and pain to changes from musical tastes to music preferences and preferred music characteristics under four pain conditions.

### **Results**

The results indicated that participants' music

preferences under various pain contexts differed from their general musical tastes. Analysis indicated that participants' age, gender, personality, and behavioral coping styles predicted how likely their music preferences might change, and also predicted their preferred music characteristics under different pain situations.

### **Conclusions**

The findings from this study emphasized the importance of considerations for the interactions of music preferences, individual variabilities, and music characteristics as a paradigm for context-specific pain management in adult clinical settings.

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## **CONTENT ANALYSIS OF THE USE OF MUSIC IN PAIN RESEARCH ACROSS HEALTHCARE DISCIPLINES**

*Xueli Tan, PhD, MT-BC, Yu-Hsin Hung, MA, MT-BC, Ruoxi Zhang, MA, BC-DMT*  
Lesley University, United States of America

### **Abstract**

The purpose of this content analysis was to compare the use of music in pain research studies across healthcare disciplines within the last 15 years. The results showed that the incidences of patient-preferred versus experimenter-chosen music, and passive versus active music interventions in the 90 research studies included in this analysis.

### **Purpose of Study**

With growing interest and recognition for the therapeutic use of music in clinical settings, medical doctors, nurses, neuroscientists, psychologists and other allied healthcare professionals are increasingly involved in research studies to address the efficacy of music in pain management. The purpose of this study was to compare and contrast the use of music in pain research studies across healthcare disciplines. Specifically, this systematic review of the contents of the studies highlighted the salient issues in music and pain research across disciplines.

### **Method**

An online search was conducted using three search engines (CINAHL Plus, IIMP, PubMed). The inclusion and exclusion criteria were as follows:

Inclusion Criteria:

- 1) "pain" and "music" in article title.
- 2) published from 2001 – 2015.
- 3) published in English.
- 4) included clinical patients as sample.
- 5) clinical trials, RCTs, clinical trial phase I, II, III, IV, controlled clinical trial, journal article, research article, peer reviewed.

#### **Exclusion Criteria:**

- 1) included healthy adults/students/musicians as sample.
- 2) music is not the primary independent variable.
- 3) case study, commentary, systematic review, meta-analysis, conference proceeding, conference abstract, literature review.

### **Results**

A total of 90 research articles were included in the analysis. Two researchers utilized a set of operational definitions to analyze the contents of these 90 articles. Inter-coder reliability was established. The greatest number of research studies were conducted in the United States (29). There had been a steady increase in the number of studies utilizing music in pain research, especially in studies conducted by medical doctors, nurses, and other allied health professionals. Studies led collaboratively by music therapists and allied health professionals had the greatest variation of passive and active mu-

sic interventions and the highest percentage use (85.7%) of patient-preferred music.

### **Conclusions**

The results have implications for increasing collaborative work between music therapists and allied healthcare professionals.

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## **A REVIEW OF MULTICULTURAL MUSIC THERAPY LITERATURE: TRENDS AND FUTURE DIRECTIONS**

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By 2050, more than half of the U.S. population is projected to be of non-white ethnicity (Colby & Ortman, 2015). It becomes inevitable that we will encounter individuals from different cultural backgrounds. Numerous studies have documented ethnic and racial disparities in health and healthcare. In response, scholars introduced “cultural competency” to address this important issue. The call for “cultural competency” has been made in healthcare and helping professions. In the music therapy profession, “cultural competency” is poorly defined. It is listed under the American Music Therapy Association (AMTA) Profession Competencies, Professional Role/Ethics, 17.11 which states music therapists “demonstrate skill in working with culturally diverse populations.”

The purpose of this study was to analyze the content of multicultural research published in the Journal of Music Therapy (JMT) and Music Therapy Perspectives (MTP). Multicultural research plays an important role in developing evidence-based practices for our work with culturally diverse clientele. The research questions include, what is the state of multicultural music therapy literature in JMT and MTP? What are the trends in multicultural research? What types of issues are researchers investigating? How are cultural issues investigated or examined?

JMT articles published from inception (1964) through 2014, and MTP articles published

from inception (1982) through 2014 were searched using the following keywords: race, culture, and multicultural. Based on initial findings, inclusion criteria were determined for relevance to the study. The articles included were those that addressed international practices, international students, multicultural training, and/or music therapy with specific ethnic or racial groups. Subcultures such as the Deaf and LGBTQ populations were excluded. Book reviews, editorials, annotated bibliographies, columns, indices, and honorary acknowledgments were also excluded.

Articles were categorized and quantified based on four domains: (1) clinical population, (2) professional issues, (3) foundational research, and (4) theory development. Clinical population encompasses music therapy with specific racial or ethnic groups, as well as in specific countries. Professional issues include multicultural training, attitudes of professionals, international students, and supervision. Foundational research refers to descriptions of world music and other cultures. Theory development denotes theories pertaining to cultural competency, cultural empathy, and culturally centered practice. When an article had two distinct purposes, it was categorized in both sections. Each article was only accounted for once in the total count. Articles were also categorized based on mode of inquiry: philosophical, historical, experimental, and descriptive. Tabulations

were also grouped into two time periods (through 2003 and after 2003) to enable comparison with an earlier multicultural review conducted by Chase (2003).

Since JMT's and MTP's inception through 2014, there were a total of 27 journal articles. This is the breakdown according to the domains: clinical population (n=8), professional issues (n=13), foundational research (n=7), and theory development (n=3). This is the breakdown according to mode of inquiry: experimental (n=4), descriptive (n=18), historical (n=3), and philosophical (n=2). Results indicate an overall increase in the number of articles published after 2003: an almost 100% increase in JMT and a 60% increase in MTP. Despite this increase, there is still a dearth of multicultural music therapy literature for a profession that began over 50 years ago. In order for our profession to meet this quickly changing cultural climate, we need more multicultural research.

This research advances music therapy clinical practice by highlighting gaps and areas needed for future research. They include music therapy methods when working with culturally diverse individuals, cross-cultural comparisons of music perception and music therapy protocols, cultural matching in music therapy, and theoretical frameworks of cultural competency in music therapy. Furthermore, this author advocates for "cultural

competency" to be clearly defined in the AMTA Professional Competencies. Follow up research includes investigating reasons for lack of multicultural research.

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## **EXPERIENCES AS A STUDENT OVERSEAS AND A PROFESSIONAL BACK HOME**

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### **Introduction**

Within music therapy, reports indicate that 68% of accredited programs of the American Music Therapy Association enrolled international students (Hsiao, 2011). Furthermore, 42% of international students intend to return to their home countries upon completion of music therapy degrees (Brotos, 1997). International students face numerous issues when studying abroad and when returning home. Despite the increased interest in multicultural issues in ethical concerns, education, clinical practice, and supervision (Hadley & Norris, 2016), reentry issues were not emphasized (Hsiao, 2011). Therefore, the purpose of this symposium is to promote discourse on reentry.

### **Benefits of Studying Abroad**

Studying music therapy abroad helps international students increase cultural self-awareness. This understanding translates to empathizing with patients' social contexts. In addition, international students bring diverse perspectives that enrich their programs.

### **Difficulties Faced When Studying Abroad**

Studying in a foreign country is often accompanied with challenges including discrimination, homesickness, and acculturative stress. Other acculturative stressors include English proficiency, neuroticism, and music therapy academic stress (Kim, 2011).

### **Challenges Faced Upon Reentry**

Music therapists returning home face reentry difficulties. Lack of job opportunities can be attributed to low awareness and advocacy in one's home country. In some countries, there are no music therapy associations or prior music therapy presence. Thus, music therapists need to explain and justify their work to the public and regulatory agencies in order for them to differentiate themselves from musicians. Another issue commonly faced is integrating knowledge learned abroad to the local context. Examples include learning new repertoire and developing culturally appropriate interventions.

### **Discussion and Recommendations**

Speakers of this symposium will share their personal experiences. The speakers recommend that international students work together with their schools to prepare for their intercultural transition. This includes researching the music therapy landscape in their home country and building strong networks for advice and support.

Overall, music therapy programs and international students need to emphasize and consider intercultural career transitions early on. This is essential for the growth of music therapy around the world.

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## **THE DEVELOPMENT OF MUSIC THERAPY SERVICES IN ECUADOR: CULTURAL CONSIDERATIONS AND OPPORTUNITIES**

*Katie Van Loan*

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This presentation offers insight and perspective into the experience of the first board certified music therapist to collaborate with a provincial governmental program in Ecuador. Case examples and video footage will be shared to illustrate the impact of the visit and cultural considerations. Future opportunities for the field of music therapy will be shared.

Ecuador has a wide array of low-income, disabled individuals who have limited access to resources and services. This presentation discusses how the first music therapy services were introduced into the Centro de Equinoterapia program to enhance communal and therapeutic benefits.

The music therapist will share her impressions of her month-long work in Ecuador; including the benefits and challenges to adapting and working in a Latin culture. The language barrier deepened this therapist's music, observation, and listening skills.

This presentation will also offer perspectives and an open discussion for collaborating in

both musical and non-musical contexts. An outline of the music therapy process and impact of the music therapist's visit will be shared; including methodology, education techniques, and evaluation development. Additionally, the current music therapy status and potential opportunities to educate, visit and conduct research will be discussed.

Implications of this presentation may 1) provide future resources and opportunities to music therapy students and professionals, 2) inform future implementation of clinical training for working in Latin culture, and 3) directly improve the quality of services to underprivileged disabled children living in Ecuador, through added knowledge and research.

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## **GIVING VOICE TO CLIENT AND CULTURAL RESISTANCE**

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This presentation will examine both client and cultural resistance from the perspectives of two music therapists. Considerations for working in a Japanese culture and/or with clients from diverse cultural backgrounds will be shared. Additionally, clinical techniques for supporting resistance in clients with mental illness will be outlined.

Resistance is a phenomenon occurring across cultures and when provided the therapeutic relationship. A review of theoretical definitions of resistance will be presented as well as the cultural connotations, particularly in the US and Japan.

Case studies will illustrate the experiences of two music therapists with client and cultural resistance. Both therapists were trained in the United States. One therapist works in New York City in a psychiatric setting and will address client resistance from a multi-cultural perspective. The other therapist practices in Japan, also working in a psychiatric setting will share how her training and cultural experiences living in New York City influences her current clinical work and perspective on Japanese culture.

The therapists will provide considerations to enhance ones awareness when working with client and cultural resistance in both musical and non-musical contexts. Aspects to theore-

tical orientations and techniques will be shared. The therapist's includes sensitivity, empathic understanding, a warm environment, respect, and a willingness to join, witness and understand client resistance. Therapist countertransference and client transference will be reflected to affirm and deepen understanding of client resistance and support self-discovery. The various ways resistance is portrayed in multi-cultures.

Implications of this presentation may 1) provide clinical resources to students and professionals, 2) foster understanding and appreciation for client and cultural resistance, 3) inform future implementation of clinical training programs with emphasis on cultural awareness and a broader theoretical framework for working with client resistance.

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## **CRITICALLY EVOLVING: CURRENT TRENDS IN ARTS-BASED RESEARCH IN MUSIC THERAPY**

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### **Voices of Arts-based Researchers**

In 2015-2016, Journal of Music Therapy (Volume 52, Issue 4), Nordic Journal of Music Therapy (Volume 25, Issue 3), and Music Therapy Perspectives (Volume 34, Issue 1) dedicated special editions to the role of aesthetics and art in research, theory, education, and clinical practice. Given the diversity in which arts-based research (ABR) is presented in music therapy literature, it is important to understand the boundaries and variations of art's role in research methodology, design, and dissemination. Below, arts-based resear-

chers share their reflections and perspectives on the current trends of ABR in music therapy.

Laura Beer: Arts-based research practices offer qualitative researchers a rich, versatile means of collecting data that embody the participants' experiences in systematic and inventive ways. When creative arts are incorporated into the design and promulgation of a music therapy research project, data become part of an interactive experience for readers to emotionally and intuitively feel this experience through an aesthetic medium.

Simon Gilbertson: Arts-based research methods promise innovative ways for envisioning the future history of music therapy theory, where the world might be considered to be situated and materially inseparable enactments of living and experience. What seems to be evolving is that research methodologies like ABR extensively recognizes and cares for the ontogenesis, or process of lived inseparability, of the practice participants within education, research and therapy.

Tríona McCaffrey: As a growing field of inquiry in music therapy, ABR has remained relatively unconstrained. Such freedom presents researchers with an exciting array of possibilities as they creatively explore, discover and uncover the social world. ABR may be particularly relevant to music therapy researchers who wish to pursue creative knowledge that emphasizes notions of inclusiveness and equity.

Guylaine Vaillancourt: Arts-based research provides us with a holistic perspective of the dynamic field of research, looking from angles that combine various ways of knowing, linear and non-linear thinking, intuition, and expression that create an evolving live knowledge.

Michael Viega: As an artist-as-researcher, I trust that my artistic choices and aesthetic worldview will guide me towards an understanding of the complex social phenomena I am investigating. Embedded in the art and music created within the context of research is the wisdom of our collective heu-

ristic, which can be shared and experienced in performance and aesthetic experience.

Alpha Woodward: My current interest within an ABR framework pays homage to my own creative resource for performative writing – the human imagination. Imagination is the culprit behind all civil, scientific and artful advances in humanity – and yet it is vilified as untrustworthy, whimsical, the mark of madness, nonmeasureable, and perhaps downright dodgy. My research – and all research – although not focused on the imagination – requires it.

Rebecca Zarate: I am interested in applying an inclusive perspective of critical improvisation practice, research, and pedagogy that acknowledges the presence of difference in society. Critical social aesthetics is an approach within this perspective that harnesses an arts-based clinical and research method called clinical listening<->cultural listening grounded in an indigenous artistic philosophy.

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## **RECENT DEVELOPMENTS IN MUSIC THERAPY RESEARCH**

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Music therapy research continues to grow and develop. This presentation provides an overview of these developments as reflected in the third edition of *Music Therapy Research*, published in 2016. The presenters trace the development of music therapy research from the first edition of this book, *Music Therapy Research: Quantitative and Qualitative Perspectives*, published in 1995, through the second edition, *Music Therapy Research*, published in 2005, to the current edition. Overall trends in research are presented.

The session highlights new developments in music therapy research including an explanation of the terms objectivist and interpretivist. These terms were introduced in the third edition of *Music Therapy Research* to describe approaches to research, generally used instead of the terms quantitative and qualitative research. The terms are used to indicate a broadening of the understanding of ways of classifying research, and their use reflects aspects of growth and development of music therapy research.

The presenters describe and explain the rationale for the changes made to the third edition of the text as a way to highlight how music therapy research has developed. An obvious change is an increase in the number of chapters: from 24 in the first edition to 41 in the second and 68 in the third. Authors in

the first edition were all from the U.S., the second edition included 13 international authors from 7 countries, and the third edition includes 26 international authors from 12 countries.

The third edition also includes significant changes to the content. Included in this edition are chapters that emphasize the relationship between research and theory, in addition to research and practice. Attention is given to multicultural considerations, interdisciplinary collaborations and guidelines for obtaining funding. There is considerably more detail on research designs, with expanded chapters describing methods of collecting and analyzing data for all types of research. Finally, chapters on microanalysis, mixed methods, and methods for synthesizing research have been included, as well as a division of historical research into objectivist and interpretivist.

In addition to presenting and discussing the changes in the three books, the presenters discuss how the changes reflect changes in music therapy research and how they have influenced and continue to influence that research.

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## **INTERPROFESSIONAL MUSIC THERAPY AND SPEECH/LANGUAGE THERAPY FOR PRESCHOOL-AGED CHILDREN AND THEIR CAREGIVERS**

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### **Introduction**

The Preschool Language Lab (PLL) is an interprofessional music therapy and speech/language pathology program for preschool aged children with speech and language disorders. Children 18 months through six-years of age engage in an immersive music and language environment with a focus on the development of play skills, social skills, language skills, and musical expression. Music therapy and speech/ language therapy students and professionals collaboratively plan and implement experiences that support increased child-to-child communication and engagement. Children, who participate, wear a small digital recording device that tracks and analyzes the speech sounds produced while they are in the program. This data can then be evaluated for purposeful and non-purposeful utterances and turns of communication among participants. The PLL also includes a caregiver-training component, providing additional resources through training modules, demonstrations, lectures, and session observations with the intention of encouraging increased implementation of music therapy and speech therapy interventions in the home environment.

### **Participants**

The children in the PLL have varied diagnoses including autism spectrum disorders, polymicorgyria (a neurological disorder), phonological disorders, developmental apraxia of speech, sensory processing disorder, and may wear hearing aids or have cochlear implants. Goals may include, perception and production of speech, detection of sound, recognition of sound, and understanding the meaning of sounds (Gfeller, Driscoll, Kenworthy, and Voorst, 2011). Music therapy activities address speech and language goals as well as provide "ample opportunities to practice listening, speaking, and use of language" (p. 48). Treatment goals also emphasize the importance of the social and cooperative nature of music experiences providing opportunities for children to practice the aforementioned communication skills.

### **Role of music therapy within the interprofessional collaboration**

Children learn through active engagement with their environment and multisensory play experiences. Play in this context serves as "a demonstration of what children know..."

[and] a demonstration of what they are currently thinking about" (Lifter, et al., 2011, p. 226). Music therapists and speech/language pathologists create opportunities for play and support child acquisition of important developmental milestones such as social engagement, peer-to-peer communication, and emotional expression. Music therapy interventions are integral to the play-focused PLL, as the music maintains the interest of the children and allows for speech, language, and/or communication targets to be embedded within the musical experience itself.

### **Caregiver Training**

Another key element of the PLL is a dedicated caregiver training component that serves to provide opportunities for caregivers to receive direct instruction on the implementation of music therapy and speech/language pathology interventions in the home environment. Music therapy research indicates that the inclusion of caregivers into music therapy sessions positively impacts parents and children in a variety of ways including, non-verbal communication, mutual attunement or synchrony, decreased caregiving stress, positive emotional parental responses, child-initiated communication, parental engagement, and development of child social skills (Cassidy, & Winter, 2016).

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## **RECOVERING THE TRUE VOICE: VOCAL PSYCHOTHERAPY IN ACTION**

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### **Background**

Vocal Psychotherapy, developed by Dr. Diane Austin, is the first model of voice based music psychotherapy. The definition of vocal psychotherapy is the use of breath, sounds, vocal improvisation, songs and dialogue within a client-therapist relationship to promote intrapsychic and interpersonal growth and change. Austin's Vocal Psychotherapy advanced training program has been offering music therapists, trained at the master's level, the opportunity to learn theoretical underpinnings that integrate the physical, psychological and spiritual benefits of singing, with theories from the fields of psychology, traumatology, addiction treatment and psychodrama.

Austin's Vocal Psychotherapy is based on the premise that the voice is the primary instrument in music therapy. As we breathe deeply to sustain the tones, our heart rate slows and our nervous system is calmed. Our voices resonate inward to help us connect to our bodies and express our emotions as they resonate outward to help us connect to others. Singing can provide clients an opportunity to express the inexpressible, to give a voice to all the parts that long to be heard, and join them in a song of integration.

Singing is intimately related to our psychological and emotional responses. According to Levine (1997), the residue of unresolved, un-discharged energy gets trapped in the nervous system and creates the debilitating symptoms associated with trauma. When we sing, internally resonating vibrations break up and release blockages of energy, releasing feelings and allowing a natural flow of vitality and a state of equilibrium to return to the body. These benefits are particularly relevant to clients who have frozen, numbed off areas in the body that hold traumatic experience.

### **Vocal Holding Techniques**

Vocal holding techniques is the name ascribed to a method of vocal improvisation, developed and refined by Dr. Austin since 1994. Austin's Vocal holding techniques involve the intentional use of two chords in combination with the therapist's voice in order to create a consistent and stable musical environment that facilitates improvised singing within the client therapist relationship.

This method provides a reliable, safe structure for the client who is afraid or unaccustomed to improvising. Vocal holding techniques can be used to promote a therapeutic regres-

sion in which unconscious feelings, sensations, memories and associations can be accessed, processed and integrated. These unconscious experiences are directly related to parts of the self that have been split off and suspended in time due to traumatic occurrences. When contacted and communicated with, these younger parts can be reunited with the ego and the vital energy they contain can be made available to the present day personality. Developmental arrests can be repaired and a more complete sense of self can be attained.

### **Free Associative Singing**

Austin's Free Associative Singing is the term used to describe a technique that can be implemented when words enter the vocal holding process. It is similar to Freud's (1938) technique of free association in that clients are encouraged to spontaneously verbalize whatever comes into their head with the expectation that by doing so, they will come into contact with unconscious images, memories and associated feelings. It differs from Freud's technique in that the client is singing instead of speaking, but more significantly, the therapist is also singing and contributing to the musical stream of consciousness by making active verbal and musical interventions. The accompaniment (two-chord pattern) and therapist's singing both contain and "hold" the client's emerging self and psychic contents. This creates momentum through the music and the lyrics that will

propel the improvisation and therapeutic process forward.

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## **FROM AMERICA TO CHINA: AN INTERNATIONAL MUSIC THERAPY AND SPECIAL MUSIC EDUCATION PARTNERSHIP**

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China has the largest population of any country in the world. Although the music therapy profession in China is growing (Kwan, 2013), the number of music therapists in China, which, according to the Chinese Professional Music Therapist Association website, was fewer than 100 in 2016 (China Chamber of Commerce & Industry Management Committee of Music Therapy Industry, 2016), is small relative to the number of people with disabilities, of whom there are over 83 million (Weiss, 2010). There are many applications of music in special education that can help meet the needs of children with disabilities. Music therapists are well-equipped to provide suggestions for teachers in special education and music education settings on how to use music effectively with individuals with special needs. Advocates of the growth of music therapy and special music education in China often look to music therapists from other countries, including the United States, for assistance with professional advocacy and information provision (Zhang, Gao, & Liu, 2016).

In 2013, the authors, both of whom are music therapists on faculty at institutions of higher education in the U.S.A., began developing an international partnership with Chinese organizations and academic facilities in Guangzhou and Shanghai. The mission of

the partnership is to provide music educators, special educators, and parents with a) training on the use of music with special learners, b) opportunities to practice techniques in role playing scenarios and receive individual feedback, and c) resources to improve provision of music-based experiences to students with special needs.

From 2013 to 2016, we visited China five times. The first visit (in May 2013) provided an opportunity for us to meet with administrators from The Guangzhou Children's Palace, an organization in Guangzhou that provides group and individual music instruction to students with disabilities. In December 2013, May 2014, and May 2015, we returned to Guangzhou to present workshops to a core group of music educators, special educators, and parents from Guangzhou and other regions of China. During our December 2013 visit, we also met with faculty members from East China Normal University in Shanghai to discuss the possibility of offering a workshop for students, educators, and parents in Shanghai, which we were able to do in May 2016.

Many of the questions we have received from participants in the workshops over the past three years related to the use of music to engage children with autism spectrum di-

sorders. Equally as prevalent were questions about managing challenging behaviors at home and in the classroom. Engaging with music therapists and music educators in China and drawing on their knowledge of Chinese music and culture has been and will continue to be a key component of the partnership.

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## **SCALING CLINICAL PRACTICE TO MEET PATIENTS NEEDS: FUTURE MUSIC THERAPY PRACTICE**

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### **Abstract**

Improving clinical research, treatment and outcomes through next generation solutions is the focus of this presentation. The presenter will discuss technology innovation for an emerging global music therapy industry through integrated platforms, partnerships and analytics for global healthcare solutions.

### **Description**

Improving clinical research, treatment and outcomes through next generation solutions is the focus of this presentation. The presenter will discuss technology innovation for an emerging global music therapy industry through integrated platforms, partnerships and analytics for global healthcare solutions.

The presenter will provide examples and updates on current music therapy research; treatment and clinical programming utilizing integrated technology (IT), which incorporate smart sensors and data analytics to improve patient care.

Implications for music therapy regarding current partnerships and collaborations with various public and private entities such as the SmartCity Initiatives which is building global IT infrastructure through local, natio-

nal and international multi-sector collaboration will be explored.

Participants will be shown video documentation of how music therapists are taking the lead in the development of better biomedical clinical tools and technology's. Participants will watch interviews with biomedical company executives as they work with music therapist to achieve their goal to integrate music more effectively in their advanced medical systems.

There is a growing community of individuals, entrepreneurs and nonprofits interested in harnessing IT to tackle local and global healthcare problems. The presenter will facilitate a discussion encouraging a new generation of music therapist in the development of models and approaches that are anchored in data analytics. These types of developments create new capabilities to tackle problems we face regarding the scale of patient need and our currently insufficient patient care and delivery system models.

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## **ROOTS: A CASE STUDY ON THE USE OF MELODY TO ALLEVIATE SYMPTOMS OF ANXIETY**

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### **Abstract**

A retrospective case study of a year-long therapeutic process carried out in Mexico with a client with symptoms of an anxiety disorder. The study explores the use of melodic interventions used to alleviate respiratory crisis. The process was supervised and analyzed using Bruscia's IAP (1998) and aspects of multiculturalism and countertransference.

### **Background**

Anxiety disorders are becoming more common among the world's population. Music therapy is emerging as a possible treatment solution in many countries where music therapists are included within the community of health professionals.

This paper seeks to provide insight into melodic interventions provided during a music therapy treatment carried out in Mexico during the years of 2015 and 2016. The client was a 26-year-old female with symptoms of an anxiety disorder that involved mainly respiratory crisis and a need to flee out of small spaces. This was associated with the recent death of her grandmother and the relocation from her hometown to a new and larger city.

In a study by Iliya and Harris (2015), we can see that singing in an imaginal dialogue with a deceased family member can help express and tolerate grief, which was named to be helpful

in establishing a bond to the deceased (Iliya & Harris, 2015). This was done using techniques such as vocal holding (Austin, 1999).

### **Method**

During the treatment, vocal holding and free vocal association techniques (Austin, 1999) were used to facilitate expression and elaborate the client's grieving process. In this process of elaboration, the client was asked to choose two chords from a harmonic progression. Once those two chords were chosen, the client could choose the style in which she preferred that those chords would be played and so a free improvisation would begin.

The improvisation was recorded and then played back for the client to listen and discuss any thoughts or images that emerged based on the listening. These thoughts or images were taken into account to choose the direction of the musical experience of the following sessions. There were added elements to Austin's techniques based on the Music Therapy Plurimodal Approach (Schapira, Fernandez, Sánchez, Hugo, 2007). The client also brought in aspects of narrative and plastic arts as part of her therapeutic process. In occasions, the client would choose to draw or write a short text while the improvisation was being played back.

Supervision was an important aspect of the treatment's success. During the supervision,

Bruscia's Improvisation Assessments Profiles (IAP) (Bruscia, 1998) were identified as a possible tool to analyze the client's improvisation in the search of the appropriate interventions to alleviate her symptoms. This assessment instrument provided an objective view of the client's musical experiences and a clear direction for the interventions needed. Aspects of multiculturalism and countertransference were also analyzed in supervision given that the treating therapist was from Argentina and was going through a grieving process himself.

The interventions within the therapeutic process aimed to provide security and a solid base by using the tonal center as a prevailing holding and grounding structure. The use of tonal center suggested a way to connect with the emotional context.

## Results

At the end of the treatment, the client reported a considerable decrease in the frequency of her respiratory crisis as well as an increased sense of self and direction in her life. This case study aims to support grounding melodic interventions as a possible intervention to alleviate anxiety symptoms.

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## **THE USE OF MUSIC IN BUDDHIST PSYCHOLOGY ACTIVITIES**

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### **Introduction**

Buddhist Psychology Activity was developed for healing losses. The Buddhist Doctrine including the Four Noble Truths, and the Threefold Training was the main philosophy (Gunavaddho & Mookdee, 2011). Previous music therapy studies reported that music intervention had benefits in healing losses (Hilliard, 2001; Hudgins, 2007). Therefore, music interventions can also be applied in Buddhist Psychology Activity. This paper demonstrates how to apply music interventions in Buddhist Psychology Activity in the content of (1) Buddhist Psychology Activity, and (2) Music Interventions in Buddhist Activity.

### **Buddhist Psychology Activity**

Buddhist Psychology Activity for healing losses was the application of the Buddhist principles and the process of Buddhist Psychology. The Buddhist principles consist of the Four Noble Truths, and the Threefold Training (Gunavaddho & Mookdee, 2011).

Four Noble Truths are the four main truths of the suffering people for which Lord Buddha attained enlightenment (McDougall, 2005). These consist of (1) The truth of suffering (dukkha) which is the existence of suffering in life: birth, aging, illness, and death are all suffering; grief, anger, jealousy, anxiety, disappointment; the separation from the loved ones, enmity, and avidity. (2) The truth of the

cause of suffering (samudaya). All suffering is not happening by itself. There must be some reasons for which suffering occurs such as sensual desire, craving for existence, and craving for self-annihilation. (3) The truth of the end of suffering (nirhodha) means to understand this concept as if suffering occurred, it could also disappear. (4) The truth of the path that frees us from suffering (magga) and is the way to end suffering.

Threefold Training is another principle of developing Buddhist Psychology Activity which consists of (1) morality, which is the practice for developing the right speech, right action, and right livelihood; (2) concentration which is practiced to develop the consciousness for making the right effort, right mindfulness, and right concentration; (3) wisdom which is the training to create the right understanding (Thera, 2010).

Activities in Buddhist Psychology consist of the use of Buddhist precepts, chanting, meditation, discussed Doctrine, pouring water of dedication, and Buddhist counseling. It requires 15-20 participants to stay for four days and three nights at a peaceful place (Gunavaddho & Mookdee, 2011).

### **Music Interventions in Buddhist Activity**

Group drumming, lyric analysis, song-writing, singing, rap-writing, rhythmic improvisation, structured drumming, and music listening are

music techniques which have been used for healing losses, to work directly with patients, and patients and caregivers (Clements-Cortes, 2004; Heath & Lings, 2012; Hilliard, 2001; Hudgins, 2007; Magill, 2009).

Many of the music interventions tested in the previous studies, can also be applied in Buddhist psychology activity. The choice of specific interventions will depend on the therapeutic objectives. For example (1) live music listening to prepare positive mood before participating in Buddhist activities; (2) singing, music movement, and drumming to develop a therapeutic relationship; (3) playing instruments and music listening to practice consciousness and promote relaxation; and (4) lyric analysis and song writing, to understand the Four Noble Truths and the Threefold Training.

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## **MUSIC THERAPY WITH A WOMAN IN A RED-LIGHT DISTRICT IN KOLKATA**

*Alice Laing*

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### **Context**

The United Nations (UN 2009) reported that India is a source, destination and transit country for sex trafficking. Literature shows that trafficking survivors are prone to high levels of Post Traumatic Stress Disorder (Herman 1992), depression, suicidal ideation, and interpersonal difficulties (Williamson, 2010). Acute stress disorder, attachment difficulties and dissociative identity disorder (Barker, 2016; Clawson et al., 2013) are also evidenced.

Music therapy is offered in this context to support psychological and emotional health. Through the therapeutic relationship and work it is considered that aspects of trauma and self may be given the opportunity to be heard and explored, resulting in the individual's journey becoming less isolated and fragmented. 'The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery therefore is based upon the empowerment of the survivor.' (Herman 1992, p.133)

### **Reflective Case Study**

I will present a case study of Music therapy work with one woman who was trafficked, for commercial sex work from Nepal, "Shristi". At the time we met she was aged 25 years old. The work lasted 18 months and showed emergent themes of intimacy, true

and false self, relevant to aspects of her trauma context and current experiences. Music therapy papers (Sutton 2002; Austin 2002), and psychological and psychoanalytical papers on trauma (Kalsched 1996; Scott et al. 2000; Garland 2002) supported the therapeutic thinking throughout the work.

Creating and holding a safe therapeutic space where Shristi felt in control and empowered was vital to the development of our relationship. She had fluency in her music, which gave me some idea of her musicality and her affinity with particular Asian modalities. Her developing use of musical timbres ranged from expressing her own culturally rooted Nepali qualities to contextually more representative Bollywood music.

Sutton (2002) describes silence as being a significant component in Music therapy work with those who have experienced trauma. At times both the intimacy of silence and the ending of improvisations appeared hard for Shristi to tolerate and regulate. Concurrently, the constancy of her music-making seemed to be a way of numbing, even disassociating from feelings or thoughts from trauma experiences, and a means of managing connection and intimacy within our dyadic music making.

Shristi's sung voice became central in the music. Her developing affirmative voice became deeper in tone, more expressive and

exploratory, with long and expressive phrases. The vocal improvisations seemed to express a part of herself, which at other times appeared hidden. I witnessed the hard work of allowing for, finding and integrating her developing 'true self' following the effects of long-term physical abuse and traumatic experiences.

### **In Conclusion**

The development of Shristi's musical language, timbres, expression and verbal communication throughout the work demonstrate the power within the language of music to connect deeply with our stories, our true selves, and our identity. Her use of, progression, and responses through the work taught me much about her trauma experiences, the significance of therapeutic congruence, and necessary musical and emotional holding through the work.

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## **HINDUSTANI MUSIC AS A TOOL FOR STRESS RELAXATION MEDIUM FOR AGED PEOPLE**

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### **Abstract**

There are references of healing techniques in the ancient Indian Philosophy. The science of utilizing sound vibrations has been adapted as a final tool to achieve 'salvation'. According to Veda, chanting of some specific Mantras (hymns) from ancient Indian scriptures and singing or playing compositions from Hindustani music have an enormous power to heal mental stress level.

### **Description**

Ancient Indian texts and manuscripts have frequently referred to Hindustani Sangeet or North Indian Classical Music in several contexts. Several special Indian texts in Sanskrit language have been written and compiled with the sole purpose of educating practitioners about the healing qualities of Hindustani music. There are various other references in the Brahmanas and Upanishads which indicate that chanting of Mantras or singing of traditional compositions can reduce stress levels of human beings through the use of the finest tonal qualities of microtones.

Music is a common phenomenon that crosses all borders and boundaries of nationality, race, and culture. A tool for arousing emotions and feelings, music is far more power-

ful than language. Music can be thought of as a type of perceptual illusion, much the same way in which a collage is perceived. The brain imposes structure and order on a sequence of sounds that, in effect, creates an entirely new system of meaning.

More than any other stimulus, music has the ability to conjure up images and feelings that need not necessarily be directly reflected in memory. The overall phenomenon still retains a certain level of mystery; the reasons behind the 'thrill' of listening to music is strongly tied in with various theories based on synesthesia. Skilled composers manipulate the emotion within a song by knowing what their audience's expectations are, and controlling when those expectations will (and will not) be met.

Through many years of experience, the authors have developed some compositions of traditional Indian music. After successful application of those compositions to prisoners and children with intellectual disabilities, Sharma and Chakraborty (2008) observed that suitable musical compositions of Indian music have deep aesthetic appeal and can touch anybody more quickly because of its micro and quarter tonal qualities.

A research study has been conducted on the

aged persons of an elder care home in 2015 in which especially designed Hindustani musical compositions were used as therapeutic tool for stress relaxation (Sharma & Chakroborty, 2015). In this research work, emphasis has been given on devotional songs and instrumental music presentations along with the practice of some Yoga Mudras (postures) which were documented through a workshop presentation at the 2011 World Congress of Music Therapy.

The following results have been found:

- Music's form and structure can bring order and security to aged people. It encourages coordination and communication, so improves their quality of life. Listening to music on headphones reduces stress and anxiety in elder care homes.
- Music can help reduce both the sensation and distress of both chronic pain and postoperative pain.
- Listening to music can relieve depression and increase self-esteem ratings in elderly people.
- Making music can reduce burnout and improve mood among elderly people.
- Music therapy significantly reduces emotional distress and boosts quality of life among aged people.

The researchers will demonstrate the musi-

cal compositions along using different stringed and percussion instruments during the presentation of the workshop.

**LISTEN TO AUDIO 1D**

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## **BETWEEN EAST AND WEST: THE JOURNEY OF UK-TRAINED MUSIC THERAPISTS IN ASIA**

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### **Background**

Music therapy is a culturally sensitive practice. Music therapists trained in a different country often experience culture shock when they return to their home country. This paper will discuss some challenges met in clinical practice in relation to the historical and political backgrounds, the difference in settings where music therapists work, the awareness of disability and concept of therapy, as well as the relevance of theories and approaches to our clinical settings. Five UK-trained music therapists who currently practice in Asia are featured in this round-table presentation.

### **INDONESIA**

Music therapy is a very young profession in Indonesia. There is a growing understanding of the relationship between music and well-

being, but the practice of music therapy as a professional service is still considerably rare. Lack of knowledge and understanding about disability has also impeded the growth of music therapy in this multicultural, geographically large country. Bringing western and eastern cultures together in music therapy, finding a suitable approach and introducing the concept of therapy, are inevitably a two-way journey.

### **JAPAN**

The demand for music therapy practice in Tokyo has been increasing, which has given rise to many studies. Although it is gradually recognized that music has certain effects, music therapists still face the reality that it is tough to find a full-time position and to differentiate from sessions run by a music teacher or a musician, for instance. Therefore, it will take time to be understood and

to be established as a position for a member of clinical professions.

In Japan overall, there are several difficulties when a therapist brings a culturally different style of music therapy. How people think about "music" is especially an important point. Many Japanese consider "music" as an education. They believe that music should be played technically perfectly rather than to be enjoyed. Therefore, a careful explanation of what is music therapy is necessary, and the therapist should try to clarify the misunderstanding about music therapy session.

### SINGAPORE

The cultural diversity of Singapore actively impacts the intervention of music therapy and makes positive use of the nature of music therapy itself. Interestingly, Singapore is one of the countries with highest percentage of full-time music therapists around the world. Currently the demands for music therapy have been increasing and expanding to diverse settings. More and more organizations are eager to look for music therapy service, but there is a shortage of local music therapists.

### HONG KONG

Music therapy has been more widely known over recent years in Hong Kong. It has been

adopted with a wide variety of populations, for instance, children with special educational needs, people with learning disabilities, adults with drug abstinence, the elderly, people with palliative care, and so forth. There are some discrepancies and difficulties between learning and practice in Hong Kong. The cultures in two places differ and how people view music therapy to enhance their wellbeing.

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## **TIME-SERIES ANALYSIS OF MOOD CHANGES BY GROUP SINGING: ASSUMING MUSIC THERAPY**

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Nagoya Institute of Technology, Japan

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### **Abstract**

This study aimed to quantitatively examine the effects of group singing on moods. Through questionnaires and video feedback, results revealed that mood improvement and increase in the sense of cohesion through group singing can be caused by the time-series change of the cohesion and flow states.

### **Background**

Group singing is a method used in music therapy sessions for improving mood or enhancing feelings of collectiveness in general. However, the effects of group singing on mood and the sense of cohesion have not been quantitatively investigated. The concept of flow states (Csikszentmihalyi, 1990) and group cohesion was assumed to be one of the influential factors.

### **Aim**

This study aimed to examine the effects of group singing on members' mood and sense of cohesion through a time-series analysis in pseudo music therapy settings.

### **Method**

**Participants.** Two groups of women university students ( $n = 20$ ) participated in the study.

**Stimuli.** Seven songs were played in the session. To eliminate order effect, the order in which the songs were played differed between the two groups although the seven songs played in the experiment were the same.

**Procedure.** The experiment comprised two parts. After obtaining informed consent, group singing sessions were conducted; participants sang songs for approximately 40 minutes. The Multiple Mood Scale (Terasaki et al., 1992) and the original scale for group cohesion based on a study by Yamada et al. (2013) were administrated pre- and post-singing. Second, the participants watched videos of their own singing and rated the level of cohesion and flow state on the time-series of the singing.

### **Results**

Figure 1 shows the time-series changes of averaged ratings of group cohesion and flow

state. Through statistical analysis, the main results were as follows: (1) The sense of cohesion and flow states in singing changed similarly with respect to the time-series and (2) the participants' mood changed positively through the session in both the groups. The process of cohesion and flow states was also found to be dependent on the order in which the songs were played in each group.

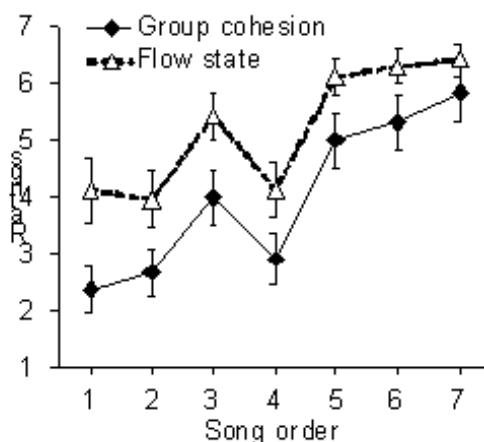


Figure 1. An example of time-series data of group cohesion and flow state; error bars show standard errors.

## Conclusions

This study revealed that an improvement in mood and an increase in the sense of cohesion through group singing can be caused by the time-series change of the cohesion and flow states, influenced by the characteristics of the music of the songs and the order in which they are played.

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## **NOVEL MUSICAL INSTRUMENT FOR SEVERELY DISABLED AND HEALTHY ELDERLY PEOPLE TO PLAY**

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### **Introduction**

Recently, usefulness of music support therapy has been widely recognized in neural rehabilitation since the pioneer work by Schneider et al. (2007). We have developed a novel electronic musical instrument, Cymis, which the severely disabled are able to enjoy playing (Akazawa 2012, 2017). Actually we performed an intervention using Cymis to two stroke patients with upper limbs paresis, and obtained significant improvement in motor function of paretic limbs (Igai, 2016). Further, we applied Cymis and Kinect in music therapy for children with autism spectrum disorders (Ichinose, 2015).

In another field, there is an important cohort study (Balbag, 2014; Verghese, 2003) indicating that frequent performance of music instruments has the significant effect of reducing the risk of dementia in the elderly. Since to prevent dementia is an urgent issue, we have commenced a pilot study of applying Cymis to healthy elderly people.

### **Method**

Cymis consists of PC (Windows) and interfaces. Programmed musical scores are stored

in a PC so that any previous music experiences are not required. We developed various user interfaces responding to weak force, small movement, and breath pressure. A client was able to make music easily, by pointing a touch screen or handling a user interface, where score was displayed on a monitor. Signal from a user interface was sent to PC, and then processed to produce sound with MIDI signal source. For the healthy elderly people, a guide of the performance was displayed on the monitor. The computer network system was used as an ensemble supporting device.

### **Results**

In 2008, a field experiment commenced, and in 2016, nineteen facilities such as hospitals, special schools, and nursing homes were utilizing it in Japan. These results seem to show the usefulness of Cymis. First, the instrument's accessibility was revealed by the fact that 34 clients played Cymis for an average of 6.6 years in one facility (54 persons with severe disabilities). Second, 13 clients showed progress in performance, which possibly reflected improvements of the upper limb motor control function.

A pilot study for the healthy elderly was made in a small community. Five individuals without previous music experience were able to perform easily in music ensemble with Cymis.

### **Conclusion**

Cymis was useful, effective, and attractive to persons with disabilities; it permitted them to enjoy music performance that might not otherwise be possible, and some evidence to therapeutic effect was found. It was showed that the healthy elderly could play Cymis while enjoying participating in the ensemble.

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## **ENHANCEMENT OF DOPAMINERGIC BRAIN FUNCTIONS BY MUSIC**

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Our previous studies revealed that calcium enhances dopamine synthesis in the brain through a calmodulin-dependent system. In a series of studies, we examined the effect of music on this pathway.

### **Music accelerates dopamine synthesis**

Spontaneously hypertensive rats (SHR) exposed to Mozart's music (K. 205) exhibited significantly reduced systolic blood pressure along with decreased behavioral activity. The effect of the music was abolished by inhibiting the dopamine-synthesizing pathway in the brain. Exposure to music also led to significant increases in serum calcium levels and neostriatal dopamine levels. Together, these findings and those of previous studies suggest that music enhances calcium-dependent dopamine synthesis in the brain, and that the subsequent increase in dopamine reduces blood pressure via dopamine D2 receptors. Acceleration of calcium-dependent dopamine synthesis might thus be a mechanism by which music modifies blood pressure and other brain functions (Sutoo & Akiyama, 2004).

### **Role of high-frequency sounds**

We then investigated the effect of music

containing sounds of different frequencies on brain functions in SHR. The music-dependent blood pressure-reducing response was associated with an increase in sound frequency, and was markedly greater at a high frequency (4k-16k Hz) compared with lower frequencies. These findings suggest that music containing high-frequency sounds stimulates dopamine synthesis, and might therefore regulate and/or affect various brain functions (Akiyama & Sutoo, 2011).

### **Music enhances the response to alcohol**

Next, the relationship between music and alcohol was investigated behaviorally. Ethanol-induced sleep time in mice was increased following exposure to Mozart's music (K. 205). The effect of music was abolished by inhibition of the dopamine-synthesizing pathway in the brain, suggesting that music enhances the effect of alcohol through acceleration of dopamine synthesis. Since ancient times, music has been enjoyed in combination with alcohol or used to aid the sick. Why do people desire music for pleasure and cure? We think that the results of this study provide clues to answer these questions (Akiyama & Sutoo, 2010).

### **Music improves symptoms of neurologic disorders**

Based on these findings, we hypothesize that listening to music could effectively rectify the symptoms of various diseases involving central dopamine dysfunction, such as Parkinson's disease, epilepsy, dementia with Lewy bodies, and attention deficit/hyperactivity disorder.

Previous reports demonstrated that exercise stimulates calcium metabolic hormone and increases blood calcium levels, thereby increasing dopamine synthesis in the brain, similar to the effect of music (Sutoo & Akiyama, 2003). We think that the activities and experiences of daily life, such as listening to music and participating in exercise, enhance dopaminergic activity, subsequently regulating and/or affecting various brain functions, and that this mechanism might underlie the improving effect of the activities and experiences of daily living on the symptoms of various diseases that involve dopamine dysfunction.

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## **ELECTRONIC MUSICAL INSTRUMENTS TO HELP BEGINNERS PLAY IN MUSIC ENSEMBLES AND DISCOVER ERROERS**

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### **Abstract**

We have been developing a novel electronic musical instrument with score. This study aims to develop an instrument system for music beginners to perform in an ensemble and to create a software program for displaying the error of performance in time and show its feasibility.

### **Background**

An important cohort study indicates that frequent performance of music instruments has a significant effect of reducing the risk of dementia in the elderly. We developed a network system enabling an ensemble of the Cymis and created a computer program for measuring time error against an ideal time sequence of a music piece to teach the player.

As a pilot study, we have applied the system to young, healthy people to obtain feasibility. The Cymis includes a computer, touch screen, and a programmed score. The score

was displayed on a monitor, and as an option, a moving guide was simultaneously displayed on the same monitor (Figure1).



Figure 1. Cymis Ensemble.

### **Method**

First, a programmed score of a Japanese song [Momiji] was created at 84bpm. Second, four university students (two females majoring in music and two beginners of music) were asked to perform in an ensemble with the Cymis, where the beginners watched a guide of the performance on the monitor and the music majors watched a

music conductor in front of them. As an ideal music piece was played synchronously on four computers on the network system, time differences between the ideal and actual performance by the four participants were measured.

Third, the time difference up to which the music majors could be patient to hear the music piece without any mental rejection was examined. The same piece [Momiji] was simultaneously played with two different instruments, piano and flute, where the time difference was set only in the first notes of the phrases.

## Results

The threshold was set at approximately 180ms. Results indicated that the beginners, as well as the music majors, could perform in the ensemble with the help of a guide within a time difference (root mean squared error) of less than 150ms after learning.

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## **A STUDY ON THE POTENTIAL BENEFITS OF MUSIC THERAPISTS AS OUTSIDE SPECIALISTS**

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### **Background**

This is a case study of music therapists as outside specialists at a special needs education school for the physically disabled in Japan. In recent years, adding outside specialists to the existing staff has become increasingly popular at these schools in Japan. The purpose of the addition is to have them assist in the development of appropriate programs that satisfy special educational needs of students with disabilities, whose severity differ from one individual to another. For Tokyo metropolitan school districts, a plan by the Board of Education from 2011 to 2016 calls for the addition of specialists from outside to every special needs education schools. However, the opportunities for such specialists are generally limited to physical therapists, occupational therapists and speech therapists, excluding music therapists (MT).

Though opportunities are limited, there are some success stories. In this paper, we will show an example of MT at the special needs education school for the physically disabled in Tokyo. The authors' school was one of the pioneering ones to invite MT as outside specialists with the expectation that collaboration between the existing music teachers

and MT would provide better education to students with disabilities.

### **The Purpose of the Study**

The purpose is to review an ongoing music therapy program at a special needs education school for the physically disabled, and identify potential benefits of MT.

### **The Program**

Two music therapists played the roles as shown below in two programs.

On campus program (Elementary, Junior High, High schools):

- Support music teachers in music class;
- Perform music therapy sessions primarily in elementary school;

Home program:

- Accompany a home program teacher and perform music therapy sessions;

The latter program included 20 of 22 students with disabilities enrolled at school. Each student participated in therapy sessions with visiting MT twice or more during the fiscal year.

## **Results**

The following benefits were identified through discussions with music teachers, questionnaires to home program teachers, and feedback from parents.

For on campus program:

- Music teachers started having deeper understanding of their students with disabilities;
- Richer musical education;
- Music teachers discovered that some students had skills for communication and musical expression that had been previously unnoticed.

Home program:

- Music teachers started having deeper understanding of their students with disability;
- Richer musical education;
- Opportunity for students to be exposed to live music;
- Opportunity for students and their family to get out of daily routine.

## **Conclusions—Benefits of MT in Special Needs Education**

As we have shown, MT can contribute greatly to special needs education. In general, it is imperative that teaching staff and outside spe-

cialists work closely together to maximize their effectiveness. Specifically for music education, both music teacher and MT can bring different expertise to class and, thereby, provide richer educational experience for the students. In the presentation, we will show the chart which summarizes our proposed approach.

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## **MUSIC THERAPY FOR CHILDREN WITH ANGELMAN SYNDROME**

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### **About Angelman Syndrome**

Angelman syndrome is a complex genetic disorder that was first described in 1965 by Dr. Harry Angelman. The syndrome is caused by an abnormality in a region of chromosome 15. It is estimated that this rare condition affects about 1 in 12,000 to 20,000 people. The main characteristics are delayed motor activities, intellectual retardation with minimal or absent speech (receptive and non-verbal communication skills higher than verbal ones), developmental delay, ataxic, and seizures. There are common unique behaviors such as constant happy behavior that includes frequent laughing, smiling, and excitability. Hyperactivity and a short attention span are also common.

### **Modification of therapy environment for ASC and initial findings**

We have performed music therapy for two ASC over several years. At first, they showed hyperactivity, short attention spans, and frequent excitability during our sessions. It appeared that outside stimuli, especially tactile one, was triggering such negative reactions. Therefore, we modified the therapy in order to minimize undesired behaviors. For instance, we established a simpler environment, adjusted the stimulation by quantity and quality, designed the program taking

into account the short attention span, and ensured careful intervention by therapists to avoid unnecessary excitement.

After the modification, the two clients started to respond positively to music therapy and engaged in lively communication with their therapists through music and musical instruments. We also observed that their focus on musical activities noticeably improved.

### **Further Investigation**

Our initial findings made us wonder whether they also applied to ASC in general. What outside stimuli trigger negative behaviors? Will other ACS respond in the same way as our two students?

To answer our questions, we performed a study that consisted of the following:

1. Evaluation of ASC's response to sensory stimuli: We asked parents to fill in JSI-R check sheet. We also performed semi-structured interviews with them to further explore the hypersensitivity of their children against sound.
2. Trial music therapy sessions: We provided suitable sessions to a larger number of ASC, sixteen to be exact, and analyzed their common reaction. We also carried

out to a comparative study of the effectiveness of two different therapeutic approaches involving music, i.e., music therapy vs non-MT.

