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Teaching, Learning and Sharing Music Therapy as a Tool for Change

Collection of articles
and essays

MUSIC THERAPY SUMMER SCHOOL

August, 2015



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Partners and financiers



Foreword

Jana Duhovska
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This collection of articles and essays is created and published as a result of Nordplus Higher Education project “Teaching, learning and sharing music therapy as a tool for change” (NPHE-2014/10319) organized by the freshly established “Baltic-Nordic Music Therapy Education Network” representing six universities and their Music therapy study programmes, well-known professors and opinion leaders of the field, and students from five countries of the respective region:

- Estonian Academy of Music and Theatre (Estonia), represented by professor Alice Pehk and students Kadri Reinsalu and Mailis Sütt,
- Lithuanian Academy of Music and Theatre (Lithuania), represented by lecturer Zita Abramaviciute and professor Vilmante Aleksiene and a student – Simona Savickaite,
- Aalborg University (Denmark), represented by lecturer Julie Ørnholt Bøtker and students Ditte Kristensen and Nanna Pedersen,
- University of Jyväskylä (Finland), represented by professor Esa Ala-Ruona and students Felix Loß and Alexis Mbeutcha,
- Liepāja University (Latvia), represented by professor Mirdza Paipare and lecturers Olga Blauzde and Līga Enģele,
- Rīga Stradiņš University and Liepāja University (Latvia), represented by lecturer Jana Duhovska and students Anna Baidaļinova and Saiva Treide.

The content of the articles is based on oral presentations and workshops delivered by the teaching staff during the intensive course – summer school – organized by project partners between August 25th and 29th, 2015

at Rīga Stradiņš University and Liepāja University (Latvia), whereas essays are reflections of students, highlighting their gains as well as concerns and joy while growing into profession.

There were about sixty participants in total that were involved in the completion of the project, including principal partners – 18 representatives of teaching staff and students – as well as graduate music therapists that took care of the field trips as well as joined the project during the activities at different stages.

Rationale of the project that included thorough preparatory work and online networking before the actual meeting during the summer school could take place was (and remains – as the project is to be developed) – of course – to get to know each other, share experiences and to learn from each other, and also to create some opportunity and space for *harmonization* for joint study and research projects within the region.

Having this in mind, the first day of the summer school was tailored in a manner that allows equal familiarization with terms of recognition of the music therapist's profession in a respective country, contents and organization of the music therapy study programme in a university represented as well as research interests, including already existing topics, projects which other universities might step in or ideas where all or several of the partners might work on together. This part of the summer school made the partners realize that, although close geographically, we are rather different, especially in terms of research situation and theoretical approaches used.

During the initial stage of the summer school there were also several field trips organized that gave an opportunity to realize the role of a music therapist within the multidisciplinary team in health and social care systems and to give an opportunity for integrative view of the profession for students.

The discussions that followed the first section of the summer school revealed important questions and reflected on similar issues in project partnership countries such as employment of music therapists, increase of governmental funding, development of new work places, recognition of music therapy as a field within its working environment as well as wider society. Discussions confirmed high level of motivation and commitment to the profession, and indicated on necessity to improve some aspects for further music therapy development such as evidence-based practice with different populations, need for short-term interventions that meet

the reality of music therapist's work within health setting as well as necessity to increase the level of knowledge about profession and its achievements both to health and social care practitioners as well as society in general.

The main activities of following days were theoretical lectures and practical workshops, practical work in groups, practical exchange of experience. Participants were encouraged to learn by observation, experience and activity, as well as reflections and feedbacks were encouraged. All these activities were organized to deepen the understanding about the profession, its possibilities and limitations as well as to learn new skills or to improve the existing. Participants – already graduated music therapists that joined the project during the practical stage – gave an extra weight and force both musically and reflection-wise serving as role models for students as well as contributing to the contents and depth to the work of the summer school.

Nordplus Higher Education project “Teaching, learning and sharing music therapy as a tool for change” (NPHE-2014/10319), idea of which was conceived at Riga Stradiņš University in January 2014 and then keenly supported by other participants, has achieved its goal of setting up a “Baltic-Nordic Music Therapy Education Network” that has completed its first activity of organizing an intensive course for participants from six universities of the Baltic and Nordic region. Partner institutions have agreed on continuation of the project, inviting Norwegian and Swedish partners, expanding it in number of teachers and students participating as well as adding scientific platform where sharing on research among not only teachers, but also students can take place.

Reflections collected after the summer school reveal that the time that was spent together provided an opportunity for participants to discuss professional issues, to gain new experience, promote cooperation. And most of all – to begin new tradition of Baltic-Nordic music therapy summer schools as meeting for sharing practical and research issues.

I am very grateful to each single person that contributed! Long live music therapy!

Nordplus Higher Education Intensive Programme in Photos



The busy first day of the intensive course was closed with a guided tour in Riga Old town. Thanks to the personality of our guide, it was really fun, and helped participants not only to familiarize with Riga, but also to get to know each other better.

Photos by Zane Šūpulniece



Participants of the intensive course were warmly welcomed by folk-group “Atštāukas” while attending a get-together event in folk-house “Namīns”.



One of the getting-to-know-each-other better activities in Liepāja “Namīns” was presenting one’s culture to other participants of the summer school. Here, in this picture, Alexis Mbeutcha (*University of Jyväskylä*) sharing lullaby from his native Cameroon.



Humming, singing, laughing on the assignment of providing a support for the group of people in the middle during the workshop conducted Julie Ørnholt Bøtker (*Aalborg University*).



Part of intensive course taking place in Liepāja was attended by nearly 50 participants. We were lucky to draw in a Music Therapy Centre with the amount and range of instruments sufficient for everybody's needs.



Esa Ala-Ruona presenting Music therapy programme of University of Jyväskylä during the first day of the intensive course.



Workshop by Julie Ørnholt Bøtker (*University of Aalborg*) "Voice work within education setting" – vocalizing inspired by portraits.



The “choir” of students and graduated therapists that joined the intensive course in Liepāja is *conducted* by Julie Ørnholt Bøtker (*University of Aalborg*) during the workshop “Voice work within education setting”.



Can you imagine the kind of personality the portrayed person has and put that into sound? A workshop “Voice work within education setting”.



Zita Abramaviciute and Vilmante Aleksiene (*Lithuanian Academy of Music and Theatre*) provided the group with a thorough improvisational experience during the workshop based on previous research while working in a music therapy group with people with epilepsy.



Improvisation in group required both ability to blend in with others as well as to take an opportunity to stand out and to lead others. Workshop by Zita Abramaviciute and Vilmante Aleksiene (*Lithuanian Academy of Music and Theatre*).



Improvisation in group can grow into interaction ritual – not understandable to outsiders – with mutual focus of attention, shared mood and bodily-presence. Workshop by Zita Abramaviciute and Vilmante Aleksiene (*Lithuanian Academy of Music and Theatre*).



As admitted later in their essays, the intensive course served as an opportunity for students to gain new knowledge in the specific field along with receiving some self-therapy. Students Anna Baidaljinova (*Riga Stradiņš University*) and Nanna Pedersen (*Aalborg University*) improvising.



Reflection, discussion and sharing findings with the group is just as important as improvising itself. Workshop by Zita Abramaviciute and Vilmante Aleksiene (*Lithuanian Academy of Music and Theatre*).



Esa Ala-Ruona and his students Felix Loß and Alexis Mbeutcha (*University of Jyväskylä*) are presenting active music therapy for post-stroke patients recovery.



It is quite a challenge to follow the instructions of the therapist during the active music therapy for post-stroke patients recovery. However, challenge is soon being replaced by relaxation and reflection. The overall experience must be positive. Workshop by Esa Ala-Ruona (*University of Jyväskylä*).

Voice Work within Educational Setting

Julie Ørnholt Bøtker
(Aalborg University)

This article will primarily describe the various exercises that the participants went through during the workshop at the Nordplus Music Therapy Summer School in August 2015 and some of my own thoughts connected to that.

The workshop was seeking to make the participants get an insight into elements of the voice work course at the music therapy programme at Aalborg University, and also to provide the participants with some new ideas for their own voice work or for their clinical music therapy work.

The group of participants consisted of people with various nationalities and backgrounds. Most participants were Latvian: students and teachers from both Rīga Stradiņš University and Liepāja University and also many clinically practicing music therapists who joined the Summer School workshops in combination with their annual meeting in Liepāja. Finally, there were music therapy students and teachers from Estonia, Lithuania, Finland and Denmark.

The underlying basis for my teaching is mostly practical and experiential. On theoretical and methodological basis, I always consider a couple of very well reputed Danish voice theorists and voice technicians during my teaching and my planning of the lessons:

- Anne Rosing-Schouw, who has taught a lot but unfortunately not yet published anything (*we are many people waiting impatiently*). Her method was formerly known as “The Voice Embodiment method”. But is now called “The Anne Rosing method”. You can read more about her and the “Anne Rosing Institute” here: <http://www.anne-rosing.com/#!homeenglish/c2c0>,
- Lone Rørbech and Sten Høgel wrote a quite short but very precise and insightful book in Danish about the voice and its physiological functions. “Tal rigtigt – synggodt”; meaning – “Speak correctly –

sing well”. Even though singing is so much more than just a technique, it is ALSO a technique, and it is good to be aware of what is going on with the instrument, that is embodied in our bodies and which we cannot see when it is operating. When using voice literature written by speech and language therapists you Hardly will go wrong.

Besides this, not exactly overwhelming, theoretical basis, my teaching methods stem from my own experiences in various settings, music teaching in primary school, in music schools, in high school, at the royal academy of music, at the music therapy programme at AAU, singing courses and seminars, my own clinical music therapy work and music teaching in different settings over the last 15 years, yoga classes, dance groups, theatre groups, song writing, playing and singing lead and backing vocal in a lot of different rock-, indie-, jazzbands and improvisational orchestras, exiting conversations with other singing teachers an so forth.

So how do we start singing together?

We start with doing things that seem very odd and maybe also a bit foolish.

Why?

Because when you crowd so many people together, of whom many do not know each other, and you want them to open the mouth and improvise together, you have to make them able to laugh a bit.

Exercise: “Pass the sound”. All participants stand in a circle. One person makes a sound, maybe also combined with a movement, turns to the person next to him/her while making this sound bit/movement. This person now tries to produce the same sound bit/movement, turns to the next person in the circle and passes it further on.



The sound bit and the movement travel all the way around in the circle. When it returns to the originator, this person can make a new sound and movement, or the turn passes on to the next person in the circle to come up with a sound/movement.

This exercise is enjoyable because you can never really produce the same sound as the originator, but the attempt can be quite funny. It is also a good way of warming up the voice in a gentle manner if you, as the teacher, decide to start all the passing sounds – you can make your students do glissades or diaphragmatic exercises or jaw loosening exercises in a way that puts it into a fun sound making game.

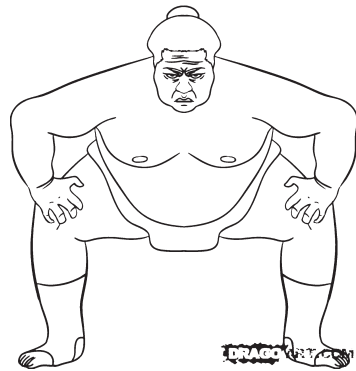
It can also be very nice sitting in the middle of the circle with your eyes closed and listening to the sound bit that travels around you. Especially children find this funny.

Exercise: “The Sumo”. This exercise also functions best in a circle where everybody can have direct eye contact. Starting point: everybody is down in bent knees, hands on the knees, trying to feel like a sumo-wrestler; feeling as big and heavy as possible, prepared to attack. See the illustration.

The first person makes an improvised sumo-wrestler movement as slowly as possible. There is no right or wrong move there. Just move like your inner sumo-wrestler would move. The rest of the group tries to copy the movement as it happens. Therefore, it is important to do the movement slowly. It can also be combined with a sumo-sound, which the group also tries to follow. When the leading person has finished, the turn passes on to the next in the circle, who starts the movement from where the previous movement has stopped.

