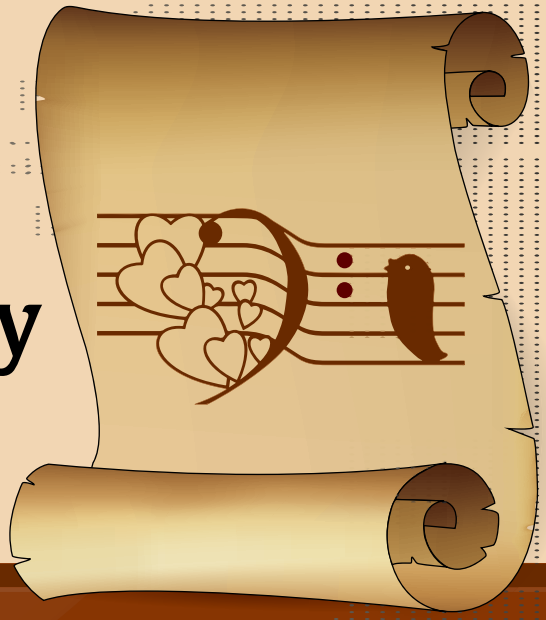
WROCŁAW
MUSIC THERAPY 2

Wrocław Music Therapy Models



The Karol Lipiński Academy of Music in Wrocław
Department of Music Therapy

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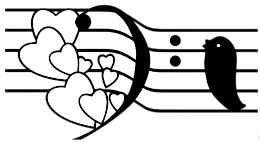
MUSIC THERAPY MODELS



Series:

WROCŁAW MUSIC THERAPY

Volume 2

The Karol Lipiński Academy of Music in Wrocław
Department of Music Therapy

WROCŁAW
MUSIC THERAPY MODELS

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Wrocław 2016

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ISBN 978-83-86534-95-1

Printing
Wrocławska Drukarnia Naukowa PAN im. Stanisława Kulczyńskiego

The Publishing Department of the Karol Lipiński Academy of Music in Wrocław
www.amuz.wroc.pl

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INTRODUCTION

In 1972, at the National Higher School of Music in Wrocław the first Department of Music Therapy in Poland was created. The department still operates to this very day, but as part of the Karol Lipiński Academy of Music in Wrocław (AMKL). The founders of the department were composer Prof. Dr Tadeusz Natanson and psychiatry specialist Dr Andrzej Janicki. This was the first university in Poland to promote the emergence of music therapy, a discipline that is still constantly developing. For twenty-five years, the Wrocław Department of Music Therapy was the only academic research centre in Poland training certified music therapists on tertiary education courses and conducting scientific research on music therapy. The academic research, training, therapy, and artistic and organizational activities undertaken by the employees of the Department of Music Therapy enabled the creation of national models for music therapy procedures as well as educational and professional development methods for music therapists, in the process becoming one of the cornerstones of Polish and Wrocław-based music therapy. This pioneering and often innovative vocation not only plays an important role within the Wrocław community, but also influences academic and clinical practice in the music therapy field across Poland. The people and their professional activities, as well as their achievements (academic research-based, training, popularizing, artistic, organisational) in the field of music therapy directly associated with the aforementioned

Department of Music Therapy are collectively referred to as "Wrocław Music Therapy"[1].

In our daily lives we frequently come across different types of models, whether mathematical, physical, chemical, economic, experimental, design or action-based. In all these models an important role is played by action models connected with the treatment, rehabilitation, therapy and education of the sick and disabled. Within the music therapy field, we have created various therapeutic action models, which have been discussed in the literature devoted to it. Special attention among these should be paid to the music therapeutic models created by Wrocław-based music therapists. Tadeusz Natanson, in his book *Wstęp do nauki o muzykoterapii*[2], made an attempt to systematize the basic terms applied in music therapy. Among others, he explained such terms as: concepts, views, methods, techniques, forms, directions and tendencies existing in this field. The author suggested that these terms should be perceived from a theoretical perspective, or one based on scientific research or music therapy clinical practice. So the concepts consist of generally defined sets of views creating a logical and concise whole. Methods are sets of procedures (tests) directed at the achievement of goals corresponding to the defined views which are components of the concepts adopted in music therapy. Techniques are single procedures or tests employing methods. And forms have their own direction and goal, medium, and procedural or test methods applied in music therapy. The terms direction and tendency are synonyms and concern individual viewpoints or complete sets of them.

1 » The term "Wrocław Music Therapy" has gained its own entry in an encyclopaedia, as has the term "Polish Music Therapists' Association". Cylulko, P. (2006). Muzykoterapia Wrocławska. In: Harasimowicz, J. ed. *Encyklopedia Wrocławia* III. Wrocław: Wydawnictwo Dolnośląskie, pp. 572–573; Cylulko, P. (2006). Stowarzyszenie Muzykoterapeutów Polskich. In: Harasimowicz, J. ed. *Encyklopedia Wrocławia* III. Wrocław: Wydawnictwo Dolnośląskie, p. 841.

2 » Natanson, T. (1979). *Wstęp do nauki o muzykoterapii*. Wrocław–Warszawa–Kraków–Gdańsk: Zakład Narodowy im. Ossolińskich, pp. 179–180.

It can be assumed, in the light of the above terminological considerations, that a music therapy model is a special system of concepts, views, methods, techniques, forms and their correlations enabling the perception, exploration, investigation, description and solution of theoretical, practical and scientific issues in music therapy. Models for music therapeutic procedures have been created, modified, improved and implemented by the employees of the Department of Music Therapy at AMKL for forty-five years. Their premises reflect the views, opinions, modes of thinking (ideas, approaches) and activities (patterns) of their authors with respect to theory and music therapy clinical practice. Often these procedures are the author's original works, innovative, dynamic and constantly evolving. They concern such issues as: the analysis of musical substance, the application of music to relaxation, dance therapy, programming music for therapy, music therapeutic diagnosis, and methods, techniques and forms of music therapy used in work with different groups of patients, in different areas and various domains of modern life. Especially important are the models for training music therapists operating within the framework of the bachelor, master and postgraduate courses with a music therapy major. The particular manner in which employees of the Department of Music Therapy construct and contribute to both the science behind music therapy and the actual music therapy vocation explains the uniqueness of the models for therapeutic procedures developed within the Wrocław Music Therapy group.

This book is the second volume in the "Wrocław Music Therapy" series entitled *Wrocław Music Therapy Models*, which is published by the Publishing Department of AMKL. It has included articles by authors connected with Wrocław Music Therapy, i.e. the Department of Music Therapy at AMKL and the Polish Music Therapists' Association, who have a wealth of experience gained through academic research, therapy, training and organizational activities. The volume you are holding in your hands was created for the upcoming European Forum of Music Therapists entitled "45 Years of Wrocław Music Therapy in the Centre of Europe" (Wrocław, 1–3 December, 2016). The forum is being organized by the Department of Music Therapy at AMKL in connection with

the cultural event entitled Wrocław, European Capital of Culture 2016. Since the conference will take place a dozen or so days before the beginning of 2017 – the year in which the Department of Music Therapy at AMKL will be celebrating its anniversary – it will also serve as an opportunity to present the creative output from 45 years of Wrocław Music Therapy, including models for music therapeutic procedures.

The first part of this publication is devoted to selected issues relating to the music therapy of children. The authors present opportunities for introducing models and forms of music therapy to education and special education. Daniela Colonna-Kasjan and Agnieszka Szymajda discuss the use of music therapy in pre-school and early-school education. The former presents her conception of a place that could be occupied by music-based therapy in a child's overall education and upbringing at early school age, while the latter focuses on emotional development, emphasizing the importance of reinforcing a child's creativity and subjectivity. The articles by Paweł Cylulko, Anna Szymin and Małgorzata Modelska concern children with sensory and intellectual impairments. Paweł Cylulko presents a typhlo music therapy model created with the specific needs of visually impaired children taken into account. Anna Szymik discusses issues surrounding surdo music therapy, concentrating in particular on aspects relating to communication by deaf and hard of hearing children. The target group in the article by Małgorzata Modelska are children and young people with profound multiple disabilities. The author presents her practical experiences related to the conduction of music therapy in groups.

The second part of the publication concerns the music therapy of adults. In the first article, Helena Cesarz familiarizes us with her own concepts for music therapy applied in early cardiac rehabilitation. The second article refers to the role of music and both the principal and secondary elements of any piece of music used in dance therapy. Its author, Anna Jędryczka-Hamera, presents her own experiences related to her search for the best way to use the therapeutic power of dance. A similar issue is described in the next article, which presents theoretical and practical aspects of music therapy for adults. Klaudia

Kukiełczyńska-Krawczyk uses it to discuss principles for selecting music for therapy based on her research on music programming, and presents a sample music programme used in a group therapy cycle for people with neurotic disorders. The last article in the book is a paper by Iwona Polak. The author presents her original concept for Spontaneous Musical Theatre. It is worth noting that this model may be used not only in therapeutic work with patients but also during the process of training students majoring in music therapy.

We sincerely hope that the second volume from the "Wrocław Music Therapy" series discussing issues relating to models for music therapeutic procedures will significantly contribute to further academic advances in the music therapy field, while bolstering the music therapy profession and presenting the work of the Department of Music Therapy at the Karol Lipiński Academy of Music in Wrocław, which has been going on for almost forty-five years.

Paweł Cylulko
Joanna Gładyszewska-Cylulko

PART I

Music Therapy for Children

INTRODUCING ELEMENTS OF MUSIC THERAPY INTO THE EARLY SCHOOL CURRICULUM

Daniela Colonna-Kasjan » The Karol Lipiński Academy of Music in Wrocław

» Abstract: The music therapy model created by the employees of and collaborators with the Department of Music Therapy at the Karol Lipiński Academy of Music in Wrocław was developed on the basis of academic research conducted at medical, academic, care and educational facilities and professional experience gained over the course of music therapy sessions. The topics explored in this article relate to the design and conduction of lessons containing elements of music therapy for students at the first stage of their school education. Lessons based on music therapy techniques play a significant role in pupils' personal growth, shaping and improving the skills that are a condition for their effective functioning in society, shaping socially desirable attitudes based on respect and tolerance, and also creating a core of musical competences that include music theory and practice. The development and conduction of lessons for pupils of early school age calls for knowledge of the children's potential and needs, and a professional background in music therapy and teaching. Creating the environment and mobilizing the youngest students to take part in musical activities makes it possible for the students to collect their own musical experiences over the course of their early school education.

Keywords: musical activity, early school education, music therapy. «

Music therapy lessons for children play a crucial role in the therapy model created at the Department of Music Therapy at the Karol Lipiński

Academy of Music in Wrocław. The lessons take place at facilities adjusted to the needs of children with various types of disability, emotional problems and social functioning impairments.

Music therapy lessons and music education lessons containing elements of music therapy have been conducted since 1997 at School Complex No. 11 in Wrocław (Zespół Szkół Nr 11 we Wrocławiu), which consists of the Primary School with Integrated Classes No. 43 (Szkoła Podstawowa z Oddziałami Integracyjnymi Nr 43) and Jan Kaczmarek Integrated Middle School (Gimnazjum Integracyjne im. Jana Kaczmarka).

The introduction of music therapy lessons was linked to the implementation of the "Integrated School Through Art Therapy" programme designed by Anna Regner and the establishment of new integrated classes[1]. Lessons are still being taught in the integrated classes. However, their implementation process has been modified in accordance with current curriculum requirements compliant with the recommendations of the Ministry of National Education. On the basis of the new core curriculum, updated course outlines for the integrated classes students have been created.

The education system in Poland has been subject in recent years to changes that have resulted in a need to adjust teaching and methods of upbringing to the current needs of children and young people. The profiles of school leavers – who should be ready to face the requirements set by the contemporary world with regard to both theoretical knowledge, practical and socials skills – keep changing.

Beginning formal school education is quite an important step in the life of a child, whose activity up to this moment has mainly consisted of play. Learning at school requires a certain degree of emotional maturity, an ability to function in an environment such as a classroom, listening skills and an ability to concentrate on tasks. The youngest pupils have to learn how to cooperate in a team and abide by the prevailing codes of behaviour.

1st–3rd grade education at primary schools is provided in accordance with the basic curriculum in the form of integrated teaching. In practice,

1 » Cf. Regner, A. (2003). Arteterapia w szkole integracyjnej. *Muzykoterapia Polska*, 1(5), pp. 37–38.

this means that one teacher, who is also the form tutor, conducts most of the lessons. However, music lessons can be entrusted to specialists who have adequate qualifications[2]. Andrzej Białkowski and Wiesława Sacher signalled a need to exclude art lessons from the integrated education system, as "the musical background of the teachers who specialize in integrated teaching is too poor for them to cope with this task"[3].

According to the recommendations of the Polish Music Council, particular attention should be given to children at the first stage of education, as they are "particularly sensitive to sound: they are developing the ability to sing and have positive reactions to music, and not necessarily that of the lowest quality, which – after they reach a critical age – often becomes their only point of contact with music culture"[4].

The duties of the school include the need to implement a child-oriented curriculum focused on the child's individual pace of development and learning capabilities and respect for triple-subjective educational and teaching relations, i.e. the relations between the pupil, school and family home, development of cognitive predispositions and abilities, forming a positive approach to learning in the child and arousing his/her curiosity about exploring the world around him/her and earnestly searching for the truth, and supporting the formation of those personality traits in the child that are required for active and ethical participation in social life[5].

2 » Podstawa programowa kształcenia ogólnego dla szkół podstawowych [online]. Available at: http://men.gov.pl/wp-content/uploads/2014/08/zalacznik_2.pdf [Accessed: 22 Jul. 2015].

3 » Białkowski, A., Sacher, W. (2010). *Standardy edukacji muzycznej*. Warszawa: Fundacja „Muzyka jest dla wszystkich", p. 25.

4 » Apel Zespołu Ekspertów Polskiej Rady Muzycznej w sprawie nauczania muzyki w szkołach ogólnokształcących [Appeal of the Team of Experts of the Polish Music Council on teaching music in schools of general education] [online]. Available at: www.muzykajest.pl/powszechna-edukacja-muzyczna/analizy-i-zadania/135.html [Accessed: 03 Sep. 2014].

5 » Podstawa programowa kształcenia ogólnego dla szkół podstawowych [online]. Available at: http://men.gov.pl/wp-content/uploads/2014/08/zalacznik_2.pdf [Accessed: 22 Jul. 2015].

Enriching musical education with music therapy techniques may supplement the standard programme offered at a school and have a positive effect on the quality of the curriculum followed at the educational facility.

When working with the youngest students, one should use the effect of music on the comprehensive development of the child's personality by establishing the appropriate conditions and stimulating the child to take up different types of musical activity.

In accordance with a definition by Ruud, music therapy lessons are based on the applicability of music to the process planned for the facilitation and improvement of communication, learning, mobilization, expression, and physical, emotional, intellectual and cognitive concentration, in order to develop inner potential and develop or repair an individual's functioning. Music therapy can help to achieve a progressively higher level of intra- and interpersonal integration and contribute to improvements in quality of life[6].

Thus, the goals of music therapy are to a large extent coherent with the goals of early school education, for example: "supporting the child with his/her intellectual, emotional, social, ethical, physical and aesthetical development. […] Educating the child so that he/she, according to his/her abilities, is prepared for living at peace with himself/herself, people and nature. One should make sure that the child knows the difference between good and evil, is aware of his/her place in society (in the family, groups of peers and national community) and understands the need to care about the environment. At the same time, one should strive to construct a system of information and skills needed by the child to explore and understand the world, handle everyday situations and continue his/her learning"[7].

6 » After: Szulc, W. (2001). *Sztuka w służbie medycyny. Od antyku do postmodernizmu*. Poznań: Wydawnictwo Akademii Muzycznej, p. 70.

7 » Podstawa programowa kształcenia ogólnego dla szkół podstawowych [online]. Available at: http://men.gov.pl/wp-content/uploads/2014/08/zalacznik_2.pdf [Accessed: 22 Jul. 2015].

Participating in school lessons should not only give the children the opportunity to accumulate information and knowledge, but also to collect experiences useful for his/her development and independent functioning in the environment. Children begin school education at an increasingly younger age, and they are not always capable of handling their duties as pupils. Many children face problems arising from developmental disorders, which directly affect their behaviour. Selected facilities create integrated classes attended by students who meet the developmental norm criteria and students with dysfunctions. One of the goals of teaching in integrated classes is to counteract the social exclusion of people with disabilities, forging mutual respect.

Children starting their school education should have the opportunity to accustom themselves to the role of being a pupil and to the fulfilment of school duties. Theoretically, first graders have the right to a flexible learning schedule that should be interspersed with games, and each room intended for lessons with the youngest students should feature a games corner. In practice, it is not always possible at school to modify the programming of particular lessons, as rooms are usually not occupied by one class alone; students use the sports hall at specified times, as, in most cases, it is used by all the pupils at a given facility, as well as rooms fully equipped with multimedia devices. Lesson programming should include foreign language classes, and IT classes, among others.

All actions undertaken at educational facilities should be aimed at the wellbeing of the students, and for this reason, in a quite challenging school reality, one should look for innovative solutions that could supplement the educational programme and facilitate the process whereby pupils achieve success at school.

Music lessons with elements of music therapy and music therapy lessons can be an attractive way of gaining new experiences and experimenting on the basis of musical material. A music therapist who is also a teacher should above all:

- motivate children to engage in activities on their own,
- stimulate creativity,

- create the conditions for contact with art,
- create the conditions for independent action and creative expression.

By being active during the lessons, children have an opportunity to compare their observations and reflections with actual situations, gain knowledge about the social environment, and implement their own ideas. These elements build an individual system of procedural knowledge that is constructed independently by each child and is necessary in the life of any individual.

According to Dorota Klus-Stańska and Jolanta Kruk, knowledge "is not only a set of information (meanings), but a way of functioning in the mind of an individual"[8].

Each student should be provided with the conditions to gain and later enrich his/her own subject-based knowledge and be able to use it in daily life, and participation in music and music therapy lessons can offer a vital contribution in this area.

As explained by Zofia Burowska, music education has a positive influence on children's level of general knowledge, the level of their socialization, maturity in organizing their work and the ability to exercise self-discipline[9]. James Mursell[10] has drawn attention to a positive correlation and relation between musical and general achievements.

Students at an early school age are a very demanding group of art consumers as their approach to art is still being shaped, and for some of them, school education is their only source of information about music. The formation of an approach involving conscious listening to music should begin as early as possible with the formation of a positive

8 » Klus-Stańska, D., Kruk, J. (2009). Tworzenie warunków dla rozwojowej zmiany poznawczej i konstruowanie wiedzy przez dziecko. In: Klus-Stańska, D., Szczepska-Pustkowska, M. eds. *Pedagogika wczesnoszkolna – dyskursy, problemy, rozwiązania*. Warszawa: WAiP, p. 484.

9 » After: Sacher, W. (2004). *Słuchanie muzyki a kształtowanie emocjonalne dzieci*. Katowice: Wydawnictwo Uniwersytetu Śląskiego, p. 75.

10 » Shuter-Dyson, R., Clive, G. (1986). *Psychologia uzdolnienia muzycznego*. Warszawa: WSiP, p. 94.

approach to the explored musical pieces based on the child's natural, spontaneous actions.

According to Agnieszka Weiner, musical development is to some extent based on "innate foundations (musical skills, selected dimensions of intelligence), yet exhibits a strong dependence on the person's own activity and external stimuli"[11]. Howard Gardner lists musical intelligence among his 8 multiple intelligences. Musical intelligence in his view denotes "sensitivity to music and the ability to create it"[12].

Children with a high level of musical intelligence or with musical predispositions usually more often and more willingly perform all manner of musical activities. In Maria Tyszkowa's view, children, when engaging in artistic activities, above all exhibit various types of creative expression, including singing and dance[13]. In the early school period, the child may not only rely on his/her own ideas about musical phenomena, but may also use them in practice. Children begin noticing the outcomes of their musical activities. As Małgorzata Suświłło states, the early school period is the first stage involving a critical attitude to one's own achievements, and a decrease in spontaneous musical activity[14].

According to John Sloboda, "a child subject to a natural process of acculturation has a set of musical skills, such as the ability to recreate familiar songs and learn new ones, the ability to distinguish specific music genres or the ability to apply basic musical attributes (such as tonality or meter) to structure musical performance"[15].

Musical activity is based on these skills and may form the foundation of a passion that will accompany the participant for the rest of his/her life.

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11 » Weiner, A. (2010). *Kompetencje muzyczne dzieci w młodszym wieku szkolnym*. Lublin: UMCS, p. 352.

12 » After: Boyd, D., Bee, H. (2008). *Psychologia rozwoju człowieka*. Poznań: Zysk i s-ka, p. 2.

13 » Tyszkowa, M. (1996). *Aktywność i działalność dzieci i młodzieży.* Warszawa: WSiP, p. 148.

14 » Suświłło, M. (2001). *Psychopedagogiczne uwarunkowania wczesnej edukacji muzycznej.* Olsztyn: UWM, pp. 41–42.

15 » Sloboda, J. (2002). *Umysł muzyczny. Poznawcza psychologia muzyki.* Warszawa: AMFC, p. 262.

Music in the contemporary world plays a background role and is present in almost all aspects of daily life – in shops, service companies, eateries, during celebrations, at large-scale events etc. The overwhelming volume of stimuli means that we often fail to pay special attention to music. Sometimes, music is played too loud and irritates the nervous system instead of calming the listener down.

While educating children, one does not always pay attention to the choice of musical material. The majority of children listen to pop music of an entertaining nature.

From the opinions of the parents of first graders that I collected during meetings at school, I gather that children usually have unlimited access to music players, radios, TVs and the Internet, while parents do not interfere with their children's music choices and allow them the freedom to use audio and video equipment. Thus, children listen to the music that is most accessible and easiest to digest, not necessarily paying attention to the artistic values of the proposed music pieces.

Nowadays, in the era of globalization, which according to Zbyszko Melosik "is defined in terms of diversification within a society on a given territory [...], measured by the extent to which these diversified groups, separated geographically and culturally, are open to the multicultural abundance of diversity across the entire world"[16], there is no single defined art canon. The average consumer of art need not possess a thorough knowledge of culture and its fields, which might explain why it is difficult to reap the rewards of cultural heritage. The abundance of pseudo-cultural events might cause chaos and anxiety in the consumer of art due to its eclectic nature. Establishing the true value of works created by artists might be difficult.

Commercial cultural offerings – whether from music, film or theatre – are not always prepared with a view to them becoming timeless. Postmodernity enables practically limitless artistic freedom. Maybe it is worth alluding here to the "postmodern morality crisis" theory that – as Zygmunt

16 » Melosik, Z. (2007). *Teoria i praktyka edukacji wielokulturowej*. Kraków: Oficyna Wydawnicza „Impuls", p. 13.

Bauman wrote – may be a consequence of unlimited freedom of choice, which, in turn, may result in ambivalence and a specific type of anxiety[17]. Freedom of choice enables the consumer to select good and useful solutions that provide positive values, as well as those that may with retrospect be called harmful, for instance, to the process of personal growth.

While educating children, one should strive to create clear solutions that are in accordance with ethical codes, in order to promote openness towards cultural heritage.

Music is a nuanced field of culture, as it affects the mood and emotions of listeners in a specific way. As Oliver Sacks states, "this propensity to music shows itself in infancy, is manifest and central in every culture, and probably goes back to the very beginnings of our species. Such "musicophilia" is a given in human nature. It may be developed or shaped by the cultures we live in, by the circumstances of life, or by the particular gifts or weaknesses we have as individuals – but it lies so deep in human nature that one must think of it as innate"[18].

