

**June (12) 13-15, 2008**  
**2<sup>nd</sup> International Music Therapy Research Conference**

***Making Connections:  
Exploring the Relationship Between  
Music Therapy & Music Education***

***Laurier Centre for Music Therapy Research  
(LCMTR)***



**Conference Location**  
***Wilfrid Laurier University  
75 University Avenue, West  
John Aird Building, Waterloo, Ontario, Canada***



## *Connections & Explorations*

*It was E.T Gaston (1968) who first stated that the good music educator follows many of the principles and processes of music therapy and the good music therapist follows many of the practices of music education.*

*What are these principles, processes and practises? What are the most effective educational music therapy interventions and therapeutic music education techniques music therapists and music educators use? What educational aspects occur in every music therapy process? What therapeutic aspects occur in every music education process? Should both, music therapists and music educators, be aware of the interpersonal, intrapersonal, and therapeutic processes that automatically take place when meeting their clients or students? Does both, music therapy and music education take place at the relationship? Does therapy and education lie on a continuum that could be affected by each others' theoretical and philosophical histories?*

*I hope this conference will build connections and explore the relationship between music therapy and music education from joint collaborative research perspectives. There will be dialogue and debate... constructive ideas will be exchanged.*

*Through key-note presentations, concurrent papers and open discussions similarities and differences will be explored and connections will be created.*

*Wish you make connections and have an enjoyable time in this conference!*

*Dr. Heidi Ahonen-Eerikainen  
Conference Chair  
Professor Music Therapy  
Director, Laurier Centre for Music Therapy Research*



*Here we are in Waterloo, at Wilfrid Laurier's second music therapy conference. This conference brings us together for the unique purpose, to explore the interesting relationship that exists between the fields of music education and music therapy. As a music therapist who has worked with educators, sat on Boards with music educators, and pursued graduate work within a music education department, I have long been interested in the juxtaposition of our two professions. My hope is that during the next four days we will enjoy sharing our work and our thoughts, and be engaged in thoughtful debate and discussion. With luck, through this shared investigation, we shall reach a better understanding of each other, find a way to delineate the parameters of this relationship and realize how we can support our respective fields.*

*Thank you for joining us in this exploration. Welcome!*

*Kerry L. Byers*

*This conference is made possible with generous support from the Wilfrid Laurier University Vice-President Academic Development Fund and Music Faculty. Thank you.*

*Special Thanks to following people:*

Dr. Sue Horton, Vice-President, Academic  
Dr. Charles Morrison, Dean  
Faculty of Music  
Wilfrid Laurier University

*Steering Committee*

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*Performers*

Dan Lichti  
Dr. Colin Andrew Lee  
Terry Kroetsch  
Marc Houde  
Andrea and Jason Lamont

# PROGRAMME

**Thursday, June 12, 2008**

**10:00 am – 5:00 pm**

**Pre-Conference Workshop**

by Dr. Amelia Oldfield

**Topic: Interactive Music Therapy: An Exploration of the Characteristics of This Approach.**

(Extra fee. See registration).

Chair: Kerry L. Byers

Room: Maureen Forrester Recital Hall Stage

**Friday, June 13, 2008**

**8:00 am - 9:00 am Coffee & Registration.**

Wilfrid Laurier University

John Aird Building, 75 University Avenue, West

Waterloo, ON

**9:00 am - 10:00 am Recital Hall, Foyer: Opening Ceremony**

*Piano extemporizations by:*

*Dr. Colin Andrew Lee and Terry Kroetsch*

**Welcome:**

Dr. Charles Morrison, Dean, Faculty of Music

Dr. Sue Horton, Vice-President: Academic, WLU

Dr. Heidi Ahonen-Eerikainen, Director, LCMTR, WLU

Kerry L. Byers, UWO

Dr. Lee Willingham, Music Education, WLU

Dr. Colin A. Lee, Director, Music Therapy, WLU

*Piano extemporizations by:*

*Dr. Colin Andrew Lee and Terry Kroetsch*

**Coffee (15 minutes)**

**10:30 am - 11:30 am**

**Keynote by Dr. Amelia Oldfield (UK):**

**Interactive Music Therapy: Links with Music Education**

**11:30 am - 12:15 am Discussion** Chair: Dr. Heidi Ahonen-Eerikainen

**Lunch**  
**(45 minutes @ WLU Dining Hall recommended)**

<b>Exploring Links between Music Therapy and Music Education</b>
<i>Recital Hall, Foyer</i>
<b>1:00 pm - 2:00 pm Dr. Debbie Carroll (Canada):</b> <b>A Qualitative Inquiry into Children’s Intuitive Musical Understandings: Implications for Music Education and Music Therapy Practice</b>
<b>2:00 pm - 2:40 pm Discussion</b> Chair: Dr. Colin Andrew Lee

<b>2:50 pm - 3:50 pm Dr. Elaine Bernstorf (USA):</b> <b>The Language of Music: Sound Features for Education and Therapy</b>
<b>3:50 pm - 4:30 pm Discussion</b> Chair: Dr. Heidi Ahonen-Eerikainen

**Coffee (15 min)**

<i>Recital Hall, Foyer</i>	<i>Maureen Forrester Recital Hall, Stage</i>
<b>4:45 pm-5:45 pm</b> <b>Minna Törmänen, Dr. Elina Kontu, Raili Miettinen &amp; Dr. Raija Pirttimaa (Finland):</b> <b>“Piano Man – Tom” A Longitudinal Research on Music Therapy with an Autistic Man</b>	<b>4:45-5:45 pm</b> <b>Dr. Mamta Sharma Agnihotri &amp; Jagdev Tanmeet and (India):</b> <b>Music, Mind and Music Therapy: MMM</b>
<b>5:45 pm - 6:30 pm Discussion</b> Chair: Michelle Song	<b>5:45 pm - 6:30 pm Discussion</b> Chair: Kerry L. Byers

**6:30 pm**

*Reception (Wine & Cheese)*

**Maureen Forrester Recital Hall foyer**  
**Hosted by Faculty of Music, Wilfrid Laurier University**

*Music by:*

*Dan Lichti & Colin Andrew Lee*

*Followed by Jazz Improvisations with Marc Houde*

## Saturday, June 14, 2008

**8:00 am - 9:00 am** Registration & Coffee: *Recital Hall, Foyer*

**9:00 am - 10:00 am** Keynote by Dr. Lee R. Bartel (Canada):  
**Sound Health: How Can We Meet the Challenges?**

**10:00 am - 10:45 am** Discussion Chair: Dr. Lee Willingham

**Coffee (15 minutes)**

### Concurrent Sessions

<b>Exploring Links Between Music Therapy and Music Education</b>	
<i>Recital Hall, Foyer</i>	<i>Maureen Forrester Recital Hall, Stage</i>
<p><b>11:00 am - 12:00 pm</b>  <b>Kerry L. Byers (Canada): The Relationship Between Music Therapy and Music Education: Points of Comparison</b></p> <p><b>12:00 pm - 12:45 pm</b> Discussion                      Chair: Dr. Colin Andrew Lee</p>	<p><b>11:00 am – 12:00 pm</b>  <b>Elizabeth Mitchell (Canada): Therapeutic Music Education: An Emerging Model Linking Philosophies and Experiences of Music Education with Music Therapy</b></p> <p><b>12:00 pm - 12:45 pm</b> Discussion                      Chair: Marc Houde</p>

**Lunch 1 ½ hours**

<i>Music Therapy Clinic - Room 1C8 – Arts Building</i>	
<b>2:15 pm - 5:15 pm</b>	
<b><u>Experiential Three-Hour Workshop</u></b>	
<b>by Dr. Amelia Oldfield (UK)</b>	
<b>Musical Activities to Develop Basic Skills: Therapeutic and Educational Benefits</b>	
<b><u>Maximum 15 participant !</u></b>	
<b><u>Sign-in at the registration desk</u></b>	
Chair: Kerry L. Byers	
<i>Recital Hall, Foyer</i>	<i>Maureen Forrester Recital Hall, Stage</i>
<p><b>2:15 pm - 3:15 pm</b>  <b>Laurel Young (USA/Canada): An Examination of Multicultural Issues in Music Therapy Internship Supervision</b></p> <p><b>3:15 pm - 4:00 pm</b> Discussion                      Chair: Melissa Jessop</p>	<p><b>2:15 pm – 3:15 pm</b>                      Marc Houde  <b>Experiential:                      Blues Improvisation Resources</b></p> <p><b>3:15 pm – 4:00 pm</b> Discussion                      Chair: Colin Andrew Lee</p>