This exercise is effective because it works with an aspect of our body and voice that we not often let out: The deep, angry, aggressive, powerful, masculine, primal, energizing, voluminous and confronting sounds and movements. Additionally, it stresses the bodily posture and bodily energy that is important to make big sounds; the bend in the lower back is balanced when you bend your knees, and that, on the other hand, counterbalances the neck, so that you obtain a long neck and a long, broad back which is important for the optimal sound making.

But then again, this exercise is also just very funny because it is too unfamiliar to many of us and it looks and sounds funny when our colleagues and friends work their inner sumo wrestler. So, most of the time it is both funny and energizing.



Bodily warm up

The vocal chords are embedded in our body and we use our body to support the sound making, hence; the vocal instrument is deeply dependent on how the body and, in connection with that, the psyche are functioning. A warm up can make us aware of the complex of factors that we sing from. Not that we necessarily have to do or can do anything about the findings, but we become more aware of the level of physical and psychological energy our voice is supported by at the moment.

The following basic warm up is quite representative of what we did in the workshop.

- **Foot-stretch:** Take off your shoes, stand on one flat foot and cringe the toes on the other foot. Put pressure on your cringed toes so that you stretch all the little sinews and tendons in you upper foot. It can hurt a little in your toes. Do not panic. Just stretch all the toes – also the little pinkie. Go further round to the outer edge of your foot, squeeze it down in the floor. Go to your heel. Squeeze it as well, all the way round your heel. Go to the soft pads behind your toes and squeeze them down in the surface. Do the same thing to the other foot.
- **Toe-stretch:** Stand on flat feet, stretch out your toes as much as possible and get the feeling of really broadening your feet. Now you stand firmly on the ground.
- **Pad-heel-balance:** Be aware of three checkpoints under your feet. One point on the pad behind the big toe, second point on the pad behind the pinkie and the third checkpoint under your heel. Try to find the balance between those three points, so that you have the same amount of weight on all three. Bend your knees a little. Do not overstretch them.
- **Bouncing-grounding:** Stand well on your feet, bend knees a little bit, long lower back (make a tilt in your pelvis, so that you do not bend in your lumbar area), long neck, arms hanging relaxed down the side. Now start bouncing, while still standing on your feet. Bounce as if you had little springs in your knees, but do it quite fast so that your thigh muscles do not get all tense. Remember to breathe, do not hold your breath in concentration. Bounce for at least 5 minutes, while relaxing all the muscles possible, and then slower the bouncing and minimize the movements until you stand still all again. Breathe.

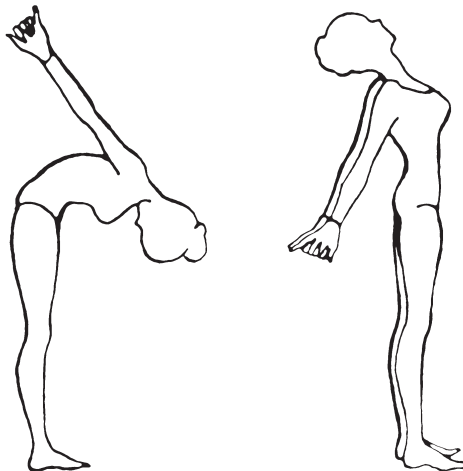
- **Yoga-exercise No. 1, Forward bending:** Now put your chin to your chest and roll down towards the floor with your hands and arms hanging loose, seeking the floor. If you can touch the floor, you can grab your elbows in order to obtain the feeling of weight towards the floor. Beware that your belly is relaxed and your neck is relaxed so that your head just dangles if you move a little. Now take a good breath in through your nose, hold it for just a short pause, and breathe out through your mouth. Do that 5 times in your own tempo.
- **Yoga exercise No. 2, 'Downward Dog':** Still head down you put your hands to the floor, stretch your knees, keep your heels on the floor (as an ideal) and crawl forward on your stretched out arms. Now you will find yourself in a triangular position, with your bottom as the top point in the triangle and hands and feet as the other points. Now again, you breathe in through your nose, hold it for a tiny pause, exhale through your mouth. 5 times. This exercise hurts quite a lot the first couple of times, so it is completely fine to moan and put some sound on your exhaling. But you will experience – if you do these two exercises just once each day – that your body will quite quickly get more flexible. After your 5 breathings you crawl back to the yoga exercise No. 1 – position and then you slowly roll up again. Imagine that your spine is a tower of bricks that you put on top of each other, one by one, as you roll up. Finally the little vertebrae in your neck are put on the top and your head is raised again. Breathe.
- **Side-stretch:** Raise your hands up, grab your right wrist with your left hand, pull your right arm vertically up with the left hand, and then bend to the left. You should feel a stretching on your right side of the torso. Breathe. In between your ribs are seated a lot of little muscles that are working when you breathe in. So, stretching them helps you breathe in more air. Do the same to the other side.
- **Chest-stretch:** Fold your hands on the back, inhale, and stretch your arms out and up, so that your chest is opening up. Make sure you do not lift your shoulders. For a bigger effect you can bend over and make the gravity help you pull your arms downward to



further open up your chest. A lifted and open chest is important in the supporting of your voice, so the job here is to stretch the chest muscles and tighten up the muscles between the shoulder blades, so that your chest will open up.

- **Muscle-massage No. 1, Sternocleidomastodeus:** Turn your head on the one side, grab the muscle that now shows on the side of your neck, turn your head back to relax the muscle again and then give it a good massage. This muscle is called sternocleidomastodeus and is attached on the collarbone and on the back of your skull. It can cause many tensions and headaches but can also obstruct your vocal work when singing. Give a good massage to the sternocleidomastodeus on each side of your throat. When finished you will probably feel like your neck has gotten a little longer.
- **Muscle-massage No. 2; The jaw muscle:** Clench your fists and press them towards your jaw muscle on each side, elbows pointing horizontally out. Put pressure on the muscle for about 30 seconds, breathe. Release and give your jaw and the area around it a good massage with your fingertips. Do it 3 times. A tense jaw muscle can inhibit the vocal sound a lot, so loosening it up will help you produce a fuller sound. It takes time, though; so beware of your jaw on daily basis.

There are lot of vocal exercises to do, now that your body is warm, glissades are always good, though.



E.g., Hiiiihhh. Houuuhhh. Hüüühhhh. Top – down or bottom – up or combinations. Try to do them also on consonants, e.g., Brrrrrrr. Drrrrrr. Or mmmmmhh or nnnnggg. Imagine that your vocal chords are like two little rubber bands that you are stretching. The higher notes the more they stretch. Beware that it does not hurt anywhere. If it hurts, you are probably doing something wrong. The sound making shall feel light and effortless.

Usually I finish the warm up with two simple songs, one that transposes up half a note all the time to work with the falsetto/head sound. And a song that transposes down half a note every time it is repeated in order to work with the chest voice. Beware of the body, especially when working in vocal extremes; parallel feet, bend knees, tilted pelvis = long back, long neck, open and lifted chest, shoulders down.

Vocal improvisation exercises

During the workshop we experimented with different vocal improvisations. I will take you through some of the play rules we tried of.

The sing-o-larium: Depending on the size of the whole group, 1–5 people stand in the middle of the circle facing outward with the rest of the group forming a circle around them. The group of people in the centre decides on the energy they would like to receive from The Sing-o-larium that they have entered. E.g., happiness, love, vitality, care, support, power, grounding, hope etc.

Now the task for the people standing in the outer circle is, through a vocal improvisation, to put into sound what the people in the middle have asked for.

When everybody is quiet, the improvisation starts. The improvisation stops when everybody is quiet again.

Usually such improvisation is quite meaningful, because people really get a sense of how it is possible to use music to comply with the needs of other people.

It is also a good exercise for working with group dynamics because of the reactions that come up when people give or receive something as personal as “vocal care”. It can also be a good way to start a debate about putting emotional energies into vocal sound and still be a part of a bigger group where people are doing the same, but not necessarily in the same way as you do.

Vocal improvisation on the basis of pictures

When examining your own voice trying to find new sides to it, you sometimes have to use alternatives to trick yourself and your clichés.

Pictures can be a good way of tricking yourself and creating new vocal skills and expressions. During the workshop, we tried different variations of picture improvisations.

Portraits

- Try to copy the bodily position and the facial expression of the portrayed person. How does it feel? And then how does it sound?
- Imagine the kind of personality the portrayed person has and put that into sound.
- Make several persons/portraits improvise together. Give them play rules.
- Sing a regular song, but do it like you think your portrait would sound when singing that song.
- There are many possibilities, but generally: The fact that people can imagine another personality singing through them can be quite deliberating and fun.

Abstract, non-figurative paintings and pictures

- Paint with the painter; follow the lines in the picture, put them into vocal sound. All the dots and the stripes and the colours.
- Find three little details and elaborate vocally over them.
- Make one person improvise vocally based on a picture, and then give another person the task of supporting vocally the person improvising.
- Put 2–3–4 people together in front of one picture, make each of them choose their own detail in the picture that they want to put into sound, and make them also think shortly about how it would sound. First person (“A”) starts elaborating vocally on the chosen detail. “A” finishes the improvisation with a nod to the next person in line (“B”) who takes over that exact vocal expression. After a while “B” begins to merge that sound into the sound of his/her chosen detail. With a nod to “C” this vocal expression will travel on, merge into something new and so forth.

It all gets a bit technical when you trying to explain practical, musical exercises in a written form. But you do not have to do these improvisational exercises according to this description. You can just use your own imagination and come up with what seems applicable in your setting.

Instead of pictures you can use poems, words, clay, dance, bodily postures, whatever makes sense for the people that you are working with.

Conclusion

You are most welcome to write to me or call me if you have questions to the content of this article, and also very welcome to contact me if you have other ideas for exercises that work well for you. I collect new ideas all the time and love to share.

Thank you for a great Nordplus Summer School 2015!

How to Understand Participation in a Music Therapy Group? A Workshop Based on a Music Therapy Group of People with Epilepsy

Zita Abramaviciute, Vilmante Aleksiene
(Lithuanian Academy of Music and Theatre)

Abstract

The paper provides a model of analysis of the processes of participation as they unfold in a group improvisation. The model is based on the research of Brynjulf Stige (2006, 2010), defining participation as a collaborative activity that implies communal experience as well as political action and giving insights about three interpretations of participation based on a group improvisation:

- a) participation as a style of self-presentation,
- b) participation as a co-creation of social-musical space,
- c) participation as a ritual negotiation.

Keywords: participation, social inclusion, group improvisation, epilepsy.

Introduction

This Paper elaborates one aspect of the qualitative research in which the possibilities of social inclusion of adult people suffering from epilepsy using methods of music therapy are examined. In the research social inclusion of people with epilepsy is analyzed in relation to the notion of participation, saying that social inclusion is promoted by gaining resources and providing possibilities for full-fledge participation. Such a process is discussed

by analyzing participatory processes that unfold in a group improvisation performed by people with epilepsy. Such analysis is based on the model developed on the base Brynjulf Stige's research (2006, 2010), who defines a notion of participation from a relational and culture-centered perspective.

The aim of this Paper is to present theoretical ideas integrated into this model and to describe a workshop in which these ideas could be further discussed and elaborated by the specialist who works in the area of social inclusion.

According to Stige (2006), participation is a collaborative activity that implies communal experience as well as political action. In order to stimulate more systematic consideration of the notion and to develop a better understanding of participatory processes in his article *Musical Participation, Social Space, and Everyday Ritual* Stige (2010) gives three various interpretations of participation: a) participation as a style of self-presentation, b) participation as a co-creation of social space, and c) participation as a ritual negotiation.

Participation as a style of self-presentation. The first interpretation is based on Goffman's (1959/1990) dramaturgical theory of social interaction. Stige offers a description of five different styles of self-presentation (p. 134–135).

- **Non-participation** (not being there) involves “not being there”, which could at least undertake two different forms: literally not being in the setting (leaving or never arriving), or physically being there but with no sign of being psychologically and socially present.
- **Silent participation** (being there, but not joining) involves being there but not joining or taking part in any conventional way. In contrast to the passive form of non-participation, silent participation involves giving some impression of being mentally and socially present.
- **Conventional participation** (joining, but not standing out) involves joining and performing what is expected in the situation, in one of the roles available (in the case of improvisation – playing, singing). Conventional participation involves imitation of and/or synchronization with what others are or have been doing. Some degree of amplification may be involved, however, such as in the participatory discrepancies described above.
- **Adventurous participation** (standing out but not crossing what is happening) is different from conventional participation in that the individual's contributions are standing out. It is not just an embellishment of what would be expected, it is a deviation that

contributes with something essentially new in the situation. It could be described as a divergence that requires considerable active adjustment by other people present in the social-musical situation.