## Results

1. Sensitivity to outside stimuli: The analysis of the JSI-R data showed all ASC had hypersensitivity to tactile sensation and some sensitivity to proprioceptive and vestibular sensations, but not to auditory one. However, during our interviews the parents reported some auditory sensitivity for their children, especially in early childhood.
2. Reaction to music therapy: In the therapy sessions, ASC showed common positive responses. Even though their short attention span is widely recognized, it lengthened considerably with music around. In addition, their non-verbal communication with main and co-music therapists became more frequent and lively.

## Conclusion

ASC share many common, observable characteristics. Now, we found that they also show common positive response to music and music therapy.

The following effects of music therapy can be expected for ASC:

1. Their capabilities to express themselves and non-verbal communication skills with others would improve.
2. Non-verbal communication experienced through music therapy could help ACS develop their two-way communication skills.

Our study revealed that ASC are sometimes hypersensitive to sensory stimuli. This needs to be taken into account when designing music therapy, especially for young children who may have hypersensitivity to sound.

Finally, we would like to add that music therapy will need to be tailored to each individual's needs even though ASC share many common traits.

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## **THE POSSIBILITY OF USING A SMALL HARP FOR REHABILITATION**

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Although the Japanese harp, koto, is a rather big traditional musical instrument, a half-size version called the bunkagoto also exists. We introduce its usage for rehabilitation and the maintenance of hand function, and we will show you how easy, enjoyable, and useful it is to play it by letting you try it.

The bunkagoto, with a length of 86cm and weight of 3kg, has a soft sound. The sheet music is written in accordance with the number of strings, so it is not necessary for players to be able to read a score to play it. To play the bunkagoto, one puts it on the table and simply follows the numbers on the score. One holds and picks its strings using the fingers and thumbs, which requires both hands to move differently yet simultaneously. The 13 strings are made of Dacron (similar to silk) and are soft to touch, so it is easy to make controlled sounds from soft to loud by adjusting the picking pressure. The range of the bunkagoto is close to that of the human voice, so you can play the tune of familiar songs, e.g. Sakura Sakura (Cherry Blossom) and Edelweiss; it is also possible to sing at the same time. Because the koto is one of Japan's traditional musical instruments, adults used to play it as children, so playing the bunkagoto brings back old memories.

On the other hand, koto music is familiar to many people because it is often used as a means of introducing Japanese culture and sometimes Japanese restaurants use it for background music.

Considering the above, playing the bunkagoto is a good way for people to rehabilitate and maintain the function of their hands, as well as helping to enable relaxation and comforting them. We will demonstrate how to play the bunkagoto and let you enjoy playing it, too.

You will be able to experience playing the instrument and thereby have a greater understanding of how this can be used in rehabilitation. Moreover, we will look for further possibilities of using the bunkagoto.

### **SEE VIDEO 1E**

### **References**

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## **EXPLORING THE NEUROLOGICAL UNDERPINNINGS OF IMPROVISATIONAL PERFORMANCE IN CORRELATION WITH CREATIVITY**

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### **Introduction**

Improvisational music has come to be effectively used as a therapy across a diverse range of patient demographics (Gómez & Gómez, 2016). However, research on the neurological underpinnings of improvisational therapy is still lacking. Recently, neuroimaging studies have used improvisational music performance as a paradigm for studying creativity due to its ease of execution in a laboratory setting and its presumed intrinsic involvement of creative cognition (Limb & Braun, 2008). Indeed, there are multiple qualitative studies linking improvisational music performance experience with higher creative ability (Benedek et al., 2014), and numerous reports on the benefits of improvisational music therapy, including inspired creativity (Rylatt, 2012). However, studies regarding improvisational experience in normal populations are limited, and have not attempted to directly explore the neurological effects of improvisational training/therapy, nor correlate such results to other qualitative measures such as

creative ability. Therefore, in order to contribute evidence to support the current and expanded use of improvisational music for therapeutic and educational purposes, we are exploring a paradigm that qualitatively measures creative ability, and uses magnetoencephalography (MEG) to evaluate neurological differences between improvisationally experienced and inexperienced populations during music performance, and diagnostically measures neurological changes that occur due to improvisational training.

### **Study Paradigm**

This paradigm targets subjects experienced and inexperienced in improvisational music. Their creative ability is evaluated via a Japanese language-based divergent thinking assessment (S-A Creativity, SacBell). As for MEG-based neurological evaluations, subjects are presented a series of different melodic rhythm patterns to which they respond on a simplified keyboard using melodic and/or rhythmic improvisation, and non-impro-

visation playing styles. This performance task has been designed to be simple enough for even non-experienced subjects to perform successfully after a short, pre-experiment practice session. Differences in the spectral and spatial characteristics of neuro-magnetic activity are expected to emerge between improvisationally experienced and non-experienced groups. These differences are furthermore hypothesized to correlate with creative ability, and change in the non-experienced group following a series of improvisational music training sessions. It is hoped this paradigm will not only further our understanding regarding the neurological underpinnings of improvisation, creativity, and music performance, but also lay the groundwork for further clinical-based neurological inquiries into the effects of music therapy.

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## **CLINICAL STUDY OF MUSIC THERAPY FOR MENTAL DISORDERS**

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### **Abstract**

This study applies harmless and clinically effective 'Biowave Resonance Music Therapy' as a complementary therapy on criminals with mental disorders. The study also uses cross validation between Heart Rate Variation Analysis (HRV) and 3DMRA Magnetic Resonance Cell Analysis, and evaluates its effect with Breaking Rule Ratio.

### **Description**

Criminals with mental disorders are socially marginalized people. In prison, due to the difficulties of interpersonal interactions, there are endless violence such as quarrels, fights, and internecine war. Thus, drug therapy has become the first choice. However, because of frequent side effects and sequel from drug, under various types of subjective and objective unfavorable situations, "correctional practice" becomes futile.

Through senses (eyes, ears, noses, tongues, skins) stimulation, 'Biowave Resonance Music Therapy' plays a role as an auxiliary psychotropic substance. Increased emotional, stress management abilities and insight, decreased incidence of diseases, and increased correctional functions of criminals are expected.

**Method:** 55 mentally ill criminals divided into

three groups, along with 18 normal people as the control group, were administered Biowave Resonance Music Therapy treatment for 6 months.

**Result:** The result shows that this kind of therapy can enhance mentally ill criminals' emotional stability, reduce stress index and SDNN of autonomic nervous system, and possess its statistical significance. It also consolidates drug treatment, causes reduction in the number of incidence, and extends the duration of 'stabilization period.'

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## **USING KAGAYASHIKI MUSIC CARE ON PATIENTS WITH MENTAL ILLNESS**

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### **Abstract**

We examined the effects of Kagayashiki music care, which originates from Japan, on quality of life (QoL) for chronic patients with mental illness. Patients were randomly assigned into an experimental group (EG, n=29) or a control group (CG, n=29), and we found that EG had better QoL than did CG.

### **Objective**

Kagayashiki music care, which theory originates from Japan, provides stimuli based on music characteristics to improve the emotion of participants. The music care was introduced and used in Taiwan since 2000, and its effect was found in improving quality of life (QoL), depressive symptoms, and cognitive functions for different types of participants. However, no studies investigate its effect on chronic patients with mental illness. There-

fore, this study aimed to examine the effects of Kagayashiki music care on QoL for the aforementioned population.

### **Methods**

Using a convenience sampling, we recruited patients in a psychiatric center and randomly assigned them into an experimental group (EG, n=29) or a control group (CG, n=29). The EG received eight-week, each week per hour, music care; the CG received usual care during the experimental periods. WHOQOL-BREF with four domains (physical, psychological, social, and environment) was used to measure QoL for both groups at the baseline and eight weeks later.

### **Results**

The psychological ( $p=0.02$ ) and social QoL ( $p=0.03$ ) of the EG were significantly impro-

ved; the environment QoL showed a trend of improvement ( $p=0.07$ ) after receiving music care. We additionally controlled age, sex, onset age, and diagnosis to compare the QoL between two groups and found that EG had trends of having better QoL in psychological ( $p=0.07$ ), social ( $p=0.05$ ), and environment ( $p=0.09$ ) than did the CG. Moreover, we found significant interaction effects between sex and group in psychological ( $p=0.04$ ) and social ( $p=0.02$ ) QoL: the QoL improvement was mainly in female patients.

### **Conclusions**

Our results showed that Kagayashiki music care could be an effective treatment for clinicians to help chronic patients with mental illness to improve their QoL, especially for female patients.

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**Key words:** Kagayashiki Music Care; chronic mental illness; quality of life.

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## **THE EFFECTS OF CELLO PLAYING MUSIC THERAPY ON THE SELF-EFFICACY OF INSTITUTIONALIZED CHILDREN**

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*Soyoung Moon*

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### **Abstract**

This study determined the effects of cello playing based music therapy on the self-efficacy of children in institutional care. Results comparing pre- and post-tests showed significant improvements in the self-efficacy index. This indicates that a therapeutic cello playing program could be effective in improving self-efficacy of children in institutional facilities.

### **Objective**

This study is aimed at examining how cello playing based music therapy influences the self-efficacy of the children in an institutional care.

### **Method**

Three children participated in the study, aged from 11 to 13 under the care of the institutional facility Daegu in Korea. The music therapy session was conducted for 50 minutes, twice a week, making up total 15 sessions. The first introductory stage was aimed at reducing a fear of the new trial through exploration. The second developmental stage consisted of experiencing self-regulated efficacy through music improvisation. In the third in-depth stage participants achieved a sense of accomplishment by regulating task difficulty. The final stage was aimed at im-

proving the confidence and self-regulated efficacy through collaborative musical performance by applying previously created melodies in former stages and a mini-concert was followed afterward. For the measurements, a general self-efficacy index was assessed between pre- and post-sessions. Also, a self-expression behaviors observation scale was used as a secondary measurement.

### **Results**

Overall, all participants displayed significant increases in self-efficacy index in the post-test, with an improvement rate of 24.46% on average. Moreover, in the results of the self-expression behaviors observation scale, the frequency of positive language and emotional expressions of the participants were improved, implying that participating in the program promoted each participant to actively problem-solving, as well as improve their competency.

### **Conclusions**

This result suggests that cello playing based music therapy program can improve the institutionalized children's self-efficacy, indicating a cello's role as a therapeutic medium in a music therapy clinical setting.

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## **MAKING MUSIC BEING WELL HONG KONG (MMBWHK) – 7 YEARS AND COUNTING**

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### **Abstract**

Making Music Being Well Hong Kong (MMBWHK) was first launched in 2011, aiming to share health-related benefits of group music making and to provide emotional support for the community, in the aftermath of the 2011 Tōhoku tsunami. 2017 marks the seventh year anniversary and we hope to evaluate its effectiveness and seek direction for future planning.

### **Introduction**

The community music therapy campaign, MMBWHK, was adapted from MMBW in Australia, however there was no funding for the campaign in Hong Kong. Five passionate volunteers, with only one music therapist in the team, spearheaded the now annual event. That year, we ran a 7-day event, comprising a 24-hour music marathon and 50 music-related activities, with 31 supporting organizations, reaching out to 1000 people. Events included harp and accordion performances, yoga with live music, group singing, indie band music sharing sessions, school talks, and music therapy sessions.

### **Method**

Struggling for openness in the idea of com-

munity music therapy among music therapists, and with the lack of manpower, support and funding, the campaign was streamlined to promoting mainly the music therapy profession alongside the benefits of music making in the community in the years that followed.

### **Results**

In 2012, seven music therapists collaborated to conduct a one-day workshop, speaking on Music Therapy in Early Intervention, with 100 participants.

In 2013, 10 music therapists co-presented a two-day workshop on Music Therapy and ASD and ADHD, and Case Studies in Music Therapy, with 130 participants.

In 2014, 18 music therapists visited six public hospitals, with nine of them sharing with 215 medical staff research and case studies of music therapy in medical settings. A printed annotated bibliography was also compiled.

In 2015, 11 music therapists co-presented on Music Therapy Across the Lifespan in three full-day workshops, with 185 participants.

In 2016, the theme of the project was Music

Therapy in Action, and culminated with three workshops conducted over three days reaching 253 participants.

The theme for 2017 will be on community music therapy.

### **Discussion**

Over the course of seven years, MMBWHK has been running on a voluntary basis without funding. With the number of music therapists collaborating in raising public awareness of the music therapy profession, and the strong support we have had, we hope to receive continuous support and guidance from our fellow colleagues, public and generous donors.

MMBWHK, 7 years and counting!

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## **CHINESE MONGOL SHAMANIC HEALING AND MODERN MUSIC THERAPY: COMPARISONS, COMMONALITIES AND IMPLICATIONS**

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### **A Word About Research Background**

Modern music therapy, as some experts maintain, originates from shamanism (Winn, Crowe, Moreno 1989; Aigenk 1991, Moreno 1995). While I worked on my MA and PhD programs, I applied techniques of musical psychodrama by Joseph J. Moreno (1999), such as musical role reversal, musical doubling, musical mirroring, and music break-in and break-out techniques and so on, in my clinical work and found them effective, Through reading related literature, I also discovered that some musical psychodramatic elements (such as warm-up, role playing, etc.) owe their origins to Shamanism, a primitive religion around the globe.( Moreno J.,1999) Thus, I conducted a study themed “An Investigation of the commonality between Shamanic Healing and Musical Psychodrama”<sup>1</sup>.

### **Commonalities and Contrasts**

My study focuses on the Shamanic healing rituals in Khorchin of Inner Mongolia and identifies the commonalities and differences between modern music therapy and Mongol Shamanic healing. Data include several cases of musical psychodramatic groups at China

Conservatory of Music and extensive shamanic field data (including 15 musical pieces, 30 hours of recorded interviews, 4000 pictures and extensive observational notes recording the practices and approaches/viewpoints of Shamans, their disciples and patients).



1. Musical psychodrama is an approach to modern music therapy that I focused on in my study. So “modern music therapy”, as described below , mainly refers to musical psychodrama.

Research findings point to some commonalities between modern music therapy and Shamanic healing in terms of therapeutic roles, process, music and forms of expression. One particular finding is the existence of an altered state of consciousness (ASC)<sup>2</sup> in both shamanic healing and music psychodrama (Guo, 2010), and I categorize ASCs into "shamanic ASC", "alternating ASC" and "conscious ASC". Some differences are also identified, notably the transcendentalist focus on spirituality in the Shamanic healing and the treatment of the psyche under the scientific paradigm in music psychodrama. This implies that music psychodrama might learn from the explorations of spirituality and the practice-oriented value of the centuries-old Shamanic healing needs to be explored. In addition, I also trace the Shamanic "genes" of modern music therapy by drawing on the "Soundscape" theory by Chinese professor Cao Benye (2010); "Collective Unconsciousness and Archetypes" by Karl Jung(Tilly, 1987); and "Soundscape and Musical—Spiritual Entrainment" by Koen (2008). With an in-depth analysis from the perspectives of "music and soundscape", "music and archetype", "music and consciousness guidance", I also hope to unfold the profound wisdom, artistic appeals and therapeutic charms of ancient Shamanic healing rituals and their humanistic implications in modern society.

### **Problems and Prospects**

This study advances new thoughts and suggestions. For example, as the absence of a view of musical culture is one of the most important yet often neglected fields, it is necessary to strengthen interdisciplinary cooperation and multicultural development of music therapy. I

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2. Conscious ASC" I allude to here means a psychic state where in the musical psychodrama, the consciousness of role playing is often clear but temporarily out of self, and the different levels of the altered state of consciousness depends on the degree of self-consciousness.

also re-examine and discuss the potential roles and values of Shamanic healing wisdom in the localized development of music therapy and clinical application of musical psychodrama in China, and suggest that efforts be made to value, conserve and research the traditional healing rituals and cultures.

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## **EFFECTS OF MUSIC LISTENING ON EXPERIMENTALLY INDUCED PSYCHOPHYSIOLOGICAL STRESS**

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### **Abstract**

The present study was conducted to reveal the effects of music listening on experimentally induced psychophysiological stress states. The matter of concern was the temporal changes of stress levels during and after listening to relaxing music. In conclusion, music listening reduced psychological stress levels more rapidly than resting quietly after the stress tasks. We also analyzed relationships between psychological and physiological processes of stress reduction.

### **Introduction**

Many people usually listen to music for mental stress reduction and for healing themselves consciously or unconsciously. A number of studies have investigated the effects of music listening on psychological and physiological stress states (Hirokawa & Ohira, 2003). However, there have been few studies to examine precisely the recovery processes from stress states through music listening (Khalfa, Bella, Roy, Peretz, & Lupien, 2003). Therefore, the present study investigated detailed temporal course in which psychological and physiological stresses could be reduced by virtue of music.

### **Method**

Twenty-six participants (13 men and 13 women) were assigned to either a music-condition or a non-music-condition, and performed the 'Trier Social Stress Test' (TSST) which increased their stress states (Kirschbaum, Pirke, & Hellhammer, 1993). The subjective stress states were measured by the psychological tests of J-SACL (Japanese Stress Arousal Check List) and MMS (Multiple Mood Scale). Concentration levels of salivary cortisol and secretory immunoglobulin A (S-IgA) were measured as indices of physiological stress states. After performing stress tasks of TSST, participants in music-condition listened to two pieces of music, one of which is defined as peaceful and consoling by Matsuda (1998) and the other is adopted in the experiment involved with stress reduction by Yamashita (2000). Participants in non-music-condition stayed quiet and rested after stress tasks without listening to music. We carried out J-SACL tests and collected saliva samples four times during each experimental session taking about fifty minutes. We measured the levels of salivary cortisol and S-IgA by means of ELISA (Enzyme-Linked Immuno-sorbent Assay).

## **Results and Conclusions**

The values of psychological stress scale of J-SACL and the levels of salivary cortisol concentration significantly increased after the tasks of TSST. Afterwards, participants in music-condition showed more rapid reduction of psychological stress than those in non-music-condition. On the other hand, the levels of salivary cortisol of participants in music-condition less increased than the cortisol levels of those in non-music-condition. Although exact temporal correspondence was not observed between psychological and physiological stress reduction processes, it was concluded that listening to relaxing music effectively reduced experimentally induced psychological stress and meanwhile suppressed increase of physiological stress. Further investigations would be required to analyze detailed temporal processes of stress reduction caused by music listening and to explore their individual differences.

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## **THE LICENSING SYSTEM FOR MUSIC THERAPISTS OF THE JAPANESE MUSIC THERAPY ASSOCIATION**

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The Japanese Music Therapy Association (hereafter, The Association) has a system for educating, training and licensing music therapists in Japan. This session first gives a brief historical report on the system and then invites comments and suggestions of the participants.

The Association is the largest music therapy association in Japan with a membership of approximately 5,500 as of April, 2016. It was established in 2001 by succeeding All Japan Music Therapy Union (hereafter, the Union), which consisted of the Bio-music Society and the Clinical Music Therapy Association. The Union had a certification system, which the Association adopted. The Union established two measures in 1995. One was the curriculum guidelines for a music therapy course. The Union recognized colleges which followed the guidelines. These guidelines are still valid with a revision in 2011. The other was to give a MT license to eligible members of the Union, which Association also continued. This program started in 1996 and was valid until March, 2010. This helped, for example, those members who had a certain academic background, e.g., a bachelor's degree and who were working as therapists of other genres. The Association provided such people with alternative ways to apply for the license test. This served to

meet the growing social demand for music therapists. Since 2010, the licensing system of the Association has become simplified. The Association grants the license to applicants who pass a paper test, a music performance test and an interview test with the Association. There are three categories of applicants: graduates of recognized colleges, non-graduates, and those who hold foreign music therapy certificates. Applicants of the last category are exempt from the paper test. The validity of the license of the Association is five years. Licensees should renew their license every five years by meeting the requirements for the renewal.

Mr. Gunji and I are now planning to upgrade the current system of the Association for educating, training and licensing music therapists. Participants' questions, comments and/or suggestions would be highly appreciated.

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## **COMMUNITY MUSIC THERAPY PLANS OF THE JAPANESE MUSIC THERAPY ASSOCIATION — REPORTS ON SIX CASES —**

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Responding to the policy of the Japanese Government for mitigating the rapidly aging population problem, the Japanese Music Therapy Association (hereafter, the Association) formulated the Music Therapy Community Plan in 2013. This Plan shifts the main target of aged clients of music therapy from those in nursing homes to those living in their own residences. This means that music therapy should work for promoting mental/physical health of elderly individuals by having them enjoy music together with others in the same community. The Association started a two-year pilot project in Setagaya Ward in Tokyo in July 2015. In parallel, other programs are also going on by the members of the Association. In this session, after the explanation of explaining the Plan, the following six programs are reported and discussed: the pilot project of the Association in Setagaya for elderly people, the Matsudo project for elderly people on the request of the Seitoku University, the Musashino project for elderly people and infants by the initiative of the NPO (non-profit organization) Musashino Music Therapy, the Kagawa project for elderly people on the request of the prefectural government, the Kanagawa project for infants on the request of the Sagami Women's University, and the Kinuta project for people of various ages by the initiative of the NPO Kinuta Music The-

rapay Group. Discussions by the participants follow.

Some of the highlights of the reports are as follows. In Setagaya, the pilot project giving therapy to an average of 40 people in 2016 is being reorganized into several small sized projects. In Musashino, therapy recipients visited a nursing home and a kindergarten to give a concert based on the music therapy they received. It was observed that not only those listening to the music but those making it were empowered. In Kagawa, a series of music therapy sessions sponsored by the Kagawa prefecture has been provided. Kagawa is now planning to provide secluded elderly people with music therapy.

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All of the authors are members of the Japanese Music Association, of which Dr. Yasuji Murai and Ms. Hiroko Fujimoto are President and Vice President, respectively.

## **THE MEETING OF MUSIC THERAPY AND JAPANESE BODY ART, KIRYUHO**

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*Kyoko Sato*

Main Instructor of Kiryuho Institute

Introducing an original blend of voicing and movement exercises developed by incorporating teachings of Kiryuho, a contemporary Japanese body art exploring grammar of the body and anchored in Eastern traditions.

Our exercises have helped participants experience more natural speaking through a more relaxed state of mind-body to focus on themselves.

We will introduce some original exercises which relate voicing closely with the body through movement, words and series of movements (Resonant Circles, etc.). These techniques have been developed in real-life music therapy situations by utilising specific Kiryuho principles and exercises.

Kiryuho was founded by Mr. Kajo Tsuboi, who majored in psychology and has practiced Aikido and various traditional martial arts: KI means life force, RYU means flow, and HO is the way or law of. By carefully studying the psychosomatic conditions of contemporary people in light of Oriental philosophies of life and outlooks on the body, he has discovered a law-like nature of the body common to wide-ranging artistic expressions, craftsmanship, martial arts, sports, health methods and meditation, etc. Referring to such common, underlying factors as the “grammar of the

body”, he has accordingly organized a practical system of psychosomatic techniques. Starting with workshops in Paris in the 1980’s for the International Centre for Theatre Research of Mr. Peter Brook, Kiryuho has attracted international attention in such fields as theater arts and contemporary dance in many countries over the last 30 years.

In actual music therapy sessions, applying Kiryuho has helped people nurture a more natural state of mind and body to focus on themselves, while resulting in more natural speaking and vocalizations and a more relaxed playing of instruments. Kiryuho can also be used as a beneficial training tool for music therapists themselves as a way of cultivating deeper personal sensitivity, perception and awareness:

1. Cultivating consciousness of the body according to the “3R” principles of Relaxation, Relations, and Realization.
2. Becoming aware of key points in your body for relaxation and focusing.
3. Dance-like spiral movements to help KI (energy) circulation.
4. Exercises for directly experiencing correlation between your imagination and body.
5. Nurturing deeper awareness of your postures and breathing.

"Matsu no koto wa matsu ni narae / If you want to know about a pine tree, go to see and learn from a pine tree"; it's the wisdom of Basho's Haiku poem. We learn about the body through the body. In other words, it's the practice of inquiring inwardly and listening for answers directly from the body.

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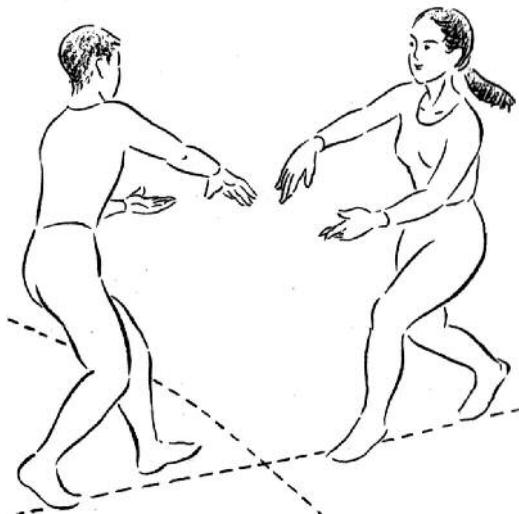
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## **PATIENT'S UNCONSCIOUSNESS LEVEL IMPROVED BY CARE AND MUSIC PROVIDED BY HIS FAMILY**

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### **Abstract**

An 87-year-old man with femoral fracture, pneumonia, cerebral infarction and respiratory failure improved his health through the help provided by his family, which included music played on a radio they brought and other co-medical care.

### **Description**

An 87-year-old man was admitted to our facility with femoral fracture and pneumonia, and tracheostomy was performed for respiratory failure. The patient was managed with a portable artificial ventilator. In addition, he also had brain infarction and declining consciousness level. His daughter brought a radio to play music for him, and we found that his consciousness level improved when she came and took care of him. We used electroencephalography (EEG) and Japanese songs played on a CD player to assess the patient's

improvement and evaluated changes in his consciousness level due to music. EEG data was examined by neurosurgeons who determined that there was some significant difference between results obtained before and after listening to music. Thus, we believe that the patient's improvement in consciousness level in the present case was due primarily to the care provided by his family, which may have increased his sensitivity to music.

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## **TO IMPROVE ATTENTIVENESS OF ELEMENTARY SCHOOL PUPILS AT RISK**

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### **Abstract**

This study was to verify effectiveness of music therapy as a part of tutoring program for children at risk to benefit endurance of attentiveness. The picture analysis was used to evaluate transition of behavior. Introduction of new tasks triggered better out-come in concentration.

### **Introduction**

To improve attentiveness of children at risk, the welfare Facility Kibouno-ie offered home-work tutoring and music therapy rhythm session once-a-week. Prior research indicated that music therapy session for adults benefits increasing attentiveness and enduring concentration (Thaut 1980).

Hypothetically, the rhythm session will help stimulating children to be attentive and be concentrating in home-work study.

### **Method**

The subjects of this study are about 20 elementary pupils from the public school in A city. They are 1st to 3rd graders.

After 60 mins tutoring once a week, 20 mins group music therapy session had been offered.

We examined the children behavior for 6 months (24 sessions) from May 29, 201X.

In order to evaluate children’s attentiveness, 24 sessions were divided into three stages. Structure of each stage is as follows:

1. S. 1~S.16 Learning the basic rhythm pattern.
2. S.17~S.20 Putt accents on beats.
3. S. 21-S 24 Subjects imitate the rhythm pattern presented by the therapist.

Therapist changes the position of accented beats and tempo to faster tempo.

We analyzed images by ERAN 4.9.2 targeting a child whose behavior show difficulty in focusing attention and concentrating in his tasks. Segmented images are analyzed by ERAN 4.9.2. Analysis was focused on Frequency and duration of the subject’s designated behavior.

### **Results**

Two points are extracted:

1. Transition of stray behavior. Lessened stray behavior at S.21~S.24 significantly.
2. Inquiring activities: Inquiring behavior appeared only when the new task was introduced. Analysis indicated diminishing the stray behaviors at the third session period. Endurance of concentration became longer significantly.

### **Discussion and Consideration**

Abovementioned musical integration stimulated children and made the stray behavior diminished. Addition to the accented beats, changing the tempo made children's tasks more difficult. As the child tasks become more difficult, his intrinsic motivation to accomplish the tasks his intrinsic motivation to solve the task becomes higher. Higher motivation made him more attentive and concentrates.

This pilot study found significant improvement of subject attentiveness, decrease of social-emotional stray behavior through the

new tasks and gradual development to the complex rhythm pattern.

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## A TRIAL OF MUSIC THERAPY IN OUR PALLIATIVE WARD

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### **Abstract**

It is difficult to relieve or reduce spiritual pains among end-of-life cancer clients. In our palliative care ward, music sessions or activities including Karaoke singing and mini-concerts were introduced weekly for two and half years to achieve this aim. Music therapy may strongly facilitate expressing their soul pains indirectly and restoring psychological comfort before passing (Nakayama, 2007).

### **Results & Discussion**

In order to relieve mental and psychological strains of end-of-life cancer clients, biweekly tea parties were initially held in our palliative care ward (20 beds in total), which started in 2009 and additional musical sessions performed by a registered music therapist (MT) for one and half years since 2014. The tea parties were open for mini-concerts by staff members playing instruments such as piano, cello, or Shakuhachi, a traditional Japanese bamboo flute. Participants sometimes enjoyed Karaoke music, and sang nursery rhymes, folk songs, pop music numbers, or Japanese traditional songs together. Music related activities were based on traditional or seasonal events such as New Year's Day, the Doll Festival in March, the Star Festival in July and

the Viewing the full Moon in September. Bon (Hosting the Spirits of our Ancestors) dance in August or local dance festival in June raised their spirits when with dancing rhythm. By sharing precious and comfortable time with other clients, they fostered encouragement to face their own spiritual struggles. Some clients expressed directly by their own words or some of them chose a song in which lyrics demonstrated their sincere feelings.

Usually five to ten persons participated in one group session. Some were in beds or on wheelchairs. MTs carefully prepared the most appropriate songs corresponding to each client's taste. Programs were consisted of nursery rhymes and old popular songs, which were most preferred by aged patients, because those songs easily reminded them of good old days. Therapists' voices along with tunes on a piano or a keyboard invited clients to the music world soothingly.

One group session, 45 to 50 minutes, progressed in a more attractive and stimulating manner when percussion instruments were in the clients' hands. At the end of music sessions, relaxation or healing sensation were acknowledged in not only cancer patients, but also caregivers and even other health professions in the ward. The MT

might have the opportunity to visit clients at their bedside to deliver a music package at their request.

Therefore, our clients had a chance to listen to authentic music therapy as well as to enjoy Karaoke of their own taste for elevating their mood as if those in disease-free physical and mental conditions. Participants expressed good feedback after the sessions, such as "had an enjoyable time, almost forgot the ill feeling and pain". Promotion of conversation and reminiscence of memorial experiences were noted. Life revues were often seen among those with spiritual pains. A number of families thanked the MTs for heartwarming music gifts received even a few days prior to the departure. Some participants had good sleep, stable vital signs or no episode of psychophysical unfavorable reactions, even in clients with dementia.

### **Conclusion**

Music therapy and music related activities were significant complementary therapies for an End-of-Life client with profound spiritual sufferings hospitalized in the palliative care ward.

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## **THE EFFECTS OF THERAPEUTIC VOCAL TRAINING ON THE VOCAL QUALITY AND DEPRESSION OF CHRONIC STROKE PATIENTS**

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### **Abstract**

This study examined the effects of therapeutic vocal training on chronic stroke patients' vocal quality and depression using Praat analysis and Geriatric Depression Scale-Korea. Results comparing pre- and post-tests showed significant improvements in vocal quality and depression levels. This indicates therapeutic vocal training maybe effective in rehabilitating vocal quality and depression of stroke patients.

### **Objective**

The purpose of this study was to examine the effects of therapeutic vocal training on chronic stroke patients' vocal quality and depression.

### **Method**

Twenty participants were assigned to either a music therapy group ( $n=10$ ) or a control group ( $n=10$ ) using convenience sampling. Half-hour individual music therapy sessions comprising respiration exercises, vocal training and therapeutic singing were conducted two days per week for five weeks, consisting of ten sessions in total. Using the Praat program, the participants' vocal quality was measured before and immediately after the

interventions. The variables of: maximum phonation time, fundamental frequency, vocal intensity, frequency perturbation, amplitude perturbation, and noise-to-harmonic ratio were analyzed with the measurement. Also, the participants' depression levels were assessed pre- and post-sessions using Geriatric Depression Scale-Korea test.

### **Results**

The results of vocal quality comparison in the treatment group showed statistically significant improvements in maximum phonation time, amplitude perturbation and noise-to-harmonic ratio. The variables of fundamental frequency, vocal intensity, and frequency perturbation were improved but not statistically significant in the treatment group. However, there was no significant difference in all sub-components of vocal quality in the control group. Second, the depression index in the treatment group displayed decreases in average whereas there was a slight increase in the degree of depression in the control group.

### **Conclusions**

Thus, we can conclude based on this study that the therapeutic vocal training promoted improvement of vocal quality and decrease

of depression for chronic stroke patients. This indicates that therapeutic vocal training may be an effective intervention in rehabilitating vocal quality and depression of chronic stroke patients.

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## **ELEMENTS TO SELECT MUSIC THERAPY FOR PSYCHIATRIC PATIENTS**

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### **Abstract**

We administered description-and selection-type questionnaires to medical staff working in psychiatric hospital in order to survey their preference regarding music therapy. Subjects were psychiatrists, nurses, psychologists, occupational therapists, and pharmacists. Each job category exhibited different attitudes toward music therapy suggesting that the proper recognition of music therapy is important for medical staff to apply the music therapy psychiatric patients appropriately.

### **Description**

We are interested in the effective application of music therapy for patients with psychiatric disease. The reasons for patients to participate in music therapy are various, and many patients choose music therapy based on medical doctors' and other medical staff's suggestions, although there are no established criteria for indication of music

therapy to psychiatric patients. Thus, the purpose of this study was to survey if the recognition and preference of music therapy is different between various medical staff. We administered questionnaires to medical staff regarding their recognition and preference of the music therapy. Staff exhibited different attitudes toward music therapy, although their own criteria for indication of music therapy were similar. These findings suggest that leading medical staff's recognition of music therapy appropriately expand opportunities for psychiatric patients to participate in the music therapy. Additional studies of analysis of the correlation between the medical staff's recognition and the efficacy of the music therapy with a larger number of subjects are warranted.

### **Analysis method**

We used Fisher's exact test for the analysis of the selection-style questionnaires. We used the content analysis of Berelson, B. for the analysis of the description.

## **Results**

Thirty four of 60 medical staff (56.6%) replied to the questionnaire. 40% of medical doctors and 73% of the other medical staff replied to the questionnaire. Significant differences were shown in some questionnaires between medical doctors and the other medical staff.

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## **APPLICATION OF MUSIC THERAPY TO SEVERELY DISABLED PEOPLE BY PARTICIPATORY INTERVENTION ON GUITAR**

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### **Abstract**

It is not easy for severely intellectually disabled people to play musical instruments primarily due to physical and intellectual constraints. However, they often have a strong motivation and desire for self-expression through music. I believed they could enjoy musical self-expression if we provided a new, supportive methodology for them.

In this report, we propose a methodology of participatory intervention to make it easier and possible for them to do so. We also discuss our observations when deploying this methodology and other issues from a participant viewpoint.

### **Description**

Since childhood, one client ("CL" a male in his 50s) has been observed and heard singing the hook lines of rhythmic music which he enjoys. CL also has a severe intellectual disability and has been diagnosed with an Autistic Spectrum Disorder (ASD). In promoting his music ability, there have been difficulties related to (1) communication with a music therapist using a linguistic approach and (2) concentration when playing an instrument (or when singing) due to hyperactivity.

Therefore we have devised a new supporting methodology using a guitar which allows CL to express his intrinsic musical abi-

lity. It consists of two parts: (A) the use of an irregular guitar tuning we call "ITG" and the use of a new specialized pick, as well as (B) the enhanced participation of a music therapist.

Most guitars are tuned to "EADGBE" from their lower-scale but ITG is tuned to "DGDGGD". The ITG tuning, which produces harmonic sound even if a string is open. The guitar is one instrument in which the player feels the sound vibration of the strings and it seemed that mixing the sound and the vibration creates a special sensation in the player. In addition, I invented a special pick ("SHAMOJI-pick") which reduces physical limitations related to hand dexterity so as to produce sound easily.

I also added certain participatory interventions by a music therapist to facilitate the establishment of a musical context. For example, CL may be able to produce guitar sounds but he may also need to change pitch. The basic idea is to have CL and a music therapist play alongside each other. The music therapist can facilitate a change in pitch and model examples of singing (singing to CL's own accompaniment).

Music therapy sessions for CL began in May 2014, and by the end of May 2016 he had had a total of 86 sessions. In the beginning, the music therapist focused on CL's vocalizations together with the production of guitar

sounds and vibrations. CL had expressed a desire to play the guitar in concert, and eight months after his first session he played gracefully (with the music therapist's participatory intervention) in front of an audience of approximately 100 people.

During CL's initial sessions, he had difficulties with maintaining concentration and often left the music room. By the 3d session, when the music therapist played and sang a song which CL liked, CL showed an interest in playing the guitar using the Shamoji-Pick. After that day, CL never left the music room during sessions. By the 10th session, CL's concentration and ability were dramatically improving. He could play two songs on guitar, continuously (about 5minuts). By the 22nd session, and with the day of the concert drawing near, I, as the music therapist, was amazed at the improvement of CL's concentration when he kept playing guitar for about 15 minutes. He started to sing to his own accompaniment using a soft voice (under the facilitation of the music therapist). His voice seemed to exhibit the joy of expression which is an authentic desire of all humans. Sessions have brought about psychological stability in CL's life as reported during an interview with CL's parents in June 2016. The music therapist has tried to support CL in expressing something vital and

important about himself. However, there will be some concerns about co-dependency between CL and the music therapist. In future I would like to encourage CL to play the guitar and express himself independently.

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## **EASING MENTAL TRAUMA WITH MUSIC THERAPY**

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### **Introduction**

The Great Hanshin-Awaji Earthquake occurred on January 17, 1995. It caused devastation on an unprecedented scale, and forever changed the perception of disasters in Japan. As a musician living in the local area, I was personally affected by the earthquake, an experience that prompted me to pursue a career in music therapy. In my presentation, I would like to describe the effect the disaster had on me, my encounters with patients who were facing death, and some of the things I keep in mind while working in palliative care units.

### **My experiences of the Great Hanshin-Awaji Earthquake**

I began holding Visiting Concerts and conducting music therapy activities in a small way in 1992. Even today, when I think about the day the earthquake struck, I am overwhelmed by a mass of vivid memories that make me shudder with fear. As one of the victims, however, I believe that I was eventually able to make a recovery from the disaster, both physically and mentally, by interacting with other disaster victims through music.

After the earthquake, we knew we could no longer take ordinary life and security for granted. Survival became our top priority. We had to somehow live our lives in defiance of the awful reality that we faced. We had no time or energy left to think of any-

thing else. But gradually, my friends and I, who were all musicians, realized that we still had music. And music was the only thing we could engage in under the circumstances. Even though supply of water and gas had not yet been restored, we got together and began making preparations to resume the Visiting Program in early February.

### **Developments from the Great East Japan Earthquake, and care provided to patients and families**

On March 11, 2011, a major earthquake struck northeastern Japan, killing around 16,000 people. Thousands more are still missing. Unlike the Great Hanshin-Awaji Earthquake, the Great East Japan Earthquake was a combination of natural and man-made disasters, causing immeasurable suffering to the people of Japan. As I continued to work closely, through music, with people who had been mentally damaged and traumatized by natural disasters such as earthquakes and typhoons, and by accidents and incidents, I became aware of the importance of not only providing care to the disaster victims, but also of expanding such care to the victims' families and the bereaved. This was also what I felt in providing music therapy to people who were living with illnesses and disabilities. These people lived with a fear of illness, such as of seizures and symptoms; their feelings were damaged because of having fallen ill; they also felt sorry for their families for having caused them trouble and pain. On the other hand, I also learned that

their families felt exactly the same way as the patients themselves.

### **Music therapy as hospice care**

Thanks to Dr. Masako Sekimoto, who founded the Palliative Care Unit at Rokko Hospital and is currently a home-hospice care physician, I was given the opportunity, beginning in 1994, to offer music therapy at a palliative care ward in a hospice. Despite living in fear, distress and sorrow, each of the patients was steadfastly confronting his or her own death, and was trying to make the best of each and every moment. The patients were thinking about their families and friends, and wishing the best for them. Because my encounter with most of these patients was often the last one I would have, I tried to carry out my activities with all my heart and to make every moment count.

### **Conclusion**

When we as music therapists encounter clients who are enveloped in sorrow, we must keep in mind that they are human beings, first and foremost, before they are labeled as a disaster victim, a patient, a family member, or a bereaved individual. We

need to think about what sort of circumstances they are in, care for them, and quietly be there, by their side. It is also important to guess what the clients are feeling by putting ourselves in their shoes. The type of support we provide must recognize what makes a person who he or she is, and protect and treasure his or her dignity at all times. I want to make music therapy a moment in which a client can feel relaxed and enjoy peace of mind. The time we spend together with a client is an irreplaceable moment that occurs just once. I sincerely hope to share that physical space and spend that time as best as I can, so that we can live such moments together.

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## **RESEARCH, DEVELOPMENT, AND APPLICATION OF LAMBDOMA SPECTRUM ON 24 SOLAR TERMS**

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### **Introduction**

The medical view of the twenty-four solar terms, is the essence of Chinese ancient wisdom, the pioneer in preventive medicine, and the necessary knowledge for every healthcare practitioner.

According to the earliest Chinese medical book Huang Di Nei Jing: The energy of each organ in the human body is all under the control of a specific part of the spine. It corresponds to the twenty-four solar terms in the nature in which energy is massively lost during the transition of the solar terms, causing decreased immune function of the body (Hsieh, 2008, p. 44).

Applying Lambdoma Spectral Music and Microcosmic Music, in compliance with the corresponding positions of the spine in the round solar terms to give energy supplement to the spine would have a multiplier effect for boosting the immune system.



Figure 1. Chinese calendar.

### **Fundamental Principles for the Twenty-four Solar Terms and Lambdoma Interstellar Spectral Music Treatment**

Huang Di Nei Jing says that defensive qi spends one day and one night converging at fengfu meridian point; it goes down one section a day on the next day; that is, it goes down one section a day out of fengfu meridian point. It reaches down to the Sacrum on the 25th day. It goes into the spinal cord on the 26th day, and then injects into the hidden thoroughfare vessel (Hsieh, 2008, p. 49). Whenever encountering transitions of the solar terms, energy of the human organs would converge in accordance with the corresponding astrological aspects of the sun, moon, and stars. The energy change generated causes discomfort of the body, to certain extent even leads to diseases. Thus, based on the corresponding solar terms, it is suggested to give energy supplement to organs and spines.

Employment of the twenty-four solar terms in accordance with music treatment occurs relevantly fast and with significant effectiveness, since it functions through the resonance effect and neurotransmission.

### **Cross-Reference Application of the Twenty-four Solar Systems and Microcosmic Music**

On 2/4, beginning of spring, the solar term energy acts on the 12th thoracic vertebrae,

which corresponds to the gastrointestinal system and the stomach. The Earth, Sun, Moon compilation album, and Mars spectral music are suggested.

On 3/21, the vernal equinox, the solar term energy acts on the 6th thoracic vertebrae, which corresponds to the respiratory system and the lung. The Earth, Sun, Moon compilation album, and Venus spectral music are suggested.

On 5/5, beginning of summer, the solar term energy acts on the 7th cervical vertebra, which corresponds to the digestive system and the liver. The Earth, Sun, Moon compilation album, and Jupiter spectral music are suggested.

On 6/25, the summer solstice, the solar term energy acts on the 1st cervical vertebra, which corresponds to the nervous system and the brain. The Earth, Sun, Moon compilation album, and Mars spectral music are suggested.

On 8/7, beginning of autumn, the solar term energy acts on the 6th thoracic vertebra, which corresponds to the digestive system and pancreas. The Earth, Sun, Moon compilation album, and Mars spectral music are suggested.

On 9/23, the autumnal equinox, the solar term energy acts on the 5th thoracic vertebra, which corresponds to the urinary system

and kidneys. The Earth, Sun, Moon compilation album, and Venus spectral music are suggested.

On 11/7, beginning of winter, the solar term energy acts on the 11th thoracic vertebra, which corresponds to the respiratory system and the throat. The Earth, Sun, Moon compilation album, and Venus spectral music are suggested.

On 12/22, the winter solstice, the solar term energy acts on the 5th lumbar vertebra, which corresponds to the gastrointestinal system and the small intestines. The Earth, Sun, Moon compilation album, and Saturn spectral music are suggested.

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## **THE ROLE OF THE MOST INFLUENTIAL MUSIC FOR YOUNG ADULTS**

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### **Introduction**

Music enhances changes of physiological, psychological, and behavioral activity of human beings (Blood & Zatorre, 2001), and helps the recovery from brain damages such as middle cerebral artery stroke (Särkämö et al., 2008). We are fascinated with music irrespective of age and sex. What is the most influential music for you? What is the role of your most influential music for you?

### **Purpose**

The purpose of this study was to investigate the role of the most influential music for individual young adults in their life, and discuss music therapy in the future.

### **Methods**

The most influential music for Japanese young adults (Average age 20.1 years, SD= 1.0 year, n = 118, Male = 90, Female = 28) in Toyo University in Japan were investigated by questionnaire using web education system (ToyoNet-Ace, manaba course, Asahi net). After obtaining informed consent, participants selected the most important music in their life and wrote a free description about the selected music.

### **Results**

As a result, most of the selected music was popular music. The most selected music was

“Eikou no Kakehashi (Bridge of Glory)” (Composition: Hitoshi Kitagawa, Performance: Yuzu) and “Kokoro e (Mind picture)” (Composition: Kitagawa Keniti, Performance: Road of Major), which were selected by three subjects each. Second most selected music included “Sekaini hitotudakeno hana (The Only Flower in the World)” (Composition: Noriyuki Makihara, Performance: SMAP) and “Ketsui no Asa ni (In the Morning of Decision)” (Composition: Futoshi, Performance: Aqua Timez) selected by two subjects each. Other subjects selected different music.

Positive emotion (23%), Interest of music (19%), Changing values (15%), Boost (11%), Action (8%), Reminiscences (8%), Comfort (3%), Be moved (3%), Nothing (3%), Sympathy (2%), Sound sleep (1%), Control of mind (1%), Happiness (1%), Like (1%) and Waterworks (1%) were represented as the roles of the selected influential music for them.

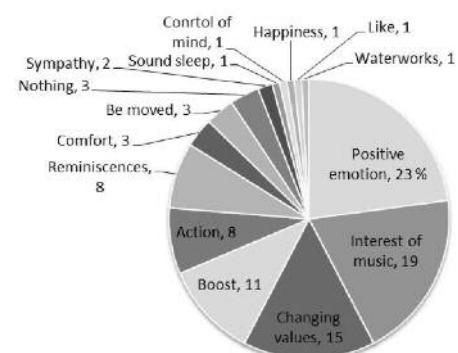


Figure 1. Percentage of the roles of the selected important music.

## Discussion

According to the results, "Positive state of mind (34%)", "Behavioral change including music activities (24%)", "Change in sense of values (15%)" and "Reminisce about the past (8%)" were represented as the roles of the selected influential music for them in general. These results were partly different from the results of research by Williams (2001), indicating that listening to popular music is daily routine, rather than as a meaningful source for identity investment.

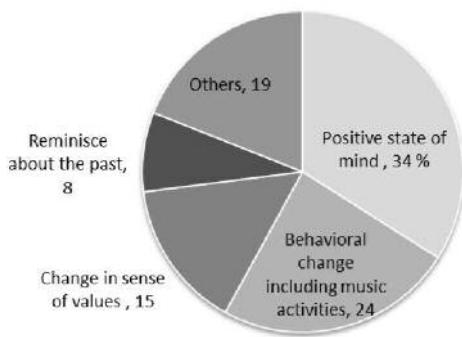


Figure 2. Percentage of the roles of the selected important music in general.

I suggested that production of positive mind and behavioral change with the most influential music or self-important music are important factors in music therapy. We have to make a data bank of the most influential music and self-important music to achieve effective music therapy for individual clients.

## Acknowledgments

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## **THE CHANGE OF THE CEREBRAL BLOOD FLOW BY LISTENING TO MUSIC**

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### **Abstract**

This study aimed to discuss how the cerebral blood flow will change by the preference of music. Twenty-two research subjects listened to four music numbers for 2 minutes each, and intracranial oxygenated hemoglobin ( $HbO_2$ ) value of the research subjects on the listening were determined. When the change of cerebral blood flow of the research subjects was analyzed according to their preference of the tone, it is suggested that the change of cerebral blood flow by listening to music was possibly influenced with their preference of tune and a strong physiological reaction.

### **Introduction**

There are studies that use salivary stress hormone or POMS as an indicator to examine the relaxation effect of music, but there are few research reports using cerebral blood flow as an index.

We examined fluctuation of  $HbO_2$  value in

the brain by listening to music using optical topography equipment (NIRS) for twenties in the past study.

As a result, it is suggested that listener's preference greatly contributed to cerebral blood flow. There are reports that the taste of music varies depending on generation, and it seems that the era background and the living background of the person are greatly related.

### **Method**

Twenty-two of 35-53 year-old women (mean age of 40.54) were to listen to four music numbers, Music A (The lord), Music B (Yesterday), Music C (Carmen), and Music D (Gymnopédies) for 2minutes each, and their intracranial oxyhemoglobin value was determined. While listening to music the impression survey of the music, and their impression of the music after listening to all numbers was asked.

## Results

Music A and Music C, the cerebral blood flow of the research subjects who liked each music number increased, and their impression were as "rhythrical" and "exciting". The cerebral blood flow of the research subjects who dislike the music decreased, and the impression as "noisy" and "busy" were obtained. The cerebral blood flow of the research subjects who like Music B and Music D each decreased, and their impression as "nostalgic" and "calm" were obtained. The cerebral blood flow of the research subjects who dislike the music increased, and the impression as "dark" and "lonesome" were obtained. The impression on each music number tended similar both while listening and after listening.

## Discussion

Cerebral blood flow decreases when listening to quiet music is preferred, and cerebral blood flow tends to increase when disliked. On the other hand, cerebral blood flow increases when listening to bustling music is preferred, and cerebral blood flow tends to decrease when disliked

## Conclusion

It was suggested that the fluctuation of ce-

rebral blood flow is related to music tune and music preference

**Key Words:** music, oxyhemoglobin(HbO<sub>2</sub>) preference, spectroscopy(NIRS)

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## **SOME THOUGHTS ON THE RELATIONSHIP BETWEEN THE OMNIVOROUS MUSICAL ATTITUDE AND THE FOUNDATIONS OF THERAPEUTIC PRACTICE OF JAPANESE PEOPLE**

*Rika Ikuno-Yamamoto*  
Ochanomizu University, Japan

Having grown up in Japan, studied the professional basics of music therapy abroad and subsequently having practiced in Japan for 20 years, I am gradually becoming to understand and accept how our musical choices and music making processes reflect the aspects unique to Japanese people. One of these aspects that I have been especially conscious of lately is Japanese people's omnivorous attitude to music. By omnivorous I mean that we not only have abundant musical resources to choose from, we seem to actively shift, adjust to or even mix different musical styles so smoothly according to environment and timing.