**Coffee & Poster Sessions (30 minutes)**

<i>Recital Hall, Foyer</i>	<i>Maureen Forrester Recital Hall, Stage</i>
<b>4:30 pm - 5:30 pm</b> <b>Cheryl Jones (Canada): Teaching Celina: The Use of Music Education to Aid a Patient in Her Recovery from Brain Trauma and a Three Week Coma.</b> <b>5:30 pm - 6:15 pm Discussion</b> Chair: Dr. Heidi Ahonen-Eerikainen	<b>4:30 pm - 5:30 pm</b> <b>Dr. Carolyn Arnason (Canada): Improvisation and Musicianship: Staying in Touch with the Experience of Music</b> <b>5:30 pm - 6:15 pm Discussion</b> Chair: Dr. Lee Willingham

**Conference Dinner - 6:30 pm – King Street Trios**  
 Book your reservation with Debra at the registration desk

**Sunday, June 15, 2008**

**8:00 am - 9:00 am Registration & Coffee: Recital Hall Foyer**

<b>9:00 am - 10:00 am Keynote by Dr. Kimmo Lehtonen (Finland): Hard Rock -Therapy with Young Rebels</b> <b>10:00 am - 11:00 am Discussion</b> Chair: Dr. Heidi Ahonen-Eerikainen
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**Coffee (15 min)**

**Concurrent Sessions**

<i>Recital Hall, Foyer</i>	<i>Maureen Forrester Recital Hall, Stage</i>
<b>Psychotherapeutic Use of Music with Children and Youth</b>	<b>Introducing Educational Music Therapy and Therapeutic Music Education Methods</b>
<b>11:15 am - 12:15 pm</b> <b>Auli Lipponen (Finland): Music Therapy for Early Interaction in High Risk Families: Learning, Feeling and Experiencing</b> <b>12:15 pm - 1:00 pm Discussion</b> Chair: Dr. Heidi Ahonen-Eerikainen	<b>11:15 am - 12:15 pm</b> <b>Markku Kaikkonen (Finland): Figurenotes: A New Possibility for Music Teaching, Special Music Education and Music Therapy</b> <b>12:15 pm - 1:00 pm Discussion</b> Chair: Kerry L. Byers

**Lunch (1.5 hours)**

<i>Recital Hall, foyer</i>	<i>Maureen Forrester Recital Hall, stage</i>
<b>2:30 pm - 3:30 pm</b> <b>Kimberly Moffit (Canada): The Microphone as a Mirror: Therapeutic Digital Music Production with Teenagers in a High School</b>	<b>2:30 pm - 3:30 pm</b> <b>Andrea Lamont &amp; Dr. Heidi Ahonen-Eerikainen (Canada): Seeing Through the Looking Glass: Enhancing Participation and Restoring Self-Image Through the Virtual Music Instrument</b>
<b>3:30 pm - 4:15 pm Discussion</b> Chair: Lee Willingham	<b>3:30 pm - 4:15 pm Discussion</b> Chair: Cheryl Jones

**Coffee (15 min)**

**Experiential Workshop**

<i>Maureen Foyer Recital Hall, Stage</i>
<b>4:30 pm - 5:45 pm</b> <b>Markku Kaikkonen (Finland), Experiential Workshop: Rhythmical Exercises and Figurenotes: Connection Between Rhythmical Music Education and Neuro-cognitive Rehabilitation</b>
Chair: Elizabeth Mitchell

**6:00 pm - 6:30 pm** *Recital Hall Foyer:*  
**Closing Ceremony:** Chair: Dr. H. Ahonen-Eerikainen

*Music by Andrea & Jason Lamont*

## PERFORMERS



*Andrea Lamont* works as a music therapist at Bloorview Kids Rehab, Toronto, and as a church musician at Yorkminster Park Baptist Church, Toronto. A graduate of the music performance program at the University of Western Ontario as well as the Bachelor and Master of Music Therapy programs at Wilfrid Laurier University, Andrea is part-time faculty at Wilfrid Laurier University, where she works as an internship supervisor and guest lecturer. Andrea and husband Jason are proud parents to baby Hannah.



*Jason Lamont* is both a performer and educator in the Toronto area. A graduate of the University of Western Ontario and the Hochschule für Musik program in Cologne, Germany, Jason currently sings with the Canadian Opera Company Chorus and teaches with the Toronto District School Board. Opera roles include Eisenstein in *Die Fledermaus* (Strauss), Reverend Parris in *The Crucible* (Ward), and Monostatos in *Die Zauberflöte* (Mozart). Jason's experience in lieder and oratorio is extensive and includes works by Schubert, Schumann, Mendelssohn, Handel, and Bach. Most recently, Jason has pursued several chamber music opportunities including *On Wenlock Edge* and *Four Hymns* by Vaughan Williams.



*Daniel Lichti*, Bass-baritone, Associate Professor in the Faculty of Music at Wilfrid Laurier University, continues to solo internationally with major symphonic, choral and concert organizations, as well as in the world of opera.

His is a familiar voice at prominent American Bach Festivals and he is a member of the distinguished group of Canadian musicians known as *Piano Plus*, who provide concerts and masterclasses in remote and culturally underserved areas of Canada, including the Northwest Territories.

His recordings of lieder have been critically acclaimed, and his collaboration with Leslie De'Ath will result in a 2008 release of Schubert's *Winterreise* on the Analekta label.



*Marc Houde*, pianist, completed his Bachelor of Music at McGill University in 2003. Since then, he has taught piano privately and at the Montreal Academy of Music, and has recorded two solo piano albums. In 2004, he was hired for an orchestra pianist position for *Celebrity Cruise Lines*. Marc completed his Master of Music Therapy at Wilfrid Laurier University in 2007 and is in the process of completing his accreditation for the CAMT. He plans to pursue his career as a clinician, researcher and educator in Calgary, Alberta.



*Terry Kroetsch*, ARCT, LTCL, LRSM, MA (Western), received a BMus degree from Laurier, and is active locally as a piano teacher, accompanist, adjudicator/RCM examiner, and workshop clinician. He pursues an interest in new music, world music, dance, and drama, and has staged recitals of the music of John Cage at Laurier, York University and the University of Waterloo as part of NUMUS concerts. As a soloist and a founding member of the New Art Quartet, he has commissioned works by Peter Hatch, Linda Catlin Smith, William Peltier and John Estacio.



*Dr. Colin Andrew Lee*, Professor, Music Therapy; Director of the Music Therapy Program, received a PhD from City University, London, England. Following piano studies at the Nordwestdeutsche Musikakademie, Detmold, Germany, he earned a Postgraduate Diploma in music therapy from the Nordoff-Robbins Music Therapy Center, London, England, where he also studied composition. Lee has extensive clinical and supervisory experience and is an active researcher in the areas of learning disabilities, mental health, adolescents, HIV and AIDS, palliative care, and autism. His books include *Music at the Edge: The Music Therapy Experiences of a Musician With AIDS*, and *The Architecture of Aesthetic Music Therapy*. He edited the first qualitative research edition of the *Journal of Music Therapy*.

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# ABSTRACTS

## Keynote Speakers

**Amelia Oldfield, Ph.D., Anglia Ruskin University  
United Kingdom**



### KEYNOTE

## INTERACTIVE MUSIC THERAPY: LINKS WITH MUSIC EDUCATION

Dr. Amelia Oldfield has over 27 years of experience as a music therapist. She currently works at the Croft Unit for Child and Family Psychiatry and at the Child Development Centre, Addenbrookes, Cambridge, UK. She was the joint initiator of the two year MA Music Therapy course at Anglia Ruskin University, where she has been a part-time lecturer for the past 13 years. She has completed four research investigations and a PhD. She has written three books as well as a wide range of articles and chapters on various aspects of music therapy. She has also produced six music therapy training videos. She has run workshops and given papers all over Europe and in the USA. She is married, has four children and plays the clarinet in local chamber music groups in Cambridge.