- **Eccentric participation** (going beyond) is more dramatic than adventurous participation. It goes across what is happening in the group. Eccentric musical participation goes beyond transforming what is already happening and it can rarely be ignored. It will usually either establish a new center of mutual attention and action or it will break up existing structures. In the first case, leadership is challenged. In the second case coherence of the group is challenged.

According to him, “the five forms of participation in music do not represent discrete categories. Non-participation, for instance, may gradually be transformed into silent participation which again may turn into conventional participation. The process is not necessarily linear. Silent participation may at times turn into adventurous participation. And eccentric participation, at the extreme, may turn into non-participation” (p. 132)

Participation as a co-creation of social space. In order to clarify the collaborative dimension of participation and to discuss the interactional sequences that precede and surround the manifestation of previously mentioned categories, Stige provides a second interpretation of participation as a co-creation of social space. He chooses ritual theory in the exploration of this by concentrating to sociological tradition of ritual studies, as pioneered by Durkheim (1912/1995) and Goffman (1967) and developed by Collins (2004).

Interaction rituals are characterized by *mutual foci of attention* and *increased energy among participants* and they build *community* and *group membership*. The central ingredients of the ritual are bodily co-presence, “barrier” to outsiders, mutual focus of attention and shared mood (Collins, 2004, p. 47–101; cit. Stige, 2010, p. 134). According to this, Stige summarizes “the broad range of possible styles of self-presentation in music does not necessarily imply fragmented situations with a series of individual foci so that things fall apart. If integrated into interaction rituals, these various styles of self-presentation may become part of the co-creation of a more inclusive social space” (p. 136).

Participation as a ritual negotiation. Stige mentions that “five styles of self-presentation in music forms a repertoire of participatory possibilities and the shared task of all participants is defined as that of creating an inclusive social space. This seems to have the potential of making interaction rituals works in was that combine each individual’s need for spaciousness

with the group's need for mutual focus and attention. [...] This does not mean that all possibilities are equal at any point of time or that every participant could move freely between every form of participation" (p. x). What is important is a mutual negotiation and flexibility of participation, based on the acknowledgment and reaction to the others' participation present in the situation.

In this context Stige discusses the instances of ritual intensification and situational stratification. Ritual intensification is linked to the establishment of mutual focus of attention and the development of shared emotion (p. 139). Situational stratification is explained by the cases when someone participating in ritual is very active in intensifying it. In doing this they also run the risk to become an energy star that can have a negative impact on people with more limited expressive resources. They may experience the same ritual as an energy drainer (p. 140).

Participatory spaciousness and ritual outcomes. Stige summarizes that "an inclusive social space for musical participation allows for low energy as well as high energy inputs, and for both centrifugal and centripetal contributions (actions that challenge or support the established focus, respectively)" (p. 141). On the base of Collins, he suggests that if the ritual ingredients (bodily co-presence barrier to outsiders, mutual focus of attention, and shared mood) successfully combine and build up to high levels of emotionally shared attention, participants have the experience of (p. 143):

- group solidarity, a feeling of membership,
- emotional energy in the individual: a feeling of confidence, elation, strength, enthusiasm, and initiative in taking action,
- symbols that represent the group: emblems or other representations (visual icons, words, gestures) that members feel are associated with themselves collectively,
- feeling of morality: the sense of rightness in adhering to the group, respecting its symbols, and defending both against transgressors.

The following part of the paper presents a workshop in which the proposed model of analysis of participatory processes, as they unfold in a group improvisation, may be discussed and elaborated.

Aim: to provide a better understanding of the processes of participation as they unfold in a group improvisation.

Target groups: music therapists, music therapy students, other specialists who work in the area of social inclusion.

Premises: a room where chairs for participants are arranged in three positions:

- a) in a circle with musical instruments in the centre of it,
- b) in two discrete semicircles in front of the circle with musical instruments.

Procedures: planned four steps of practical work.

Equipment: various music instruments used by participants' choice, blank sheets of paper and pencils to write.

Recommended time limit: 90 minutes.

Techniques included: improvisation, observation, reflection, focused group discussion, self-evaluating.

First step

- Present participants three various interpretations of participation proposed by B. Stige (2010): a) participation as a style of self-presentation, b) participation as a co-creation of social musical space, c) participation as a ritual negation.
- Ask them to form three discrete groups and give name A, B, C to each of them.
- Hand out sheets in which the tasks of the practical work are written.

Task No. 1. *Participatory spaciousness and ritual outcomes.*

While participating in the group improvisation, pay attention to your own experiences. What are they? Write a short narrative about it and discuss it within the group. After discussion, each group shares their findings with the rest of the participants of the workshop.

Reflect about:

- Whether or not there was enough space to participate in the improvisation in a way that is meaningful for you?
- Did you have any experiences of successful ritual: a) group solidarity, a feeling of membership; b) emotional energy in the individual: a feeling of confidence, elation, strength, enthusiasm, and initiative in taking action; c) feeling of morality: the sense of rightness in adhering to the group, respecting its symbols, and defending both against transgressors.

Task No. 2. *Participation as style of self-presentation.*

While observing group improvisation explore different styles of self-presentation the participants use in the course of the improvisation. Write down some comments about it and discuss it within the group. After discussion, each group shares their findings with the rest of the participants of the workshop.

Keep in mind various styles of self-presentation, ranging from conventional participation to various participatory diversifications. You may base your reflection on the five different styles of self-presentation offered above (non-participation, silent participation, conventional participation, adventurous participation, eccentric participation), or you may offer your own categories. You may reflect about levels of energy and degrees of mutual focus in musical interaction as well (two-dimensional space of participation).

Task No. 3. *Participation as co-creation of social – musical space.* *While observing group improvisation explore whether or not and how ingredients of interaction ritual are established in the improvisation, and how ritual negotiation unfolds in the course of improvisation. Write down some comments about it and discuss it within the group. After discussion, each group shares their findings with the rest of the participants of the workshop.*

The ingredients of interaction ritual: bodily co-presence, “barrier” to outsiders, mutual focus of attention, shared mood. Reflecting about ritual negotiation, pay attention to:

- Whether or not all possibilities for participation are equal at any point of time, and whether or not every participant can move freely between every form of participation?
- Whether or not, and how one form of participation is witnessed/impacted by other forms of participation?

Incidents of ritual intensification and the issue of stratification of emotional energy in the improvisation.

Second step

- Ask group A to sit in a circle with musical instruments in the centre of it, and groups B and C in a semicircles in a way they could observe what is happening in the group A.
- Prescribe a task to each of the group: Group A → Task No. 1; Group B → Task No. 2; Group C → Task No. 3.
- Ask group A to play a free group improvisation, group B and C – to observe what is happening in the group A while keeping in mind the tasks prescribed to them.

Third step

- After group A finishes its improvisation, ask each group to think about personal experiences in accordance to the given tasks and to share them within the group.
- Ask each group to present their insights with the rest of the participants of the workshop.
- Initiate the summing-up discussion by asking all participants their opinions about a) whether or not an inclusive social space was created in the course of the improvisation, b) what the arguments for yes or no are.

Fourth step

- Repeat the second and third steps until each group fulfills all three tasks. The rotation of the tasks among the groups is given in Table 1.

Table 1. The rotation of the tasks among the groups

	Group A	Group B	Group C
I	No. 1	No. 2	No. 3
II	No. 2	No. 1	No. 2
III	No. 3	No. 3	No. 1

- Invite groups to share their findings in the final discussion. You may initiate the final discussion by asking, for example, a) whether or not you find these ideas useful for your practical work, b) what you think is important for the promotion of social inclusion.

Conclusion

In the qualitative research, in which the possibilities of promoting social inclusion of people with epilepsy using methods of music therapy are discussed, the above presented ideas were integrated into the model of analysis that has been used in order to understand what is happening in a group of people with epilepsy while improvising. It can serve as a tool for reflection within the group as well, to help participants to know themselves better.

The proposed workshop gives an opportunity for music therapists, music therapy students and other specialists who work in the area of the promotion of social inclusion to elaborate on these ideas on the base of their own practical experience which in turn may stimulate further discussions about how social inclusion could be promoted in music therapy.

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Bonny Method of Guided Imagery and Music: Basic Principles and Practical Use

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The Bonny Method of Guided Imagery and Music (BMGIM) as the internationally recognised and widely used method of receptive psychotherapeutic music therapy has proved to be an effective tool for clarifying and interpreting the repressed inner material, releasing and expressing feelings connected with it, allowing experiencing corrective emotional experience, making it possible to integrate the important insights and corrective experiences into the self and current relationships.

The method has been created by Helen Lindquist Bonny (1921–2010). She started to offer listening to music as a by-activity of treatment of conscious expanding drugs (LSD) with neurotic, abused or cancer patients at Maryland Psychiatric Research Centre (USA) in 1968, the treatment was then called “the drug sessions” [Bonny, 2002]. The future developers of BMGIM include Linda Keiser Mardis, Lisa Summer, Kenneth E. Bruscia, Carolyn Kenny, Francis Goldberg, Denise E. Grocke and many others.

BMGIM is a method of self-exploration in which mostly classical music is used to access the imagination. It includes listening to classical music in a relaxed state, allowing the imagination to come to conscious awareness and sharing such awareness with a guide. The interaction among the listener, music and the guide is what makes BMGIM unique. The BMGIM experience can lead to the development of self-understanding, the ordering of the psyche and the achievement of spiritual insight [Clark & Keiser, 1986].

BMGIM enables a client's internal growth and expansion of life choices, exploration of problems, issues, strengths, as well as hopes, fantasies, desires for the future, going back to the important past experiences and working them through and finding the ways for solutions and/or experiencing healing experiences through imaginative processes [Bruscia, 2002].

Fundamental ideas of BMGIM:

- Every person has a healing power inside.
- All the experiences are valuable; the experiences are connected with each other. Both positive and problematic aspects are valuable and are welcome to express.
- Movements in psyche allow alterations and transformations.
- Altered state of consciousness is able to communicate with us through experiences that emerge from imaginations.
- Music is the key to our imaginary world. It initiates the movements in psyche, creates images, facilitates the inner dialogue, supports the acceptance of unexpected reactions, promotes the integration of mind, soul and body.

Theoretical background of BMGIM is very rich. It includes influences from Active Imagination by Jung, Guided Affective Imagery by Leuner, Free Associations by Freud, LSD-sessions by Grof, Psycho-Synthesis by Assagioli, Mandala-technique by Kellog, Day-dream Techniques by Happich-Desoille and others.

The general structure of a BMGIM session is as follows:

1. Preliminary conversation / pre-session
 - May include biographical information, goal-setting and current concerns and feelings.
 - The facilitator chooses a music programme appropriate to the client's readiness to pursue therapeutic process ("iso" principle).
2. Induction / relaxation
 - The facilitator provides verbal suggestions (without music) to relax the body and focus the mind of the client, thereby assisting the client's entry into an altered state of consciousness.
3. Interactive music experience
 - The client listens to the music and expresses verbally the imagery and feelings evoked by it. The facilitator interacts verbally with the client in ways which support and enhance the client's experiences.
 - At the ending of the music programme, the facilitator assists the client's return to a normal / waking state of consciousness.

4. Post-session / integration

- Integration of the imagery experiences proceeds through reflective discussion and / or expressive activities immediately following the music as well as throughout the whole therapeutic process.

Music is the key to our imaginary world. Intentional listening to music in an altered state of consciousness can bring an internalized sense of order, balance and harmony as well as a sense of connection to the pulse and movement of consciousness

Specifically chosen music in BMGIM:

- initiates movement within the individual psyche,
- provides the structure for therapeutic work,
- evokes and supports varied responses and reactions,
- supports and sustains Altered State of Consciousness experiences.