### **The Historical Context**

This tendency seems to have been partly developed due to the social phenomena and drastic changes in music as Japanese people have experienced in the last 200 years. Japanese traditional music, nurtured under the direct/indirect influences from the surrounding Asian countries up to Edo era was kept that way due to the closure of the country during this era. However, when the Meiji government opened the country to foreign influence and trade in 1860, it abruptly urged schools to reform music as "Ongaku 音楽" based on the European Classics, in order to catch up with these internationally powerful countries. It was not only totally

different music from the traditional one, but more importantly, "Ongaku" was imprinted in people's mind as something to be performed "collectively" and "correctly" as the good citizens, under a master's leadership. This continued until the end of WWII (1945). However, after the war, new democracy and economic growth led to the Japanese population having access to all kinds of music that flowed into Japan. Original music was also produced introducing these foreign styles, keeping the strong influences underneath from the previous two periods. It could be said that these externally and politically caused changes in Japanese people's musical lives covertly grew their unique omnivorous attitude to music today.

### **Japanese Omnivorous Attitude to Music**

In addition to the tremendous variety in the musical taste in today's Japanese society, I have found two distinctive features in their omnivorous attitude. One is the mixture in styles. For example, newly produced pop music often combines different elements from existent styles intentionally or unintentionally, which itself seems to attract the public as a new trend. Another feature is the speed and smoothness in which Japanese people are able to digest and shift between various styles. They follow each of the styles artfully, seemingly to even enjoy the drama-

tic gaps between them. Although musical globalization is commonly seen in many countries, this Japanese' attitude to multi-culture might appear incoherent or even nonsense to foreigners.

This free, incoherent style is also seen in Japanese' daily actions such as eating, religious ceremonies, as well as music therapy theories! They have a tendency not to limit their mode to just one, but "shop around" imitating the surface features, adjusting to the momentary realistic situation.

**What Lies Behind Their Omnivorous Attitude Why?** My insight is that in spite of Japanese people's precise and conscientious following of the format ("Kata型") of certain styles, their minds are never really immersed in any one of them. Instead, their keen and constant consciousness is on the unspoken and ultimate goal behind: being connected as the same community members. We need to be co-present with the persons beside us.

### **Japanese Sense of Co-presence**

This Japanese sense of co-presence feels slightly different from the one originated in Western cultures, where two individuals, "I" and "you", build the common space, step by step. By contrast, it is "we" that emerges first in any forms of Japanese community, and its coherent existence is critical for any significant events to happen.

A Scottish community music specialist Jane Bentley categorizes the use of music in com-

munity settings as "just music," "music for", and "music with". In addition, one of the most effective and already prevailing senses of the therapeutic foundation in Japan seems to be "music within (us)."

### **Development of Japanese Music Therapy**

This unique feature of Japanese therapeutic foundation does not necessarily suit the linguistic and deductive academic styles that are conventional in the Western traditions, since another feature of Japanese mentality is "non-verbal," that we tend not to speak out about the most essential. Still, it is the time for Japanese music therapists to somehow face and investigate the originality in our music, community and music therapy.

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## **INTERPRETATION OF MUSICAL/RELATIONAL ASPECTS BETWEEN CLIENT AND THERAPIST IN LONG-TERM CLINICAL PRACTICE**

*Rika Ikuno-Yamamoto*  
Ochanomizu University, Japan

### **Introduction**

The term “practice” is translated to “Jissen 実践” in Japanese, and philosopher Yujiro Nakamura describes it as “drawing out hidden aspects of reality...by each member’s first hand experiences”, through which “theory is strengthened (Nakamura, 1992, P.70).” “Practice” is at the core of clinical music therapy and investigating its process is equally important as evidencing the outcome. However, its methodology is not yet sufficiently cultivated.

### **Purpose**

This presentation aims to illustrate an ethnography informed methodology designed for the study in the author’s Ph.D. thesis, investigating musical/relational aspects of long term music therapy (Ikuno-Yamamoto, 2015).

### **Case**

The subject of the study included 137 individual music therapy sessions between a client with profound developmental delay and the therapist (author), extended over client’s 6 - 12 years old period.

### **Methodology Exploration**

The study shed light on the transformation of the relationship between the client and the

therapist mediated by music, from a viewpoint of what they had experienced in the musical interaction. In this process, interviewing the client regarding her inner experiences was inapplicable, since she did not have verbal ability. Therefore, therapist (author)’s interpretation of both sides’ experiences through participant observation and microanalysis of the video recordings with session notes has become the primary basis of the methodology. However, mechanical extraction of functional relational behaviors, such as eye contact, tempo merging, rhythmic matching, etc. was not appropriate, as it represented the sequence of discontinuous states under an established value criteria for relationship. Another limitation common to the above mentioned two approaches was that they took a standpoint to look into the action/experience of each participant separately, and then brought them together to conclude that this can be viewed as the “relationship.”

Yumi Nishimura points out that an action of one person is not only attributed to that person, but it is also a result of the other person (Nishimura, 2008), which suggests that relationship exists in “inter-action.” From this insight, the approach of the author’s study was to interpret interaction between the two participants, utilizing the music produced between them as context based empirical material for

ethnography. Since this client had developed a variety of musical actions such as the ways making sounds, the ways stepping out from making sounds, making the flow/ break of sounds, and actions around the instruments, these are all regarded as “music” in this study.

### **The design of the interpretation procedure**

Based on two prior studies of the case, three excerpts from sessions (approx. 5 minutes each) were purposively selected to represent turning points in the process. Each excerpt was interpreted through the following procedure, cyclically referring to the former steps.

1. Parallel time-series documentation of each participant’s actions through reviewing video recording and session note.
2. Interpretative description of the inter-actions, illustrated by graphic notations.
3. Finding, categorizing, and interpreting “repeatedly presented musical inter-actions” throughout the episode.
4. Context based interpretation of all the inter-actions and overview illustrated in a chart.
6. Discussing the concepts of relationship that emerged in the excerpts.

### **Conclusion**

It is a challenging condition for a researcher

to investigate the relationship between non-verbal client and herself as therapist in a closed setting. In this study, the inter-actions illustrated by graphic notations of music,, their precise analyses and step-by-step interpretations based on the therapist’s understanding of the context led to the rational clarification of relationship transformation process.

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## **SOME THOUGHTS ON THE RELATIONSHIP BETWEEN THE OMNIVOROUS MUSICAL ATTITUDE OF JAPANESE PEOPLE AND THE FOUNDATIONS OF THERAPEUTIC PRACTICE IN JAPAN**

*Rika Ikuno-Yamamoto*  
Ochanomizu University, Japan

### **Introduction**

In this article, I would like to discuss Japanese people's omnivorous attitude to music as one of the keys to understand the foundation of therapeutic practice in Japan. By omnivorous I mean that Japanese people not only have abundant musical resources to choose from, they seem to actively shift and adjust to musical styles smoothly according to the momentary environment.

### **The Historical Context**

This tendency seems to have been partly developed due to the social phenomena and drastic changes in musical life Japanese people have experienced in the last 200 years, as reviewed next.

Japanese traditional music, nurtured up to Edo era was preserved due to the Edo government's policy to close the country between 1639 - 1854. However, when the Meiji government opened the country to foreign influence and trade in 1860, it abruptly urged schools to reform music as "Ongaku音楽" based on the European Classics, in order to catch up with these internationally powerful countries. It was not only totally different from the traditional music, but more importantly, "Ongaku" was imprinted in people's mind as something to be performed "collectively" and "correctly" to be good citizens, under a master's leadership. This continued until the end of WWII (1945). After the war, new democracy and economic growth suddenly led all kinds of music flow into Japan. People have actively absorbed and applied these imported musical styles, covertly reflecting the strong influences from the experiences in the previous two periods (Wakao, 2014). In this way, Japanese people have acquired abundant musical resources as well as the unique omnivorous attitude to music.

The Japanese Omnivorous Attitude to Music Today, Japanese people enjoy and shift between various musical styles with remarkable speed and smoothness. They follow each of the styles artfully, seeming to even enjoy the dramatic gaps between them. Although musical globalization is commonly seen in many countries, this Japanese attitude to multi-culture seems to be distinctively unique.

The Japanese Omnivorous Attitude to Music Today, Japanese people enjoy and shift between various musical styles with remarkable speed and smoothness. They follow each of the styles artfully, seeming to even enjoy the dramatic gaps between them. Although musical globalization is commonly seen in many countries, this Japanese attitude to multi-culture seems to be distinctively unique.

Interestingly, this omnivorous attitude is also seen in Japanese daily actions such as eating, religious customs, as well as application of music therapy theories! Japanese music therapists have a tendency not to limit their theoretical foundation to just one, but "shop around" the surface features, adjusting to the momentary realistic situation. It might appear rather incoherent to non-Japanese music therapists.

## **What Lies Behind the Omnivorous Attitude of Japanese People**

Having grown up in Japan, studied the professional basics of music therapy abroad and subsequently having practiced in Japan for 20 years, I have reached the insight that in spite of Japanese people's precise and conscientious following of the format ("Kata型") of certain styles, their minds are not really immersed in any one of them. Instead, their keen and constant consciousness is directed to the unspoken and ultimate goal: being collaboratively co-present with others.

### **Japanese Sense of Co-presence**

This Japanese sense of co-presence feels slightly different from the one originating in Western cultures, where two individuals, "I" and "you", build the common space, step by step. By contrast, it is "we" that emerges first in any forms of Japanese community, and its stable existence is critical for any significant events to happen. Jane Bentley categorizes the use of music in community settings as "just music," "music for", and "music with" (Bentley, 2015). In addition, one of the most effective and prevailing senses of the therapeutic foundation in Japan seems to be "dwelling within music."

### **Development of Japanese Music Therapy**

This unique foundation of Japanese music

therapy does not necessarily fit the linguistic and deductive academic style discussions that are conventional in Western traditions, since another feature of Japanese mentality is "non-verbal," that we tend to avoid speaking out about the most essential issue shared in community but co-sensing it nonverbally (Ikuno, 2005). Still, it is the time for Japanese music therapists to somehow face and investigate the originality in our music, community and music therapy, and communicate it internationally.

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## **KNOWING/COMMUNICATING THE CLINICAL PROCESS IN MUSIC THERAPY PRACTICE**

### **1. Thinking about Process; 2. Illustrative Approaches**

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*7 Additional Authors (See about the Author)*

#### **Aim of the Roundtables**

These two Roundtables facilitate dialogue on music therapy clinical processes, equally important as articulating evidence and outcomes under the previously established frameworks. In order to think about this aspect and to encourage the use of language which matches the experiences in practice, the international scholars exploring this issue will exchange their perspectives.

#### **Background**

In 1968, William Seers began a conversation about the processes of music therapy<sup>1)</sup>, and building on his work, Carolyn Kenny articulated theoretical concepts naming creative process as the product of music therapy practice<sup>2)</sup>. But since then, very little has been done until Brynjulf Stige shed light on practice turn in music therapy theory<sup>3)</sup>. As a health-service field, it is understandable that outcomes and effects have been a focus within the discipline. However, they are not the complete story — process plays just as central a role in comprising the nature of the work, as it is that which clients actually experience and that in which music therapists engage in everyday clinical sessions. This aspect has not been discussed enough simply

because these experiences in processes cannot be fully accessed through standard languages of established theories including EBM.

#### **Thinking about Process**

There are several recent discourses that value the process. David Aldridge describes that the therapeutic “change is the experience of qualities relating to stages of transition rather than being a sequence of symptom scores<sup>4)</sup>.“ Brian Abrams advocates, in the definition of his relationship-based theory, “music therapy consists of the client and therapist working together relationally and aesthetically in time...<sup>5)</sup>“ Kenny suggests that “by focusing on outcome, we lose sight of this ever-changing spirit of change<sup>6)</sup>.“ And Stige states “theoretical insights and key research questions emerge from practical context<sup>3)</sup>.“ These concepts invite us to reflect on the identity of music therapy as a healthcare discipline. The Roundtable (1) will focus on “the ways of thinking about process.“

#### **Languages to Approach Processes**

If the established standard language is not applicable to access and communicate what is happening in the process, music therapists

need to develop their own languages. Needless to say, there is no one universal language that fits all such tasks since it has to be based on the contextual evidences<sup>7</sup>). In addition, if we look at the process as the constantly transforming phenomena instead of the stable and universal events, what would be the keys to create such languages? In the Roundtable (2), four experimental approaches will be introduced, followed by the dialogue including the audience.

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## **WHY DO CHILDREN LOVE “TAKOYAKI-SONG”? -JAPANESE NURSERY RHYMES IN MUSIC THERAPY-**

*Jun Ino*

Ino Music Lab Fun, Japan

### **Abstract**

This workshop will focus on the Japanese nursery rhymes for music therapy. First we will examine the characteristics of Japanese nursery rhymes. Next we will play some Japanese nursery rhymes and discuss why we use these songs in the music therapy while examining the children's favorite song "TAKOYAKI-SONG"

### **Workshop menu**

This workshop will provide opportunities

- ♪ to learn the characteristics of the nursery rhymes of Japan
- ♪ to experience Japanese nursery rhymes
- ♪ to discuss why and how we use nursery rhymes in the music therapy.

Participants can learn while enjoying the Japanese wind instrument "Shino-Bue".

1. At first I will show the characteristics of the Japanese nursery rhymes. Both Western and Japanese-style songs are used in Japan. Also Japanese children are familiar in both styles. Some nursery rhymes are often made using the pentatonic scale. Although not well known, it is said that there are four types of pentatonic scales classified by Fumio Koizumi of Ethnomusicologist. They are Ritsu Scale (from China), Capital (or Urban)Scale (ex. "Sa-

kura Sakura"). Folk song scale (Folk and children's songs ) and Ryūkyū Scale. Children often sing along with "Folk song scale" .

2. Why not playing some Japanese nursery rhymes? We will enjoy two songs. One is traditional Japanese handball game "Antagata-Dokosa". Next one is "Zou-sui-mame" from America sent to Japan.
3. Why we use nursery rhymes in music therapy? There are several reasons we often use nursery rhymes in music therapy. The first reason is that we play songs with our voice and body. Voice provides the safety of client-therapist space in the early stage of the session. And children can feel the music through the body. In addition children can have a prospect on their own actions in the short playing. Also it helps to form an attachment relationship. In this way nursery rhymes are so helpful in connecting the development of actions that have purposes, and children can develop relationships with others.
4. Why do children love "Takoyaki-Song"? "Takoyaki-Song" is one of the most favorite songs. Why do children love it? Takoyaki is their favorite food in Japan. This song uses pentatonic scale and has movements synchronized with its word rhythms. So they are very happy to play. In this way these songs are very useful when doing music therapy with children because children are able to learn a lot while playing.

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## Takoyaki Song

by Isabel Carley & Noriko Ino

The musical notation consists of five staves of music for a single voice. The lyrics are as follows:

1. Ta-ko chop chop - oni-on chop chop A-dd some eggs then mix 'em all -  
たこきつて ねぎきつて たまごねって まぜたら

2. It 's like a ball but a takō-yā-ki put some source and eat 'm all  
まるまつた たこや一き ソースぬつて たべよう

3. They're hot smell good They're yummy They're great They'rewonderfull  
あーあつい いーにおい うーうまい えーえらい おーおかわり

4. Ta-ko chop chop oni-on chop chop A-dd some eggs them mix 'em all -  
たこきつて ねぎきつて たまごねって まぜたら

5. It 's like a ball but a tako-yā-ki we made a lot of them munch!  
まるまつた たこや一き たくさんできた バクッ

Let's memorize "TAKOYAKI-SONG" before the workshop.

## **MEDICAL MUSIC THERAPY: PAST, PRESENT, AND FUTURE**

*Satoko Inoue*

Yamato International School, Japan

*Lori Gooding*

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*Darcy Deloach*

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*Hideaki Sakata*

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*Gakuho Okada*

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### **Introduction**

Music therapy is an established profession in both Japan and the United States, but the ability to practice in medical settings is limited in Japan. Each country has different restrictions for practicing in medical settings, especially in terms of recognition as a healthcare profession. Understanding limitations, restrictions, and opportunities is the key factor in promoting medical music therapy practice.

### **Practice Overview**

Music therapy was first established in Japan in the early 1970s. In late 1990's, music therapy in pediatric otolaryngology was introduced. The initial focus was on newborn infants identified with hearing loss via the Universal Newborn Hearing Screening (UNHS) and a detailed examination. Music therapy procedures were developmental in nature, and tai-

lored or modified by medical personnel, such as doctors, nurses, and other therapist like speech pathologists. Today music therapy is still not included in the national certification system and is not categorized as a medical profession in Japan. In 2005, Medical and educational professionals began to collaborate with music therapists to treat individuals with specific medical conditions like brain damage or terminal illness (Ikuno, 2005), and music therapy is now increasingly recognized for its use with hospital patients (Obara, 2016).

Music therapy has been an established profession in the United States for over 60 years, and references to medical music therapy can be found as early as the 1960s (Shatin, Kotter, & Longmore, 1964). By the 1990s, music therapy programs were being developed in in-patient, hospice, children's hospital, and rehabilitation facilities, and medical music therapy was increasingly recognized as an effective

treatment for psychological or physical disorders (Marwick, 1996). Today, music therapy is identified as an allied health profession, and some of the top hospitals in the U.S. have music therapy programs (U.S. News and World Report, 2016). Since 2000, medical music therapy in the United States has grown and the body of evidence, which includes meta-analyses and RCTS, also continues to grow. Likewise, the average number of medical populations served grew between 2000 and 2015, as did the mean number of therapists who work in medical settings. Additionally, mean salaries for medical music therapists have grown, increasing by approximately \$20,000 (Gooding, 2016). However, there are still many facilities that do not have music therapy programs and collaboration, consultation, and education are essential for further growth and development (Register, 2002). A panel of American and Japanese music therapists and physicians will highlight existing practices and outline a vision for medical music therapy in both countries.

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## **USING MUSIC AND ART AS A THERAPEUTIC APPROACH FOR EARLY INTERVENTION PRACTICE IN JAPAN**

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### **Introduction**

The Japanese government has estimated that 6.5 percent of Japanese children have developmental disorders (Ministry of Health, 2014). Developmental disorders are conditions in childhood that involve developmental difficulties in different areas. They can lead to social maladjustment, such as truancy, social withdrawal, and depression and mental illness in adulthood, and can also result in secondary trauma such as suicide.

Children who suffer from these disorders and receive the appropriate habilitation training (*Ryouiku*) earlier than around five years old are better able to adapt in society. However, among approximately 300,000 children who potentially have developmental disabilities in Japan, only 8.5 % children have the opportunity for intervention (Ministry of Education, 2012). The number of facilities where *Ryouiku* is provided for infants and toddlers with developmental disorders is very limited.

This workshop will introduce *Oto to Iro no Ryouiku* (Music and Art lesson), which was created for children with developmental disabilities, particularly those with emotional and communication challenges.

### **Approch in Early Intervention Setting**

Usually, typical child development centers offer only “individual” and “group” lessons for early intervention. However, this specific organization, which is located in the suburb of Tokyo, wanted more approaches for emotional development in children with the developmental disorders. Thus, music and art can foster creativity and imagination, promote spontaneous experiences and allow children to be themselves in a non-judgmental environment. Through the process of music and artwork, *Oto to Iro no Ryoiku* provided children with opportunities to enhance self-expression, self-esteem, gross and fine motor skills development and sensorimotor skill development (Music Therapy Connections NI. Music Therapy and Autism, 2016).

Several music therapy techniques were used to create a developmentally appropriate program; examples will be provided from the program. Each session lasted 45 minutes with the music therapist facilitating active engagement in music during the first 30 minutes of the session. During the last 15 minutes, the children worked on art materials while the lead music therapist explained the therapeutic aims to parents in order to help them understand their children’s behavior.

Since music and art therapy are new modalities, working with parents is vital to the success of the program because it allows the music therapist to build trust and explain the therapeutic approaches.

### **Conclusion**

Intervention of music and art offers modeling, listening, performing and emotional expression opportunities during music activities. Also, during the intervention, music and art provide positive experience and foster the joy and confidence to express and convey their motivation to learn more. Additionally, the positive experience will help children to have self-affirmation. Therefore, including music therapy in the early intervention will create a foundation that promotes the growth of the child with communication difficulties. Clinical examples and practical use of music and arts in the early intervention settings that facilitate these goals in Japan will be discussed.

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## **ADAPTIVE KEYBOARD ACCOMPANIMENT TECHNIQUES FOR GROUP SINGING IN MUSIC THERAPY**

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### **Abstract**

Group singing is very popular among music therapy activities in Japan. However, not much attention has been paid to the importance of accompaniment. In this workshop, using recorded materials, musical scores and live performance, the presenters will demonstrate how music therapists could modify their accompaniments depending on the situation and the clients.

### **Description**

To provide effective accompaniments for group singing, music therapists need to consider at least the following: physical, psychological, and cognitive functional levels, preference of music, activity interest, and the background of clients, as well as the group situation related to many other factors.

In Japan, the group size tends to be larger, and a music therapist often leads a session with over 30 people. It is expected to have a wide repertoire including Japanese folksongs, popular songs, children's songs, some classical songs, and international songs, etc. Music the-

rapists need to acquire skills to play all these songs with different approaches to adapt the accompaniment to the "here and now" of the music therapy sessions. The figures below show how the presenters adjust their accompaniments depending on the situation as well as musical factors of songs. All the factors influence each other, and music therapists carefully need to listen to and observe what is happening.

The presenters will introduce their clinical experiences with different types of populations: older adults, psychiatric patients, and children with disabilities. Significant attention will be paid to the following: importance of breath, the space between tones, proper use of different touches, and fluctuations of melody.

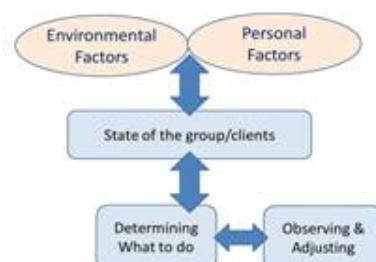


Figure 1. Factors of the situation.



Figure 2. Musical elements to be adjusted.

With carefully adjusted accompaniment, clients become aware of not only the song itself, but the timing, phrasing, beats, and construction of the music. They will be motivated and supported at the same time. Thus, the sound of the music provides a safe environment for the participants and allows some of them to feel secure by just being there without having to actively sing.

Over the past decades, the presenters have been researching and examining various qualities of accompaniment, and they will provide concrete examples from their experiences and knowledge by demonstrating on the keyboard using recorded materials of sessions and musical scores. Participants will be invited to sing in different situations.

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## **HOW ARE CHANGES IN REPETITIVE DRUMMING PATTERNS EXPERIENCED IN PSYCHIATRIC MUSIC THERAPY?**

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### **Abstract**

This presentation looks at experiencing repetitive patterning with a client with Schizophrenia, as compared to playing in a professional percussion ensemble when repetitive patterning occurs within the context of a minimalist composition. A microanalysis of transitioning between rhythmic patterns in both scenarios is discussed in relation to Tustin's concept of the autistic object (1992, p.111-126).

### **Descriptions**

Subtle variations in rhythmic patterning can be experienced as communicative and enjoyable when performing pieces such as 'Drumming (1971)' by Steve Reich (1937- ). Identifying such rhythmic discrepancies in drumming improvised by a client and a therapist may help a music therapist understand significant moments of communication. The concept of participatory discrepancies is an essential one in understanding many styles of music and in applying them to clinical work (Aigen, 2002).

A characteristic of drumming created by some psychotic clients in music therapy has been identified as repetitive or constantly similar musical patterning. De Backer (2007) explains these styles of playing as sensorial playing. He questions whether, when patterns are repeated continuously, psychotic patients have the psychic space for symbolization, meaning they cannot appropriate a 'musical object'

and therefore be aware of the inter-relationship between one player and another.

This paper builds on De Backer's research by offering a microanalysis of how music made by a psychotic client and therapist contains transitions between discrepancies in rhythmic patterning, and musical synchronicity between therapist and patient. The method used is first-person research. In order to shed light on the potential emotional meaning of such musical experiences, the presentation identifies differences in the therapist's emotional reactions to rhythmic patterning when performing 'Drumming' (by the composer Steve Reich, 1971), and her emotional experience of synchronized drumming with drum patterns improvised by the patient in a music therapy session.

By analyzing her experiences of performing the percussion piece 'Drumming' and in particular the process of transition from one rhythmic pattern to another, four different states of playing have been identified:

1. Secure playing (the pattern has started / is comfortable to play)
2. Reflective playing (the pattern is established / the mind can reflect on the self)
3. Automatic playing (the mind is unaware of the playing)
4. Kinaesthetic playing (after playing the pattern for a long time the mind is most aware of the physicality of the action).

When one player slightly alters their pattern, other players have to protect their own musical space, keeping hold of their own rhythmic pattern. When one player shifts their pattern (using acceleration), feelings of insecurity occur for those who need to keep their tempo stable and unaltered. When patterns have shifted, and joined to make new patterns, players experience that synchronicity as matching each other. These experiences of repetitive rhythmic playing in a performance context may help music therapists to think about the experiences that clients may encounter in music therapy.

Tustin's concept of the autistic object (1992) applies to sounds, and leads to what the observer designates as the concrete nature of autistic experience. Inada (2012) points out that the characteristics of psychotic repetitive patterns are explained as a self-defense for keeping a balance of mentality, leading to autistic object.

In clinical work, repetitive patterning with psychotic clients has meaning as a way to protect one's own inner space in improvised music. When this happens, the therapist may feel emptiness, such as automatic playing along with a client's playing. However, reflecting playing in improvisation may also be possible. The slightly different rhythmic variations

from the outside world in improvisations can give the client new experienced space. This brings about the possibility that the music may shift to communicative and inclusive of kinaesthetic playing. The paper presents audio examples from the music therapist's professional performances and her work with these psychotic patients.

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## **MUSIC THERAPY FOR ADULTS WITH INTELLECTUAL DISABILITY: CLINICAL APPLICATION OF ENSEMBLE ACTIVITY**

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### **Aims of this Case Study Research**

This case presentation will illustrate group music therapy for 7 adult clients with intellectual disability. The session consists of some ensemble activities including:

1. Arrangement of pre-composed pieces and
2. Blues jam session.

The study investigates therapeutic changes in the adult clients and the clinical efficacy of the ensemble activity.

### **Clinical Process**

Clients who participated in this study were 7 intellectually challenged individuals with an age range of 16 to 39. For program 1, Two clients played the violins, three clients played tone chimes, one client played the guitar, and other one client played the piano. The therapist and performance support staff played the violin, flute ,and the drum. They played "Pachelbel's Canon (D major)"arranged for the client. The CL violinists played open strings and a couple of two degrees higher tones that can be played by holding and releasing the E and A strings using their left index finger, altering up and down bowing stroke every two beats. The tone chime players held the first and the third notes of a chord in each hand and played chords using the Numerical Musical Notation (specifying D=1, A=2, G=3). The guitar was tuned

to D, and the client played a baking track with open strings.

As they repeatedly played their parts with the score, their instrument skills, role recognition, and skill to harmonize with others improved. The clients showed effort in synchronizing body movement (i.e. right arm of violin players) and note value. They appeared to understand the musical structure and spontaneously expressed feelings between phrases.

For program 2, the clients chose their own instrument each time (piano, electronic organ, drum, marimba, sound block, and blues harp, as well as percussion instruments including the tambourine, the cowbell and the pianica.). The therapist did not set the length of the music after a twelve bars theme from the song of 'C Jam Blues' and conducted players to verse (chorus) and solo sections. It also developed into a performance where clients and therapist answered to other client's suggestions, which allowed all the performers to share the time flow of 'waiting for a suggestion', 'listening to the suggestion' and 'answering it'. The solo part provided an opportunity for each client to be a main performer, and they played and expressed themselves completely freely. Players of instruments with pitches (piano, pianica and electronic organ) became ad lib players using the blue notes scale, and those who played instruments

with a tone of code (blues harp) delivered an improvised performance using code and rhythm. Even though the length of the music was not determined, all the clients finished playing at the same time with one of them gesturing to indicate the end of the performance.

After the therapist explained accents, movements, and rest (pause) in verse, the clients became more concentrated and exhibited various expressions. Their development of musical communication was at first therapist-to-client nature but turned into client-to-client interaction which resulted in mutual activities through music.

### **Results and Conclusion**

Overall, the results suggest that the clients felt comfort from playing the fixed piece, learned about the teamwork to share musical ideas. They gained a sense of achievement in the program:

1. And that acceptance of clients' expressions by the therapist and other clients led to musical dialogue, expanding to their inner

expression of each client through the program.

2. Both programs brought clients' joy for musical experience and promoted self-expression and group cohesion. It is important that therapists utilize the aspects of music, such as structure, genre, style, arrangement, etc. effectively based on the needs of the clients.

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## **MUSIC THERAPY ON FUNCTIONAL IMPROVEMENT OF PARALYSIS CAUSED BY CEREBRAL INFARCTION SEQUELA**

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### **Preface**

It has been said that it is difficult to recover for patients who have motor paralyses in their fingers as a result of cerebral apoplexy, if it has passed over six months. However, we now recognize that recovery of functions is possible through rehabilitations, if paralysis is not severe, even if it reaches the maintenance phase after more than one year. During this time, with physical therapy and the addition of, music therapy, vibration is given to the paralyzed parts using some musical instruments to be operated in different ways, focusing on sense stimulation (vibration) at the time of playing. This article explores the long term effectiveness of the music therapy for function improvement on paralysis.

### **Case illustration and aim**

Mr. A was a 63 year old male. He developed cerebral infarction in October and experienced imperfect paralysis on the left upper and lower limbs, as well as, sense impediment and dysarthria. Individual music therapy sessions starting in November one year later after his development. He could walk around with cane. Contractures appeared on both upper and lower limbs. Brunnstrom (recovery of motor function) stages: III on the upper limbs and fingers, IV on the lower limbs, Contractures appeared on both upper and lower limbs. Daily life movements were restricted

using the paralyzed parts. MMSE(Mini-Mental State Examination) 30/30 points. The long term target: expanding range of motor exercise on Activities of Daily Living, short term target: expanding range of reach on the paralyzed parts and heightening the dexterity.

### **Method**

Treatment occurred for a two year period, with sessions taking place once a week for 20minutes, for a total of 94 sessions. Physical therapy took place twice a week for 20minutes, in addition to group music therapy that occurred 1-2 times a week. Sessions included sensory input using the strings, drum, holding, exquisite movements and range of motion exercises. African music, lyrical songs, pop songs, and traditional folk songs were used. Evaluation included the Brunnstrom Test which was given before and after music therapy every 10 music therapy sessions, measuring time for realizing vibration on the eight parts of left upper and lower limbs (including the middle finger, thumb, elbow, metacarpophalangeal joint of middle finger, metacarpophalangeal joint of thumb, wrist, ankle, and knee) using medical tuning fork. Each evaluation was completed by the physical therapist and music therapist Additionally, a hearing survey was carried out .

### **Results**

The results demonstrated no changes on the

Brunnstrom stage, except nearly IV on the upper limbs. Time for realizing vibration on the eight parts had been extended. When time for realizing vibration was measured, it was expected that there are some errors according to the degree of strength of cord bathing instrument, and after immediate changes of measurement values were processed statistically doing T-approval, significant changes ( $p<0.05$ ) were seen on the middle finger, elbow, and knee. Following the treatment, Mr. A reported he could hold his grandchild, renew his driving license, eat dessert with a cup, hold bowl, put on gloves. The range of reach of the left upper limbs was extended and dexterity of fingers was raised.

### **Consideration**

Rhythmic music was utilized and applied to the paralyzed parts urging sense stimulation (vibration) through music instruments, holding ability and motor skill. It is suggested that music elicits functional movements by getting positive feedback from timing pattern of movement with its constant and simultaneous rhythms. This connects with the extension of time for realizing vibration as sense function was stimulated. It is inferred that as music stimulation had been affected on motor nerves system unconsciously, by repeating a series of movement while playing music instruments for a long time, sense/movement was heightened, consequently improving ranges of his activities of daily living. It is suggested that it would be possible to be generalized on the activities of daily living by heightening effects of rehabilitation on the paralyzed parts being facilitated to sense/movement and by maintaining motivation.

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## **THE EFFECTIVENESS OF MUSIC THERAPY AS PART OF IN-HOSPITAL REHABILITATION FOR PARKINSON'S DISEASE**

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### **Abstract**

Rhythmic auditory stimulation is said to be effective for treating gait disorders in patients with Parkinson's disease. This study investigated the therapeutic effect of an in-hospital rehabilitation program combining physical and occupational therapy with rhythmic auditory stimulation, and active music therapy on motor symptoms and volition.

### **Method**

Forty-seven patients with Parkinson's disease (25 males and 22 females with Hoehn and Yahr Staging of Parkinson's disease II–IV) hospitalized for rehabilitation were randomly selected for the following groups: 1. Music therapy group (36 patients; mean age: 69.1 years; mean duration of disease: 83.7 months) and 2. Control group (11 patients; mean age: 69.0 years; mean duration of disease: 97.8 months). Subjects in both groups had no medication changes while

hospitalized and participated in rehabilitation for approximately five weeks. The music therapy group underwent PT and OT, which included active music therapy and rhythmic auditory stimulation training. The outcome measures were:

1. Unified Parkinson's Disease Rating Scale (UPDRS) part II (activities of daily living, ADL) and part III (motor skills) during the "on" state.
2. The Functional Independence Measure (FIM) motor and cognitive items.
3. Gait speed and step size using the 50-m walk test.
4. Zung's Self-Rating Depression Scale (SDS).
5. The Clinical Assessment for Spontaneity (CAS) interview assessment, questionnaire, and assessed results at week 1 and 5 of hospitalization, of which the mean results were compared using the t-test.

### **Results**

1. The music therapy group showed signifi-

cant improvement in all the following items: gait speed, UPDRS part II and part III, FIM motor and FIM cognitive, CAS volition assessment ( $p < 0.001$ ), step size, and SDS ( $p < 0.01$ ).

2. The control group's FIM motor item scores and gait speed and step size ( $p < 0.01$ ) scores showed significant improvement. However, their UPDRS scores were limited to a significant trend and their SDS scores showed no significant difference.

### **Conclusion**

The results of this study indicate that rehabilitation that combines PT and OT with rhythmic auditory stimulation and active music therapy is effective in improving motor and depression symptoms and volition in patients with Parkinson's disease.

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### **Disclosure**

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## **THE USE OF MUSIC INSTRUMENTS BASED ON SENSORY INTEGRATION THEORY**

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### **Functions of Sensory Integration (SI)**

Ayres defined “the organization of sensation for use”, SI is an indispensable function for all people to carry out everyday tasks (Ayres, 1979). By integrating gustatory, olfactory and tactile senses, we can identify an apple is edible. By integrating vestibular, proprioceptive and visual senses, we can safely ride a bike. Ayres also explains sensations are “food for the brain”, as sensory stimuli nurture child development not only for physical but also academic skills such as reading and writing (Ayres, 1979).

SI dysfunctions, which may frequently be observed by children with atypical development, are divided into two kinds, Sensory Modulation Dysfunction (SMD) and dyspraxia (Miller, 2006). A child with SMD, may fluctuate between over-reacting and under-reacting to sensory messages (Miller, 2006). If a child is over-reactive (hyper-sensitive) to auditory input, a brilliant sound of tree chime may trigger aversive behaviors for the child. Whereas, if a child is under-reactive (hypo-sensitive) to proprioceptive input, the child may strum an autoharp while pressing the strings with pressure more than necessary. Both hyper/hypo reactive behaviors are caused by unbearable discomfort. Furthermore, sensitivity is a physical issue the child finds difficult to manage alone. Hence, music therapists need to understand each child’s sensory responsiveness

prior to treatment in order to facilitate desirable behaviors.

Children with atypical development also tend to exhibit sensory discrimination problems, and/or dyspraxia such as difficulties in bilateral coordination, hand-eye coordination, midline-crossing and postural maintenance. If a child has problems with tactile discrimination and hand-eye coordination, it may be difficult writing with a pencil. Problems with bilateral coordination and midline-crossing may result in struggles with clothing and/or drawing. These problems may be improved by playing music instruments, as it also requires the discrimination and praxis skills. Moreover, motivation for playing music instruments may facilitate to pursue these therapeutic tasks.

### **Application of SI to MT**

Since music instruments bear multisensory stimuli, music therapists have an advantage to utilize sensory stimuli for treating children. Yet, an overview of MT literature reveals limited documentation regarding practical uses of SI based MT. Thus, an introduction of basic SI knowledge into MT is necessary.

**Child with Hyper-sensitivity to Auditory Input:** Although many individuals with ASD are hyper-sensitive to auditory input, the same individuals tend to be hypo-sensitive to visual input (Kakizaki, 2016). Hence, al-

though being exposed to undesired auditory information, they may seek visual input and bear the discomfort. Thus, music instruments that produce multisensory stimuli can be useful devices for a child to deal with auditory discomfort.

**Case:** Initial stage of practice, when a big ocean drum was slightly swayed over a group of children, a boy with auditory hypersensitive covered his ears reflexively while tracking the rolling beads with his eyes. However, as the same drum was administered over a few months, the boy ceased covering his ears. In addition, he engaged in watching the rolling beads with a subtle smile. It indicates music instruments can be useful devices to accustom even a child with auditory hyper-sensitive to multisensory environments.

**Child with Hypo-sensitivity to Proprioceptive Input:** A child with hypo-sensitive to proprioceptive input may actively seek sensory stimuli by hitting any object strongly. This may be considered compensative behavior to eliminate sensory discomfort from hypo-sensitivity. In this case, hitting djembe with bare hands can be an appropriate activity. It is important to let him play freely to fulfill his sensory needs.

**Child with Midline-Crossing Difficulty:** Behaviors of midline-crossing difficulty can be observed in hesitating transferring one hand over to other side of the body. A child with

this difficulty tends to use both limbs. For example, while drawing a horizontal line, the left hand holds pencil on the left side, and exchange to the right hand at midline. Eventually it may cause difficulty in establishing the dominant hand. To deal with this problem, woodblock is appropriate and desktypes handbell is also useful.

### **Conclusion**

Music instruments are useful devices as far as their sensory quality is appropriate for a child's SI characteristics. Therefore, music therapists need to understand basic SI knowledge to fulfill each child's potential.

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## **ASSOCIATION OF MUSIC RECOGNITION AND SPEECH PERCEPTION IN CHILDREN WITH BILATERAL COCHLEAR IMPLANTS**

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### **Introduction**

It has been said that music recognition for children with a cochlear implant (CI) is difficult, however, a recent study has shown that children with CI can enjoy music, sing and also have the ability to identify well-known music using sheet music. In our study, when children were exposed to and also actively listened to music at home starting at a young age with CI, this resulted in higher word recognition scores. In this paper, we compare performance on speech perception tasks in musically trained and untrained bilaterally implanted children and teens.

### **Materials and Methods**

Twenty three children or teens with CI were tested on their recognition of familiar melodies sung using only the syllable 'la' with the music being played by a piano. Twelve were taking or had taken music lessons pre- or post-operatively and eleven had no formal musical training. We performed a music recognition test (see Nakata, et al. in this proceeding for the procedure) on these 23 children with bilateral CIs who had already

acquired language. Furthermore, we evaluated audiological abilities including:

1. Speech discrimination score (SDS)
2. Word recognition score (WRS),
3. SDS under the noise from speaker (S/N ratio=80dB SPL/70dB SPL, 10dB and S/N ratio=70dB SPL/70dB SPL, 0dB) The statistical analysis was done by using Student t-test and paired t-test (stat view and excel).

### **Results**

On WRS, musically trained children and teens outperformed their non-musically trained counterparts at 60 dB SPL when tested with second CI ( $p=0.04 < 0.05^*$ ) and bilateral CI ( $p=0.003 < 0.005^{**}$ ). The mean SDS at 60dB SPL show that there were significant differences between the musically trained children and non-musically trained counterparts on first CI ( $p=0.02 < 0.05^*$ ) and bilateral CI ( $p=0.03 < 0.05^*$ ). The mean SDS under the noise (S/N=80/70), musically trained children and teens outperformed their non-musically trained counterparts when tested with bilateral CI ( $p=0.04 < 0.05^*$ ).

## **Discussion**

Musical training had a significant impact on every test result, including WRS and SDS without or with noise. Generally, significant differences between the musically trained children and their non-musically trained counterparts became more predominant during the more difficult examinations.

The effectiveness of music lessons was clearly demonstrated in children's ability to understand phonemes and the monosyllabic words in children with CI. This phenomenon is likely related to a report (by Nakata et al.) also being presented here discussing the benefits of musical training that improved children's musical perception (pitch specifically). We believe that children enjoy listening to music a great deal and thus can develop their hearing performance. We speculate that musical training for CI children stimulates the amygdala and the insula that present both the nucleus of feelings and emotion, as well as the hippocampus that is the nucleus of the memory from a medial geniculate nucleus in the acoustic pathway. This may lead to a richer and better language acquisition than just through verbal learning.

Four children who received their 2nd CI at the age 6 or younger and started to enroll in music lessons at age 3 had perfect scores on the music recognition test. Furthermore, those four children excelled in speech percep-

tion tests. Their scores revealed 100% at 60dB SPL and 96-100% at 70dB SPL on WRS, 90-100% at 60dB SPL and at 70dB SPL on SDS and 75-85% on SDS under the noise (S/N= 80/70). We are hopeful in also expecting improvement in the pitch recognizing ability and in the phoneme speech perception of children with CI with the help of music lessons and binaural hearing strategy.

## **Conclusion**

Music lessons are very useful and very effective for the development of speech recognition in children with CI.

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## **MUSIC THERAPY AND AUDITORY HABILITATION FOR A DEAF CHILD WITH THE SEVERE INNER EAR ANOMALY USING HER COCHLEAR IMPLANTS**

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### **Introduction**

In general, mild forms of inner ear anomaly such as enlarged vestibular aqueduct, vestibular anomaly, and incomplete partition of the cochlea are associated with excellent postoperative speech perception abilities.

The speech perception abilities of children with cochlear implants having more severe forms of inner ear anomaly such as common cavity or severe cochlear hypoplasia, are suboptimal and uncertain, but clear benefit can be obtained from cochlear implantation (CI). However, cochlear aplasia is considered as a contraindication or very difficult indication for CI.

We performed CI for a deaf child with a severely malformed cochlea using Sennaroglu Classification. Through auditory-verbal/oral education and music therapy, her speaking abilities have markedly improved. Music therapy is likely a contributing factor to the development of speech language, phonation and improved social skills for severely hearing impaired children.

### **Case**

A 5-year-7-month old girl's Newborn Hearing Screening (NHS) was referred. Her Auditory Brainstem Response, Auditory Steady-State Response and Distortion Product Otoacoustic Emission showed no response. The girl's condition did not improve from bilaterally fitted hearing aids nor intensive auditory habilitation. Preoperative CT findings revealed 'Aplastic Cochlea and facial nerve anomaly'. It was difficult to determine just how much her hearing would improve after receiving a CI. However, due to the hearing threshold in her hearing aids, she could not perceive many everyday sounds and therefore react appropriately to her immediate environment. As such, it was hoped that a CI operation could help. We implanted the first CI on November 11th 2011, and the second CI on February 15th 2013. I inserted a whole medium electrode into her left ear and a whole compressed electrode into her right ear of Med-EL.

Although this child did not have a cochlea, CI was performed by inserting the electrode

array into the vestibule. She had no vertigo and equilibrium disorder. Postoperatively, the child has received Auditory-Oral education at Nagasaki Deaf School and at our hearing center. Her postoperative progress has been encouraging in that her speaking ability as well her speech understanding have steadily improved. As her parents wished for her to sing nursery rhymes, we enrolled her in musical therapy with the aim of bettering her sound discrimination ability as well as giving her the chance of developing her singing skills.

The music therapist at our center performed a family participation session for about 40-50 minutes once a month. Our therapist used multiple musical instruments in conjunction with a piano and also interacted with the child and her family in related activities, for example playing, singing songs and playing musical instruments jointly with her. After a 3-year period, her wearing threshold with CI showed 35dBHL.

Her Infant-Toddler Meaningful Auditory Integration Scale improved from 1 to 40 (maximum score). Her Little EARS (Auditory Questionnaire) results increased from 7 to 35 (also maximum score). Her speech perception using CDs (3 Syllabic words) scored 52%. When the sessions first started, she could mimic neither the therapist's voice nor the accompanying movements of a song she was presented. However, upon repeated sessions, her initially monotone singing voice dramatically improved to the point she was able to confidently perform the songs in front of us and her parents. Auditory-Oral

communications improved in various situations. She enrolled into a 1st grade class at a regular elementary school.

### **Conclusion**

Music therapy brought not only musical benefits to the child, but also contributed to the development of speech language, phonation as well as her social skills. This suggested that Children with cochlear aplasia can develop better hearing thanks to music therapy.

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## **CLINICAL APPLICATIONS OF NEUROLOGIC MUSIC THERAPY (NMT) TECHNIQUES IN NON-MEDICAL SETTINGS**

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Kyoto University Graduate School of Medicine

*Miho Sugihara, RMT (Japan), NMT (fellow)*

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*Hiroko Komatsu, RMT (Japan), NMT*

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### **Abstract**

Three Japanese music therapists will describe their work utilizing NMT techniques in non-medical settings. The NMT founder, Dr. Michael Thaut, will provide comments from a research standpoint, and Mrs. Johnson, the pioneer NMT practitioner will share various clinical experiences to deepen discussions on NMT applications in non-medical settings.

### **Description**

The purpose of this symposium is to (a) introduce clinical applications of NMT in non-medical settings and (b) discuss possibilities and limitations of NMT applications for people who are not in acute rehabilitation. Although NMT was introduced in 2006 in Japan, many therapists still think that NMT is effective only in medical-related settings. Ms. Sugihara will report her work with a 14-year-old boy diagnosed with severe intellec-

tual disability, potentially having autistic characteristics, and hyperactive tendencies. Because of the difficulties of processing multiple stimuli, he was easily disturbed during tasks. As a result of participating in "Musical Attention Control Training" interventions, his attention control improved.

Ms. Matsushita will present about her work with an 86-year-old woman in a nursing home who suffered from aphasia after stroke. To meet her treatment goal to increase non-propositional reflexive speech, she utilized "Musical Speech Stimulation". The client showed improvement in her daily conversation.

Ms. Komatsu will report her works with a 54-year-old female with Down syndrome who developed Alzheimer's disease. Her decline in daily living activities was reducing her participation in activities. "Therapeutic Instrumental Music Performance" was applied to increase endurance in her hands and arms. With a 40-year-old male client with severe in-

tellectual disabilities, "Music in Psychosocial Training and Counseling" was utilized to improve his emotional control. In both cases, gradual progress was observed in sessions.

Mrs. Johnson will share her clinical experience with community exercise groups utilized NMT sensorimotor techniques and with an outpatient pediatric group utilized NMT techniques for developing cognitive, speech and language, and sensorimotor skills.

These reports show that music therapy intervention encourages brain plasticity, one of the basic concepts of NMT, for clients in the chronic phase, developmental phase, and with severe congenital disabilities.

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Presenters in this symposiums, **Miho Sugihara**, **Ai Matsushita**, and **Hiroko Komatsu** are former students of Kurashiki Sakuyo University and all are certified as a neurologic music therapist.

## **EFFECTS OF MUSIC ACTIVITIES ON ATTENTION CONTROL OF CHILDREN: AN EXPERIMENTAL STUDY**

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The Organization for Promoting Neurodevelopmental Disorder Research

### **Abstract**

Participants ( $n = 34$ ) were normal, healthy children aged six to nine years. The study investigated the effectiveness of music activities for attention control. The attention assessment, TEA-Ch (The Test of Everyday Attention for Children), was given before and after interactive instrumental activities and interactive TV game activities in two separate trials. In this poster presentation, results that data analysis of the assessment revealed the effectiveness of interactive instrumental activities on their different types of skills such as sustained, selective, and attentional control/switching attention will be shown.

### **Description**

Through engagement with one's environment, attention functions develop in a step-wise fashion from early childhood. If the development of these basic functions, which underlies higher brain function such as cognition and learning, is immature or functions inappropriately, other abilities are affected, including cognitive function, social and communication skills. For example, children with ASD who show attention problems likely ex-

perience difficulties participating in group playing, working at tasks, delays in learning, and difficulties building relationships with peers which can lead to cognitive and social "stumbles" (Kasuya, 2012).

The purpose of this study was to (a) examine the effects of music activities on children's attention control and (b) investigate the types of attention (sustained, selective, switching, or divided) enhanced by music activities.

In this repeated-measures design study, thirty-four children aged six to nine years participated. Six of the 34 participants were excluded from statistical analysis, because three were considered to have possible developmental disabilities by the psychiatrist, a research collaborator for this study, and the other three scored as extreme outliers in the TEA-Ch. Each participant took part in 30-minutes of interactive instrumental music activities and interactive TV game activities on two separate days. The TEA-Ch was administered before and after each session. The results of the statistical analysis of the TEA-Ch scores will be demonstrated in the presentation.

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## **VALIDATION OF THE EFFECTIVENESS PRODUCED BY “OTO RAKU TRAINING” USING SMALL INSTRUMENTS**

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*Erika Watanabe*

International College of Music Therapy

### **Purpose of research**

8.5 million Japanese of aged 65 or older are estimated to have dementia or to be at risk. “OTO RAKU training” is an exercise program that uses small percussion instruments. The program was developed by music therapists, physical therapists, and health/fitness program developers. The purpose of this program is to increase or maintain balance and cognitive function as a form of care prevention. The program is aimed at healthy adults who are over 65 years old. The purpose of our research is to examine effectiveness of our program.

### **Subjects**

Twenty healthy elderly women aged 75.6 on average who had not exercised regularly were divided into the intervention group (12 people, avg. age  $75.41 \pm 3.57$ ) and the control group (8 people, avg. age  $75.87 \pm 2.75$ ).

### **Methods**

We provided “OTO RAKU training” over the course of ten sessions from December in 20xx to March in 20xx+1. Each session was one hour in length. We carried out two types of tests, namely a test for walking ability,

and a test for abilities in activities of daily living, as indicators for balance function (js-star 2012). As indicators for cognitive function, we also carried out the Group-style Matsui Word Memory Test (immediate recall/delayed recall). In all of these tests, we made comparisons between performance before and after the intervention by using a t-test ( $\alpha=.05$ ). In the last session, we also carried out an individual survey on the degree of the subjects’ satisfaction.

### **Results**

We compared results of the pre- and post-intervention tests. Although we found significant improvements in gait ability and IADLs in both groups, no special effect from the “OTO RAKU training” was found. This was because we also saw significant improvements in those skills in the control group, and we could not find significant differences between the two groups in this study. The results of the group-style word memory test by Matsui for delayed recall showed that mean difference was slightly higher in the training group (One tailed:  $t(11)=-2.17$ ,  $p<.05$ .). The results of the questionnaire survey showed that the training group's levels of satisfaction was high in all five fields.

## **Discussion**

Satoh and colleagues (2014) reported that physical exercises with music were effective in improving and maintaining cognitive functions. Participants in the training group learned the music well, which enabled them to anticipate when movement and performing tasks would occur. Therefore they were able to produce rhythm with proper timing, and they were also able to perform movements more smoothly. Konoike's study (2012) suggested that when rhythm information is processed in the brain, all tasks, such as memorizing, storing, and retrieving the information are processed in the same network area as in the case of exercise. Therefore, physical exercise with music, such as playing percussion instruments could be an intervention where people practice patterned and sequenced movements repetitively, and that could activate areas in the brain that are related to cognitive functions. If they are motivated and feel a sense of achievement and satisfaction, it would be possible to decrease their feelings of resistance or fear toward participating in physical programs. The satisfaction questionnaire shows some positive comments regarding those feelings. In conclusion, "OTO RAKU training" could be beneficial for healthy older adults in preventing decline in physical and cognitive functions.

This program also could be a sustainable activity because participants' satisfaction levels were high. However, our results needed to be generalized carefully due to the small number of subjects and lack of significant difference found between groups in physical tasks. The comparison of larger and more varied groups remains a task for future research.