## INTERACTIVE MUSIC THERAPY; LINKS WITH MUSIC EDUCATION

*Amelia Oldfield, PhD, Music Therapist  
Anglia Ruskin University, Cambridge UK*

The author will start by briefly defining 'Interactive Music Therapy', a term that she first used in her two recent (2006) books to describe her music therapy approach when working with children and their parents. She will illustrate this approach by presenting three very different music therapy case studies, using video excerpts from the sessions. The first case will be of a two-year old boy with cerebral palsy who had music therapy sessions with his father over a period of eighteen months. The second will be of a boy of four with autistic spectrum disorder who was seen with his mother for 24 weeks. The third will be of an eight-year old boy with Asperger syndrome who was seen on his own for a two-week music therapy diagnostic assessment.

After each case the author will reflect on how the music therapy work could link up with music education, from the point of view of the child, the family and the music teacher. Music therapy and music education research ideas and possibilities will also be explored in relation to each of these three children, with a particular emphasis on potential overlaps between the two disciplines.

### References:

Oldfield, A. (2006). *Interactive music therapy – A positive approach; Music therapy at a child development centre*. London: Jessica Kingsley Publishers

Oldfield, A. (2006). *Interactive music therapy in child and family psychiatry; Clinical practice, research and teaching*. London: Jessica Kingsley Publishers

### DISCUSSION QUESTIONS:

1. What are the advantages and limitations of defining specific approaches in music therapy and music education?
2. How can music therapists and music educators benefit from working together?
3. What type of research investigations would be useful both to music therapists and music educators?
4. When do music therapists and music educators become a 'risk' to one another?

**Experiential Workshop:**

**MUSICAL ACTIVITIES TO DEVELOP BASIC SKILLS:**

**Therapeutic and Educational Benefits**

**Amelia Oldfield, PhD, Music Therapist**

**Anglia Ruskin University, Cambridge UK**

In this workshop the group will be used to demonstrate and experiment with a range of interactive musical activities. My experience of group work has mainly been with children and families in nurseries, in a child development centre and at a unit for child and family psychiatry. The rationale and practical considerations for these groups will be considered as well as the choice and balance of the activities. Different types of activities such as: 'warm-ups', 'ways of distributing instruments', 'solos versus group playing', 'conducting', 'music and movement', 'song stories' and 'closing activities' will be experienced and discussed. For each activity the possible therapeutic and educational benefits will be explored.

## KEYNOTE

**Kimmo Lehtonen, Ph.D., University of Turku, Finland**



### **Keynote: Hard Rock - Therapy with Young Rebels**

Dr. Lehtonen is working as a Professor of Education in the University of Turku, Finland. Lehtonen started as a classical guitar player but changed to rock & roll and blues, which he uses exclusively for therapeutic purposes. He is one of the pioneers in Finnish Music Therapy. His doctoral thesis, *Music as a Promoter of Psychic Work*, was the first doctoral thesis about music therapy in the Nordic countries. Dr. Lehtonen also teaches permanently in the Sibelius – Academy and in the University of Jyväskylä as well as in Polytechnics, which have music therapy training programs. Dr. Lehtonen is a widely known Finnish music therapist who has published over 200 scientific articles and monographies in seven languages. Dr. Lehtonen is currently interested in music education as therapy and writing a book about meaningful musical experiences during a human lifespan. Dr. Lehtonen is still working clinically one day per week in the Family Rehabilitation Center and Special School of Turku, which specializes in the treatment of teenagers with multiple antisocial problems. For over 25 years Dr. Lehtonen has been using improvised rock & roll music in his music therapy practice, which gives a good opportunity to express even ultimate negative feelings through aggressive music. In his lectures Dr. Lehtonen uses a lot of musical examples of his therapeutic work with hard rock and rap music.

**Keynote Address**  
**HARD ROCK THERAPY FOR YOUNG REBELS**

*Kimmo Lehtonen, Ph.D.*  
*Professor, Department of Education. University of Turku*  
*FINLAND*

I work with rebellious teenagers at the Family Rehabilitation Centre and Special School in Turku. These youngsters come from all over Finland, but are mostly from big cities such as Helsinki, Turku, Tampere and Pori. They struggle with many issues, for example, anti-social behaviours, destructiveness, drug and alcohol misuse, and school refusal. Many of these teenagers come from broken homes and tough backgrounds; they have often been in custody before, and have lived in foster homes and group homes. At this institution, the ideology is based mainly on the family therapeutic work and on music therapy. Music has proved to be effective in promoting the treatment process and so the institution has invested in music therapy and therapeutic music education. Two music therapists, a music teacher, a music-club leader and an assistant music teacher work together as a team. There are also two well-equipped music studios, where therapy sessions and music teaching take place.

I started to work there 30 years ago, when the institution was solely for juvenile boys. This work was difficult; the institution was like a jail for juvenile delinquency, and the discipline was harsh, which meant that it was very hard to establish trust. As a musician, I created a music club where we listened to and discussed records, and built different bands. I started to use rock music, which was familiar to the boys. I soon noticed that it was much easier to establish contact using music, because it changed the old fragmentary roles. Making music together meant working as a team; everybody had to listen to each other and understand each other's expression. We used to play a lot of long improvised rock-and-roll pieces, as well as cover versions. When I started to use hard rock music with these children there were many staff members who thought that this kind of music could be dangerous for aggressive teenagers; in the initial years we argued about the use of music as a part of the treatment. These arguments did not last long, however, as music club became very popular, and the boys attended willingly. I started my career in this way and in the early 1980s I turned to systematic music therapy. I developed clinical music therapy case studies for my doctoral thesis (*Music as Promoter of the Psychic Work*, 1986) at the Family Rehabilitation Centre and the child psychiatry clinic at the local hospital.

I use hard rock in my work for the simple reason that it made such a huge impact on me; it was a turning point in my life. In 1967 I managed to attend a Jimi Hendrix concert in Helsinki with my big brother. The concert showed me the potential within music, and invited me to continue therapeutic work using music. During this concert, I felt that Hendrix's extremely loud, strong and rebellious music took hold of my emotions. Hendrix turned his inside out. Later, I collected these kinds of crystallized experiences from, for example, music therapists' life spans. I used to be quite similar to the children I am currently working with. I hated school, I had problems with my father, and I did not trust adults; I did not want to talk to anybody. This was my

starting point in becoming a therapist. It was music that gave me consolation and an identity. After the concert I started to practice passionately with my brother's old guitar, a microphone, and the old radio as my first tube amplifier. I spent hours and hours in this fantasy world playing by myself. When I bought my first real electric guitar I polished it constantly and set it in a place where I could admire its sunburst curves. I felt that with music I had finally found something that was especially for me.

Later, I started to conduct research based mainly on psychoanalytic theory. I believe that in using music, you can turn your "inside out" and deal with your inner non-verbal feelings. Music is like a "screen" where you can project your feelings so that they can be heard, and vice versa; music takes you into its arms and cradles you to the feelings of early childhood. Music is an object that helps you to work through feelings; it is also a subject that gives life meaning by showing your imagination new alternatives. Aggressive hard rock allows you to bind your aggressive feelings into your musical expression in a creative way. You can be angry and full of hate in music without fear of hurting anybody. This is essential for the teenagers in this institution who have to be de-escalated by teachers and staff, and are so often told what they cannot do. In music therapy sessions I can say, "Let it burn", and invite them to express their negative feelings in the music. This results in a feeling of "catharsis" that purifies a client from negative emotions and shows him/her new meanings. In music therapy sessions we are developing basic trust and a warm relationship by just playing together. Many of my clients are not familiar with expressing their feelings verbally. They are often bored from telling their stories to everybody; as one of my clients put it: "Talk is cheap."

Music and interest in music help clients build their identities because they provide the vital feeling of achievement. For underachievers and "losers" these kinds of experiences are very important. Many of these clients have learned at school that they are not able to do anything properly. Their lives have been like a cold lover: always demanding without ever giving anything in return. Music therapy often leads to a lively interest in music that is an important avenue for self-healing after spending years in an institution.

In this presentation, I am going to use clinical material and discuss some case studies. In addition, I am going to talk about the essence of music, music as an object and subject, hard rock, and the theories of Freud, Langer, Stern and Winnicott.