In BMGIM mostly pre-designed music programmes are used which include common selections from classical music by “great composers“. The main characteristics of the music are predictable structure and variability, rich harmony, timbre and melody, potential for affording evoking emotions, archetypal characteristics and slow motion. Therefore, instrumental as well as vocal music can be used.

Explorations of consciousness in the process of BMGIM are music-activated journeys through sensory, biographical, somatic, symbolic and archetypal imagery experiences expanding the individual’s perception of wholeness by affirming the sense of connection to realities which transcend the personal. It requires that the trained BMGIM therapist uses clinical skills, musical awareness, ethical principles, openness, intuition and spirituality in order to respond to the dynamics of these explorations. The explorations also provide the context in which integration of complex inner experiences can occur.

Altered State of Consciousness experiences, induced and supported by trained facilitators enable a multidimensional connection and interaction with music and imagery, facilitate the emergence of both positive and problematic aspects of the individual psyche, provide access to peak experiences containing healing processes not available in waking states and also produce unique and insightful rapport between the client and the facilitator [Moe, 2008].

Metaphor plays a specific role in the process of BMGIM. Metaphor is usually born out of intense feeling that fulfils the need to communicate something never communicated in that way before, to express the material

that can only be approximated in words [Siegelman, 1990]. It represents the need to articulate a pressing inner experience of oneself and of one's internalized objects and gives us the possibility to get vividly connected with our sensed and felt experiences. Metaphor could be visual, auditory, gustatory, tactile as well as kinaesthetic.

In BMGIM, one of the tasks of the therapist is to help the client to stay with the metaphor, allowing it to expand and develop without forcing, which could deepen the client's responses to it and enable new beginnings, views and understandings. Allowing expanding the metaphor also enables forming transpersonal images and peak experiences [Perilli, 2002]. While listening carefully to the client's responses to the music and making appropriate, carefully considered interventions at the right time the therapist creates a good space for the client to listen to the inner melody, reaching contact to the deepest areas of the psyche and getting meaningful images that allow gaining new understandings of themselves.

Art work (drawing, painting, clay-work, etc) used in pre- or post-sessions of BMGIM helps in reaching the understanding of the metaphoric experiences. It carries the information between the conscious and unconscious, allows seeing the metaphors more clearly and discovering new aspects of the experience as well as finding connections between different parts of the imagination that seem to stand apart.

General indications for BMGIM are as follows:

- self-development,
- stress (e.g post-traumatic stress),
- depression,
- anxiety (e.g performance anxiety),
- mood disorders,
- eating disorders,
- sexual abuse, etc.

Every therapy process is unique, its duration and content will be set individually. Usually a therapy process takes 6–30 sessions to reach the goals of therapy, shorter and longer processes are possible if so deems necessary.

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Motor Performance in Post-Stroke Recovery Using Active Music Therapy*

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Abstract

Approximately 33 million people worldwide survived a stroke in 2010, though most often being severely disabled afterwards. Effective acute post-stroke rehabilitation is required to treat patients adequately. Music therapy, music listening, and music-based exercises have been shown to improve cognition, mood, and motor functions of stroke patients. This Paper suggests that active music therapy could be beneficial for post-stroke recovery and presents a single case investigation that is part of a larger study. After extensive observational analysis of the video material recorded during music therapy sessions, a simple djembe drum pattern was selected to investigate possible improvement in motor performance. Tests at four time points were recorded with an optical motion capture system and computationally analysed. Results indicate that muscular strength as well as movement activity and control improved in both the left (impaired) and right (unaffected) hand during the recovery process, potentially suggesting a positive effect of active music therapy on post-stroke rehabilitation.

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Introduction

The growth and ageing of the global population is leading to a rising number of stroke patients among various age ranges, in particular in ages 20 to 60 in low- to middle-income countries. In 2010, approximately 33 million people survived a stroke [Giroud et al., 2013]. Strokes can have various effects including impairment in motor and sensory systems, emotion, language perception, and cognitive functions, causing difficulties in daily life, such as taking care of oneself [Morris & Taub, 2008]. The rising amount of strokes requires preventive measures and effective acute post-stroke care, as it otherwise brings high economic costs for societies and is further a leading cause of serious long-term disability of the patient.

More efficient rehabilitation methods have been introduced during recent years in physio- and occupational therapy involving more dynamic, task-oriented, and repetitive training for post-stroke treatment. The idea is that the intensive, meaningful, task-specific training will activate new areas in the cerebral cortex [Zorowitz, 2006; Sivenius & Tarkka, 2008]. Such activating forms of therapy based on motor learning principles have been shown to be effective in the recovery of stroke patients' cognitive and physical functions, supporting their return to independent life at home and participation in everyday situations. Stroke rehabilitation involves learning processes related to muscle control and movement skills that enable the patient to live and cope with the continuously changing environment [World Health Organization, 2001; Pyöriä et al., 2007]. According to Shumway-Cook and Woollacott (2001), in particular functions of the upper limbs play an important role in post-stroke recovery, being crucial, for instance, in walking or in keeping balance.

The use of music and music therapy in clinical contexts was found to positively affect cognitive, emotional, and motor abilities of impaired clients [Schlaug et al., 2010]. With help of brain measure techniques, such as electroencephalography (EEG) or magnetoencephalography (MEG), it was shown that music listening as well as making activates a complex network of brain areas related to auditory, cognitive, sensory-motor, and emotional processes [e.g., Ellis & Thayer, 2010; Särkämö et al., 2013]. In particular related to stroke rehabilitation, it has been demonstrated that playing musical instruments can effectively improve motor skill recovery [Altenmüller et al., 2009; Schneider et al., 2007, 2010; Thaut & Abiru, 2010].

Schneider et al. (2010) conducted a study with stroke patients and compared music-supported training (playing on an electric piano or drums) with constraint-induced movement therapy (CIMT – a therapeutic

approach focusing on restraining the unaffected limb while intensively using the affected limb, see Morris & Taub, 2008) and conventional physiotherapy. By analysing motor functionality with both a set of established motor tests and a computer-based movement analysis system, they found that music-supported training was more effective in terms of recovery of fine motor functions compared to CIMT and conventional physiotherapy.

Additionally, patients described music-supported training as enjoyable and motivating, which has been identified as playing an important role in a successful recovery process [Schneider et al. 2010]. Furthermore, Koelsch et al. (2010), as well as Forsblom et al. (2010) and Särkamö et al. (2008) have found positive effects of making and listening to music on mood and motivation in their studies with people with affective disorders and stroke patients.

Aim

The aim of this study was to investigate if active music therapy (i. e., the client being actively involved in musical interaction with a therapist, see below), added to standard care, has a positive impact on the recovery of motor functions after stroke. With the objective of evaluating this new model of active music therapy for stroke rehabilitation, we started from observing and finding characteristic features in the patient's therapy process. This procedure enabled us to identify effects and detect possible changes in the motor recovery process, and to subsequently analyse them in measurable ways. While being part of a larger study, this article will present initial results from a single case investigation.

Method

In the following, the research design, the clinical intervention model, and the specific methodological aspects regarding the case study approach will be explained.

Research design and clinical intervention

Forty-five patients suffering from right hemisphere middle cerebral artery stroke (diagnosis ensured with magnetic resonance imaging – MRI) participate in the study [Ala-Ruona, 2009]. They receive standard care and additionally two weekly sessions of individual active music therapy with a clinically trained and further educated music therapist over a period of three months (20 sessions) [Forsblom & Ala-Ruona, 2012]. Clients are

randomly assigned into receiving music therapy as an early intervention during months 1 to 3 or during months 4 to 7 after stroke as a delayed intervention (cross-over RCT). Standard care, following the Finnish Current Care Guidelines (see <http://www.kaypahoito.fi/web/english>) for stroke, is given during the whole period of time. The active music therapy model is a combination of structured and non-structured musical exercises and includes rhythmic tasks of different levels of difficulty, music-assisted relaxation, interactive improvisation and therapeutic discussion. Test sessions at four time points (baseline, after three, four, and seven months) are recorded using an optical motion capture system.

Specific aspects regarding the case study

Participant

The patient (male, age: 57) was diagnosed with an acute right hemisphere middle cerebral artery stroke and assigned into active music therapy treatment during months 1 to 3 after stroke. The baseline evaluation tests in the hospital showed that he was not able to walk without help, having furthermore severe problems in using the upper extremities in self-care like dressing and washing himself. We used the video-recorded baseline test session to conduct an observational analysis of the client's functioning. The client was able to independently walk small distances in the test room. He had large difficulties in using the left upper extremity when playing drums. The ability to selectively activate distal muscles in his affected arm was limited. Furthermore, the strength was found reduced, the range of wrist motion was severely limited, and the finger opening for objects was insufficiently. He was unable to grasp or release objects with the left hand. He supported lifting and reaching movements of the left upper extremity with the right hand or increased the trunk movement to swing the arm. Occasionally, he used the right hand to lift and drop the left hand onto the djembe drum to forcefully achieve opening of the fingers and relaxation of the hand. Tension was found when trying to move hand and finger muscles passively. During the test session, the left upper extremity showed increasing fatigue, with movements getting smaller, slower, and more uncontrolled.

Task

Various motor performance tests consisting of rhythmic patterns were played on djembe drums together with a test therapist, as well as on a special drum set with the test therapist playing the piano. The level of challenge in the tasks was adjusted according to the client's level of

functioning. For the current analysis of this single case, a simple 3-hits + pause (I I I _ I I I _ ...) pattern – first performed several times with the right hand, then with the left hand – was selected to be able to investigate possible improvement in motor performance of both left and right hands.

Procedure of the analysis

In order to understand the recovery process, and to recognise meaningful movement patterns indicating measurable changes in motor performance, an extensive video analysis of all the 20 therapy sessions was conducted. After thorough analysis, we decided to focus on one of the simplest rhythmic pattern in the test battery (the three-hit pattern mentioned above), and to analyse the overall movement range, wrist and finger movements, dorsiflexion of the wrists, and kinetic energy of upper extremity of both hands.

Apparatus

The client's movements were recorded using an eight-camera optical motion capture system (Qualisys ProReflex), tracking, at a frame rate of 120 Hz, the three-dimensional positions of 19 reflective markers attached to the client's body. The locations are depicted in Figure 1A. Additionally, four Sony video cameras were used to record the test sessions enabling the observational analysis. The audio data from the djembe drums was recorded into ProTools software.

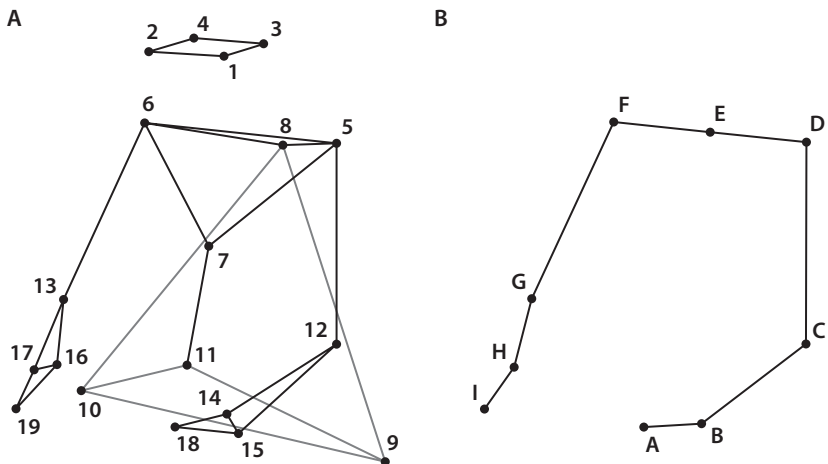


Figure 1. Client's marker setup (A); Joints and segments used in the analysis (B)

Movement data processing

The MATLAB Motion Capture (MoCap) Toolbox [Burger & Toiviainen, 2013] was used to process and analyse the movement data. First, the data was trimmed to a 10-second excerpt of the task of interest after removing the first sequence of the 3-hits pattern to ensure a stable execution of the pattern. Next, a set of nine secondary markers – subsequently referred to as joints – was derived from the original set of markers. This was done to reduce the amount of markers, to exclude unnecessary ones, and to create the chain of joints required for body segment modeling (see below). The locations of the nine joints are depicted in Figure 1B. For seven joints (A, C-G, and I), the locations were identical to one of the original markers, while the wrist joints (B and H) were obtained by averaging the locations of markers 14 and 15 as well as 16 and 17. This chain of joints was subsequently used to model body segments (i. e., the connection between two joints) based on Dempster's parameters [Dempster, 1955] to calculate angles between segments and kinetic energy contained in the body segments [Toiviainen et al., 2010].

