

PART ONE: MUSIC THERAPY IN MENTAL HEALTH

Roundtable presenters:
Pedersen, Grocke, De Backer

Discussion group members
Odell-Miller, Lindvang, Storm

Moderator: Hannibal

A reflexive introduction

Music therapy in mental health

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The three lecture papers by Inge Nygaard-Pedersen, Jos De Backer (paper not submitted for this article) and Denise Grocke are diverse, which is not surprising given the expansive music therapy practice in the 21st century. There are cultural, educational and theoretical differences. This is a healthy state of affairs, as one approach does not suit all our populations of both service users (patients or participants) and therapists. The papers also contain some similar themes, and our mutual reflections draw out both similarities and differences from all three papers. This part is both a reflection on the three lectures and an introduction to the two lecture papers presented here in part one of the article. Part one finally presents a reflection on the three lectures and the two questions from another perspective by the moderator of this roundtable for mental health care, Niels Hannibal.

Adult mental health in the 21st century covers a large field, comprising populations with diagnosed mental health problems, and those within public health services who have, for example, addictions, personality disorders and other functional mental health disorders. In modern times mental health is sometimes considered as emotional imbalance rather than illness, yet a medical diagnostic model is still in place in many services. At the same time, inclusion, recovery approaches and dispelling stigma are central to mental health agendas for people experiencing psychiatric disorders and less severe mental health problems.

Both Pedersen and De Backer discuss the importance of the qualities of music to enable connection: synchronicity, a shared language, and a place for non-symbolic linking. Pedersen discusses a possible trajectory for hospitalised

people with acute mental illness: later, in the recovery stage perhaps, a music therapist may not be needed and community musicians or teachers may suffice. Pedersen also highlights that music therapists are uniquely placed within an improvisational framework to decide when harmony and dynamic musical interaction are needed; or that grounding using a monotone might be more appropriate. Grocke focuses upon the use of song with composition and lyric analysis, highlighting research and the importance of songwriting for people with enduring serious mental health problems, no longer in the acute phase of their process.

In reflecting upon the question *'Why and when is a music therapist needed?'*, people with long and enduring mental health problems may need music therapy throughout their journey through mental health services. Specific models or interventions can move from a more introspective approach (as in De Backer's sensorial play prior to musical form) right through to the use of musical structure and creative uses of harmony, melody and, of course, meaningful lyrics.

It is important to mention recent research here. Carr et al. (2013), and Carr (2014), report in-depth research investigating music therapy models on acute psychiatric wards. This research highlights participants' feedback reporting enjoyment of the use of known song structures, and structured improvisation, and also reports a preference for a directive attitude of the qualified music therapist in groups. The social element of music therapy, being present in music therapy groups, can enable insights and the development of relationships for adults with mental health problems. This point is also mentioned by Grocke and Pedersen in their papers. Furthermore, Carr's recent research (looking at over 100 participants in group music therapy) found that participants reported they enjoyed seeing their fellow group members actively singing, playing and participating in a whole group event – or excelling in solo parts of the group. The idea of music as a collective social and creative medium, with the music therapist using their psychological and musical training to create music which is either new or based upon pre-composed songs, really resonates with Grocke's findings in a different cultural setting. Currently, Carr et al. (2016) are investigating the use of song and improvisation approaches in music therapy for out-patient groups for people with depression in a new

feasibility randomised controlled trial.

Individual music therapy approaches are also described as important for people with personality disorders by both Pedersen and De Backer. They each draw upon psychoanalytic theory, using music as an intense connection where the therapist listens, contains and facilitates growth through free improvisation with the therapist using verbal and musical interpretation/reflection/interaction.

This highlights that a music therapist is needed to link psychological and musical thinking – and that the music therapist should always be a highly trained musician who can therefore work musically at any level required. Music therapists frequently interact with music, reflecting back to the client, verbally and musically, in the same way a psychoanalyst uses talking and thinking (Hannibal 2014, 2016; Odell-Miller 2016).

A music therapy approach for people with serious mental health problems is focused upon by Pedersen, De Backer and Grocke. They each emphasise the importance of the unique expertise of the music therapist as improviser, composer, singer, songwriter, instrumentalist, musical interpreter and listener. Music therapists focus upon the unique intense musical relationship, especially with people who are not ready to use words but can 'think' and work musically. Pedersen provides a service-wide document where she is clear about what is needed when and why, and she touches upon the ambiguous nature of music suggesting that it is a kind of language but may never actually represent anything too concrete. She believes music can have a meaning for something that cannot be expressed in words – 'tacit meaning'. All authors touch upon affect regulation as a major factor in music therapy in this field.

The function of the music therapist in different roles, such as therapist, advisor, supervisor and educator is also crucial to the question about why and when a music therapist is needed. There is consensus about the important element of listening; both the music therapist's ability to listen to the non-verbal, musical cues but also an ability to simply allow space and listen to patients. In contrast, the psychoanalytically-informed music therapist might also use words following and between music-making to interpret, investigate, and so on.

In the future, music therapists will probably apply the role of educator or consultant even more to further share their expertise and knowledge, and

to teach other professions to use music to benefit the users of mental health care. This is a process that has started in several areas of music therapy and also in psychiatry. Here, music therapists are functioning as consultants who teach the staff how to use, for example, music pillows, and apps like the Music Star (Lund, Bertelsen & Bonde 2016), in order to facilitate relaxation and better sleep quality among patients.

Research and evaluation is important here, and a consideration of the most helpful ways to communicate about the impact of music therapy. How important is it to communicate about music therapy to multidisciplinary teams from a musical perspective, for example, showing musical examples rather than only talking about music therapy? How much do we need standardised research measures in research? Clearly both are needed, and clarity about the effects of music therapy is needed for the multidisciplinary team.

The profession needs to develop this area to improve understanding about the benefits of music therapy, and for whom. In short-term music therapy, for example in modern acute admission ward settings, a period of only two weeks is available for treatment before patients are discharged. This can be a challenge. We also need to recognise when music therapy is contra-indicated.

In summary, thinking forward, we need to continue rigorous research in this area, including standardised psychological and physiological measurements, and musical measures. We do have these now to some extent, as demonstrated by many research projects. The music therapist's self-agency, through working in the transference and countertransference, is known to be crucial, but more research about the music therapist's process is needed. Qualitative quantitative and mixed methods research which focuses upon diagnostic aspects, user and carer's needs, the context and environment, and specific music therapy elements within sessions, is needed.

Finally, the relationship between music therapy and other experiential arts therapies is worthy of further research. There are many similarities between the different arts therapies, but so far there is not a huge body of research demonstrating which arts therapies might be suitable for which situations and needs, and when and how it should be delivered. In conclusion, music therapy has a specific emotional, intellectual, psychological, physiological and social relevance for adults with

mental health issues, and there is convincing research to substantiate this. In the future, more knowledge is needed about specific beneficial outcomes and new research is continuing to investigate these questions.

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