## KEYNOTE

**Lee R. Bartel, PhD., University of Toronto, Canada**



### **Keynote: Sound Health: How Can We Meet the Challenges?**

Dr. Bartel is a Professor of Music at the University of Toronto and Director of the Canadian Music Education Research Centre. He teaches research methods, music and the brain, evaluation, social psychology, choral music, and alternative methods in secondary music, but he also has expertise in vocal technique, violin & viola techniques and classical guitar. With extensive experience as a music teacher at the elementary and high school levels and as a performing choral conductor, singer, violinist, and guitarist, he began teaching in 1969 at the grade 7 – 12 level, and has been teaching at college and university levels since 1975. With a broad interest in music education he is the author or senior editor of 16 books and technical research reports, author of chapters in 11 books, 64 refereed academic papers and publications, and well over a 100 other professional publications and presentations. In the mid 1980's he began research on people's response to music with special focus on emotional and intellectual response and social psychological connections. His involvement in research in music and medicine began in the early 90's at Bloorview Kid's Rehab with rehabilitation of attention deficits resulting from head injuries. He also conducted stress studies with the Centre for Health Promotion at U of T and has supervised doctoral and post-doctoral research in music therapy at Lyndhurst Hospital and Baycrest Hospital. Dr. Bartel served on the Accreditation Review Board for the Canadian Association of Music Therapy. He is currently involved in several studies examining EEG response to music at the S.O.N.I.C. Brain Lab at the U of T and is actively involved at Sunnybrook Health Sciences Centre in Toronto in perceptual ability diagnosis and music response research with cochlear implant recipients. Drawing on his extensive research background, Dr. Bartel is the scientific designer of the internationally best-selling Music for Your Health series of recordings on the Solitudes label as well as the SonicAid series with Somerset Entertainment. Among the 20 therapy recordings Dr. Bartel has designed a number of gold and

platinum albums and Juno Award nominations. He is also the music consultant on some 50 Fisher Price recordings for children.

**KEYNOTE ADDRESS:**

**SOUND HEALTH: HOW CAN WE MEET THE CHALLENGES?**

*Lee R. Bartel, Ph.D.  
University of Toronto, Toronto, Ontario  
Canada*

Taking a holistic view of the person, this presentation will examine the idea of "sound health" -- that sound and music play a role in mental, physical, psychological, social, and musico-aesthetic spiritual health. After examining some of the specifics of sound health, models within which music therapy and music education contribute will be addressed. Goals, paths, and challenges for each will be proposed.

Dr. Lee R. Bartel  
889 Avenue Road  
Toronto, ON M5P2K7  
416-489-2822  
[lbartel@chass.utoronto.ca](mailto:lbartel@chass.utoronto.ca)

# PRESENTATIONS

## SEEING THROUGH THE LOOKING GLASS - ENHANCING PARTICIPATION AND RESTORING SELF-IMAGE THROUGH THE VIRTUAL MUSIC INSTRUMENT

*Dr. Heidi Ahonen-Eerikäinen, Ed. D., MA, MTA*  
*Professor of Music Therapy*  
*Director of the Laurier Centre for Music Therapy Research*  
*Wilfrid Laurier University, Waterloo*  
*CANADA*

*Andrea Lamont, MMT, MTA*  
*Music Therapist, Bloorview Kids Rehab, Toronto*  
*CANADA*

This presentation introduces the main results of a qualitative pilot study conducted on an innovative psychosocial rehabilitation technology developed and applied at Bloorview Kids Rehab, in Toronto, Canada. The Virtual Music Instrument (VMI) developed by Dr. Tom Chau is a video-capture software program that increases music-making opportunities by allowing children with disabilities to play musical sounds and melodies using gestures. The qualitative study was conducted to identify suitable music therapy interventions and techniques using the VMI with children with cerebral palsy, to categorize areas of benefit made possible by the VMI, and to build theory on the role and significance of the VMI in music therapy. The research questions included: (1) What interventions and techniques are best used by the music therapist to promote the therapeutic relationship in application of the VMI? and (2) In which domains is there benefit from the use of this instrument within music therapy? Six participants aged 5.5 to 10 were recruited. Each participant received ½-hour individual music therapy sessions, twice per week over 10 weeks, using the VMI. The music therapist employed a variety of techniques, including both clinical improvisation and task-oriented activities. The sessions were videotaped, transcribed and reviewed multi-disciplinarily. Clinical notes were also transcribed. Using a multiple case study qualitative methodology and grounded theory techniques, the transcribed material was coded and analyzed for emerging themes using QSR N6 software. The results bring better understanding of using the VMI for optimum benefit, and lead to theoretical and practical advances in the use of gesture recognition technology among children with cerebral palsy.

### Reference:

Ahonen-Eerikäinen, H., Lamont, A., Knox, R. (July 2008). Seeing through the looking glass-Enhancing participation and restoring self-image through the VMI. *International Journal of Psychosocial Rehabilitation*, 12(2), 41-66.

## DISCUSSION QUESTIONS:

1. Does adaptive music technology, such as the VMI, have a working place in music education and music therapy? Why?
2. Are multi-sensory musical experiences beneficial in both music therapy and music education?
3. Are there implications for “whole body” learning when considering groups with special needs?



Contact information:

[hahonen@wlu.ca](mailto:hahonen@wlu.ca)  
c/o LCMTR  
Wilfrid Laurier University  
75 University Ave., West  
Waterloo, ON N2L 3C5

Heidi is an accredited music therapist with the Canadian Association for Music Therapy, a group analyst (Psychotherapy Institute, Finland, 1999), and a clinical member of the Ontario Society of Psychotherapists. From 1990 to 2001, Heidi established the music therapy training at North Karelia Polytechnic in Finland, taught music group psychotherapy at Sibelius Academy, Finland, and maintained her own clinical practices in Siilinjärvi and Helsinki. From 1999-2005 she also taught group psychotherapy and trauma psychotherapy at the Finnish Mental Health Association, Psychotherapy Institute. Since 2001, Heidi has been Associate Professor of Music Therapy at Wilfrid Laurier University, in Waterloo, Canada, and since 2003 she has directed the Laurier Centre for Music Therapy Research. Heidi specializes in working with clients who have experienced psychological trauma, PTSD, and burnout. She also has extensive clinical and research supervisory experience. She is the author of *Group Analytic Music Therapy* (2007, Barcelona Publishers) and six other textbooks (1992a/2000, 1992b, 1994, 1998, 1999, 1994b). She holds full membership in the Group-Analytic Society (UK), CGPA, AGPA, and IAGP.



Contact information:

[andrea.alexander@sympatico.ca](mailto:andrea.alexander@sympatico.ca)  
c/o Bloorview Kids Rehab  
150 Kilgour Rd., Toronto, ON M4G 1R8

Andrea is an accredited music therapist working at Bloorview Kids Rehab, Toronto, Canada. A graduate of the music performance program at the University of Western Ontario as well as the Bachelor and Master of Music Therapy programs at Wilfrid Laurier University, Andrea continues her academic pursuits in music therapy research with the Bloorview Research Institute and the Laurier Centre for Music Therapy Research. Research interests include participation in music therapy, burnout in Canadian music therapists, vocal techniques and interventions, as well as adaptive music technology. Andrea is part-time faculty for Wilfrid Laurier University as an internship supervisor and guest lecturer.

## **IMPROVISATION AND MUSICIANSHIP: STAYING IN TOUCH WITH MUSIC**

*Carolyn L. R. Arnason, DA, MTA  
Wilfrid Laurier University, Waterloo  
CANADA*

It takes years of dedicated practice to become a musician. This journey in music has the demands of a quest that may set the stage for losing touch with our creative, musical selves. As a classical pianist I studied master stories, although I never was totally convinced they were telling “all there is.” There are many ways of knowing that embrace the creative, emotional and imaginative as well as the intellectual. Even in music analysis classes many years ago, I could not disregard these interrelated responses to music. When I first experienced improvisation as a music therapy student, I found a musical space that truly nurtured my relationship to music.

As a music therapy educator, it is my responsibility to teach students therapeutic and musical skills, to facilitate their learning, and to encourage students to access their inner resources and ways of knowing. For music therapy students, a particular challenge is embracing the changes in intention and values necessary to navigate the worlds of music therapy (therapeutic process) and music education (performance). Their identity as musicians can begin to feel storm-tossed. How is it possible to move back and forth with authenticity between these two different worlds?

To illustrate, in Clara Schumann’s lifetime improvisation was integral to musicianship. Granted, musicianship changes with time and place (context), as does improvisation. But the time is now to bring improvisation with its “unforeseen” qualities back into the practice room and our learning spaces. Perhaps improvisation is the convergence between music therapy and music education.

### Discussion Questions:

1. What does it mean to be a musician?
2. How do we approach improvisation?
3. What interconnections exist between musicianship and improvisation?
4. What attitudes and values are needed to become improvising musicians?
5. How can we bring improvisation back into music education?