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## **THE EFFECTIVENESS OF INDIVIDUALIZED MUSIC THERAPY BASED ON MUSICAL PREFERENCES**

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*Yoriko Kohara*

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### **Abstract**

It is difficult to ascertain the effectiveness of music therapy in patients with severe motor and intellectual disabilities simply by observing their behavior. Therefore, the effectiveness of music therapy was objectively evaluated by measuring autonomic changes in skin temperature using minimally invasive thermography.

### **Method**

This study investigated the effectiveness of music therapy based on the changes in the skin temperature of a subject. Individualized music therapy is based on musical preferences, and this therapy helped increase vocalization, the playing of musical instruments, and voluntary participation of this individual. Mr. A, a 47-year-old male with craniosynostosis and language impairment (Type 1, Level 2) was residing in a support facility for disabled persons; he did not speak but vocalized vowels, making it difficult to determine what he wanted. Since X, he had been undergoing weekly individualized music therapy sessions, and each session lasted for approximately 40 mins. In these musical improvisations, the therapist played the piano according to Mr. A's vocalization or Mr. A played musical ins-

truments, with "Twinkle Twinkle Little Star" as the final song. From X + 1 year and 3 months, an infrared thermal imaging camera (InfReC R300SR-S, Nippon Avionics Co., Ltd.) was used to measure skin temperature at 5-s intervals during the sessions. For the analysis, we used the mean value of the nasal skin temperature, where the peripheral blood vessels were distributed.

### **Results**

The mean skin temperature was 31.95°C at the start and 34.09°C at the end of the sessions, indicating a rise in temperature of 2.14°C.



Figure 1. Skin temperature before session.

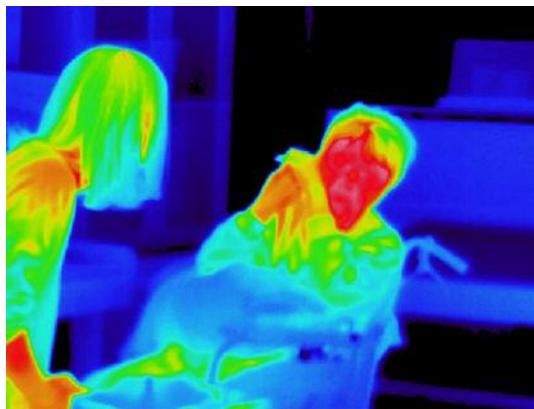


Figure 2. Skin temperature after session.

### Conclusion

Kumamoto (2000) et al. reported that nasal skin temperature falls with pain or anxiety. In this study, the skin temperature rise indicated relaxation, suggesting that the playing of musical instruments, which was a major part of the sessions, reflected Mr. A's preference. Moreover, during "Twinkle Twinkle Little Star," which contains high-register notes that we infer Mr. A preferred, he reached for the musical instruments between the end of the song and the end of the session, and the skin temperature was found to be highest at 34.32°C during this time. These results suggest the significance of considering the patient's preference as well as the musical register used during the sessions. Therefore, skin temperature measurements allowed the determination of subject preference in this study. Further study is needed in more sub-

jects who have difficulty in communicating and expressing emotions.

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### Disclosure

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## **THE IMMEDIATE EFFECT OF RHYTHMIC AUDITORY STIMULATION ON THE GAIT OF STROKE ADULTS DEPENDING ON THE CHORD CHANGES**

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### **Abstract**

In studies about music and brain responses, musical chords were shown to activate the frontal lobe of the listener. This is thought to be helpful in the gait rehabilitation of stroke patients because the frontal lobe contains the primary motor area involved in all voluntary movements of the body. This study was conducted to verify these theories.

### **Description**

The purpose of this study was to examine the influence of chords on Rhythmic Auditory Stimulation(RAS) by looking into instant effects of gait function based on the type of chord when applying RAS to adult stroke patients. Single session RAS gait training was conducted by dividing 62 adult stroke patients currently under hospitalized treatment into a 'consonance' group of 31 and 'dissonance' group of 31. The influence of consonant and dissonant chords on RAS was verified by using cadence, velocity and stride length presented in each group.

Based on Helmholtz and Stumpf's theories (Kim, 2013; Lee, 2005; Helmholtz, 1954), three consonant intervals (octave, perfect fifth, perfect forth) and three dissonant intervals (major second, minor seventh, minor second) were used. Chords were provided

using MIDI programs to keep the tone, velocity, and tempo.

### **Result**

First, as a result of conducting RAS gait training, there was an instant statistically significant increase in cadence, velocity, and stride length in the consonance and dissonance groups.

Second, as a result of analyzing the comparison of changed gait function between the groups, no statistically significant difference was presented.

Overall, it was revealed that RAS has an instant effect on the enhancement of gait function of stroke patients, regardless of the type of chord. Also, it was revealed that the degree of gait function increase was higher in the consonance group than the dissonance group although it is not statistically significant.

The details of music and the therapeutic intervention in this study will be discussed further in this presentation.

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## **EFFECT OF MUSIC THERAPY AS PREVENTIVE CARE**

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Casa Day-servis

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### **Introduction**

The weakening of the elderly body and the decline of cognitive function are becoming a social problem. Many methods are being studied to uphold the maintenance of physical function. It is thought that it is effective to utilize music familiar from birth to prevent aging. Therefore, this study practiced active group music therapy as long-term care prevention, 12 times every other week for 6 months. It aimed to examine whether music therapy is effective for improving cognitive function and emotion.

### **Method**

In this study, music therapy was conducted by two music therapists for 1 hour every other week for 6 months (12 times total). Subjects were elderly residents in the community. Contents of active music therapy were as follows: Greetings, introducing conversations about seasons, singing seasonal songs, playing music bell etc. as simple music instrument, and singing familiar songs. Finally, singing a song at a relaxed tempo and a cool-down with closing words.

Cognitive function was evaluated using the Mini-Mental State Examination (MMSE) immediately before the first and immediately after the twelfth (last) session. Emotions were

evaluated after each therapy session using the Mood Check List-Short Form (MCL-S.1) which measures feelings of pleasure and relaxation.

Although the individual cognitive function scores using MMSE did not change significantly after therapy, the mean score increased slightly. We suppose that cognitive functions were maintained at existing levels without deteriorating. With the MCL-S.1 measuring emotion, a significant difference was observed in the level of feelings of pleasure and relaxation before and after therapy.

Feelings of anxiety were reduced after music therapy, although not significantly. From these results, it became clear that active music therapy suppresses cognitive decline and enhances pleasant feelings and relaxation, as expressed by key words such as "fun" "vivacious" and "laid-back". This study suggests that music therapy is an effective preventive tool for cognitive function and emotion.

### **Summary**

Declining physical and mental functions cannot be avoided with age. However, it is possible to delay the degradation.

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## **TWO ASPECTS OF JAPANESE CULTURE AND THEIR INFLUENCE ON MUSIC THERAPY**

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### **Abstract**

In Japan, group singing is popular in music therapy for the elderly. This seems to reflect its collectivistic culture but also contains individualistic cultural aspects, as Zen and love of nature exemplify. Music therapy in various countries, not just Japan, will be more fruitful if both these aspects are considered.

### **Background**

The theory and practice of music therapy was initially developed in the United States and Europe, and then spread throughout the world. Today one of the foci of music therapy appears to be how to integrate western theories and practices with non-western cultures and vice-versa. Japan is often categorized as a collectivistic culture (Hofstede, 2010; Triandis, 1995), but some cultural psychologists point out that there are several unusual aspects in Japanese collectivism that mark it out from other collectivistic cultures (Clark, 1978; Hall, 1976). Since the 1960s, Zen, a Japanese Buddhist philosophical practice, has drawn attention among Western intellectuals and artists, for example John Cage. Zen encourages us to concentrate on self and intuition, which means it has individualistic characteristics. Cultural issues contain various complex aspects, dividing them into a simple dichotomy is not appropriate but some mixing of aspects is possible to create new approa-

ches. This study considers some aspects of Japanese culture that affect music therapy there, and looks at the possibilities of making use of it in other cultural contexts, to establish a wider scheme of music therapy.

### **Individualism and Collectivism**

Harry C. Triandis, a cross-cultural psychologist, sees individualism as consisting of loosely linked individuals who view themselves as independent of collectives, and he sees collectivism as a social pattern consisting of closely linked individuals who see themselves as parts of one or more collectives (family, tribe, nation, etc.). He noted that although countries such as Brazil, India, Japan, and Russia are seen as being collectivist countries, with France, the United States, the United Kingdom, and Germany as individualistic countries, both collectivistic and individualistic elements can be found in all these countries in different combinations (Triandis, 1995).

### **Japanese Culture and Music Therapy**

Japanese culture is considered to be homogeneous, group-centered, and interdependent, where people avoid conspicuous behavior. These characteristics are connected to the development of group music therapy in Japan, especially group singing for older people. Although group singing has the merit of fostering bonds and inspiring reminiscence, it tends to repress free individual expression, which may

result in some stress for individuals. Japanese people, accustomed to living in a collectivistic culture, know how to avoid stress by focusing on their inner world. For example, Zen focuses on the true self, valuing individual existence. A large part of Japanese art, such as poems, paintings, and music, have a deep connection to nature, and personal feelings often incarnate in a scene of nature.

This suggests that Japanese culture seems to put importance both on the group and the individual, and Japanese music therapy can be more effective if these cultural aspects are considered. Music therapists from other cultures may also do well to consider how the mix of collectivistic and individualistic aspects operates in their culture and how to adjust their music therapy accordingly.

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## **ACOUSTIC CHARACTERISTICS OF TONE AND INSTRUMENTS FOR CHILDREN OF HEARING DIFFICULTY**

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### **Introduction**

The development of hearing is an important factor in the understanding of communication. However, there are few studies that consider the cognitive system for auditory memory and its relationship to hearing stimulus. Since music sounds are not related to semantics in the same way as spoken language is for children, especially children with hearing difficulties, we chose to examine hearing ability in the short term memory of study participants, without determining a language development level. This led us to examine whether children with hearing difficulties could discriminate sequences of rhythm and pitch. This study tests listening performance, based on musical sounds and the ability for children with hearing difficulties to categorize musical sounds. The analysis will be focused on how to hear differences in sound and music of musical instruments. The ultimate goal of this research is to help music therapists explore the acoustic features of easy listening music for hard-of-hearing child.

### **Method**

**Participants:** The participants of this study are children with hearing difficulties. They are Middle School children enrolled in the Deaf School. Their hearing levels range from approximately 70 to 120(dbHL), and Aided Hearing Thresholds (A.H.T.) range from ap-

proximately 30 to 70(dBSPL).The stimuli discrimination task: In considering the acoustic characteristics of tones and instruments for children with hearing difficulties, I designed two types of tasks as follows: Task 1 was for discrimination of rhythm (wadaiko – Japanese Drum) and Task 2 was for discrimination of pitch (violin, oboe and voice). These made up four varied sounds. The stimuli for the discrimination tasks included five patterns. Each stimulus for each task was made up of two or four separate phrase from one of five different tunes selected from an elementary school music textbook in Japan. In the present research, selected themes of individual compositions were used in the testing of children with hearing difficulties. These stimuli were acoustically analyzed by sounds analysis software (Speech Analyzer).

**Task 1:** I investigated the discriminatory ability for the sequence of rhythm in participants. This task was categorized by testing five sounds played on a wadaiko.

**Task 2:** I investigated the discriminatory ability for the sequence of pitch in participants. This task was categorized by testing five sounds played on a violin (Task 2-a), oboe (Task 2-b), and vocal sounds (Task 2-c).

**Procedure:** At the beginning of each task, participants received instruction regarding sounds to pay attention to. In order to per-

form the task, all participants were asked to listen for stimuli to discriminate in each of the patterns.

### **Results and Discussion**

In Task 1, participants were able to perform at 88% accuracy. The acoustic characteristics of this music were analyzed by a sound spectrogram that measured sound pressure as well as pitch level for each sound. It was found that the sounds played on the wadaiko could be constructed within intervals of singular tones, without adding other tones or harmonies to the musical resonance. In Task 2, the score which participants gained in tests were an average rate of 79% accuracy in categorizing discrimination of sounds played on the 3 instruments (violin, oboe, voice). However, there was a high variance in the rate with the individual children.

### **Conclusion**

In this present research study, we found that children with hearing difficulties could categorize the contour of musical sounds at an amazingly high rate. Children with hearing

difficulties preferred the timbre of the Japanese drum, and key musical instruments from the five types of experiments.

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## **TRIAL USE OF MUSIC THERAPY IN JAPANESE ELEMENTARY SCHOOLS**

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### **Abstract**

The perspectives and techniques of music therapy were used to support children with problematic behavior, which showed a reduction following repeated sessions. The author, a music teacher, reports on the insights gained through therapy practice and professional supervisions, and discusses the effectiveness and issues of music therapy in education.

### **Description**

Music education in Japan has a tendency to favour music which represents the changing of the seasons, and helps listeners feeling them. Furthermore, at events like school entrance and graduation ceremonies, people sing traditional songs. The current compulsory education in Japan guarantees that the needs of each student with a disability will be met, whether it be at a school for students with special needs, or at a mainstream elementary or junior high school with special classrooms established to encourage independence and social involvement for those living with disabilities. Statistics show 129,018 Japanese pupils are enrolled in special elementary school classes, while approximately 7.75% of those in regular classes have potential developmental disorders and require special education support due to emotional and behavioral pro-

blems. The author, a music teacher, reports on two children displaying problematic behavior who were subjects in a trial to introduce the perspectives and techniques of music therapy in two scenarios: regular music lessons and special-class activities to support autonomy, each lasting 20 minutes. The cases, as reported to the JMTA: (1) Incorporate music therapy in the classroom for pupils who have issues with self-esteem and cooperativeness, since it can help work to restructure interpersonal relationships through ensemble play on Japanese drums. (2) Attempt to recognize the perspectives and benefits of music therapy in special classes, as well as changes in motivation towards learning and self-esteem needs, via instrument playing. Following, successful experiences within the special class and regular class groups, the children exhibited an altered sense of self-esteem and need for recognition and reduced problematic behavior. The feelings of fulfillment and accomplishment positively affected the pupils' motivation, reducing problem behavior at school and home (verbal and physical abuse of others, walking out of the room, etc.). The trial was instructive in the importance of (1) understanding the specific nature of the disorder and environmental and family factors (2) understanding and respecting the feelings of isolated children (3) coordinating

with families and other teachers (4) attending professional supervisions. As the subjects were physically and manually unapt, and known to have little experience in cooperative activities, the teacher built empathy by playing piano and having the subjects keep time with their own instruments. Later, these subjects started to connect with other children as they began learning how to form relationships with and through the author. Subsequently, using soothing childish words and expressions, the subjects were later encouraged to play instruments together. Coordination with families and other teachers was promoted through reference to the positive effects. In the periodic supervisions, appropriate response techniques were learned through analysis of video recordings and the author reflected on the appropriate mental attitude when confronting problematic behavior. These insights were used as feedback to adjust classroom approaches. A music therapy program adapted to individual or group emotional issues was found to provide emotional support. By introducing music therapy perspectives and techniques, the author was apparently able to reintegrate the subjects in the group. Future issues are (1) improving

the understanding of music therapy among families and teachers (2) securing curriculum time for music therapy.

Facing the above challenges, it is essential for the students to experience, enjoy their own musical expression, and understand the beauty, joys of expressing themselves through collaboration with others at school.

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## **WHAT WAS REQUIRED OF MUSIC THERAPY IN EAST JAPAN EARTHQUAKE EVACUATION SHELTERS?**

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### **Introduction**

The Great East Japan Earthquake occurred on March 11, 2011, producing the largest tsunami ever recorded in Japan and causing immense damage.

Six weeks later, the authors conducted a survey of needs at evacuation shelters B, C, and D in City A, which suffered tsunami damage. It was found that shelter staff had difficulty providing support for all the disaster victims, and when family members went out to clean-up efforts, support was needed for people remaining in the shelter. We provided music therapy (MT) at shelter B during mornings as requested by shelter staff, and investigated what was required of MT at shelter B.

### **Method**

The subjects were 2 MT participants who attended continuously of the total of 26: Ms. E (73-year-old woman) and Mr. F (77-year-old man). MT was held 4 times during May 2011. Ms. E participated all 4 times and Mr. F participated 3 times. The MT was held in shelter B (approx. 140 m<sup>2</sup>), with sessions of about 30 minutes each based on the wishes of shelter staff. The MT staff was 1–2 music therapists (Th) and 1 pianist, assisted by 3–

5 shelter staff members and volunteers. The program consisted of physical exercises, hand movements to music, singing, and playing instruments. Behavioral records were made from post-session assessments by MT staff and video recordings taken by MT staff. Consent for video recording was obtained from staff and MT participants after it was explained that the recordings would be deleted after use.

### **Results**

Behavioral records showed changes in (1) the subjects' location before and during MT, (2) conversation, and (3) physical activity. (1) Before MT, Ms. E waited in the rear the first time but in the second and later sessions moved to the middle or front. Mr. F waited in a rear corner the first time, but in front of the Th for the final session. During MT, both Ms. E and Mr. F participated from various places in the shelter, but in the final session all participants had gathered toward the front. (2) During MT, most conversations were between participants and shelter staff or Th during the first three sessions, but in the final session participants chatted with each other. In contrast, after each session both Ms. E and Mr. F talked with Th and other participants before returning to their

living areas. After the final session, all participants not only chatted with each other but also spoke about their future worries and anxiety. (3) During MT, Ms. E moved from the rear to the middle or front when the music started playing and went from sitting to standing. She also showed original movement in the second and later sessions. Mr. F stood from the first session and participated from the rear, but did not show any original movement.

### **Discussion**

1. The subjects' movement from the rear to the front or across from the Th while waiting for MT is thought to show that MT was something they enjoyed. Their varying locations during MT is thought to be due to the constant strain from living together with other disaster victims in the shelter. However, gathering toward the front in the final session suggests that MT was "a place where they could relax" (Kato, 2011).
2. The chatting seen during the final session indicates that MT was an occasion for interaction with others as well as "a place for self-expression" (Miyamoto et al., 2014). The conversation about worries after the final session indicates that MT produced familiarity and empathy among participants from a "decreased mental impact from the disaster based on the knowledge that they are not the only victims" (Kato, 2011). (3) That both Ms. E and Mr.

F exercised with the group and Th, and that Ms. E changed her location seems to indicate that MT "gets people moving" (Takumi, 2013) and is one way to prevent disuse syndrome.

### **Conclusions**

What shelter residents needed was:

1. A time away from the worry, anxiety and tension of life in the shelter. MT was an occasion for relief of stress and interaction with other victims.
2. MT also provided a place for physical movement by elderly people who spent their days in the shelter, and it allowed their family members to leave the shelter without worry. It also helped to prevent disuse syndrome.

### **Reference**

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## **EFFECTS OF MUSIC THERAPY FOR MILD COGNITIVE IMPAIRMENT**

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### **Introduction**

Mild cognitive impairment (MCI) is thought to be a prodromal phase of dementia. Therefore, prevention of conversion from MCI to dementia is one of the important targets of therapy. Music therapy has been reported to be effective for dementia patients. Here, we investigated the efficacy of music therapy for MCI.

### **Objective**

The aim of this study was to assess the efficacy of music therapy for MCI using 18F-fluorodeoxy glucose-positron emission tomography (FDG-PET).

### **Methods**

#### **Participants**

Two patients with MCI (2 males, age 75 and 76. Mini-Mental State Examination (MMSE): 27 and 26) participated in this study. MCI was diagnosed based on Petersen's criteria.

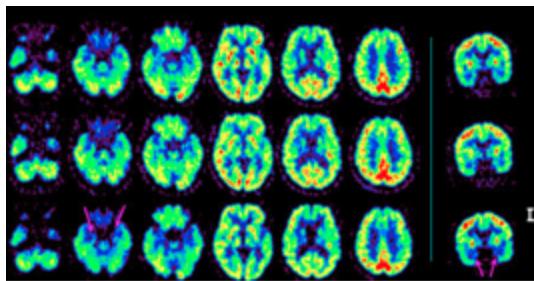
#### **Procedure**

Music therapy was performed for 60 minutes once every week (20 times). The partici-

pants sang songs and played small drums with musical beats. We examined the cerebral glucose metabolism of these patients using FDG-PET before and after the music therapy. We also performed neuropsychological tests including MMSE and Hasegawa Dementia Scale-revised (HDS-R).

### **Results**

FDG-PET after music therapy showed an improvement of glucose metabolism in the frontal lobe, especially in the prefrontal area, in 2 patients with MCI. This improvement of glucose metabolism in the frontal region in FDG-PET was consistent with the activation of the frontal lobe function in these patients. They have become more active and more communicative. After the evaluation, the two MCI patients have continued music therapy, and remained as MCI after a 7 year follow-up. The figure below shows the results of FDG-PET in one of the MCI patients (upper: before music therapy: MMSE 26; middle: after music therapy: MMSE 26; lower: after 7 years: MMSE 24). The red areas show increased activity and the blue areas show decreased activity. Although the levels of glucose metabolism were decreased in the temporal lobe (arrow), those in the frontal lobe were improved after music therapy and were still preserved after 7 years.



### Discussion

This study indicates that music therapy activates the frontal lobe function in MCI patients, and that music therapy may inhibit conversion from MCI to dementia.

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## **DEVELOPMENT OF A RATING SCALE FOR MUSIC THERAPY IN A REHABILITATION HOSPITAL**

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### **Abstract**

This study focused on “attention functions” that are said to have a significant impact on the treatment of various disorders and conditions in a rehabilitation hospital. Furthermore, it has led to the development of a Music Therapy Checklist: Disorder of Attention Version (MTCL-YK (DOA)) to evaluate the effect of music therapy on such “attention disorders.”

### **Method**

Effective music therapy techniques and programs such as active music therapy through auditory perception were selected with the aim of addressing “attention disorders” during the period of recovery in a rehabilitation hospital. Music therapy sessions were conducted with 21 participants with attention disorders. In order to develop a music therapy checklist for evaluating this effect, a revision of the Music Therapy Checklist YK (DOA) was conducted. Targeting “attention disorders,” MTCL-YK (DOA) was based on the

Music Therapy Checklist YK (S) (MTCL-YK (S)) that has been specially developed for the elderly suffering from dementia or other disorders, and the validity and reliability of MTCL-YK (DOA) was examined.

### **Results**

The checklist is a rating scale for assessment based on the therapist’s own observations and consists of three broad classifications: “common items,” “music scenes,” and “interpersonal situations.” Moreover, it consists of a total of 21 items, with “common items” including the three items of “cognitive functions, physical functions, and attention functions,” and with nine items each in “music scenes” and “interpersonal situations.” Regarding inter-rater reliability for this checklist, four music therapists conducted observations and evaluated session videos of seven attention disorders cases. The results showed a high inter-rater concordance rate (intra-class correlation coefficient:  $r=0.98$ ). Further, regarding criterion-related validity, correlation with other psychological tests was reviewed.

A high correlation was seen in Clinical Assessment for Spontaneity (CAS) ( $r=0.80$ ), Clinical Assessment for Attention (CAT) ( $r=0.55$ ), and the Function Independence Measure (FIM) ( $r=0.77$ ), suggesting that it is useful as a rating scale for "attention disorders." The authors would like to conduct further validation in the future

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### **Acknowledgement**

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## **MUSICAL SPEECH THERAPY FOR DOWN'S SYNDROME CHILDREN WHO HAD WEST SYNDROME**

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### **Abstract**

The patient was a 12 year old girl. She was diagnosed with Down's syndrome, then developed West syndrome in infancy. She was unable to speak. Musical speech therapy was conducted. The effectiveness of this method was confirmed.

### **Background**

Treatment of West syndrome involves Adrenocorticotropic hormone (ACTH) therapy. One side effect of ACTH therapy is atrophy of the brain. This causes delay or regression of psychomotor development. Language acquisition is difficult especially in the case with children with Down's syndrome. Musical speech therapy was carried out at home. The aim of this study was to confirm the effectiveness of this method.

### **Methods**

The subject was a 12 year old girl with Down's syndrome, who developed West syndrome in infancy. Her development level was DQ16. Speech level was about that of an 8-month old baby, such as " Ba Ba ". A program was implemented where musical speech therapy was carried out every day for 10 minutes. She was taught every other week by a music therapist, and her mother carried out day to day practice. Singing with the melodies, and humming her name and greetings by playing

the rhythm with a tambourine and blowing in with a kazoo was used in the daily practice. Once a week, the program was reviewed and adjusted by a music therapist. The training session was recorded once a week to check the mother's technique and assess the subject's speech development.

### **Results**

After two weeks, she began to watch the movement of our mouths. After one month, she could say a few words such as "School". After four months, when it was lunch time at school, she could say to her teacher "Give me". She became able to acquire some words in daily life. It became possible to some extent to be able to communicate with people around her.

### **Conclusions**

Musical speech therapy was effective because a short program was carried out each day, and she could do musical speech therapy every day, due to a music therapist and her mother working together.

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## **LET'S SING ALONG WITH "HARMONIC TONE" IN MIND !**

*Yasuko Kondo*  
Nihon Rinsho Shinri Kenkyujo, Japan

A moment to feel that a client is comfortable becomes the key while a client communicates with a therapist through music by the music therapy. Quality of the music and the quality of the therapist's voice become important.

The essence of our music therapy is the therapist's voice, and the frequency analyzer software visualizes the timbre of singing voice that contains harmonic tones of varied pitch as well as the fundamental tone. With that idea in mind, we will demonstrate and actually sing in our workshop.

When you sing a single note, the frequency analyzer software on a computer draws diagrams which visualize the harmonic overtones of varied pitch along with fundamental tones composing the singing voice. There are two types of harmonic overtone; the "integer overtone" inspires majesty and universality, while you will feel emotional and intimate with "non-integer overtone". We determine that the volume, fundamental tone, integer and non-integer overtones are the components of a timbre. In other words, it is ascertained that the ratio and pitch of those harmonic overtones are the essential factors of a timbre.

The singing workshop begins based on the singing voice defined as above. We aim to sing overtones between 3,000Hz and 4,000 Hz, or the most audible range for a person. In particular, you will learn to keep reso-

nance among a cavity of throat, mouth with nose, and that will be acquired not only by practicing lips, tongue and jaw movements, but through posture and breathing lessons.

When music therapists learn and become familiar with harmonic overtones and the concept, they will utilize it to talk and sing during sessions. Then harmonic overtone will assist them to upgrade the therapy workshops and better meet the needs of the clients. We hope you will find the clues during our workshop!

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## **DEVELOPMENT OF A PROGRAM FOR DEMENTIA PREVENTION USING A CHARACTERISTIC OF RHYTHM**

*Nobuko Kubota*

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### **Description**

The number of persons with dementia has increased in recent years. Therefore, many researchers are working on studies related to dementia.

It is said that the recovering rate of mild cognitive impairment (MCI) is significantly influenced by how appropriately we care for the patients. Therefore, I think it is necessary to make a prevention program for persons with MCI. I made a program using a characteristic of rhythm and I think this program is useful for one of rehabilitation in a cognitive function.

I put this program into effect in 67 elderly people with MCI and got the following result.

I found out that their Mini Mental State Examination (MMSE) value maintains after this study ( $F=4.441$ ,  $P=0.013$ ).

Even the elderly people who do not like movements can put this program into effect easily. And they can use this program if they do not have musical instruments. I would like to announce the process and the contents of this program and also consider the characteristic of the rhythm.

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## **MUSIC THERAPY FOR PROMOTING SELF-CONTROL IN CHILDREN WITH AUTISM SPECTRUM DISORDERS**

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### **Abstract**

This study investigated the effect of music therapy using the theme music of "Mission Impossible" on improving self-control in children with autism spectrum disorders. The results showed significant reduction in impulsive behavior during the practice sessions and in daily life. Participants also showed increased focus on listening to others' speech.

### **Description**

This activity was carried out with two 4-year-old boys with autism spectrum disorders who had difficulties with self-control.

The following procedure was conducted for the music therapy:

1. The children were given different musical instruments.
2. The therapist sang the theme of "Mission Impossible" in Japanese.
3. After singing, the therapist showed the children photos of the instruments that were given to them.
4. When the children had the same instru-

ment as the photos shown by the therapist, they had to play the instrument, and had to stop playing as soon as the therapist hid the photos. If the target behavior did not occur, the therapist performed the appropriate prompt.

5. The therapist gave feedback on the children's response by presenting a card showing "o" (for correct) or "x" (for wrong), and by speech.
6. For each correct response, the therapist drew a mark on the whiteboard. The therapist explained to the children that they should obtain five marks to complete the mission.

This activity was carried out six times. The number of wrong responses by the children, and the number of prompts by the therapist were significantly reduced.

By the end of the training, the children had become capable of self-control in the activity.

The mothers of the children also reported that hyperactivity had significantly reduced in daily life, and that the children were able to listen carefully to others' speech.

The results can be explained through the three following points:

1. The use of music in 5/4 time facilitated drawing the children's attention to the activity.
2. The children understood the feedback on their behavior because of visual information.
3. The children were motivated by the game elements that increased the desire to get more correct marks on the board.

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## **MUSIC THERAPY IN PALLIATIVE CARE: A SURVEY STUDY OF THE PALLIATIVE WARD AT A TEACHING HOSPITAL IN SOUTHERN TAIWAN**

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*Ting-Yu Lai*

Head Nurse

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### **Introduction**

The Hospice Palliative Care Act was passed by the Ministry of Health and Welfare in Taiwan in 2000. There are currently 74 hospitals providing palliative care. At a palliative care ward of the biggest teaching hospital in southern Taiwan, music therapy was launched in 2013.

### **Music Therapy and Palliative Care**

As a complementary and alternative therapy in palliative care, music therapy is expected to work cohesively with the medical team to achieve the palliative goal. Given a scarcity of research in this subject in Taiwan, the application of music therapy in palliative care may help patients cope with: [1]

1. Difficulty or withdrawal.
2. Depression.
3. Pain problems.
4. Persistent unexplained nausea or vomiting.
5. Anxiety and fear.
6. Insomnia.
7. Extreme physical tension.
8. Disorientation and confusion.
9. Difficult medical and nursing interventions.
10. Cultural and language barriers.

### **Methods**

The data were collected in the palliative care ward. From January 1st to December 31st in 2015, the total number of patients referred to the music therapist was 30. At the end of each therapy session, designed questionnaires were administered to the patients or family helpers to understand the patients' responses to music therapy.

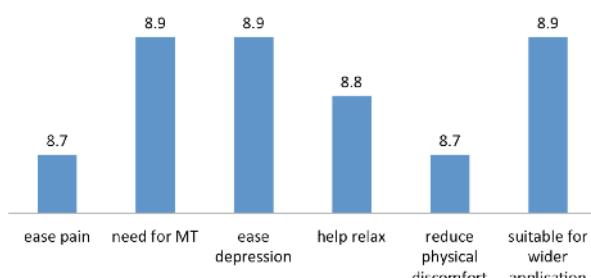
### **Results**

The average score of the Likert scale questions was 8.8 on a 10-point scale. Regarding the functions of music therapy in easing pain, relieving depression, and helping patients relax, respondents overall affirm the contributions of music therapy with an average score of 8.8. Among all, the patients' views on the need for MT, easing depression, and patient's perspective on music therapy suitable for wider application received

the highest average score (8.9), while reducing physical discomfort and easing pain scored the lowest (8.7).

## Conclusion

**Patients' evaluations of music therapy in Palliative care**



The positive evaluation of music therapy from patients and their families in this study suggested that music therapy could contribute to palliative care and encouraged more healthcare professionals to explore the potential of integrating music therapy into palliative care.

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## MUSIC TRAINING AND PSYCHOLOGICAL WELL-BEING AMONG EARLY ADOLESCENTS IN HONG KONG

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Music engagement has long been considered as a medium in altering our emotions (Juslin & Sloboda, 2001). In this study we examined the role of music engagement on adolescent functioning. Adolescence is a period of biological, psychological, and social transformation, when individuals encounter potential increases in mood disruption and emotion dysregulation (Arnett, 1999). Building on the theory of music, mood, and movement (MMM; Murrook & Higgins, 2009), we tested positive emotions as a mediator through which music training affects well-being among adolescents in Hong Kong.

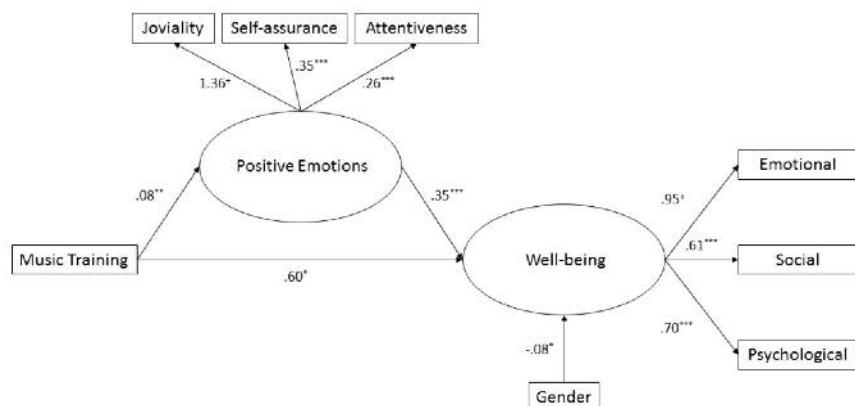
### Method

A total of 1,318 Chinese adolescents at 12-15

of age ( $M=13.51$ ,  $SD=1.28$ ; 52.4% boys) from local secondary schools completed a set of questionnaires. To measure music engagement, positive emotions, and well-being, adolescents completed the Music USE (Chin & Rickard, 2012), the Positive and Negative Affect Schedule – Expanded Form (Watson & Clark, 1999), and the adolescent version of the Mental Health Continuum Short Form (Keyes, 2009).

### Results

The model fit based on structural equation modeling was good,  $\chi^2(15)=140.50$ ,  $p<.001$ ,  $CFI=.96$ ,  $TLI=.93$ ,  $RMSEA=.08$ . Standardized parameter estimates showed that music training predicted positive emotions ( $\beta=.08$ ,  $p<.01$ ) and psychological well-being ( $\beta=.60$ ,



**Figure 1.** Structural model of music training, positive emotions, and well-being among Chinese adolescents in Hong Kong.  
 $\chi^2(15)=140.50$ ,  $p < .001$ ,  $CFI = .96$ ,  $TLI = .93$ ,  $RMSEA = .08$ , SRMR = .06. Standardized parameter estimates are presented.  
\*parameter fixed at 1, \*\* $p < .05$ , \*\*\* $p < .01$ .

p<.05). Positive emotions predicted psychological well-being ( $\beta=.35$ , p<.001). Unstandardized parameter estimates from bootstrapping indicated an indirect mediation effect between music training and psychological well-being via positive emotions (95% CI: .001, .034). These findings highlighted the role of positive emotions as a process between music training and psychological well-being.

### **Discussion**

The current findings demonstrated cultural relevance of the theory of MMM (Murrock & Higgins, 2009) for the effects of music training on Chinese adolescents' psychological well-being. These findings extended the literature on the emotional and mental health benefits of music training in Hong Kong. Future scholars should examine these pathways prospectively and examine other mechanisms through which music training affects mental health.

### **Conclusion**

Participation in music training evokes positive emotions, which are crucial to adolescents' healthy well-being. Translational research of music training on prevention and intervention gearing towards improving adolescent well-being merits future investigation in Hong Kong.

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## **HOME-BASED CD PROJECT: USING MUSIC TO ENHANCE CHILDREN'S DEVELOPMENT IN THE CANTONESE POPULATION**

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*Kingman Chung*  
Music Therapist

*Bettina Wan*  
Music Therapist

### **Abstract**

Three Registered Music Therapists (RMTs) from Hong Kong worked together to create the CD project entitled "Music at Home Social at Ease", where they put together originally composed Cantonese songs to encourage parents to bond with their children in home-based music activities with goals targeting social and communication development.

### **Introduction**

One of the three RMTs in this CD project has often encountered questions from her clients' parents if there are any music therapy home-based exercises available, as other therapies such as physiotherapy and speech therapy offer take-home exercises.

The idea of creating home-based music resources then arose, so that parents can help facilitate the growth of their children in musical ways. Together with two other RMTs, they started this CD Project, hoping that children would be able to develop particular skills through the engagement in music activities with their parents while developing

parent-child bonding at the same time. In the first CD that they published, they have put the focus on developing social and communication skills in young children.

### **Method**

The three RMTs have started working on this CD project since July 2014. The CD contains 20 Cantonese songs, ten of which are originals pieces with lyrics, and the other ten are backing tracks. These songs were composed by the three RMTs and each song is paired with suggested activities with functional goals. The purpose of having duplicates of these tracks that do not include vocals is to encourage creativity within the children. This allows the children to create their own lyrics with the support of their parents.

The CD comes with a booklet with lyrics, materials required, goals, and step-by-step instructions for each song for parents to carry out the activity with their children at home. Goals include getting children to start imitating actions, to encourage eye contact, to promote speech, to engage in turn taking activities and more.

In this project, ten children aged four to six were recruited to be the singers. After 17 months of training, studio recording, CD mixing and mastering, 'Music at Home Social at Ease' was released on 24 December 2015.

## Results

People who purchased the CDs mainly included parents, teachers, social workers, students, and therapists. Most of them purchased the CDs for therapy/training purposes and as reference material. Others used it for parent-child activities.

## Discussion

Feedback about the CDs was collected through an online survey. The majority of the consumers expressed that they are satisfied with the CD and that the activities instructions on the booklet are clear enough to follow. However, some experienced difficulties when delivering the activities. For future development of the CD project, video demonstration could be an addition for better understanding of how music activities could be delivered.

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## **PRIVATE PRACTICE IN MUSIC THERAPY – AN INTERNATIONAL PERSPECTIVE**

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Private practice in music therapy has been an increased trend in the Asia Pacific-rim region. Therapists face similar issues in establishing and managing their business. Some regions have their own music therapy credential systems and clinical training programs, yet most regions do not have any formal music therapy training programs. In some regions, music therapy is not recognized as a profession by the government. The cultural differences in valuing music therapy as a profession and as a practice may have significant impacts when operating a music therapy business.

### **Hong Kong (HK)**

All music therapists practicing in HK hold credentials from overseas countries (US, UK, Australia and Canada). Since music therapy service is commonly provided on a project by project bases, most music therapists are in private practice, working in educational, geriatric, mental wellness, palliative and medical settings. Music therapy practice is not a recognized nor regulated allied-health pro-

fession by the HK government. Currently there are 42 music therapists registered with the Hong Kong Music Therapy Association (HKMTA, 2016).

### **Japan**

The Japanese Music Therapy Association has approximately 5500 members with 9 branches nationwide. The association has been board-certifying its members according to its own standards since 1996. Currently there are 2917 JMTA board-certified music therapists. However, it is not clear how many of them are actively practicing. Many music therapists are in private practice, and they provide services in educational, geriatric, mental health, palliative and medical settings. Music therapy is not a recognized nor regulated allied-health profession by the Japanese government yet.

### **Taiwan**

The Association for the Promotion of Ap-

plied Music of the Republic of China was founded in 1996. As reported to WFMT in 2013, there were 20 music therapists actively practicing. It is believed that the number of music therapist has grown since then.

Music therapists work in different settings, including hospitals, clinics, rehabilitation facilities, nursing homes, non-profit organizations and private practice. The majority of music therapists provide service to people with special needs, especially in early interventions. Music therapy is not recognized as an allied-health profession by the Taiwanese government.

### **Discussion**

The roundtable session will begin with music therapists from Japan, Taiwan and HK providing an overview of private practice, including the current trend, and the role of music therapy in their cultures and social welfare systems. Presenters will then share their experiences of being music therapy business owners. Topics including rationales of establishing a practice, importance of advocacy, development of networking skills, business strategies, ways to engage in collaboration opportunities and utilizing community resources will be discussed.

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## **ADVOCATING MUSIC THERAPY: A GENERAL EDUCATION ELECTIVE IN A FULL-TIME HIGHER EDUCATION CURRICULUM**

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*Martin Lee*

Caritas Institute of Higher Education, Hong Kong

### **Abstract**

The purpose of this presentation is to share the successful experience of teaching the first music therapy course as a sub-degree level general education elective of a higher education institute in Hong Kong. The current music therapy scene in Hong Kong, and its relation to other countries in the Asia Pacific-Rim area will be reviewed, and information about the curriculum of music therapy in Hong Kong higher education system will also be discussed. The presenters will then share their experience of setting up the first music therapy course as a sub-degree level general education elective of a higher education institute, including the need and development of the idea, process of setting up the course, design and content of the course, and the actual teaching and logistic operation of the course in the curriculum. Up till the academic year 2015-2016, this music therapy course has been offered two times, and students enrolled in these two courses were interviewed before and after the delivery of the course. Demographic and statistical information about the course, such as enrollment number and the distribution of students' subject major, will be shared. Students' pre-course

expectation and post-course feedback, and future dissemination of the course resulting from students' feedback will also be discussed. It is hoped that through information and experience sharing, participants will gain fresh ideas on advocating music therapy, in particular to create, administer, and deliver music therapy courses as general education electives in higher education curriculum, as well as the hint for further development in various settings at a higher education institute.

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## **THE RE-ENTRY EXPERIENCES OF INTERNATIONAL MUSIC THERAPY PROFESSIONALS FROM THE ASIA PACIFIC RIM AREA**

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*Brian L. Wilson*

Western Michigan University, USA

*Edward A. Roth*

Western Michigan University, USA

*David S. Smith*

Western Michigan University, USA

### **Abstract**

As music therapy is a relatively new health-care profession in the Asia Pacific Rim area, students from the area may travel to countries with well-established music therapy programs, such as the United States and Australia, to receive formal music therapy education. Upon completion of their training, many of these international professionals choose to return to their home country. The purpose of this study was to (a) assess the existence and severity of reverse cultural shock in music therapy professionals from the Asia Pacific Rim area who relocated/established their professional practices at home after formal music therapy training in the United States, (b) understand their re-entry experience by exploring the relationships between reverse cultural shock and re-entry satisfaction, and (c) investigate the relationship between reverse cultural shock experienced and re-adaptation to home culture on a personal level. Forty-two music therapists accepted the invitation to parti-

pate in an on-line survey. Results revealed that most participants experienced low levels of reverse cultural shock during re-entry to their home country. The Pearson's Correlation Test found there was a medium-strong negative correlation between the severity of reverse cultural shock experienced and level of re-entry satisfaction, and weak negative correlation between re-adaptation to home culture on a personal level and severity of reverse cultural shock experienced. The transfer and application of music therapy knowledge and skills learned in the United States to the professional practice in participants' home cultural environment was also investigated. This study serves as the starting point for further investigation into the subject.

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## **THE APPLICATION OF MUSIC THERAPY IN COLLABORATION WITH MULTISENSORY STIMULATION FOR INDIVIDUALS WITH SEVERE DEMENTIA**

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(former employee of Trust Bridge Hospice, USA)

### **Summary**

This symposium illustrates the first and only content analysis relating to music therapy for individuals with severe dementia. To enhance music therapy practice, the presenter also introduces and explains an original intervention that combines music therapy and multisensory stimulation treatment specifically for individuals with severe dementia.

### **Introduction**

In the past several decades, music therapy has been used as one of the treatment modalities for individuals with dementia. As a hospice music therapist, this presenter has discovered that the literature about the use of music therapy specifically for individuals with severe dementia is relatively scarce. Most of existing literature is directed towards persons diagnosed with early, mild, or moderate stages of dementia (McDermott, Crellin, Ridder, & Orrell, 2013; Sherratt, Thornton, & Hatton, 2004). And although many content analyses exist in music therapy literature, no content analysis has been published in English about the application of music therapy for persons in the severe stages of dementia. Furthermore, based on the current researcher's clinical experiences, the effect of music as auditory stimulation can be limited when

trying to enhance the neurological and sensory skills of individuals with severe dementia. In order to extend the practice of music therapy, the current research is curious if multisensory stimulation (i.e. olfactory, visual, and tactile) combined with music therapy may enhance the effectiveness of music therapy treatment; and also, if the music therapist may be able to diagnose the clients' remaining senses, even if they are not auditory. The purpose of this symposium is (1) to present the findings of a content analysis relating to music therapy for individuals with severe dementia, and (2) to introduce and explain an examined original intervention based on combination of documented "best practice" music therapy approaches found in the past studies and published multisensory stimulation treatment.

### **Part A: Content Analysis**

Eighteen articles relating to music therapy for individuals with severe dementia published in English between 1990 to 2014 were found. The current researcher identified 31 authors and 11 different types of publications. Out of 11, eight were from the field of music therapy. Moreover, six assessment tools were used to determine the severity of dementia. However, in more than one third of the articles, the authors did not specify any assess-

ment tool but rather used a more general term. Additionally, approximately 56% of the publications utilized an experimental design, 25% of the publications used non-experimental modes of inquiry, and 18.8% used mixed method designs. Seven music therapy interventions were mentioned, and singing (68%) was most frequently used intervention. The researcher identified sixteen targeted variables from the selected publications, and seven of these variables significantly improved after music therapy treatment.

#### **Part B: MT-MSS**

The current researcher named this original intervention as Music Therapy-Multisensory Stimulation (MT-MSS). A pilot study using descriptive analysis, in which nine participants responded to a 12-item Likert Scale based on their observations of patients receiving the MT-MSS treatment, was to explore the functionality and impact of MT-MSS on persons in the severe stages of dementia. The results have suggested that MT-MSS intervention appears to have promising symptom management potential for individuals with severe dementia and can be effective as an assessment strategy. The current presenter has also developed a MT-MSS assessment tool as a formative and summative measure. Recommendations in-

cluded needing more publications about music therapy for people in the later stages of dementia and additional research with this particular population.

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#### **Note**

Special thanks to the patients and their families as well as the staff of TrustBridge Hospice who were involved in the previous research study that has made this symposium possible.

## **RAISING MUSIC BETWEEN ALLEYS: AN EXAMPLE OF MUSIC CARE IN DAYCARE CENTER**

*Hsin-Hui Lin*

Pingtung County Government, Taiwan

The proportion of the elderly in Pingtung County accounts for 14.93% of the whole elder population in Taiwan. The proportion meets the standard of an “aging society” as defined by the World Health Organization (WHO). The Pingtung Country Government has pushed forward the policy of “Live in a safe community” to provide activities for the elderly with health benefits. In order to provide further service for the elderly with poor health status, 9 regional care centers were transferred to day care centers, which are called the Song-He Daycare Centers. From the previous inspection in Japan, they introduced the concept of music care in their daycare centers in depth. In addition, we found that the caregivers or the elderly had significant improvement in both physical and psychological statuses. With the great results in Japan, the Pingtung County has tried to introduce the concepts and methods of music care to their daycare centers. That is to say, Pingtung County is now the first county which officially brings the concepts of music care to its day-care centers in Taiwan.

This study chose 5 daycare centers under Song-He Daycare Center which has implemented the music care program. There were 57 participants in this program; including the elderly and caregivers of the daycare centers providing care. The concepts of music care were mainly about the activities of guiding the elderly to do the exercises, which not only helps their physical and

psychological conditions, but also positively improves their social statuses. It is hoped the policy of long-term care and welfare of the elderly of Pingtung County can be found in the future.

The activities were led by the workers who had been trained with music care program. The other workers and volunteers observed every activity, and they needed to fill out an observation sheet after each activity. The program lasted for 7 weeks. Each activity was conducted 1 time per week, for 30 minutes for each time. There were several structured questionnaires and scales for this test, such as Physical Fitness Scale, Geriatric Depression Scale, Social Support Scale were adopted to evaluate the program. Moreover, the process records were used to understand the physical, psychological and social statuses of the elderly after participating in the music care program.

It is found that 96% of the elderly felt they had meaningful lives after participating in the program. 100% of the elderly enjoyed the and that they could interact with the teachers and the other elder more or less after participating in the program. 100% of the elderly were assessed found by observers to be happy.

According to the above statistics, there are 3 aspects of the music care program for day care centers for further studies:

People from different countries have different reflections to music. Therefore, program designers are suggested to refer to the concepts of music care in the selection of songs and music styles. With their own music styles, the songs can be added to produce different ideas and create songs which are suitable for different countries.

Since the main users of music care program are the elderly, the guidance and learning styles should be easy to understand. For example, program designers can select simple, classic or frequently heard songs to provide continuous activities. Thus, the elderly can learn under a relaxing and happy atmosphere.

Senior and well-experienced teachers of music care should be introduced to day care centers. With the teaching of the senior and well-experienced teachers, teachers can be trained and improve their profession.

In conclusion, with the program, the health of the elderly will be improved and the pos-

sibility of being disabled can be prevented and quality of life can be improved.

Special thanks to Kao Kuo-shu, Lin Hsiao-ya and Li Shih-jou for data collecting and analyzing.

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## **EXPERIENCES OF “MUSIC CARE” WITH DEMENTIA IN TAIWAN**

*Wan-Yu Lin*

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### **Abstract**

The purpose of the research is to understand the influence of “Music Care” on the elderly people with Mild Cognitive Impairment (MCI), and to discuss why these elderly people’s sense of well-being can be improved by participating in the activity, through analyses of their feelings, life experiences and sentiment after their participation.

### **Description**

“Music Care” was programming initiated by Mr. Tetsuro Kagaya, who was one of the pioneers of music therapy in Japan and died in 1987, and promoted by Mrs. Keiko Miyamoto, who believes that music can produce a happiness and stability in its listeners. Through coordinated choreographed movements to music, one can enhance physical activation and attain inner peace.

The research is aimed to: (1) to understand the experiences and feelings of the elderly people with MCI while being in the program of “Music Care”; (2) to comprehend the elderly people’s daily interaction with others prior to and after to the activity; (3) to grasp the influence of the activity on the sense of well-being of the elderly people with MCI. The research applies qualitative research method and semi-structured interview with six elderly people with MCI, three volunteer workers and three family members in one day-care center in Taiwan.

The researcher concludes as follows:

- I. Regarding the experiences and feelings of the elderly people while being in the activity; two situations can be seen: (1) the elderly people are hesitating to join the activity due to poor health condition and lower self-confidence; (2) those who partake in the activity are significantly encouraged and willing to learn more.
- II. Concerning the elderly people’s daily interaction with others after partaking in the activity, three points can be noted: (1) the daily life-style has been positively changed due to their interaction with peers; (2) their self-confidence is recovered by family members’ encouragement and concern; (3) they become joyful and be inspired by the peers in the program of the activity.
- III. As for the influence of the activity on the sense of well-being of the elderly people, three things can be said: (1) they show obvious interest in the activity, and find spiritual sustenance in family members’ support; (2) They are willing to serve one another because of the respect and understanding from others; (3) the elderly people gain the sense of achievement and support from the society by their earnest commitment in the activity, and in return gratefully feedback to others.

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## **FROM CONFLICT TO SYNERGY - A TEN-YEAR SUCCESSFUL PARTNERSHIP WITH SOCIAL WORKERS**

*Hok Tsun Ma*

Evangelical Lutheran Church Social Service Hong Kong, HKSAR

### **Abstract**

The case demonstrates how music therapists and social workers overcame conflicts and leverage synergies to establish an aged-care music therapy service program and have maintained it for ten years. Significant outputs were identified and keys to successful partnerships are discussed. We intend to emphasize the importance of inter-professional collaboration in developing the industry in the future.

### **Information collection**

All facts and feedback were integrated from four sources - "HEARTSTRINGS" music therapy program management team; publications; staff interviews and, author's personal reflections. Staff interviews included, 4 music therapists, 3 social workers and 1 clinical psychologist, which represented half of the team. Their views on local market and cross profession collaborations were collected.