Relatively few children have an opportunity to participate in musical activities in their homes, unless the family members are engaged in professional or amateur music making. Exceptions include music school pupils, who, from the onset of the first grade, participate in musical instrument classes, eurhythmics and ear training classes, and perform in music ensembles. However, music school pupils (having passed the entrance exams) make up a small percentage of children, which is why a thorough approach to the development of music education programmes at school is so vital. Music education programmes for 1st–3rd grade students should go beyond the purely educational dimensions. The elements of music theory have real value for children only when put into practice. Knowledge of musical notation, articulation markings or elements of the formal compositional structure are only understandable

17 » Bauman, Z. (1996). *Etyka ponowoczesna*. Warszawa: PWN, p. 31.

18 » Sacks, O. (2007). *Musicophilia*. New York–Toronto: Alfred A. Knopf, p. xi [online]. Available at: http://www.art-13.ru/sites/default/files/musicophilia.pdf [Accessed: 24 May 2016].

when they form the basis of musical performance. Exploring music becomes more interesting for children in task-based situations that require them to show creativity, which should not be suppressed by rigid requirements. The lessons should be planned in such a way that each pupil can feel like an active participant regardless of their musical talent.

In a programme of music lessons that includes music therapy techniques, educational goals are achieved alongside goals in areas related to the development and improvement of children's interpersonal and social skills, as well as the development of the potential and predispositions of individual students. When implemented, a programme of lessons involving music therapy elements can bring the following positive results:

- the development and improvement of students' musical competency levels associated with the acquisition of basic knowledge on the theory of music and the skills resulting from the performance of music,
- the formation of desirable attitudes towards works of art and national traditions,
- the development of non-musical skills relating to musical activity in a group and functioning in the classroom.

Those participating in the lessons have an opportunity to gain new, inspiring experiences useful in daily life. As Lori Gooding states (quoting the research conducted by Michael Silverman and Michelle Reitman, Daphne Rickson, and Willian Watkins), when applied, music therapy techniques have a positive influence on the development of the social skills of those taking part in the lessons, including the development of responsibility for the behaviour of others, initiating and maintaining appropriate interpersonal relations, or the method of focusing on and level of attention paid to other people in a peer group[19].

In order to achieve the projected professional targets, one should establish positive relations with children and create a safe space for them.

19 » Gooding, L. (2011). The Effect of a Music Therapy Social Skills Training Program on Improving Social Competence in Children and Adolescents with Social Skills Deficits. *Journal of Music Therapy*, 48(4), pp. 443–444.

The relative effectiveness of a lesson largely depends on the forms used to implement it, which in turn depend on the type of musical activity toward which the students are mobilized. While planning consecutive lessons, one should make sure to make it possible for all children to achieve success, so that predispositions for music or the lack thereof are not determinants of the level of a child's functioning during the lesson. Success in task performance during music therapy classes should be guaranteed first and foremost by a positive attitude, personal engagement, and a creative attitude to the performed exercises.

The level of creativity pupils exhibit at school is affected by, among other factors: mode of instruction, the correct approach of teachers and the type of programmes implemented. According to Jolanta Bonar, school is too often an environment in which creativity and activity are suppressed and limited. The author draws attention to this inconsistency by stating that "school destroys creativity in children by simultaneously demanding the acquisition of countless paradigms and promoting exclusively conformist behaviour"[20], while at the same time expecting that the child after the first stage of school education remain creative.

While conducting music lessons one motivates students to be creative for the following reasons:

- the lesson plan may be created jointly with the students and modified according to need;
- the teacher may use the solutions proposed by the students during the course of the tasks performed during the lesson;
- it is possible to seek one's own action strategies in situations arranged using music;
- the students may experiment with the instruments, improvise, and gather musical experience;
- the students learn through experiencing;
- the students have contact with art.

20 » Bonar, J. (2013). Czy szkoła jest miejscem twórczości rzeczywiście stymulowanej. In: Melosik, Z., Śliwerski, B. eds. *Edukacja alternatywna w XXI wieku*. Poznań–Kraków: Impuls, pp. 100–102.

The first stage in the planning of lessons containing music therapy elements for students of early school age should consist of specifying goals and staking out a process of achieving them with the students. Any educational goals relating to the formation of musical skills can be attained during the course of tasks connected with musical activities. During lessons, students gradually broaden and reinforce their knowledge of music in the dimension specified by the core curriculum, according to which students graduating from the first stage of education should have specific musical competencies with respect to the reception and creation of music. According to the guidelines, it is assumed that a third grade graduate should:

1. be familiar with and apply the following types of musical activity:
   - sing simple tunes and songs from the children repertoire; perform songs and nursery rhymes;
   - sing tunes learned by ear in a group (not less than 10 musical pieces per school year), sing the national anthem by heart;
   - repeat simple rhythmical structures with his/her voice;
   - repeat and perform simple rhythms and rhythmical patterns on percussive instruments;
   - repeat and perform simple melodies and accompaniments on melodic instruments;
   - perform simple rhythms and rhythmic patterns containing rhythmic syllables, gestures or motion;
   - physically react to a rhythmic pulse and changes thereof, in particular changes in tempo, meter and dynamics (marches, runs, jumps);
   - physically express the mood and character of music: be familiar with the basic steps and figures of the krakowiak, polka and a third, simple folk dance;
2. be able to differentiate between the basic musical elements (melody, rhythm, pitch, accompaniment, tempo, dynamics) and musical notation symbols (physically expressing the length of rhythmic values, notes and rests);

3. consciously and actively listen to music (expressing his/her sensations verbally and non-verbally) and describe its characteristic elements;
   - distinguish and express, using non-musical means, the emotional character of music;
   - distinguish whether musical pieces are being performed solo, by an ensemble, by a choir or by an orchestra;
   - be familiar with different human vocal ranges (soprano, bass) and musical instruments (the piano, guitar, violin, trumpet, flute, drums);
   - distinguish between basic musical forms – AB, ABA (indicating their consecutive parts via a movement or gesture).

As far as music performance is concerned:

- know that music can be written down and read;
- illustrate texts and pictures using sound and improvise dances to music;
- improvise with the voice and on instruments according to specified rules;
- perform simple music pieces, interpreting them according to their type and function[21].

Mastering the skills specified in the music core curriculum does not pose any problems for students who participate in music therapy lessons and are mobilized to take up various sorts of music activity.

Social skill-based goals are realised by rehearsing social behaviours in class. Nowadays, educational facilities pay particular attention to the development of "key competencies" – essential for individuals and society, as they are a condition for effectively integrating with different social groups while maintaining independence and the ability to act efficiently in unknown as well as familiar surroundings[22].

21 » Podstawa programowa kształcenia ogólnego dla szkół podstawowych, p. 8 [online]. Available at: http://men.gov.pl/wp-content/uploads/2014/08/zalacznik_2.pdf [Accessed: 22 Jul. 2015].

22 » Komisja Europejska/EACEA/Eurydice, 2012. *Developing Key Competences at School in Europe: Challenges and Opportunities for Policy. (Rozwijanie kompetencji*

The purpose of raising the level of key competencies is to prepare each human being for performing various social roles and coping in different life situations.

The implementation of lessons based on music therapy techniques at the early school stage is one of the elements conducive to the students' development and contributes to the formation of skills that are the foundation of key competencies such as:

- communicating in their native and foreign languages;
- communication technologies;
- interpersonal and civic skills;
- the ability to learn;
- general culture.

Music therapy lessons are action-based and the situations taking place during them are their most important element. According to Daphne Rickson and Katrina McFerran, music in music therapy is a symbol, and its role is to support personal growth[23].

Supporting pupils' progress and achieving adopted goals depends on the level of student engagement in the musical activities. Particularly popular forms of music lesson for children are those using active music therapy techniques, including, in particular, performance on music instruments.

Performing on an instrument in a solo situation or in a group enables students to:

- familiarize themselves with instruments' articulatory potential,
- develop music performance skills,
- shape the ability to listen actively,
- shape the ability to express their moods and emotions (verbally and nonverbally),

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kluczowych w szkołach w Europie. Wyzwania i możliwości tworzenia polityki edukacyjnej) Raport Eurydice. Luksemburg: Urząd Publikacji Unii Europejskiej, pp. 7–8 [online]. Available at: http://eurydice.org.pl/wp-content/uploads/2013/03/Developing_Key_Competences_pl.pdf.pdf [Accessed: 16 May 2016].

23 » Rickson, D., McFerran, K. (2007). Music Therapy in Special Education. Where Are We Now? *Kairaranga*, 8(1), p. 40.

> express themselves using music,
> develop the ability to cooperate and work in a group.

While performing on a musical instrument, pupils gain experience as music performers, acquaint themselves with the different elements of a piece of music and revise their knowledge of basic music theory. While performing in an ensemble, students learn how to perform tasks as a group, while learning mutual respect and tolerance.

Performing on musical instruments makes it possible not only to recreate, but most importantly, to create music through improvisation and group improvisation. Activities involving instruments can be introduced at any lesson stage. It is beneficial to familiarize children with music instruments as soon as they come into contact with the group. The use of instruments during lessons helps to maintain discipline. Children are usually quite strongly motivated to play, and they willingly follow defined rules, so as not to lose the opportunity to play an instrument.

Activities involving instruments have a beneficial effect on the level of integration in a group, since the pupils are working together and sharing a common goal. Ensemble performance requires the performers not only to listen to each other, concentrate, and listen actively, but also to develop their imagination; it allows them to improve their sense of rhythm and reflexes as well as develop their knowledge of music.

Particularly important are improvisations and group improvisations on a specified topic or created freely by the students. While improvising, children may express themselves spontaneously and show their emotions by communicating them nonverbally. This mode of communication is important in the case of children with impaired verbal communication skills. Playing an instrument may be an alternative to communicating and conveying information verbally for autistic and withdrawn children. My experience shows that contact established with a child using an instrument may be a first step to the deeper relationship and connection required for therapy.

Instrument performance affects the level of in-class integration. By collectively performing tasks and paying attention to the needs of others during the performance, pupils develop the ability to cooperate and strive together to attain a conscious objective.

Performing music on instruments has a rehabilitative function in the case of children who have difficulties with precise movements. Both percussion instruments and keyboards are suitable for training hand muscles and improving visual, aural and motoric coordination. If a child is offered the opportunity to play a self-selected melody or rhythmic pattern, this acts as a stimulus, motivating the child to put effort into the task to be performed, and the task itself is not unpleasant or tiring.

During lessons, I often use keyboard instruments to arrange activities with children. In such cases, in order to take effective action, I have to maintain discipline in the group. Usually this is not difficult as the children motivate each other to behave properly. The sight of a piano keyboard stimulates their imagination. The pitches they hear by pressing the keyboard can illustrate the content of their imaginations and act as a starting point for stories. By the piano, we can tell stories together involving real or fictional protagonists, describe the weather, changes of mood, landscapes, and events from our daily lives. Using improvisation, we can search for a solution to the presented problems or conflict situations the students need to deal with.

Activities involving the use of music instruments should be consistent with the general topic of the lesson. They can form the main part of the lesson or just serve as an auxiliary component musically illustrating the subject matter. Instruments can be used to illustrate the lyrics of tunes being sung; they can also be treated as an accompaniment to the activities performed by the children. Instruments can also be used unconventionally to represent the protagonists peopling the children's imagination.

When using instruments during lessons, one should remember to involve all the children and not to overlook those who are less capable. It is the teacher who is mainly responsible for the comfort of the participants and their mood within the group. Students with disabilities should be assisted in such a manner as to enable them to use their creative potential to the maximum.

Of equal importance in active music performance are singing and vocal exercises; they are the basis for correct voice emission and influence the quality of speech and singing, which is in itself dependent on

voice projection skills. It is important for students to accept their voice and maintain conscious control over it.

When learning how to sing, one pays attention to breathing, enunciation and articulation techniques, and the pitch range of the melodic line to be sung cannot exceed the children's vocal capabilities. The euphonic voice should be clear and resonant.

While performing vocal exercises, children learn how to emit sounds, working on the correct enunciation and articulation which are a prerequisite for efficient vocal communication and facilitate comprehension of the relayed information. Breathing exercises are beneficial for the entire body and improve the condition of the respiratory system.

In the music lesson programme, vocal exercises are used as a basis for expression, improvisation and the ability to express emotions using the voice.

Attention should be paid not only to purely musical values, but also to song content and lyrics. While learning new songs, students have an opportunity to rehearse their memory and develop their perceptiveness. They should be aware of the subject matter in the song, understand all the expressions used by its composer and be familiar with the context and possibilities for interpretation.

Singing enables:

- the development of the ability to use the voice correctly, and the forming of habits related to correct voice emission,
- the exploration of the children's song repertoire, folk tunes and national songs,
- the formation of a sense of belonging and national sensibility,
- the integration of a group through group activities.

Singing is a form of musical activity accessible to the majority of students, although children are sometimes prejudiced towards singing because of their past experiences from home or kindergarten. Not all children need to regard singing as their favourite form of musical activity, but it trains their voices and acquiring the ability to sing is beneficial.

Forms of musical activity popular among students include: musical movement, elements of eurythmics and dance. Eurythmics exercises

not only are beneficial to training, developing and improving sense of rhythm or an ear for music, but also build a sense of community and integration within a group. They allow students to gain better control over visual, audial and motoric coordination, exercise communication skills and facilitate contact with other group members[24]. Musical rhythm is also important for the parts of the brain controlling motion, and affects the functioning of the vegetative nervous system, respiration and heart rate.

The majority of children like physical exercises during which they use their natural and spontaneous creativity and expression. During most school lessons, pupils need to suppress their need for movement, because they are required to remain in static positions. Participation in lessons containing music and dance, and in rhythm exercises, allows children to release accumulated energy in a safe way.

When conducting rhythmic and dance exercises, one should create appropriate conditions for the pupils to practice their social behaviours in model situations. The children have a chance to explore their social surroundings and find their own place in them. The rhythm on which individual exercises are based is a structure that provides order and facilitates task execution.

The dance elements introduced during lessons allow students to identify with the social roles that function in dances in a symbolic form. The roles differ depending on the type of dance and its origins. Dancing provides children with an opportunity to express themselves using movement and their bodies. As a form of musical activity, the dance can be treated freely or include elements of classical, character, folk, national, or ballroom dances. When dancing, children acquire confidence and grace in their movements and learn the rules of physical contact, how to be a dance partner and how to take responsibility for their movements and gestures. They gain experience in the area of self-control.

In group musical and dance activities, or physical improvisations to music, children work in a group and each one has a chance to experience

24 » Kloeppel, R., Vliex, S. (1995). *Rytmika w wychowaniu i terapii*. Warszawa: PNO, p. 75.

a sense of integration with the others participating in the lesson. The children learn how to take joint decisions, plan movements and adjust them to music, so that everybody feels safe. Students gain experience in dynamically changing social situations and can adjust to the needs of the group, but also communicate their needs to the group and look for compromises. Collaborating allows them to form a tolerant approach towards others and their capabilities, but also to exercise their own sense of responsibility.

While performing the exercises, children communicate with each other, provide each other with general information and send messages regarding the detailed aspects of their activity. They try to be effective in their communication and receive answers from its recipients. This affects the quality of the performed task. Communication strategies also employ body language and exercises are introduced from this field into, for example, dance activities.

Music therapy and music lessons should also include exercises based on listening to music, reception, perception and apperception of music material.

The presentation of musical material is one of the elements of the lesson, and the selection of music is crucial. Focusing on the listening process is a challenge for children, especially in group exercises during which many factors can cause dissipation of attention.

Children should be adequately prepared for task-based listening to music and open to new sensations, so that listening is not limited to passive reception of acoustic stimuli.

While listening to music, pupils may become familiar with selected compositions and gain the knowledge about them required by the core curriculum, but in the introductory stage of the lessons, the most important element is the influence of music on the children's emotions, mood and imagination. Music excites the imagination, and non-musical associations arise from the way the composition affects the child and the child's past experiences, so they stimulate various forms of expression.

During the presentation of musical examples, pupils learn how to actively listen to music and how to concentrate and develop the correct

auditory habits. Their experiences related to listening to music affect the level of their aesthetic sensitivity, and stimulate their imagination. The development of an active listening ability during the course of early school education results in an ability to concentrate on non-musical stimuli, including any verbal content relayed to the children.

Listening to music in class integrates a group due to the joint activities that take place at the same time, much like other musical exercises tailored to the students' active participation. Active listening in a group requires them to follow defined codes of conduct and maintain their discipline.

Students willingly participate in task-based listening to music that entails the visualization of content based on music relating to a predetermined or freely chosen topic, the recognition of a particular music passage or the search for and description of selected distinctive elements of a given composition. The children's associations can be used as a basis for planning what elements to include in the next lessons. These can be interpreted physically or using instrumental improvisations. The pupils can present their musical associations graphically by creating drawings or painting while listening to the music. Their works can be used as inspiration for future musical activities and interpreted during physical or instrumental improvisations.

Having listened to the music, students share their observations and describe their associations, which enables them to compare their ideas with those of others. This exchange of views allows them to develop a kind and tolerant approach to other members of the group who could have a different opinion on the same musical piece, or who could suggest alternative solutions to musical exercises. Children who get involved in the music listening process, devoting their full attention to it, usually have no difficulty memorizing the presented passages or memorizing basic information about the music and its elements, composers and performers.

In order to implement the curriculum, it is necessary to introduce and apply various musical exercises related to music education and elements of music therapy. Individual music-related tasks can be divided into several groups.

Exercises related to performance on a musical instrument (including active music therapy elements):

1. games involving instruments, the introduction of musical instruments' names, familiarization with their sonic possibilities,
2. guided and free improvisation and group improvisation,
3. creating percussion or melodic accompaniment to selected melodies,
4. performance based on notation or rhythmic patterns,
5. performance of non-musical themes using tonal techniques,

Exercises related to singing and voice emission practice (elements of melotherapy):

1. articulation and breathing exercises,
2. learning songs from the children's repertoire, folk songs and selected national songs,
3. group singing in unison,
4. singing in small groups and solo.

Exercises related to listening to music (elements of receptive music therapy):

1. active listening to music and concentration on task-based listening,
2. creating verbal and nonverbal descriptions on the basis of impressions and associations related to music; using elements of projection techniques,
3. introduction of selected examples from the musical literature,
4. recognizing the sound of selected instruments by ear,
5. familiarization with simple music forms,
6. familiarization with native folk culture, and selected examples from the folk culture of other European countries and selected regions of the world.

Exercises related to eurhythmics and dance (elements of choreotherapy):

1. music and dance games practicing small-scale and large-scale movements and the performance of choreographed movements,
2. the performance of basic steps, figures and simple dance choreography.

When planning individual lessons, one should take into account the need to adjust all elements to the pupils' actual capabilities and modify them in a flexible way, in order to achieve the anticipated outcomes.

Sample lesson plan for first grade students

The lesson involves the use of percussion instruments by all students. The lesson topic is: "The Percussion Orchestra".

Lesson aims:

- instil rules relating to the right to speak within a group context,
- implement principles regarding the use of percussion instruments during group and individual performances,
- introduce basic information concerning the production and propagation of sounds and listening to them,
- familiarize pupils with the sonic possibilities of available instruments,
- familiarize pupils with improvisation techniques,
- integrate the group,
- develop and hone communication skills.

The lesson:
After greeting the pupils take their places in a circle. The lesson begins with the introduction of the topic and the plan.

Tasks to be performed:

a) the teacher presents the sound of the triangle and the principles of acoustic wave propagation. The children, one by one, hand each other the instrument, learning how to produce sound on it correctly and experimenting by "exploring" the triangle's tonal possibilities and sensing the instrument's vibrations,
b) the teacher introduces other music instruments, one by one – maracas, a rainstick, claves, castanets, horse sleigh bells, tambourine,

drums (mini djembe, bongos). All the children, one by one, try out different sound production techniques and briefly describe their impressions.

Before they begin playing their instruments, the pupils remind themselves of the rules of conduct:

- When you are given an instrument, place it in front of you.
- Do not play without a signal from the teacher.
- Carefully observe the signs given by the conductor and act accordingly while playing the instrument.
- If you do not follow the rules, you will be eliminated from the exercise for "one round".
- If you break the rules on purpose, you will have to return the instrument.

c) The pupils perform together on their instruments – dynamic exercises, dynamic exercises divided into groups – all the students receive percussion instruments and extract sounds from them with different dynamics according to the indications of the teacher,

d) The teacher introduces elements of instrumental improvisation in groups – "The Dance of Toys",

e) The teacher organises a game involving musical and dance elements called "Toy Shop" (with elements of improvisation) – the children spread out across the room, then react to the sounds of individual percussion instruments, imitating the movement of the following:

- drum – marching soldiers,
- maraca – teddy bear's lullaby,
- triangle/multitone – music box figurine,
- claves – jumping jacks.

By introducing elements of improvisation, the teacher encourages the children to express themselves and allows them to present their own ideas to the group. Performing music together integrates students and enables them to learn how to cooperate with each other.

f) The teacher introduces basic vocal exercises – starts singing exercises,
g) The teacher presents *Do, re, mi* songs – rehearsing the pupils' imagination, learning the first part of the song,
h) The teacher summarizes the exercises – group discussion:
   > What are your favourite games?
   > Who do you like playing with?
   > Who do you choose to play with and why?
i) The teacher draws conclusions and summarizes the lesson,

   If we select people with particular traits, we have to nurture those traits in ourselves while eliminating those in ourselves that we do not like in others. While playing, we should pay attention to the needs and expectations of all the participants. In conflict situations, we should consider a way to reach a compromise.
j) The teacher summarizes the lesson.

The way the lesson is conducted depends on the needs and expectations of the pupils, but also the group's level of creativity. The time allocated for individual exercises might vary. The modular nature of the lesson plan enables the teacher to shorten or prolong selected elements. The teacher might also decide not to perform all the tasks, instead selecting those that will most benefit the students.

The lesson should be dynamic in order to maintain the interest of the students at a high level. Changing activities counteracts the weariness and tiredness among children who have just started to learn how to concentrate on school tasks.

Lessons for children of early school age should be entrusted to professionals with high credentials. The success of music therapy sessions and music lessons with elements of music therapy largely depends on the abilities and experience of the instructor.

Lessons for children of early school age are one of the areas of work and research of Wrocław-based music therapists. Positive feedback from children, parents, guardians and teachers regarding this form of work

makes it possible to surmise that lessons based on music therapy techniques will be conducted more frequently at educational facilities.

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A PAEDIATRIC TYPHLO MUSIC THERAPY MODEL

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» Abstract: This article presents a model for typhlo music therapy, i.e. music therapy for visually impaired children. The essential feature of this model that differentiates it from other music therapy models is the application of activities and a therapeutic programme that do not require the use of vision. The model was created at the Department of Music Therapy at the Karol Lipiński Academy of Music in Wrocław. Its author, a qualified music teacher and music therapist, shares his 25 years of professional experience. He also makes an attempt to systematize basic terms, concepts and definitions from the field of typhlo music therapy.

Keywords: visually impaired children, music therapy model, typhlo music therapy. «

Introduction

For a visually impaired person, music is the most personally relevant and easily accessible type of art, because the process of performing, creating and listening to music is not limited or hampered in any way. In music and by way of music such a person can discover his/her dormant artistic skills, and fully experience the intuitive nature of his/her creative endeavours. When playing music, the children are entirely free, independent and fully autonomous, because their impairments and their

effects do not obstruct the perception and experiencing of this type of art[1]. These positive experiences are transferable from the field of music to daily functioning, thus contributing to general improvements in quality of life[2]. It could be said that a visually impaired person is perfectly capable of experiencing music and drawing many health advantages from it. This justifies the application of music therapy models while working with such a population.