Dr. Carolyn Arnason, MTA, holds degrees in piano performance, social work and music therapy. She specializes in teaching clinical improvisation and arts-informed qualitative research approaches to improvisational music therapy. She has diverse clinical and research supervision experience, and recently completed Level II of the Bonny Method of Guided Imagery and Music. She is Chair of the Kitchener-Waterloo Symphony Education and Outreach Committee and Past-President of the Music Therapy Association of Ontario. In the company of her composer husband and feline familiars, Carolyn spends time at the keyboards; practicing and performing improvisations, and writing for various publications.

Carolyn Arnason, DA, MTA  
Wilfrid Laurier University  
Faculty of Music  
75 University Avenue West  
Waterloo, Ontario N2L 3C5  
519-884-0710, ext. 2154  
[carnason@wlu.ca](mailto:carnason@wlu.ca) & [carboy@golden.net](mailto:carboy@golden.net)

## THE LANGUAGE OF MUSIC: SOUND FEATURES FOR EDUCATION AND THERAPY

*Elaine Bernstorf, Ph.D. CCC-SLP, Associate Dean  
Wichita State University, Wichita, Kansas  
USA*

This session provides a hierarchy of features common to music and language. Participants will define global parameters, segmentation features and distinctive characteristics which are important in decoding both music and language. Planning strategies for music lessons and therapy sessions which are musically authentic but are presented with an emphasis on teaching literacy to all learners will be modeled.

Sample music activities will be provided for decoding and comprehension literacy learning for both music and language using adaptations to differentiate instruction for special education students. Participants will be encouraged to consider music activities which they have found most successful in their education or therapy settings to analyze the literacy aspects of the activity using the Literacy Learning Hierarchy presented in the session. In addition, visual and auditory processes common to music and language literacy will be defined and modeled using integrated arts action plans to reinforce the underlying features of sound which are conveyed in printed language.

### References:

Hansen, D., Bernstorf, E., & Stuber, G. (2004). *The Music and Literacy Connection*, Reston, VA: National Association for Music Education, MENC

### Discussion Questions:

1. How do global acoustic parameters, segmentation features and distinctive characteristics common to both music and language assist persons with learning differences to assimilate language and literacy?
2. How can educators and therapists facilitate language and literacy learning for persons with communicative and learning disorders?
3. What are possible decoding and comprehensive level assessment techniques that assess auditory and visual processing disabilities in educational settings?



Biographical details:

Elaine Bernstorf is Associate Dean for the College of Fine Arts; Director and Professor of Music Education at Wichita State University (BME, MME in Special Music Education and PhD in speech pathology). She taught general and special music education 1976-1990 in public schools and on the WSU faculty since 1986. Her specializations include vocal music, speech pathology and integrated arts. She was Educator of the Year for Accessible Arts, Inc., National Chair for Special Learners for the National Association for Music Education (MENC) and the 2008-2010 co-chair for administrators for the Organization of Kodaly Educators (OAKE).

Contact information:

Elaine Bernstorf  
Wichita State University  
Box 151, 1845 N. Fairmount  
Wichita, KS, USA 67260-0151  
316-978-6564  
[elaine.bernstorf@wichita.edu](mailto:elaine.bernstorf@wichita.edu)

## THE RELATIONSHIP BETWEEN MUSIC THERAPY AND MUSIC EDUCATION: POINTS OF COMPARISON

*Kerry L. Byers, Music Therapist, PhD Candidate, MTA, MT-BC  
The University of Western Ontario, London  
CANADA*

Upon initial review, it is seen that the disciplines of music therapy and music education share not only the modality of music but also fundamental structural components such as training, skills, techniques and evaluation procedures, as well as a belief in the importance of music as an integral part of human experience. A more extensive investigation, however, reveals that the two professions have dissimilar ideological bases. Additionally, each has been affected differently by changing social, cultural and political ideas, as embodied in the ideas of globalization. As a result, both professions, from circuitous routes, have conceptualized a new way to implement service. Community Music / Community Music Therapy provides a way for music education to address the issues of relevancy and multiculturalism, and music therapy can readily adapt its identity to this type of format. This evolution brings the fields together to the point that they can become indistinguishable from each other. Thus, if forced to define the relationship between music education and music therapy, it can be best described as an enigma: ever changing, and dependent upon context and points of comparison.

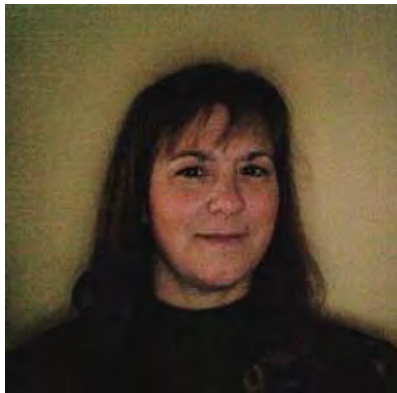
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#### DISCUSSION QUESTIONS:

1. To what extent do economic/social/cultural/political factors influence the manner in which we provide and conceptualize services?
2. How does one differentiate music therapy with children from music education for children with special needs?
3. Is there a difference between Community Music and Community Music Therapy? If yes, what is the difference(s)?
4. Is it necessary to delineate the above differences?



#### Biographical details:

Kerry graduated in Honours Music (Composition and Theory) from the University of Western Ontario (UWO) in 1988, and in 1990 she graduated from Michigan State University with a Bachelor of Music Therapy. Kerry has a Masters degree in Music Education (UWO), and is currently studying for a PhD in Music (UWO). Kerry worked part time at the Child and Parent Resource Institute while simultaneously building a private music therapy practice in London. This business, Music Therapy of London (MTL), now employs two therapists and an executive assistant.

#### Contact information:

Kerry Byers  
[kbyers@uwo.ca](mailto:kbyers@uwo.ca)  
R.R. #2  
Lakeside, Ontario,  
Canada N0M 2G0  
519-461-1116

**A QUALITATIVE INQUIRY INTO CHILDREN'S INTUITIVE MUSICAL  
UNDERSTANDINGS:  
IMPLICATIONS FOR MUSIC EDUCATION AND MUSIC THERAPY  
PRACTICE**

*Debbie Carroll, Music Therapy Professor, Ph.D, MTA  
Université du Québec à Montréal, (UQÀM), Montréal, QC  
CANADA*

In this paper, I will show how children, ages 5-9, with no previous musical training, used their personal, social and material resources to notate a song, explain their notations and then teach the song to a classmate.

Sociocultural Vygotskian developmental theory (1962, 1978) provided the principal interpretive lens through which I examined the children as they completed the multidimensional task. Portraiture (Lightfoot & Davis, 1997) provided the epistemological and methodological frame for collecting, coding, analyzing, interpreting and presenting my data.

Inspired by the use of invented notations in my clinical work with children and adolescents with developmental and emotional challenges, the present study aimed to contribute to a fuller understanding of the intuitive musical and meta-cognitive understandings that children bring to the field of play (Kenny, 1989), be it the music class or music therapy room.

Findings revealed that children used increasingly sophisticated representational strategies to notate the song and they refined their notations when singing the song back with their notations and when teaching the song to a classmate.

Illustrated commentary on the children's notations will be followed by a discussion of the educational and therapeutic implications of the research findings, particularly as they relate to Nordoff-Robbins (1997) concept of the *music child*, the child as *musical connoisseur* (Trehub, 2006), Gardner's (1999) theory of *multiple intelligences* and Schon's (1987) concept of *knowing-in-action*.

Finally, I will reflect on my role as researcher (i.e. my ways of being and doing) and the possible influences of the music-based task on the children's actions, feelings and words.

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#### DISCUSSION QUESTIONS:

1. Music therapy and music education are inextricably linked by the essential meanings of the two words, *therapy* and *education*. Consider the following: The root word of *therapy* comes from the Greek word, *therapeia*, which means to attend to, to care, to wait. The root word of *education* comes from the Latin word, *educere*, which means to educe, to draw out, to make implicit knowledge explicit. Socrates compares the teacher to a midwife whose task is to bring forth the knowledge and values that are already within. In this light, how can the disciplines of music therapy and music education inform the other?
2. In what ways can training in music education inform and be informed by training in music therapy? What can educators of future music teachers and future music therapists learn from each other?
3. From a humanistic, social constructivist perspective, I would argue that the multidimensional music notational task, which is the focus of my inquiry, can be seen as a model for both educational and clinical practice. The *process* of inventing one's own notational symbols to represent a song can be an empowering and self-affirming event for it can reveal what one knows, but did not know one knew. The *product*, that is, the symbolic representation itself, can be a catalyst for self-expression, self-reflection, self-discovery and collaborative learning. What might the educational and clinical possibilities be for this kind of creative experience?
4. Play is central to active music-making or musicking (Small, 1998); we 'play' music. What notions about play are valued and promoted by music educators? What notions about play are valued and promoted by music therapists? Can we identify common epistemological ground on which music therapists and music educators position themselves with regard to play?