Results

This analysis comprises comparisons between Time Points (TPs) 1, 2, and 4. TP 3 was excluded, since we aimed at focusing on the immediate effects of the active music therapy and the long-term sustainability of the effects. In order to investigate hand dorsiflexion, the vertical displacement of wrist and finger joints of left and right hand (joints A, B, H, and I) was compared and plotted as a function of time (see Figure 2). The 3-hits pattern is visible in both hands and all TPs; however, in TP 1, both left and right hand exhibited the smallest movement ranges, while they were highest in TP 2 (see Table 1 for standard deviations of finger displacement). The displacement range of both hands was similar in each TP (see SDs in Table 1). In TP 1, wrist and finger time series specifically of the left hand were almost identical (i. e., the hand being mainly parallel to the floor), while they were more dissimilar in the other TPs. Furthermore, the left hand movement peaks in TP 1 have rather variable heights, whereas they became more regular in TPs 2 and 4. The same applies to the right hand, albeit the displacement pattern was more regular in general, changing from a somewhat arbitrary peak structure in TP 1 to a strong-weak-weak pattern in TP 2 to a strong-weak-strong pattern

in TP 4. The displacement curves of both hands in TP 1 show resting periods after the drumming pattern was completed. This was, however, due to the first instruction the client received on how to play the pattern, as it is supposedly easier to keep the hand resting on the drum to stay in time instead of bouncing back.

In order to further investigate dorsiflexion, hand angles (segments A-B and H-I) were calculated (see Figure 3). While the averages of the angle time series were found to be relatively similar (between 18.06° and 22.78°), the shapes of the curves differed notably. The curves for the left hand appear more irregular, jerky, and unstable than the right hand ones. Only in TPs 2 and 4, the 3-hits pattern is recognizable, whereas for the right hand, the 3-hit pattern is visible in all three TPs. In TP 1, the left hand's angle decreased with time; in other words, the client was less flexing the left hand the longer he played. Right hand angles differ in particular in range, with TP 1 having the smallest range (18.47°, SD: 4.43), followed by TP 4 (21.98°, SD: 8.86), and TP 2 having the largest range (36.75°, SD: 5.31).

Kinetic energy of the hands (segments A-B and H-I) is displayed in Figure 4. It was found to be least in TP 1 and highest in TP 2, in particular for the left hand. The 3-hits pattern can be seen in all TPs and both hands (least clear for TP 1 left hand). In TPs 2 and 4, the peaks of the right hand imply clear accent patterns – however, different ones for each TP: TP 2 shows an increasing use of energy per hit (within the three-hit pattern), whereas in TP 4, the energy contained in the third hit was strongest, followed by the first hit and the weakest being the second hit. The peak structure of the left hand for TP 2 and 4 were more irregular in that respect. Furthermore, the right hand in TP 2 and 4 as well as the left hand in TP 4 were similar in range.

Table 1. Standard deviations of vertical finger displacements

	TP 1		TP 2		TP 4	
	right	left	right	left	right	left
SD	40.92	35.34	88.24	78.67	68.02	56.10

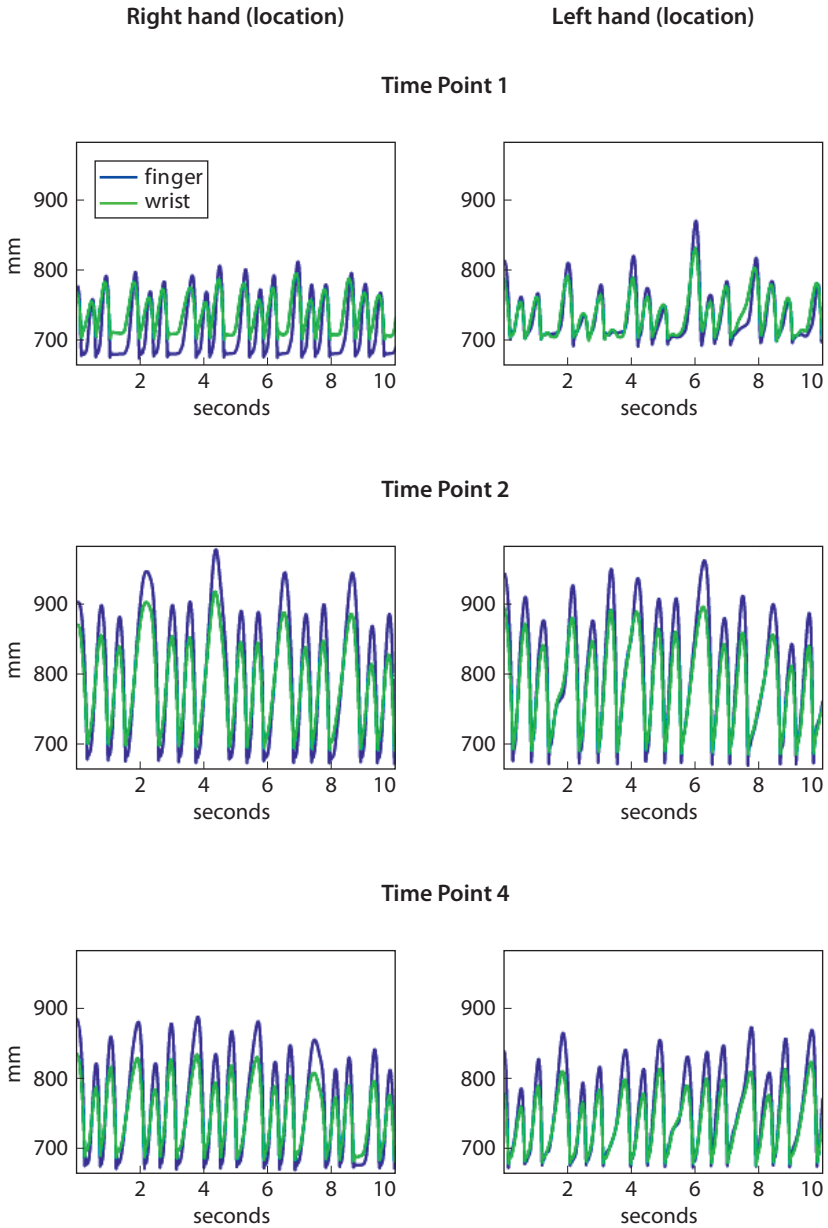


Figure 2. Vertical displacement of wrist (green) and finger (blue) of right and left hand for TPs 1, 2 and 4

Discussion

The presented study investigated motor impairment and its recovery processes during rehabilitation after stroke using a combination of standard care and active music therapy. This article in particular examines the use of hands and the relation between wrist and finger in a simple djembe-drumming task. Using optical motion capture data, we analyzed vertical displacement of finger and wrist of both left and right hand, angles of both hands, and the kinetic energy contained in the hands at three distinct time points within the first seven months after stroke onset. Overall results of these analyses (vertical displacement, angles range, and kinetic energy) indicate a general pattern of lowest movement activity in Time Point 1, highest activity in Time Point 2, and medium activity in Time Point 4. These results suggest a major impairment of motor functions after stroke, an over-activation of (muscular) power and energy during the early recovery process – maybe related to retrieving the muscular strength, but not being able to control it – and finally, after seven months, being able to control and more deliberately use the recovered power. Over-activation of upper limbs in an early stage after stroke has been reported in previous literature [Corbetta, 2008], thus it seems to be a common phenomenon. It might be possible to link the regained control after seven months to a sustainable long-term effect. When thinking about transfer effects between therapy and everyday life, the objectives, goals, and rehabilitative tasks done in the therapy should be in line with the skills needed in daily living in the patient's own environment. The patient should be able to utilize the skills learned during the therapy, at best being able to achieve sustainable long-term effects. Seven months after the stroke, the patient only showed slight difficulties in daily activities. However, more research is needed to find how the transfer effect from the improvement in the therapeutic process can be integrated into participation in everyday activities and the overall quality of life.

Regaining movement control is one of the crucial components in post-stroke recovery. The variable heights of peaks in the vertical displacement for the left hand in all time points and for the right hand in Time Point 1 imply that the client was unable to control his movement in the beginning, but gained more control over time, indicated by the increasing regularity of the peaks in the later time points. The uncontrollability of the left hand is visible particularly in the angles, as the angle time series are considerably noisier than the right hand ones. The disparity related to the angles could be used as an indicator to distinguish between left and right hand.