Anita L. Steele and Celeste Crawford claim that music therapy for visually impaired children integrates music structures with pedagogical methods in order to eliminate inappropriate behaviours and stimulate children toward individual personal growth[3]. The authors add that nowadays this type of intervention is still regarded as a new and non-traditional rehabilitation method. In theory as well as in practice, this branch of art therapy is often sidelined. The reasons for this are manifold, one being the fact that greater attention is paid to the improvement of disabled persons' psychomotor skills, teaching them how to perform their daily tasks, maintain spatial orientation and mobility and read Braille etc. Then there are also stereotypes and prejudices, among which the most dominant is the belief that a blind person has extraordinary congenital music abilities, in particular perfect pitch, a remarkable sense of rhythm, outstanding music memory etc. Additionally, it is thought that these abilities go hand in hand with the visual impairment and are, in some sense, a compensation for it[4]. It may be concluded from this unjustifiable line of thinking that, when working with the visually impaired population, it is not necessary to apply music and music therapy activities, as the subjects do not need them.

1 » Decker-Voigt, H.H. (1994). Musiktherapeutische Hilfen für die Begleitung von Blinder und Sehbehinderten. *Musiktherapeutische Umschau*, 15(2), p. 137.

2 » Wolf, F.F. (1978). Music therapy with the blind. *The Journal of British Music Therapy*, 9(3), p. 29.

3 » Steele, A.L., Crawford, C. (1982). Music Therapy for the Visually Impaired. *Education of the Visually Handicapped*, 14(2), p. 56.

4 » Pfammatter, X. (1988). Music as a Leisure-Time Occupation for the Blind. *Review of the European Blind*, 2(60), p. 28.

The contemporary literature on music therapy for the visually impaired is sparse. The subject is treated too broadly, or even marginally. A few articles can be found in journals or group publications in the pedagogy and rehabilitation fields. These mainly relate to the musical endeavours of visually impaired children, which normally develop during general and musical education, or their participation in amateur musical movement. Most often these articles are popular in nature and do not contain the kind of hints or practical guidelines required for the conduction of professional music therapy. They often treat the issues of musical education, special education, rehabilitation and music therapy as one problem[5]. There is an evident shortage of articles thoroughly describing music therapy activities for the visually impaired carried out without the use of vision.

In the early 1990s, when I was at the beginning of my music therapy and teaching career, neither the theoretical nor practical aspects of music therapy for the visually impaired had been codified within a coherent scientific and practical system. Among other problems, there was no definition for this form of music therapy or any adequate terms for describing it. Neither the literature nor the practical experiences of professionals in the field provided ready-made models incorporating this therapeutic process tailored to working with the visually impaired. Nowadays the lack thereof is still apparent. For all these reasons, music therapy is not capable of sharing an equal standing with other fields connected with therapy, rehabilitation and education of the visually impaired.

The origins and history of the model, terms, concepts and definitions

I began my work on the music therapy model for the visually impaired at the end of the 1980s and beginning of the 1990s, when I already held

5 » Turkalj, M., Breitenfeld, D., Hrvoj, J. (1974). Musiktherapie bei sehbehinderten Personen. *Anali Klinicke bolnice »Dr M. Stojanović«*, XIII(3), p. 365.

a Master of Music Education degree and was a student on the music therapy course at the Karol Lipiński Academy of Music in Wrocław. At that time, I volunteered as a music therapist at the Maria Grzegorzewska Special Education and Training Centre for the Visually Impaired in Wrocław (Specjalny Ośrodek Szkolno-Wychowawczy dla Dzieci Niewidomych im. Marii Grzegorzewskiej we Wrocławiu). Since 1993, I have been pursuing my work on the model as an assistant lecturer, and then assistant professor and senior lecturer at the Department of Music Therapy of the Academy of Music in Wrocław. Initially, the personal experiences I gained through my career as a musician and a clinical practitioner were my main source of inspiration. The model is based on my music therapy theory for the visually impaired, which I term a typhlo pedagogy music therapy concept. Its theoretical foundations, therapeutic work methods and various ways of teaching of this form are still being developed and honed, inspired by the Polish scientific music therapy theory created by Tadeusz Natanson[6]. Moreover, I have often consulted therapists, educators, psychologists, rehabilitants, students and parents of children with disabilities over it.

The typhlo music therapy model is a specific set of premises, terms, concepts and definitions, as well as the interrelations between them. These make it possible to identify theoretical, practical and research problems associated with music therapy for the visually impaired. The thought process underlying it allows the therapist to become acquainted with the reality on a person by person basis by exploring the aetiology of each person's visual impairment, as well as the consequences, therapy and prevention thereof, thus facilitating the exploration and more thorough comprehension, investigation and interpretation of issues relating to visual impairment.

6 » Cylulko, P., Gładyszewska-Cylulko, J. (1979). Polska naukowa koncepcja muzykoterapii – w trzydziestolecie wydania książki Tadeusza Natansona „Wstęp do nauki o muzykoterapii". In: Granat-Janki, A. ed. *Tadeusz Natanson. Kompozytor, uczony, pedagog*. Wrocław: Wydawnictwo Akademii Muzycznej im. K. Lipińskiego, pp. 173–184; Natanson, T. (1979). *Wstęp do nauki o muzykoterapii*. Wrocław–Warszawa–Kraków–Gdańsk: Zakład Narodowy im. Ossolińskich.

The application of this music theory model in theory and practice makes it possible to reduce specific complexities or even unavoidable complications relating to both individual problems and sets of problems, both those that already exist and those that can be predicted.

I have created, for the purposes of the typhlo music therapy model, my own definition of music therapy for the visually impaired, which I first proposed, along with the term "typhlo music therapy", in 1995 at a scientific conference organized by the Maria Grzegorzewska Higher School of Special Education in Warsaw (now, the Academy of Special Education (Akademia Pedagogiki Specjalnej im. Marii Grzegorzewskiej))[7]. Subsequently, I used both the definition and term in a paper submitted to the 8th World Congress of Music Therapy, held in 1996 at the Hamburg University of Music and Theatre (Hochschule für Musik und Theater Hamburg)[8]. I decided to single out typhlo music therapy as a specialized sub-field of music therapy due to the specific mode of perception and functioning presented by the visually impaired (those who are blind or suffer from severe visual impairment), the exceptional value that music has for this population, the specific functions and goals of music therapy and the distinctive manner in which the therapeutic measures are applied (i.e. acoustic material, methods, therapeutic techniques, forms of activity, performance techniques, support, room equipment, etc.).

The term "typhlo music therapy" is derived from the Greek words: *typhlós* – blind, and *mousiké* – pieces of music, the art of creating

7 » Taking into account the specific mode of functioning presented by persons with non-visual impairments, and the specific nature of the applied form of music therapy, I proposed two further subareas of music therapy: oligophreno music therapy (OMT) and surdo music therapy (SMT), in order to distinguish music therapy measures applied to assist persons with cognitive or hearing impairments. Cylulko, P. (1996). Tyflomuzykoterapia jako forma stymulacji rozwoju małych dzieci. In: Walczak, G. ed. *Problemy wczesnej rehabilitacji niewidomych i słabowidzących dzieci.* Warszawa: WSPS, pp. 75–77.

8 » Cylulko, P. (1996). Consequences of Music Therapy in the Rehabilitation of the Blind and Visually Impaired. In: *Book of Abstracts, VIII World Congress of Music Therapy, II Congress of the World Federation of Music Therapy.* Hamburg, p. 187.

compositions from pitches, and their performance using the human voice or music instruments, and *therapeía* – therapy, a medical activity directed at the restoration of health and psycho-physical abilities through the use of medication and procedures[9]. The definition of typhlo music therapy formulated for the purposes of the model discussed herein is as follows: typhlo music therapy (TMT) is a form of music therapy for the visually impaired that uses music and other acoustic (non-musical) phenomena in different ways in order to stimulate, develop, correct and compensate for the distorted functioning of their organisms (responsible for e.g. cognition, orientation, locomotion, communication) and prepare them in an optimal manner for living either without vision or with significantly impaired vision. This form of therapy specifies, among other factors, the conditions that should be met during the music therapy process, the way therapeutic measures should be applied, a therapeutic programme for a specific group of patients and the issues a typhlo music therapist needs to address.

The TMT model is characterized by a non-visual approach to therapeutic activities conducted with the visually impaired. This feature sets it apart from other models of music therapy applied nowadays. The theoretical foundations of this model are drawn from knowledge garnered from multiple academic fields, such as: music therapy (following the approach of Tadeusz Natanson and Andrzej Janicki), special education (according to Maria Grzegorzewska, Zofia Sękowska and Władysław Dykcik) and music education (in line with the theories of Carl Orff, Émil Jaques-Dalcroze and Zoltán Kodály). The assumptions in the model change as the model develops, and mainly depend on the adopted definition of disability and conceptualization of the disabled's place in society as well as the postulates and paradigms of music therapy and related areas. The model's form has been from the very beginning, and continues to be, primarily influenced by the patients participating in the sessions, their predispositions, expectations, capabilities, needs, interests, the

9 » Cylulko, P. (2004). *Tyflomuzykoterapia dzieci. Teoria i praktyka muzykoterapii dzieci z niepełnosprawnością wzrokową*. Wrocław: Wydawnictwo AM, p. 93.

specific nature of the work undertaken with them, the degree to which their families are involved in the therapeutic process and the passage of time. The TMT model, along with its premises, mainly refers to a concept drawn from humanistic psychology that makes human beings, in this case – the visually impaired – the central point of interest. Great attention is paid to a person's individuality, autonomy, uniqueness, and thus to his/her personal feelings, sensations, creativity and artistic expression. This model incorporates the interaction between the typhlo music therapist, patient and music, leading to one of the fundamental conditions being met – that a partnership be established by appealing to the patient's personality by treating him/her subjectively. This approach towards the patient is focused on the nature of the actions addressed at him/her and is directed at the positive potential in the patient, as well as his/her conscious and active participation in the TMT. A humanistic approach combined with a holistic view of the TMT participant's problem, expectations, possibilities and capabilities as well as his/her most immediate social environment, ensure the optimal conditions for personal growth[10]. The typhlo music therapist always plays an active role in his/her own relations with the patient and music, as well as the patient-music relation. This allows him/her to continuously focus on the patient who exhibits non-visual, task- and game-oriented, or musical activity, whether verbal, vocal, motor or that using a musical instrument. The patient's and therapist's experiences are almost identical, the only difference being that they are experienced by the former without vision or with a significant visual impairment. I am referring here to auditory, haptic, kinaesthetic, olfactory and gustatory sensations and activities based on them. In the case of weak vision, a patient additionally experiences visual sensations to a limited extent and degree. All of this is accompanied by non-visual interaction between the therapist and the patient that develops as a result of auditory, haptic, kinaesthetic, olfactory, soporific and gustatory sensations. Through this interaction,

10 » Majewski, T. (1983). *Psychologia niewidomych i niedowidzących*. Warszawa: PWN, p. 274.

the therapist helps the patient and provides him/her with support in the form of music and TMT. As Mercédès Pavlicevic claims, this interaction can be friendly, emotional and dynamic in nature[11]. The therapist replaces the absent visual sensations by proposing a boundless domain of new non-visual possibilities that are valuable for both their musical and therapeutic aspects. They help the patient to view himself/herself and his/her surroundings in a different way, and the non-visual reality takes on a new dimension. This allows the patient to experience safety, intimacy, a sense of community and interpersonal relations during the course of music therapy[12]. The conscious, non-visual use of music and music therapy should begin as early as possible in a patient's life. Introducing a person to the health advantages of music can be called music therapy education[13]. Such education can be conducted at the child's home, nursery, kindergarten, school, hospital, or rehabilitation centre.

Thus far I have documented the typhlo music therapy model in three books and several dozen academic papers published in print within multi-authored monographs. In the first monograph, entitled *Muzykoterapia w rehabilitacji ruchowej dzieci niewidomych i słabo widzących*, I presented the results of empirical studies on the evaluation of the typhlo music therapy model[14]. In the second publication. entitled *Muzykoterapia niewidomych i słabowidzących dzieci. Poradnik Metodyczny*, I included practical methodology guidelines necessary for the implementation of

11 » Pavlicevic, M. (1990). Dynamic Interplay in Clinical Improvisation. *The Journal of British Music Therapy*, 4(2), pp. 5–9.

12 » Sobey, K. (1999). Out of Sight – Out of Mind? Reflections on a Blind Young Woman's Use of Music Therapy. *The Journal of British Music Therapy*, 7(2), p. 8; Decker-Voigt, H.H., (1994). Musiktherapeutische Hilfen für die Begleitung von Blinder und Sehbehinderten. *Musiktherapeutische Umschau*, 15(2), pp. 140–141; Lam, R.C., Wang, C. (1982). Integrating Blind and Sighted Through Music. *Music Educators Journal*, 68(8), pp. 44–45.

13 » Cylulko, P. (2002). Therapy and Upbringing of Visually Impaired Children by the Use of Music. In: Samoraj, M. ed. *Essays on Education through Art Time Passing and Time Enduring*. Warszawa: Omikron, pp. 256–260.

14 » Cylulko, P. (1998). *Muzykoterapia w rehabilitacji ruchowej dzieci niewidomych i słabowidzących*. Warszawa: Upowszechnianie Nauki – Oświata „UN-O".

this model at rehabilitation and special education facilities[15]. The third book, *Tyflomuzykoterapia Dzieci. Teoria i praktyka muzykoterapii dzieci z niepełnosprawnością wzrokową* performs the function of a coursebook for students of music therapy[16]. Along with the model presented herein, I have also created a teaching programme for typhlo music therapy, which has been incorporated since 1993 into the programmes of graduate and postgraduate courses offered by the Karol Lipiński Academy of Music. Some aspects of music therapy for the visually impaired have also been included in the curricula at other tertiary education institutions in Poland. From the moment the model was created, I have been conducting training on this form of art therapy for teachers, educators, other specialists, and the parents and guardians of visually impaired children.

The structure and characteristics of the model – indications and contraindications

The population with permanent visual impairments is very complex due to the degree and extent of their disabilities. It includes children, young people and adults suffering from blindness, partial vision, weak vision, and often with other permanent disabilities or chronic diseases. For example, people with complete vision loss orientate themselves to their surroundings, control their behaviour and that of others, communicate and obtain information without the use of vision, i.e. through touch and hearing, and then, smell and taste. But people with weak vision mainly use their existing vision, to a very limited degree, and subsequently, their hearing, touch, smell and taste. All of these people's functioning is atypical in many respects. The primary reason for this is visual perception being either completely impossible

15 » Cylulko, P. (1999). Muzykoterapia niewidomych i słabowidzących dzieci. Poradnik metodyczny. *Zeszyt Tyflologiczny*, 16.

16 » Cylulko, P. (2004). *Tyflomuzykoterapia dzieci. Teoria i praktyka muzykoterapii dzieci z niepełnosprawnością wzrokową*. Wrocław: Wydawnictwo AM.

or extremely limited and the secondary effects of this, which result in these people facing multiple psycho-physiological, emotional and social issues. In practice, this situation generates a distinctive approach to the visually impaired and their music therapy, which is based on therapeutic goals being tailored to their perception and functioning, a therapeutic programme that does not require the use of vision and the non-visual application of therapeutic measures, i.e. acoustic material, methods, therapeutic techniques, forms of activity, methods of implementation, props, room equipment, scenarios and therapeutic session structures. This approach to music therapy can be called typhlological. In people suffering from complete or partial blindness, the most important activities are those based on haptic and auditory sensations. People with weak vision are additionally stimulated by their impaired vision. The therapist modifies the therapeutic measures, by expanding or reshaping them, changing their structure, increasing the font size, adding a contrasting background, more intense colours, tastes or aromas or formulating an entirely new structure, while paying special attention to the therapeutic aspect[17]. While applying these measures, he/she always employs observation-based principles, including oral instructions and learning by touch. While adjusting the therapy content, the therapist eliminates measures whose effectiveness depends on direct, uninhibited visual cognition, one of this model's distinctive features. During clinical practice, this requires the typhlo music therapist to adopt a non-visual approach and develop the ability to "switch" from therapeutic measures based on visual sensations to activities exclusively directed at auditory, haptic, kinaesthetic, olfactory and gustatory sensations and information.

Typhlo music therapy carried out in accordance with the model's premises assists: diagnosis, development, physical therapy, psychotherapy, education, integration (into a community), entertainment and adaptation, as well as having an aesthetical function. The main goal of therapeutic

17 » Interesting examples of unconventional usage of therapeutic measures can be found in the following works: Rummel, M. (1992). Ein Bad in Vibrationen, Das Klavier in der Musiktherapie mit Taubblinden. *Musiktherapeutische Umschau,* 13(2), pp. 109–111; Lam, R.C., Wang, C. (1982). Integrating Blind and Sighted Through Music. *Music Educators Journal*, 68(8), pp. 44–45.

sessions is to support visually impaired people's personal development, improving their impaired functions and the interaction between those functions. Other equally important goals of typhlo music therapy are to:

- motivate patients to undertake cognitive and entertainment-related activity,
- trigger and correct expression (e.g. physical, verbal, vocal, artistic),
- break down reluctance to overcome obstacles,
- stimulate the extant senses: auditory, haptic, kinaesthetic, motor and visual (in children with low vision),
- facilitate patients' acceptance of themselves, their disability and its consequences,
- improve patients' self-esteem and their practicing of independence and resourcefulness, while strengthening their faith in their own strength and capabilities,
- reduce patients' fear and anxiety, while channelling and sublimating aggression,
- increase patients' sense of security, while lowering excessive psychophysical and emotional tension,
- adjust inappropriate social behaviours, while learning how to establish and maintain interpersonal contact with others and cooperate in a peer group,
- improve patients' mood and well-being, while providing pleasure, joy and a sense of satisfaction,
- improve psychomotor functions (mainly locomotion and manipulation), autoorientation (with respect to one's body) and spatial orientation as well as self-maintenance skills (dressing, eating, washing etc.) and the ability to undertake household chores (cleaning, doing the laundry, preparing meals etc.),
- improve speech and cognitive skills (thinking, concentration, memorizing etc.),
- adjust incorrect posture and reduce blindisms.

The TMT model structure is based on the key elements (constituents) and interactions between them. These are responsible for the organization, unity and internal stability of the model, and thus ensure

that the therapeutic activities are carried out correctly, efficiently and effectively. And it is grounded in elements that are of a therapeutic as well as artistic and organizational nature and suited to work with the visually impaired. The main elements of the TMT model include:

- the term and notion "typhlo music therapy",
- TMT functions and goals,
- TMT therapeutic measures,
- a TMT programme,
- TMT performance conditions and methods,
- TMT session structure,
- early introduction of TMT,
- active participation of the family in the TMT process,
- TMT education,
- TMT integration with music education elements,
- education through TMT,
- typhlo music therapy.

The structure of the model is closely related to the TMT stages, which are spread over time and result from its content, and organizational and artistic premises. These are, among others:

- conducting promotional, preventative and education activities within the environment of the patient participating in the TMT sessions (lectures, demonstrations, publications etc.),
- initial diagnosis (making the preliminary diagnosis) of the patient (his/her limitations, needs, abilities, interests, potential, expectations etc.) and investigation of the functioning of his/her immediate surroundings (adopted approaches, atmosphere etc.),
- creating, modifying and verifying diagnostic tools,
- specifying indications and contraindications for TMT, the type to be applied, its stages and duration (individual, group, receptive, active, integration, segregational etc.),
- defining goals and purposes for the TMT activities (present and long-term),
- programming the TMT process (including the specific application of therapeutic measures),

- conducting TMT activities (for individuals and groups),
- rediagnosing (making a partial diagnosis) and adjusting the established TMT programme according to need,
- carrying out further TMT activities,
- evaluating, consulting with the patient and his/her family over the effectiveness of TMT, and also with other specialists.

The structure and staging of the TMT model help the therapist to implement complex goals and tasks, while attaining an improved structure, predictability and stability and ensuring that the music therapy sessions are conducted safely. Since the well-being of individual patients as well as therapy groups needs to be kept in mind, the therapist should not omit or replace any stage of the model.

Although I have initially created the TMT model with visually impaired children in mind, it may also be used with young people and adults (suffering from other diseases, deficiencies and developmental impairments) in different life circumstances. The requisite for participating in TMT sessions is a permanent visual impairment and the manifestation of various physical, psychomotor, mental, emotional and social problems, difficulties and irregularities that hinder daily life, not always resulting from the visual impairment itself or its secondary consequences.

Typhlo music therapy is not limited purely to the "music field"[18]. The therapeutic measures include not only music, but also various non-musical acoustic phenomena. The acoustic material therefore consists of: music (songs; instrumental, vocal and vocal-and-instrumental compositions; accompaniment, dances, movie scores, music videos etc.), other non-musical acoustic phenomena (e.g. discrete sound material, hissing, rustling, murmuring, clicking, tapping) and silence. Appropriately programmed acoustic material is fundamental to the success of TMT, as it delivers:

- emotional and aesthetic sensations,
- cognitive information (allowing sounds created by objects and various acoustic phenomena to be distinguished),

18 » Zamęcka, H. (1985). Metody działania muzykoterapeuty w pracy z dziećmi z uszkodzonym wzrokiem. *Szkoła Specjalna*, 3, p. 194.

- orientation information (allowing patients to maintain a sense of orientation with respect to their bodies, the space and movement within this space),
- control information (enabling the practical side of the activity to be monitored – performing movements, daily life activities etc.),
- communication information (enabling the establishment and maintenance of interpersonal contact and communication with others).

All this information and these sensations are extremely important when it comes to the correct development and functioning of visually impaired children. When introduced inappropriately, they can cause unnecessary chaos and disruption to their interpretation of their surroundings. On the one hand, acoustic space cannot be enriched by too many auditory stimuli of an inappropriate intensity, but on the other, it cannot include too few stimuli that are too weak. It has to be transparent and understandable at all times to the patient (especially a young patient), because it is only accessible to him/her by ear (and to a limited extent). At this point, it is worth discussing silence, as this is an important acoustic, linguistic, musical and therapeutic phenomenon. Given the compensatory role played by hearing among the visually impaired, silence, much like sound, both musical and non-musical, is an important stimulus applied in the TMT model. The academic literature does not usually comment on the therapeutic significance of silence, which is able to communicate information that cannot be expressed, rendered or articulated using verbal or musical means. A visually impaired person usually has no place in his/her life for silence, sometimes not even allowing it in. His/her sense of hearing is always on standby and ready to act, often working tirelessly. The reason for this might be, for example, the constant search for numerous and varied auditory sensations and information (not only musical), which partially compensate for a lack or the severe disruption of visual experiences. Similarly, the other measures used in the TMT model can neither be, on the one hand, a source of indistinct auditory, haptic, kinaesthetic, gustatory or olfactory stimuli, nor on the other, – too intense or even overwhelming.

Yet another contraindication for the therapy may be the inadequate size of the typhlo music therapy room, or furniture, equipment or lighting that are not up to the task, as these factors make it difficult for the visually impaired to locate themselves in space or move around, since they distort reception of the human voice and live or recorded music, causing the patients to feel, above all, fatigued, aggravated, at a loss or threatened. The same applies to the quality and technical condition of any musical instruments or music/video recording/playback equipment. Additionally, the typhlo music therapy room should not have stairs, pillars, sharp edges, rugs, carpets, a slippery floor or walls that are overly bright or shrouded in darkness.