### **Background – employment status**

It is estimated over 60 qualified music therapists are practicing in Hong Kong (Ng, 2015). More than half of them work in early intervention and children sector, while aged care and palliative care becomes the second largest population (HKMTA, 2016). There are more jobs in the market in recent years but there are also more therapists. Overall,

there are still inadequate job opportunities. Income sources could come from charity funds or paid directly by agencies or users. Services are usually short-term and there are only few contract-based/permanent regular positions in the market. Most therapists often work as freelancers with unstable income.

### **HEARTSTRINGS program**

While most similar projects in the region could not continue, HEARTSTRINGS program overcomes constraints of the market and has been sustained for a decade which has offered more than 150 therapeutic groups and for more than 800 elderly people and caregivers in the community. This is an ongoing aged-care music therapy service program which has been established since 2006, by Evangelical Lutheran Church Social Service Hong Kong - a charity organization (Wong & Tang 2009).

Like many other services, it was first supported by charity funds. In 2013, the agency restructured manpower of the program and employed an in-house music therapist as a regular full-time staff. The program is directed by a social worker and managed by a multi-profession committee.

### **Significant outputs**

- Two pilot studies and one randomized-controlled-trial.

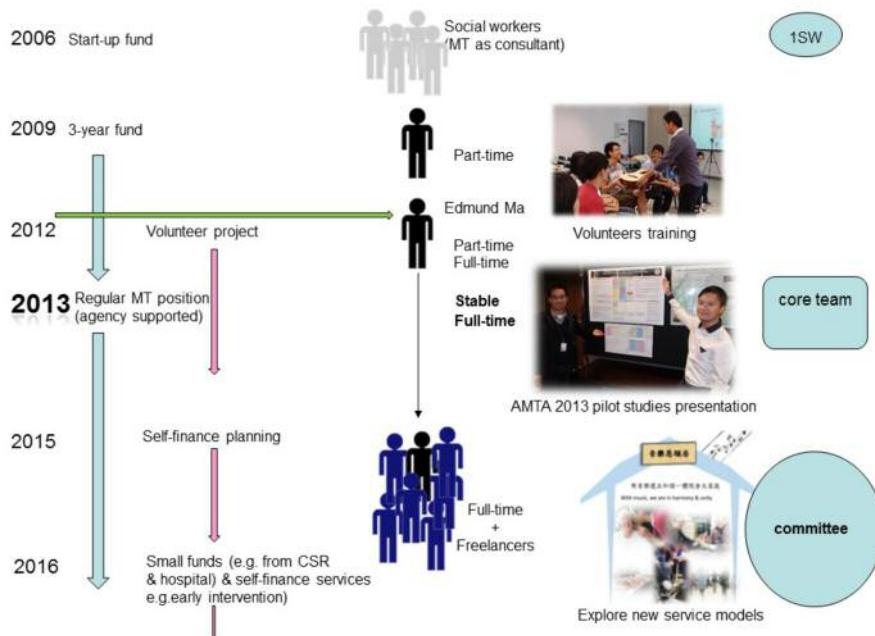


Diagrama 1. The development of HEARTSTRINGS program.

- Establishment of a volunteer system.
- Training workshop series which overcame dilemma between train-the-trainer and retain our professional identity.
- Attention training program for early intervention with integration of music therapy and clinical psychology elements.

#### Keys to successful partnership

- Effective intervention.
- Agency fully support.
- Good Teammate and team spirit.
- A working culture of learning and be creative.
- Mutual respect, trust and faith.

#### Conclusion

Creating a partnership could be one of important action to facilitate music therapy industry development.

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## **TRADITIONAL JAPANESE CULTURE PROVIDES EFFECTIVE MUSIC THERAPY TECHNIQUES FOR ELDERLY JAPANESE CLIENTS**

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Musashino Central Hospital, Japan

The musical sensibilities of elderly Japanese clients (ECs) are strongly influenced by traditional Japanese music and culture, but young Japanese music therapists (YTs) often overlook this. An understanding of these traditions allows YT<sub>s</sub> to develop techniques which are more effective with ECs.

Most YT<sub>s</sub> are graduates of music schools which teach only western classical music, since few schools teach traditional Japanese music, which results in cultural barriers between ECs and YT<sub>s</sub>. This inhibits music therapy since YT<sub>s</sub> often exclude music styles which are more acceptable to ECs and thus more effective for them. As a student of musicology, as well as a psychiatrist, I had the opportunity to study traditional Japanese music and ethnomusicology at Tokyo University of the Arts, which is the only school in Japan with such a program. For more than 20 years, I have been promoting a style of music therapy more in harmony with Japanese sensibilities, and have found several techniques based on characteristics of traditional Japanese music culture which have proven to be effective, especially with Japanese ECs. These include:

“Beyond Ears” - Traditional Japanese music culture, like ancient Greek “mousike”, is a combination of singing, dancing and instrument playing, e.g., Noh, Kabuki, Bon odori, etc. (**Video 1**). I advise YT<sub>s</sub> to:

1. Use multi-sensory techniques, such as allowing ECs to move or do physical exercise while singing (**Video 2**);
2. Combine auditory and tactile senses through the use of drums and vibro-tactile stimulation (**Video 3**); and
3. Stimulate all five senses through activities based on season-themed festivals (**Video 4**).

“Beyond the Fixed Stage” - “Nagashi” refers to performances by traditional Japanese strolling musicians.



It has proven to be effective both in a hospital setting ([Video 5](#)) and with disaster survivors ([Video 6](#)). I play the violin, and my co-therapist, Ms. Maki Uemura) plays the keyboard-harmonica. “Sing Your Own Lyrics” - Group singing is the most popular form of singing for ECs. To make it more individually therapeutic, clients are encouraged to improvise their own lyrics in the traditional manner ([Video 7](#)). This is done with folk songs at local festivals ([Video 8](#)), such as the famous ones which are held here in Tsukuba and by the royal family, and at events for disaster survivors ([Video 9](#)).

“Tone Color First (Without Harmony)” - Traditional Japanese music has no harmony. Japanese musicians have used other methods to make their music appealing:

1. Tone color, or a tactile sense of tone.
2. Melody lines are not restricted by harmony, so portamento or ornamentation (kobushi) on melodies is common. It is difficult to accompany such songs with a well-tempered keyboard.

#### **LISTEN TO AUDIO 1F**

3. Rhythm patterns are not primarily metrical, as in western music. There are many other kinds of rhythm, such as non-metrical, free rhythm, ritardando, accelerando, etc. Mechanical rhythm is generally avoided. Additionally, the beat of the accompaniment should avoid matching the beat of the song. Instead, the two should vary in order to highlight the singer’s voice and the timbre of the instruments separately.

#### **LISTEN TO AUDIO 2F**

This is the music culture which is familiar to today’s ECs. They are more sensitive to

tone color than to rhythm or melody, so YTs tend to regard them as “musically deaf”. I try to explain traditional Japanese musical culture and the sensibilities of ECs to YTs to help them improve the effectiveness of their sessions.

“Nature Sounds” - Some sounds of nature can be musical and listened to like music ([Video 10](#)). Experienced therapists leading modern music therapy sessions frequently start by asking clients to remember and discuss nature sounds. This can be therapeutic, even if clients are not able to hear these sounds directly.

My experiences have shown that when working with elderly Japanese clients, music therapy techniques inspired by traditional Japanese music culture are often more therapeutic than those based purely on classical western music.

#### **SEE VIDEO 1-10F**

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## **EFFECTS OF MUSIC AND EXERCISE ACTIVITIES ON COGNITION AND EMOTION IN ELDERLY**

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*Kuroki Rimiko, Kitagawa Tomoko, Moriya Naoyuki*

Nursing home Karipu-Atsubetsu, Japan

### **Abstract**

Elderly individuals attending programs at a day-center were classified into three groups, which performed both music and exercise, exercise only, or normal day-center activities once a week for total 60-minutes over 12 weeks. It is suggested that music and exercise activities improve cognition and emotion more than the other activities.

### **Objectives**

Advances in longevity are desirable, but cognitive function tends to decline when older, and frequent occurrence of people with emotion disorder is reported. In this study, we aimed to examine the effect of music activity and exercise practice as an activity to stimulate cognitive function and emotional state of the elderly.

### **Methods**

Homebound elderly individuals attending programs at a day-service center were divided into three groups for participation in different tasks: (a) music and exercise for each

30 minutes (M+E), (b) exercise (E), and (c) regular day-service activities as control (T). Music and exercise tasks were instructed in sitting positions by a music therapist and a health fitness programmer, respectively. Day-care activities were supported in almost sitting positions by care-staff of the day-center. Tasks each lasting 30 minutes were conducted once a week for 12 weeks, and their effect on cognition and emotion was evaluated using data obtained before and after the 12-week tasks or each one-time task. Cognition was assessed using the Mini-Mental State Examination (MMSE) and Frontal Assessment Battery (FAB) in the week before and after the initiation of tasks. Each activity was practiced once a fixed day of the week for 30 minutes for 12 weeks, and the effect of these practices on cognition and emotion of the elderly was measured before and after 12 weeks or before and after the one practice. We evaluated cognitive function to the week before the start (previous value) and the week after the end (after value) using the two methods of Mini Mental State Examination (MMSE) and Frontal Assessment Battery at bedside (FAB). To assess emotion, feelings of pleasantness, relaxation, and anxiety were rated 12 times

using the Mood Check List-Short Form (MCL-S.1), before and after every practice. Scores were averaged every four weeks to obtain early, middle, and late scores.

### **Results and Discussion**

From the results of MMSE test, which is the cognitive function evaluation method, improvement was observed in the posterior value as compared with the previous value in 5 out of 11 MMSE items in the M + E group, 3 out of 11 items in the E group and 1 out of 11 items in the T group. For the three FAB items, the mean value improved only in the M + E group, although this was not significant. Based on the evaluation results of pleasantness, relaxation, and anxiety feeling scores by the MCL-S.1 questionnaire, we compiled 12 practices in the early, middle and late in every 3 weeks, and compared the average scores before and after the practice. Although improvement was confirmed at each emotional score of the three groups, but the improvement of the M + E group was more remarkable than in the other two groups. Great improvement was observed in pleasant feeling and relaxation feeling.

From these results, it was suggested that both music and exercise activity is more effective than physical activity in sitting position and other activities of day-service center improving cognition and emotion of the elderly.

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## **SUPPORTING MUSICAL ACTIVITIES FOR HEARING IMPAIRED CHILDREN WHO ARE COCHLEAR IMPLANT RECIPIENTS**

*Yuji Matsumoto*

Tokyo City Philharmonic Orchestra, Japan

*Noriko Maruyama*

Music Institute for Hearing Impaired

### **Abstract**

Cochlear implant recipients cannot hear music as well as the hearing. My research team and I have studied musical activities that enable children with cochlear implants to feel music. Based on that research, I will present these methods of music activities for children with cochlear implants.

### **Description**

When a hearing aid is inadequate for the hearing impaired to hear, cochlear implants can often provide positive results. For these cochlear implant recipients, it becomes possible to converse. According to a survey in Japan, the subsequent wish for these recipients is to listen to music. However, cochlear implant recipients cannot hear music as well as the hearing and because of this, some of the recipients abandon listening to music altogether.

For more than 15 years, my research team and I have provided recipients a means for enjoying music through various musical activities. Through these activities, we found that recognition tasks involved with pitch and harmonic differentiation were difficult. However, we also discovered that having them play musical instruments provided positive reinforcement and created a willingness to listen to

music; albeit with limited pitch, harmonic and melodic perception.

Based on research we have conducted until this point, my team and I are now conducting research on children with cochlear implants. These musical activities utilized acoustic instruments with emphasis on percussion instruments. With the therapist's assistance, recipients could create sound and control timbre and dynamics. Further progress for these recipients will require a trained therapist who receives adequate support.

Based on that research, I will present these methods of music activities for children with cochlear implants.

### **Methods**

Participants: Two subjects, ages nine and twelve.

Sessions: Five one-to-one sessions and three ensemble sessions.

One-to-one sessions proceeded as follows:

1. Let the subjects search for their favorite sound.
2. Determine subject's sense of rhythm.
3. Have subject imitate rhythms.
4. Emphasize listening to each other in ensemble sessions.

## **Results and Discussion**

In the first stage, subjects could not recognize the beat. Rhythmic imitation relied on visual cues. Repeated sessions reduced reliance on visual cues. Subjects could feel each other's sound expression in ensemble sessions. We surmise that these musical activities help cochlear implant recipients improve their ability to sense the perception of sound. Once their abilities improve they should gain more satisfaction listening to music. Able to feel the expression of the sound, cochlear implant recipients will not give up listening to music and increase the possibility of obtaining benefits from music.

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## **MEANING CONSTRUCTION BY MUSICAL NARRATIVE: A GROUP THERAPY APPROACH FOR JUVENILE CRIMINALS**

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*Yuji Igari*  
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### **Problem**

It is often difficult for juvenile criminals to talk about their troubled pasts and crimes they have committed, as they tend to distance themselves from their past actions. This kind of detachment can quite often be the result of a traumatic experience including the crime itself. For this reason, they need to be encouraged to feel remorse about past crime (Shojima 2003). "Musical Narrative"—listening to and talking about songs with personal meaning—can more freely and openly connect one's association, as it links to personal bonds and core values of the individuals (Matsumoto 2005). Through the use of this approach, more expressions of feelings and a deepening awareness of the offenders' pasts were observed. We will present the Musical Narrative approach to juvenile criminals with various special needs.

### **Method**

The make up of the group selected for this study is from 19 years old, their main crimes are bodily injury resulting in death, dangerous driving causing injury etc. They have an IQ of about 72 to 101, including inmates diagnosed with developmental disorders or depression. 10 ninety-minute group therapy

sessions were held biweekly. The first three sessions were an introduction: playing the drums. After sessions, we introduced Musical Narrative. For the analysis of the therapeutic processes of Musical Narratives, we collected and analyzed transcripts and emotional expressions (nonverbal text data; "silence" etc.) from video records. To evaluate this data, we introduced both qualitative and quantitative analysis. The former is an analysis of semiotic activity, the latter is a content analysis using KH coder software (Higuchi 2004).

### **Process and Results**

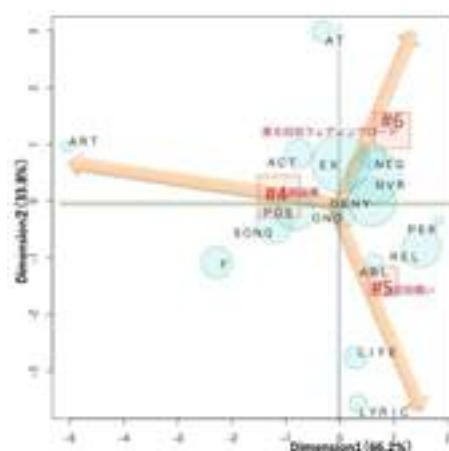
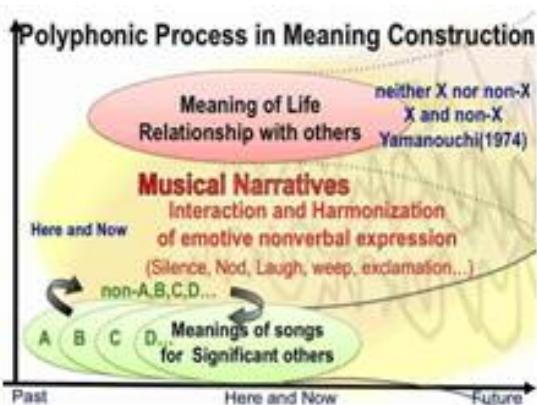


Figure 1. shows positioning of three sessions  
(from #4 to 7).

Each topic shows the tendency of discussion moving towards different areas of communication and consciousness. Dimension 1 shows intrapersonal and interpersonal aspects of the discussion, and Dimension 2 shows the depth of these conscious processes. In these sessions deeper personal connections emerged. During the three sessions, Nonverbal reactions (silence, nodding etc.) and ambivalence expressions (positive and negative, etc) occurred. Figure 2 shows the qualitative results. Through the Musical Narrative approach, polyphonic processes in meaning construction emerged.



## Discussion

Through the use of songs with personal meaning, truer expressions of feelings and wider awareness of past experiences occurred. We propose what made it possible is metonymic expression. A song with personal meaning could be a substitute for one's memory pertaining to important persons and events. Using metonymical substitution, the ambiguities of the meanings in Musical Narratives brought harmony in discussions, as participants had different interpretations.

The use of songs as a catalyst combined with the group dynamic, which is a dialectical method based on the tetralemma; X and non-X (Yamanouchi 1974), enabled the group to harmonically construct each individual's meaning of life.

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## **PRISMA ANALYSIS OF THE THERAPEUTIC APPLICATION OF MUSIC IN THE HEALTHCARE PROFESSION**

*Kumi Shigenobu\***Matsuyama*  
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### **Abstract**

The purpose of this study is to investigate how music is applied therapeutically with other healthcare treatments.

The research project was conducted using the standardized review protocol called PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). The result provides a review of literature, which met the PRISMA criteria and its analysis.

### **Introduction**

Music has been applied in a variety of ways for therapeutic purposes, having been recognized for its physiological and psychological effects. Particularly in the healthcare profession, music has been considered to be a form of media that can achieve a therapeutic goal. It is useful to identify the number, the content and the characteristics of previous research precisely in a systematic way.

### **Object**

The object of this study is to examine how music is applied therapeutically with other healthcare treatments.

PRISMA is an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses. The PRISMA Flow Dia-

gram indicates the exclusion and inclusion criteria.

### **Materials and Method**

A literature review was conducted according to the PRISMA statement.

The electronic data resources were MEDLINE, Qualitative Health Research, Web of SCIENCE, PsycINFO, The American Journal of Occupational Therapy and Journal of Music Therapy. The data collection included material from 1942 to 2016.

There were three screening phases; the identification phase, the screening phase and the eligibility phase.

The study was limited due to the following academic reasons:

1. A requirement of internationally peer-reviewed research.
2. Avoidance of language bias and sharing of common understanding.
3. Equal accessibility to electronic databases.
4. Availability of English abstracts to judge eligibility of the content.

### **Conclusion**

It was concluded that the current systematic review provided a number of research papers

written about the therapeutic application of music in the healthcare profession. This study also indicated the characteristics and classification of reviewed materials, utilizing the PRISMA Flow Diagram.

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## **THE FALL OF FREDDIE THE LEAF: CREATIVE MUSIC MAKING**

*Kumi Shigenobu\*Matsuyama*  
Yamato University, Japan

### **Abstract**

The aim of this study is to present how music therapy students learn about “Creative Music Making - CMM” in a music education class with the material titled “The Fall of Freddie the Leaf”. CMM is a learning activity which encourages students to explore the gamut of sounds, not just musical notes.

A total of 30 university students attended this learning activity during two academic years. The students were separated into six groups and each group explored various kinds of sounds around them in order to create some music about “The Fall of Freddie the Leaf”. Each group presented their music to the class and provided feedback to others.

It was also found that the idea of CMM, which originated in the discipline of music education, was acceptable as one aspect of music therapy, such as improvisation.

### **Introduction**

CMM is a concept which John Painter, an English composer and music educator, suggested in his book called “Sound and Silence”. It focuses on creating music using various kinds of sounds. The original purpose of this activity in music education was for children to explore and experience sounds around them. Any environment would provide the materials. The activity allows children to listen and carefully observe their surroundings. During

this activity, children are able to hear some sounds that they have never noticed before. They realize they are living in a rich and varied soundscape.

### **Object**

The Japan Education Council for music therapists has its own curriculum for therapists, which includes the subject “Music Education”, and authorized universities are able to elect it as one of the subjects.

The object of this study is to follow how music therapy training students learn about CMM in a music education class with the material titled “The Fall of Freddie the Leaf”.

### **Materials and Method**

Period: Academic years 2016 and 2017.  
Subjects: Students of the music therapy training course on the Japan Education Council for music therapists whose majors are occupational therapy or speech-language therapy. Academic year 2016: three groups. The number of students who majored in occupational therapy was six. The number of students who majored in speech-language therapy was nine. Academic year 2017: three groups. The number of students who major in occupational therapy is seven. The number of students who major in speech-language therapy is eight.

Material: Leo F. Buscaglia: “The Fall of Freddie the Leaf”.

### **Procedure**

The students were separated into three groups for each academic year. They discussed how they expressed "The Fall of Freddie the Leaf" while exploring and experiencing the sounds around them through the group work.

The number of classes of music education was 15 altogether and three classes were spent on CMM.

1. An explanation of the concept of CMM and its significance in the history of music education was given.
2. The students read "The Fall of Freddie the Leaf", a picture book, by Leo F. Buscaglia and created music based on the story through group work.
3. The students presented their group work to the class. Each group gave feedback to others. Audio and video materials were used for recording.

### **Conclusion**

Through this 2-year-learning activity, it was

found that the idea of CMM was acceptable in music therapy as well. There is common ground between the two disciplines, such as improvisation.

CMM helps students to listen to their surroundings and to translate their findings to music.

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## **PROFESSIONAL SIGNIFICANCE AND ROLES OF THE HYOGO MUSIC THERAPIST ASSOCIATION, JAPAN**

*Satoko Matsuzaki, JMT, RMT (Hyogo prefecture)*

### **Introduction**

The Great Hanshin Awaji Earthquake occurred in 1995 making victims out of many in Hyogo prefecture, Japan. Based on research suggesting that music heals the minds of victims, Hyogo prefecture started an original "music therapist training program" in 1999. In 2002, Hyogo's Prefectural Governor approved 27 music therapists for the project. This first group of 27 music therapists established and launched the "Hyogo Prefectural Music Therapy Association" the same year.

For the past 15 years since its inception, we have been conducting purposeful activities through the spread and development of music therapy. We hold workshops every month to improve members' knowledge about music therapy and strengthen their skills, and we also arrange and perform concerts to spread awareness of music therapy. This presentation reports on the "Music Therapy Consolidation Promotion Project" and the "The Great East Japan Earthquake Tsunami Disaster Reconstruction Support Project" that are being undertaken as subsidized projects in Hyogo Prefecture, and through collaboration with the prefectural government. The meaning of the existence of our professional association and its significance will be discussed.

Music therapy diffusion promotion business  
In order to promote the spread of music therapy, since 2006, the "Music Therapy Intro-

duction Promotion Project", and from the 2011 fiscal year known as the "Pre-Provision Assistance Project" has been participating in delivering prefectoral aid. To the medical and welfare facilities etc. that intend to introduce music therapy, the prefecture pays for part of the expenses of implementation, and in order to accurately match the music therapist to the needs of the institution, we plan to send a coordinator to the Hyogo Music Therapy Association. Thanks to such generous financial aid, new start and entry are easy, music therapy is successfully understood through activities, and many facilities continue even after the subsidy has finished. The average retention rate exceeds 80% on average. It is also attractive to be able to give feedback and requests from facilities to therapists. However, because it is a one-year project, it may be difficult to secure sufficient time when starting from the middle of the fiscal year, and assistance may be lost before a music therapy program is fully established. There are many cases where the environment on the facility side is not in place and there are many cases where one is forced to place the burden of bringing in musical instruments on individual therapists. There is also an issue in improving the quality of therapists who wish to continue offering assistance

### **The Great East Japan Earthquake and Tsunami disaster reconstruction support program**

After The Great East Japan Earthquake that

occurred in 2011, the mental health of the victims as well as the people and programs who support the victims, have faced many problems. These include the prolongation of temporary housing and reconstruction, and housing life. In order to contribute to the reconstruction through mental health care of the victims using music therapy, we hold sessions in disaster areas and concerts in the prefecture. Participants' impressions were: "Energetic", "Healing", "Enjoyable", "Not only could we listen, but we were also able to participate" and so on. It has not only become a place to stay close to the feelings of the victims and to think about what we can do. It has also lead to a deepening of ties between the members.

### **Conclusion**

It can be said that working on the Hyogo prefecture supplementary business, which has led to securing and expanding the place of music therapists and raising the results, has led to an increase in the significance of the existence of our organization professionally. In cooperation with the administration, we must carry out our purpose of mind even under severe conditions, and often suffering from the difference between our ideals and the reality of what can be done. In the end,

the financial resources of the subsidiary business come from taxes. We must bear in mind that taxes are being devoted to the spread and development of music therapy. Because Hyogo Prefecture experienced a similar disaster and successfully accomplished reconstruction, the East Japan Great Earthquake disaster reconstruction support project is also strong, it is thought that it is due to the role that the association plays. Hyogo prefecture's efforts that are not unique across the country are becoming model cases for other prefectures, and I am excited at the prospect that Japanese music therapy will become more fulfilling.

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## **MUSIC THERAPY FOR EARTHQUAKE SURVIVORS: RESTORATION OF IDENTITY AND COMMUNITY THROUGH MUSICKING**

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*Shizue Terata*

Music Therapy Room SAKURA, Japan

*Kana Okazaki-Sakaue*

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### **Research Purpose**

This presentation will illustrate how group music therapy has helped to restore the identities of survivors and how creating indigenous music has changed their sense of community. The implementation and conservation of traditional music, which took a clinically significant role in tending to their emotional as well as their social needs, will be analyzed and discussed.

### **Background**

Since the Great East Japan Earthquake and Tsunami in 2011, the survivors have been experiencing a continuing sense of loss, from a variety of sources including family members, friends, housing, work and also their sense of community due to their scattered residency in temporary housing.

Before the incident, there used to be a big community in the Kirikiri-district of Otsuchi-cho, Iwate prefecture, where the tsunami washed away their homes. Some families were able to stay in their own houses, but others had no choice but to live in temporary housing provided by the government. This

has generated some unfortunate splits in the community, and the chief priest of the temple in the town felt concerned about the situation and provided a space for people to assemble for practicing music. The presenters were asked to conduct group music therapy on a regular basis.

### **Therapeutic Process and Results**

The group was named the “Utakko no Kai (sing-along group)” at first, and then the members changed its name to the “Kujirasan Gasshodan (Kujirasan Chorus)”, as they felt dignified through the process. Their sense of cohesion grew through the process and they were able to find their roles in the community.

The participants started to express their spontaneous ideas during the music making process and started to share with each other the indigenous drumming and dances of “Kirikiri Jinku (a very traditional folk music of the Kirikiri town). They were very eager to enjoy and preserve their traditional music even though the landscapes and scenery had collapsed due to the earthquake. Music therapists have supported and helped the

survivors retain their pride and identity as well as to restore their sense of community through the rediscovery and embracing of their indigenous traditional music. It took on a clinically significant role in nurturing their emotional as well as social needs.

### **Conclusion**

The therapeutic use of the singing and dancing of indigenous traditional music has encouraged the participants to hold a requiescat for the dead, and also to share prayers amongst the survivors. This music, which has been handed down since the Edo era by their ancestors, has evoked a sense of adherence and bonding within their community and its history. At the beginning of the process, the participants were unable to realize the importance of such traditional music as something to base their community on, as their psychological damage had been too great. Moreover, there was an emerging issue in the divisive housing situation, where some were able to go home, and some had to stay in the temporary housing. Many complicated feelings such as anger, anxiety, ambivalence and stress have created a gap between members of the same community.

Regular visits by music therapists have created a space for them to share, express and reflect their feelings both verbally and mu-

sically, supported their sense of community and also served to make a bridge between their past and the present.

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## DEVELOPMENT OF THE ELECTRONIC INSTRUMENT WITH ACCELERATION SENSOR AVAILABLE IN MUSIC THERAPY

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### Introduction

With the elderly living in communities in Japan, vilification is performed about usefulness of postural balance exercises and exercises appropriate for motion tasks for daily living, as well as exercises for muscle strengthening.

The ability to balance can effect gait greatly. The acceleration sensor is excellent in portability, is little load for the elderly and its use to evaluate balance is under consideration by Noguchi et al. In the expectation that the exercise programs with music will reduce the elderly people's risk for fall, it is one of the tasks of music therapists to de-

velop ways to evaluate the work in the future.

### Development of the Electronic Instrument

Three dimensional signals from the acceleration sensor are processed by a microcontroller (hereinafter called "micon"). The dialog systems are in Fig.1. As acceleration changes, sound sources connected to the micon produces sounds. At the same time, the memory device connected to the micon records the acceleration data. Through this process, the electronic musical instrument developed for this research makes it possible not only to produce the sound, but also evaluate the movement of the body and posture.



Figure 1. Dialog of Electronic Instrument.

### **Experiment with the Electronic Instrument**

First, we evaluated whether the instrument we developed is functioning properly to measure the acceleration and the distances. As a result, we found very few accidental errors of acceleration data compared to the theoretical value, so that it has enough measuring accuracy.

### **Discussion**

Our research is radical in the sense that because this is an electronic musical instrument, it can change its timbre easily, and moreover, it makes it possible to evaluate the user's ability in postural adjustment through the acceleration measurement.

### **Future Work**

In the future, installing wireless devices and connecting several instruments will facilitate its use for playing in concert in group music therapy, which is expected to increase the participants' motivation against the load of exercise.

### **About the Authors**

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## **WADAIKO PERFORMANCE ENCOURAGES COMMUNICATION SKILLS OF MENTALLY DISABLED PERSONS**

*Eriko Mizuno*

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### **Abstract**

We use Wadaiko (Japanese drum) as a group activity for mentally disabled persons. Video recording compared single play, two-person play and three-person play in which each participant has different learning level. This research indicated that the participants became mutually synchronized in playing Wadaiko, and felt a sense of togetherness. Thereby playing Wadaiko encourages communication skills.

<http://www.agora-mc.com>

### **Introduction**

People with mental disabilities tend to lack communication skills and have difficulty with interpersonal relationship. They are generally not able to behave with confidence, so they are embarrassed around people.

Wadaiko performance is used by our organization as a group activity for individuals with mental disabilities. Wadaiko is an instrument that can be easily learned and enjoyed, providing moderate physical activity in addition to musical and social interaction.

The rhythms of drumming draw attention to and encourage the coordinated behavior of people with various disorders (Aldridge, 1989). Rhythmic motion can also have the effect of eliciting spontaneous speech (Corriveau & Goswami, 2009; Norton, Zipse, Mar-

china, & Schulaug, 2009). Above all, drumming may lead to significant improvement in multiple areas of social and emotional behavior (Ho, Tsao, Bloch, & Zeltzer, 2011). In the early years of the team, interactions took place only between the teacher and each member. Gradually, the members began to interact with each other through wadaiko performance.

### **Method**

The study participants were the wadaiko members who had each different playing level. Video recording compared single play, two-person play and three-person play.

### **Results**

A beginner could not play with correct rhythm by himself, but could do pretty well with an experienced member. Furthermore, the three-person practice was more effective than the duet practice.

### **Discussion**

This study indicated that the practice in a group setting enhanced synchronized motion. One of the most important elements of wadaiko performance is the synchronization of movements, including large gestures and definitive poses. Therefore, an inexperienced member should imitate the performance of an experienced one. The nonverbal interac-

tion created a community spirit within the group, and the process of interpersonal interaction resembles the process of synchronization of many different rhythms (Kira, 2003). The results of this study appear to indicate that, due to the large movements, loud sound and clear rhythm, the synchronized gestures of wadaiko performance may be a significant factor in calling the participants' attention to others and may Wadaiko Performance also encourage interpersonal interaction and nonverbal communication in people with limited communication skills. The imitation in behavioral intervention was emphasized that is important to improve communication abilities in young autistic children (Giacomo, Portoghesi, Martinelli, Fanizza et al., 2009).

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## **INTRODUCTION TO REGULATIVE MUSIC THERAPY (RMT) - ITS PRACTICE IN JAPAN AS A MINDFULNESS METHOD -**

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### **Introduction**

Regulative Music Therapy (RMT) was developed by Christoph Schwabe in Germany in the 1950s. It is a form of psychotherapy that utilizes music to expand our awareness and promotes well-being. In other words, it is a way of developing our ability to be more mindful in our everyday lives through RMT. The author has been using this form of therapy for more than 20 years in Japan. RMT has been used on a variety of adults with different purposes and goals. Most notably, the author has used this therapy on college students who have been suffering from anxiety and psychosomatic symptoms (Moridaira, 2013). Additionally, the author has also used RMT on athletes who are looking to enhance their performance and on parents who feel the stress of parenthood and raising children. In this therapy, both one-on-one and group settings can be used. While listening to various kinds of classical music, the clients are instructed to move their awareness to different areas of their conscious experience such as the music, their body sensations, and their mental processes like their thoughts, emotions, and moods. After that, the clients are encouraged to share their experiences, so that the therapist and other participants can help them to improve their ability to expand their awareness. The therapy is usually around 20 sessions in length. The 20 sessions of RMT are divided into several stages, each of which has its own pur-

pose and its own kind of music. In this workshop, the participants will experience firsthand how to regulate unnatural tensions in our bodies and minds by listening to music and how music can be used to deepen and widen our awareness.

### **RMT as a mindfulness method**

In Japan, RMT was introduced by Dr. Yasuji Murai in the 1980s. He gave a presentation titled, "Regulative Music Therapy and Zen. An attempt to adapt the therapy for Japanese clients". He claimed that for Japanese therapists and clients, employing the concept of Zen is helpful to understand the meaning of RMT. Schwabe mentions this presentation in his article about the development of RMT published in 2003. He notes that he also had recognized that the training principle of RMT that was conceived by himself, is based on the same idea of Zen. Although neither Schwabe nor Murai use the word "mindfulness", it is clear that RMT is one of the methods that is based on the concept of mindfulness. In Japan, interest in mindfulness has been growing for the last several years. Therefore, the number of people who show interest in RMT is also increasing.

### **Functions of music in RMT**

Among the large number of methods based on mindfulness, RMT is unique because it employs music. With the help of music, we

can efficiently train an attitude of mindfulness. Music elicits a variety of responses from our body and mind, so we can practice observing these responses. Because in music there are constant changes in rhythm, volume, tempo, and harmony, it is easier to keep our awareness away from neurotic thought patterns and unpleasant physical symptoms. And in RMT, music is viewed as representative of the people around us and/or our surroundings, not ourselves. The music is there and continues to play regardless of our desires.

#### **Considerations upon implementation**

1. It is important for the participants to not have attachments to any expectations. There is a golden rule:
  - if you desire something strongly, you won't be able to obtain it.
  - if you try to avoid something, then it comes to you more strongly.
2. It's better not to use phrases such as: "let it go"; "leave it as it is"; "accept everything as they are". If the participants eagerly try to actualize these attitudes, it becomes difficult to actualize them. So, instead, the therapist should encourage them to be

aware of as many things as possible regardless of whether they consider them comfortable or uncomfortable.

3. While participants are sharing their experiences, the therapist's attitude of accepting their experiences is important. He/she should also not be too directive, but should instead give some useful suggestions that may help them expand and accept their awareness.

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## **INTRODUCING MUSIC THERAPY APPROACH ON BABIES WITH CONGENITAL HEARING LOSS**

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*Satoshi Asanuma*  
Saitama Children's Medical Center, Japan

*Nodoka Adachi*  
Saitama Children's Medical, Japan

### **Introduction**

The spread of the Universal Newborn Hearing Screening (UNHS) has made it possible to detect congenital hearing loss. However, mothers are often shocked or can become depressed after a diagnosis of hearing loss shortly after child's birth. In 1999, the Department of Otorhinolaryngology at Saitama Children's Medical Center located in a suburb of Tokyo started an outpatient class for those with an early detection of hearing loss. This course was facilitated by multidisciplinary experts to offer team support for infants and their families, in particular for mothers. Music therapy services were provided by a music therapist and included in the multidisciplinary team. Data were collected from 15 infants ages 0 to 2-years-old diagnosed with bilateral Hearing Loss in the precision examination and their parents. The objectives of music therapy were 1) construction of healthy maternal and child relationship through music activities, 2) awareness of sound through the vibration of music, and 3) improved communication with other family members inside and outside of the group.

### **Practice Overview**

Outpatient group music therapy sessions were offered once a month (12 times per family). The schedule was as follows:

1. Staff meeting/ consultation with the otolaryngologist (20 minutes).
2. Hearing Exams(COR) by Speech Therapist.
3. One-hour group music therapy session.
4. Lecture for parents from professionals for 40 minutes.
5. Fitting of individual hearing aid in afternoon.

Approximately ten staff participated in the music therapy session; doctors, nurses, a speech therapist, a teacher of hard of hearing from school (in charge of infants and toddlers), nursery teacher, volunteers (mothers who graduated from this outpatient group), and the music therapist.

### **Outpatient Music Therapy Sessions**

1. Children fitted with a hearing aid by Speech Therapist.
2. A music therapist used visual cues, tactile

- stimulation, recognition of sounds via bone vibrations through drumming, etc.
3. A music therapist encouraged imitation, immediate reaction, small instruments activity, cloth playing, etc. to motivate and engage the children.
  4. Child and parents interacted through the music and developed nonverbal communication.

## Results

During the program, the music therapists collected data on the children's acceptance of sound. Information was also collected on the mother's state. After the completion of all 12 music therapy sessions, the music therapist summarized data taken via questionnaire after each session. Results for the question "Do mothers themselves enjoy the music therapy session?" showed increases in enjoyment across time.

Time Question \	1st - 4th	5th - 8th	9th -12th
Always fun	71%	78%	85%
Somewhat fun	20%	17%	9%
Sometime fun	9%	5%	6%
Not much fun	0%	0%	0%
Not fun at all	0%	0%	0%

Additionally, it was observed that mothers' engagement with one another increased across time and several commented that they

wanted to participate in music therapy for more than 12 times.

## Discussion

The data suggested that wearing the proper hearing aids and sound presented through vibrations were easily accepted by infants in the early stages of child development. Also, providing appropriate information and collaboration with the multidisciplinary team provided stability for mothers and appeared to promote interactions with their children.

On the effects of music in medical care, Wada (2011) reported that promoting the development of emotions in children and the effect of mothers' emotional stability make mutual relations. Results suggest that music child-mother therapy helped mother's emotional stabilities. This may in turn improve the child's outcomes.

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## **A CASE STUDY: GRIEF AND INDIVIDUATION PROCESS THROUGH GUIDED IMAGERY AND MUSIC AND IMPROVISATION**

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A female client in her 30s participated in GIM sessions to facilitate the grieving process after the death of her mother. This session will provide case examples from the sessions, using Joseph Campbell's Hero's journey and other grief theories to examine her unique path of grief and the individuation process.

Recently there has been an increase in books related to thanatology and grief, yet there are few which link the grief process and the individuation process. This poster presentation shows the unique path of the individuation process initiated by one client's grief. A female client in her 30s initially started Guided Imagery and Music (GIM) sessions to facilitate the grieving process a year after the death of her mother. However, once the process started, she brought up many other issues regarding her relationship with her grandmother, other family members and co-workers.

We first worked on her relationship with her grandmother who raised her mother. She realized how much she had been influenced by her grandmother's value systems. Recognition of the triangle alliance between her grandmother, mother and herself was necessary for her to deal with difficult dynamics with her father, younger brother and her mother's recurrent cancer. Since she was little, she had served as a mediator for her mother to deal with her uncommunicative and unsupportive father. She decided and did things

because she thought she should, without being aware of her grandmother's great influence. She never had a moment to examine what she genuinely believed.



Figure 1. A drawing picture about her gramma and mother.

As the GIM process proceeded, boundary issues were raised. Boundary invasion were common among her family members under the name of "family cooperation". It was likened to god's unconditional love. It took time for her to truly feel her long buried anger towards her family members. She realized that she had repeatedly recreated the same dynamics with her colleagues. Without being asked, she was inclined to get involved with troubled people to try to save them. These relationships were always one way and she was always frustrated by them. She had to

learn that she could have both unconditional love and clear boundaries.



Figure 2. A drawing about her relationship with her father and brother.

After we went through these themes, she was then ready to dive into feelings towards her mother. It was painful for her to examine what was happening between her and her mother what she lost when she died. Joseph Campbell (2008) explained that myths and fairy tales are treasure troves of models for our individual psychological development. His Hero's journey theory divides the psychological journey roughly into three stages, (a) departure, (b) initiation and (c) return. In the departure stage, a hero is called by someone or something and feels an urge to leave the place he has lived without questioning. For this client, her mother's death and undigested grief feelings were the call for her to initiate a new journey as an independent

person. During the next stage, initiation, she needed to confront and sometimes fight with her shadow aspects which were projected onto people around her. Then, finally, she was ready to return to her own kingdom as a ruler of her own realm with a sense of autonomy. At that point she was then capable of dealing with the initial theme, grief related to the loss of her own mother.

The depth of psychotherapy enables clients to explore unidentified but burning psychological needs for transformation. GIM and improvisation work were able to facilitate and concretize her psychological transformation.

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## **LEARNING FROM EXPERIENCE: HOW TO MAINTAIN THE QUALITY OF MUSIC THERAPY PROGRAMS AS BUSINESS GROWS**

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### **Introduction**

As more municipal governments in Japan outsource early intervention programs for special needs children to private organizations, the quality of the service has become an issue. In order to grow and sustain a professional practice, music therapists must be capable of communicating with administrators, non-music therapy colleagues, customers, and their guardians. This presentation will highlight communication and administrative strategies necessary for the successful launch and development of music therapy programs in early intervention settings.

Launching and expanding a music therapy program can be challenging, and there are a number of aspects to consider to ensure that the program will be successful. This presentation also provides a case example of a music therapy start-up program in one early intervention setting in Japan. During the session, both challenges and accomplishments will be highlighted. Background information about the facility will be shared, including (a) the types of staff who work in the facility (speech and occupational therapists, clinical psychologists, teachers), (b) the types of children served (children with special needs), and (c) an overview of the music therapy program (45-minutes of individual

and group sessions, with 30 minutes of music intervention and 15 minutes of work with parents).

The presenters will stress that both communication skills and a culture of mutual respect as professionals are indispensable, and that these skills are as important as being an experienced practitioner. Educational strategies will be shared, especially for situations in which other professionals and customers do not know how music therapists use music for therapeutic intervention. Case examples will be provided to illustrate successful communication and educational strategies.

### **Overview of our presentation**

The presenters will also provide an overview of challenges that arose as the program expanded. In particular, issues of maintaining the quality of the program and managing music therapists will be discussed. Topics covered will include: (1) How can we introduce the importance of supervision and self-reflection to music therapists and other colleagues? (2) Where do we draw the line in terms of quality standards? and (3) How do we develop and adhere to a unified mission? Evaluation data was collected including on boarding, in-service, individual supervision

and peer study groups. Data showed a decline in services and that experienced staff tended not to stay long in the organization. Differences in the understanding of and beliefs towards “early intervention” as well as “music therapy” at branch locations were found. As a result, there was no clear “music therapy unit” set up and no music therapist was assigned to be responsible of any music therapy activities on the whole in this organization. Therefore, music therapists were not united, which led to the loss of the opportunities to deepen other professions’ understandings and gain their cooperation and respect.

However, a customer satisfaction questionnaire showed that customers felt listened to and valued how they were treated by the staff. Even though the children’s behavior did

not change, their guardians were satisfied when their personal needs were met.

Given that many new facilities for early intervention for children with developmental disabilities are being created in the private sector in Japan, the presenters will encourage the audience to reflect back their own experiences and share ideas for improving the working environment for the music therapists in the future.

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## **THE POTENTIAL THERAPEUTIC POWER OF MUSIC FOR CANCER PATIENTS**

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### **Abstract**

The author has engaged in music therapy sessions held in the palliative care unit of Chiba Cancer Center as a music therapist and thereby contributed to the improvement of quality of life (QOL) of the cancer patients since 2006. During this activity, the author and the author's collaborators have met numerous patients as well as their families, and spent the irreplaceable and precious time and space with them. In the present study, we wish to describe the memories of the most impressive five patients (now deceased) along with their favorite songs.

### **Introduction**

Over eleven years, we have engaged in music therapy sessions for the cancer patients and their families in Palliative Care Unit of Chiba Cancer Center. Sharing the warm-hearted time and space with them, we have been always asking by ourselves how music could create the spiritual exchange. From our experience, it is suggestive that their requested songs gradually become the impressive memories of them. In other words, the patients must give

the last gifts for their special persons. When the patients and their families listen to their favorite songs, they might remember their faraway memories rather than their painful ones facing against cancer. Therefore, they can understand the meaning of their lives regardless of the temporal and spatial distances or life and death. Here, we describe the never to be forgotten memory of five patients together with their favorite songs, and discuss the potential therapeutic power of music.

### **Results**

From our music therapy, we repeatedly remember five dead patients who are now deceased, and their favorite songs. Their requested songs are as follows:

“O-ma-e-ni” (Words by Tokiko Iwatani; Music by Tadashi Yoshida),  
“I-to” (Words and Music by Miyuki Nakajima),  
“I left my heart in San Francisco” (Words by Douglass Cross; Music by George Cory),  
“Aki-no-kehai” (Words and Music by Kazu-masa Oda),  
“Sekai-no-Yakusoku” (Words by Syuntaro Tanigawa; Music by Yumi Kimura).

During and after music therapy sessions, we received the following messages from them:

- “I was very surprised to hear the actual music in the hospital”.
- “I was very happy to sing songs together with the patients”.
- “This music therapy made me comfortable”.
- “This music therapy made me happy as if I were not sick in bed”.
- “Indeed, this music therapy gave me a power to survive”.

Their messages are helpful and thus prompt us to create much better sessions. Collectively, it is likely that music therapy as a palliative care makes them feel much better, and thus contributes to the advance and the establishment of the ideal terminal care.

### **Discussion**

Here, we have described the memories of the most impressive five cancer patients together with their favorite songs. Through our close heart-to-heart exchanges with these patients and their families, we want to say that music has a strong therapeutic power (Kondo, 2005).

It has been generally accepted that the hearing is the last sense remaining until the end of life. With this in mind, we believe that the last songs the patients hear, are converted into their eternal memories over the sad separation. In other words, music turns out to be a bridge between their past and now or now and future (Kenny, 1989).

To satisfy them and also establish the grief care, a music therapist has to face directly to them together with their favorite songs, listen to their words, and sincerely play their memorable songs in the extremely precious therapeutic time and space like a treasure.

A song on the last day gives color to life of all persons concerned, which is the power of music.

### **Acknowledgements**

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## **THE EFFECTIVENESS OF MUSIC THERAPY ADDED TO THE LIFE REVIEW OF CLIENTS WITH DEMENTIA**

*Eika Nakamura*

International University of Health and Welfare Graduate School, Tokyo

As the number of patients with dementia has recently increased in Japan, they have been treated in various ways in institutions for the elderly.

The purpose of this study was to clarify the effectiveness of music therapy added to a life review program, focusing on the relationship between the life review program and music therapy.

Five participants with the ability to communicate verbally joined the life review program in a dementia ward.

The purpose and procedure was explained and informed consent was obtained from the participants.

During the first half of the session, photos and articles were used in the life review program, and during the latter half, a computer keyboard was used to play music that was related to the photos and articles in order to evoke clients' memories more effectively.

The results of each session were evaluated for each client, using the Ehime Music Therapy Scale for Dementia (D-EMS).

The results showed no difference between the first half (life review only) and latter half of the sessions (life review and music).

However, it is worthwhile to conduct a qualitative study to consider the clients' experiences because they appeared livelier during the latter half of the sessions in the program.

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## **MEMORY OF OLDER ADULTS AND MUSIC POWER**

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### **Abstract**

Older Adults having a storage in the painful war, have been released from the suffering by the Music Therapy.

### **Description**

Case A: Mr.A was 82 years old whose cancer pain was relieved with drugs. But he had been into excitement • arousal • insomnia for 3 days. The case led to sleep comfortably with Music Therapy when he was in critical condition.

The music therapist (MT), the author, tried various humming songs with him. Eventually he felt comfortable with Mozart's lullaby. When he was in excitement and arousal, he was hallucinating about his experience in the war. He had the vision of being taken as a prisoner of war, opening his eyes, widely and raised his fist to resist.

The MT learned in a Nordoff-Robbins Music Therapy seminar "The songs with orchestra and lyrics are heavy for the patients who are in low life force. The humming voice of a human is the best music to reach the patients softly." So MT tried humming songs for him, which led him in peaceful sleep. Mozart's lullaby was a sign of bedtime at the POW camp held during the war. The MT didn't know this fact until Mr. A died, even his family didn't. The MT learned about through a TV documentary after A died.

The MT thought perhaps Mr A sleep had been a conditioned reflex. But music therapy had an effect on it, too. Mr.A refused doctors and nurses' touch, but not that of the MT which resembled his mother's strokes when singing a lullaby. The MT thinks that it is necessary for MTs who work with seniors to learn and know such historical facts.

Case B: Ms.B is a 87 years old, was a member of a care prevention session. Master of Tanka. In the old days, her Tanka " girl student worshipped to protect the older brother of the moon view battlefield" praying for his safety which won the contest just before the session. At that time, as " young people who don't know the war, you wouldn't know". The MT wrote music for Tanka and sung while playing the piano. The MT told the patient she was impressed by her praying for the safety of her brother. And Ms.B was deeply moved and they could communicate.

Ms. B and the elderly group session members had similar experiences, and other members also talked about war stories, and all together chanted that song. After that, we appeared in the "nursing care prevention event" sponsored by the municipality according to their request and we performed the song. Ms. B created poetry of "the first and last song" so that they can be sung on the MT's song for consideration to fellows.

MT reworked the melody, and the song is been sung at each session.

Ten years ago I saw a TV documentary about warm and people from the Bosnia and Herzegovina said: "We make Haiku, then we feel Happiness". This year I have heard the same story on the Kuloachia TV.

"HAIKU" has rhythm 5,7,5. "TANKA" has rhythm 5,7,5,7,7. Music has three elements: one is "Rhythm" and the MT composed another one called "Melody". The participants in the MT session play together, and they make "Harmony". I believe music contains three elements or only one music power which fosters the wellbeing of older adults .

### **Conclusion**

The common elements in these two cases is that memories of war are engraved in the elderly. Frankl (1977), who wrote "Night and Fog" about the experience at Auschwitz concentration camp, said that "a feeling for loved ones, an intense experience of art (music) and nature" kept the prisoners trying to escape to survive to remain in this world. Mr. Dr. Toshikazu.Matsui who received Super Vaises said that music therapy for the elderly "cleans their mind."

Dr. Yasuji.Murai said, "The reminiscence awakened by music relieves people's feelings re-

juvenating the hot feelings opposite to resentment. Attracting attention to music, I can stop the idea of death".

Now that the number of elderly people who can tell war memories has decreased, we as MT who do not have these memories should understand these people and be aware of the big mission we have to connect them to the future . The power of music will help us make the rest of their lives more gentle and meaningful, and I am confident that it will be a force to live peacefully and happily in peace.

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## **HOME-VISITING MUSIC THERAPY FOR VENTILATED ALS PATIENTS AND THEIR FAMILIES**

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### **Abstract**

In the home care environment, the patient's and the family's quality of life (QOL) are mutually interrelated. The effects of 7-month home-visiting music therapy on physiological and psychological indicators were examined in 4 families, using a semi-structured questionnaire survey.

### **Description**

According to the 2014 Specific Disease Certificates for amyotrophic lateral sclerosis (ALS), an incurable neurological disease, there were 9950 ALS patients in Japan. In the terminal stage, the ALS patients are pressed to make an ultimate decision as to whether an artificial ventilator is to be used. Compared with the West, more Japanese ALS patients have chosen to use an artificial ventilator. While the artificial ventilator may increase the patient's possibility of staying alive, it is not easy for the patient to continuously retain hope and self-respect in such a condition. The supporting family often faces the same situation. We examined whether music therapy would be useful for improving the QOL of the patient and his/her family. Four families were selected as survey subjects. Music therapy was conducted once a month, for 7 months. After each session, physiological indicators (amylase activity, percutaneous oxygen saturation) were assessed, and the Face Scale was administered to assess psychological indicators.