#### Biographical details:

Dr. Debbie Carroll, LGSMT, MTA is an accomplished pianist and music therapy clinician, researcher, educator and supervisor. She has clinical expertise in special education and child/adolescent psychiatry. As a researcher, Debbie has studied children's intuitive musical understandings and the role of melody in developing language in children with Down syndrome. Debbie has presented her work at national and international conferences. Her writings have appeared in music therapy conference proceedings and in the 2007 special issue on research in the *Canadian Journal of Music Therapy*, Vol.32 (2). Debbie has been teaching music therapy at the Université du Québec à Montréal since 1985 and is actively involved in the national and provincial associations for music therapy (CAMT and AQM).

#### Contact information:

Dr. Debbie Carroll, MTA  
5443 Jeanne Mance  
Montreal, QC, H2V 4K5  
Tel.: 514-987-3000 x4746 (work); 514-273-0851 (home)  
Fax: 514-987-4637  
E-mail: [carroll.debbie@uqam.ca](mailto:carroll.debbie@uqam.ca)

**Experiential Workshop:  
BLUES IMPROVISATION RESOURCES  
Marc Houde, MMT, B.Mus.**

This workshop offers a more in depth look at the aesthetics of the blues and explores practical approaches to support clients in clinical improvisation. The focus is on adapting various stylistic elements of the blues (form, harmony, scale, ornamental devices) in view of using them as effective therapeutic interventions.



**Biography**

Marc Houde (pianist) recently graduated (2007) from *Wilfrid Laurier University* with a masters in music therapy (MMT). He obtained a bachelor's degree (B.Mus) at *McGill University* in 2003 and taught at the *Montreal Academy of Music*. Marc then completed three contracts as an orchestra musician for *Celebrity Cruise Lines* (2005-2007). He hopes to pursue his career as a music therapist, educator and researcher in Calgary Alberta.

## **MUSIC, MIND AND MUSIC THERAPY**

**Ms. Tanmeet Jagdev, Research Scholar**  
**Department of Psychology, Punjabi University, Patiala**  
**Lecturer, D.A.V. College for Girls, Yamunanagar, Haryana**  
**INDIA**

*Dr. Mamta Sharma*  
*Lecturer, Department of Psychology, Punjabi University, Patiala*  
*INDIA*

Music is an art; it has endless revivifications and innumerable psychological and cultural affiliations. Through music and music education we begin to appreciate the emotional and aesthetic aspects of life and can actually participate in various musical activities. The most distinctive characteristics of music are its melody, and also the fact that it allows for great individual improvisation and variation. With the help of music we can express our unconscious minds: love, sympathy, aspiration, and feelings of fellowship and communion.

The foundation of music is laid on “swara” or musical notes. The “swara” provide a humble offering to the self through sound. Rhythm means motion and in musical terminology is referred to as “laya”. Through music and tones, the artist communicates and expresses the state and working of his mind and emotions. Music is “riyaaz” and “riyaaz” is an expression of the soul. Music gives expression to the subconscious mind and music therapy helps to restore and maintain good health.

Music therapy is an alternative form of therapeutic treatment; it is the planned and creative use of music to attain and maintain health and wellbeing. Individuals of any age and ability may benefit from a music therapy program, regardless of their musical background or level of skill. Music therapy may address physical, psychological, emotional, cognitive and social needs through the therapeutic relationship. It focuses on meeting therapeutic aims, which distinguishes it from musical entertainment or musical education.

### **DISCUSSION QUESTIONS:**

1. What is the difference between music education and music therapy?
2. What enhances concentration and memory, or allows a patient to heal from depression: music, music therapy, or the mind’s perception?
3. How does music work in the brain?
4. Which raga or swara is helpful in dealing with stress and strain?



#### Biographical details:

Tanmeet is a psychology research scholar at Punjabi University, Patiala, India. She is also employed as a lecturer in the department of Applied Yoga and Health and as a project officer in the Women's Study Centre at the D.A.V. College for Girls, Yamunanagar, Haryana, India. Currently a PhD candidate in music therapy, she is working under the guidance of Dr. Mamta Sharma. She also holds an M.A. in psychology from Kurukshetra University. In addition to her teaching experience, she has undertaken research projects such as "Adjustment Problems among the Girls Studying in Girls' Colleges and those studying in Co-educational Institutions- Yamunanagar District", and another which examined the health status of rural women in the Yamunanagar district in Haryana, India. She has attended numerous national and international conferences in the areas of mental health and psychology.

#### Contact information:

[tanmeetin@yahoo.co.in](mailto:tanmeetin@yahoo.co.in)

[tanujagdev@gmail.com](mailto:tanujagdev@gmail.com)

1997 sector 17 HUDA Yamunanagar, Haryana, India

**TEACHING CELINA: THE USE OF MUSIC EDUCATION TO AID A  
PATIENT IN HER RECOVERY FROM BRAIN TRAUMA AND A THREE  
WEEK COMA.**

*M. Cheryl Jones, MMT, NMT  
Con Brio Piano Studio and Music Therapy, Stratford  
Canada*

Suffering from the devastating results of a stroke and coma, failing rehabilitation, Celina was determined to recover. Music therapy, in the form of piano lessons, was introduced to support her journey of recovery.

In this conference, Making Connections, the continuum between music education and music therapy and each profession's potential to inform the other is being considered. This case study will explore the relationship between music education and music therapy in its discussion of the use of educational methods and interventions to reach therapeutic goals. It will also examine why *music* education, in particular, was a significant intervention with this patient. Research supports the use of music in all goal areas for this client (Riess Jones et al. 1982; Reiss Jones and Ralston 1991; Rossignol and Melvill Jones 1976; Thaut 2008).

Consideration will be given to the use of music therapy and music education for patients with brain trauma. Some questions being addressed in the presenter's current research will be discussed.

Discussion Questions:

1. Are the observable benefits of music therapy for this client transferable to other client populations? Who? How?
2. How can one assess if these results are functionally transferable to a non-musical context?
3. What are the advantages and disadvantages of collaborative research into specific client populations?
4. Does the continuum between music education and music therapy end? Where?

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Biographical details:

Cheryl Jones has been teaching full-time in her private piano studio for over twenty-five years, working with students of all ages and levels. She holds a Bachelor of Arts in Music from Atlantic Baptist University and her Masters of Music Therapy from Wilfrid Laurier University. She has further training in Neurological Music Therapy from Colorado State University and is a member of Robert F. Unkefer Academy of Neurological Music Therapy. Cheryl and her family currently reside in Ontario, Canada where she is busy teaching piano, theory, music history, creating lesson materials and is a music therapist for children with special needs.

Contact information:

M. Cheryl Jones  
77 Killoran Cres.  
Stratford, Ontario. N4Z 1H6  
(519) 273-7968  
[con.brio.piano@gmail.com](mailto:con.brio.piano@gmail.com)

## FIGURENOTES: A NEW POSSIBILITY FOR MUSIC TEACHING, SPECIAL MUSIC EDUCATION AND MUSIC THERAPY

*Markku Kaikkonen, Master of Music  
Music Teacher & Music Therapist,  
Special Music Centre Resonaari, Helsinki FINLAND*

Figurenotes is a new concrete notation system. The notes are expressed systematically with different colours and symbols. With Figurenotes almost anyone can play melodies, even those who cannot read conventional notation. The player simply has to match two identical symbols. Each note is given a symbol, and players who find it difficult or impossible to assimilate abstract sound representations will often be able to proceed from Figurenotes to conventional notation, all the while experiencing the fun of making music.

At its best, Figurenotes can enrich and complement music therapy, and can also be used in the basic tuition of instruments, both in early music education and in bands. Because Figurenotes provides the same musical information as conventional notation, it is simple to switch to conventional notation if and when the player becomes ready.