Sample therapeutic techniques applied during typhlo music therapy sessions

The main therapeutic measure in the TMT model is non-visual musical interaction, most often carried out in the form of a game using gestures, movement, verbalization, vocalization and simple musical instruments. Such non-visual game situations enable the use of specific therapeutic measures called therapeutic techniques. These techniques, much like other therapeutic measures, help children to master self-maintenance skills (hygiene routines, eating, dressing etc.), daily life activities (washing, doing the laundry, cleaning etc.), manipulative activities (entailing the movement of fingers, hands and shoulders) and motion activities (walking, running, jumping etc.). The therapeutic techniques differ with respect to activity type, the manner in which sound and the body are used, and level of difficulty. Employing the primary goals of the therapeutic technique as the main criterion, five basic groups can be distinguished:

> activation, compensatory and correction techniques (e.g. haptic exercises, auditory exercises, practising sense of rhythm, singing songs, playing music accompanied by gestures, playing music using daily life objects, playing music on self-made instruments, practising natural forms of locomotion, performing gestures that

imitate daily life activities, playing games involving music and dance, dancing),
- imagination and projection techniques (e.g. listening to music, graphic interpretation of music),
- creative techniques (e.g. verbal improvisation, vocal improvisation, musical movement improvisation, mime exercises),
- intra- and interpersonal techniques (e.g. improvisation on children's percussive instruments, pantomime, role-play, staged plays featuring songs, therapeutic conversations),
- relaxation techniques with a soundtrack (e.g. breathing exercises, relaxation massage, Schultz' autogenic training, Jacobson's progressive muscle relaxation).

Visually impaired children, due to their non-visual mode of perception and functioning, find it very difficult to adapt to new and unfamiliar situations taking place in time and space. For this reason, it is advisable to carry out TMT sessions according to a schedule specified for the entire therapeutic cycle. Each session should consist of three stages: initial, core and final. Each stage has a specific duration and tripartite structure (a beginning, middle and end) and consists of a planned set of exercises and games.

Stage I incorporates introductory activities directed at building mutual trust between the TMT session participants, psychomotor activation and increasing concentration. This phase introduces the group members to the atmosphere of a meeting and motivates them to become involved. It may consist of such activities as:
- familiarization with the typhlo music therapy room, its furniture and equipment (using touch and hearing),
- the therapist greets the entire group, each participant individually and all of them together (verbally and, for example, by shaking hands),
- breathing exercises,
- sense of rhythm exercises,
- verbal improvisations,
- singing songs,
- playing music using gestures,

- playing music using objects from day to day life,
- playing music with self-made instruments,
- practising natural forms of locomotion,
- performing gestures that imitate daily life activities.

Phase II is the core stage of the TMT session. It aims to develop group dynamics, awakening acceptance in the patients of both themselves and their disability, enabling them to acquire a sense of self-worth, improve functioning in the group, and create the conditions for learning specific abilities (e.g. correct communication, tolerance, empathy, orientation and movement in space). In this part of the session the therapist can use, among others:

- auditory exercises,
- haptic exercises,
- vocal improvisations,
- improvisations on children's percussion instruments,
- musical movement improvisations,
- musical movement games,
- dance elements,
- pantomime elements,
- role-play elements,
- listening to music,
- graphic interpretation of music.

Stage III consists of final activities directed at the release of psychophysical and emotional tension, calming down and relaxing. This is the time to end the session and for the participants and therapist to say goodbye to each other. Stage III elements may include:

- relaxation massage,
- Schultz' autogenic training,
- Jacobsen's progressive muscle relaxation,
- therapeutic conversations,
- summing up of the session and saying goodbye to the participants (verbally and, for example, by shaking hands),
- the participants leave the typhlo music therapy room and make their way outside (using touch and hearing).

The suggested programme for therapeutic sessions with sample therapeutic techniques may be regarded as a fixed template for the TMT model. It allows the patients to predict the next music therapy stages, and thus gives them a stronger sense of security. The presented division into three stages can be tailored to suit the needs, abilities, limitations and expectations of individual patients as well as those of whole therapeutic groups.

Conclusion

Visual impairment, its consequences, the specific mode of functioning of the visually impaired and the way music therapy affects them indicate a need to distinguish typhlo music therapy as an independent subarea of music therapy, and to create a typhlo music therapy model.

The model I created twenty-five years ago at the Department of Music Therapy at the Karol Lipiński Academy of Music in Wrocław is still being developed, modified, improved and shaped in accordance with changing approaches within society to people with disabilities and music therapy. In clinical practice, this model enables positive diagnosis and optimal music therapy tailored to the needs of an individual with a visual impairment while respecting that individual's autonomy, uninhibited creativeness, thus improving the quality of his/her life.

Although this article presents an abridged form of the typhlo music therapy model, I hope that it will inspire music therapists in their search for new non-visual modes of interaction within music therapy.

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GROUP MUSIC THERAPY FOR CHILDREN AND YOUNG ADULTS WITH PROFOUND MULTIPLE DISABILITIES. FROM A MUSIC THERAPIST'S JOURNAL

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» Abstract: This article presents the experiences of the author, who conducts group music therapy sessions in rehabilitation and educational facilities at the Rehabilitation and Educational Centre for Disabled Children in Wrocław. The author analyses the issue of profound multiple disability and problems occurring during therapy for people who suffer from it. She also describes the group music therapy sessions she conducted, listing them by type, topic, structure and exercise selection method, offering practical guidelines concerning therapeutic work. She highlights the positive influence of music therapy on the spheres of life of patients with profound multiple disabilities.

Keywords: children, profound multiple disability, youth, group music therapy. «

Profound multiple disability

In 1997 I was employed as a music therapist at the Rehabilitation and Educational Centre for Disabled Children in Wrocław, a facility within

the OSTOJA Lower Silesian Association for Children and Young People with Cerebral Palsy. My patients were children diagnosed with profound multiple disabilities. I was provided with a room and several small percussion instruments. I did not have sufficient knowledge and experience to conduct the sessions, but I had a feeling that I could achieve a great deal with music.

When a multiple, double, concomitant, coupled disability occurs in a child, we say that that child has more than one disability[1].

According to Andrzej Twardowski, this is caused by one or more endo- and/or exogenic factors affecting the child simultaneously or consecutively at different stages of life, including the prenatal period[2].

The list of all possible multiple disabilities is very long, but includes: deafblindness, blindness accompanied by cerebral palsy, chronic intellectual disability and motor disability. People with profound multiple disability are a diversified group due to the possibility of multiple types and degrees of disability occurring at the same time, affecting human functioning. A common feature they share is profound intellectual disability, characterized by such factors as an IQ below 20.

The reception of sensory stimuli by children with profound mental disability is impeded. Because of this, they have an incomplete or distorted view of reality. Inaccurate processing of stimuli precludes sensory integration. Difficulty concentrating slows down perception[3]. "A person with profound mental disability is fully dependent on others, does not comprehend his/her surroundings and is not able to solve the simplest daily life problems. Such a person often cannot move independently, has to be fed, and helped to use the toilet. He/she frequently cannot express his/her needs and feelings, and feels lost, even among family and friends, because the way he/she asks for help is incomprehensible

1 » Doroszewska, J. (1981). *Pedagogika specjalna*. Wrocław: Ossolineum, pp. 15–19.

2 » Twardowski, A. (2005). Pedagogika osób ze sprzężonymi upośledzeniami. In: Dykcik, W. ed. *Pedagogika specjalna*. Poznań: UAM, p. 290.

3 » Stec, J. (2003). Stymulacja czuciowa w rozwoju dzieci głębiej upośledzonych umysłowo. In: Czapiga, A. ed. *Psychospołeczne problemy rozwoju dziecka. Aspekty diagnostyczne i terapeutyczne*. Toruń: Wydawnictwo Adam Marszałek, pp. 98–111.

to others"[4]. Krystyna Ostrowska observes that "a severely disabled child experiences fear, inconvenience, limitations, feels at a loss, misunderstands stimuli, and needs the physical and mental proximity of another person just like any other children"[5].

Teaching people with profound multiple disabilities is not easy. It requires substantial knowledge and skills. Only since 1997, under a resolution of the Ministry of National Education, have children and young adults between 3 and 25 years of age with severe mental disability been obligated to attend compulsory education in the form of rehabilitation and educational courses[6]. Each rehabilitation and educational group consists of 2–4 students aged 3–25 supervised by an educator and a carer. Our facility is open to students from 8am to 5pm, and between 9am and 1pm the students have classes with a teacher, physical rehabilitation, speech therapy, group music therapy, dog therapy, Snoezelen therapy, and other sessions.

The therapy programme for children with profound multiple disabilities is adapted individually to the child's needs and applies to all dysfunctional spheres. Apart from physical rehabilitation, exercises have to be provided that stimulate all the senses as well as exercises stimulating the development of higher mental functions. Comprehensive therapy and education is only possible through cooperation with multiple specialists: a special education teacher, physical therapist, speech therapist, music therapist, psychologist, physician etc.[7] The learning process proceeds at a slow pace and lasts a long time. According to Małgorzata Kwiatkowska[8],

4 » Orkisz, M. (2000). Dlaczego edukacja? In: Orkisz, M. *et al.* eds. *Edukacja uczniów z głębokim upośledzeniem umysłowym.* Warszawa: CMPPP, p. 6.

5 » Ostrowska, K. (2000). Wstęp. In: Orkisz, M. *et al.* eds. *Edukacja uczniów z głębokim upośledzeniem umysłowym.* Warszawa: CMPPP, p. 4.

6 » *Rozporządzenie Ministra Edukacji Narodowej z dnia 30.01.1994 w sprawie zasad organizowania zajęć rewalidacyjno-wychowawczych dla dzieci i młodzieży upośledzonych umysłowo w stopniu głębokim.* Dz.U. z dnia 18.02.1997.

7 » Modelska, M. (2009). Muzykoterapia dzieci i młodzieży z głęboką, złożoną niepełnosprawnością. *Rewalidacja*, 2(26), p. 30.

8 » Kwiatkowska, M. (1996). Szkoła wspomagania rozwoju. In: Piszczek, M. ed. *Edukacja dzieci upośledzonych umysłowo w stopniu głębokim.* Warszawa: CMPPP, pp. 24–41.

the most important goal of education in this case is to support the personal development of each student by creating optimal conditions and circumstances which will allow him/her to gain new experiences and also trigger cognitive activity. "Patiently, and without any "accelerants" or spectacular, overly complicated actions, one must help the child to create a unified whole. One should allow children to act independently, only supporting their physical and mental activity. Simultaneously, one should acknowledge the richness of their experiences, and should not ignore those emanating from inside their bodies. One also should not claim that the feelings and moods of the children have no significance, and that after years of suffering they will be able to be happy"[9].

The search for music therapy methods useful when working with people with profound multiple disabilities

Having familiarized myself with the theoretical background on the functioning of children with profound multiple disabilities, I began searching for appropriate work methods based on music therapy.

I found guidelines on working with disabled children in a book entitled *Muzykoterapia dziecięca* by Kinga Lewandowska. The author suggested simple music instrumental improvisations to establish contact with the patient. According to Lewandowska, the goal in the therapy of children with severe mental disabilities is to remove habits that serve no use, replacing them with useful activities instead, and reduce the dependency of the child on other people[10].

This improvisation technique was used in Nordoff-Robbins' creative music therapy. "For a child with limited mental capabilities, music

9 » Kwiatkowska, M. (2006). *Zwyczajne towarzyszenie zamiast specjalnej troski.* Warszawa: CMPPP, p. 27.

10 » Lewandowska, K. (1996). *Muzykoterapia dziecięca.* Gdańsk: Kinga Lewandowska, pp. 55–56.

and group music performance can be a lively, comprehensible experience that does not require abstract thinking"[11]. Tadeusz Natanson[12] recalls Barbara Domosławska, who applied the receptive music therapy and active methods applied by Émile Jaques-Dalcroze and Carl Orff to the treatment of children with organic damage to the nervous system. I found an interesting idea for therapy with disabled children in a book by Janina Stadnicka entitled *Terapia dzieci muzyką, ruchem i mową*. The author presented in this an outline for sessions and activity sets. She pointed out that the tempo of work should be adjusted to the tempo of the thought processes in mentally disabled children[13].

Creating one's own session outlines

I began with collecting useful exercises. Among the activities applied by other music therapists there were only a few that I was able to use in my work, because the mental and motor limitations of my patients were profound. "The motor skills of students with severe mental disabilities are often distorted or limited. In some cases, students do not feel a need to move spontaneously"[14].

I adopted individual exercises and their manner of implementation to the individual capabilities and needs of my patients. Most of these required the help of another person. Some of them only needed an appropriately selected and mounted (e.g. on a stand) instrument to motivate

11 » Robin, C., Nordoff, P. (2008). *Terapia muzyką w pracy z dziećmi niepełnosprawnymi. Historia, metoda i praktyka.* Kraków: Oficyna Wydawnicza "IMPULS", p. 18.

12 » Natanson, T. (1979). *Wstęp do nauki muzykoterapii*. Wrocław–Warszawa–Kraków–Gdańsk: Zakład Narodowy im. Ossolińskich, p. 40.

13 » Stadnicka, J. (1998). *Terapia dzieci muzyką, ruchem i mową.* Warszawa: WSiP, pp. 5–7, 14–15.

14 » Łubieńska, W., Olasińska, A. (2000). Zajęcia ruchowe w nauczaniu osób z głębokim upośledzeniem umysłowym. In: Orkisz, M. *et al.* eds. *Edukacja uczniów z głębokim upośledzeniem umysłowym.* Warszawa: CMPPP, p. 43.

the patients to take independent action. Valuable information on how children express themselves using simple instruments were included by Paweł Cylulko in his article *Posługiwanie się prostymi instrumentami sposobem bezsłownego komunikowania się z dziećmi*[15]. I created a fixed structure for the sessions, which gave my patients a sense of security. This is how the original format for my group music therapy for children with profound multiple disabilities came into being. I called it music therapy with singing and instrumental performance and I have been using it until this day.

My sessions take place twice a week. A single session is 30 minutes long, as this is the optimum amount of time during which the majority of the participants can focus on exercises. The group consists of a maximum of 8 students. They are accompanied by their carers and teachers, who help them to perform the exercises, according to need. The sessions include the following elements:

1. greeting – each student is greeted by his/her name with a song (I created lyrics to the popular tune *Frère Jacques*),
2. exercises related to the session topic, including singing, playing an instrument and instrumental improvisation, fun with props, illustrations etc.,
3. relaxation by listening to a piece of music or a relaxing tale,
4. saying goodbye using a song I composed.

The topics of the sessions are functional, i.e. drawn from students' daily lives, and relate to:

1. family members,
2. body schemata,
3. items from the immediate surroundings,
4. seasons,
5. animals,
6. important events.

15 » Cylulko, P. (2013). Posługiwanie się prostymi instrumentami perkusyjnymi sposobem bezsłownego komunikowania się z dziećmi. In: Winczura, B. ed. *Dzieci o specjalnych potrzebach komunikacyjnych*. Kraków: Oficyna Wydawnicza "IMPULS", pp. 355–370.

When presenting a topic, I use most of the exercises generally applied in music therapy. They are not selected randomly, but with a particular therapeutic effect in mind. For example, percussion instruments allow the students to see an object, motivate them to action, affect their visual-motor coordination, manual dexterity and hearing, and have different textures that enable tactile stimulation. I choose instruments individually for each session participant and I set things up in such a way as to enable the participant to play their instruments independently. Often there is a need to wait for a reaction such as the movement of a hand or a foot, or a participant's voice, but it is worth the wait, as the joy garnered from an independently performed action is enormous. Many of my students are able to perform a short improvisation on an instrument independently. I create an opportunity for them to present their abilities to the group. Each performance is greeted with applause. The same applies to every vocalization. Some students are also able to sing. The majority of them regard voicing a sound, letter or a syllable upon request as a successful accomplishment.

Group music therapy is an excellent opportunity to apply speech therapy elements using group singing[16].

During the sessions, I use various props, anything that can help my students understand the session topic. So I bring fruits of nature and use metal foil bags which imitate the rustle of a stream etc. I usually create illustrations myself, e.g. printing them in Boardmaker.

One of the most important issues is the selection of songs. Above all, the melody should be easy to sing. The sessions are very valuable when all the participants, including the teachers and carers, are present. I encourage them to cooperate, but I have to remember that not everyone has a musical background. Some have to overcome personal complexes related to singing, so the tasks that await them may be too difficult. Sometimes it occurs that the lyrics in a song are too difficult for this kind of work. In this

16 » Modelska, M. (2014). Łączenie elementów muzykoterapii i logopedii w terapii dziecka z zaburzeniem rozwoju mowy i komunikacji. In: Cylulko, P., Gładyszewska-Cylulko, J. eds. *Muzykoterapia – stałość i zmiana. Wrocławska Muzykoterapia*, vol. 1. Wrocław: Akademia Muzyczna im. Karola Lipińskiego we Wrocławiu, pp. 291–300.

case, I simplify them or only sing certain passages. I often compose a song by myself for the sessions. I try to involve members of staff in the process of creating new lyrics, which brings a lot of joy and integrates us as a team.

The majority of my students cannot speak or are not able to communicate successfully with their surroundings. When a method of alternative or supplementary communication is appropriately selected for each individual student, while taking into account the student's capabilities and limitations, this enables them to release the physical tension caused by their inability to communicate with other people, overcome their passivity and regain their willingness to cooperate[17].

There are several methods enabling alternative and supplementary communication. They have been described by, among others, Magdalena Loska[18], and Alina Smyczek and Jolanta Szwiec[19]. Often, during sessions, I use the components of this communication method, which enables my students, for example, to select a song by counting or pointing to one of two pictures, which are printed in Boardmaker or SymWriter.

At the end of the session, we listen to a composition alluding to the session topic, selected, moreover, in accordance with the group's mood, assessed using the ISO. I use, according to need, a second composition that regulates the group's mood, which is based on LEVEL[20]. Sometimes I tell an invented story for the purposes of relaxation, modelling it on a Schultz autogenic training modification adjusted to the needs of children by Anna Polender[21]. I do not use it often because text

17 » Modelska, M. (2013). Wybrane zagadnienia terapii dziecka z zaburzeniami rozwoju mowy i komunikacji. In: Winczura, B. ed. *Dzieci o specjalnych potrzebach komunikacyjnych*. Kraków: Oficyna Wydawnicza "IMPULS", pp. 301–309.

18 » Loska, M. (1998). Niewerbalne metody porozumiewania się. In: Mazanek, E. ed. *Dziecko niepełnosprawne ruchowo. Wychowanie i nauczanie*. Warszawa: WSiP, pp. 240–258.

19 » Smyczek, A., Szwiec, J. (2000). Metody nauczania alternatywnych sposobów porozumiewania się i techniki posługiwania się symbolami. *Rewalidacja*, 1(7), p. 21–26.

20 » Schwabe, C. (1986). *Methodik der Musiktherapie und deren theoretische Grundlagen*. Leipzig: Barth, pp. 161–163.

21 » Polender, A. (1980). Zastosowanie treningu autogennego do dzieci w wieku przedszkolnym i dzieci upośledzonych umysłowo w stopniu umiarkowanym. In: Brejnak, W. ed. *Poradnictwo wychowawczo-zawodowe*. Warszawa: WSiP, pp. 149–154.

can be a disruptive factor in the music reception process for many of my students. Sometimes it is also incomprehensible for children with mental disabilities.

Office equipment

At this juncture, let me tell you a story about the equipment in my office. At the outset, I worked in very modest conditions. I would never even have dreamt of having a fully equipped office. I decided to organize my office on my own initiative. I brought the first tape recorder from home and bought several small percussive instruments. Thanks to my contacts at the local TV station, I got hold of a piano. During a local news broadcast, the presenter asked listeners to support my facility, and already, by the next day, a woman called offering the centre an instrument. Thanks to a telecommunications operator, I managed to get some furniture, stationery and other small accessories for the centre. The first decent stereo for playing music was bought from funds provided by the financial director of a phone manufacturing company. My biggest source of pride was a grand piano I obtained that was surplus to the requirements of a music school. At over one hundred years old, this is the most ancient member of my rehabilitation team, an invaluable assistant to this very day. It stands in a spacious clubhouse where I currently conduct my group music therapy sessions.

Creating new forms of group music therapy adjusted to the needs of participants

During my 18 years of practice, many changes have occurred at the centre. Most importantly, my students have matured (the facility is open for people up to 25 years of age) so songs for children are not appropriate

anymore. I had to create a music therapy programme featuring elements of singing and instrumental performance for young adults. I have been managing this since 2008. This form of session is similar to the previous ones with regard to its fixed structure. But it differs in terms of the type of exercises used. I found it difficult to create an appropriate set of exercises, because the exercises and songs for adults that I know are too difficult. One shouldn't forget that most of my students are people with profound or severe mental disabilities. In these groups, I put greater emphasis on independent performance on instruments and improvisation. I choose songs that we can sing, which I compose myself as often as possible. Puberty is a very difficult time for young people and their loved ones. The problems faced by people with profound mental disabilities trying to cope with the demands of life as an adult are described by Beata Tylewska-Nowak[22]. The processes taking place in the organism trigger many emotions. My students' healthy peers have opportunities to release tension in different ways. But how can a person who cannot speak, and sometimes is not even able to move his/her hand, cope in such a situation? Not to mention people whose body fails to respond to their urgings.

I have observed that, in this case, music has an important role to play. The episodes of tension and release that occur in all pieces of music can reach out to the source of conflicts, bringing them out to the surface, thus enabling us to work through them, even when this is not at all what we desired. All this, without the use of any words.

I made changes to the listening repertoire with my adult students in mind. The new music more frequently appealed to the emotions. I created a new form of session for these students, namely a disco. It has been taking place twice a week since 2008. Loud disco, rock or other such music channels powerful stimuli, enabling the participants to react on an emotional level. They often bring albums from home. It is very

22 » Tylewska-Nowak, B. (2011). Wypełnianie zadań rozwojowych przez osoby dorosłe z umiarkowaną i znaczną niepełnosprawnością intelektualną. In: Cytowska, B. ed. *Dorośli z niepełnosprawnością intelektualną w labiryntach codzienności*. Toruń: Wydawnictwo Adam Marszałek, pp. 17–43.

important for the students to present their favourite songs to the others. Preparing such an album is an opportunity for parents to get involved in the therapy. Each student dances to the best of their ability. Most students cannot move unassisted, as they are usually in wheelchairs. However, everyone tries, according to their capabilities, to move whatever they can, even just a hand. This form of session motivates them toward action, and the rehabilitants view the results with astonishment.

At present, I very rarely conduct relaxation sessions in isolation. My students have other more pressing needs. Sometimes it occurs that one of the students requires this precise method (e.g. after an epilepsy attack). In this case, a state of relaxation is achieved using two methods. The first is listening to relaxing music, and the second, is the autogenic training applied by Schultz (first grade)[23]. I select the method according to individual patients' needs.

In 2000, with my youngest students in mind, I created a music therapy programme featuring exercises inspired by the Weronika Sherborne developmental movement method[24]. This enables, for example, sensations to be felt that activate body awareness, improving control over them. The programme differs from previous ones, incorporating:

1. greeting – each student is greeted by his/her name using a song (I created lyrics to the popular tune *Frère Jacques*),
2. exercises related to orientation around the body schemata to the lyrics of a song I composed and perform (students learn their and other group members' body schemata),
3. exercises based on the Weronika Sherborne method,
4. a song,
5. saying goodbye using a song I composed.