After the 10th session, the subjects and their families were asked to respond to a semi-structured questionnaire. Additionally, observational video recording was conducted after their ethical consent was obtained. Amylase activity was significantly decreased both in the patients and in the family members. No significant difference was observed in the oxygen saturation level of the patients. The Face Scale improved after each session. With regard to the home visits, many patients said that it was "very good" and that "it strengthened my power to continue living my life."

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## **SINGING TRAINING WITH AUTOMATIC EVALUATION FOR PEOPLE WITH DYSARTHRIA**

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### **Abstract**

This research introduces the process of Singing Automatic Judgement Application (SAJA), which focuses on effects on the singing performance of music therapy clients with dysarthria. The results indicate a possibility of the correction of their pitch and rhythm in singing. These musical elements are effective in improving speech intelligibility. This research is a fundamental study to evaluate automatically the singing of people with dysarthria.

### **Introduction**

Dysarthria is a motor speech disorder resulting from neurological injury of the motor speech system which induces limited articulation of phonemes (Darley 1975). For these patients, singing training is an effective way to improve their vocal articulation. However, so far, there was no reliable objective method of evaluating the improvement of clients' singing, so subjective human judgment was the only means of evaluation. 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, some correlations of acoustic features with perceptual impression evaluation were found and showed the improvements in patients' speech intelligibility (Kato et al., 2011, 2014). Based upon these results, SAJA (pitch

and rhythm) was created in cooperation with NETCOM CO., LTD. for the training. It showed the improvement of patients' singing.

### **Methods**

#### **Vocal Protocol in Music Therapy Sessions**

The ten patients with dysarthria (ages: 54~62) who reside at the facility performed singing and vocal training for 25 minutes in a 40-minute music therapy session in a group held once a week for one year. Each session included a test song and a few familiar songs, physical exercises, oral exercises, and diadochokinetic practice arranged in scales.

#### **Singing Automatic Judgement Application**

(SAJA) was used as the pre-test, mid-test, and post-test for each patient every three or four months of music therapy sessions. The evaluation indicates accuracy of each syllable (note) of the song and the total score for the song. Using SAJA, each patient could see on the tablet which syllables needed to be sung higher or lower and how accurate his or her tempo and rhythm were.

### **Results**

The result of the evaluation showed that there were significant differences among the patients' three tests scores, with a 5% of sig-

nificance. It indicated that there were improvements on each test.

### **Conclusion**

Many patients sang each sound carefully by listening to the sound of the melody and reading the lyrics, which were produced from the software, and their motivation rose by score-based incentives. That information might provide clues for advising to clients whose sound has to be improved or controlled, according to the results of their tests. Therefore, the combination of vocal training and utilizing the singing application are effective ways to improve patients' speech. However, there are still some future tasks of analyzing speech intelligibility especially for dysarthria patients.

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## **ONE KIND OF MUSIC THERAPY BORN IN JAPAN: MUSIC CARE**

*Chihiro Nishijima*  
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### **About Music Care**

In Japan, there is a method in the field of music therapy called “Music Care”. It was born and has evolved in Japan. Tetsuro Kagaya, a specialist in the field of education for children with disabilities, is the developer. It was called “Kagaya’s Music Therapy” in the 1960’s. He is also known to have established the Japanese Music Therapy Society (JMTS) in 1967 at a time when the term “music therapy” was not known in Japan.

### **About the Japanese Music Care Society**

Kagaya’s Music Therapy became popular through the summer seminars and other opportunities sponsored by JMTS. After Kagaya’s death, Keiko Miyamoto, Kagaya’s pupil, established the Japanese Music Care Society (JMCS). It was Miyamoto who started using the term “Music Care” instead of “Kagaya’s Music Therapy”. Having had experience of working at disabled facilities, Miyamoto (2014, pp. 79-80) “could not regard special-needs children as ‘clients’”. The term “care” was more appropriate than “therapy” because “those who support special-needs children, special-needs people, and elderly at welfare facilities do not cure them but ‘live with them’” (Miyamoto, 2014, p. 80).

The membership of JMCS now exceeds 2,700 since 2016 (JMCS, 2016). JMCS conducts workshops in Japan and even overseas, in recent years. The number of participants in be-

ginners workshops has reached more than 20,000 worldwide (<http://www.music-care.net/>).

### **The Features of Music Care**

Music Care has several unique features. First, Music Care uses recorded music (music CDs) for the session: it is based on Kagaya’s idea that everyone should be able to practice (Miyamoto, 2012). Second, Music Care is practiced in groups because Kagaya (Shigesita & Kagaya, 2000, pp. 106-7) thought that the real growth came out of actual interactions. Lastly, most practitioners of Music Care are, or once were, working at welfare facilities, such as that for elderly people, children with disabilities, people with disabilities, and so on.

Music Care is sometimes regarded as illegitimate because of the use of music CDs during the sessions, and because most practitioners are not trained musicians. Yet, the number of membership and seminars of JMCS is too large to ignore. Why is Music Care that popular? According to my research, this is because Music Care focuses more on the relationship, rather than treatment.

### **Common Point with Culture-Centered Music Therapy**

Kagaya (2000, p. 94) has stated “my goal is not to cure children and people with disabilities, but to give them an opportunity so that

they can have better life." Those who practice Music Care inherit Kagaya's thought: they would like to build better relationships among children and people with disabilities and elderly people in the welfare facilities, and the relationship between them and the staff.

The idea of Kagaya and Music Care is similar to that of culture-centered music therapy. As Stige (2002), one of the pioneers in this field, argues, culture-centered music therapy aims that the clients interact with people in the local community, and expects changes of the community itself. Although Music Care may not talk of local community, it still looks to achieve the same goal within the welfare facility. In this presentation, I would like to summarize such features of Music Care from data I collected in my research.

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## **THE FUNCTION OF COMMUNITY MUSIC THERAPY PROMOTING GRIEF CARE**

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### **Abstract**

This report describes the functions of Community Music Therapy (CoMT) promoting Grief-Care. Our CoMT supported one participant who was bereaved of her spouse and promoted her grief-care, and CoMT moreover assisted her participation in community-activity. The functions of CoMT are to vital-ize participants and to prepare them to enter into the outside society.

### **Introduction and method**

This report describes the functions of CoMT promoting Grief-Care. We practiced CoMT in the form of group singing of familiar old songs, with the elderly for 10 years in one corner of an old shopping arcade in Kumamoto, Japan. Some of the participants had worries of every kind in our CoMT sessions. Some members were bereaved of their spouses and passed every day lost in their grief. Some of them had serious diseases. In addition to their original grief, all of the participants were shocked by the sudden death of fellow participants in succession during the program. However, those who were engaged in grief-care gradually got well by continuing their participation in CoMT.

### **Progress and results**

I would like to report about the case of one aged woman. She participated in CoMT with her husband, but her husband died after five years. Though she was depressed, she came back to CoMT two months later. She said that because she had already gotten well, she would continue enjoying CoMT again. Her singing volume increased more and more. She seemed to regain her will to live through singing with CoMT. She also showed renewed interest in outside activities. She achieved participation in community-activity as a volunteer in the production of a music therapy session performed in a local hospital. She performed like a co-therapist of music therapy team, and she supported the elderly patients.

Her participation in CoMT helped her to move out of her “internal place”. So she could express her feelings to the “external place” through her participation in volunteer-activity. She was healed at the place where she had spent time singing with her husband. CoMT became grief-care and became an important step for her to move forward into the society. Initially she was receiving assistance from CoMT, but through the program she herself became a caregiver.

I reported about this participant at the 16th JMTA Conference (2016). I would like to report what has become of her and other participants since then.

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## **AN INTERACTIVE, INTERGENERATIONAL, AND EXPERIENCE-ORIENTED CONCERT ONCE A YEAR**

*Chieko Noda*

Specified non-profit corporation Kinuta Music Therapy, Japan

*Shion Hino*

Hawaiian Hula Music Therapy

*Jurika Abe*

Japanese drums Hayate

### **Overview**

In this paper, we discuss a music festival for persons between 0 and 100 years old. At this event, people of all age meet one another and enjoy music together regardless of whether they have disabilities or not. We have fun singing, dancing and participating in rhythm activities. I introduce the rhythm activity of these events with Japanese drums. We meet up once a year to socialize through music activities. As for daily practices, each member practices music therapy individually. Music activities are carried out according to the various ages and purposes. We thought on ideas that would enable interaction among participants even for those who with autism spectrum disorders or those who have dementia. We have been socializing through theater, story-telling, song parodies, physical activities, and rhythmic activities. The next music festival coming up will be the eighth. Since starting our activities, we have made presentations on the themes of our music festival to various grant-awarding organizations and have been able to hold this festival over the years with the grants that were given

to us. At the time when I started practicing music therapy in the local community, there were many people who asked, what is music therapy? However, after I had continued my practice for some time, people who felt that, music therapy is good for your body, started to bring their friends to my place and at present, I feel that local people have become familiar with music therapy. I feel that music therapy has gradually disseminated among the local community through the regular music therapy activities and the annual music festival.

I introduce rhythm activity today. We performed a musical. This stories name is we are cats. It is based on a children's book. I introduce the rhythm activity of this event. Everybody, please become cats. And please shout mew. Would you like to do the rhythm activity by Japanese drums? And someone, would you beat a drum? Five people experience it in turn.

Music is without borders. Let us engage in songs, dances and exercises to have fun together!

**References**

11 cats by Inoue Hisashi writer.  
11 cats by Baba Noboru picture book writer.

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## **SONGWRITING FOCUSING ON PROCESS AND ITS IMPLICATIONS FOR THE CLIENT AS A SOCIAL BEING**

*Akiko Nose*  
Japan

### **Abstract**

This case study will describe the songwriting process of a client with cerebral palsy starting with collaborative song creation in sessions and evolving to activities in the community. Focus is placed on the meaning of creating and sharing songs in terms of his role and relationships in the community.

### **Description**

Yasu is a client in his 50s with a severe physical disability due to cerebral palsy. He is non-ambulatory and requires assistance for daily activities. He has difficulty with speech and requires the use of a conversation assistance device. He lives by himself and a home-helper comes to support him. Sessions began when Yasu visited the music store where I worked as a music therapist to take "music lessons" to create original songs. Over 35 sessions, Yasu created 5 songs. Through discussion and reflection on his musical ideas, we created songs in collaboration. This first phase led to performances outside the sessions. Following Yasu's wishes, the songs were performed at a concert and gatherings. Also, one song was recorded involving community musicians.

Interviews indicated that the process of sharing and performing his songs was particularly important for Yasu. Therefore, rather than analyzing the content of the songs, the meaning of the process for the client was

analyzed using session records and comments from Yasu and others involved.

First, songwriting enabled him to be a provider of music. A life-long music-lover, he had been limited by his disability to being a listener despite wanting to be an active music maker. When his songs were performed, he became a provider of music, being involved "actively" in the performances.

Also, songwriting provided him with opportunities to convey his message to "society."

Additionally, his songs functioned as a medium for making connections. Yasu said one motivation for creating songs was "to be connected to people." His songs encouraged interactions between him and others and allowed him to form relationships with people in the community.

The findings will be discussed employing the concept of a "song's life" and an ecological perspective addressed in Aasgaard's work (2000), and concepts emphasized in Community Music Therapy such as connections and performances.

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## **MUSIC THERAPY PRACTICE IN ASIAN COUNTRIES FROM MULTICULTURALLY TRAINED THERAPISTS' PERSPECTIVES**

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Medical Corporation Tatsuoka, Japan

*Mi Hyun Bae*

Daegu Art University, South Korea

*Yihsuan Lee*

Chung Yuan Christian University Special Education Center, Taiwan

*Sadudee Apisutiporn*

Manarom Hospital, Thailand

### **Abstract**

This roundtable discussion will consider music therapy practice in Japan, South Korea, Taiwan, and Thailand from the perspectives of four multiculturally trained music therapists. Along with a summation of the current status in each country, the panelists will discuss practical ideas to promote an Asian music therapy practice that is compatible with worldwide clinical standards and also suitable for the homegrown field of music therapy.

### **Description**

The inception and development of modern music therapy in Asian regions have been significantly influenced by clinical and educational models of Western music therapy, possibly due to the return of individuals who obtained education in Western schools and their pioneering work on their own soil. Music therapy practice in Asian countries has been described and appraised by indi-

vidual authors (Chong, 2005; Futamata, 2005; Lee, 2003; Sumrongthong; 2004), and it has been collectively discussed at symposiums and roundtable presentations. Furthermore, recent interest in multiculturalism sheds a light specifically on culturally enhanced practice with Asian clients and the successful pedagogical approaches to Asian students within Western music therapy fields.

In Asian regions, music therapy has entered another phase of their professionalization and scholarship, although there may be some situational differences among regions. Celebrating the assimilation of Western music therapy to their native cultures, the professional organizations in these regions have had critical discussions to reflect on their footsteps and to shape the bright future (MTA, 2010; KMTA, 2016).

This roundtable meeting aims to delineate the developments and advancements of music therapy practice in Japan, South Korea,

Taiwan and Thailand, and to facilitate constructive dialogues regarding what Asian music therapy pragmatically can share with clinicians overseas regarding best practices. Attendance will provide the opportunity for learning and mulling over the following points:

1. Recent professional developments in music therapy in the four countries
2. Clinical approaches, methods, and music that are frequently and significantly used in the four countries
3. Clinical issues of music therapy practice in the four countries.
3. Combined utility of Western and Eastern music therapy in practice.
4. Other inputs from Asia for updating clinical theories and methods in the field of music therapy.

Following the 13th conference in Seoul, South Korea in 2011, the largest music therapy gathering, WCMT will take place in another Asian city, Tsukuba, Japan. Representing neither simply an increasing population nor additional, exotic music repertoires within music therapy, music therapy in Asian regions has grown steadily in its quantity and quality, and perhaps, it may become another hub of music therapy in the near future. In this open discussion to exchange wisdom and knowledge for the improvement of music therapy practice, participants are also cordially invited to share their own data from their parts of the world.

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## **GLOBAL EQUIVALENCY CERTIFICATE FOR MUSIC THERAPISTS**

### **Part II: PROFESSIONAL IDENTITY AND COMPETENCIES**

*Kana Okazaki-Sakaue*  
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*Krzysztof Stachyra*  
Maria Curie Skłodowska University

*Amy Clements-Cortes*  
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#### **Aims of this Round Table**

The vision statement for the commission on Accreditation & Certification “envisions a common set of ideals and principles, which provide a framework for accreditation, and certification of music therapy practice worldwide”. This is a continued discussion that follows up and further develops the previous roundtable held at Krems/Vienna in 2014.

#### **Background**

There is an increased interest in creating a mechanism for recognizing a trained, professional music therapist according to a specified set of global standards. The first round table on the topic “Envisioning a global equivalency certificate for music therapists” held at Krems/Vienna in 2014 provided a forum for music therapists from varied backgrounds and nationalities to discuss core principles of music therapy training and clinical practice that unite us as a profession regardless of training and location of practice. A certificate is a large task that requires multiple years of research and evaluation of educational facilities and various certification practices; thus it is important to keep the dialogue moving for-

ward. The WFMT Accreditation and Certification Commission has the stated goal of “assisting and supporting member countries in developing their own music therapy accreditations/licensing system.”

This round table intends to be a continued discussion as Part II, which follows up and further develops the outcome of the previous forum held at Krems/Vienna in 2014. We will continue to explore, discuss and provide information to countries around the world about various types of accreditation and professional recognition. We will also try to investigate professional identity and competencies that are essential aspects when understanding what comprises a qualified music therapist.

#### **Agenda**

The proposed agenda for this round table includes a 10 minute overview and reflection of Part I and 5-10 minutes of presentations by panelists from each region, followed by a 10 minute update from the WFMT Chair of the Accreditation and Certification Commission regarding the current state of the commission and data collected from member countries.

The remaining 45 minutes of the session will be used to invite participants to discuss and respond to the current recognition standards in various nations and also to share ideas and explore the proposed standards and title for a Global Equivalency Certificate for Music Therapists.

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## **THE BENEFICIAL EFFECT OF GROUP RHYTHM SESSIONS ON CHILDREN AT RISK**

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### **Abstract**

This is a case study based on the research by Fushimi (2016), who examined the effectiveness of group rhythm sessions in improving children's attentiveness and concentration. The subjects were lower grade elementary school students from low-income families. A series of 17-minute group rhythm sessions was held after homework tutoring.

### **Introduction**

Children from low-income families tend to experience a greater risk of falling behind in schoolwork mainly because of inattentiveness (New NEA Research Report March 30, 2012 the National Endowment for the Arts). To increase the children's attentiveness and ability to concentrate, the welfare facility "Kibouno-ie" offered music therapy rhythm sessions once a week. We examined the children's behavior for one year (47 sessions) from May 29, 2015.

### **Participants**

Lower grade students were recruited from elementary school A in city T. Of 28 subjects from the initial session, 17 (4 boys, 13 girls) returned for subsequent sessions from July 3rd, 2015.

### **Session Protocol**

The sessions' main component was imitation of the therapist's rhythmic patterns. To maximize the children's motivation, a progressive plan for the sessions was developed.

1. Each child was assigned an instrument. Instruments included castanets, clappers, tambourines, bongo drums, and tone chimes.
2. Accented beats were shifted.
3. Sudden stops were made, then the rhythm was restarted.
4. Crescendos and diminuendos were introduced.
5. Volunteer leaders were selected.

The abovementioned transitions 1 thru 5 were adopted step by step.

### **Analysis**

Three methods of analysis were employed:

1. Teaching tutors filled out questionnaires assessing children's learning stimulation. The teaching tutors found children's better attentiveness during study tutoring.
2. Narrative descriptions by music therapists were made of the children's behavior during music therapy session.

3. Sessions were videoed and images were analyzed by ELAN Ver. 4.9.1. This measures the total duration of subject's sightline toward the music therapist and/or music instruments. It also measures the total duration that the subject occupied respective position designated.

## Results

All three analysis methods indicated diminishing stray behavior, with significantly longer attentiveness and concentration.

## Discussion

Integration of musical ensemble especially togetherness of rhythm stimulated the children and focused their concentration on playing together in an ensemble. The instant reaction to "Stop" and "Restart" and the rhythmic dialogue contributed to the development of attentiveness. During one year, there were several points that children lost interest in playing in a rhythmic ensemble, and then the therapists had to introduce new instruments or new rhythmic patterns. Those changes of rhythmic patterns or playing the new instruments stimulated children.

## Limitations

The effect of group rhythm sessions on the attentiveness of children at risk could only be examined within the experimental group, as the school's administrative hurdles prohibited comparison with a control group.

## Conclusions

This pilot study found that group rhythm

sessions significantly improved attentiveness and reduced social-emotional stray behavior among participants.

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## **FIVE-YEAR MUSIC THERAPY FOR VICTIMS OF THE 2011 GREAT EAST JAPAN EARTHQUAKE**

*Dr. Nobuko Saji*

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### **Introduction**

My colleagues and I started music therapy for victims of the 2011 Great East Japan Earthquake (GEJE) one-and-a-half-months after the disaster, at shelters and temporary housings of the disaster-stricken areas, and the work is currently in progress.

The aim of this research is to investigate the significance of offering music therapy after a devastating earthquake by examining the effectiveness of our five-year music therapy work through questionnaire surveys conducted between March and May, 2016, of the victims and city officials who lived in the most devastating areas of the GEJE.

### **Methods**

Group sessions (30-50 min.) started at shelters (117m<sup>2</sup>), four times a month, then shifted to temporary housings (36 m<sup>2</sup>), according to constructions of temporary housings, and the frequency have reduced to once or twice a month. The aim of music therapy was to listen and attune with victims' feelings. After five-years of music therapy, we investigated the thoughts and feelings towards music therapy and their life situations in 4 different periods: (1) immediately after the disaster, (2) shelter period, (3) temporary housing period, and (4) at the present - 5 years from the disaster.

### **Results**

We distributed questionnaires to 89 victims (response rate 23%) and 83 city officials (response rate 72%). Regarding the question of "Did you think music therapy was necessary", in a shelter period, 38% of the victims and 36% of the staff felt music therapy was needed, and at the present, 51% of the victims and 83% of the staff expressed they need music therapy. However, at a time soon after GEJE, they both answered no need. To the question of "What did you find difficult and what were your needs?" the victims' answers were "Clothes" (21%) at the time after GEJE, "Food" (17%) at a shelter period and "Residence" (26%) and "Human Relations" (17%) at a temporary housing period. The city officials' answers were "Food" (17%) at the time after GEJE, "Stress and Anxiety" (33%) at a shelter period and "Residence" (29%) and "Human Relations" (29%) at a temporary housing period. Concerned with "Money" and "Stress and Anxiety", we found different opinions between victims and officials. In a shelter period, 11% of the victims and 8% of the officials answered having economic problems, but, at the present, 16% of the victims and 0% of the officials expressed economic problems. Contrarily, in a shelter period, 4% of the victims and 8% of the officials expressed "Stress and Anxiety", but, at the present, 0% of the victims and 29% of the officials answered having "Stress and Anxiety".

## **Discussion**

The reason for low questionnaire collection rate from the victims is considered that, after five years from GEJE, 60% of the victims have moved out to new houses. High questionnaire collection rate from the officials may indicate their high expectation towards music therapy. The victims' and the officials' responses may suggest that music therapy practice offered a free and "happy" time for the residents in shelters and temporary housing. "Difficulties and needs at the time immediately after the GEJE" were "Clothes" for the victims and "Food" for the staff. In a shelter period, "Food" for the victims and "Stress and Anxiety" for the officials (Suzuki, et al., 2013). In a temporary housing period, both answered "Residence" and "Human Relations". These suggested that their difficulties and needs have shifted from "supplies for life support" to "emotional distress. Different opinions between victims and officials indicated the difference of their positions. The victims remaining in temporary housings are the people who have serious economical and psychological problems and city officials are in a position to support their life situations. At the pre-

sent, there are only a few voluntary services for the victims. Therefore, we strongly feel the necessity for offering continuous music therapy. They are waiting for music therapy.

## **Conclusions**

Music therapy has offered a free and a "happy" time and space for the victims in shelters and temporary housings. It has supported the victims to go through their difficult times by understanding and attuning to their feelings through music.

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## **THE EFFECTIVENESS OF THREE-AND-A-HALF-YEAR MUSIC THERAPY FOR ELDERLY PEOPLE WITH PARKINSON'S DISEASE**

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*Ayumi Matsuyama*

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### **Introduction**

Music therapy (MT) program for patients with Parkinson's disease (PD) was started by a request from neurological internal doctors in 2001. They wanted to help patients get relief from anxieties of medications and physical function declination and live with hope and pleasure. The establishment of our (MT) program was innovative, as it was not yet implemented in other hospitals in the area. In every MT session, two nurses presented to measure blood pressures (BP) and pulses of participants before and after sessions and also to participate in MT activities. The participation of nurses gave patients the feeling of security and aroused medical staffs' interest in MT (Saji, et al., 2008). The aim of this research is to investigate the effectiveness of MT by verifying collected data of systolic and diastolic BPs and pulses measured by nurses and to identify the points to be improved for patients' health.

### **Methods**

Group sessions were held at the open space ( $117 \text{ m}^2$ ) in the first floor of intractable neurological diseases ward, once a month, for three and a half years. Sessions took place between 10:00 - 11:00 am. Participants, in-

cluding outpatients and inpatients of neurological ward, joined in after doctor's physical examination. MT activities were constituted with greetings, finger plays and physical exercises, popular songs, and folk songs with instruments and dances and cool down (listening) music. We carefully chose music to fit with participants' feelings and played in tunes with their playing. Three hundred twenty-four subjects with independence were examined out of the total number 591. The average age was  $72.6 \pm 10.8$  years (men: 84/woman: 187). The data were classified into four groups according to the values of WHO and Japan Ministry of Labor's BP guideline; the high BP value:  $>140 \text{ mmHg}$  or  $>90 \text{ mmHg}$ . The high-normal BP value:  $140\text{-}130 \text{ mmHg}$  or  $90\text{-}85 \text{ mmHg}$ . The normal value:  $130\text{-}100 \text{ mmHg}$  or  $85\text{-}60 \text{ mmHg}$ . The low BP value:  $>100 \text{ mmHg}$  or  $>60 \text{ mmHg}$ .

### **Results**

After MT, the averages systolic and diastolic BPs of high BP value group (105 subjects) significantly ( $p<0.001$ ) decreased after MT ( $156\rightarrow137 \text{ mmHg}$  and  $90\rightarrow81 \text{ mmHg}$ ). These of normal BP value group (129 subjects) have significantly ( $p<0.001$ ) increased after MT ( $115\rightarrow120 \text{ mmHg}$  and  $70\rightarrow74 \text{ mmHg}$ ). These of low BP value group (37

subjects) have significantly ( $p<0.001$ ) increased after MT ( $92\rightarrow112$  mmHg and  $60\rightarrow73$  mmHg). The average systolic BP of high normal BP value group has significantly ( $p<0.5$ ) decreased after MT ( $133\rightarrow127$  mmHg). Moreover in each value group, significantly positive correlations between systolic and diastolic BPs were recognized in both before and after MT. Particularly, the correlation coefficient (0.6-0.7) between systolic and diastolic BPs after MT was significantly ( $p<0.001$ ) stronger than that of before MT (0.3-0.5). The average pulse rate of each group increased or decreased slightly after MT, but there were no significant difference and correlation.

### **Discussion**

The average systolic and diastolic BPs of high BP value group decreased to the high normal value and these of low BP value group increased to the normal value after MT. These indicated that continuous MT could improve PD's BPs to a normal BP value. And every group had significantly positive correlation between systolic and diastolic BPs and it was particularly stronger after MT. These suggested that MT is effective for PD's BPs improvement. 2) Pulse rates of 4 groups changed slightly before and after MT but did

not have significant differences and correlation, which suggested that MT had given a comfortable and pleasant stimulation to the subjects and less advantage of giving negative effects. As 32% of subjects had high BP value despite of the treatment with antihypertensive medicine, careful attention to the possibilities of raising BP is needed during MT practice.

### **Conclusions**

Continuous MTs could improve PD's BPs to normal values and is effective for PD. MT is less likely to give negative effects on the subjects' pulses.

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## **HOW ARE EMOTIONS EXPRESSED THROUGH THE VOICE IN MUSIC THERAPY**

*Tomoko Sakamoto*

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### **Introduction**

This paper describes how emotions are expressed through speech melody “prosody” from the perspective of music therapy. This study done with tools of speech and music therapy further indicates that not only music but also prosody can be indicative to analyse clients’ emotions.

### **Prosody and Emotion**

In psychoanalytic music therapy, the concept “unconscious” is important (Odell-Miller, 2001). Vocal expression contains similar components to musical expression. Clients can express emotions non-verbally through music. (Divitis, 2010). These musical elements in speech are called “prosody”. The function of prosody is that it provides speaker’s emotional information to the listener (Pennington, 1996). Interestingly, the human expresses emotions unconsciously, because the voice is made from the unconscious aspirations on humans. Prosody in the brain is dominantly processed in the right hemisphere homologue to the left hemisphere’s Broca and Wernicke area. Emotions are processed all over the brain but dominantly in the right hemisphere of our brain (Adolphs, Damasio and Tranel, 2002). Thus, prosody includes information of human’s unconscious emotion in it.

### **Measuring Prosody**

In this research, the client’s voice and how

voice indicates emotion in the session, was investigated. In psychotherapy research Moneta, et al. (2008) measured the spectrum of the German specific ‘Mutter’ (Mother). Prosody can be measured in two ways; subjective measurement and objective measurement. The subjective measurement is analysed through the listener’s hearing sense. The objective measurement uses a specific procedure which usually analyses frequency aided by computer software. The objective one yields acoustic features that may support the subjective results. Speech analyser (3.1.0 <http://www01.sil.org/computing/sa/index.htm>) was used in this study, and fundamental frequency ( $f_0$ ), intensity, and pitch were analysed.

### **Case Study**

The analysed case was a 40-year-old male with Down syndrome. He had 14 individual music therapy sessions, and he played improvised music with the therapist. In the beginning phase, he normally played lively music, but not displaying much emotion. However, after the middle phase he showed his deep emotion more and more through the music. The client normally said “very good” after each improvisation although the music was not happy. Thus, the word “very good” was chosen and analysed in this paper.

Comparing how his voice changed between happy and sad feelings, when he was in a

happy state, his voice intensity and f(0) were high. On the other hand, when he felt sad feelings, the intensity and pitch were low. The results indicate that the voice and prosody include his emotional information in acoustic expressions, whether he spoke any phrase or words.

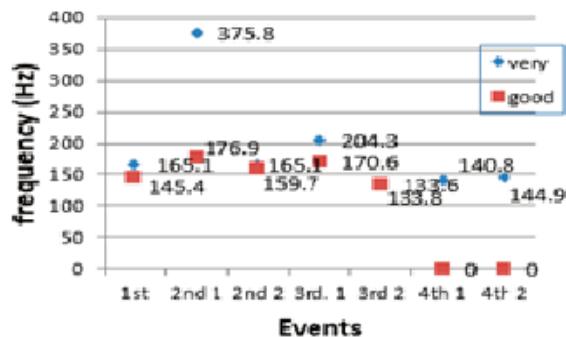


Figure 1. Comparing Fundamental Frequency.

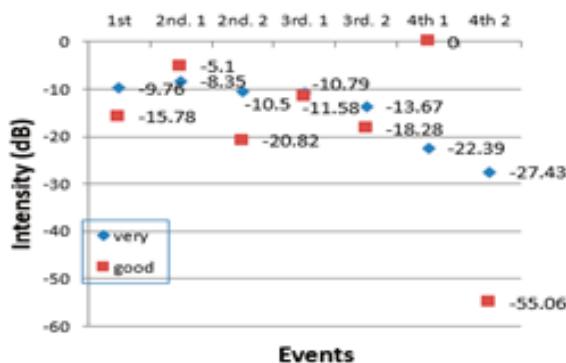


Figure 2. Comparing Intensity.

## Conclusion

Prosody has musical aspects which reflect

clients' unconscious feelings, thus it is worth considering clients' vocal utterances and not only music in the music therapy sessions.

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## **MUSIC THERAPY FOR DEMENTIA: THERAPEUTIC USE OF LYRIC WRITING TO RECONSTRUCT SELF-ESTEEM**

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The author of this report conducts group music therapy for elderly people with dementia in a geriatric nursing care facility. The study focuses on a case where a woman, who is one of the participants, regained her confidence by creating a parody of a song and began to show a more positive attitude. For the elderly suffering from dementia with loss of identity, managing to reconstruct self-confidence through lyric writing is considered to be significant. A purpose of this study is to clarify the clinical role of music in this particular case.

### **Background**

Ms. A (84 year-old woman) who lives in the section for moderate dementia patients of a facility for the elderly has been participating in group music therapy for five years, as she has been in and out of hospital due to the after effects of strokes. Therapy is carried out in a form of forty-minute group music therapy sessions among around seventeen elderly participants, conducted once a week in a multipurpose room of the facility by a music therapist (the author) and two speech-language-hearing therapists. Ms A enjoyed writing letters and poetry from a young age as well as dressmaking as a hobby, where she even designed and sewed clothes for her friends. Although Ms. A, who lost motivation and confidence in everything due to the effects of illness, had no particular music background, she enjoyed listening

to songs and old music that were popular when she was young. With the wish of Ms. A's family who were concerned about her not being willing to do other rehabilitation programs such as PT and OT, we proposed music therapy as something she could enjoy in her daily life as well as part of her rehabilitation, and set the goal of the music therapy process to increase her motivation.

### **Clinical process**

When she first participated in the therapy, Ms. A sang quietly, looking rather stiff within the group. However, as she repeatedly took part in sessions, her facial expression became relaxed when she recognised a song that was nostalgic to her and she gradually began to present positive attitudes, such as sometimes leaning forward to sing and copying lyrics on a notebook when she liked a particular song. In the 59th session, with the melody of Japan's classic, 'Tetsudo Shoka' (railway song), we sang together two parodies: 'Umeboshi no Uta' (song of dried and salted plums), and 'Mijitaku no Uta' (song of getting dressed). Inspired by this experience, Ms. A wrote her own version of 'Tetsudo Shoka' and presented it in the following week. The lyrics go, "I want to walk, but I cannot", expressing her own emotions, but in a positive way. The author wrote her lyrics on a large piece of paper, and by singing it together with everyone, we shared her feeling. Triggered by this, she started showing

her desires, giving me her new lyrics expressing her feelings.

### **Results and Conclusion**

'Tetsudo Shoka' (railway song) is based on the yona nuki scale, which is a unique (pentatonic) scale to Japanese songs; melodies are easy to remember and tones sound familiar to Japanese people. Most Japanese songs and nursery rhymes, with few exceptions, are written based on the yona nuki scale, and the reason why the Japanese feel an affinity with the tones could be due to the fact that they were already deeply rooted in the culture before the Western scale with the syllables Do, Re, Mi, Fa, Sol, La, and Si were introduced in Japan. Also, when focusing on lyrics of these songs, they are in seven-and-five syllable meter having a metrical structure to alternate seven-tone and five-tone, a rhythm that sounds pleasant and familiar to Japanese. Songs with lyrics in seven-and-five syllable meter could also be sung along melody of a different song which also has lyrics in the same meter.

The lyrics of these two parody songs took themes from daily life of the good old days of

Japan, and they do not only remind them old memories, but they also trigger conversations with each other as, for elderly people, those are what they used to do well, and that often leads to their self-affirmation. The course of her therapy has shown the therapeutic role of parody songs and lyric writing. The next goal will be to write songs together with her.

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## **EFFECTIVENESS OF THE 100-POINT RATING SCALE TO EVALUATE MUSIC THERAPISTS' SKILLS**

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### **Summary**

The Japan Music Therapist Society aims to nurture music therapists. This study analyzed the opinions of 38 people who had taken the supporter examination (hereinafter [A]) and several instructors (hereinafter [B]) regarding the evaluation of teaching skills (Kasajima & Kikkawa, 2010) and processes preceding the examination, to explore the effectiveness of the evaluation method.

### **Outline**

The evaluation items in the 100-point rating scale (10 points × 10 items) included 1) programming, 2) understanding the therapy recipient, 3) music selection, 4) accompaniment, 5) speech, 6) communication, 7) responses of the therapy recipient, 8) problem handling, 9) feedback skills, and 10) competency as a music therapist. The opinions used as study materials included: (a) scores of 38 examinees on a follow-up investigation, and (b) comments on the evaluation method provided by experts from the field, who had renewed their certification as a music therapist, issued by the Japanese Music Therapy Association. During the Trial Phase in 2010/2011, it was difficult to establish the evaluation criteria. However, the issues with the scale were corrected. Implementation Phase In 2012, the evaluation items were established and the

skill examination was started. Additionally, examinees were required to earn 60 points by undergoing practical training prior to the examination, and conditional acceptance was permitted. Opinions [A]: It was reported that music therapy utilizes various approaches and the same therapy session can generate different effects and evaluation results. Examinees were able to learn about the principles of music therapy and deepen their personal expertise for the actual practice as a music therapist. Opinions [B]: The evaluation was not considered absolute and the experts recommended the widening of the acceptance range (by allowing examinees to pass conditionally, etc.). The evaluation items were considered easy to grasp. Challenges were clarified through self-assessments and identification of problem areas. The opinions were summarized using the Delphi method (Narisawa et al., 2013).

Thus, we identified the effects and problems of the evaluation method. These findings may lead to discussions of the future direction or challenges for performance evaluations. The consensus achieved between Opinions [A] and [B] supported the effectiveness of the evaluation method for skill improvement and employment of music therapists.

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## **EFFECTS OF MUSIC THERAPY ON PAIN RELIEF AND RELAXATION OF HOSPICE PATIENTS**

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### **Background**

When examined as a whole, Japanese research on music-based interventions in hospice/palliative care mainly focuses on case reports or case studies (Ito, 2011). For hospice music therapy to be acknowledged as one alternative intervention in complementary health approaches, quantitative studies conducted by music therapists are also needed (Hilliard, 2005; Ito, 2011). Hilliard (2005), an American hospice/palliative care music therapist and researcher, states that one of the primary goals for people with a terminal illness is to provide pain management, which is a key component of end of life care. Music therapists often focus on pain management, although the benefits of these interventions are equivocal. Our study evaluated the effects of single-session music therapy intervention on self-reported pain and relaxation of 52 Japanese hospice patients.

### **Objective**

Two music therapy interns conducted 52 sin-

gle sessions from 2013 to 2016 for hospice patients with cancer, and evaluated the effects of music therapy on pain relief and relaxation, utilizing a pre/post-test design.

### **Methods**

Subjects were 52 cancer patients (average age: 73.59 years old) referred by interdisciplinary team members in the hospice care unit of a hospital. Client assessment was determined by a written referral form and by direct observation and conversation with the patients. Degree of pain and relaxation were measured by the Numerical Rating Scale (NRS), a self-report measure, as a pre-test, prior to the music therapy session. Upon returning to the therapist's room, problems, goals, and music therapy interventions were selected from the list of treatment plans in Hospice Music Therapy Assessment (Maue-Johnson & Tanguay, 2006). The music therapists revisited the patient for an approximately 20 minute session and a post-test evaluation.

## **Results and Discussion**

Comparison of the pre- and post- NRS results indicated a mean reduction from 1.87 to 0.79 in pain perception and a mean increase from 5.75 to 8.08 in relaxation. Analysis revealed significant differences as a result of the music therapy intervention (pain,  $t(51) = 3.91$ ,  $p < .01$ ; relaxation,  $t(51) = 9.87$ ,  $p < .01$ ). This study adds quantitative data that supports the effectiveness of hospice music therapy interventions and provides Japanese patients access to this evidence-based complementary health approach.

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## **SOCIAL INCLUSION AND EXCLUSION THROUGH COMMUNITY MUSIC THERAPY IN JAPAN**

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### **Aim of the round table**

This round table will examine the issue of social inclusion and exclusion with respect to community music therapy. The participants will discuss the importance of acknowledging, respecting, and maintaining the diversity and differences among participants when using musical activities to facilitate social inclusion. In addition, two case studies from Japan will be presented, and the theoretical underpinnings of social inclusion will be examined.

### **Background**

As social situations become more and more diversified, music therapy has an increasingly important role to play in society. However, the applications of music therapy must continue to diversify to remain relevant to our changing society. Community music therapy is the use of communal music practice to promote social inclusion and the wellbeing of its participants (Stige et al., 2010). However, although communal music practice promotes social inclusion, it can also promote social conformity when the

practice reflects only the values of the majority. Thus, simply encouraging socially marginalized people to participate in communal music practice is not enough to bridge the gap between the majority and minorities within a particular society (Miyake 2014).

To address this problem, it is important to characterize the diversity within a society. However, societies are inherently a diverse mix of intertwined yet often-conflicting cultures, races, ethnicities, genders, body types, motivations, lifestyles, and worldviews that cannot be reduced to a single unified identity. Thus, continuous de-institutionalization of the relationship between individuals and music, as determined by the individual's milieu, is essential to promote social inclusion (Shimada 2015).

### **Program**

During this round table, the following two case studies from Japan will be presented. These case studies will be used to examine community music therapy projects that are facilitating social inclusion in a way that ack-

nowledges, respects, maintains, and harnesses the diversity of their participants.

Case study 1: Otoasobi Project and Otoasobi Kobo are practical research projects from Kobe that are examining how the performance of music can transform the lives of participants with and without disabilities (Numata 2016).

Case study 2: Tokyo Diversion Research is a research project that is exploring how people from different backgrounds can live together in society. The project provides opportunities for people to breach societal boundaries and be influenced and transformed by one another.

### Theoretical considerations

To further the understanding of how people from diverse backgrounds can live together in society, the theoretical underpinnings of social inclusion will be examined with reference to recent movements in the fields of social work and participatory art. In addition, comments to help place community music therapy as an intermediate connecting the micro-phenomenon of music and the macro-concept of social inclusion and exclusion will be made by two senior music therapy researchers: Yu Wakao (Japan) and Gary Ansdell (UK).

### Discussion

At the end of the session, the discussion will be opened to the audience to share their views and experiences regarding the use of music-based activities to enhance social in-

clusion among people from diverse backgrounds.

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## **EMOTIONAL IMPACT OF ALTO RECORDER ON ELDERLY JAPANESE DEMENTIA CLIENTS**

*Junko Shiraki*

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### **Abstract**

This presentation reports on the emotional impact of alto recorder playing on elderly (average age of 94.75 years) clients with dementia, which had proved effective in individual therapy with this population. The effectiveness of this method is discussed with reference to changes observed when it was introduced in small groups.

### **Description**

Japan is a society of unparalleled longevity, with an average lifespan of approximately 84 years according to official statistics. I have practiced music therapy in elderly care homes for 12 years, and have begun to use the alto recorder as an instrument easier for older subjects to listen to, while offering a good communication medium. It has proved effective in individual therapy. I will discuss the results of individual therapy using the alto recorder with a female subject, aged 88 years, suffering from AD (advanced dementia). She resorted to making sounds, such as moaning ("Ahhhh!") when she couldn't properly express her needs. I played the alto recorder which led to some progress in her facial expressions and autonomic actions (Japan Music Therapy Association 2013, 2015). This presentation reports on the use and effectiveness of the alto recorder in small group therapy sessions. Group 1 (three subjects), and Group 2 (five subjects), all ob-

served over ten 10-minute sessions: All subjects were female with dementia and disuse syndrome. Prior to sessions, their facial expressions were usually blank, they had difficulty making requests, were in bad temper from frustration, or simply fell asleep. Group 1: Subject A: 95 years old (\*NCL5, AD, diabetes, and hypertension), sang along with a single yell, and looked at another patient when she started singing. Subject B: 90 years old (NCL3) demonstrated swinging of the legs to keep time with the recorder =29, was attentive to the music, and was quietly wiping away tears. Subject C: 99 years old (NCL5) was smiling at the therapist, beckoning, and following the therapist's movements around the room with her eyes. Group 2: Subject D: 88 years old (NCL5) smiled at and engaged in a conversation with the therapist at the end of the recital, then followed the therapist with her eyes. Subject E: 103 years old (NCL4, AD, hypertension) was following the music with her head, nodding toward the recorder as it played =26. Subject F: 87 years old (NCL 5, chronic cardiac failure) was singing or breathing each simple tone, and following the therapist with her eyes. Subject G: 96 years old (NCL5, AD, depression) gave the therapist a smile and wave in greeting, and was watching Subject E's action as she beat time to the music. Subject H: 100 years old (NCL5, hypertension, chronic cardiac failure) made eye contact with the therapist, bowed slowly and shed tears. I found playing the alto recorder in

both small groups and individual therapy to be effective. Although it is a western instrument unfamiliar to this age group, its sound is similar to that of the traditional shakuhachi (Ando, 1996) making it more accessible to elderly dementia patients in terms of monophony, range, and volume. (Kurakata, 2016). Regarding music and their rhythmic sense, I selected their favorite music with two-two meter and a single beat which is familiar in Japan, and they could appreciate the rhythm with the therapist. Using wind instruments to play live music can help the therapist to synchronize with patients' breathing and responses. Moreover, the therapist can be mobile while playing, making it easier to get a response from patients through their breathing and reactions. Using the alto recorder and these methods should be considered, as the quality and quantity of contact between patients and the therapist are improved.

\*NCL (nursing care level) is a five-step evaluation scale set by MHLW.

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## **CLINICAL IMPROVISATION: RELEVANCE OF THE BIOLOGICAL INDICATIONS AND SUBJECTIVE STATEMENTS OF MUSIC THERAPISTS**

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### **Abstract**

Clinical improvisation is an important technique taught in the music therapy curriculum in Japan. Various techniques of clinical improvisation have been developed based on the clinical experiences of music therapists. This study investigates the results of biological indications and the responses of music therapists regarding the effectiveness of clinical improvisation.

### **Content**

The therapeutic effects of clinical improvisation have been discussed in various studies (Aigen, Pavlichevic, Okazaki, et al.) Since many clients have severe disabilities, it can be difficult for them to discuss their experiences with clinical improvisation. Myoelectricity is a method of analyzing a subject's muscle movements, which can indicate emotional changes during improvisation in a chronological manner. A subject's heart rate (R-R) can also be used to indicate their emotional or mental state, such as annoyance, excitation or concentration. This presentation consists of three parts. First, semi-structured interviews were conducted with 13 music therapists who use improvisation in

their practices (Sugata, 2011). From these interviews, both advantages and disadvantages of improvisation were discovered. When compared to written songs, improvisation is better for interacting with the client. However, the feeling of anxiety might be observed since it may be difficult for the client to expect the structure of improvised songs.

Second part of presentation is a survey. A questionnaire was then developed to collect a larger number of responses from other music therapists in order to investigate common experiences when using clinical improvisation. 81 music therapists responded via Survey Monkey and by mail. Synchronization was found to be the most useful improvisation technique, according to the results of the survey. Finally, a role-playing experiment was conducted in which a student played the role of the music therapist during improvisation while music therapists played the role of the client and tried to communicate non-verbally. Myoelectricity readings on the flexor carpiulnaris, corrugator supercilii and zygomatic major muscles were taken, and heart rate (R-R) was also examined. We will discuss the relevance of these biological indicators as well as the statements of music therapists in interviews and responses to the questionnaire.

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## **LEGACY OF JAPANESE MUSIC FOR NEXT-GENERATION OF MUSIC THERAPISTS**

*Chiyuki Sugihara*

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### **Abstract**

Events and rituals that promote sensory enjoyment of the seasons belong to Japan's national character. Modern Japanese people experience diverse musical forms but some traditional music is still deeply ingrained. The author presents examples of this legacy for effective use in music therapy for future music therapists.

### **Description**

Postwar Japan has experienced westernization and the information age, with an accompanying change in the music that children hear. School children study western classical music and Beatles songs, with less music celebrating Japan's changing seasons and local character. Within the changing cultural scene, there remains, however, a strong tradition of passing down music in the family and in school. Such music expresses the hopes and joys of seasonal events, such as springtime songs about the Dolls' Festival or cherry blossoms. Children's motion songs include Temariuta, a ball-game song from Kumamoto with a strong local character. The game has died out, but the song is still treasured locally. Motion songs with no seasonal connection such as *Gūchokipa De Nani Tsukuro* have been used in kindergartens for almost 40 years. There are also orally transmitted songs such as *Kuishinbō no Gorilla*. In my work in music education at a special school and then as a

music therapist, I have used diverse music. Specifically for people with disabilities, I use music with seasonal associations and both new and old motion songs. This is because people with disabilities will, in the shared educational environment, have experienced the same seasonal pieces and motion songs that guided my personal development. Client and therapist share the experience of the changing weather and natural world. Sharing in anticipation, enjoyment, or resignation in the face of seasonal change fosters an empathetic relationship.

I will present five cases to illustrate how this therapy works.

**Spring:** A lady in her 70's with rheumatism group therapy at a care facility. The group and I competed to name common sights in the spring. Then, I started singing *Haru Ga Kita*, trying to match the speed of her breathing and responses. She realized that the spring song included her name, then shed tears and smiled.

**Summer:** A 3 year old deaf and mentally challenged girl taking private therapy. She and I began to sweat heavily over *Kuishinbo No Gorilla*, a summer version. I mimed the action of wiping away sweat, and I placed her palm on my throat, repeatedly producing the sounds of "Atsui" (hot). At first, she was laughing at the vibration and my expression, but soon became serious, and imitated my

gesture and pronounced, "Ahh!" Over further sessions, she began learning more words and gestures.

Fall: A lady in her 30's with hydrocephalus taking group therapy at a nursing home. She spends her days in bed. She dislikes summer. She noticed an autumn breeze from the window, and when I opened it, she perked up and said, "I feel good. What a beautiful sky! I want to sing!!" As she longed for autumn, she became one of the key figures of the song *Matsuri*.

Winter: A lady in her 70's at a terminal stage of cancer. She used to be a biology teacher. On a rainy and windy day, when the sounds of the fluorescent lights and hospital machines became too monotonous, I wanted her to hear something different. I opened a window slightly and invited sounds of heavy wind and rain into the room. Then she looked out the window and said, "I want to smell freesia."

Four seasons: Patients with autism or spectrum disorder, who have been taking music therapy since childhood. They have listened

to and played along with seasonal music repeatedly, using instruments like bells, drums and claviers. They also learned to read music. Thanks to those experiences, they could appreciate each others' sounds during a recorder recital. They learned seasonal music at school and home; it became a useful tool of music therapy supporting their progress. The patients continue to enjoy their inventiveness and seeking their potential, even after becoming adults. Using traditional seasonal music and seasonal motion songs allows patients and therapists to share emotions in a supportive atmosphere. Sharing sensory and emotional impressions is effective in eliciting motivation and activity. It is important for next-generation music therapists to appreciate seasonal music and motion songs, and to employ them in therapy for people with disabilities.

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## **PROFESSIONAL DEVELOPMENT INITIATIVES OF THE JAPAN MUSIC THERAPY ASSOCIATION, KINKI BRANCH, OSAKA**

*Chiyuki Sugihara, Yoshie Ito*  
Japanese Music Therapy Association

### **Abstract**

In response to recent concern over the declining state of music therapy in Japan, the non-profit organization Free-a-Stage engages in professional development activities. Free-a-Stage started in 1997 as the Sugihara Music Club, and was formed as an NPO in 2007. Free-a-Stage aims to spread music therapy throughout Osaka via training and supervision of music therapists.

This presentation reports on the activities at the Japanese Music Therapy Associations (JMTA) Kinki Branch, Osaka, where professional groups meet to discuss therapy issues and improvement strategies.

### **Description**

Five professional groups for music therapists have held four meetings since November 2015 at the JMTA's Kinki Branch, with two more groups accessing the meeting content online. Six common issues have been identified.

- 1) Aging of group representatives and therapists leading to a shortage in the field.
- 2) A need for improved skills and improved ethics, internship and professional supervision systems, coordination with other professions, and reduction of accident risk.
- 3) A lack of clear supervision. In Osaka, there are numerous JMTA registered supervisors,

though their locations, specialities, methods, operational status, and so on, are not made public. However, 129 music therapists are listed with the JMTA of Osaka. There is a need for better access to information on professional supervisors, and for better training for supervisors in order to establish uniform standards.

- 4) A need for measures to enhance the social status of music therapists, and to combat decreasing work opportunities, especially for non-affiliated therapists.
- 5) A need for more support for group representatives, to reduce workload in terms of administration, supervision of affiliated therapists, planning of training, and promotional and other activities.
- 6) A need for systems of emotional and skill-based support for therapists to supplement the academic forum provided by the JMTA, to which approximately 5500 members belong. A range of measures to improve the practice of therapy has now been adopted by seven professional groups in Osaka Prefecture.

The abovementioned professional meetings will become a regularly scheduled event.

To facilitate therapist training, activities and programs offered by the various groups will be published in a single timetable, while study seminars for supervisors and JMTA members will be promoted. Meanwhile, with the cooperation of non-affiliated therapists,

preparations are under way for the establishment of an Osaka Prefecture Music Therapist Society that will offer advisory services to therapists.

As of December of 2016, four groups have left our group, even as preparations for the foundation have begun, due to several causes. In one case, a shrinking staff feeling over burdened by the head office presented insurmountable difficulties. In some cases, these preparations are not among those sanctioned by their various professional organizations, while in others, the home office being relocated to Tokyo was listed as being problematic.

Now we have gained a new group. This is thanks largely to the distribution of literature, along with the list of our annual training plans to the members on our JMTA mailing list, who recognize the sincere need for deeper and more consistent training for therapists currently on our list of active members, as well as those who we will welcome in the future. Music therapists were in serious need of organization to belong to.

The average number of participants in the supervisor training sessions was 7.7 out of

four sessions. Meetings for the preparation have become regularized, but there are still several issues which require further discussion.

1. A lack of working capital.
2. A shortage of manpower.
3. The need to establish an academic network to further members' educations.