Figurenotes has been researched and developed at the Special Music Centre Resonaari, in Helsinki, Finland. Resonaari also has a music school for individuals with special needs, and works within a holistic model of music education into which rehabilitative objectives are incorporated. The Figurenotes R&D project has resulted in a new model for teaching music to people with disabilities as well as for rehabilitation. It has also yielded a number of new research projects in music education and music therapy, and also in the study of learning.

One major result of the project was the chance it provided to create a model of music education for individuals with various special needs, from the elementary to the vocational level. In the case of people with intellectual disabilities, Figurenotes gives them access to a new area of musical culture: playing from printed music. Thanks to Figurenotes, it is possible to combine a goal-oriented and systematic curriculum with rehabilitative objectives. In addition to its educational value, these experiences prevent exclusion, facilitate sustained work and personal development, and raise self-esteem. When working with groups with special needs and using an adapted curriculum, music teachers can incorporate rehabilitative goals into their teaching.

### References:

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## DISCUSSION QUESTIONS:

1. Why use Figurenotes?
2. What are the applications of Figurenotes?
3. Are these experiences ones of therapy, rehabilitation or teaching?
4. What are the basics of Special Music Education?
5. How does one organize goal-oriented music teaching for students with special needs?



### Biographical details:

Markku Kaikkonen works as a director at the Special Music Centre Resonaari in Helsinki. He received his Master of Music, as a music educator and music therapist, at the Sibelius Academy in Helsinki. He also undertook studies in dance and music pedagogy at the University Mozarteum, Orff Institute, in Salzburg, Austria. He is the author of several music education and special music education books both in Finland and abroad (Italy, Japan & Estonia), and has given lectures at education programs in Finland and abroad (Italy, Japan, Ireland, Sweden, Estonia, Latvia and Greece). He continues to work as a guest lecturer in music pedagogy at Helsinki Polytechnic Department for Music. He is a board member for the Finnish Society for Music Education.

### Contact information:

[markku.kaikkonen@luukku.com](mailto:markku.kaikkonen@luukku.com)

3. Linja 16 C 51, 00530 Helsinki, FINLAND Phone: +358-400-766712

## **Experiential Workshop:**

### **RHYTHMICAL EXERCISES AND FIGURENOTES: CONNECTIONS BETWEEN MUSIC EDUCATION AND NEURO-COGNITIVE REHABILITATION**

*Markku Kaikkonen, Master of Music  
Music Teacher & Music Therapist, Special Music Centre Resonaari,  
Helsinki FINLAND*

A rhythmical education program for people with learning and intellectual disabilities was developed at the Special Music Centre Resonaari, Helsinki, Finland, between 2006 and 2008. This project's main focus was music education, but the educational goals also often encompassed the area of rehabilitation, particularly neuro-cognitive rehabilitation.

The Resonaari Rhythm Education Program (ReREP) has four functional steps: imitation; echoes (call & response); playing from visual information (Figurenotes); and word rhythms & rhymes. Each step includes exercises that are played over a basic pulse. Variety in the musical patterns as well as in the way of playing makes the music interesting and offers challenges for the pupils (or clients). Pupils join in the program by playing, listening and copying. In order to succeed, they are guided to pay attention from many different viewpoints simultaneously, using their motor, aural, and visual skills.

All exercises are played using "table drumming", that is, using the hands to play on a table. Naturally, all exercises can also be played using body percussion, un-pitched percussion instruments, or pitched percussion instruments.

It is easy to use ReREP in individual music lessons or classroom settings, as well as in music therapy sessions. Currently, ReREP is also used in speech therapy in Finland. It has been proven to be an effective tool for both therapists and teachers. Although ReREP was originally developed for teaching rhythm within music education, it has been useful in rehabilitating neuro-cognitive and motor skills, and in enhancing speech and language development and even social skills. This program continues to grow, and more in-depth study, research, discussion and experience are needed. As an educator, my goal is to offer each of my pupils the opportunity to take part in systematic, goal oriented music education and thereby to experience the enjoyment of making music.

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DISCUSSION QUESTIONS:

1. What is the value of using rhythm as a starting point in teaching and rehabilitation?
2. Why use “table drumming”?
3. What are the similarities between rehabilitation and teaching?
4. How does one build a logical and many-sided teaching process?

## MUSIC THERAPY FOR EARLY INTERACTION IN HIGH RISK FAMILIES: LEARNING, FEELING AND EXPERIENCING

*Auli Lipponen, Music Therapist, Infant Family Mentor  
Social Services Department/Child Custody Services/Sofia Interaction Clinic, City of  
Helsinki FINLAND*

This presentation will concentrate on the effects of music therapy on the early relationship of mothers and infants in high risk families under Helsinki City child custody. The relationship between psychological and educational aspects will be explored. Also, the music therapy program for preschool aged children, which is connected to the psycho-educational aspect of music therapy and “Early Interaction Music Therapy”, will be introduced.

Communication Emphasized Music Therapy makes it possible to create opportunities in a mother’s early developmental phases to relive repairing experiences of mirroring, right timing of interaction, holding and containing by the language of activity, affects and feelings. By helping the mother to learn a suitable musical attitude and sensitiveness with her infant, with tempo, loudness, rhythm, etc., it is possible to help them to find each other in a “holding lap”, which music can offer.

By learning to approach different kind of musical polarities and dynamics with therapeutic support and to work psycho-dynamically with the feelings that are stimulated by it, mothers may have an access to their past and the ways they had existed in their primary family. Teaching them to mirror their infants musically can be a way for helping them to meet their unconscious defences and fears in their own interaction. They can continue by working their feelings musically, be mirrored by the therapist and sometimes construct mentally and encounter their infants more profoundly.

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Discussion Questions:

1. Therapeutic sensitivity in approaching the musical and dynamic polarities
2. Jealousy in mothers when therapist is teaching musical mirroring
3. Assessment of early interaction
4. Therapeutic sensitivity when approaching an infant's emotional level
5. Musical elements that interest an infant



Auli Lipponen has been working in Social Services for 15 years, as an Infant Family Mentor for 4 years and as a Music Therapist for 5-7 years in Child Custody. She is specialized on Early Interaction Music Therapy and assessment. She works psychodynamically, with Communication Emphasized Music Therapy, but uses also other therapeutic tools such as Theraplay. She works mainly with mother/father-infant dyads and groups, but also with preschool aged children in Child Custody. She has written an article to the "Esikko" - magazine and "Music Therapy as a support for Early Interaction" to a book, published by Helsingin ensikoti (2006).

Auli Lipponen  
Sofia Interaction Clinic/Auli Lipponen  
PL 70850  
00099 Helsingin kaupunki, Finland  
gsm +358 0504050478  
[auli.lipponen@hel.fi](mailto:auli.lipponen@hel.fi)

# **THERAPEUTIC MUSIC EDUCATION: AN EMERGING MODEL LINKING PHILOSOPHIES AND EXPERIENCES OF MUSIC EDUCATION WITH MUSIC THERAPY**

*Elizabeth Mitchell, MMT, BMus (Hon. Music Education)  
Music therapist, Lutherwood Mental Health Services  
Wilfrid Laurier University, Waterloo, Ontario  
CANADA*

Musical growth is therapeutic growth...the musical process reveals the therapeutic process.

(Bruscia, 1987, p. 59 – Music therapist)

The therapeutic potential and the artistic potential...I see them as so similar.  
(Participant “J” – Music educator)

Music therapists acknowledge the inherent qualities in musical experiences that enable therapeutic growth to take place in their clients, all within the context of the therapeutic relationship. *Therapeutic music education* then is defined as an educational setting in which the educator adopts and adapts facets of music therapy, recognizing that they speak also to potential within music education for students to experience therapeutic growth.

This qualitative, phenomenological study drew upon data analysis techniques and methods from grounded theory and first-person research. It explores educators’ philosophies and students’ experiences of *therapeutic music education*, specifically those in the context of private voice or instrumental study at the university level. Data was drawn from five interviews as well as the researcher’s personal reflective narrative.

A model of therapeutic music education with three main components, *teacher’s awareness, music as medium, and student’s personal growth*, is presented. This model recognizes the potential in this setting for a parallel process to unfold between the student’s musical and personal growth, an important connection to music therapy. This parallel process is contingent upon the presence of an educator who holds a holistic awareness and recognizes the potential for personal growth inherent within musical experiences. Further links between therapeutic music education and music therapy, as well as possibilities for future research are discussed.