During the sessions, I can use only some of the exercises described by Weronika Sherborne, such as back massage combined with a fairy tale I perform with piano accompaniment or rocking the children in a blanket or a bridge created by the therapists' backs. During these last

23 » Siek, S. (1990). *Treningi relaksacyjne*. Warszawa: ATK, pp. 107–128.

24 » Sherborne, W. (1999). *Ruch rozwijający dla dzieci*. Warszawa: PWN, p. 104–113.

exercises, I most often play relaxing music that helps to stabilize the children's psychomotor tension, while keeping those busy who are waiting "in line" to be rocked. After that we jointly perform a song that should relax the participants.

Shows with children and young adults with profound multiple disabilities

The rehabilitation and education complex is a form of school that differs from the standard. Lessons do not last 45 minutes and there are no bells that could cause adverse reactions in people who are sensitive to auditory stimuli. Instead of math or geography, our students have classes with a therapist for the visually impaired, a speech therapist or a rehabilitant. Despite this, we teachers try to make our students feel a little like they are in a real school. School parties create a good opportunity to do this.

Since I started working at the centre, I have been responsible for music, organizing and managing almost all the school parties. In 2004, I decided to direct the first show with my students. It was entitled *Hipopotam*, based on a poem by Wanda Chotomska. I personally took care of the music background and performed as a narrator. Actors played their parts in the form of a pantomime. We made our own decorations. For example, a Klanza scarf represented a jungle component, and a masking grid borrowed from the military acted as mud for the hippopotamus in the title. I managed to involve the parents in the preparation of costumes for the actors. The staff participating in the show were dressed in black, so as to remain in the background at all time. The effects surpassed my expectations. The actors, who usually demonstrate many undesirable behaviours, were very disciplined. The premiere of *Hipopotam* took place in April 2004. It was an event accompanying the opening of the Doświadczanie Świata (Experiencing the World) room. We were funded by the mobile phone company operator. The show, and the new room, were admired by several prominent people in Wrocław at the time.

Hipopotam represented a turning point in the way the events at the centre were organized. Not long afterwards, at the end of the school year, we staged *Dlaczego cielę ogonem miele?*, which was also based on a text by Wandra Chotomska. In this show, apart from the narrator's voice, we managed to use the voices of two of our students who are able to speak. I always tried to fully demonstrate my pupils' capabilities. In 2007, I organized a music show entitled *Pierwszy dzień wiosny*. I used two songs which we sung together and *Spring*, the first movement of Antonio Vivaldi's *Violin Concerto in E Major* No. 1, Op. 8. The mothers of the students sewed beautiful costumes and flowers and our actors "gave everything they could".

In 2008, during a nativity play, we used our equipment for alternative communication for the first time: BIC MACK and STEP BY STEP communicators on which text was recorded. We still employ the techniques used in these shows to this very day.

Documentation

The group music therapy sessions I conduct are not only pleasant for the students, but also allow the therapist to conduct multiple therapeutic tasks. Searching for an appropriate description, I decided in the end to use the terminology included in *Psychologia osobowa i środowiskowa* by Joanna Przesmycka-Kamińska[25]. Guided by her principles, from 2000 to 2003, I carried out diagnostic and therapeutic activities. At the time, I was also a member of the Neuropsychology Therapy Laboratory at the University of Wrocław. I observed that my sessions had a positive influence on the stimulation of different forms of activity for children and young adults with profound multiple disabilities. The goals of my classes are as follows:

1. Activities related to the body, i.e.:
   > regulating psychomotor tension,

25 » Przesmycka-Kamińska, J. (1990). *Psychologia osobowa i środowiskowa. Analiza aktywności życiowej i jej uwarunkowań.* Lublin: UMCS.

   - counteracting motor stereotypes,
   - exercising body movement coordination,
   - shaping body schemata.
2. Activities directed at other people:
   - practicing eye contact with others,
   - practicing contact through touch with others,
   - practicing cooperation with others,
   - practicing verbal contact with others.
3. Activities directed at objects:
   - rehearsing the noticing of objects,
   - practicing visual-motor coordination,
   - practicing reception of auditory stimuli.
4. Lengthening the child's concentration span with regard to the performed exercises.
5. Stimulating the development of higher cognitive functions.

Music allows us to reach out to deeply buried conflicts, externalizing them, activating emotions and improving the participants' moods. The students like my classes and cannot wait for them. During the exercises, one can observe the students' deep engagement and joy as well as a rise in their motivation to perform deliberate actions.

Conclusion

The outcome of my work was a method for lessons with children and young people with profound multiple disabilities, which I have been promoting since 2003 among students of music therapy at the Karol Lipiński Academy of Music in Wrocław.

The therapy of my pupils required a tremendous amount of knowledge and skills[26]. It taught me the kind of humility and patience that

26 » Kielin, J. (1999). *Rozwój daje radość.* Gdańsk: Gdańskie Wydawnictwo Psychologiczne, p. 9.

enables me to attempt to notice even the tiniest, long-awaited signs of progress. This is a source of great satisfaction for me. What I feel after eighteen years of work with people with profound multiple disabilities has been expressed in its entirety by Maria Orkisz: "Therefore, the teacher is like an artist. From the "noblest material of all" he/she extracts beauty which, without his/her help, might have remained hidden. The teacher derives joy from the act of creation."[27]

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27 » Orkisz, M. (2000). In: Orkisz, M. *et al.* eds. *Edukacja uczniów z głębokim upośledzeniem umysłowym*. Warszawa: CMPPP.

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A MUSIC THERAPY MODEL SUPPORTING THE EMOTIONAL DEVELOPMENT OF PRE-SCHOOLERS

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» Abstract: The article presents an original music therapy model created by the author supporting the emotional development of pre-schoolers. The theoretical premises, structure and therapeutic methods presented in this model are elements of a broad, holistic approach to this area of study. The music therapy presented in this model follows the humanistic conception of the human being, striding into "new territory" previously anticipated within this context, including supporting the emotional development of pre-schoolers, enabling them to fulfil their developmental musical potential. In the presented model, great emphasis is placed on striving to attain a double-subject relation comprised of music therapist and child sharing a reciprocal musical experience based on creative, communication and projection-imagery methods. The techniques used within this model are based on "live" and improvised music performed on various instruments or vocally. The music therapist follows the individual creativity of each child while taking into account turning points in the music therapy, all the while reinforcing, through the creative process, any positive changes taking place in their emotional development.

Keywords: pre-schooler, music therapy model, emotional development support.

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Introduction

Music therapy is one of a number of art-based therapies. It is constantly developing in search of its own identity. This is a young academic discipline deeply rooted in practice which has been developing very intensively over recent decades. Music therapy is at once an art, science and interdisciplinary process. Paediatric music therapy is linked to: pedagogy therapy, psychology, special pedagogy and music education. It is a form of therapy that displays considerable variation with regard to its application, goals, methods and theoretical foundations, and is still very much in the making as a young academic discipline[1].

The intensive development of music therapy is related to scientific research being carried out as well as therapeutic practice. The areas it covers are constantly expanding. Music therapy is striding into "new territory" previously anticipated within this context. This territory incorporates such factors as supporting the emotional development of pre-schoolers and enabling them to fulfil their developmental musical potential. "Fulfilment" in the presented music therapy model supporting pre-schooler's emotional development is conceived as the process whereby a child reaches his/her maximum creative potential through participating in musical activities. In this respect, music therapy follows the humanistic concept of the human being. The music therapy model presented in the article is a practical representation of this approach.

The model's theoretical foundations

I conceive supported development as presented in this music therapy model as intentional, guided actions aimed at creating the optimal conditions for a child's development. These actions include, above all, the construction of situations and circumstances of benefit to a child.

1 » Bruscia, K.E. (1998). *Defining Music Therapy.* Gilsum: Barcelona, p. 6.

They are also directed at the correction of errors and deficits in specific spheres of the child's functioning[2].

The music therapy model supporting a pre-schooler's development focuses on the emotional sphere. Emotional development is a long-term process effecting relatively irreversible changes of a quantitative and qualitative nature. With progressive guidance it is distinctive for the manner in which it develops at its own individual tempo and rhythm. It depends on various conditions (biological, environmental, social) as well as the child's level of activity[3]. The main indicators for emotional development in a pre-school age child are: being conscious of one's own emotional condition, control of apparent signs of one's own emotions, recognizing the emotions of other people.

The model presented in this article is based on the principles of humanistic music therapy that draw on a humanistic conception of the human being. This conception assumes that it is human nature to strive for constant development and self-actualization while becoming more creative, free, and better. The human being in the humanistic conception wishes to fulfil higher needs for: harmony, beauty and transcendence. This willingness emanates from the inside and emerges in the first years of life, already manifesting itself at pre-school age.

The goal of humanistic music therapy is to free creative potential, while developing creativity, spontaneity and openness to new experiences. Music therapy works by activating potentially present yet unutilized strengths, talents and abilities in order to develop them and create an opportunity for the child to come into contact with art, making him/her sensitive to beauty. Important elements in humanistic music therapy are also striving to attain a double-subject relation and a holistic approach to therapy.

In the holistic approach, developmental disorders are considered to be the outcome of a child's important unfulfilled needs, such as the need for

2 » Obuchowska, I. (2005). Psychologia kliniczna dzieci i młodzieży – wybrane zagadnienia. In: Sęk, J. ed. *Psychologia kliniczna*, vol. 2. Warszawa: PWN, pp. 42–43.

3 » Strelau, J. (2001). *Psychologia. Podręcznik akademicki*, vol. 3. Gdańsk: Gdańskie Wydawnictwo Psychologiczne, pp. 638–639.

acceptance, love, autonomy and other people. Entering into an empathic dialogue during the music therapy process should help to remedy any deficiencies and compensate for a child's troublesome experiences. Humanistic music therapy is characterized by its non-directive approach directed at freeing the natural potential of each participant. One element of special importance in such an approach is the creation of a safe and fully accepting session environment. The therapeutic relation builds on daily musical experiences and reciprocal musical interaction. The music therapist uses instrumental performance, his/her voice and movement during the session.

The main methods presented in this music therapy model are based on creativity, communication, imagery, projection and relaxation. The first two are based primarily on improvised music performed on various instruments or vocally. Over the course of free improvisation, children actively create their own music. This consists of sounds, murmurs, rhythms produced on objects and unconventional methods of using the voice and instruments.

These methods are drawn from the music education systems of Carl Orff and Émile Jaques-Dalcroze. The authors primarily addressed them to their work with children. Probably, they did not exclude the possibility of using them in work with children with impairments or developmental deficits. The Carl Orff and Émile Jaques-Dalcroze systems served as the basis for Gertrude Orff's multisensory music therapy conception. The main techniques employed in multisensory music therapy are: music activities combining words, sound and movement, e.g. counting-out rhymes and nursery rhymes. Examples of these "sound games" are tapped-out rhythms, hummed melodies and roleplaying. Melanie Voigt points out the value of polysensory activities during music therapy sessions. These are a combination of auditory and haptic, visual and motor experiences. They are essentially games enabling the child to simultaneously hear and feel a sound, for example by throwing balls into drums or rolling them on the bars of a metallophone[4].

4 » Voigt, M. (2012). Wprowadzenie do muzykoterapii Orff. In: Stachyra, K. ed. *Modele, metody, podejścia w muzykoterapii*. Lublin: UMCS, p. 140.

The theoretical assumptions of the music therapy model supporting emotional development in pre-schoolers also draw on Nordoff-Robbins' music therapy model. The music potential inherent in the child is the main focus of interest in this therapy model. In creative music therapy, it is assumed that sensitivity to music is common among children. This encompasses a feel for tonality and rhythm and the way in which a child individually reacts to music[5]. Creative activity is considered in creative music therapy to be the most fundamental developmental need. In this approach, music helps to uncover the nature of a child's developmental needs. The most fundamental process in this music therapy model is the performance of "live" music based on a double-subject relation between child and music therapist. An essential part of the therapy is the establishment of a musical dialogue. It is important here to listen to the child's reactions to the music, responding to them, mirroring them or co-creating them. During the session, the music therapist concentrates on the sounds, rhythms and musical motifs created by the child, granting them form and music expression. "A musical therapeutic relation is developed between child and therapist through performing music together and it is this relation that enables the music therapist to support the child with his/her personal development, helping him/her to form a positive self-image involving self-acceptance"[6].

Imagery and projection music therapy methods are applied less frequently in the case of pre-schoolers due to the children's activity levels and short attention span. The exercises mostly included drawing to music and the creation of free associations based on compositions adjusted to the children's perceptional capabilities. Listening to music is often combined with visual art techniques. Drawings inspired by music help to release tension, and develop emotional self-awareness. The topics of the drawings in the proposed therapy model should be personally

5 » Nordoff, P., Robbins, C. (1977). *Creative Music Therapy: Individualized Treatment for the Handicapped Child*. New York: John Day, pp. 1–2.

6 » Bryndal, A., Procter, S. (2012). Muzykoterapia Nordoff-Robbins. In: Stachyra, K. ed. *Modele, metody, podejścia w muzykoterapii*. Lublin: UMCS, p. 16.

relevant to the child, relating to his/her experiences. This form of expression through colour, the topic selection and the manner in which the artworks are executed mirror the child's emotional condition, allowing him/her to express emotions, developing his/her imagination and creativity.

The relaxation to music method is an auxiliary component of the model. The basic techniques are: visualization through music, relaxing children's tales and exercises that employ calm, fluid motions. This approach is exemplified by a task performed in pairs in which children sit back to back and sway from side to side. The exercise is accompanied by calm, lullaby-like improvised music. The visualizations inspired by music include "painting music", in which seated children use an imaginary "air brush" to paint an image on a given topic, for example "A Gift from Santa" or "Holiday Memories". The relaxation exercises are combined with series of dramatized breathing patterns, e.g. "blowing out candles on a birthday cake", "blowing on a hot meal to cool it down".

Basic techniques in this model include: communicative, creative and composition techniques. These are usually performed by means of musical dialogues, singing, playing instruments and improvisations based on instruments, the voice and movement.

Dialogue between instruments is one of the basic techniques in communicative music therapy. Instead of using words, participants communicate by producing sound on an instrument. Dialogues between instruments resemble conversations, "they are an act of communication, in which one person communicates a message to the other person, and the latter receives it and reacts to it"[7]. They can have a "question-answer" structure, or resemble the act of convincing someone, a joke, or a quarrel. During these instrumental "conversations", children reveal their emotions and sensitivity, learning how to communicate non-verbally. These instrumental dialogues trigger the relation that forms between therapist and child, as well as being a source of support for the latter.

7 » Cesarz, H. (2003). Muzykoterapeuta dźwiękiem mówiący. *Muzykoterapia Polska*, 2(2), pp. 7–12.

The instrumental dialogue technique enables the therapist to more accurately pinpoint the child's problem and understand his/her needs. These kinds of dialogue enable children to play different roles, e.g. from fairy tales, or play out scenes from daily life, such as "a conversation with a friend who took away my toy".

Dialogues between instruments allow the children to release accumulated tension, anger and aggression as well as express other emotions. Shy children learn how to take the initiative in social situations and work on their communication skills. These dialogues are used to develop the ability to express emotions and social skills. Other communication techniques used in this therapy model include "musical mirrors" and "guidance through sound". Children perform both exercises in pairs. The first exercise involves using movement to mirror a piece of music of varied tempo and character selected by a child. Children express the music using gestures and mime. They try to control their movements in such a manner as to make it possible for them to be recreated by their "mirror child" partner.

"Guidance through sound" entails the production of sounds on a percussion instrument, which are then repeated by a partner. The partner has his/her eyes closed or is blindfolded. In this task the child has to safely and carefully guide the partner through the entire room. During individual sessions, the child is led by the music therapist or the other way round. This leads to the development of an enlarged attention span, the ability to cooperate, empathy, auditory sensitivity and spatial orientation.

The "musical mirror" and "guidance through music" techniques demonstrate children's willingness to act in an empathic manner and their ability to cooperate. Mirroring the movements of another child develops the ability to interpret emotional states in others and respond to them. Children learn nonverbal communication and how to be sensitive to others. Observing the behaviours in children enables the therapist to determine the extent to which they are ready to empathize with others and understand their circumstances. Variants of the above techniques help children to develop the ability to express their emotions and read the emotions of others.

The instrumental improvisations in this therapeutic model usually accompany songs or pieces of music. The children are very willing to create their own compositions on various instruments. These compositions enable them to express their feelings, tell stories and imitate phenomena from the surrounding world, e.g. nature (rain, wind, a storm). Improvising develops children's imagination, musical sensibilities and individual artistic expression. Performing on instruments is a very attractive and popular activity for pre-schoolers. It helps to release tension, develops the skills required to express emotions, sparks creativity and unlocks the imagination. Spontaneous performance on percussion instruments provides valuable information about the child's frame of mind, experienced emotions and psychophysical condition.

Working with instrumental improvisations by pre-schoolers requires the musical therapist to engage in a child's creative process. The music therapist co-improvises with the child. The prerequisite for successful co-improvisation is a musical therapist with a thorough musical education, including the foundations of harmony, musical forms and the mastery of performance techniques on an instrument. During the instrumental improvisation, various techniques are used in this therapeutic model: mirroring, adjusting, grounding, accompanying.

Analysis of instrumental improvisations by pre-schoolers provides the music therapist with information on the child's frame of mind, experienced emotions and psychophysical condition. Observation of the method employed for performing on an instrument enables the therapist to recognize the direction of development and changes taking place in a child.

The kind of vocal improvisation by pre-schoolers employed in this model assumes the form of singing games, experiments, humming and composing melodies. The techniques employing the voice are based on children's songs which the therapist approaches creatively and with an open mind. The therapist may also change the original lyrics and music, in order to freely interpret them.

In this therapy model, the therapist selects an appropriate repertoire of songs which will serve as material for work supporting the child's

emotional development. "Singing is the most intimate and intense form of expression, facilitating the awakening of activeness. By observing the way a child sings, one can identify his/her mental condition"[8].

Songs rich in emotional content with respect to their music as well as lyrics trigger auto-expression in children. Songs and nursery rhymes with simple rhythms enrich the expression of emotions. Children have an opportunity to identify with the protagonists, act out their adventures, devise new patterns of movement to the lyrics or elaborate on them using instruments: e.g. dramatized lyrics about bears falling into a winter sleep with a calm, lullaby-like chorus. This calms hyperactive children down and relaxes them. When children act out, in alternation, being active and calmly going to sleep, they are beginning to control their own impulsiveness more efficiently, and excessive psychomotor activity levels decrease. Acting out lyrics increases the ability to express emotions. In children exhibiting anxiety, or a tendency to be withdrawn or shy, this ability is usually very underdeveloped. The appropriate selection of music and lyrics enable withdrawn and shy children to overcome their limitations, while overactive and aggressive children release their tension vocally. A song that is appropriately selected based on the progression of emotions it projects familiarizes children with emotions that are "difficult" for them to assimilate, e.g. *Zły humor* (lyrics – Halina Cetnarska, music – Barbara Kolago). Sessions constructed on the basis of this song develop emotional expression through drama and improvised movement. The session topic enables children to "tame" their anger, but also teaches them how to deal with a bad mood. This scene is accompanied by laughter, especially when somebody performs the role of the bad mood and chases it away, e.g. with a broom. Joy and bursts of laughter teach children how to maintain a sense of self-detachment toward difficult emotions, and are an excellent method for releasing tension.

One element of the vocal improvisation technique entails the therapist singing songs and melodies to the children. Singing is laden with

8 » Nordoff, P., Robbins, C (2007). *Terapia muzyką w pracy z dziećmi niepełnosprawnymi. Historia, metoda i praktyka.* Kraków: Impuls, p. 121.

a deep emotional message and singing together builds an atmosphere of close affiliation among the group. This is how a relation between child and adult is created. Listening to lullabies and soothing melodies calms children down and helps them to relax. This boosts their concentration levels and develops in them the ability to listen with comprehension, while enriching their knowledge of the surrounding world and sensitivity toward music and lyrics. Another valuable practical exercise is to carry out conversations on the topic presented in the song to which the children have listened.

In the music therapy model supporting a child's emotional development, improvised movement expresses various emotions, e.g. children imitate the way a sad, happy, scared or dangerous person moves. The improvised movements are accompanied by suitably selected music. Children engage their entire bodies and employ appropriate facial expressions.

Spatial exercises that require free movement demonstrate a child's place in the group and his/her ability to acquire his/her own personal space. Withdrawn and shy children move to the edge of the room during these kinds of exercise and are afraid of colliding with the others. Overactive, spontaneous children behave in the opposite way – they bump into friends and have difficulty controlling their own reactions. Music quickly arouses them and their behaviour becomes more aggressive. An appropriate selection of tempo in the music that is to accompany exercises in a free setting allows the children to acquire awareness of their own bodies, movement and space.

An important role in this model is also played by composing techniques related to the children's creativity: creating simple melodies, lyrics, movement and dance patterns to music. These exercises develop expression and imagination, and reinforce self-esteem and awareness of the role of agency. The topics of created songs, patterns of movement and pieces performed on instruments relate to the children's experiences, the worlds of their imagination, fantasy, and tales.

Active forms dominate over receptive forms in this music therapy model due to the natural need of pre-schoolers to keep active and their weaker, in relative terms, music perception skills.

Receptive forms directed at supporting the emotional development of a pre-schooler use free association techniques, guided imagery, and, above all – drawing to music. These forms are often combined with relaxation methods such as visualization to music and a relaxing story. Receptive tasks at music therapy sessions enable the children to develop the ability to express and become aware of their own emotions. They relate to the rich resources of imagination and fantasy available to a pre-schooler and help to release and reduce tension while taming fear.

In this music therapy model for pre-schoolers, receptive forms are often supplemented with active forms. Together, they create so-called combined forms when, after the receptive part, which involves task-based listening to music, children act out the content of these exercises employing instruments, movement or their voices. One advantage of receptive forms is the opportunity they provide children with to reveal suppressed emotions, such as: anger, fear and aggression. This applies in particular to shy, withdrawn children. Receptive tasks improve children's concentration, sensitize them to music and help them to develop strategies for coping with frustration and stress.

Group-based forms of music therapy enable pre-schoolers to develop sensitivity toward others and find their own place in the group. Forms of group singing, dance and rhythm games enable children to derive joy from cooperating. Music therapy techniques applied within a group context develop empathy in a child. One example of a group instrumental improvisation is the improvisational circle. Children sit in a circle with percussion instruments, the therapist (or a more experienced child) sits in the middle and starts off a rhythm which the group should emulate. "Conductor" games are particularly helpful in the case of shy children as well as children presenting psychomotor hyperactivity and atypical behaviour, such as: "clowning around" or a tendency to withdraw from others. The role of "orchestra conductor" raises their self-esteem and influence, developing self-control, an awareness of agency and the skills needed to cooperate in a group.

Another technique involving group improvisations for children is the "Wandering Instruments" game. Children sit in a circle and pass on

short rhythmic patterns and individual sounds to each other, changing their tempo, dynamics and emotional expression. There are many variants of this exercise, e.g. one with closed eyes or another one involving the creation of a music story.

Group instrumental improvisation techniques shape children's social behaviour, and allow them to derive joy from cooperating creatively in a group. They fulfil the children's need for a sense of belonging within their peer group and teach children how to control their own impulsiveness.