It is our goal to improve therapists' ethics and risk management strategies, and to plan training for cultivating supervisors. We are meeting now to begin considering the motto and various purposes of the fledgling Osaka Prefecture Music Therapist Society, its policies of operation, and to begin mapping its organizational structure.

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## **CONSIDERATION OF RHYTHM IMITATION ABILITY OF ELDERLY PEOPLE**

*Satomi Suzukawa*

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In Japan, music therapy for the elderly is widely used, but there is little research clearly indicating its effects. Research on rhythm and the elderly shows that elderly people can focus longer on rhythmic activities than other activities, and that rhythmic abilities are resistant to decline. Regarding rhythm, it is known that the elderly tend to fall behind in synchronized tapping with a fast tempo compared to young people, and that there is a relation between Trail Making Test results and synchronized tapping. However, there is little research on the imitation of rhythm by the elderly, and no research clearly indicating the relationship between rhythm and cognitive function. The author conjectured that perhaps the relationship with cognitive function can be better seen with imitation of rhythm than with rhythm synchronization, and verified the relationship between cognitive function and ability to imitate rhythm, taking as Hypothesis 1 that healthy elderly people have a greater ability to imitate rhythm than elderly people with dementia, and as Hypothesis 2 that there is a significant correlation between cognitive function, as indicated by score on a cognitive assessment, and ability to imitate rhythm, regardless of a diagnosis of dementia.

### **Method**

This investigation was targeted at women of age 75 to 93 who have received no special musical education. There were 16 subjects in the elderly with dementia group, and the in-

vestigation focused on users of B facilities whose activities of daily living have been diagnosed as dementia ranging from IIa to IIb. The control group was 17 healthy elderly people attending a care prevention class. In private rooms at each facility, subjects were given the Japanese version of the Montreal Cognitive Assessment (MoCA-J) for cognitive assessment, and the rhythm imitation test. For both groups, the investigation was carried from October to November 2014 after receiving approval of the Research Ethics Committee of J. F. Oberlin University (reception no. 13024).

### **Results**

The results of the rhythm imitation tests were:  $10.6 \pm 4.3$  problems for healthy elderly people, and  $6.9 \pm 2.7$  problems for elderly with dementia. In the t-test results, the healthy elderly people showed significantly higher ability to imitate rhythm than elderly people with dementia ( $t=(27.218)=2.545$ ,  $p<.05$ ). In addition, a positive correlation was found between MOCA-J score and rhythm imitation score, although it was not significant ( $r=.338$ ). When correlation was calculated between the lower-order items of MOCA-J and rhythm imitation ability, a significant positive correlation was found in the visuo-spatial executive system ( $r=.372$ ,  $p<.05$ ).

### **Discussion**

The ability to count the necessary numbers,

temporal discrimination, and memory retention needed for rhythm imitation are abilities which tend to deteriorate in a person with dementia, and this is thought to be why people with dementia or low cognitive function had poor ability to imitate rhythm. Some subjects had a high MOCA-J score and a low rhythm imitation test score, but the reverse was not seen. This may be because, as an individual factor, the subject had a naturally poor rhythmic ability. In addition, the correlation with lower-order items of the MOCA-J, was significant with visuospatial/cognitive, and it is conjectured that this was because the problems were non-verbal. An issue for the future will be verifying whether cognitive function drops when rhythmic ability declines.

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## **WHICH SOUND IS MOST SUITABLE? -BELL ENSEMBLE AT A PSYCHIATRIC CLINIC-**

*Akiko Suzuki*  
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The main objective of the group therapy called psychiatric day care in Japan is a revival of healthy social skills.

The author has held monthly ensemble activities called the pleasure of music at a psychiatric day care of a clinic and from 7 to 15 patients and 3 staff members participate in this activity for 2 hours. Since the participants are different each time, it is necessary to complete one song each session. Patients have selected 2 songs prior to the session. The music therapist plays the theme of the song on an electronic piano and patients provide the accompaniment by chords using small hand bells or chimes( Tonechime similar to choirchime). This activity is not too difficult for unskilled patients and at the same time not too easy as to become boring for skilled patients. It is recorded after several times of practice. The recorded music is subsequently uploaded to the clinic's website. It can raise the participant's motivation levels.

The aim of this activity is to ease tension of the interpersonal relationships, to improve social skills and to get the feeling of achievement. The characteristics of the musical instruments used in this ensemble are conducive to this aim. The bell and the chime can be played easily and their harmony is

beautiful. So patients can feel delight in co-operation with others.

Before recording, participants select the most suitable sound from 3 or 4 versions proposed by the music therapist which have been selected from hundreds of sound tones of the electric piano. The discussion related to this selection process will enhance the patients' social skills. Most psychiatric patients are poor at employing appropriate levels of self-assertion. Japanese have already learned the importance of cooperating from childhood and the training of assertive expression is often slighted in Japan. It can result in a lack of self-assertion. Patients can learn self -assertion skills by the discussion about selecting the suitable sound without losing their mental stability.

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## **MUSIC THERAPY IN PEDIATRIC HEALTHCARE: 10 YEARS OF PROGRESS IN JAPAN**

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The Child Development and Psychosomatic Medicine Music Therapy Seminar “Jubilant” has been conducting music therapy clinics with the Dokkyo Medical University Koshigaya Hospital Center for Child Development and Psychosomatic Medicine since 2007.

The children who participate in these music therapy sessions always receive examinations with a pediatric neurologist. If necessary, they undergo not only music therapy but also interviews with a clinical psychologist and training with a speech therapist.

Currently, over 100 children have participated in this music therapy program. Participants have conditions such as autism spectrum disorder, attention deficit hyperactivity disorder, mental disabilities, Down’s syndrome, Williams syndrome, and cerebral palsy.

Aside from these sessions, the music therapists give public music therapy presentations in the local area, teach music therapy classes to school instructors and social workers, lecture at local special education schools, appear at local social service events, present at

academic conferences, and share information on the website.

Music therapy in the field of pediatric care involves not only cooperation between physicians, psychologists, and speech therapists but also connects “healthcare,” “education,” and “social services,” creating an environment in which children and their families can receive comprehensive support.

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## **THE EMOTIONAL CHARACTERISTICS OF “MODE”: YONANUKI MODED, BLUES MODE, AND ATONALITY**

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### **Abstract**

We examined the emotional characteristics of three modes—yonanuki, blues, and atonality—through questionnaires and neuroimaging (fMRI). Each mode was found to have its own emotional characteristics. If music therapists understand such characteristics, they could better plan each therapy session and examine the effects of certain modes on clients' behavior.

### **Description**

Music therapists consider essential to analyze the music used in the music therapy sessions when reflecting on the events of each session. Notably, previous research has not yet determined whether musical modes have particular emotional characteristics. In the present study, we examined the emotional characteristics of three modes: yonanuki (a pentatonic scale), blues, and atonality. Subjects were 15 healthy Japanese adults. The stimuli were monophonic melodies using the yonanuki mode, blues mode, and atonality (tempo, rhythm, and timbre were all the same). Impressions of each mode were evaluated using two psychological measures: the

Affective Value Scale of Music (Taniguti 1995) and our own questionnaire (49 adjectives with four levels). Furthermore, brain activity when listening to each mode was examined using functional magnetic resonance imaging (fMRI).

The results of the questionnaires revealed that the yonanuki mode was associated with adjectives such as “happy” and “favorite,” while the blues mode was “gloomy” and “drowsy.” Atonality was associated with the adjectives “anxious” and “tense.” The change in affect was greater for yonanuki and blues modes than for atonality. For the fMRI results, brain activity was largest for blues followed by yonanuki and atonality. The yonanuki and blues modes activated the limbic cortex. Our results suggest that each mode has its own emotional characteristics (e.g., yonanuki, happy and favorable; blues, gloomy; atonality, anxious and tense). Thus, music therapists might learn these characteristics in order to improve their sessions. By knowing the emotional characteristics of each mode well, music therapists can better plan the structure of each session, practice each session, and examine the influence of certain modes on clients' behavior. In this way, the

music therapist becomes able to provide a better session for the client both intentionally and premeditatedly.

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## **THE EMOTIONAL CHARACTERISTICS OF “MODES”: CHURCH AND ARABIAN MODES**

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### **Abstract**

We examined the emotional characteristics of two sets of modes—church (Dorian, Phrygian, Lydian, and Mixolydian modes) and Arabian—via questionnaires and neuroimaging (fMRI). Each mode has its own emotional characteristics. By understanding these characteristics, therapists might create better sessions and have a better understanding of certain modes' effects on client's behavior.

### **Description**

It is essential to analyse the music used in each music therapy session when reflecting on these sessions. Thus far, there has been no research on whether modes have unique emotional characteristics. We examined such characteristics for two sets of modes: church (Dorian, Phrygian, Lydian, and Mixolydian modes) and Arabian. Subjects were 18 healthy Japanese adults. The stimuli were monophonic melodies using Dorian, Phrygian, Lydian, Mixolydian, and Arabian modes (the tempo, rhythm, and timbre were all the same). The Affective Value Scale of Music (Taniguti 1995) and an original questionnaire (49 adjectives and four levels) were used to

evaluate the impressions of each mode, while functional magnetic resonance imaging was used to measure brain activation when listening to each mode. All modes had unique impressions: Dorian, “peaceful” and “calm”; Phrygian, “anxious,” “lonely,” “beautiful,” and “not-so-great”; Lydian, “does not arouse strong impression” and “a little sunshiny”; Mixolydian, “drowsy,” and “somewhat cheery”; and Arabian, “powerful,” “passionate,” and “stimulative”. Affective changes were greater for the Phrygian and Arabian modes than for the Dorian, Lydian, and Mixolydian modes. Brain activity was lower during the Dorian and Lydian modes than during the Phrygian, Mixolydian, and Arabian modes. The limbic cortex was activated for Phrygian and Arabian modes.

As shown above, each mode has its own emotional characteristics (e.g., Dorian, calm, peaceful, and sedative; Phrygian, anxious and lonely; Lydian, sedative with some brightness; Mixolydian, mental activity without evoking emotion; Arabian, passionate and pleasurable). Music therapists might use these characteristics to their advantage by creating better sessions. Indeed, if music therapists understand the emotional characteristics of various modes well, they can better plan how each

session is structured, practice each session, and examine the causality of the client's behaviour.

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## **THE SIGNIFICANCE OF GROUP MUSIC THERAPY SPANNING MANY GENERATIONS AND MEDICAL CONDITIONS**

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This is a wide-ranging music therapy group with members aged 0 to 80 whose conditions include physical illnesses, mental disorders, Down's syndrome, visual disorders, and hearing impairment. Once per month, three music therapists hold a session with these members and their families and caregivers. Just as a woman in a wheelchair speaks up about getting a young boy on the autism spectrum into the activities, as he is not yet used to the group, the same boy offers to help her wheelchair move more smoothly. A young girl with Down's syndrome warms up to a woman in her 80s. Everyone tries to speak in sign language, and all share the songs of their generations with one another. A woman with a 3-year-old child asks advice from a woman with a 20-year-old child. The parents' and caregivers' funny dancing makes everyone erupt with laughter.

In this place, everyone's presence is always natural and always necessary.

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## **EFFECTS OF MEDICAL MUSIC-CARE THERAPY FOR CHILDREN WITH NEURODEVELOPMENTAL DISORDERS**

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### **Abstract**

Children with neurodevelopmental disorders often have a developmental coordination disorder owing to impaired cerebellar function. Music therapy is effective in improving cerebellar function. We wish to draw attention to the benefits of medical music-care therapy and thereby recommend its use for managing neurodevelopmental disorders.

### **ASD&ADHD**

Autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) are categorized as neurodevelopmental disorders by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). ASD, which is frequently comorbid with ADHD, is characterized by difficulties with communication, behavior, and/or social interaction.

### **Developmental coordination disorder**

Children with neurodevelopmental disorders often have a developmental coordina-

tion disorder owing to impaired cerebellar function, which has been shown to cause difficulties with physical balance. It is very difficult for such children to ride a tricycle or bicycle, turn a skipping rope, and go down a flight of stairs. Owing to the cerebellar dysfunction, some children with neurodevelopmental disorders exhibit poor physical balance, which may affect their behavior or social interactions in all situations. Specifically, children with ADHD tend to have a small cerebellar size (Valera, Faraone, Murray, et al., 2007).

### **Music therapy & Cerebellar function**

Therefore, we considered it necessary to train their cerebellar function as soon as possible, and hypothesized that their physical balance may gradually improve, leading to some positive effects on their behavior and/or social interaction. Michael H. Thaut (2005) suggested that music therapy is effective in improving cerebellar function. Therefore, we think that it may be useful for treating a developmental coordination disorder through the stimulation of the cerebellum.

### **Medical music-care therapy**

We have been using the “medical music-care therapy” method in our clinic since 2015. This new method is a group therapy conducted with mothers and infants. Further, it is also effective in identifying neurological deficits, particularly related to cerebellar function, which are evident from other assessments such as the finger-nose test, standing on one foot test



tandem gait test



diadochokinesis test.

This new method combines training and evaluation, and is useful to improve the self-esteem of children with neurodevelopmental disorders.

### **Conclusion**

We wish to draw attention to the benefits of medical music-care therapy, and thereby recommend its use for managing neurodevelopmental disorders.

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## **PRACTICE OF MEDICAL MUSIC-CARE THERAPY FOR CHILDREN WITH DEVELOPMENTAL DISORDERS**

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### **Abstract**

We introduce here how to practice gently, politely, and concretely the music therapy doing at our clinic by using the new method of medical music-care. Its new method includes neurological findings, such as standing on one foot, stepping with or without arm swing, finger-nose-finger with or without tremor, tandem gait, diadochokinesis, check their eye contact, creeping or crawling blowing soap bubbles, and so on. Furthermore, social skill training such as salutation at the end of session, waiting their turn to play the drum and returning the music-care tools, is also included.



### **About medical music-care therapy**

We'd like to show some scenes of music-care therapy regularly held at our clinic in this workshop. This therapy takes about 50 minutes. After participants come in to the room and greet each other, music-care therapists proceed the therapy accompanying of music, composed from the points of neurological practice, especially cerebellum function, such as finger-nose test, standing on one foot or tandem gait, etc. Because, children with ADHD tend to have a small cerebellar size (Vallera et al., 2007). Waiting in line, participants can learn how to wait. Then, they move to music. Therapists only praise participants



when they do well, not scold. Even if a participant had a bad mood, at last one can finish a lesson with a smile. This new method combines training and evaluation of cerebellar function and social skills, and is useful to improve the self-esteem of children with developmental disorders.

### **Conclusion**

Each and every method can be used easily and we hope everyone here may master these new methods of clinical music-care. And we also hope that every music therapist who is concerned with the children with developmental disorders start this new method in your country as soon as possible.

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## **AN APPROACH TO DEPRESSION: “MIRRORING-AND-REFLECTING” ROLE OF MUSIC THERAPIST**

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### **Introduction**

Lack of "sense-of-realness" is a big concern for people with autism and autistic spectrum disorder (ASD) which can become an underlying factor of depressive symptoms. This presentation will focus on "mirroring-and-reflecting" role of music therapist and discuss how it allows the client to gain the sense-of-realness and leads to improvement in depressive-symptoms. Winnicott (1997) refers to "mirroring-and-reflecting" role of a therapist, describing the work of psychotherapist as "a long-term giving the patient back what the patient brings". He argues that, to find one's own self and to become able to feel real, people needs someone who could reflect back "how-he/she-is" and "how-he/she-exist" in the context of the relationship. Music is an approachable and accessible medium for describing and giving back the client his/her inner experiences in an audible form and allowing the client to hear him/herself and get access to "how one-self is". This presentation will focus on "mirroring-and-reflecting" role of music therapist and discuss 1) how music could be used to adapt and identify the clients' inner state, 2) how client experiences "mirroring/reflecting" music and 3) how it leads to improvement of depressive symptoms, through a case study of 2 years of music therapy work with a 26-year-old woman "K" with ASD.

### **Case study**

"K" was diagnosed with ASD at the age of 20. Since then, she has been withdrawn for 6 years. She was receiving psychotherapy but symptoms have continued to deteriorate, and at the time music therapy started, she was spending most of the time in her bed, sleeping. Individual sessions were held in her room, with the presence of her mother who was despaired of "K's" condition. In playing together, "K" played a steady, monotonous, flat beat. She was able to make subtle adjustments to adapt with the beatings of my playing but lacked responses to the affective expressions. Rhythmically, our playing fit, although, her comments were, "my playing doesn't fit with yours"; "I'm dazed. I'm not sure what I'm playing". In spite of playing together in an exact timing, she felt being disconnected and seemed not feeling "real". Contrarily, her mother enjoyed creating different sounds and rhythmic patterns although it sounded disconnected with "K's" feeling state. Their contrasting playing, between "K" and her mother, indicated their unsatisfying relationship. In sessions, I stayed with "K's" monotonous playing by just adding simple and short rhythmic patterns in between her beats in order to allow her hear herself being connected with the therapist. When she was unable to get up and play, I sang long tones to match her breathing and simple melodies to depict her

facial expressions and body movements, and reflected back "just the way she is, being with the therapist". I did not give any directions to her mother concerned with how to play but concentrated to engage with and to reflect back "how K is" through music. In two years of practice, gradually, the mother's playing became attuned with "K's" playing and she stopped talking repeatedly about regrets and mistakes she thought she might have done to her daughter. She became the best person to understand "K's" feelings and the relationship between "K" and her mother has improved tremendously. "K" became able to develop her playing by creating slightly different rhythmic patterns. She found a part-time job on her own will and began to go out and enjoy her life.

### **Discussion**

K's monotonous and impassive playing indicated that she was being detached from her own feelings and also having difficulties in adapting to the others' expressions. Her mother's lack of awareness of "K's" feelings and failure to give "K" back the real picture of "how K is" seemed to have relevance to "K's" feeling of disconnectedness and the sense of "not feeling real". The therapist's reflective responses,

adapting thoroughly to "K's" playing and facial/body expressions through music, has allowed "K" to hear herself, but it also allowed her mother to acknowledge "how K is". These experiences enabled "K" to get access to her own feelings and to experience being involved and connected with the others, which led to gain the sense of "feeling real".

### **Conclusion**

To deal with depression, cooperation of family is indispensable. Through listening and playing together with music which reflected "K's" feeling states, have allowed "K" and also her mother to get access to "how K is". It changed the mother's consciousness towards "K" and she became the person to support the treatment.

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## **MUSIC THERAPY FOR 'AHEAD SICK' ELDERLY**

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The more mature your country gets, the longer you are likely to live. If the percentage of the elderly (over-65 years old) exceeds 21% of population, it is called super-aged society. Japanese society has been aging very fast, roughly 4 times faster than that of modern Europe. That rate is still rising, 25% on 2015 already, 33% on 2030, up to 40% mid 21st century. Such country did not exist ever in the history. Should we call ourselves ultra-super aged country?

At this rate, we are going to face financial crisis for expanding medical/nursing care of elder generation. What we have to do is keeping the elderly healthy, away from 'yoh-kaigo', which refers to a condition for which public nursing-care service is necessary.

Music therapy (hereinafter called MT) for 'ahead sick' elderly aims to decrease future social expense, hoping public budget is saved for the younger generation. Not only public budget, but we already see serious working problems of the next generation who have to give up their career just for nursing their own parents.

If you succeed in delaying the onset of dementia, you create some kind of social value. MT for 'ahead sick' elderly can be a good future stage for music therapists in an aging country, in terms of personal and public, even national interest.

In Japan, social demand for nursing-care will

start exploding nationwide soon. The relevant ministry and agency started action in 2006 to keep those elderly healthy as long as possible. The key-word is 'kaigo-yobou' which means nursing prevention. But the question is that they can offer both, effective and sustainable daily life activity to those elderly.

Since MT is not national license in Japan, I started paid-MT-service in 2009, including nursing-prevention for 'ahead sick' elderly. It did match local demand in Yokohama-city of 3.7million population. Here's an example, Sakae-ward with a population of 121,000, the largest aging ward in Yokohama, with 30% of the rate of aging. Despite the highest rate among the 18 wards in the city, this ward has the lowest rate of 'yoh-kaigo' elders. Inhabitants are enthusiastic about preventive activity. Public-health-nurses of this ward introduced MT for nursing-prevention in 2010. MT sessions have been held successfully almost 100 times, during these 7 years.



**Yokohama city monthly PR,  
taken in Jan. 2011.**

As for the effect, the ward office made original inquiry after a series of sessions, and it showed positive results. That was not a strict test but MT has got good recognition from office staff and participants, because they experienced how music works. MT session for nursing prevention spreads in Yokohama city year by year. In 2017, it has been expanding to 11 other wards, covering two-thirds of Yokohama city. I lead more than 100 sessions of this kind a year, organized by these wards' office or local inclusive support centers, on public-budget. The sessions are usually 90 minutes long, and focus on three areas, based on MT knowledge.

1. Physical moving with music, mainly upper limb and oral function.
2. Singing old popular songs with rhythmical percussion playing (pestle) to stimulate the brain.
3. Cogni-cise with music (coined by the Ministry of Health, Labour and Welfare, meaning cognition-training + physical exercise at the same time. You develop new nerve networking of your brain, preventing dementia (cf. Donald Hebb theory).

As you know, MT has the big advantage to be arranged flexibly for targeted purposes while

being fun at the same time, which is an important factor for every activity at home. Thanks to flexibility of music, you hardly feel mannerism. Now, MT has come to draw more interest among local administration of Yokohama city as a potential reducer of future social expense.

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## **THERAPEUTIC MEANING OF AFRICAN POLYRHYTHM THROUGH DRUM ENSEMBLE SESSION**

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### **Introduction**

"The nature and life: All of this world is music. Everything is about the rhythm." Doudou N'-Diaye Rose, Senegalese drummer, TAKEO - A percussionist with Down Symdrom

Rhythm is primordial for human beings and drum therapy has been used for physical, mental, social and spiritual well-being in Africa for thousands of years. Polyrhythm is one of important features for African music. Grove Music Online defines polyrhythm as "the superposition of different rhythms or metres" and The Oxford Dictionary of Music as "Several different rhythm performance simultaneously". Several data are available on physical, mental, social and spiritual benefits of drum therapy.

Recent research showed the effectiveness of group drumming session as decrease in depression, increase in social resilience, improvement in anxiety and mental well-being (Fancourt 2016), stress reduction (Smith, 2014), modulation of human stress response (Bittman 2005), community building (Stone 2005), reduction of burnout and improve-

ment in mood state (Bittman 2004), modulation of immune response (Bittman, 2001). But very little data on polyrhythm can be seen.

### **Background**

The author has participated in African drum classes over years and realized benefits of polyrhythm through learning and teaching. The important features of polyrhythm session are 'superposition' and 'simultaneity' as showed in definitions above. There is no leader between players. They share with equality and independence in the features of polyrhythm; 'superposition' and 'simultaneity'. That is major difference from other drum sessions.

### **Objective and Method**

This research tries to clarify the therapeutic meaning of African polyrhythm through 40 minutes drum ensemble sessions for general public. As physical indexes, blood pressure and pulse and as psychological index, profile of mood states (POMS) is measured between pre and post sessions. Question-

naire and interview are also conducted after session.

Analysis is done both in quantitative and qualitative aspects. In the presentation, clinical applications will be discussed through the results.

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## **HANDBELL ENSEMBLE ENHANCES THE PREFRONTAL COGNITIVE FUNCTION IN ELDERLY**

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### **Introduction**

Recently, a meta-analysis reports that music therapy has the effectiveness of music therapy against dementia (Zhang et al., 2016). Also, we have developed a program for healthy elderly people to prevent dementia and have examined the effectiveness (Takahashi & Takano, 2010). The developed program is the handbell (tonechime) ensemble that is dual task by playing the handbell and singing a song from the music score at the same time. The previous study showed that this program had an effect of keeping cognitive function in healthy elderly people. In the present study, we examined whether the developed program enhanced the frontal cognitive function in healthy elderly people, or not.

### **Method**

**Participants:** We recruit elderly people between the age of 60 and 85 to participate music therapy group as an experimental group or singing group as a control group. We announced that the purpose of both programs were for dementia prevention. The number of music therapy group was 23, and the mean age was 70.5 (SD = 6.24). The number of singing group was 15, and the mean age was 72.6 (SD = 6.44).

**Programs:** We carried out 6-8 times of 90 minutes sessions of music therapy or singing per once during about two months. In both sessions, we used familiar songs for elderly. **Procedures:** At the first, we tested their frontal cognitive function with FAB test (Dubois et al., 2000). Then, they participated in music therapy or singing for two months. After the all sessions, they took FAB test again.

### **Results**

At the pre-test, the averaged score of FAB in music therapy group was 13.2 (SD = 1.81), and that in control group was 14.4 (SD = 1.82). At the post-test, the averaged score in music therapy group was 15.3 (SD = 1.62), and that in control group was 14.5 (SD = 2.80). In results of mixed design ANOVA (music therapy × singing) × (pre × post), the interaction effect was statistically significant ( $F(1, 36) = 9.07, p < .01$ ). According to the test of simple main effects, the averaged score of FAB in music therapy group at the post-test was larger than that at the pre-test ( $p < .01$ ).

### **Discussion**

In music therapy group, the FAB scores increased before and after the program.

Though the difference of FAB scores between music therapy and singing was not statistically significant, the scores in singing group did not change before and after the program. In summary, these results suggest that our developed program of music therapy has an effect to enhance of prefrontal cognitive function in healthy elderly through practice of the dual task. A limit point of this experiment is to choose the group with which all participants participate by themselves personally. However, the difference of the motive did not have both groups because it recruited participants for the purpose of the dementia prevention together. In the future, the examination by the randomized controlled trial is necessary.

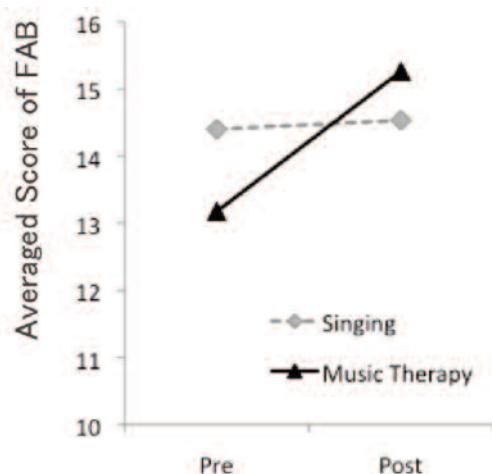


Figure 1. Scores of FAB before and after music therapy and singing program during 2 months.

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## **PHYSIOLOGICAL AND COGNITIVE INVESTIGATION OF PLAYING INSTRUMENTS AS AN EFFECTIVE COGNITIVE STIMULUS**

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### **Abstract**

Participants (music beginners and music majors) were asked to perform a piece with a constant tempo by pointing a note head displayed on the touch screen with and without sound production. After analyzing subjective answers and EEG measurements, the Cymis performance was indicated to be an effective cognitive stimulus.

### **Background**

An important report states that frequent performance of musical instruments has a significant effect on reducing the risk of dementia in the elderly. We have developed a novel electronic musical instrument Cymis, or Cyber Musical Instrument with Score, and found that not only the severely disabled but the elderly can easily play a musical piece on it. This study investigates whether Cymis performance could be an effective cognitive stimulus.



Figure 1. Playing the Cymis.

### **Methods**

**Participants:** Participants were five female university students who were music majors, and three male university students who were beginners in music.

**Stimuli:** The music majors were instructed to perform two popular songs by maintaining a constant tempo, while pointing each note head displayed on the screen. They played

under the conditions of with and without sound production, with a regular tempo of 84bpm, and an extraordinarily fast tempo of 150bpm. Before playing, they heard eight beats at the preset tempo on the metronome. However, the beginners in music played a popular song under the conditions with sound production and a regular tempo of 86bpm.

**Procedure:** As a physiological evaluation, we measured the Frontal midline theta rhythm (Fm theta) of their brain waves under three different conditions, at rest, in playing Cymis and in calculating numbers with a game machine. All participants answered 14 questions regarding cognitive functions and reported results of their performance.

## Results

After a steady change of improvement in performance, the results revealed that beginners performed using the sense of touch, sight, and learning function with sound production. Whereas, those majoring in music performed by using the sense of hearing with sound production and memory without sound production. We found that the magnitude of Fm theta when playing Cymis was greater than it was when at rest but less than calculated numbers.

## Conclusion

Our study demonstrated that playing the Cymis functioned as an effective cognitive stimulus.

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## **THE IMPORTANCE OF RHYTHM CHANGES IN MUSIC THERAPY**

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### **Introduction**

Rhythm is intentionally changed during active music therapy sessions. However, the method of doing so differs depending on the therapist. One reason for this is that the impact of rhythm changes on listeners during melodic music (i.e. non-percussive) has not been clarified. The present study clarifies the impact of such a change on listening impression, and the brain response corresponding to this change from the two experiments.

### **Methods**

This study employed a monodically arranged tune with a simple rhythm that none of the participants had heard before. The standard sound stimuli of the tune comprised 456ms pure tones (tempo: 66 bpm) bearing linear loudness onset and decay envelopes of 10ms and 114ms respectively. The tune was designed to accommodate “short” and “long” rhythm-deviants, auditory stimuli in which the leading note of a pair of eighth notes was respectively either shortened to a 16th note and the second note changed to a long eighth note, or vice versa. Listening impression was assessed using the Affective Value Scale of Music (AVSM) (Taniguchi, 1995), which is based on a set of 24 terms of impression, and the five factors of “excitement,” “harmony,” “strength,” “lightness,” and “gravity.” Brain response was measured using the 76-ch helmet magnetoencephalography (MEG) system (Elekta-Neuromag, custom-type).

The listening impression experiment targeted 31 healthy adults (18 women and 13 men) (Average age  $20.8 \pm 1.0$  years). Three types of sound stimuli were used: “standard tune” involving no rhythm changes; “short tune” comprised of “short” deviants interspersed within the tune at 30s intervals; and “long tune”, comprised of similarly interspersed “long” deviants. AVSM-based listening impression was assessed after each tune.

The MEG experiments targeted 33 healthy, right-handed adults (17 women and 16 men) (average age  $21.1 \pm 0.6$ ). “Short” and “long” deviants were pseudo-randomly inserted 80 times each into the repeated tune of standard stimuli. The brain activity at the insertion point for “short” and “long” deviants was averaged separately, converted into absolute values, and then the evoked magnetic potential against rhythm deviants and non-deviants was calculated for each subject.

### **Results**

There were no significant differences in ave-

rage age, sex, or length of music experience between the subjects participating in the two experiments. As for listening perception-related AVSM scores, compared to the "standard tune," the "short tune" and "long tune" elicited higher scores for factors of "excitement" and "lightness," and lower scores for the factor of "gravity." As for brain response to rhythm deviants, stronger magnetic potentials were evoked for "short" deviants compared to non-deviants and "late" deviants.

### **Discussion**

The results of the present investigation on the impact of within-tune rhythm changes indicated that they increased subjects' impression of excitement. Furthermore, the stronger brain response to the shortening of the leading note suggests a greater psychosomatic impact of deliberate changes in leading-beat rhythm.

### **Conclusion**

Altogether it is thought that within-tune rhythm changes do have an impact on the client, thereby making them an essential element of music therapy.

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## **A VENUE CONSISTING OF A NEW KIND OF CARE FOCUSING ON RELATIONSHIPS IN A COOPERATIVE VENUE**

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### **Abstract**

The author noticed a care provider singing to a male client who could no longer sing, in a facility for those with severe dementia. The author, a music therapist, observed this through the phenomenological method and investigated in what way this produced a venue for a new kind of care.

### **Description**

A male client in his eighties, Mr. A, participated in group music therapy once a week, starting five years ago. He requires minor assistance with his verbal expression, and complete assistance with eating. He is treated by a care provider with over fifteen years experience, an occupational therapist, and a registered nurse. He enjoyed singing and was quite good.

However, as Mr. A's bodily functions continued to decline, so did his singing ability. In an interview, a care provider Mrs. M said the following regarding Mr. A's condition: "One day, he suddenly said to me, 'If you ever need to talk, about anything at all, I am here.' I think he might have mistaken me for his wife. This was about the time that he started exhibiting violent behavior due to his dementia. At that time, I felt that he was still in control of some of his faculties. The very first thing that popped into my mind was the

image of him having lots of fun singing songs with everyone at this daycare's music therapy sessions. I realized that he can still sing". When a song that Mr. A liked was being played on the piano, Mrs. M would sing along with him, close. Relying on his own intuition, Mrs. M was moved by the responses she sensed from Mr. A. After a short time, Mr. A's mouth started to move, little by little.

Mr. A. and Mrs. M shared a time and space enveloped by music. Mrs. M who bore the responsibility of part of Mr. A's therapy, combined parts of both a care provider's duties, and a therapist's duties. These overlapping areas brought about the re-emergence of Mr. A's singing, as well as the arrival of a "cooperative arena".

The writer identified that Mrs. M strongly believed that Mr. A could still sing. The writer also saw them enjoying the moment while singing. Removing the boundaries of care provider and client, a personal relationship materialized. The singing of the care provider, a clearly defined role, penetrated the domain of the music therapist. Among social-care providers, there are firmly established specialties, with clear boundaries. There is no room for branching into another area. These efforts were attempted as a personal relationship. In this relationship, the boundaries of both parties were removed and a venue

made up of a new kind of care was produced. Henceforth, I would like to continue deepening this theoretical construction.

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## **COMMUNITY INVOLVEMENT THROUGH MUSIC THERAPY FOR A CLIENT WITH AFTEREFFECTS OF ENCEPHALITIS**

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A client with joint contracture due to the aftereffects of an acute encephalitis had improved her body functions after introducing instrumental activities. Through participating in the performance at music concerts, a client showed improvements in her social nature and the development of self-esteem was observed.

A 39-year-old female client's daily activities were limited to a round trip between her house and a vocational aid center which provided her a very little contact with others. As a result she had strong tension and denial to new places and new people. It was necessary for the client to improve her sociability because of the possibility to be placed in a residential care setting or the possible changes in her life in the future. However, there was no opportunities for her to develop the sociability.

She was asked to participate in a music concert held by a music class organized by an author once a year. She played keyboard. The range of elbow joint movement and wrist joint movement were measured. It was aimed to improve the range of movements through the activities with keyboard and table xylophone.

As a result, the range she can play had increased which expanded her song choices. It made possible for her to choose the songs which suit her age instead of kids songs.

A client was nervous at her first concert. She had stone-like expression and couldn't stretch her arms. As she participated more concerts, her facial expression became softer. She was told by other participants that she looked great and her song choices were excellent.

Through the instrumental activities, the client increased not only the range of joint movement, but also the range she can play, her confidence and self-esteem. Therefore, the effort to take instrumental activities in client's daily life works as a musical therapeutic approach towards mind and body for the people who suffers the aftereffects.

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## **LET'S THINK ABOUT MUSIC THERAPY PRACTICE AND RESEARCH**

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### **Abstract**

During nineteen years of music therapy practice, we found out questions and realized limitations about quantitative research, and tried different approaches. Now we present and introduce questions about qualitative, quantitative, and mixed design research in music therapy.

### **Theme**

The themes is to investigate merits and shortcomings about qualitative, quantitative, and mixed design research, and to think about what the practical research for human beings should be.

### **Aims of plan**

Music therapists have done research to investigate of the effectiveness of music therapy by systematic and reproducible scientific methods up to the present. This quantitative research has been mainstream so far.

During nineteen years of music therapy practice, we found out questions and realized limitations about quantitative research, and tried to do differently. Now we present and introduce questions about qualitative, quantitative, and mixed design research samples in music therapy.

Our music therapy work started in the reha-

bilitation hospital in 1997. The team included: three music therapists, three to six occupational therapists, and one to two volunteers.

We want to think and discuss about music therapy practice and research of following four points:

1. Investigation from MCL-S and observation.
2. Investigation from Smile Intensity Estimation by SVM
3. Investigation from correlation between MCL-S and observation and Smile Intensity Estimation by SVM
4. What is the real statement of the effect of music therapy?

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## **A STUDY OF THE MUSIC THERAPY BASED ON THE ANCIENT CHINESE MEDICAL THEORY**

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### **Introduction**

The research of Music Therapy of Chinese Medicine is based on the Ancient Chinese Medical Theory, combined with fundamental analysis of musical elements, which brings the new idea and theory of music therapy.

### **Concept of Holistic Body and Music in Ancient Chinese Medicine**

The study focuses on the ancient Chinese medical concept of holism of a human body and music that reflects the differences in treatments and the relationship between regions. The study points out the bias in the three mainstreams modern music therapies with theoretical criticisms; such as lack of understanding the body as a whole and the essence of music, which results the modern study often not being able to see the whole picture. In realization of the obstacles in modern music therapy, I proposed a discussion on methodology with a question, "What is a man?" to study the concepts from ancient China and ancient Europe.

### **Principles of Treatment in Ancient Chinese Medicine**

The study unfolds with the analysis of the principles of treatments in ancient Chinese medicine. The bases of these principles are the understanding of heaven and earth, yin

and yang, body, organs and circulation by ancient Chinese. That being said, the doctor must know Qi, symptoms and core of a disease or illness, data, acupuncture, relationship between organs, relationship between changes of weather and related illness, yin yang, respectively, Qi Heng disease. The six principle treatments are prevention (ideal), Yin Yang and exterior and interior of body, enriching the deficiency and balancing the excess, the order of a treatment, emotions, the five levels of body structure from exterior to internal (skin, blood, flesh muscle, tendon, bone). Some principles are interlinked and some can be used at the same time.

### **Analysis of Music Essence**

The study discusses the European and ancient Chinese intellectuals' concept of elements in music and the use of music in therapy. The study analyzes the eight elements in music: pitch and scale, length and strength of sound (sound value and dynamic), phrase and melody, tempo, rhythm, harmony, musical emotion, tonality and modes. The last element is the extension of the first element. In ancient time, they mainly focused on the relationship between organs and pitch, with bare attention to the connections with the other elements. In the study, I analyzed the connections between all the elements and the relationship to our human body to apply to music therapy.

### **Discussion on Music Therapy from the Principle in Treatment of traditional Chinese Medicine**

The study discusses the possibility of music therapy by combining the analysis of the six principles of treatment of the ancient Chinese medicine and the analysis of the eight elements of music.

#### **Summary**

As modern people in a fast-paced society, it is difficult to comprehend and to realize the integrity and the value of the ancient treatises. This study starts out with the reflections of the methodologies of the modern days, points out the bias and obstacles and gives the theoretical criticism, then, finds the theoretical connections between the ancient Chinese medicine and music that could possibly lead to music therapy. Music therapy should not rely only on the generalized scientific experiments and theory. Music therapy should have the fundamental theory in medicine and music. This study shows the new method of music therapy has the

medical foundation and the real understanding of music that can truly become theory-based academic subject.

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## **HOW AN ENTERPRISE POPULARIZES MUSIC CARE IN TAIWAN AND CHINA**

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### **Introduction**

This paper tells of the origin, development process, and results of Music Care in Taiwan and China from the view of Furoto enterprise.

Music Care is based on the theory and method devised by Master Kagaya Tetsuro, founder of Japan Kagaya-Miyamoto Music Care Association who died in 1993. The methods and theories of Music Care were later systemized and developed by Master Keiko Miyamoto.

Mr. Jin Duen Tsai, the chairman of Furoto Company, was deeply touched and inspired by the comforting and positive power of music care, and he made up his mind to co-operate with the Japanese Music Care Association to systematically and efficiently transplant music care to Taiwan and carry it forward.

### **Mission and Goals**

Even though Furoto focuses on earning profits, as all enterprises do, it does not ignore its social responsibility and always tries to bring more welfare to the society, particularly for those in need, such as the disabled and the elderly.

Furoto has been doing its best to find a way that could look after both sides; company survival and social responsibility. Ms. Keiko Miyamoto, as well as Mr. Jin Duen Tsai, has made a lot of efforts to have the theories, methods, and practical experiences of music care documented and to pass down the skills and techniques of music care. With paper materials and the inheritance of techniques and experiences, we're expecting to see Music Care spreading to Taiwan, China, and other Chinese regions, and let everyone be able to actually experience and enjoy the magic power of music care and make more people inspired and willing to devote themselves to music care and helping those in need.

### **Developing History**

Furoto was established in 1994 with the goal of offering the best care services to senior citizens.

The story between Taiwan Furoto Company and the Japanese Music Care Association could be traced back to the devastating earthquake in Taiwan in 1999. With Furoto's assistance, the Japanese Music Care team headed to the earthquake-stricken areas to comfort the hearts of earthquake victims with music care. Meanwhile, the seed of music care was planted in Taiwan.

Cooperating with the Japanese Music Care Association, Furoto developed a number of trainings of music care with the prospect of letting Music Care be known by all Taiwanese. Ms. Keiko Miyamoto also offered great help in enriching the contents of the training courses. She set up a well-organized training system: the elementary learner/member, the intermediate level, the advanced level, and the instructor authentication. Ms. Keiko Miyamoto showed the learners how to put all these into practice by sharing her practical experiences in the training courses.

Beside Taiwan and China, other Chinese regions like Singapore are also included in Furoto's expansion blueprint. Therefore, in recent years, a series of promotion activities were held by the overseas subsidiary in Shanghai since 2012.

### Achievements

NPO Taiwan Kagaya-Miyamoto Music Care Association was established in 2010, and the first Taiwan National Music Care Congress took place in 2007 and was held biennially in the following years. Until now, in Taiwan, we have 1926 elementary learners/members, 53 intermediate level members, 20 advanced level members, and 8 authorized instructors. In addition, so far 7 trainings have been held in Hong Kong and China, and

we have had 319 participants since 2012. In the future, we will keep making efforts towards spreading the seed of music care to every corner of Taiwan and China.

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## **THE MUSIC THERAPISTS TRAINING PROGRAM BY HOYOGO PREFECTURAL ADMINISTRATION**

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### **Introduction**

In the Great Hanshin-Awaji Earthquake (Kobe Earthquake), in 1995, music and activities using music gave hope and energy to live for those who were suffering. Through those episodes, Hyogo prefectural administration started to make a system of developing music therapists. We would like to show how we have trained as many as more than 350 therapists.

### **Abstract**

In order to run the program, the administration made a position "music therapist advisor", with certain requirements.

1997-1998: Starting to considerate the program.

1999: Opening the basic music therapy training course (run by the administration).

2000: Opening the advanced music therapy training course (run by the administration).

After that, with public interest we incorporated the foundation, Hyogo Earthquake Memorial 21st Century Research Institute-Hyogo Institute for Traumatic Stress, were entrusted those programs by the administration and have continued those programs as

one of the program series "Hyogo human care collage", which are not only music therapy programs but also programs about caring traumatic stress.

In 2001, we qualified 27 students as Hyogo Prefectural Music Therapists. Now we have 352 qualified therapists.

The training programs are following;

1. The basic music therapy training course (20 hours).
2. The advanced music therapy training course screening test (the first stage; written examination, the second stage; practical examination and interview).
3. The advanced music therapy training course (the practical field, the related fields, the practice training: 250 hours total).
4. Qualified as a temporary Hyogo Prefectural Music Therapist.
5. The internship (session practices; 24 times/half a year, study, observation and assistant of the related fields: more than 72 hours/half a year).
6. The final screening test.
7. Qualified as a Hyogo Prefectural Music Therapist (valid for 5 years) by the administration
8. Qualified as a Hyogo Prefectural Music Therapist (valid for good) through the renewal

screening test after 3-5 years from the acquisition of a qualification.

Firstly, Hyogo prefectural administration started those programs and then the administration entrusted those programs to public interest incorporated foundation, Hyogo Earthquake Memorial 21st Century Research Institute-Hyogo Institute for Traumatic Stress. Now we have 352 therapists and aggressively support activities of therapists. Some therapists go to different disaster areas.

### **Conclusion**

Hyogo prefectural administration decided to start the program to train music therapists due to the Great Hanshin-Awaji Earthquake (Kobe Earthquake). Since Hyogo prefecture experienced the disaster, we strongly think that the administration can develop the programs for music therapy as one of the local governments with the viewpoints of disaster victims. Hyogo prefecture has made a contribution with music therapy soon after the disaster and we have taken the initiative in training music therapists as one of the local governments. We conclude that we have to expand those programs not only to spread music therapy in Hyogo prefecture but also to become the model case as a pioneer of

local governments all in the world as for music therapy.

There are cooperatively few places or systems in Japan where we can learn music therapy systematically except universities or colleges. And our prefectural administration adopted a music therapist to run the courses of the program as “music therapist advisor”. It is really appraisable.

We have no precedent in Japan, in which an administration started a music therapists training program and it has made a lot of music therapists for a long time. We are proud of that breakthrough system of our prefectural administration.

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## **PRACTICAL REPORTS OF MUSIC THERAPY BY MEDICAL WORKERS**

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*Masaki Kobashi, OTD and RMT(Japan)*

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### **Introduction**

In Japan, the prevalence of music therapy conducted by medical workers is low. This presentation aims to report actual information concerning musical therapy practice conducted by four medical professionals: a nurse with a music therapist certificate in Hokkaido, an assistant professor in the Health Nursing Department of Asahikawa University in Hokkaido, a social worker and care-manager with a music therapist certificate in Nagano Prefecture, and an occupational therapist with a music therapist certificate in Ibaragi Prefecture.

### **Description**

All four presenters are currently working and practicing in medical settings.

1. M. Uchijima reports on music therapy conducted as a nurse and music therapist on palliative care wards and on music therapy for patients with intractable neurological disease. Music therapy, particularly for terminal care, is provided to alleviate

pain, reduce anxiety, share medical conditions, and other purposes. Furthermore, at nursing schools, efforts are being made to disseminate music therapy by providing lectures on its use.

2. Y. Sato wants to teach the educational theory of music therapy at nursing schools. He believes that there is a need for music therapy classes to be provided as a part of nursing education to nursing students who intend to become nurses and work in practical medical settings. Transition of late-life health care from a hospital nursing setting to a home nursing setting are more required due to the increasing number of latter-stage elderly people. He believes that the role of music therapy, which covers a wide range of treatments including home healing, preventive care and terminal care, could become a promising therapy, ecologically and nationally.
3. R. Hanaoka reports on music therapy for elderly people conducted as a social worker and music therapist. She works in the care management business and focuses on the International Classification of Func-

tioning (ICF) model in developing care plans for patients. Regarding functioning in the ICF, such as mental and physical function and structure, activity, and participation, she is considering providing sessions linked to “feasible activities” by predicting them at the assessment stage in music therapy.

4. M. Kobashi conducts music therapy for neurological and dementia patients as an occupational therapist and music therapist at a psychiatric hospital. His aim is to alleviate psychiatric symptoms in the dementia treatment ward through group and individual sessions. Moreover, he has been conducting day care sessions for people with mild cognitive impairment disorder using parody songs and hand bell ensembles.

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music therapy in health care and future challenges. *Journal of Health Care and Nursing*, 8(1), 8-15.

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## Disclosure

Recordings permitted only to WFMT staffs.

## **THE PROBLEMS AND POSSIBILITIES OF MUSIC THERAPY PRACTICE IN MEDICAL ENVIRONMENTS**

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*Suzanne Hanser, EdD, MT-BC*  
Berklee College of Music, Music Therapy Department, USA

*Nobuko Saji, PhD, RMT*  
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### **Abstract**

Four panelists are nurses and social workers who are also qualified music therapists, practicing music therapy in different hospitals and nursing homes. Music therapy work is rewarding and they feel happy with the work but they also confront many difficulties. In this symposium, the four panelists, with an adviser and a moderator, will discuss how to deal with practical problems in music therapy works and how to gain medical staff's understanding of the effectiveness of music therapy. Also, they will exchange ideas with audiences, regarding the future prospects of music therapy in medical environment.

### **Description**

In Japan, often music therapy is practiced by

medical staffs, who are not qualified music therapists. The reasons are; firstly, that most music therapists do not have adequate medical knowledge; and secondly, that medical professionals have limited understanding of what musical therapy is and of its effectiveness.

The aim of this symposium is to present actual problems related to music therapy practices from the perspectives of each panelist who works in different medical environments; 1) Uchijima, M. holds music therapy sessions at hospitals and nursing homes in Hokkaido. She will report problems occurred at palliative care wards and in sessions for the patients with intractable neurological disease. 2) Sato, Y. will discuss the prospect of music therapy in-home treatment. In Japan, according to increasing number of latter-

stage elderly people, transition of late-life health treatment, from hospitalization to in-home care, will become indispensable in 10 years time. Music therapy could contribute to support this future in-home care in various ways; as health treatment; preventive care; and terminal care. However, the effectiveness and necessity of music therapy are not yet widely understood among nursing and medical staffs. Sato will refer to the advantage of implementing music therapy training in the curriculum of nursing schools. 3) Hanaoka, R. has been practicing music therapy for elderly people at a hospital in Nagano. She will discuss how to implement the concept of "capacity", which ICF defines, to music therapy activity. Subjects will be highly motivated through assessments of "what they could do" and music therapy activities which enhance their ability and allow them experience their potentials. Moreover, she thinks that, allowing other staffs to acknowledge the "capacity of each patient" through music therapy sessions, will change their environmental factors. 4) Kobashi, M. carries out group and individual music therapy sessions for patients with neurological disease and dementia at a psychiatric hospital in Ibaragi. The aim music therapy is to alleviate psychiatric symptoms. Music therapy held in dementia treatment ward, consists of singing favorite songs and playing keyboards and harps. Music therapy practiced in day care services for people with mild cognitive dysfunctions, consists of singing parody songs and taking part in hand bell ensembles. The aim of these activities is to activate brain functions, however, the problem is that there are people in other occupations who see music therapy as a type of recreation instead of a treatment.

5). Hanser, S. is an adviser, and 6) Saji, N. is a moderator for this symposium. They have been practicing music therapy for elderly people at hospitals and nursing homes in collaboration with medical staff. Both will discuss the current issues of musical therapy, such as lack of awareness and understanding of music therapy work among people in other professions, and also discuss practical problems of the work with the audience.

## References

Nakajima Y, et al. ( 2011). Development of music therapy in health care and future challenges. *Journal of Health Care and Nursing*, 8(1), 8-15.

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Recordings permitted only to WFMT staff.

## RHYTHMIC TRAINING IMPROVES GAIT PERFORMANCE IN PATIENTS WITH PARKINSON'S DISEASE

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### Introduction

Parkinson's disease (PD) is a chronic and progressive disorder of the nervous system that affects movement. In particular, patients with PD have difficulty in starting to walk and trouble with balance. Previous studies have reported that gait disturbances were improved with the use of appropriate auditory cues (McIntosh et al., 1997), daily hearing CD (Hayashi, 2016), and training in mental singing while walking (Satoh & Kuzuhara, 2008).

The objective of this study aims to assess whether rhythmic music therapy can improve disturbed physical movements in PD patients.

### Method

Five subjects (three males, two females, 64–81 years old) with mild-to-moderate PD (Hoehn-Yahr 2 or 3) participated in the study.

### Procedure

First, we evaluated participants' tapping ability, walking speed, and timed up and go test (TUG).

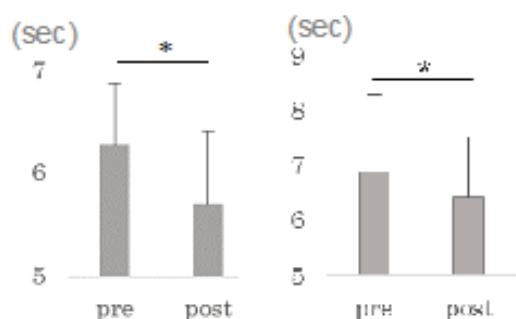
**Tapping ability:** Synchronizing with the pacing sound, participants were asked to tap the switches with their index fingers for finger-tapping tasks and to push the foot switches with their feet for foot-tapping tasks. The pacing sound sequences of tapping tasks were composed of a metronome tone. All four tapping tasks involved left-right alternation tapping. Both the finger- and foot-tapping tests were performed at 1Hz and 2Hz in a random order. Each tapping had been started with metronome for 15 seconds and was asked to be continued without metronome for another 15 seconds. We focused on the pattern of the latter half of 30 seconds without metronome and the tapping-interval time per tasks. The primary outcome was the coefficient of variation (CV) of tapping interval time that indicates the stability of tap timing.