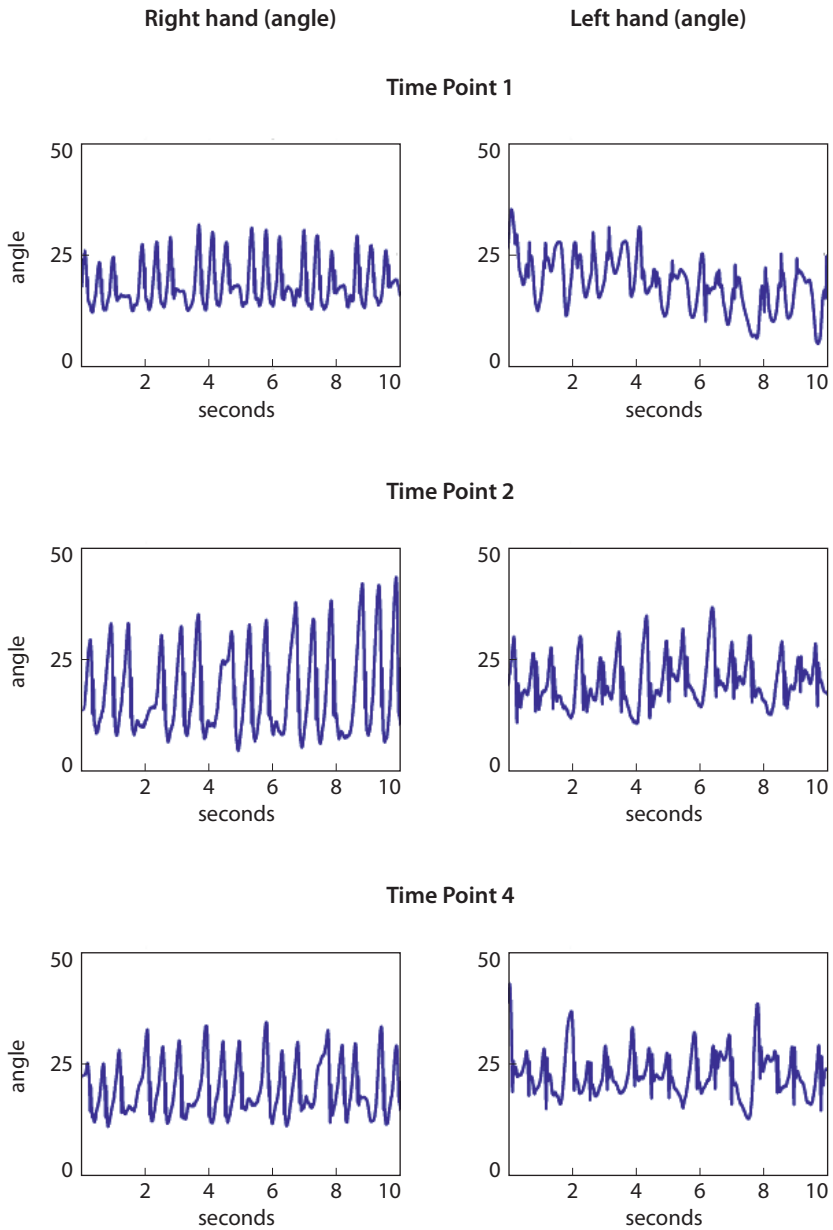


Figure 3. Angles of right and left hand segments at TP 1, 2 and 4

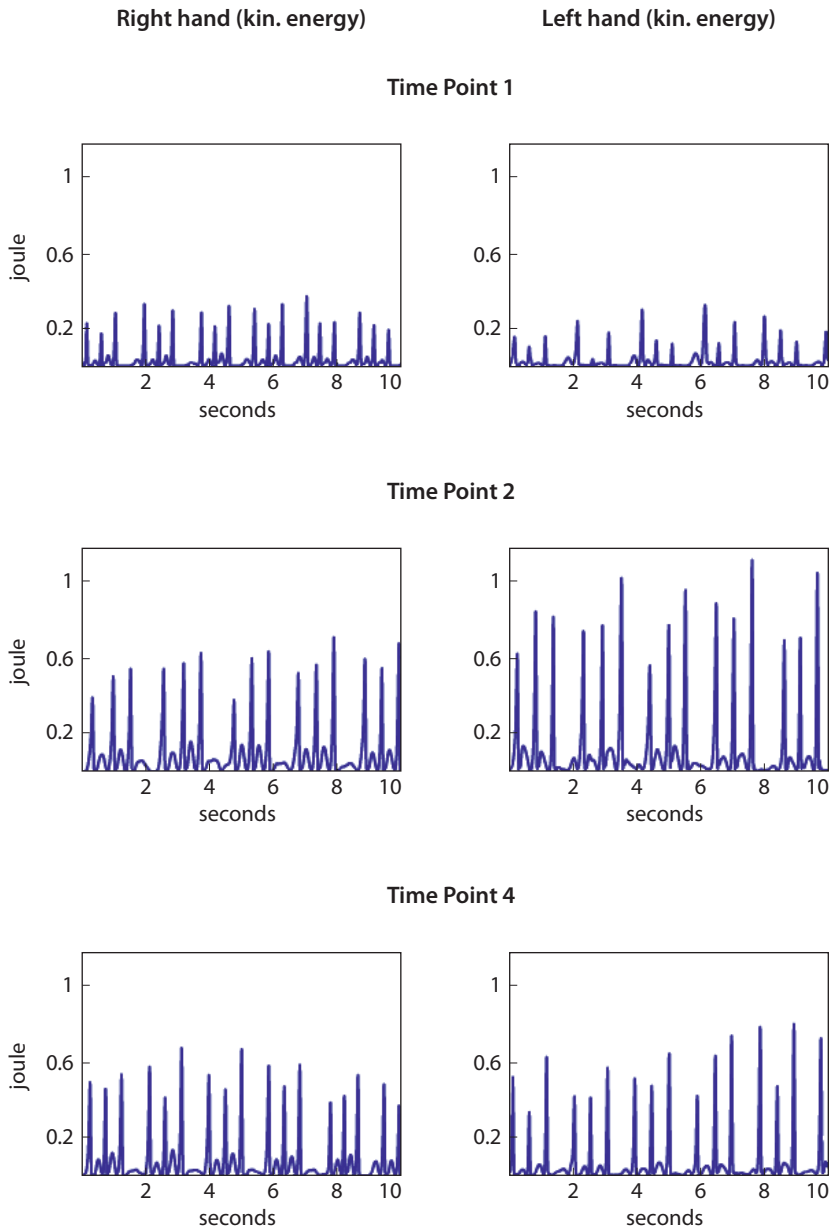


Figure 4. Kinetic energy contained in left and right hand segments

The almost identical vertical displacement of both hands found in Time Point 1 suggests that the client failed to perform hand dorsiflexion, indicating that his hands and arms were very stiff and inflexible after the stroke, while becoming more flexible during the recovery process making dorsiflexion possible. Furthermore, the decrease of the left hand angle indicates that the client was unable to flex the hand but kept it instead rather straight, the longer the task was proceeding. This could suggest a fatigue effect.

The results of our study suggest that the bilateral use of both hands improves post-stroke recovery. McCombe Waller and Whittall (2004) have found that bimanual training improved inter-limb coordination of the affected limb as well as control of the unaffected side. Furthermore, Stewart et al. (2006) reported bilateral movement training to be beneficial either alone or in combination with rhythmic cues. Besides elements such as the djembe task analyzed here, in which the patient plays patterns using one hand only, the active music therapy model also includes several other tasks (performed on a drum kit), in which the patient plays specific patterns with both hands simultaneously. Investigating such tasks will provide further insights into possible positive effects of bilateral movement training.

Motivation and feedback are both essential features in motor learning. We believe that active music therapy is a very useful way of getting the patient engaged in goal-oriented and meaningful tasks, as they motivate the patient to continue, maybe even going beyond boundaries. Interaction and interactive play with the therapist are perceived as supportive and encouraging [Forsblom & Ala-Ruona, 2012]. It is further assumed that, as long as the patient is actively involved in such tasks, neuromuscular processes – being essential for motor learning and recovery – should get enhanced.

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Musical Experience from Psychological and Therapeutic Perspective

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Abstract

The author of the Paper is a musician, educator and certified music / art therapist. This enables her to view this particular issue from musicians, teachers and music/art therapist's view.

Within a three-year period the research was conducted and the research data on the role of musical emotions in human life were summarised. The research results allow to draw meaningful conclusions on the role of musical emotional experience not only in a person's life, but also to identify the musical emotions impact on vital areas of human life, concerning the senses, emotions, perception, behaviour, culture, identity.

Findings of the study show that scientific application of music provides not only aesthetic, but also educational and even therapeutic effect. Interpretation of the obtained results shows their applicability in pedagogy, psychology, music science, and health care.

Keywords: emotions, listening to music, musical experience, music therapy, experience.

Not only in a person's life, but also identification of the musical emotions leaves an impact on vital areas of human life, concerning the senses, emotions, perception, behaviour, culture, identity.

Findings of the research show that scientific application of music provides not only aesthetic, but also educational and even therapeutic effect.

Interpretation of the obtained results shows their applicability in pedagogy, psychology, music science, and health care.

We know that direct factors of musical influence are:

- mode,
- rhythm,
- metre,
- dynamics,
- timbre,
- melody,
- harmony,
- instrumentation,
- genre, style.

However, non-musical influencing factors of music listening are individual and situational factors.

Individual factors are:

- age,
- gender,
- personality type and character,
- musical preferences,
- mood,
- health condition,
- family status,
- social status,
- obtained education,
- upbringing,
- religious adherence,
- cultural adherence,
- inheritance,
- opinion,
- richness of associations and imagination, etc.

Situational factors are equally important:

- time,
- place,
- interior,
- social environment,
- acoustic environment,
- informal groups,
- media, etc. [Paipare, 2012].

Musicking is an important factor in the strong musical experience. Music listening today also in the scientific literature it is classified as music-king [Smoll, 1998].

Our “musical socialization”. It has a great significance in our identity development. Music very often is connected with our emotions and important happenings, cultural events and periods that evoke feelings from memories which are associated with these significant life situations. These feeling are not the same as they were, because we change and feel and experience the world differently than we did before. “Work with memories is not objective biographic reconstruction, but it is a search for a meaning and discovery of significant interconnections”.

Narrative practice (telling the stories) gives a meaning and sense to our course of life. From billion experienced events we choose concrete memories which together make our identity and sense. Since we are changing, it is possible that in different ages we reach the memories through different ways. In short: “I am what I create at that moment from all my “life threads”.” [Frohe-Hagemann, 2001].

It intuitively (emotionally) binds us with the events like film music influences its content, binds us to the cultural context, and largely influences the patriotic feelings (pride about our homeland).

With “musical life story” method we obtain the synoptic report on our life paths in their cultural context, which leads to a synergistic integration and new orientation in regards to emotionally major life events. In addition, this method can make the processing of “bad” experiences possible, and activates the resources. This is particularly important in regards of therapy synoptic: a general view that reviews everything at the same time.

Narrative concepts are “the spent life is not only a fact cemetery, but a collection of props and costumes, which always reminds of the lived life in a new staging.” [Kraus, 1996]. This means that important life events of a person with the help of memories are here and now improvised and newly staged.

Biographical memory analysing method approves that Autobiographical memory records have another common feature.

They contain quite a high emotional tone. This is related to the fact that in our specific memory “fund” remains the “filtered out” memories, which are associated with strong emotional context and experienced affect.

Strong musical experience includes positive-negative experience.

There are no memory records where vivid musical experience would have a negative role in personality’s further life. That is understandable: people avoid to recall their negative experiences and feelings.

It happens that such negative experiences are laid out in relation to external factors (such as, for example, “escaping in music” to suppress emotions related to negative experience, unpleasant memories), but more seldom or not at all – with the internal negative experiences that are based on the self-created problems.

Based on the author’s research, for 2/3 of respondents the first musical impression has been a significant experience that later has influenced the choice of profession connected to music.

This memory has been a positive experience, but not neutral or negative, therefore it has become especially emotional and saved in long-term memory.

It then becomes a selective memory and acts as a self-preservation instinct. It can be concluded that this experience becomes most memorable (48%) from childhood up to age of 12.

In addition, it is interesting that most memorable experience stays in memory directly related to visual perception (40%), which is a strong side factor, for example watching opera or some other type of musical performance (53%). So, the environment and circumstances around us are important.

In contrast, negative experiences are associated with the environment and performance but almost never with the same music listening. For the respondent it was important with who he was together.

The research shows that the first musical experience is gained together with family and peers (classmates).

We can conclude that for a third of respondents classical music (32%) and its emotional sound (29%) has penetrated the most strongly into the memory.

This indicates that important is not only the environment, people, performance type, but also the event that relates to the musical sound.

Undeniably, concrete music always evokes some associations in the person.

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Opportunity to Get and Save Contacts for Further Collaboration

Anna Baidaļinova
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Nordplus summer school is one the best ways to gain new knowledge in the specific field along with receiving self-therapy, usual therapy and observation of the therapy. It helps to adapt this knowledge and use it in the therapy for existing or potential patients/clients.

It is important to choose a specific place for summer school. In my opinion, the place should be located far from the capital, crowded area and hustle. There should be touch of nature – forest, sea, beach in order to reduce distress and gain new energy. Nordplus summer school was located in Liepāja, far from the capital and close to the sea; it gave the feeling of cosiness, security, freshness, and did not distract from the main goal of the school.

Summer school gives the opportunity to meet different people, share experience and save these contacts for the future collaboration. It is a good way to know new cultures along with new approaches for specific patterns in the music therapy process. I enjoyed this school being international. As music therapy is quite new in Latvia, it is important to collect materials and experience from colleagues who live and work in other countries. I was impressed by a workshop by Esa Ala-Ruona, University of Jyväskylä “Clinical perspectives on structured and improvised drumming in neuro-rehabilitation and clinical improvisation in psychodynamic music therapy”. This workshop provided both very useful knowledge about drumming in the process of therapy and opportunity to try this process by ourselves – all simultaneously. Turning to an international experience, it is important to mention that it is very useful to meet and get to know colleagues/students from the same country. During the summer school, I met my classmate I had

not seen for almost ten years, and it turned out he is also a music therapist working in another city of Latvia. We could share our experience in this field and adaptation of knowledge we gained at the college. At the same time I met my future colleague who started her first year of studies this September. I could share with her my experience of studies and tell more about the chosen profession, its popularity and dynamics in Latvia.

Nordplus summer school could be named as a therapy itself because participants actively took part in every workshop: “Voice work within an educational setting” by Julie ØrnholtBøtker, Aalborg University, “The Bonny method of guided imagery and music: basic principles and practical use” by Alice Pehk, Estonian Academy of Music and Theatre, “Promoting social inclusion through participation in a music therapy group: a case of people with epilepsy” by Zita Abramaviciute and Vilmante Aleksiene, Lithuanian Academy of Music and Theatre, and as mentioned before – “Clinical perspectives on structured and improvised drumming in neurorehabilitation and clinical improvisation in psychodynamic music therapy” by Esa Ala-Ruona, University of Jyväskylä. All workshops were very distinct and unique: every participant could go through dancing, singing, playing musical instruments, observing, analysing, and being both therapists and patients/clients. Afterwards, it was time for a general and later for a personal reflection. As we lived four people in one room, we could undergo personal reflection after workshops before bedtime.