The advantage of the music therapy described in this model is the deeper understanding it can provide of a child, enabling the establishment of a more personal relationship with him/her. This form of work enables the establishment of personal goals while following the path taken by a child's creativity. Individualised forms of music therapy are especially effective in the case of withdrawn children who feel lost in a larger group. During individual sessions, these children can receive the kind of support that can reinforce their self-esteem. They develop a sense of agency and have an opportunity to implement their own creative ideas. This is how their ability to express emotions that are sometimes suppressed is developed. Similarly, the individual mode of therapy is sometimes better for overactive, aggressive children. During sessions, these children can release their excess energy. During sessions adjusted to the pace at which they work and become active, children acquire the ability to control their emotions. During individual sessions, children receive much fewer stimuli in comparison with the group sessions. For this reason, it is possible for them to concentrate on the proposed tasks, which would be impossible in a group.

The efficacy of music therapy for pre-schoolers is based on two fundamental principles: music therapeutic support from the child's immediate environment (parents and teachers) and establishing the best possible, personal contact with the child during sessions. These principles, although obvious, are rarely followed in practice. The selection of appropriate forms, methods, and music therapy techniques is in fact secondary.

From the moment the child enters pre-school, his/her development is affected by social factors connected with relations with teachers, his/her peer group and the atmosphere prevailing at the pre-school. A child's normal emotional development depends on the kindness of teachers and the quality of his/her pre-school. This is in fact the case for all the stages of his/her education. However, there are justifiable premises that would suggest that social setting is more important in the case of younger than older children. This model therefore anticipates workshops for teachers, parents and parents with children. Both broad, holistic views of the role of music therapy in the context of shaping a social environment and transformations in human relations at educational institutions and in family life indicate new possibilities for this form of therapy. This would appear to confirm my conviction that music therapy has a profound humanistic message, providing help to those who need it and activities directed at improving the quality of life of individuals, families and social groups[9].

The second fundamental factor conditioning the effectiveness of music therapy for pre-schoolers is adherence to the principle of music therapist establishing the best possible, personal contact with a child. This is called ISO and involves tailoring a composition or other music stimuli to the current emotional state of a session participant. In practice, this highlights the importance of applying the ISO principle to the selection of a first piece which should "resonate" with a child's mood and mirror his/her current mental state. In the music therapy model for pre-schoolers, the ISO principle will surface in the form of mutual interaction during which the music therapist notices and responds to the child's ideas and cooperates with him/her. Such actions assume the form of games and can be performed on an instrument or using movement or the voice. "In the ISO stage, the therapist imitates

9 » Szymajda, A. (2014). Muzykoterapia dzieci w środowisku przedszkolnym w świetle polskiej naukowej koncepcji muzykoterapii Tadeusza Natansona. In: Cylulko, P., Gładyszewska-Cylulko, J. eds. *Muzykoterapia –stałość i zmiana*. Wrocław: Akademia Muzyczna im. Karola Lipińskiego we Wrocławiu, pp. 271–276.

and mirrors the child's musical activity and tries to establish contact with him/her in this way. After a relationship has developed, the therapist introduces his/her own ideas in order to interest and activate the child and strengthen their relationship. Gertruda Orff calls these stimuli "provocation"; their goal is to overcome any problems the child may have expressing emotions while opening him/her up to interpersonal communication"[10]. When following the ISO principle, music should be tailored to the child's mood, interests and level of emotional arousal. For example, it is not advisable to use very calm, relaxing music with an energized, irritated child. Most probably a child in a state of high tension will not be able to take in this kind of music. It will remain out of his/her reach, and the music can only increase his/her irritation and tension. One should gradually decrease its tempo, dynamics and expression. It is best to begin with rhythmic, lively, dynamic music and observe the child's reaction. Only once the contact with a child has been established can the therapist gradually decrease his/her tension by using calmer music. Sometimes the child's tension is so pronounced that it takes time to decrease it. In the case of an overactive child, this process may even last several sessions. The establishment of contact using the ISO principle helps shy and withdrawn children to more boldly express their emotions and increases their sense of safety with regard to others.

When a child can adjust to and interpret his/her own emotional state, this develops in him/her the awareness of his/her own emotions, and sensitizes him/her to them. The ISO principle is primarily applied to pre-schoolers in an active form: performance on instruments, movement, pantomime, humming and singing.

Apart from the ISO principle, there are other means of establishing the best possible contact with a child during music therapy. This can be achieved, for example, using percussion instruments. The child uses a selected instrument to express his/her mood or rhythmically present

10 » Voigt, M. (2012). Wprowadzenie do muzykoterapii Orff. In: Stachyra, K. ed. *Modele, metody, podejścia w muzykoterapii*. Lublin: UMCS, p. 140.

his/her name. Another technique for establishing contact with a child are songs sung as a greeting to session participants. They often include the name of the child, a gesture, movement in a circle and instrumental performance. This musical greeting becomes a fixed element at the beginning of the sessions. Greeting a child by name reinforces his/her self-esteem and need for attention. There is also an element involving peer integration in music therapy forms directed at groups. In the case of overactive children, this fixed element is an organizing factor. It allows the child to find his/her place in the group and engage actively in the sessions.

The theoretical premises adopted in the music therapy model supporting pre-schoolers' emotional development can be expressed using the following principles applying to the work of a music therapist:

- each child should be accepted and treated seriously with attempts being made to acknowledge his/her uniqueness,
- each child should have opportunities to introduce his/her "own solutions" and for "individual growth",
- the person conducting the sessions should direct his/her attention at each child individually as well as towards the entire group and guide the games in such a way as to enable each child to experience the sense of belonging to a group,
- the goals should be formulated in such a way as to allow children to notice and experience the joy in music, games and movement[11].

Practical applications of the model

The music therapy model for pre-schoolers presented in this article also has a practical side. This incorporates the model's structure and any decisions made on how it should function[12].

11 » Klöppel, R., Vliex, S. (1995). *Rytmika w wychowaniu i terapii*. Warszawa: PNO, p. 85.
12 » Arends, R. (1998). *Uczymy się nauczać.* Warszawa: WSiP, p. 503.

A. Model structure

1. Recognition of the musical potential of a child.
2. Diagnosis of possibilities and needs relating to emotional functioning.
3. Formulation of individual music therapy goals.
4. Development of a music therapy programme.
5. Conducting sessions.
6. Verification of preliminary premises.
7. Modification of the programme.
8. Introduction of changes to the sessions.
9. Conclusions.
10. Practical guidelines and further work.

B. A model music therapy course

The music therapy model supporting a child's emotional development is based on the premise that he/she should be able to realise his/her musical potential. In this model, this is conceived as the individual, inherent musicality and creativity of each child. Sensitivity to music can be expressive, communicative, motor and intellectual. Recognising a child's musical potential entails the specification of his/her natural predispositions, interests and abilities in relation to his/her musical ability. A child's strong points are identified during the first initial sessions. The goal at this stage is to determine a child's sensitivity, musical imagination and areas of greatest creativity. These can be activities connected with movement inspired by music, singing, performance or instrumental performance etc.

Formulation of individual music therapy goals and the establishment of a programme are performed on the basis of identifying a child's musical potential and assessing possibilities and needs related to his/her emotional functioning. This assessment is completed by specifying the level of a child's emotional competencies, which are measured

using a test that evaluates a pre-schooler's emotional and social maturity. Each one of the eight exercises in the test determines the level of development of one of the emotional competencies, i.e.: control of emotions, reading emotions, persistence, expression of emotions, empathy, readiness to help, self-esteem, place occupied in a peer group. The study results determine a child's level of functioning in the emotional and social spheres and specify his/her strong and weak points in this respect[13]. Additional elements for determining a child's emotional needs and possibilities are: observation during preliminary music therapy sessions, analysis of a pre-school child's documentation and conversations with teachers, parents and other persons working with the child. On the basis of data collected from the first and second stage, the goals of the music therapy are formulated. These pertain to the level of a child's emotional competencies and his/her musical potential.

Next, an individual music therapy programme is developed. This incorporates forms, methods and techniques adjusted to a child's needs and capabilities. The music therapy model for pre-schoolers includes the following elements of musical activity: rhythmic improvisation and improvised movement inspired by music with varied moods, singing, dramatized performance of lyrics, instrumental arrangements for songs, singing with a division into roles, exercises in expression and recognition of emotions using percussion instruments, the expression of emotions through free and structured dance movements, movement exercises in pairs, imitation of movements, interpreting the meaning of gestures and facial expressions, surrendering control and guidance through sound, haptic exercises (rhythmic massages, sung massages, improvised dancing in pairs), exercises involving listening to live music, imagination exercises, painting inspired by music, creating free associations to music and relaxation with music.

Music therapy sessions follow various courses depending on a child's individual needs. The initial stage is focused on establishing the best

13 » Kruk-Lasocka, J., Szymajda, A. *Narzędzie do badania dojrzałości emocjonalno-społecznej dziecka w wieku przedszkolnym* [not yet published].

possible relation between music therapist and child. Next, the child agrees to develop creative activity consistent with his/her own musical potential. The music therapist also manages a series of exercises enabling him/her to eliminate the child's emotional difficulties, such as hyperactivity, excitability and shyness.

After observing a child's behaviour during the first stage of the sessions, in some cases it is necessary to verify the programme's initial premises. This normally happens because the child has reacted in an unpredictable way to the music and proposed activity forms. During the sessions, the child can display predispositions and skills that differ from those foreseen in the programme. It should also be noted that the work methods that are initially established are not always accurate and justified. At this stage, the programme should be modified. The adopted humanistic model of music therapy follows the child and his/her spontaneous and unpredictable reactions, and for this reason, the music therapist has to be open to making changes to the adopted programme at any stage of the sessions. The development of the child's creativity, expressive capabilities and musical potential are of paramount importance to the therapy programme.

The child participates in the next stage of the sessions in accordance with the verified premises of the programme. The music therapist continues to observe the child's behaviour during the sessions, analysing the children's musical improvisation and any changes made to it. During the sessions, the music therapist completes analyses and observations relating to: data from conversations with teachers and other pre-school employees (the speech therapist, psychologist, teacher's assistant) relating to the child's behaviour, analysis of up to date pre-school documentation (the school register, the child's record), analysis of the opinion issued by a psychological and pedagogical counselling centre, analysis of drawings created during music therapy sessions and other artworks by the child, photographs and videos from trips, and shows and performances organized at the pre-school. At this stage, the model envisages the inclusion of music therapy workshops for teachers, both group-based and individual, and sessions for parents and for parents with children.

The model assumes the child will participate in the sessions supporting his/her emotional development for ten months. At the end of the cycle, conclusions are made on the basis of an analysis of the transformation process in the child's musical improvisations and changes observed in his/her behaviour at pre-school, and in his/her peer-group, the results obtained from a tool testing for emotional and social maturity, pre-school assessment for five- and six-year-olds, the opinion of the teacher of the four-year-olds, a conversation with a teacher, observation of the children during music group sessions and performances at their pre-school based on observation and analysis of photos and videos.

Further work can be guided by such factors as information concerning the continuation of music therapy, e.g. in a different form, making changes or ending the therapy and the determination of methods to be applied by teachers and parents in order to further support the child's emotional growth.

C. A model session

The music therapy model has been created for children with difficulties and disorders relating to their emotional growth, as well as for children who have been developing in a normal way.

The most important elements in a model session are:

- attempts made to initiate a double-subject relation between music therapist and child,
- freeing a child's natural musical potential,
- sharing common musical experiences,
- co-improvisation, musical improvisation: instrumental, vocal, improvised movement,
- creating a mutual, positive image of oneself and self-acceptance,
- creating a safe, friendly, joyful atmosphere,
- a holistic approach to children,
- the music therapist following a child's individual creativity,

- the music therapist taking into account turning points in the music therapy,
- creatively introducing permanent positive changes in children.

Music therapy sessions following this model vary in structure depending on a child's individual needs. The course the sessions follow is determined by the tempo at which a child's musical potential develops. Such potential becomes apparent in improvisation, co-improvisation and interaction during a musical experience between music therapist and child. By attentively observing a child's musical behaviours, the therapist can notice turning points in the music therapy. The therapist's task is to trigger permanent positive changes in a child, opening him/her up to other areas of creative activity.

Conclusion

The music therapy model supporting emotional development in pre-schoolers creates suitable conditions for the development of basic emotional competencies such as the ability to recognize emotional expression and control. Specific therapeutic goals include the development of a sense of agency and the formation of a child's sense of self-worth. The music therapy forms, methods and techniques used in the model prevent the appearance of emotional difficulties in children and eliminate existing problems by allowing children to fulfil their individual musical potential and develop their creativity. This music therapy model develops the ability in a pre-schooler to sense the feelings of others and show concern and empathy.

Applying this music therapy model results in improvements in a child's verbal and non-verbal communication. Other important outcomes of this model, when implemented, are: the development of relaxation strategies and the ability to release tension in a socially acceptable manner.

The model assumes that teachers and parents will engage in the sessions supporting the pre-schoolers' emotional development. It

therefore achieves global outcomes by incorporating the child's immediate environment. The music therapy model for pre-schoolers presented in this article displays a holistic approach to the role of music therapy in the support of their emotional growth. Therapeutic activities planned according to this model will allow children to reach emotional maturity, i.e. to better understand themselves and others. A child that is well-oriented in emotional messages has a chance of establishing satisfying relations in his/her peer group while tackling new situations which require him/her to adjust, such as starting his/her education at a new school.

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THE DEAF CHILD IN CONTACT WITH MUSIC – THE THEORY AND PRACTICE OF SURDO MUSIC THERAPY

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» Abstract: This article discusses the extent to which the perception of music by a deaf child is possible or limited and the application of music therapy within this context. Advances in science and medicine have not only made it possible for deaf children to come into contact with music, but this is also recommended if they are to reach their full potential. Attempts to improve the functioning of the impaired hearing organ should not be limited only to the application of corrective technical devices, for the deaf child's spheres of functioning that are being disrupted by his/her deafness should be supported by all available forms of therapy. The author of this article uncovers the massive potential offered by surdo music therapy in this area, and attempts to define and present its characteristics. She also lists practical applications focused mostly on communication in surdo music therapy and describes the stages of familiarizing a deaf child with music.

Keywords: deaf child, total communication, surdo music therapy, hearing impairment. «

Introduction

Reports from many studies portray the deaf child as an individual sentenced to limited cognitive, linguistic and emotional and social

development. Of course there is an undeniable difference between a deaf child and a child that can hear, which can be explained by relative differences in their mode of functioning and ability to communicate with their surroundings. The former mainly functions in a visual manner, and the latter, in an auditory manner. This has various consequences for a deaf child, as Marc Marschark writes: "Deaf children will perceive the world slightly differently from children who can hear, and the differences ensuing from this, will undoubtedly have consequences for their mental development"[1]. This is why the actions of specialists and the forms of therapy they use have to be directed at gaining a better understanding of deaf patients and limiting the serious consequences of loss of hearing. Deafness is a complex issue and plays a significant role in a child's development; not only a pathological role in a biological sense, but also the role of a creative factor in a psychosocial sense, creating new possibilities for cultural adaptation in which there is a place for music.

Natural and supported possibilities for music perception by deaf children

Music, since it is part of culture, undoubtedly influences the functioning of human beings. Listening to music is a complicated process, encompassing mental, emotional, neurological or even cardiovascular changes. This is why the question arises as to what extent it is a commonly accessible good and to what extent it is a medium conditioning the functionality of the person's hearing channel.

As it turns out, good hearing is not the only decisive factor when it comes to experiencing and being sensitive to music. The human organism has the potential to co-resonate with a sound wave, and this is why

1 » After: Tomaszewski, P. (2000). Rozwój językowy dziecka głuchego: wnioski dla edukacji szkolnej. *Audiofonologia*, XVI, p. 47 [online]. Available at: http://ptnzs.org.pl/audiofonologia/AUDIOFONOLOGIA_TOM_XVI_2000/art2.pdf [Accessed: 24 Aug. 2015].

a deaf person has a distinct sense of its existence. Corinne Heline points out that, depending on the pitch, vibrations can be received by different body parts: low pitches by lower body parts, and higher pitches by the chest[2]. The ability to experience music depends on purely physical sensitivity to the acoustic layers of music, and these are not received by the hearing receptor alone.

Sensitivity to music in phylo- and ontogenetic development is more ancient than the ability to hear lyrics. A hearing impairment does not always lead to a total inability to hear music. According to Aleksandra Mitronowicz-Modrzejewska, music memory and attention are significantly better developed in a deaf child than in a child that can hear. Sounds reaching the consciousness of a person with a hearing impairment, although distorted, retain, among other attributes, their intensity, pitch, rhythm and timbre[3]. The ability to differentiate between the listed parameters does not directly correspond to the level of a hearing impairment. Musical abilities occur independently of the level of hearing loss, so for the hearing-impaired child, having contact with music is not only possible, but also recommended in order for the child to fully develop. Advances in science and medicine have created far better conditions for this than those existing several years ago.

The implant systems provided to children with hearing impairments today enable speech reception in increasingly unfavorable acoustic conditions (with background noise, at a great distance from the signal source etc.), although the reception of music is still limited. Research by Steffi Johanna Brockmeier from the University of Basel on the perception of music by adult patients using the cochlear implant system shows that patients using cochlear implants have difficulties with such elements of music as rhythm, key or timbre. Their ability to perceive these characteristics of the signal is significantly smaller than in people

2 » After: Karzewska, B. (2007). *Kształtowanie zdolności koordynacji zmysłowo-ruchowej u dzieci głuchych w wieku przedszkolnym*. Warszawa: PWN, p. 42.

3 » Mitronowicz-Modrzejewska, A. (1968). *Głuchota wieku dziecięcego*. Warszawa: PZWL, p. 43.

with normal hearing. Despite this, many patients find it pleasurable to listen to music with a cochlear implant and emphasize that it affects the quality of their lives[4].

Currently, at the Institute of Physiology and Pathology of Hearing in Kajetany, Henryk Skarżyński is conducting therapy directed at the improvement of hearing processes taking place in the brain[5]. He has devised a unique surgery technique enabling the retaining of the low frequency sounds important for the reception of music as well as the so-called Skarżyński Sensory Perception Stimulation Method (SPS-S) in which music is used to treat central hearing impairment. Stimulation of auditory perception using the Skarżyński method is a therapy that uses different types of music: from classical (e.g. the compositions of Wolfgang Amadeus Mozart), through folk music, to multiple non-verbal and verbal sounds. All these sounds are modified by a special device known as a hearing stimulator. This is a type of earpiece which ensures the transfer of sound through air (the tympanic membrane is stimulated by an acoustic wave), as well as bones (the structures of the inner ear are stimulated by vibrations). These sounds are divided into two bands – with low and high frequencies (sounds with a high frequency are those that were loud at the beginning, and low frequency sounds are those that were initially quiet). Bands prepared using this method affect the tympanic membrane in two ways: they harden or relax it. It is believed that by using both types of sound conduction (bone and air), it is possible to affect auditory perception. Information received through the bones reaches the inner ear first and enables the correct preparation of the auditory channel to receive the given sound intensity. The therapy also affects higher cognitive functions. The sounds are processed in different ways, so that the auditory stimulation causes an improvement in the lateralization and rhythmization of speech and a general

4 » After: Pankowska, A., Geremek-Samsonowicz, A. (2014). Sprawozdanie z 5. Międzynarodowych Warsztatów Rehabilitacji Słuchowej, 13–15.03.2014 r., Barcelona, Hiszpania. *Nowa Audiofonologia*, 3(1), pp. 84–87 [online]. Available at: http://www.nowaaudiofonologia.pl/download/index/idArt/890794 [Accessed: 1 Jul. 2015].

5 » Rusiniak, M. (2015). Przez ucho do mózgu. *Słyszę*, [Special Issue], pp. 58–61.

improvement in auditory perception. The therapy program rehearses the detection of pauses in stimuli, specification of the temporal succession of acoustic signals and recreation of sound sequences that vary in frequency or length.

At a later stage, the auditory exercises are integrated with auditory and visual, auditory and motor, and visual and motor tasks. The exercises that are used include: singing, differentiation between melodies played on musical instruments or voice control. Henryk Skarżyński recommends sensitizing deaf children to music from a young age, not only for the purpose of direct auditory stimulation, but also to fulfil a need for the presence of music in the life of each human being for the stimulation of the central nervous system, relaxation and in many other forms of therapy. In July 2015, on Henryk Skrażyński's initiative, the 1st Cochlea Beats International Music Festival for Children, Young People and Adults with Hearing Disorders took place. The creator of this event emphasizes that the concept behind it is to present musical talents that have been saved thanks to advances in science and medicine to a wider audience[6].

Broader opportunities for musical intervention are enabling the extent of the individual consequences of hearing impairments to be limited, as pointed out by Dorota Podgórska-Jachnik[7]. But she also points out that one should not expect a dramatic decrease in the population of deaf people in the world, as in prenatal and neonatal medicine, there is a peculiar paradox relating to medical advances. Thanks to modern science, we can save the lives of more and more premature babies weighing less and less after birth, but at the same time, statistics concerning the survival rate of newborns with severe impairments, including hearing impairment, is rising.

6 » Ibid., p. 6.

7 » Podgórska-Jachnik, P. (2008). Historia wychowania i edukacji głuchych z perspektywy surdopedagogiki początku XXI wieku. In: Błeszyński, J. *et al* eds. *Historyczne dyskursy nad pedagogiką specjalną – w ujęciu pedagogicznym*. Łódź: Wydawnictwo Naukowe Wyższej Szkoły Edukacji Zdrowotnej, pp. 184–185.

Thanks to modern medicine, it is possible to limit the consequences of hearing impairment by such procedures as correction or reconstruction within the auditory system, which creates enormous potential for minimizing the negative developmental consequences of hearing impairment. However, modern strategies for helping deaf children should be built not only on the basis of benefits arising from medical progress, but also on supporting the children's development using all other accessible methods improving the auditory organ – including surdo music therapy.

Surdo music therapy – an attempt at a definition

The technical possibilities relating to music reception and the natural predisposition, both physical and mental, of deaf children toward experiencing music, prompt me to attempt a definition of this form of music therapy that directly relates to recipients who cannot hear.

Three of the numerous definitions describing the multi-faceted applications of music therapy, its broad impact and interdisciplinary nature stand out when viewed within the context of the above considerations.

Leslie Bunt, a British music therapist, created a definition according to which: "Music therapy is […] the use of sounds and music within an evolving relationship between client/patient and therapist to support and develop physical, mental, emotional and spiritual well-being"[8]. An important part of this definition is the distinction made by the author between the "sounds" and "music" used in the therapy, because in most cases, it is impossible for deaf people to fully experience musical structures. A similar distinction is made in the definition proposed by Elżbieta Galińska. Music therapy, according to her, is "a form of psychotherapy and re-education using music and its components […] as a means of

8 » Bunt, L. (2013). Music Therapy: An Art Beyond Words. In: Konieczna-Nowak, L. ed. *Wprowadzenie do muzykoterapii*. Kraków: Impuls, p. 16.

emotional expression and non-verbal communication"[9]. This definition also specifies a therapeutic tool – music and its components. Elżbieta Galińska's reveals one more aspect present in the work of a surdo music therapist. Music is regarded as a means of non-verbal communication. In the case of deaf children whose hearing impairment therapy has involved the use of a cocheal implant or a hearing aid and who have not reached the level of hearing speech, verbal communication is largely replaced by a system of signs; so music, much like a sign, can, for them, be a natural, non-verbal means of communication.