**Walking speed:** Participants walked 10 m in the hospital rehabilitation room, according to the instructions from the physical therapist, and the walking speed was measured. **TUG:** Participants sat in the chair with their backs against the chair. On the command "go," they stood from the chair, walked three meters, turned around, walked back to the chair, and sat down at a comfortable and safe pace. The time from the command "go" to sitting down was measured.

After an initial evaluation, all the participants, as one group, underwent the one-hour music therapy together once a week for 12 weeks. Further, they were instructed to perform home rhythmic training every day for 30 minutes, using original CD produced by the Tokyo music volunteer association for 12 weeks.

During the group music therapy, participants gathered at the hospital rehabilitation room, where they sang songs clapping hands, flexing and extending their ankles at sitting position, stepped to the music and played small drums with musical beats.

After 12 weeks of intervention, we re-evaluated the tapping ability, walking speed, and TUG speed.



**Fig. 1 Walking speed**

**Fig. 2 TUG**

## Results

**Finger tapping:** Two participants showed that the post-intervention, CV was less than that of pre-intervention at 1Hz. At 2Hz, three participants showed that the post-intervention CV was less than that of pre-intervention.

**Foot tapping:** Before intervention, two participants could not perform foot tapping, whereas all could perform foot-tapping tasks after

intervention. The post-intervention CV of all participants was less than that of pre-intervention at 1Hz. At 2Hz, two of three participants showed that the post-intervention CV was less than that of pre-intervention.

**Walking speed:** The walking speed after our intervention was significantly faster than that of initial state ( $t = 7.290, p = 0.005$ ) (Figure 1), and the post-intervention TUG speed was also significantly faster than pre-intervention ( $t = 2.995, p = 0.001$ ) (Figure 2).

## Discussion

After our rhythmic music therapy, the walking speed and TUG speed were gained. Although stepping or flexion/extension of ankles may increase propulsive force while walking, rhythmic music training could modulate internal rhythm in PD patients.

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## **NAGASHI: TRADITIONAL JAPANESE STROLLING MUSIC PERFORMANCES AS A MUSIC THERAPY TECHNIQUE**

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Musashino Central Hospital

“Nagashi”, which means “stream”, is a traditional form of strolling music performance in Japan. The authors explore Nagashi as a music therapy technique in a hospital by walking from bed to bed while performing music requested by patients and visitors. The characteristics of Nagashi therapy and its effects are discussed.

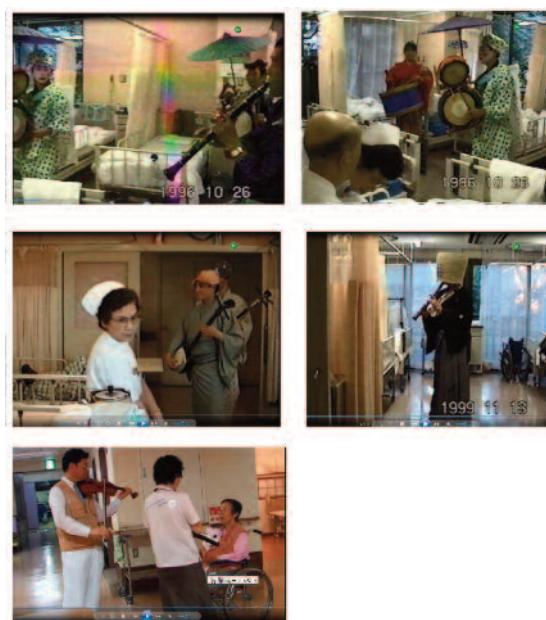
Street performances by strolling Japanese musicians were popular in pre-modern Japan. Known collectively as “Nagashi” in Japan, these performances by strolling musicians have survived until modern times in the form of Sinnai-nagashi, for example, in which a pair of shamisen players perform Sinnabushi, a type of Joruri recitation. Roving “chindon’ya” bands, who advertise for local merchants, can also occasionally be spotted.

E. Makino, director, psychiatrist and music therapist at Musashino Central Hospital (MCH), invited some Nagashi musicians, such as Shinnai-nagashi and Chindon’ya, to his hospital in 1995. He was deeply impressed by the effectiveness of the Nagashi, strolling from bed to bed and visiting each patient without any sharp transition.

In 2005, the hospital’s head nurse asked Dr. Makino to replace the existing music therapy sessions, which had been held in the lobby of

the hospital, with Nagashi due to the difficulty of moving aged patients. Thus, Nagashi had its beginning as a music therapy technique in the chronic internal medicine ward of MCH. The sessions, which are about 2.5 hours in length, are held at least twice a month. Two music therapists, Dr. Makino and Ms. Uemura, walk from bed to bed playing the violin and keyboard-harmonica while performing requests for patients and their visitors, mostly without sheet music. The therapists also discuss with clients the memories evoked by the requested music.

### **SEE VIDEO 1G**



One client, a semi-professional guitarist suffering from cerebral infarction, was depressed and upset due to hemiplegia, and would hide his hands under his quilt because he was ashamed of his condition. After participating in Nagashi sessions, however, he gradually began to enjoy the performances, and would hum the songs and play the harmonica with the therapists. He eventually joined them in performing requests, even for patients in other rooms.

**SEE VIDEO 2G**

**LISTEN TO AUDIO 1G**

The client thereby regained his motivation for physical rehabilitation, which he had previously rejected. His Function Independence Measure (FIM) improved from 28 to 46.

Since the therapists move around the entire ward playing, clients hear the sound of music approaching and fading away repeatedly. The temporal ambiguity created by these smooth transitions between individual therapy sessions encourages client participation, even for those who are usually hesitant. Because the therapists stroll around the facility, clients can participate regardless of their physical location, including in halls or lobbies, or wherever they happen to meet the therapists, creating an atmosphere of spatial ambiguity as well, which also helps clients naturally join in the therapy. Clients can also participate individually or in a group. It also allows them to share their musical experience with nearby patients and to communicate with each other in the process, even if they are

located in separate rooms. The characteristic mildness and spontaneity of Nagashi therapy, which are a result of its inherent structure, help make it an effective method of music therapy.

Improvement of dementia symptoms was observed in a client who said that the sound of Nagashi music approaching and fading away evoked pleasant memories from her past. These cases illustrate another characteristic of Nagashi, the movement of the music source, which takes clients back to their good old days, making it an effective form of reminiscence therapy.

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## **OTO NO WA: SINGING AND MUSIC SESSIONS AS SUPPORT FOR THE ELDERLY IN COMMUNITY**

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### **What's 音の和Oto no wa?**

We call our music session "Oto no wa", which means "Harmony of sounds". The Chinese character "音(oto)" has the meaning of sound or music and note, and "和(wa)" has the meaning of not only harmony but also sum(totality), peace, serenity, contentment, and Japanese.

We've continued these music sessions since October of 2013.

### **Overview**

We gather at the chapel for 2 hours on a weekday a month. An average of 30 seniors, mostly in their 70s or 80s gather every month. Some seniors come with their children or grandchildren, which widens the range of ages from 21 to 96, with an average age of 71. The group predominantly targets those who can come by themselves, only a few have diseases such as dementia, cerebro-vascular disease, or deafness. Some like this program so much that they take over an hour train trip to attend.

A singer, who is also a voice training coach at a hospital, most often leads the program, and some staff such as a nurse, care worker, organist, pianist, guitarist, or a dancer support.

### **Program**

We start our program by singing the beginning song, 'Do Re Mi' from the musical The Sound Of Music. After introducing ourselves, we play mental gymnastics (playing with our hands, quizzes, etc.) as an icebreaker. Then after stretching and breathing exercise along with music, we sing and exercise sitting on chairs. These activities have been developed in consultation with a dancer who is also an instructor of Ballet and Pilates. After that, a nurse lectures on swallowing and oral health care, and swallowing exercises using music are performed. When the group has vocalized and warmed up, games to promote communication (including one-on-one conversation or massage) and performances presented by staff are offered, followed by time for a break and tea. Divided into tables, this is an opportunity for staff and attendee to talk to each other.

Singing is the main purpose of the last half of each session. This involves focusing on conscious breath control and vocal exercises, as well as singing familiar songs, seasonal songs, and currently popular songs from the mass media. Sometimes, easy to play musical instruments such as castanets, bells, and tambourines are played together. We are also trying to include sign language with

songs. Finally, we celebrate those who have birthdays within the month of the session, and everybody hold hands to make a circle, singing the last song, before dispersing.

### **Discussion**

For participants, opening their mouths widely when singing, and consciously trying to breathe deeply appears to facilitate maintaining or improving respiratory function. Furthermore, the actions of moving lips and tongues to pronounce consonants in song lyrics, and swallowing exercises are considered to help maintaining or recovering oral function.

Attendees who interacted little at first are naturally having more and more conversations with others. When taught the details of singing and interpretation of feelings, participants sing better, which leads to an enjoyment of singing. Overall evaluation in questionnaire surveys has been favorable, and some attendees began to request us certain performances. More attendees are anticipating to come every time.

We realize that constant attendance at 'Oto no wa' facilitates seniors' interaction with others and health maintenance of social relationships, particularly for those who may otherwise have less opportunity of going out

or having conversations with others. We will continue to adjust our program, examining attendees' needs, and enhancing our activities.

### **Acknowledgements**

We thank St. Mark's Church, Fujisawa, St. Mark's Kindergarten, Fujisawa and parties concerned.

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## **MUSIC THERAPY AND CALLIGRAPHY WITH A BOY WITH DOWNS SYNDROME**

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### **Target boy A and His Goal**

This case report is from the last time (presented at the 14th Nagoya Science Congress of the Japanese Music Therapy Association) released from Calligraphy performance activity for boy A's music therapy. The boy A's development with music therapy along with taking my music class has been starting since November 2002. It became possible to walk freely at the age of 4 years, training lower limb strength training on a trampoline, and improving trunk, physical strength and maintain. He has the record of the victory in the disabled section of the trampoline at the Gymnastics Association of 2015. He has been improving his muscle strength and trying hard to work with his friends as trampoline mate.

<Long Term Goal> First of all, maintaining and improving physical functions, restoring and rehabilitation of mental and physical disorders, then creating his own view and his original world by playing piano, guitar, and drum based on existing songs then making his own songs. Second of all. Having more chances to be able to participate something in society by experiencing his own performance. <Short Term Goal> Encouraging his interests and motivation towards to letters (Kanji- "Chinese letters") with music and calligraphy. Being able to write what he is not good at, and it will be self-realized in his pleasant time where he can be himself with pla-

ying his favorite songs. I am watching over his growth through music and care along with his teachers, friends and family for making the happiest of his life and constantly healthy live.

### **Method**

The boy A decide what letter (Kanji) he wants to write from everyday topics then do calligraphy with listening to therapist's piano performance. After adding various instruments and playing those instruments, he will be able to find "what he can do" and enjoy the moment of "leaning" at the same time. We are here for him to improve the quality of his life.

### **Progress and Results**

The boy A's interest in the Kanji (letter) is gradually increasing. And his calligraphy performance has been expanding since he entered in junior high school and started calligraphy performance. He shows his passion saying and repeating himself "I want to write more! I am able to do this better!" every time he commits this calligraphy performance with music. And these positive action are found while his piano performance, he says "I will play again! I want to play more! I want go ahead!"

### **Finding and Discussion**

The boy A has high cognitive and understanding of sound memories, intervals, and

rhythms. The greatest talent that he shows was he could copy the exact same song with short time by understanding rhythm and memorizing of tune with highly perception. Based on listening these music, he performed very powerful and unique calligraphy. He is very concentrate to perform and match with music he listened to. All those his arts are different and every single letters indicate his emotions such as happiness, sad, and mad. Although, I observed his early adolescence that against to his mother while his activity. It seems little hard for him to re-

ceive advices and encourage especially by his mother. The relationship between his mother and a boy A would be something that can be concerned as first next challenge. As a conclusion, calligraphy music therapy could bring him a blight life that taught interests of both music and letters and I would like to support him for his better life with music.

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## **DOES SINGING CHANGE SINGERS' EXPRESSIONS INTO A SMILE?**

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### **Introduction**

Singing is a significant part of music therapy. The purpose of this study is to demonstrate the influence of singing familiar, pleasant songs on singers' facial expressions.

### **Method**

1. Context and length of data-collection. The therapy was conducted at two day care centers with healthy elderly people. At the F Center, 8 sessions were conducted once every 2 weeks for 6 months. At the K Center, sessions were once a week and lasted for 1 month, for a total of 4 sessions.
2. Participants. 11 participants at F Center; averavg. age: 74.7 years; /o aAverage g. MMSE score 28.10 (Range 25-30, SD1.92), and 12 participants at K Center; , averageg. age: 71.58 years; y/o No MMSE score available. Participants weare informed of the research in writing and orally of the research to obtain individual consent.
3. Procedure. This research was conducted during the ankle turning and percussion exercise immediately after the course opening.

Four songs were selected from a nursery song CD. The experimenters were one music therapist, one public health nurse, and one center staff member.

(A) Baseline: In the initial course, the main activity of beating a rhythm with sticks was conducted along with the CD songs after a (pre-) exercise of ankle turning, followed also by the (post-) exercise of ankle turning.

(B) Intervention: In the second session, the main activity of beating a rhythm with sticks while singing along with the same CD songs. Sessions A and B were repeatedly conducted with different songs on the CD. We investigated the changes in the participants' facial expressions, verified in an ABAB design. Each time the music therapist stood behind the participants. Two video cameras were placed in front of the participants to record their facial expressions.

The first 30 seconds in two conditions were designated to facial expression judgment. The number of smiles between pre- and post- exercises were counted and compared using the time interval method. Smiling was counted if the facial expression met the judgement scale (figure 1). Three experimenters individually judged the video.



Figure 1. Facial expression judgement scale for smiling. (upper three faces: 1, lower four faces: 0).

## Results

In the research at the F Center, a normality test was performed on the judgement result of the two conditions. Based on the verified normality in the test, a one-way repeated ANOVA statistical analysis was conducted indicating no significant difference ( $F(11,74)= 1.57$ , ns). In the research at the K Center, a one-way repeated ANOVA statistical analysis showed significant main effect of facial expressions of ( $F(3,43)=3.02$ ). However, a Bonferroni multiple comparison procedure did not show any significant difference between any combinations. According to the observation record, several participants were distracted by the therapist's standing behind them. Smiling was observed when the subjects talked with the other participants.

## Discussion

Our results did not verify that singing could promote favorable changes in singers' facial expressions. Shibasaki et al. (2014) proved significant increase in smiling along with the accumulation of participation through an organized group music therapy program. Takahashi (1997) demonstrated singing songs familiar to the elderly in promoting voluntary behaviors such as smiling. According to Tajima

et al. (2008), encouraging communication behavior between learners and staff enhances the learning therapy effect. When these findings are applied to a music therapy approach, music therapy songs can also be regarded as a communication tool. We would like to investigate further in order to verify objectively the effectiveness of the programs.

## Acknowledgment

We appreciate the cooperation of the participants and we owe our deepest gratitude to those who afforded us this research opportunity in Tone Health & Welfare Center, Tsukuba Municipal Toyosato Exchange Center, and so on.

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## A RESEARCH PROJECT OF FIVE CHINESE GIM MUSIC PROGRAMS

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### Background

Five Chinese GIM music programs were created based on the concept of Yin-Yang Principle in 2012. A research project using those programs was conducted for 10 participants. The results showed that 50% of participants improved on the Ryff Scales, cultural differences impacted on the responses to music, imagery content and wellbeing.

### Research Contents

The earliest Chinese GIM music program was created by Hanks (1992) for a study comparing imagery of people from Taiwan with US participants. 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, and the second Chinese GIM music programme (Springs) in 2010. He used the concept of the Yin-Yang Principle to select and arrange the musical selections. Program 3 (Reminiscence), Program 4 (Universe) and Program 5 (Resetting Off) have also been completed based on a Yin-Yang contour.

Ten participants involved in the research project received seven individual GIM sessions (approximately 1.5 hours each session)

over seven weeks. The Ryff Scales of Psychological Well-Being (Ryff, 1989), The GIM Responsiveness Scale (Bruscia, 2000), and questionnaire were used in the research project. The GIM therapists were interviewed after all the sessions. The results showed that not all the Hong Kong participants benefited from the Chinese GIM music programs. Although Hong Kong is a part of China, many people's living style is very western. However, for the people with a Chinese core, they were able to benefit from Chinese GIM music programs.

### Presentation

During the 60-minute presentation, the Yin-Yang Principle, research design, research process and result will be displayed and explained. A few music extracts from the five Chinese GIM music programs will be tasted by the participants. Hopefully, the presentation can encourage both music therapists and GIM therapists to use Chinese music or ethnic music in their further music therapy and GIM sessions.

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## **EFFECTS OF LISTENING TO MUSIC ON PHYSIOLOGICAL CHANGES**

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### **Introduction**

Numerous studies examine the physiological effects of listening to music in Japan. Several articles suggest that listening to music and music therapy decrease the physiological index of stress and lead to emotional stability (Nakayama, 2009). In contrast, some articles suggest that listening to music and music therapy do not result in appreciable changes (Matsumoto, 2012). Therefore, those are still under contention. Furthermore, only a few articles study the change differential by music experiences (Nishimura, 2003). Therefore, this study examines the physiological effects of listening to music and notes if these effects differ according to whether or not the participants have been exposed to music apart from music education at school.

### **Methods**

The 167 participants recruited for this study were college students from A, B and C universities. They were informed about the purpose of this study, methodology, confidentiality of personal information and freedom of participation before they signed their consent.

The procedure of this study was as follows: answering questions → first time collection of saliva sample → listening to music → se-

cond time collection of saliva sample. First, we administered a questionnaire asking about participants' exposure to music apart from music education at school, along with the description, duration and frequency of these musical experiences. We used salivary amylase, cortisol, chromogranin and secretory immunoglobulin A in the saliva as indices of the subjects' physiological behavior. The participants listened to the Piano Concerto KV. 467, composed by W. A. Mozart; Waltz for Debby, composed by Bill Evans; and two Japanese songs, Furusato and Natsu no omoide. A Wilcoxon's signed-rank test was employed for statistical analysis. We calculated the differential between concentrations before and after listening to music and compared the experiment group with the control group using Mann–Whitney's U-test.

### **Results**

Results revealed significant differences with respect to the levels of salivary amylase ( $Z(1,167) = -2.24$ ), chromogranin ( $Z(1,48) = 3.54$ ) and secretory immunoglobulin A ( $Z(1,48) = 4.05$ ). We found no significant differences in the pre and post levels of cortisol (table 1). No significant physiological differences were observed between participants with experience in music and those without.

Table 1. Comparison of the physiological changes between before and after listening music.

	pre	post	Z-value
<b>Salyvare amylase (n=167)</b>	59.38(69.20)	58.83(73.60)	-2.24*
<b>Chromogranin (n=48)</b>	5.19(5.92)	6.70(7.96)	3.54***
<b>Cortisol (n=34)</b>	.09(.06)	.08(04)	-1.17
<b>Secretory immunoglobulin A (IgA) (n=48)</b>	175.24(119.81)	235.81(123.79)	4.05***

## Discussion

The concentration of salivary amylase indicated that stress had been reduced after listening to music. Nakayama (2009) results were similar to our results. Therefore, we conclude that listening to music releases stress, even though the concentration of chromogranin increased. The first time, the participants felt some discomfort about keeping the absorbent cotton in their mouth for collecting saliva; however, the second time, they expected this discomfort. Thus, chromogranin, which increases the very moment one experiences stress, was shown to be increased in this study. Alternatively, we used test strips for collecting salivary amylase. These were less discomforting than absorbent cotton. The level of secretory immunoglobulin A (IgA) rose after listening to music. IgA decreases as stress increases. Therefore, the results of this study indicate that stress decreased after listening to music; we find that the immune function improved as well.

Therefore, in this study, past experiences with music did not affect the level of stress after listening to music. However, Nishimura

(2003) have reported that participants with no past music experiences underwent more stress reduction after listening to music than those with music experiences, but no significant reduction were observed. So, we will therefore investigate this even further.

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## **RESEARCHING MONGOL MUSIC THERAPY: A CASE STUDY OF HORQIN SHAMANIC HEALING**

*Toya Wren*

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### **Brief Introduction to Mongol Music and Therapy**

Mongols have a long-standing tradition of music therapy. A case in point is the conventional uses of Shamanism-related music and dance to treat diseases in the Horqin district of Inner Mongolia. For example, The Andai Dance is used to treat hysteria in women, and when treating measles for children, morin khuur is played and Mongol "heroic epic" chanted. Mongols believe that music can "move the heaven and earth, and make ghost and spirits cry", and when Mongol herdsmen sing "Quan Nai Ge" (song summoning the animals to milk their babies), the music is so powerful that the ewes even dearly cuddle and accept stray lambs into their pens.

### **Exploring Mongol Music Therapy**

Based on a large quantity of data from in-depth field studies that span over a period of 3.5 years and after reading related literature, especially theories on music therapy, this study contextualizes such healing practices into the time-honored shamanism of the Mongols and the cultural milieu of Horqin district to observe and explore the underlying traces of music therapy.

In this study, questionnaires and interviews are used to gather a pool of first-hand data about three Shamanic dance-and-music inheritors and many of their patients. With an in-

depth and thorough analysis of data, this article explores how music is applied in Shamanic healing for therapeutic purposes, with special focus on the general features in the music-based Shamanic healing of Shut'en Sohu (a disease necessary for the initiation into shamanhood, whose treatment involves the evocation of gods to the accompaniment of music) and Solia Gachu (a term used by locals for "madness"). Besides, such important issues as the Shamanic healing procedures and pathology, healing music, and the psychosomatic responses of patients to music are also investigated to identify its mode of music therapy and demystify Shamanic music healing.

In addition, the author also compares Horqin shamanic healing and modern music therapy, and concludes that (1) Horqin shamanic healing is an ancient form of music healing because it has many commonalities with music therapy in terms of theoretical underpinnings, the inheritance of healing music, healing methods and techniques and therapeutic applicability to diseases, and (2) that the rich reserve of ancient music healing rituals in the grasslands where the Mongols live is a deservedly a vital sub-branch of Chinese music therapy. What's more, the author calls for serious academic attention to Horqin Shamanic healing and suggests that it be updated, standardized, systemized and included into Chinese music therapy landscape so to enrich and advance Chinese music therapy in the

new century and make due contribution to human healing.

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## **PSYCHOLOGICAL SUPPORT FOR MOTHERS IN MUSIC THERAPY FOR SEVERLY DISABLED CHILDREN**

*Mie Yaeda*

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### **Abstract**

This study identifies critical perspectives supporting mothers. Three mothers severely disabled adult children (Rett-Syndrome) who had undergone music therapy with the author in childhood and three mothers with normally functioning adult children were studied using a semi-structured interview, and IFEEL Pictures, Japanese Edition. We identified three commonalities, as well as high individuality between them.

### **Description**

The author has practiced individual music therapy for severely disabled children and adults in a team of medical care practitioners for 20 years. In daily practice as a music therapist, it is necessary to focus on the mother-child relationship and provide psychological support for mothers. This study was conducted to identify important factors for providing psychological support for mother who are raising young children. The author is studying clinical psychology in a graduate school while continuing practice as a music therapist; this article is a summary of the author's master's thesis.

The participants are three mothers of severely disabled adult children (Rett-Syndrome) in their twenties who have undergone individual music therapy that the author had conducted for mothers and children, as well

as three mothers of normally functioning adult children in their twenties.

First, a semi-structured interview was conducted, and participant's subjective narratives, which were a reflection of their child rearing experiences, were analyzed qualitatively, using the KJ method to find their psychological meanings. As a result, two of three commonalities that were found between the six participant mothers are as follow: First, the ability to use the environment and second, the existence of a person whom one can share consistent policies. Furthermore, the IFEEL Pictures, Japanese edition and questionnaire survey on empathy were administered. As a consequence, the third commonality, having the necessary ability to read the basic effect, including empathy, was found to be a critical axis in continuing adequate child care, even in difficult aspect of child care.

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## **SEMINAR ON MUSIC THERAPY FOR HIGH SCHOOL STUDENTS, QUESTIONNAIRE SURVEY TO FOLLOW**

*Chiho Yaginuma, Music Therapist*

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### **Introduction**

I received a request to hold a seminar on music therapy at a co-ed high school, where many of its students are interested in careers in social and medical welfare. I held the seminar entitled “Music Therapy: Let’s Learn, Experience, and Feel it” in March 2016, and later collected questionnaires and reports from the students to study what their impressions were.



Students then participated in mock therapy workshops, using musical instruments and physical exercises.



### **Method**

First and second graders, 552 in total, attended the 60-minute seminar. I first explained the basic outline of music therapy (aim, methods, on-site practice, patients), followed by photos and videos of my actual sessions.

Many nodded enthusiastically while I spoke, cheered at videos, and participated eagerly in the workshops.

### **Results**

542 out of 552 attendees answered my post-seminar questionnaire, which aimed to see

what the current status was on recognition and interest in music therapy. Though 90% hitherto had no knowledge of music therapy, 78% liked the videos, and 82% would consider receiving therapy if he/she or family members were recommended to do so in the future.

"I would like to use what I learned today for my grandfather who goes to day care service".

"It was good to have the opportunity to learn about music therapy because I am interested in a career in social welfare."

"I am going to collect further information on music therapy and music therapists".

These are what some of the students wrote in the survey. The seminar, I feel, inspired many to try to use music therapy in daily life, or to further study it to support their future careers.

It was a good opportunity to heighten interest in music therapy in high school students, namely, the 'Next Generation'. It was also well received by the teachers, and a new seminar is in the works.

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## **USING JAPANESE DRUM FOR EMOTIONAL RELEASE OF SENIORS WITH DEMENTIA IN FACILITIES**

*Yukiko Yamada*

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In Japan, it is common for seniors to live together in a facility catered to the elderly, nursing-care welfare facility or Geriatric Health Services Facilities when it becomes difficult to live alone due to dementia, or their family members to take care of them. When elderly people experience such changes in environment or the development of dementia, they tend to feel emotionally insecure and start to lose their enthusiasm. Therefore, using music therapy exercised at nursing homes often aims to stabilize emotion and activates mental and physical health of the seniors. Music therapy often takes the form of group therapy, and the size of the group varies from 5 to 20 members.

In such group therapy sessions, seniors are encouraged to play music by ear using Japanese drums or engage in activities incorporating Japanese rhythms. It is interesting to note that there are prominent changes in their expressions after the performance, and positive attitude can be observed even in their subsequent activities. The sound of the drums and ancient rhythms evidently play an important role.

As ancient music from the country's historical era has been well preserved and passed down generations, there are various kinds of traditional music still present in Japan. Among them is Gagaku, which is considered to be the oldest Japanese music, and Noh, which was developed at the time of Muro-

machi era (1400's). Drums play a role as a conductor by indicating the changes in rhythmic patterns and speed. They also play an important role in local performing arts such as local festivals and Bon dances. Rhythms seen in these Japanese performing arts are different from western rhythms. There is no accented beat, and rhythms are often structured only by single beats.

In Japanese folk songs, certain musical phrases, such as "Yoisho", "Dokkoisho", "Sate", "Sore", "Iyo", "Korya", "Hai-hai" and "Dont-suku", are often used. People call out those phrases to support the dances. They enhance rhythmic patterns, add variations to the music and uplift the atmosphere.

Seniors are familiar with Japanese drums, and therefore, the sound of Japanese drums and rhythms they produce bring a sense of nostalgia to them. However, since there are not many chances to play Japanese drums, seniors often experience beating the drums for the first time in music therapy sessions. This is considered to contribute to their sense of accomplishment and in turn, provide a feeling of high satisfaction.

Easy-to-carry Shindo-gata Hira-daiko (Hereinafter referred to as Japanese deep shell flat drum) is often used in my music therapy sessions. As the name suggests, it is a flat drum which has a deep shell. It allows drummers to hit the wooden frame like Miya-daiko (an im-

perial drum), and produces deeper sound than other flat drums. Japanese deep shell flat drum is an instrument which requires only a small force to make a loud sound, and players can change tone by hitting the wooden frame. During the performance, the therapist call out the musical phrases used in folk songs, which also enhances energy of the entire group and improves concentration.

Therefore, activities assimilating Japanese culture are considered to be effective in a music therapy session.

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## **THE CHARACTERISTICS OF MUSIC TO IMPROVE QUALITY OF SLEEP**

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### **Objective**

Recently, two reports of meta-analyses showed the efficacy of music to improve quality of sleep. The purpose of this study is to clarify the characteristics of music to improve quality of sleep.

### **Methods**

In twenty five tracks used in the previous study, we calculated four analysis indicators: tempo, density of notes, redundancy of note value and slope of the zero-crossings spectrum of melody.

### **Results**

The average tempo is 62.92 (16.76 S.D.) /min, the minimum value is 37 and the ma-

ximum value is 94. The average of the density of notes is 1.062 (0.17 S.D.) / sec, the minimum value (the lowest density) is 0.464 and the maximum value (the highest density) is 4.25. The average of the redundancy of note value is 60.01% (12.88 S.D.), the minimum value is 42.8 and the maximum value is 96.4. The average of the slope of the zero-crossings spectrum is 1.062 (0.175 S.D.), the minimum value is 0.67 and the maximum value is 1.355.

### **Conclusions**

In the previous study, most of the pieces have been described as 'sedative music.' It is reported that the characteristics of conventional 'sedative music' are that tempo is slow, that rhythm is no finer and that melody is smooth. In this study we considered

more objective indicators of these characteristics. Results showed values close to the conventional definition. However, it was revealed that tempo is not limited to 60~85/min but 85/min or less, that density of notes varies from track to track, that redundancy of note value concentrates near 60%, and that slope of the zero-crossings spectrum of melody concentrates in one.

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## **THE EFFECT OF THE MUSIC ON THE NEGATIVE MOOD AFTER STROKE: LITERATURE RESEARCH**

*Miho Yamauchi*

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### **Introduction**

After the cerebral apoplexy, many stroke patients have negative mood, and about one-third of the patients become the post stroke depression. Depression of a patient after a stroke causes a decrease in cognitive function, ADL (activities of daily living), QOL (quality of life). We know that these conditions have the serious influence to the prognosis. Thus, it is important to recovery from the negative psychological states for the stroke patients. Although psychological care for patients after a stroke is necessary, it is thought that it is not yet done enough. In general, music is well known that to improve the mood of the person, and so music is used as intervention tool in various situations. Therefore, we predicted that music will be useful for patients even in the case of post-stroke care. We studied the literature to investigate how music influences the depressive mood for the stroke patients.

### **Method**

In currently study, we investigated the papers for the effectiveness of music to the mood of the stroke patients that published from January 1995 to December 2015. The databases we used were PubMed, Web of Science and PsychInfo, and the search terms were 'music' plus 'stroke' plus '"depression" or "mood"'. A total of 65 papers were extracted, from which 23 duplicate articles were excluded.

Then, in order to be explore the effect of music regarding stroke, we excluded the review papers.

### **Results**

As a result of literature search, we extracted 24 articles. We found that seven papers were concerning the mood influence of patients after stroke, four papers were about music-movement therapy, three papers were about listening to music and unilateral neglect after stroke. In addition, two papers of aphasia after stroke, one of music therapy form, and one of artistic intervention involving music therapy and four case reports were found. One of the two systematic review papers was about rhythm auditory stimulation (RAS) and the other was about therapeutic interventions for post-stroke depression of nurses.

### **Discussion**

There were two types of papers mainly dealing with the patient's mood after a stroke: interventions by music therapy sessions or music listening.

Papers on music therapy sessions were types of individual therapy and group therapy. Those papers reported positive changes in mood due to music therapy session interventions. However, in the assessment of the mood of the patient, there was only one ar-

ticle that showed that the depressed state statistically decreased.

Of the papers of music listening intervention, one was from the rehabilitation group in which the nurse participated, and it seemed to be similar to the music therapy session. In these papers, evaluation of intervention by music listening was based on interview studies, that reported a mood improvement. On the other hand, Särkämö (2008) reported that the music group showed significant attention concentration and recovery of language memory. And also the music group experienced less depressed and confused mood than the control group. Särkämö (2014) also reported the increase in gray matter in the music group using voxel-based morphometry (VBM) analysis. They suggested that music listening after stroke not only enhances behavioral recovery, but also induces fine-grained neuroanatomical changes in the recovering brain.

Music has a variety of elements, and so it is important to objectively evaluate how music improves the mood of patients after stroke. Our expectation is that if the effect on the

mood of music becomes clear, more effective usage is discovered and may benefit the patient.

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## **NORDOFF-ROBBINS MUSIC THERAPY WITH ELDERLY WITH BPSD IN HONG KONG**

*Chau Suet Yan, Cat*

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### **Abstract**

With the understanding of the insufficiency of the current system in aged-care nursing homes in Hong Kong and the rich experience in elderly service, the presenter found the way to use music to connect to the souls deep inside the clients with Behavioral and Psychological Symptoms of Dementia by applying the Nordoff-Robbins approach.

### **Description**

Nordoff-Robbins (NR) music therapy is a client-centred and music-centred approach, which involves strong clinical improvisation techniques. NR therapists have high musical sensitivity in order to build connections through music instead of words, while matching it to the needs of the clients. As the nature of the approach, “music as therapy” with the belief that every individual has a “music child” – the inborn ability to respond to music, every individual who is considered as “non-communicative” such as elderlies with severe dementia and BPSD, are reachable and connectable through music on an equal basis “here and now” together.

In an aged-care nursing home setting in Hong Kong, caregivers, social workers and health professionals always encounter the challenges of helping the BPSD elderlies whose cases are considered complicated because of aggression, delusions, hallucina-

tions and etc. to regain and maintain their physical and cognitive skills due to limited knowledge of the way to offer help. Medication seems to be the common solution to deal with the BPSD elderlies, yet, the side effects and the real needs of them are always neglected, which results with the frustration from their families of the whole nursing home system. The power of the music therapy, throughout the process, is witnessed by the staff.





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## **COMMUNITY MUSIC THERAPY IN HONG KONG: COMMUNITY MUSIC THERAPY IN UMBRELLA REVOLUTION**

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### **Abstract**

During Umbrella Revolution, the presenter, a music therapist, cooperated with community artists to collected stories of the whole community, in which the storytellers were from different political stands. Throughout the process of songs co-writing, dance movements and drawings with the community members, the presenter witnessed the power of community music therapy.

### **Description**

In 2014, a huge pro-democracy political movement— “Umbrella Revolution” took place in Hong Kong. The movement adversely affected Hong Kongers through its influences on local transports, businesses, social media, and schools, etc. The society had different voices, and people had mixed-feelings and emotions towards the revolution. They lost confidence towards the government, experienced some unexpected situation while they might face challenges on their relationship with family and friends due to different political stands. Owing to this, public neglected and suppressed their voices in the fast-moving city with overwhelming news.

“Community Music Therapy in umbrella revolution”, which was initiated by a registered

music therapist and a group of local community musicians and artists from different backgrounds, was a way out for the suppressed voices from different backgrounds in the community. With the record of the real life stories under umbrella revolution by songs co-writing, dance movements and drawings and performance outside the occupied areas, the voices could reach out to the public in the creative way while the project also encouraged open discussions among the society with the echo of social media coverage.

The project finally became a bridge and a collective memory of Hong Kong that linked up citizens with different point of views in the society with no judgement, in which the community experienced the magic power of community music therapy together.

### **Multimedia & Releases**





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## **A STUDY OF MUSIC THERAPY FOR PATIENTS WITH RHEUMATOID ARTHRITIS**

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### **Abstract**

Music therapy has been used as a means of rehabilitation in recent years. However, little is reported on its use for patients with rheumatoid arthritis (RA). The purpose of this presentation is to discuss the effects of music therapy for this population based on singing-focused sessions we conducted since 2010.

### **Description**

In 2010 we began conducting a music therapy group session for 12 to 28 RA patients once a year. Some patients participated in multiple years although every year there were new participants. Their ages ranged from thirties to eighties while a majority was between fifties and seventies. The ratio between male and female patients was 1:10. Each session lasted approximately an hour and was singing-based, using eight songs that were chosen and accompanied on electronic piano by

a music therapist. These included seasonal songs and Japanese pop music from older eras, and the selection was different each year. Since 2013, 'chime bars' were used introduced for a couple of songs, and in 2014 a theme song from a television show was included. Participants were familiar with the songs used.

The staff consisted of one physician, one or two nurses, one occupational therapist, one or two registered music therapists, and several university students majoring occupational therapy, physical therapy, medical technology, or nursing.

To assess the effectiveness of the session, in the first year Visual Analog Scale (VAS) was used to measure the patients' overall physical condition, and face scale was used for the measurement of pain level. In the sessions during 2011 and 2012, State-Trait Anxiety Inventory (STAI) was added to assess patients'

state of anxiety, and General Self Efficacy Scale (GSES) was used in 2013 session and Self-Efficacy Score (SES) in 2014 instead of STAI. In 2015 session, Temporary Mood Scale (TMS) and 'KOKORO' scale were used to assess the state of patients' feelings.

These six music therapy sessions with RA patients across the six-year period revealed significant improvement in the patients' overall physical condition, pain, and anxiety, the self assessed efficacy and the mood showed improvement. In conclusion, music therapy appeared as a useful interventional approach for RA patients.

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## **MUSIC-BASED VOICE PROTOCOL FOR SWALLOWING, VOCAL FUNCTION, AND QUALITY OF LIFE OF PATIENT WITH DYSPHAGIA: A CASE STUDY**

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The purpose of this study is to examine changes in swallowing function, voice quality, and quality of life with music-based voice protocol for patients with dysphagia. This music therapy protocol was based on the previous study (Kim, 2010), and modified. It designed to improve breathing, phonation, and swallowing functions focusing on laryngeal elevation. The modified protocol of this study consists of 4 steps: 1) relaxing respiratory muscle, 2) humming or singing as a preparation of vocal training, 3) vocal training for laryngeal elevation, 4) breathing for closing. Three patients with dysphagia participated in this study and each participant received a total of 11 or 12 individual music therapy sessions and each session was conducted for 30 minutes. In this study, three kinds of measurements were used. First, the measures of maximum phonation time (MPT), fundamental frequency, average intensity, jitter, shimmer, noise to harmonics ratio (NHR) by Praat test, second, laryngeal-diadochokinesis (L-DDK) to investigate laryngeal elevation, and last, the swallowing-quality of life (SWAL-QOL) was measured. These cases have shown.

improved breathing, phonation, swallowing function, and the scores of SWAL-QOL in all of the patients. It suggests that the protocol in music therapy intervention were effective on laryngeal elevation related to swallowing, vocal function. Moreover, the patient' compliance with recommended instructions is the

most important factor of their improvements. The music intervention with music-based protocol can be effectively implemented in further research for patients with dysphagia.

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## **EXPLORING THE POTENTIAL OF EMPLOYING CHINESE MUSIC ELEMENTS IN CONTEMPORARY MUSIC THERAPY PRACTICE —A LOCAL PERSPECTIVE**

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### **Background**

Music is a universal language that speaks our humanity. Different genres of music and types of instruments, hold a strong ethnic orientation that represents part of our own identities (Ruud, 1998: 31).

As an international city, Hong Kong is a cultural hub that embraces both east and west musical cultures. The lead author, like many other local cohorts, obtained her music therapy training in western country, then returned to her hometown and worked mainly with Chinese populations. The notion of employing relevant musical materials, i.e. Chinese music, as a consideration in music therapy practice: the pragmatic aspects, the pros/cons that it brings, comes naturally and inevitably. .

### **Current Literature Body**

Han (2015) discussed that cultural knowledge is a music therapist's competency—their ethic background, musical trainings, contribute to the process with their clients.

Owing to the fact that the local literature body is still at its initial stage of development, little has been mentioned about using Chi-

nese music on local music therapy settings or with Chinese populations. The most recent one would be Wong's empirical study which targeted 16 local music therapists (2016). Currently all music therapists were trained overseas, due to the lack of local training. The knowledge and skills they bring back were primarily based on western contexts. It was reported that the majority of local music therapists do not employ, or less frequently employ, Chinese music materials in their own practices. Additionally, 40% of respondents deemed Chinese music being an unnecessary genre.

### **Research Question & Two Local Studies**

Therefore, it is the authors' interest to know:

1. What clinical aspects can Chinese music bring in a music therapy session?
2. How do Chinese clients perceive Chinese music and Western music differently?

Two studies took place in the local contexts, namely:

1. Community music therapy sessions with adults, and
2. Improvisation experiential sessions.

For both studies, two sessions were conducted by music therapist and were taped, transcribed and analysed. In the first study, a Chinese music programme and a classical music programme was played to the clients in two sessions respectively. The clients' experiences consisting significant themes in relation to the music and imagery were extracted and compared. The findings were supported by questionnaires. For the second study, Chinese music instruments and Western music instruments were used for experiential improvisation sessions respectively. Interviews were conducted.

### **Conclusions & Implications**

The implications of Chinese music providing as a window of creativity and self-expression that is specific to Chinese populations were considered. The research findings shed lights on music therapists rethinking how their cultural identities can be contributed in their practices, leading to the discussion of the wider discourse for practitioners in the fields of contemporary music therapy, ethic music, and cultural identities.

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## **PYCHODYNAMIC ORIENTED MUSIC THERAPY FOR A CHILD WITH A PERVERSIVE DEVELOPMENTAL DISORDER**

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### **Introduction**

Regardless of the method employed, how to establish an individualized therapeutic relationship between the client and the therapist should be placed at the core of the whole therapeutic process. In order to understand the quality of 'relationship' and unravel the client's inner world, the therapist should not only have musical techniques but also comprehend the psychological condition of the client. Psychodynamic-based music therapy combines the clinical music process and the psychological process in mother-infant interaction. The aim of this study is to discuss how the music therapist develops the therapeutic relationships in light of the psychodynamic theory.

### **Method**

The client was an 11years old boy with a pervasive developmental disorder. He spent most of his time in a special care unit which is part of a national mainstream school. Although he could communicate verbally with those people who were closely related to him, showed extreme emotional instability and low self-esteem. Individual music therapy sessions with the boy were placed at the private music therapy institute, 30 minutes/ week, continued for 1 year. I recorded all the sessions and analyzed what was happening in the sessions, using psychodynamic theories. This work is divided in three phases, accor-

ding to how to the therapeutic relationship developed.

### **Result**

In phase1 (s1 – s7), he did not respond to any musical interventions. Instead, he devoted himself to creating his own game-world on the floor with no instruments, where he tried to control his therapist as a pawn in his silent game world.

In phase 2(s8 – s19), I introduced short simple rhythms in order to adjust his movements little by little. He accepted the rhythms first, then gradually the melodies, but did not show any interest in playing instruments.

In phase3 (s20 - s27), the client started to respond musically. He initially just repeated playing the drums in unbearably big sounds and up-tempo. Later in this phase, he suggested me to play more slowly and softly like an 'ocean'. It enabled us to play together in 'moderato' and 'mezzo piano'. He eventually stopped making his own gameworld and showed more engagement with the therapist than in the former phases.

### **Discussion**

In the session, although the client initially looked he was playing with his therapist, the therapist existed only as a controllable pawn in his game world and no mutual interaction was found there. This situation was explained

by Pavlicevic (1997), the client seemed to 'seal off' the external world in order to experience autonomy only in the safe internal world. Moreover, Winnicott (1971) explained that the aim of therapy is to enable the client to 'play' in 'potential-space'. It is important for the client to re-experience the process similar to that of the mother-infant interaction in order to create in the 'potential-space'.

In phase 1, I deliberately acted as a person who was controlled by the client in his game world for the following two reasons:

1. To experience his 'inner-world' with him and,
2. To create a secure attachment base for the therapeutic relationship to 'contain' the client fully.

According to Bion's theory (1962), 'containing' takes place when a mother processes the unwanted and/or overwhelming objections from an infant and returns them to the infant in a modified and palatable form. Thus, in phase 2, I did not remain passive inside the clients' inner-world, but tried to contact him from the external world by using improvised music, to be more specific, by accompanying and shaping his musical outburst. In phase 3, the improvisation between the client and the therapist in the 'potential-space' provides an effective context for developing a therapeutic

relationship. The spontaneous musical exchange can be considered intrinsic to the pre-verbal to-and-fro relationship between mother and an infant.

### **Conclusion**

Creating the 'potential-space' influenced the client to be able to play with his therapist. However, it is only a start of the therapeutic relationship. The next thing to do is to develop the process of 'playing' in that space. This inspires his self-esteem and develops his relational skills both at the therapeutic and non-therapeutic situations.

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## **THE ROLE OF THE MUSIC THERAPIST AT THE HOSPICE DAY CARE SERVICE**

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### **Abstract**

This study examines the role of the music therapist as a member of the multidisciplinary team at a hospice day care service in Japan.

### **Introduction**

Because of the increasing population of terminally ill patients who want to spend their last moments with loved ones at home, hospice day care is a very important service that allows patients to maintain their quality of life in their community. Music Therapy for terminally ill patients in palliative care at hospice day care is a very new and challenging area for professional practitioners in Japan.

### **Hospice Day Care Service at Yazz Clinic**

In April 2015, the hospice day care service at Yazz clinic started providing support to terminally ill patients and patients with incurable diseases who choose to continue living at home. At this hospice day care service, there is no scheduled program;

however, participants are able to choose from a range of services depending on their individual needs, such as counseling, spiritual care, relaxation and exercise, ceramic art, craft-making, painting, and music therapy.

### **Method**

The authors investigated patient preferences

at the hospice day care service at Yazz clinic and analyzed responses to a questionnaire conducted each time participants left the hospice day care service at Yazz clinic facility.

### **Results**

Data shows that a large majority of participants was interested in music therapy sessions at the hospice day care service at Yazz clinic.

### **Discussion**

The analysis of questionnaire responses supports further investigation into reasons why the participants of the hospice day care service at Yazz clinic preferred music activities, their expectations of music therapy, and their feelings after participating in the hospice day care service at Yazz clinic. This analysis revealed the role the music therapist plays as a member of the multidisciplinary team at the hospice day care service.

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## **CAN SYNCHRONIZED MOVEMENTS BE A MARKER FOR SOCIAL MOTOR SKILLS DEVELOPMENT?**

*Ga Eul Yoo*

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Synchronizing one's movement to external cues or to movements of others is based on precise timing perception and motor coordination. It has been proposed that this lower level of sensorimotor coordination may be indicative of more complex social skills, in that this perception and action process underlies interaction with the environment and others in real time. Previous studies documented that synchronized movement with others is associated with liking, affiliation, prosocial behavior, and cooperation. However, attempts to demonstrate synchronization as a marker for social skills in adolescents are relatively elusive. Therefore, this study aimed to demonstrate the underlying structure by which synchronization is explained in relation to social skills in adolescents. Eight adolescents without neurological impairments participated in this study. Each participant performed the tasks of (a) tapping an electronic drum at self-paced tempo, (b) tapping the drum matched to rhythmic auditory cueing, (c) tapping the drum in synchrony with another person, and (d) tapping the drum in synchrony with another person while rhythmic cueing was being provided. Cognitive and social skills measures were used. An exploratory factor analysis was computed to identify the underlying relationship among the measured variables. The results showed that four social skills factors influenced rhythm playing parameters: self-regulation, social coordination, joint engagement, and inferential adjustment. Notably, the presence of cueing, the involvement of another person, and the tempo of cueing during playing were

influenced by different social skills. These results indicate that synchronization to external stimuli (rhythmic cueing and the timing of others' movements) as an objective index for motor coordination in a social context can be incorporated into music therapy intervention for social skills development.

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### **Notes**

This study complied with the WFMT Ethical Practice Guidelines.

## **A STUDY OF MT FOR QOL OF BED-RIDDEN PERSON WITH SEVERE DEMENTIA**

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### **Abstract**

During the late stages of dementia, people often have difficulties communicating with others. However, interventions through music and providing multi-sensory stimulations may potentially access their abilities to communicate. This case study reports how music therapy sessions contributed to improvement in QOL of a non-verbal bed-ridden elderly woman with severe dementia. The sessions were aimed to access her hidden communication abilities and provide opportunities to interact with others through singing, talking, and providing appropriate sensory stimulations.

### **Client**

The client was a bed-ridden 89-year-old Japanese woman with severe dementia, who lived in a nursing care facility. She lost the ability to talk and express needs, had no facial expressions, interaction with others and response to the environment.

### **Music Therapy Interventions**

The music therapy sessions were conducted twice a month for 20-30 minutes per session for 7-month period with the aim to access her hidden communication abilities and provide opportunities to interact with others, and improve her QOL. At each session, the music therapists provided appropriate sen-

sory stimulations such as hand rubbing while singing and talking to the client. The music was selected from Japanese folk songs and music from her younger age.

### **Outcomes**

The client's responses to the activities were inconspicuous at the first few sessions, and the music therapist carefully observed the responses. The therapist found the following four responses.

1. During the hello song, as her name was called, her eyes which were usually tightly closed, opened and made eye contact with the music therapist.
2. When her son joined a session and sang a song, her eyes opened widely and facial expression changed distinctly as if she recognized her son.
3. She also responded to some visual stimulations such as pictures of Autumn leaves while gentle music played from a tablet by moving her eyes.
4. The interventions eventually elicited her voice "Ah" while she exhaled, especially at the end of the singing activities.

### **Discussion**

According to Matsushita (2007), a significant correlation was found between QOL and the seriousness of dementia, suggesting that the more serious a patient's dementia,

the more important the expression of positive feeling or changes in facial expression become as an important QOL factor. Additionally, the study has shown that, in severe dementia, lost functions themselves become reflected in QOL factors. Therefore, talking, reacting, and changes in facial expression appear to have significant meaning even if there are no external changes in the patient's activities.

During this study, the music therapist found that the client's responses were becoming more recognizable. The music therapy outcomes indicate these interventions which provided appropriate auditory/visual stimulations and sense of touch may access hidden abilities of people with severe dementia, and improve their QOL.

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## **MUSIC THERAPISTS' AND MUSICIANS' PERCEPTION OF ENVIRONMENTAL MUSIC THERAPY AND ENVIRONMENTAL MUSIC IN A HOSPITAL SETTING**

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### **Background**

For the purposes of this study, Environmental Music Therapy (EMT) is an approach within the field of music therapy, utilized by trained, licensed professionals utilizing live music to address the physical, psychological, and cultural needs of patients, caregivers, and staff in the hospital environment. Environmental Music (EM) is defined as live music performed by musicians in public areas of hospitals typically on a volunteer basis.

### **Objective**

This study examines the similarities and differences between musicians' and music therapists' perception of the music-making process and its impact on the sound environment, patients, and caregivers. Method: Interviews were conducted with six musicians providing EM and five music therapists providing EMT. Data were analyzed using a modified grounded theory approach.

### **Results**

Results suggest that although music therapists

were more specific with treatment goals, musicians consider their contributions as being beneficial to the environment and the emotional states of individuals as well. Findings indicate music therapy and community music programs have value in this setting, often associated with anxiety and stress. Discussion includes considerations for collaborations between music therapists and musicians in the hospital setting.

**Keywords:** music medicine, music and health, environmental music in hospitals, environmental music therapy, community music, attunement, deep listening.

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