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#### Discussion Questions:

1. This study described philosophies and experiences of music education that have strong links to music therapy. Do experiences and philosophies of music education exist that are not linked with music therapy at all? What do these “look” like? Which is more common?
2. Do you agree with the study’s proposal that this “therapeutic” focus can actually enhance the musical progress? Why/why not?
3. If the potential exists for students to have “therapeutic” experiences within their education, how could teacher training better reflect this, and prepare teachers who were interested in working in this way? Where do the boundaries lie?
4. Is there something specific to *music* education that lends itself to therapeutic experiences for its students?
5. How much do music educators know about music therapy? What would be the implications to the field of music education were teachers better informed about music therapy, if any?



Elizabeth Mitchell holds a Master of Music Therapy from Wilfrid Laurier University and a Bachelor of Music, Honours Music Education from the University of Western Ontario, where she studied piano and voice. A recipient of the University of Western Ontario Gold Medal for Music Education, as well as the SSHRC Canada Graduate Scholarship, she also holds an ARCT in Piano Performance. Currently employed as a music therapist at Lutherwood in Waterloo, where she works with adolescents with

mental health issues, Liz is also serving as a clinical supervisor and part-time faculty member at Wilfrid Laurier University. She teaches piano and voice, and sings with *Project Sing!*, a women's choir in London, Ontario.

Elizabeth Mitchell  
95 William Street, West  
Waterloo, ON N2L 1J6  
(519) 584-1778  
[liz.l.mitchell@gmail.com](mailto:liz.l.mitchell@gmail.com)

# THE MICROPHONE AS A MIRROR: MUSIC-CENTRED PSYCHOTHERAPY USING DIGITAL MUSIC PRODUCTION WITH STUDENTS IN A HIGH SCHOOL

*Kimberly Moffit, Music Therapy Student, MMT Candidate  
Wilfrid Laurier University, Waterloo  
CANADA*

This presentation depicts the experiences of writing, performing, and digitally producing 'pop' songs in a music-centred therapeutic practice with teenagers in an Ontario high school. The researcher explores the possibilities of teaching students a musical skill, in the form of digital music engineering, while they work in a structured therapeutic environment in their high school. Students receive music *education* through the use of instruction on MacIntosh computers, and *therapy* in the nature of the interactive, safe, and expressive group environment in which they learn. This environment, the "psychotherapeutic recording studio," allows students to experience a mode of therapy unique from current practice in Canada. Students are able to achieve musical knowledge and practical software techniques in an environment that promotes personal growth and healing.

The use of digital music in the music therapy sessions attempts to parallel the musical tastes and styles of today's youth subcultures. Youth will leave the therapeutic cycle with copies of songs they have written and recorded. The heart of this presentation lies in the use of the microphone as a 'mirror' to the student's own musical voice, as well as the valuable formation of relationships in the high school setting.

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## DISCUSSION QUESTIONS:

1. In a situation where youth are encouraged to learn a new musical skill in a therapeutic environment, where does education end and therapy begin? For instance, where does the therapist/educator just 'let go' of what is musically correct and instead focus on the music's meaning?
2. What opportunities does music education provide for students who are in need of personal attention and inner growth?
3. What are the ethical considerations/concerns when music education is integrated into a therapeutic environment?
4. With what client populations would it be potentially appropriate to incorporate the use of music education in sessions?
5. How might youth react to this style of music education (music production) as opposed to classical music training?



Biographical details:

A former recording artist with DEP/Universal Records at the age of 18, Kim found her recording studio experiences to be very 'therapeutic'. Now, as an MMT Candidate, Kim's goal is to create a model of therapy using a digital recording studio for people facing emotional crisis.

Contact information:

[moff2563@wlu.ca](mailto:moff2563@wlu.ca)

8 Renfrew Place

Guelph, ON, CANADA N1G 2Z5

(519) 212-6441

**“PIANO MAN – TOM”**  
**THE MUSIC THERAPY OF AN AUTISTIC MAN**  
**A LONGITUDINAL RESEARCH**

*Minna Törmänen, University Lecturer, M.Ed.; Elina Kontu, University Lecturer  
Ph.D; Raili Miettinen, Student in Special Education;  
Raija Pirttimaa, Adjunct Professor, Ph.D  
University of Helsinki, Department of Applied Sciences of Education,  
Special Education, Helsinki FINLAND*

The aim of this case study is to describe and analyze piano playing skills of a man, named Tom; his ability to learn new repertoire is also analyzed. Tom, who was born in 1974, has autistic tendencies and impaired vision. Tom’s interpersonal skills and adaptive skills related to his behavior are very weak. He is able to talk, but his speech consists of features of echolalia. He reacts very aggressively, mainly screaming, when he is given encouragement and commands. He has a tendency to get stuck on different events from his childhood; he likes to talk about things in the past.

This study applies a longitudinal data. Tom’s piano playing skills have been recorded by video in different music sessions when he was 17 years, 26 years and 33 years old. In these videos he also plays drums. Elina Kontu, who is a special education teacher and a music therapist, conducted music sessions.

This is an ongoing research; four researchers are analyzing the results of this case study. Based on preliminary results, it was shown that Tom’s musical functions are significantly higher than his other functions; this was noticed specifically at the age of 26. From this perspective it is interesting to analyze how Tom’s musical talent could be utilized in his learning and in affecting his behavior in general. When analyzing the results of this study we have considered using Anderson’s theory (Anderson 1992, 2001) about “savant phenomenon”, as well as the theory of relation of communication (Kontu 2004, Kontu & Pirttimaa, 2007).

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Kontu, E. 2004. *Mind and music as windows to autism: The Theory of Mind and the relation of communication: multiple-case study.*

## DISCUSSION QUESTIONS:

1. The gap between Tom's adaptive and behavioral skills compared to his musical functions.
2. Tom's special playing skills
  - His knowledge of harmony and sense of rhythm
3. How Tom's musical skills have developed during 16 years?
  - Is there a development?
4. The meaning of music (therapy) in Tom's life.

Contact information:

minna.tormanen@helsinki.fi, elina.kontu@helsinki.fi

P.O. Box 26 (Teollisuuskatu 23), FIN-00014 University of Helsinki, FINLAND

**Tel.: +358-9-191 44281, Fax: +358-9-191 44631**



Elina Kontu



Minna Tormanen

# AN EXAMINATION OF MULTICULTURAL ISSUES IN MUSIC THERAPY INTERNSHIP SUPERVISION

*Laurel Young, MMT, MTA, PhD Student  
Temple University, Philadelphia  
USA*

*&  
Professional Leader, Creative Arts Therapies  
Sunnybrook Health Sciences Centre, Toronto  
CANADA*

Although the field of counselling has taken great strides in the area of multicultural supervision, music therapy lacks formal resources. The purpose of this study was to examine the extent to which multicultural issues are being addressed in music therapy internships in the United States and Canada. Music therapy internship supervisors (N=104) completed an on-line survey that gathered information on demographics, their multicultural training and experiences, the cross cultural issues they encountered in internship supervision, and the extent to which they addressed multicultural issues with their interns. Analysis of the data revealed that a majority of the internship supervisors had minimal formalized training in multicultural music therapy, and that multicultural issues were not being consistently addressed within the context of music therapy internship supervision. Reasons as to why these issues are not being consistently addressed will be proposed. Implications for supervisor training, music therapy internship supervision practices, and further research will be addressed.

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## DISCUSSION QUESTIONS:

1. What relevance might this research have to the field of music education?

2. What training and experience do music education professors/practicum supervisors have in terms of multicultural issues?
3. What cross cultural difficulties exist between music education students and their professors/practicum supervisors?
4. What cross cultural difficulties exist between music education students and the students that they teach in their practicums?
5. Do music education professors/practicum supervisors address multicultural issues with their music education students? If so, how? If not, why not?
6. How might music therapists and music educators work together to create a practical framework for addressing multicultural issues in training/supervision?



Biographical details:

Laurel Young obtained her Bachelor of Music from Mount Allison University (New Brunswick). Her Bachelor and Master of Music Therapy degrees were completed at Wilfrid Laurier University, where she has also been a part time faculty member. She is an accredited member of the Canadian Association for Music Therapy, and works with the Canadian Music Therapy Trust Fund. Her clinical experience includes work in geriatrics, HIV/AIDS, cancer and mental health. She is the Professional Leader of Creative Arts Therapies at Sunnybrook Health Sciences Centre in Toronto, and is currently pursuing her PhD in music therapy through Temple University in Philadelphia.

Contact information: [rlyoung@temple.edu](mailto:rlyoung@temple.edu)