One definition from among Polish authors that stands out is that proposed by Maciej Kieryła, who assumes that "music therapy is […] a guided, comprehensive, systematic use of music as supplementation to procedural and pharmacological treatment, rehabilitation, psychotherapy and special education"[10]. She points out the secondary role of music therapy with regard to other disciplines supporting the healing process. Among the disciplines listed in this definition, special education is the one to which surdo music therapy should adjust its goals.

My reflections on music therapy and many years of practice undertaken during music therapy sessions for children with hearing impairments at the Maria Grzegorzewska Lower Silesian Special Education Centre No. 12 for the Deaf and Hard of Hearing in Wrocław (DSOS-W) have led me to attempt to create my own definition of "surdo music therapy" and its characteristics.

Surdo music therapy is a term derived from the Latin word *surdus* (deaf) and Greek words *mousike* (music) and *therapeuéin* (therapy)[11]. The specificity of the methods used for emitting music and applying

9 » Galińska, E. (1995). Muzykoterapia. In: Chodkowski, A. ed. *Encyklopedia muzyki*. Warszawa: PWN, p. 592.

10 » Kierył, M. (1996). *Elementy terapii muzycznej*. Warszawa: ISDN, p. 24.

11 » The first person to use the term "surdo music therapy" (in short STM) was Paweł Cylulko who introduced it to the music therapy terminology in 1996. See: Cylulko, P. (1996). Tyflomuzykoterapia jako forma stymulacji rozwoju małych dzieci. In: Walczak, G. ed. *Problemy wczesnej rehabilitacji niewidomych i słabowidzących dzieci*. Warszawa: WSPS, p. 77.

therapeutic measures make it possible to categorize surdo music therapy alongside typhlo music therapy and oligophreno music therapy as one of the independent disciplines of special music therapy[12].

Surdo music therapy for children is a psychophysical intervention method using elements of music, conceived as auditory, haptic and visual stimuli, that employs measures supporting auditory perception and tonal communication, in order to achieve improvement in deaf or hard of hearing children, facilitating their fuller development and integration into the non-deaf community.

The proposed definition of surdo music therapy includes the traditional approach to the perception of musical phenomena (through the auditory channel, as well as through other channels, such as exteroceptive (superficial) sensations or experiencing music as a picture – looking at the sound source alone). Moreover, the definition includes children with different levels of hearing impairment and hearing correction, and consequentially, a different level of communication. Further reflections will be directed at discussing selected aspects of the presented surdo music therapy definition. I will begin with the issue of how important the level of a hearing impairment is for music perception.

The International Bureau of Audiophonology (BIAP – Bureau International d'Audiophonologie) has devised an audiometric hearing impairment classification system, according to which there are four levels of hearing impairment, classified in terms of level of hearing measured in decibels (see Table 1, p. 109).

A person with a mild hearing impairment may have difficulty with the acoustic identification of some sounds and the efficient hearing of sounds containing noise or coming from a great distance. Such an impairment does not require medical intervention, although some people with mild hearing impairments use a hearing aid. Moderate hearing impairment occurs when a person only hears and understands speech in favorable acoustic conditions and uses a hearing aid and other technical support. Speech develops spontaneously, but is often distorted as

12 » After: ibid., p. 95.

a result of the incorrect identification of sounds passing through the auditory channel, which are then incorrectly imitated. Severe hearing impairment means that the affected person is unable to hear or identify any speech sounds, even with a hearing aid, so needs to use his/her sight to take them in, often by lip reading. The speech of a person with a severe hearing impairment does not develop naturally and spontaneously. Profound hearing impairment is exhibited by a person who does not understand speech sounds, even with a hearing aid. A person with profound hearing impairment most often reads lips.

Table 1. BIAP classification[13]

Hearing loss in decibels	Level of hearing impairment
over 20 to 40 dB	mild
over 40 to 70 dB	moderate
over 70 to 90 dB	severe
over 90 dB	profound

People with mild and moderate hearing impairments in Poland are referred to as the hard of hearing. In the case of people with severe or profound hearing impairments, we use the term deaf. In the BIAP classification of hearing impairments, the important role played by the hearing aid when it comes to better assimilation of speech sounds is emphasized. Thus, when aware of the extent to which a hearing impairment affects the level of understanding and expression of human speech, attempts can made to verify the extent to which the hearing impairment will determine the auditory perception of individual music instruments. The list in Table 2 (p. 110) is an attempt to answer this question.

13 » Szczepankowski, B. (1999). *Niesłyszący – głusi – głuchoniemi. Wyrównywanie szans*. Warszawa: WSiP, p. 31.

Table 2. Levels of sound emitted by instruments[14]

Source of sound	Level of sound [dBA[15]]
Piano	60–90
Violin	80–90
Double bass	70–94
Clarinet	68–82
Flute	98–114
Bass drum	74–94
Symphony concert	86–102

The data provided in the above table shows that in the case of children with profound deafness and hearing impairment at the level of 90 dB, the auditory perception of music instruments is largely limited. This can mean that the only possibility for direct contact with music is by using the remaining senses, such as touch or vision. So "music" in the case of children with mild, moderate and significant hearing impairments is understood as "auditory, haptic and visual stimuli", and in the case of children with the most profound hearing impairments, "music" is understood as "haptic and visual stimuli". This approach to "music" was proposed in my definition of surdo music therapy.

A disruption to the auditory reception of external reality results in an inability to hear not only musical sounds, but in particular any speech sounds, which in turn affects the communication process. Communication

14 » Kozłowski, E. (2011). Muzyka czy hałas? *Sprawy nauki*, 10, p. 16 [online]. Available at: http://www.sprawynauki.edu.pl/index.php?option=com_content&task=-view&id=1924&Itemid=30 [Accessed: 24 Aug. 2015].

15 » The sound propagates with a different frequency (vibrations per second), and the human ear has different levels of sensitivity to individual frequencies. This is taken into account in the construction of the device (a sound level meter) used to measure noise. The results of this measurement are filtered and provided on an A-weighted level, which presents acoustic pressure in the same way as it is perceived by the human ear. The volume of sound intensity is then specified in dBA.

by people with impaired hearing depends on the place, level and moment of the hearing impairment. It is closely linked to these people's ability to master speech sounds.

They can communicate through their native language or sign language – a natural language for deaf people. A surdo music therapist wishing to establish contact with a deaf child, has, above all, to find a common language code – a means of communication that will enable the achievement of an understanding. Among the means of interpersonal communication between the deaf and people with normal hearing, Bogdan Szczepankowski lists:

- the spoken mother tongue (loud speech) – a person with impaired hearing uses what remains of their ability to hear and combines this with lip reading,
- articulated mother tongue (clear articulation without using the voice) received visually from lip reading,
- dactylographic signs (the finger alphabet and number signs),
- writing,
- ideographic and dactylographic signs in the Polish manually-coded language system (sign language without flection or with flection only partially used),
- facial expression and pantomime being an integral part of the signs,
- kinetic behaviors – unconventional signs (non-verbal means, body language, paralanguage)[16].

Freedom of choice in communication with a view to achieving interpersonal agreement while taking into account the possibilities of the person conducting surdo music therapy, and, above all, the predispositions and capabilities of the child undergoing music therapy together ensure a system of total communication. This is a conception based on the use of all available means comprising oral and signed speech[17].

16 » Szczepankowski, B. (1999). *Niesłyszący – głusi – głuchoniemi. Wyrównywanie szans*. Warszawa: WSiP, pp. 94–95.

17 » Korzon, A. (2001). *Totalna komunikacja jako podejście wspomagające rozwój zdolności językowych uczniów głuchych*. Kraków: WSP, p. 49.

The creator of this concept, Aniela Korzon, emphasizes that the effective teaching of deaf children may be achieved when not only speech, but also manual and auditory codes are engaged in the communication process. Siegmun Prillwitz[18] attributes an enormous role to sign language and non-verbal means in the communication process as factors supporting the revision of experiences, solving problems, learning the values of a social system and stabilizing the child's personality. Rejecting these means leads, according to Prillwitz, to a communication vacuum, which negatively affects general development. Similarly, it seems that the effectiveness of the influence exerted within surdo music therapy can also be raised by using total communication. In every sphere of a child's life, whether it relates to family, education or therapy, it is important for an act of communication with another person to take place.

When defining surdo music therapy, it is important to accentuate its role in the process of integrating normal-hearing and deaf communities. One obstacle which significantly hinders the convergence of these two worlds, is impeded verbal contact, which can also affect the quality of the music therapy activities conducted for the deaf child by a normal-hearing therapist. According to Grażyna Dryżałowska, "the less able a deaf child is to hear and speak, the less information he/she can receive and understand, and the less able he/she is to participate in the life of a community"[19]. When verbal contact is so distorted that a child is unable to show his/her emotional condition in this way yet wishes to release these emotions, this can be perceived as negative behavior traits and misunderstood by his/her environment. A low or insufficient degree of communication with the environment influences a child's emotional, as well as social development. However, distorted speech is not the only factor often depriving a child of the possibility of making full use of interactions with his/her peers. Limited knowledge about people with

18 » Prillwitz, S. (1996). *Język, komunikacja i zdolności poznawcze niesłyszących*. Warszawa: WSiP, pp. 274–275.

19 » Dryżałowska, G. (2007). *Rozwój językowy dziecka z uszkodzonym słuchem a integracja edukacyjna*. Warszawa: Wydawnictwa Uniwersytetu Warszawskiego, p. 50.

hearing impairments and their functional problems also contribute to such exclusion.

Despite the fact that a lot of time has passed since it was first understood that "the loss of one or more senses does not deprive people of their human nature" [20], in practice up until today there have been many changes in the normal-hearing majority's approach to the deaf. The much larger threat presented by lack of knowledge of terminology however gives birth to false and unfair social myths, which create an incorrect and simplified picture of the hard of hearing and deaf. Normal-hearing people are not able to imagine what it would be like to live in a world of silence, because they perceive deafness through the prism of the potential possibility of losing access to the world of sound. They imagine how they could feel if they were deprived of their hearing and on the basis of this, they create the image of a person with a hearing impairment being an isolated, disoriented, non-communicative person cut off from the world and people[21]. Katarzyna Weszka and Katarzyna Bieńkowska-Robak view this similarly: "The laziness of the normal-hearing who do not make the effort to maintain mutual relations is the reason why many people do not want to reach out to the world of silence […], to find a valuable human being there who has a lot to say, yet is not always able to express this in words"[22]. In this situation, any search for a bridge on which these two worlds – the "voiced" and "unvoiced" – could meet would appear to be entirely justified.

Many socially engaged communities are already carrying out actions directed at integration. School classes are being created in which deaf children learn on a level par with normal-hearing children. Another intriguing novelty is the conduction of musical projects involving the participation of deaf and hard of hearing children. One example of such an approach is a project being implemented at DSOS-W in

20 » Galewski, G. (1998). Społeczność głuchych w oczach przybysza. *Świat Ciszy*, 3, p. 8.

21 » Lane, H. (1996). *Maska dobroczynności: deprecjacja społeczności głuchych*. Warszawa: WSiP, p. 58–61.

22 » Werszka, K., Bieńkowska-Robak, K. (2002). Problemy ze słuchem. *Integracja*, 6, p. 79.

Wrocław entitled "Bajka bez barier" (The Children's Story Without Barriers), which is being coordinated by the Katarynka Foundation. The aim of the project is to "counteract the senses" by organizing workshops conducted by professional musicians for hard of hearing children. The outcome of this cooperation will be a studio-recorded album with vocal and instrumental performances by children from the center. Music has in this case become a bridge which allows children to enter into the role of professional artists – becoming singers, exploring real instruments and learning about the work involved in the process of creating a soundtrack. And for the normal-hearing community, listening to such recordings will be a valuable source information providing an opportunity to delve into that mystery world to which children with hearing impairments belong. Surdo music therapy has a similar goal, i.e. to create a plane on which the auditory barrier will not isolate normal-hearing people from the deaf, but instead, through joint musical activities, will contribute to mutual cognition, understanding and integration, combining the two worlds and overcoming sensory barriers.

Practical applications of surdo music therapy

Imagine a situation in which as a music therapist you stop speaking to your patients. Everything you wish to communicate to them is expressed by hand gestures. Could you include a verbal message in these gestures with its emotional context, i.e. the appropriate intonation, tempo, and articulation, all of which are also therapy tools? Indeed, communication of certain emotions can be done non-verbally, i.e. through body language, but as far as specific information is concerned, a great deal of interference often occurs between the normal-hearing therapist and deaf patient.

Deaf children see music, because they can see that a radio is switched on, or a therapist is playing the piano; they feel this when placing their hand on a drum or touching the floor on which a piano is standing with their feet. But a deaf child cannot hear music and it is the surdo music

therapist's task to describe it to him/her using clear and comprehensible means of communication.

The tool favored by the surdo therapist, which has already been described, is total communication, part of whose content will be communicated through sign languages, i.e. gestures. At this point, the first obstacle occurs, as this language is not rich in music terminology. A sign language lexicon contains six words referring to music directly or indirectly. These are the terms such as: *singing*, *dancing*, *sound*, *bell*, *harmony*, *guitar*[23].

Thus, one should consider whether it is at all possible to speak about music using only six words. How can information be communicated even on basic musical elements such as rhythm or melody? The official sign language includes names for only some of the musical instruments. The reason why music is so underrepresented in the sign language lexicon is that the deaf do not need music terms in their daily lives. This is why they do not function in their lexicon. But for a surdo music therapist, they represent a foundation without which it is difficult to discuss the field of music. The more aware a deaf person whose hearing has been restored by an auditory prosthesis is of acoustic phenomena, the greater the need to describe and name these phenomena which are represented for the first time in his/her conceptual space. An analogous correlation occurs in the case of a deaf child who is experiencing his/her first contact with music. With guidance from a surdo music therapist, he/she experiences it polysensorily, and then codes it as a new value to which he/she will form a specific approach and which he/she will define in a way described by the therapist.

A direct method of solving difficulties in communication is dactylography, i.e. the fingering of words that have no sign language equivalent. But dactylography is quite a long process and often the given word does not relate to the specific image in the child's mind. For example, the word "note", which is common in the Polish language", when "fingered", will turn out to be a term that does not trigger any image in the child's mind and sounds foreign.

23 » Kosiba, O., Grenda, P. (2011). *Leksykon języka migowego*. Bogatynia: Silentium, pp. 73, 85, 95, 273, 277.

Although a deaf child receives visual, auditory, olfactory and haptic stimuli at a higher or lower intensity, he/she does not associate them with any name and often does not understand their meaning or relevance. The lack of one of the most important receptors impairs his/her abstract thinking, and classificatory and generalization skills. The child does not associate the sound symbol with a term. His/her cognition is primarily based on perception and images rather than logic and concepts[24]. For this reason, when educating deaf people and providing them with therapy, great emphasis is placed on the creation of associations between the perceived objects and an image of a word denoting an object. In the case of the above-mentioned term "note", the first stage of building musical awareness is associating this word with an illustration of a note and the corresponding sign, which, if absent from the sign language dictionary, is created on an ad hoc basis by the therapist. In order to achieve this, the therapist most often uses natural gestures, creating with his/her hands a shape that will most faithfully represent the real shape of a note. A similar process is used in the case of the names of music instruments, which are translated into a language of natural gestures. This is how the deaf child "fuses" the word and the object in his/her mind.

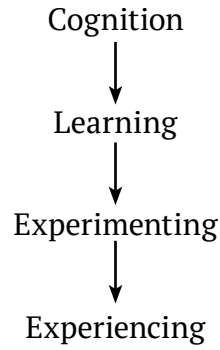
One disadvantage of this solution is that new word/signs may only function at one particular center. At another center, another surdo music therapist may be creating a different language code with patients, which, unfortunately, is not universal. When common ground has finally been achieved, specific music therapy forms can then be implemented that will not, however, be largely based on words, instead mainly focusing on making the most of those talents displayed by a child that are not bound up with his/her hearing impairment. For it turns out that a deaf child can in fact have musical talents, such as a good sense of rhythm, perfectly synchronized movement while dancing or the ability to creatively improvise on a piano. These abilities do not depend on the level of the hearing impairment, so can be cultivated. But in order

24 » Sękowska, Z. (2001). *Wprowadzenie do pedagogiki specjalnej*. Warszawa: Akademia Pedagogiki Specjalnej im. Marii Grzegorzewskiej, p. 173.

to cultivate the kind of musical talent whose discovery will be a kind of crowning achievement in the course of a deaf child's contact with music, it is advisable to pass through four familiarization stages consisting of: cognition, learning, and experimenting and experiencing the sounds of music, ultimately leading to music being experienced to the fullest extent possible and functioning within consciousness.

Stages familiarizing a deaf child with music

The outline below portrays the stages through which a surdo music therapist proceeds with a deaf child as part of an empirical confrontation of child with music.



Outline 1. Stages familiarizing a deaf child with music
Source: own elaboration.

The cognition stage is directed at making the deaf child aware that "music" exists, and is a part of his/her life. A child with hearing impairment is born and raised convinced that the world is silent. Maybe that portion of his/her hearing that has been retained or technical devices stimulating hearing allow him/her to receive certain sounds from his surroundings, but at the child's level of awareness, this broad art form does not exist. The surdo music therapist slowly begins to uncover new

qualities in a deaf patient's life, primarily based on a visual analyzer. The therapist shows the child numerous attributes of music, such as musical instruments, notated songbooks, and videos of "classical" and popular entertainment music concerts. This is how the therapist builds multiple cognitive experiences which should lead the deaf child to a new category created in his/her mind – music.

The learning stage only takes place when the deaf child begins to send the therapist individual phrases containing music-related content, which is interpreted by the therapist as a sign that the child has begun to notice and distinguish music from amid other areas of life. The learning stage is primarily based on a haptic analyzer. At this stage, the hearing impaired child will have an opportunity to physically experience the sounds of music and try to answer the question: what is music? A child who does not hear music will at least be able to sense its existence across his/her body. This is done in a very direct way: the surdo music therapist brings the child's hand into contact with a resonating instrument, lets the child lie or lean on a playing piano or places speakers playing music close to the child's body. This is how a deaf patient learns that music is not only a theory, but also has characteristics that enable it to be experienced in practice.

The experimenting stage triggers the child's interest in music. A child surrounded, thanks to the surdo music therapist, by numerous sound stimuli and terms expanding his/her knowledge of music begins to seek out the benefits of music on his/her own. Often enough the child discovers that contact with music is a source of pleasure and entertainment, and this is why he/she starts to experiment, producing increasingly complex sound on a percussion instrument, exploring his/her own body's ability to perceive music and the possibilities inherent in the surrounding equipment's ability to transmit music (e.g. by touching different materials and drawing the conclusion that wood is the best sound conductor). The child comes to these conclusions assisted by the surdo music therapist, whose role changes slightly at this stage from a guide to companion as the child continues to experiment and search for answers. This is also the stage at which deaf children display their music

preferences. These have already been partially indicated by their selection of the form of music activity they like most during the sessions: some children choose playing instruments or dancing, while others prefer relaxing during a musical massage. While experimenting with music, deaf children make their own decisions about what they like most in it.

The experiencing stage is only accessible to a few individuals, as it requires them to perceive music as a medium for emotions rather than just a physical phenomenon. Deaf children are less able to think in an abstract manner due to the strong correlation between this process and speech. The more severe the hearing impairment, the more severe the speech dysfunction, and this leads to a reduced (or even unattainable) level of abstract thinking. The experiencing level in surdo music therapy should be defined as the process of "detaching" the music from a specific object. At this stage, the child observes his/her reactions to music, which often occur automatically in him/her. The therapist teaches the child how to link his/her reactions to a mood and the character of the music. On reaching the experiencing stage, the surdo music therapist has a chance to enter into an instrumental dialogue with the deaf child, who will maybe tell the therapist about his/her emotions using music.

The presented stages for familiarizing a deaf child with music include a long process involving various interactions, during which changes can only be observed through detailed analysis of the child's reactions. There is also a need to suggest such forms of musical activity that will result in the formation of positive experiences and will not discourage the child from making further attempts to satisfy his/her nascent interest in music.

Conclusion

Surdo music therapy, which has staked out a place for itself among other music therapy disciplines, is focused on a certain paradox: it seeks out music where it cannot be heard and finds it in the form of an image,

a vibrating airwave or an acoustic impression obtained using partial hearing. Similarly, a surdo music therapist, although he/she is a musician, gives up any attempt to achieve high quality musical products, to get his/her students to sing in tune, or to create accompaniments containing complex harmonies. Instead, he/she is opting for simplicity, clarity and, first and foremost, to make sound accessible to a child who, when born, has no idea whatsoever that music exists. This is the distinctive component of surdo music therapy through which a deaf child discovers a new, unknown category in his/her "deaf" world – music, which will help him/her see and feel with more precision, and may in the future even contribute to his/her better understanding.

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PART 2

Music Therapy for Adults

MUSIC THERAPY IN EARLY CARDIAC REHABILITATION

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» Abstract: I developed the two original music therapy concepts presented in this paper over the course of my many years of work with post-myocardial infarction patients being treated at Department C of the Józef Babiński Province Hospital Complex in Wrocław (Wojewódzki Szpital Zespolony im. Józefa Babińskiego) and patients who had undergone cardiac surgery (coronary artery bypass) while being treated at the early cardiac rehabilitation department of the Medinet Lower Silesian Heart Diseases Centre in Wrocław (Dolnośląskie Centrum Chorób Serca „Medinet"). During many years working as a teacher and music therapist at the Academy of Music in Wrocław, I conducted practical, continuously modified classes with students. These formed part of a music therapy course, and were based on my experience gained while working at hospitals. Both concepts draw on the so-called practical schools developed by Cheryl Dileo Maranto, which incorporate behavioural, rehabilitative and preventative music therapy (focused on health promotion) and music psychotherapy, as well as the salutogenic paradigm of Aaron Antonovsky.

Keywords: music therapy, health promotion, cardiac rehabilitation. «

Introduction

Every sudden onset disease has a dramatic trajectory which in some cases is life-threatening, but always arouses negative emotions: fear, anxiety,

despondency, depressive moods, helplessness, anger, guilt. These emotions may be experienced simultaneously or at alternate intervals depending on the potential risk to life, duration of the disease and its dynamics[1]. Without a doubt, coronary heart disease, which may lead to a myocardial infarction or cardiac (bypass) surgery, is one of the diseases causing a high level of stress and negative emotions that hinder the effectiveness of early rehabilitation and later convalescence[2]. Additional challenges faced by the patients are new surroundings and the need to adhere to hospital rules, forced contact with unfamiliar people, limited activity levels, loss of a sense of control over both their own lives and any influence over the situation, dependency on others and a threat to their sense of dignity[3]. Therefore, one should attempt to minimize the negative psychological effects of the disease by carrying out complex cardiac rehabilitation during which there is a place for music therapy at all stages of the rehabilitation.

Cardiac rehabilitation

Rehabilitation (Latin: *habilitas* – ability, aptitude, *re* – reinstating to the original state[4]) is a term that was defined and introduced into healthcare for the first time in 1918 by the incumbent head of the Red Cross Institute, Douglas McMurtrie, who used it with respect to disabled war

1 » Bąk-Sosnowska, M. (2006). Choroba w życiu człowieka. In: Trzcieniecka-Green, A. ed. *Psychologia. Podręcznik dla studentów kierunków medycznych*. Kraków: Universitas, pp. 171–228.

2 » Wrześniewski, K. (1986). *Psychologiczne problemy chorych z zawałem serca.* Warszawa: PZWL; Salmon, P. (2002) *Psychologia w medycynie wspomaga współpracę z pacjentem i proces leczenia.* Gdańsk: Gdańskie Wydawnictwo Psychologiczne, p. 96.