When I think about this summer school, I imagine the vocal exercise presented by Julie ØrnholtBøtker when four people stood in the centre and other participants made a circle around the four and sang. As I was one of the participants inside the circle, I could definitely admit that I felt real support and team-spirit.

Consequently, this summer school turned out to be a place where one can gain and share professional knowledge and experience with both local and foreign colleagues, meet new interesting people with different cultural background, build and expand professional network, think about possible collaboration, and finally, undergo self-therapy, usual therapy and observation of the therapy resulted in new findings, ideas, exploration of new horizons and development in the field of music therapy.

Music Therapy: My First Experience

Saiva Treide

(Rīga Stradiņš University)

This year's summer to me was very special and meaningful. I passed the tests and applied to Rīga Stradiņš University in Master's degree programme Art Therapy with specialization in music therapy. Not long after, I was offered a wonderful opportunity to participate in summer school which took place both in Rīga and Liepāja at the end of August. Right before the start of my study year, I had this chance to learn a lot of new things about music therapy. Without any hesitation, I agreed to take part in this adventure.

This was my first real experience and interaction with music therapy. It was unforgettable and very interesting. Up to this point, I have been reading and watching videos about music therapy but this offered me my first live experience. It was a great honour and also pleasure to meet all the teachers and also students from Latvia, Lithuania, Estonia, Denmark and Finland. Courses about music therapy and different methods within it were remarkable and will surely help me a lot in my upcoming studies.

The first day of this project went by in a blink of an eye. We met with all the project participants, had presentations of each university. After that we had field trips to several music therapy settings, and a guided tour in Rīga Old Town. I found presentations of every university's particular study programmes very useful. We were told about admission requirements, how study process is organized, more about lecturers and students, opportunities after graduation and a lot more.

I was looking forward to a field trip to several music therapy settings. I was wondering for quite some time now that I would like to take part and see where and how a music therapist works. For the past two years, my dream has been to become a therapist myself, that is why this event was so special for me. We visited three places where therapists work, and each of them was different, exciting and interesting.

I liked that during the project there were events in which participants could establish closer contacts and bond with each other, have a great time, enjoy the weather and get to know the culture of Latvia. If I have to say which social event I liked the most, it would be the one we had in Liepāja in an old wooden house where we prepared soup on a bonfire singing Latvian national songs and dances. All participants enjoyed this part where there was an opportunity to learn a bit more about Latvian culture.

On the second and third project day we went to see the beautiful and inspiring city Liepāja. There we had several workshops which, like therapies we visited before, were also very interesting, at the same time very different each from another. New knowledge from different lecturers who once were music therapy summer school participants.

Workshop “Voice work within an educational setting” by Julie Ørnholt Bøtker, Aalborg University. We warmed up and moved our body, sang with all our body and voice, sang on different emotions, took different roles and learned a lot of new music therapy methods. This workshop brought a low of joy, positive emotions and new knowledge.

Workshop “The Bonny method of guided imagery and music: basic principles and practical use” by Alice Pehk, Estonian Academy of Music and Theatre. Also there I continued to learn a lot of new things. I had an opportunity to become a client and experience something new, unprecedented and fantastic. Music has this special power, it can heal, excite, motivate, discover. I learned a lot of new things or feelings that I did not know existing in me. I can truly recommend everyone to experience music therapy influence. It was amazing!

Workshop “Promoting social inclusion through participation in a music therapy group: a case of people with epilepsy” by Zita Abramaviciute and Vilmante Aleksiene, Lithuanian Academy of Music and Theatre. New knowledge about research and work in groups. We had a chance to create music ourselves by using music instruments and working in groups. A very interesting lecture, practical class, follow-up discussion about things we saw and experiences we had during which we tried to find answers to what music therapy offers.

Workshop “Clinical perspectives on structured and improvised drumming in neurorehabilitation and clinical improvisation in psychodynamic music therapy” by Esa Ala-Ruona, University of Jyväskylä. Like in previous workshops this one also gave me a lot of new insight and knowledge. We had a lecture and improvised drumming. Music instruments greatly contribute to client or patient recovery process. During this workshop, I verified and

confirmed that music therapy really works and can give a lot of chances to help. There are endless variations on how and to whom such approach might be beneficial, which surely calls for practical applicability.

During these four days I benefited a lot. New knowledge, experience, friends, acquaintances and chance to make sure for one more time that we have a beautiful nature in Latvia and hospitable persons. My first music therapy experience was truly special and unforgettable. I want to thank for the opportunity that was proposed to me. My music therapist profession is always growing so I am glad to accept all new knowledge that is offered to me so I can experience something new and unprecedented. I am very grateful and happy that I had a chance to take part in this project. It was a great experience!

Exchange and Practice of Different Music Therapy Approaches: A Special Learning Experience at the Summer School

Felix Loß
(*University of Jyväskylä*)

The summer school in Rīga gave an ideal opportunity to exchange ideas and approaches as well as experiences between the participating teachers and students. As a music therapy student, the field seems to offer endless possibilities, practices, approaches, theories and combinations of all of those, and so it can be hard to get a more concrete – and practicality based – picture of certain music therapy approaches. Therefore, attending the workshops and talking to the delegations of the other universities after the official program was highly valuable.

Every workshop left a lasting impression, but also had different dimensions and features, which I found helpful. The Danish delegation's workshop was purely voice based. Julie Ørnholt Bøtker showed diverse vocal activities for different client groups and worked with pictures, association, group improvisation, non-speech dialogs and so forth. It was particularly interesting because I had not experienced or observed the use of voice or vocal improvisation in my training that much, as we mainly work with instruments. The power of the impact during the activities was striking to me, as well as the easiness with which our “therapist” worked and motivated us.

The workshop of the Estonian collaborators was very special, because they presented the Bonny method of the Guided Imagery and Music (GIM) in a live demo-session. After a brief introduction of the theoretical framework for this approach, Alice Pehk demonstrated a session with a volunteer

of our group as a client. Without many words, Alice was indeed guiding her client through different sceneries of imagination, highly empathic and sensitive, with an impressive outcome. Her working with the client gave a lot of ideas and hints for how to work with clients, how to react and also how it is better to sometimes stay silent.

The approach of the Lithuanian participants came from a sociological angle and was to implement social inclusion in a group therapy setting. For this theoretical background, an assessment method was created to evaluate the outcome of this approach. This point of view gave the entire music making within the group a new dimension and also a new tool for assessment, which I find highly valuable. As my background also lies in sociology and I often see parallels and points of contact between these two fields, I was particularly interested in this workshop and was not disappointed. The connection of both music therapy and sociology can be a very fruitful one, as impressively shown by Zita Abramaviciute and Vilmante Aleksiene.

To see experienced music therapists working and doing “their thing” was very inspiring and gave a lot of input and new ideas for my own work as a therapist. As observing my classmates during their clinical internships is part of my training in Jyväskylä, I already knew about the huge benefit of watching genuine therapeutic work. To discuss after a live watched session the elements of it, problematic points and feelings of the therapist in training, and also reflecting on one’s own work together and in comparison with the peers is an intense and unique experience. To watch the clinicians from the Baltic and Nordic countries during the workshops; however, gave a different and new idea to my own work. Even though the demos and activities were not done with real clients but with the participants of the summer school, there were a lot of situations very well handled and problems solved by the presenting therapists.

All these hands-on experiences were often the trigger for very inspiring talks after the workshops, an interesting exchange about the different circumstances and environments in which each of the participants is working or learning within the field of music therapy. So were the field trips in Riga to different clinics and locations of music therapy another important point of the program. The three venues we visited underlined also the experiences we had during the workshops: the field of music therapy is huge, the client groups manifold, the environment is a crucial but very flexible factor. Of course, it is important as a student of music therapy

to see how and where it might be possible to work, apart from academic surroundings. To see what is needed, necessary or just possible for the work with a certain client group.

For me as a music therapy student in Finland, in a programme with a psycho-dynamic centred but also quite eclectic approach, it was of high value to get a practical idea of different approaches and practices of the field in other countries and universities. On the professional side, this was a very successful summer school and workshop for me, as well as on a personal side when it came to networking. Getting to know people, get connected and to share ideas and theories, also above field borders, I think of as most important for such a young field. The need for research, hard evidence and profiling of music therapy is apparent everywhere, and therefore are tasks for all of us. This summer school gave a great opportunity for closer co-working and understanding of each other's needs and problems, but also possibilities, capacities and potentials.

Exploration of Different Experiences

Kadri Reinsalu

(Estonian Academy of Music and Theatre)

For me it was a surprise, there were not very many people in the Summer School. There were 3 people from 5 countries: Estonia, Latvia, Lithuania, Finland and Denmark. Although these were very interesting and motivating days for a student like me and I was very inspired by the music therapy workshops given, I still felt sorry that there were not so many students as there could have been. The Summer School could have given much inspiration for many more people.

I would like to share my emotions about 2 workshops given at the Summer School. First of all “Promoting social inclusion through participation in a music therapy group: a case of people with epilepsy” by Zita Abramaviciute and Vilmante Aleksiene, Lithuanian Academy of Music and Theatre. And secondly “Clinical perspectives on structured and improvised drumming in neurorehabilitation and clinical improvisation in psychodynamic music therapy” by Esa Ala-Ruona, University of Jyväskylä.

In Zita’s doctoral thesis, she did a research about social inclusion in a music therapy group of people with epilepsy. As Zita told people with epilepsy in Lithuania have difficulties in labour market, relationships, etc. because of the illness. Depression and low self-esteem make it hard to include in society and altogether it is a dead end for many people with epilepsy. In the music therapy group with these people she observed people’s participation in many ways: person’s own emotions, self-presentation, co-creation of social-musical space. Playing musical instruments in a group, people would change in time of lessons. A music therapist also participates in playing instruments and influences the group work if needed: supports, motivates or unites, if needed.

It was fascinating to take part in the group improvisation and afterwards observe different aspects of participation. There were three groups: one of the groups was improvising on instruments and two others were observing different styles of self-presentation and whether or not and how ingredients of interaction ritual were established in the improvisation, and how ritual negotiation unfolds in the course of improvisation. There were 5 different styles of self-presentation the group had to follow and explore: non-participation, silent participation, conventional participation, adventurous and eccentric participation.

The group improvising had to explore their own experiences such as whether there was enough space to participate in the improvisation in a way that is meaningful for oneself, what the feeling of membership was, group solidarity, emotional energy, feeling of confidence, enthusiasm, and initiative in taking action, etc.

It was interesting because we had to change groups, and every group's improvisation was very different from the others. It had me thinking of how many possibilities and various outcomes there are in music therapy group improvising.

The other workshop I would like to share my thoughts of is "Clinical perspectives on structured and improvised drumming in neurorehabilitation and clinical improvisation in psychodynamic music therapy" by Esa Ala-Ruona, University of Jyväskylä. As Esa told, music therapy work with post-stroke people is functionally orientated. It is music therapy for specific target and its goal is to meet special needs of the clients. Music therapy work with clients and the scientific work within are equally important. It is very important that there is always scientific explanations about the music therapy work. Research about inputs and outcomes, proves how music therapy helps post-stroke people. As Esa told, it is equally consequential to do both music therapy practice and research. All music therapy sessions there are recorded and observed.

Music therapy sessions with post-stroke people are very structured. Therapists in Jyväskylä have worked out a very structured session model, where it is written there how many minutes one or the other activity lasts. There are 20 sessions, twice a week and a session lasts 60 minutes. The sooner the music therapy work begins after the stroke the more effective it will be.

The sessions with post-stroke people consist of drumming and playing djembes. As the people have difficulties with moving one side of their body, there are special exercises in drumming with a stick or hand. The exercises

develop as the hand movement improves. There are yellow and red marks on the drums so that a therapist can guide the client. To improve the body ability to move hands more and more to the weak side.

Both workshops were very interesting, and I feel very honoured and inspired having been able to take part in them.

Variety of Possibilities for Music Therapy Application

Mailis Sütt

(Estonian Academy of Music and Theatre)

Music Therapy Summer School was an international event. Very interesting and very educating – sharing experiences of known topics and facts, yet realizing how many new perspectives there are to learn from one another. The workshops during the summer school were all very different showing the variety of possibilities how to use music therapy as a supportive therapy, for example, through methods of body movements and voice work for relaxing the body and mind or methods of psychotherapeutic approaches to the human psyche with the GIM (Guided Imagery Music).

These two methods – voice work within an educational setting and The Bonny method of guided imagery and music: basic principles and practical use – will be reflected upon in this writing.

The Danish Aalborg University workshop about the voice work and body movements was the very first workshop. The methods shown in this workshop helped unite all the people who mostly interacted with each other for the very first time. The basic principle of this voice work workshop contained the main idea of relaxing the whole body. Techniques and methods involved were breathing, deep inhaling, exhaling, different body movements, making odd sounds while combining the sounds with odd movements. The purpose was a total relaxation of the body and also mind, because people are not used to feel totally free and act senselessly or meaninglessly in front of a big group. So, among other therapeutic purposes was also the fact that letting oneself loose meant to take off the social mask and also find the inner child within oneself. All the participants, altogether maybe around 50 music people, mainly music therapists went along very well and creatively with the task. There was a lot of laughter which is a good therapy by itself, additionally. The three hours workshop fulfilled its purpose by which all the participants were relaxed, had obtained new

methods of calming the body and mind, expressing themselves creatively using their body and voice and generating new ideas how to connect movements with voice (exclamations, sounds, etc).

The second workshop of Estonian Academy of Music and Theatre following the voice work workshop was very different from the previous one with the voice work. The Bonny Method of Guided Imagery and Music (BMGIM): basic principles and practical use. BMGIM is the internationally recognized method of receptive psychotherapeutically oriented music therapy. This method looks with the help of carefully chosen music into the complicated human psyche aiming to connect subconscious to the conscious so that the imagination from the subconscious level can have a chance to come to the surface and so the healing process of unknown substances affecting the client's behaviour or thinking may be started. Imagination is a very powerful tool in a healing process, because it produces diseases and it also cures them. Music combined with imagination lets the client have access to the deepest levels of emotions and memories, which have been blocked or denied but still affecting the everyday life.

In this workshop the privacy between the therapist and the client and intimacy of the session are most important. There was luckily one brave girl who was willing to experience the BMGIM session (ca 90 minutes) before the audience. The therapist helped the client relax (lying on the mattresses on the floor) taking deep breaths, relaxing every part of the body and mind. The music started playing and the client started to see images with the help of music. The most interesting fact of this method is that while the client is connected through imagination with his/her subconscious part of the brain, he/she is able to communicate with the therapists about the imagery with the conscious part of the brain. The therapist at the same time writes down the story that the client experiences and sees in his/her imaginations. So the whole session is still about the communication between the client and the therapist, but there is also an active third participant which is the subconscious mind.

After the imagery process is over, it may vary from 20 minutes to 40 minutes, depending on the scenario of the imagination (in our workshop it was about 40 minutes) there follows the discussion about the experience, imagery, feelings, meanings, etc.

Both workshops were very different in their essence, but both of them were very effective. While the voice work workshop was very active outside, the Bonny Method workshop was very active inside. Music therapy is very powerful because it has different great methods to reach human psyche.

Summer School and Professional Development

Alexis Mbeutcha
(University of Jyväskylä)

The 2015 Music Therapy Summer School organized by the Nordplus Higher education, which took place in Latvia in the end of the month of August, 2015, provided participants with a wide variety of activities and experiences. Those included presentations and workshops, as well as multiple social activities giving the opportunity to not only learn about a part of the Nordic culture, but also the occasion for participants to establish stronger ties through those activities. Although, it would be arduous to summarize everything which took place during those four days of interaction, one could, nonetheless, observe some emerging themes. One of those appeared from my perspective to be the summer school's contribution to professional development in the music therapy field.

Professional development in the field of music therapy could be seen as spanning areas, such as training for the future therapists, career opportunities in the field of music therapy, research in the field of music therapy, and the establishment of a stronger network among music therapists. These aspects could be seen during the four days of the training.

Interesting things in relation to the training of a music therapist could be observed already at the opening presentations of the different schools taking part in the summer school. Strikingly, every school's presentation seemed to show a different approach in the training of students in music therapy field, some being more oriented towards arts and humanities, while others having a much more medical material content in the training of future therapists. It seemed that the motivation behind those orientations were either an attempt to help the student conform to the legal requirements of the healthcare system in specific countries, or an attempt to improve the therapists' attractiveness in the job market. Some

schools' orientations in academic training also seemed to be influenced by the level of recognition of music therapy as a discipline in those countries.

Another interesting subject in the summer school in Latvia was the contribution of music therapy research in the field of music therapy. While it was always pleasing to have hands-on experiences in workshop settings, it was definitely crucial to see the steps which had been or were being taken in research areas in order to add on to the already existing knowledge in the field of music therapy. Good examples in regard to research were provided by teams from Finland and Lithuania, which gave an overview of how music therapy research was conducted in relation to stroke patients and patients suffering from epilepsy.

Another aspect in the summer school, which drew attention, was introducing the participants to a certain number of areas in which music therapists can be employed. In addition to giving the excursion, which took participants to a nursing home, a centre for autism care and a narcology centre, the introduction shed a light on some possible work environments for music therapists in Latvia. The visit at the home for elderly with touching testimonies about ways through which music was used to impact the lives of elderly people with dementia was particularly emotional and highlighted the various ways music can be used to improve the living condition of clients.

The different workshops organized by each delegation were probably the strongest points of attraction of the summer school. They gave a window into areas of expertise in which each delegation had substantial hands-on experience. The workshops covered areas ranging from voice work and its application in therapy to drumming in stroke rehabilitation, while also examining the Bonny method of the guided imagery and the use of group music therapy in the promotion of social inclusion. These provided crucial information which participating students could use either in their own research or in their future professional careers.

The aspect of the summer school which somehow glued the different activities together was the interaction between participants. The quality of the interaction both in academic venues and in social gatherings organized alongside academic events, proved to be friendly and respectful. One could observe members of each delegation interacting with their counterpart as if they had known each other for a longer time. These offered the possibility for participants to create a kind of a network between different music therapy institutions in the Nordic countries.

Some other noticeable activities which contributed to making the summer school in Latvia to what it has been were the opportunities which participants were offered to learn about many cultural aspects of Latvia. These included the guided tour in the city of Riga, and the evening with the older ladies from the national theatre of Liepāja where participants have the opportunity to indulge in multiple forms of traditional music and dance.

In conclusion, the music therapy intensive course from the summer school provided music therapy students a better understanding of the field of music therapy in its entirety including training, research, practice, networking with the professionals on the field as well as understanding the cultural environment in which music therapy might be used. It also challenged the participants to present and share their knowledge and skills with each others, and learn new ways to implement music therapy in their work.

It was Powerful to Witness This in Real Life instead of Just Reading about It

Nanna Pedersen, Ditte Kristensen
(*Aalborg University*)

We are Ditte and Nanna from Denmark and we are both students. We have been studying Music Therapy for one year, and the duration of our education is five years – three years bachelor and two years master. Music Therapy is located at Aalborg University (AAU).

When we were invited to go to the summer school in Latvia, we did not know what to expect – but were happily surprised.

We had a great time, and enjoyed meeting and spending time with the other participants. We learned a lot about other cultures and how they use Music Therapy outside Denmark.

Especially we were fond of the Finnish way of studying Music Therapy. It was interesting how they from the very beginning of the study have these real sessions with real clients. They practise to be a good music therapist.

Besides that, we found the drum method very useful, and it was something completely new for us.

The workshop from Lithuania was something we will remember. It was interesting to see, how one in a musical improvisation could experience different levels of participation, and pay attention to one's own and others' interaction in the group.

The workshop from Estonia about the Bonny Method of Guided Imagery and Music (GIM) was very educative because we had not experienced it before. It was powerful to witness the GIM in real life instead of just reading about it.

The trips to the three locations where we saw the workplace of three different music therapists and three different client groups gave a good insight to the real life of Music Therapy in Latvia.

If we should make some suggestions for the summer school next year, they could be:

- make the workshops shorter,
- fill in some more topics/make a bit more variations in workshops,
- music workshop, for instance, learning cool drum rhythms,
- social event with playing music together,
- microphone for the speaker – it was very strenuous to listen so concentrated for a long period of time,
- make some game to learn everybody's names.

We think that Jana did a really great job organising everything. She was very sweet and she was always flexible to make any changes in the plans if necessary. She was committed to be the woman in charge of the summer school. We enjoyed the folk-music night in Liepāja at the museum of the Latvian culture, the guided tour in the Old Town of Rīga with the cool guide, the gourmet restaurant and the travel card that gave the opportunity to experience Rīga on our own.

Thank you for a great summer school!

I Have Expanded My Horizons

Simona Savickaitė

*(Vilnius University of Medicine Clinic of Physiatry,
Lithuania Academy of Music and Theatre,
Faculty of Music)*

I have always been interested in music's power over human emotions and its benefits to our mental and physical well-being. As a jazz department student in Lithuania Academy of Music and Theatre, I started to think about music as a healing tool. However, at that time I had no idea that four years later I am not only going to do Master in Music Therapy but also have an opportunity to participate in an International Music Therapy summer School in Rīga and Liepāja.

On the first day the participants from Latvia, Estonia, Lithuania, Finland and Denmark met at Rīga Stradiņš University for the first time, where each partner presented their study programme, research interests, specialization. As far as Lithuania is concerned, now we are making very first steps in music therapy and only a few professional music therapists work and do research in this field. Despite that, we are more than happy about a new Joint Music Therapy Master Programme conducted at Vilnius University of Medicine Clinic of Physiatry & Lithuania Academy of Music and Theatre Faculty of Music. Hopefully, this study programme will help us build and develop professional music therapy in Lithuania.

It was really interesting to learn about differences between the universities and the countries. The biggest impression to me was made by the music therapy situation in Denmark and Finland. I was fascinated by the fact that students have such a wonderful opportunity to observe and analyse live music therapy sessions while learning about different techniques and approaches. As a student I cannot imagine a better way to gain knowledge than experience of various sessions led by a professional music therapist. Technology and equipment which are used to prepare students

for their future career in music therapy – that was one more outstanding point for me. Universities provide a wide variety of music instruments as well as contemporary music technologies which allows a music therapist to approach different clients and find a way to communicate with the human being of the 21st century. I found it really important to understand that as a music therapist one has to “speak” the same language as the client does, which means to be modern, innovative and always willing to learn about current research and investigations. I was moved by the video (University of Jyväskylä) which showed music therapy session where a client played the piano on an iPad, and that was the best way to be in contact with a therapist which had not happened when using traditional musical instruments before.

The following day in Liepāja we had a workshop (Aalborg University) which was led by a music therapist Julie Ørnsholt Bøtker. Once again I experienced that one of the most powerful musical instruments is a human voice. As a vocalist, I believe that anyone can use their voice to express themselves. The main problem is that a lot of people lack confidence when it comes to singing. Often they feel insecure and afraid to sing out of tune or to sound silly. This is probably because a human voice is the most personal music instrument of all. In order to relax and create a safe atmosphere, at the beginning of the workshop while standing in a big circle, all participants had to make funny moves, dance, scream, pass playful sounds to each other and create different roles using their body language and voice. It was interesting to observe others as well as myself and literally notice the tension slip away. I feel that such warm-up is extremely important both mentally and physically for the client at the beginning of every session so that better results could be achieved.

I was also inspired by the different music therapy techniques which we experienced during the workshop. One of my favourite was to express emotions in a picture only by using one’s voice. A music therapist gives a lot of contrasting pictures to the client and the latter has to choose the one which reflects them the best at that particular moment. Then the client tries to free himself / herself without thinking about the beauty or precision of the sound as well as the voice. That is one of the hardest things to do even for most people with a well gained musical education background. As a music teacher and a future music therapist, I found that capability to sound imperfect is truly necessary in terms of developing one’s emotional, mental and physical health.

In conclusion, this Summer School has been an invaluable experience to me. I enjoyed every workshop, field trip to music therapy settings in Rīga and also interesting conversations with music therapy programme students and teachers from different universities. I have expanded my horizons and I feel more passionate about music therapy than ever before.

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