3 » Bąk-Sosnowska, M. (2006). Choroba w życiu człowieka. In: Trzcieniecka-Green, A. ed. *Psychologia. Podręcznik dla studentów kierunków medycznych*. Kraków: Universitas, pp. 190–191.

4 » Rosławski, A. (1993). *Propedeutyka rehabilitacji i łacińsko-polskie nazewnictwo medyczne.* Wrocław: Rubikon, p. 5.

veterans[5]. Initially rehabilitation was only used in orthopaedics and traumatology[6], but later on it was introduced into other areas of clinical medicine, among others cardiology. It was applied to patients with chronic heart failure, ischemic disease, post myocardial infarctions, post coronary angioplasty and post cardiac surgeries[7].

The WHO defines cardiac rehabilitation as the "combined and coordinated use of medical, social, educational and vocational measures for training or re-training the individual to the highest possible level of function"[8]. These combined and coordinated actions should reverse or slow down adverse pathophysiological and psychological changes, reduce the risk of a relapse and lead to the best possible physical, psychical and social condition while prolonging and improving quality of life. Three stages of cardiac rehabilitation have been distinguished: early rehabilitation (stages I and II) and the late rehabilitation period (stage III). Cardiac rehabilitation should be commenced immediately after the patient's hospital admission, i.e. in the early stage that lasts until the patient is discharged from hospital. The second stage (4–12 weeks) may be carried out in in-patient (spa hospitals – sanatoria), outpatient or home-based forms. The third stage is a period of late outpatient rehabilitation that lasts until the end of the patient's life and is performed at cardiac rehabilitation outpatient clinics.

A combined cardiac rehabilitation programme – taking into account individual patient's needs – is carried out by a rehabilitation

5 » Bugaj, R. (2002). Problemy psychologiczne w rehabilitacji. *Fizjoterapia*, 10(1), pp. 66–77.

6 » Rosławski, A. (1993). *Propedeutyka rehabilitacji i łacińsko-polskie nazewnictwo medyczne*. Wrocław: Rubikon, p. 5.

7 » Smarż, K. (2008). Rehabilitacja kardiologiczna w różnych sytuacjach klinicznych – etapy, wskazania, przeciwwskazania, bezpieczeństwo. *Postępy Nauk Medycznych*, 10, pp. 643–652.

8 » After: Piotrowicz, R. (2001). *Kompleksowa rehabilitacja kardiologiczna. Definicja, zadania, etapy i efekty rehabilitacji kardiologicznej.* Stanowisko Komisji ds. Opracowania Standardów Rehabilitacji Kardiologicznej Polskiego Towarzystwa Kardiologicznego z dnia 26.09.2001 r., p. 9.

team composed of medical specialists and assistants: physical therapists, psychologists, nurses, dieticians; there is also a need for occupational therapists and activity planners (sadly, these do not include music therapists). The established components of the rehabilitation process are: assessment of the patient's clinical condition, optimisation of the pharmacological treatment, physical rehabilitation, psychological and social rehabilitation, diagnostics and combating the coronary disease risk factors, lifestyle modification, education of patients and their families and rehabilitation progress monitoring[9].

A place for music therapy in cardiac rehabilitation

In light of the above considerations, there should be a place for music therapy – as an established component of comprehensive cardiac rehabilitation – in psychological and social rehabilitation, the aim of which being to "master stress-generating situations, emotional states – fear and/or depression – and accept limitations resulting from the consequences of the disease"[10], as it may arouse desirable emotions, teach patients how to handle stress, lower their fear, have a positive effect on their mood and sense of well-being and motivate them to make changes in their lifestyle[11]. In other words, it can affect those psychological factors that most frequently pose a problem to the patients with myocardial infarctions as well as patients who are scheduled for cardiac surgery, namely fear and depression. It should be added here that the need to introduce music therapy into medical treatment was described

9 » Ibid.

10 » Ibid.

11 » Cesarz, H. (2013). Co ułatwia stawanie się zdrowszym? Przyczynek do dyskusji nad zastosowaniem muzykoterapii w lecznictwie uzdrowiskowym. In: Kubiak, S. ed. *Znaczenie muzykoterapii w procesie lecznictwa uzdrowiskowego i rehabilitacji*. *Zeszyty Naukowo-Historyczne Towarzystwa Przyjaciół Ciechocinka*, 3. Ciechocinek, pp. 135–152.

in writing as early as the 1970s by a pioneer in Polish music therapy and co-founder of the Wrocław Music Therapy Department, Dr Andrzej Janicki[12]. From his experience as a psychiatry specialist and musician, Dr Janicki knew that music, as a medium conveying both order and beauty, can selflessly reinstate the sense of harmony in a human being, as it engages people, allowing them to experience new values and sensations that reduce their fear and improve their mood. He claimed that music therapy should be used with people of any age suffering from different diseases at every stage of their medical treatment. Clearly, therefore, a music therapist should join the cardiology team from the early rehabilitation period onwards, as his/her intervention helps patients with such problems as coping with stress, as reported by Suzanne Hanser[13]. Music therapy also allows patients to feel grounded at all stages of comprehensive cardiac rehabilitation, as it can affect, for example, the way patients perceive themselves and their body after cardiac surgeries[14], or effect a change in eating habits, and thus also the lifestyle of people at risk of coronary heart disease[15].

A music therapist will never replace either the physician or a physical therapist or dietician, but he/she can cooperate with a psychologist and physical therapist on a partnership basis.

12 » Janicki, A. (1977). O potrzebach muzykoterapii i problemach szkolenia muzykoterapeutów. In: Natanson, T., Pstrokońska-Nawratil, G., Klein, I. eds. *IV Ogólnopolskie Spotkanie Współpracowników Zakładu Muzykoterapii przy Katedrze Kompozycji i Teorii Muzyki Państwowej Wyższej Szkoły Muzycznej we Wrocławiu (29–30 listopada 1975). Zeszyt Naukowy Państwowej Wyższej Szkoły Muzycznej we Wrocławiu*, 13, pp. 31–44.

13 » Hanser, S.B. (2014). Music Therapy in Cardiac Health Care: Current Issues in Research. *Cardiology in Review*, 22(1), pp. 37–42.

14 » Short, A., Gibb, H., Fildes, J., Holmes, C. (2013). Exploring the Role of Music Therapy in Cardiac Rehabilitation After Cardiothoracic Surgery: a Qualitative Study Using the Bonny Method of Guided Imagery and Music. *Journal of Cardiovascular Nursing*, 28(6), pp. E74–E81.

15 » Marconato, C., Cantalejo Munhoz, E., Menim, M.M., Albach, M.T. (2001). Application of Receptive Music Therapy in Internal Medicine and Cardiology. *Aquivos Brasileiros de Cardiologia*, 77(2), pp. 140–141.

Musical medicine vs. music therapy

The 1970s saw the beginning of psychophysiological research conducted by various therapeutic facilities around the world, with contributions also being made by academics at the Department of Music Therapy (Prof. Tadeusz Natanson, Zbigniew Hora, Ph.D., and much later Klaudia Kukiełczyńska-Krawczyk, Ph.D.) and authors from other faculties in Poland, cooperating with what was then the State Music High School (among others: Mirosław Janiszewski, Ph.D., Anna and Artur Metera, Ph.D.)[16]. The representatives of this academic field focus on measuring physiological reactions triggered by music, anticipate that music will have a similar effect to pharmacological substances regulating the functions of the vegetative system, and prove how useful music can be when used with patients suffering from such ailments as cardiac diseases. They also indicate that music may reduce stress in patients suffering from coronary disease or post myocardial infarctions, as well as prior to coronary artery bypass grafting and after surgery[17]; it may serve as an alternative to pharmacological therapy (e.g. to midazolam administered orally), as it significantly reduces levels of fear prior to and following surgery, thus contributing to a reduction in the amount of pharmaceuticals administered as premedication in cardiac surgery[18]; it can reduce fear during coronary angiography[19], and even help to relax patients with an acute myocardial infarction[20].

16 » See: Cesarz, H. (2014). Muzykoterapia – metoda wspomagania salutogenezy. In: Cylulko, P., Gładyszewska-Cylulko, J. eds. *Muzykoterapia – stałość i zmiana. Wrocławska Muzykoterapia*, 1. Wrocław: Wydawnictwo Akademii Muzycznej, pp. 47–70.

17 » Hanser, S.B., Mandel, S.E. (2005). The Effects of Music Therapy in Cardiac Healthcare. *Cardiology in Review*, 13(1), pp. 18–23.

18 » Trappe, H.J. (2010). The Effects of Music on the Cardiovascular System and Cardiovascular Health. *Heart*, 96, pp. 1868–1871.

19 » Nilsson, U. (2011). Music: a Nursing Intervention. *European Journal of Cardiovascular Nursing*, 10(2), pp. 73–74.

20 » White, J.M. (1999). Effects of Relaxing Music on Cardiac Autonomic Balance and Anxiety After Acute Myocardial Infarction. *American Journal of Critical Care*, 8(4), pp. 220–230.

This psychophysiological approach to music applied by medical personnel as an auxiliary measure in different medical procedures and to promote the mental wellbeing of the patient, has been named musical medicine. This process takes place without a musical therapist and involves listening to music (played from an album) pre-selected by the medical personnel or a patient undergoing a procedure[21].

Music therapy is much more wide-ranging than the above-described musical medicine. Various theoretical premises and methodological notions have resulted in me purposefully omitting numerous definitions of music therapy, electing instead to refer the reader to both the international (e.g. Kenneth Bruscia[22]) and Polish literature (e.g. Elżbieta Galińska[23]). But I would like to draw attention to the definition offered by Professor Tadeusz Natanson: "music therapy is one of several planned actions that aim to re-humanize contemporary life through the multilateral application of the various advantages of musical substance to the preservation and recovery of human health while exerting a positive influence on the co-creation of the environment in which people live and work, as well as the existing relations between people within it"[24]. In this definition our attention is attracted by something still valid – the planned, and so purposeful, actions undertaken to preserve and recover health. These actions – assisted by the art of music – can be directly linked to prevention, health promotion and rehabilitation. And this is how I conceive music therapy in cardiac rehabilitation. I assume it is a non-verbal form of musical psychotherapy directed, on the one hand, at the provision of psychological support in the early (in-patient) period of rehabilitation, and on the other – at prevention and health promotion

21 » Szulc, W. (2005). *Muzykoterapia jako przedmiot badań i edukacji*. Lublin: Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej.

22 » Bruscia, K. (1989). *Defining Music Therapy*. Spring City: Spring House Books.

23 » Galińska, E. (2005). Muzykoterapia. In: Grzesiuk, L. ed. *Psychoterapia. Teoria. Podręcznik akademicki*. Warszawa: ENETEIA, pp. 531–542.

24 » Natanson, T. (1992). *Programowanie muzyki terapeutycznej. Zarys podstaw teoretycznych*. Wrocław: AM, p. 70.

through the musical activity of patients (in the analysed case of group singing) at all stages of rehabilitation.

Music therapy has been understood differently. For Andrzej Janicki[25], music therapy is a form of psychotherapy during which interactions between the session participants take on the value of social relationships, and the therapeutic factors are: participation in a group, emotional support, helping others, self-exploration and self-fulfilment, abreaction, and practising behaviour and social skills. Music therapy defined in that way is intended to develop personality through its reconstruction or re-structuring. A similar approach has been adopted by Elżbieta Galińska[26] – a pioneer of the Polish music therapy field from the Warsaw Institute of Psychiatry and Neurology (Instytut Psychiatrii i Neurologii w Warszawie). She claims that music can in fact ameliorate the effects of medication and influence physiological processes, but – as she strongly emphasizes – it is not the music played back from an audio device (e.g. a CD player) that heals, but a skilful therapeutic relationship. Music therapy is a purposefully planned interactional and relational process between patients or a group of patients and a therapist, but "with music one can approach any bed, even that of the gravely ill, and play it during surgical procedures"[27].

Therefore, without a doubt, music therapy – as opposed to musical medicine – is a process that requires the presence of a skilled therapist. Discussing which procedure is more or less valuable is pointless, as both are equally important and should not be contraposed to each other. They should instead exist in parallel and independently, as the objective of both is the patient's wellbeing.

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25 » Janicki, A. (1983). Muzykoterapia w lecznictwie psychiatrycznym. In: Natanson, T. ed. *XI Ogólnopolskie Spotkanie Współpracowników Instytutu Muzykoterapii Akademii Muzycznej we Wrocławiu (20 listopada 1982). Zeszyt Naukowy Akademii Muzycznej im. Karola Lipińskiego we Wrocławiu*, 34, pp. 7–28.

26 » Galińska, E. (1992). Muzykoterapia – fragment hasła encyklopedycznego. *Muzykoterapia. Biuletyn Grupy Roboczej »Muzykoterapia«*, 1, pp. 7–13.

27 » Galińska, E. (2005). Muzykoterapia. In: Grzesiuk, L. ed. *Psychoterapia. Teoria. Podręcznik akademicki*. Warszawa: ENETEIA, pp. 536.

Music therapy focused on the therapeutic process uses a wide array of methods and techniques (see Cheryl Dileo Maranto[28], Elżbieta Galińska[29], Helena Cesarz[30]), focuses on the biopsychosocial disease model[31] and takes into consideration biopsychosocial and cultural models of music[32]. All aspects of humanity: the body, psyche, spirituality, social relations and culture within which one was raised, are vital in this holistic approach to the patient.

Music therapy after a myocardial infarction

Theoretical indicators of assistance when carrying out music therapy with post-myocardial infarction patients include three concepts distinguished by Cheryl Dileo Maranto[33]: 1. behavioural music therapy, where music supports and modifies behaviours that require reaction, e.g. reduces stress-related tension and aids the achievement and maintenance of a state of relaxation, thus influencing changes in behaviour, and improving communication with the surroundings; 2. rehabilitative music

28 » Maranto, C.D. (1993). Music Therapy Clinical Practice: A Global Perspective and Classification System. In: Maranto, C.D. ed. *Music Therapy. International Perspectives.* Pipersville: Jeffrey Books, pp. 683–706.

29 » Galińska, E. (1992). Psychoterapeutyczne założenia muzykoterapii i ich realizacja. *Muzykoterapia. Biuletyn Grupy Roboczej »Muzykoterapia«*, 2, pp. 24–32.

30 » Cesarz, H. (2012). *Wybrane metody i techniki muzykoterapii w pracy z osobami zaburzonymi psychicznie.* In: Stachyra, K. ed. *Podstawy muzykoterapii.* Lublin: UMCS, pp. 185–202.

31 » Szulc, W. (2005). *Muzykoterapia jako przedmiot badań i edukacji.* Lublin: Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej.

32 » Cesarz, H. (2014). Muzykoterapia – metoda wspomagania salutogenezy. In: Cylulko, P., Gładyszewska-Cylulko, J. eds. *Muzykoterapia – stałość i zmiana. Wrocławska Muzykoterapia*, 1. Wrocław: Wydawnictwo Akademii Muzycznej.

33 » Maranto, C.D. (1993). Music Therapy Clinical Practice: A Global Perspective and Classification System. In: Maranto, C.D. ed. *Music Therapy. International Perspectives.* Pipersville: Jeffrey Books.

therapy, where music is used as an aid during the restoration of, for example, cognitive or communication skills, or the process of the patient coming to terms with their current situation; 3. musical psychotherapy, where music helps to bring out emotions and teaches the patient to be in closer contact with their own emotions, assists in shaping a positive self-image and worldview, sensitizes patients to beauty, enriches spiritual life and develops inner potential, thereby enabling them to accumulate their natural health resources etc.[34].

Music therapy sessions were carried out at Department C of the Józef Babiński Province Hospital Complex for patients in two 4-bed wards (separately for men and women), for three consecutive days per week. Due to the patients' varied moods and their wide age range (40–80 years old), the sessions lasted from 10 to as many as 45 minutes. The patients listened to music through headphones, which allowed them to regulate the volume individually, focus on the music and not disturb the patients who were unable or unwilling to participate in the music therapy (sessions were optional). Every patient could stop listening to the music and take off the headphones at any moment.

As early as the first session, attempts were made to establish friendly contact with the patients, interest was shown in their health condition, and willingness was displayed to listen to their illness-related stories. The information provided about the purpose of the music therapy and the statement that the music had been prepared especially for them – heart disease patients – sparked their curiosity and favourably disposed them towards the sessions.

As was indicated before, emotional disorders (mainly fear and depression) persisting not only during a myocardial infarction but also after discharge from hospital should be subject to psychotherapy[35], i.e. the effect

34 » See: Cesarz, H. (2014). Muzykoterapia – metoda wspomagania salutogenezy. In: Cylulko, P., Gładyszewska-Cylulko, J. eds. *Muzykoterapia – stałość i zmiana. Wrocławska Muzykoterapia*, 1. Wrocław: Wydawnictwo Akademii Muzycznej. Erratum, p. 2.

35 » Wrześniewski, K. (1986). *Psychologiczne problemy chorych z zawałem serca.* Warszawa: PZWL; Salmon, P. (2002) *Psychologia w medycynie wspomaga współpracę*

of psychological methods appealing to the intellect. In the case of patients with a myocardial infarction, this may be difficult since they suffer from disorders at all levels: emotional (fear, anxiety, ambivalent feelings, depression), cognitive (difficulties with concentration, thinking and memorizing), physiological (feeling pain, cardiac arrhythmia, sleep disorders, fatigue) and motoric (movement limitations) as well as interpersonal (new environment, unfamiliar people). This is why music therapy, as a non-verbal means of action, has been treated as a form of maintenance psychotherapy aiming to provide support during a period of mental crisis, decrease the negative psychological consequences of an illness (fear, irritability and depressive moods) and improve the patient's mood, all of which have been possible with suitable techniques. Depending on the health condition and needs of the patients, the music therapy programme was carried out in the form of musical relaxation (see categories of musical experiences – relaxation techniques[36], cf. augmentative level – music as "therapy", supportive measure for other types of action[37]) or in the form of musical psychotherapy (see: categories of musical experiences – receptive, empathic listening and reminiscence techniques[38], cf. insight music therapy with re-educational goals[39]). In the first case, the music programme was focused on calming patients and delivering as many positive emotional experiences as possible, as well as fulfilling their need for care and support. In the second case, it was focused on bringing out emotions and expressing them in a gentle way ("in the here and now") with the aid of

z pacjentem i proces leczenia. Gdańsk: Gdańskie Wydawnictwo Psychologiczne.

36 » Cesarz, H. (2014). Muzykoterapia – metoda wspomagania salutogenezy. In: Cylulko, P., Gładyszewska-Cylulko, J. eds. *Muzykoterapia – stałość i zmiana. Wrocławska Muzykoterapia*, 1. Wrocław: Wydawnictwo Akademii Muzycznej. Erratum, pp. 3–4.

37 » Stachyra, K. (2012). Definiowanie i klasyfikacja muzykoterapii. In: Stachyra, K. ed. *Podstawy muzykoterapii*. Lublin: UMCS, p. 32.

38 » Cesarz, H. (2014). Muzykoterapia – metoda wspomagania salutogenezy. In: Cylulko, P., Gładyszewska-Cylulko, J. eds. *Muzykoterapia – stałość i zmiana. Wrocławska Muzykoterapia*, 1. Wrocław: Wydawnictwo Akademii Muzycznej. Erratum, p. 3.

39 » Ibid., pp. 34–35.

music that activated images that were projections of personal experiences and a dialogue which helped them to be understood.

Due to the fact that most of the patients at the same ward were not in a good mental and physical condition, two, and sometimes even three consecutive sessions consisted of playing relaxing music or music containing sounds from nature in the background, and less often – classical (chamber, symphonic) music. Given the nature of the music (stable and slow tempos below the average heart rate, triple meter with regular rhythms, few diversified dynamics, cantilena-like melodies, consonant harmony[40]), it calmed the patients and lifted their mood, helping those who had suffered from insomnia for several nights to sleep. On a side note, I wish to add that listening to music containing sounds from nature twice a day for 20 minutes reduced the level of pain and fear after a cardiac surgery, and as a consequence, increased patients' level of satisfaction with the treatment they were receiving at a surgical clinic (Mayo Clinic) in Rochester, Minnesota (USA)[41]. Essentially, this "music of nature" (with natural sounds in the background) appeals to the human spirit, smoothly transports patients into the bosom of nature, calms them down, arouses their imagination, disconnects them from a spiral of tormenting thoughts and brings back pleasant memories. For some, it serves as a substitute for an anxiolytic or sedative, while for others – it is a type of "musical maternity" (especially music with lulling rhythms), symbolically satisfying their need for care, support, attention, tenderness and safety. The majority of patients like this type of music and start sharing their experiences, ideas and memories as they listen to

40 » Kukiełczyńska, K. (2002). Odbiór elementów dzieła muzycznego o charakterze uspokajającym w sferze emocjonalnej. *Muzykoterapia Polska*, 1(1–2), pp. 45–48. See also: Kukiełczyńska-Krawczyk, K. (2014). Programowanie muzyki do terapii – 20 lat po wydaniu książki Tadeusza Natansona. In: Cylulko, P., Gładyszewska-Cylulko, J. eds. *Muzykoterapia – stałość i zmiana. Wrocławska Muzykoterapia*, 1. Wrocław: Wydawnictwo Akademii Muzycznej, pp. 115–144.

41 » Bauer, B.A., Cutshall, S.A., Anderson, P.G. *et al*. (2011). Effect of the Combination of Music and Nature Sounds on Pain and Anxiety in Cardiac Surgical Patients: a Randomized Study. *Alternative Therapies in Health and Medicine*, 17(4), pp. 16–23.

it, thus spontaneously creating a small psychotherapeutic group. Some patients react to it polisensorily, with multiple senses. Here is what one of the patients said about it: "oh, I can see it, this rascal [imagining a bird], it's sitting in the reeds..., it's him who is singing so beautifully..., I can smell the lake and sense its humidity..., I feel mist on my face, the cold penetrates my body. It's just like a morning's fishing". This description shows that by lowering self-imposed barriers, music helps us to spontaneously open ourselves out to others and communicate more freely, and this is the first step to opening a dialogue (not only about the illness) and forging friendly bonds among the patients.

The second stage of the music therapy consists of music listening exercises using techniques involving projections of the imagination: free association (patients were encouraged to verbalize their feelings, impressions, visions, memories etc. with regard to the music they heard) and guided imagination (patients shared the visions they had while listening to the music, but were guided by the topic set by the music therapist, e.g.: "Does the mood in the music piece correspond to my current mood?")[42]. The conversation took place after listening to short (3–4 min) and easily digestible pieces – usually instrumental miniatures representing music accessible to the perception of the average listener, i.e. a patient unfamiliar to the therapist. The musical structures should be predictable, repetitive, and transparent[43] and should correspond to the listening habits of the patients and be understandable. Moreover, the applied techniques should not increase fear or spark aggression.

Sometimes, however, there are music lovers (from the musical elite) among the patients for whom relaxation music or instrumental miniatures are too banal, and who declare their willingness to listen to other,

42 » Cesarz, H. (2012). *Wybrane metody i techniki muzykoterapii w pracy z osobami zaburzonymi psychicznie*. In: Stachyra, K. ed. *Podstawy muzykoterapii*. Lublin: UMCS, pp. 194–196.

43 » Kukiełczyńska-Krawczyk, K. (2014). Programowanie muzyki do terapii – 20 lat po wydaniu książki Tadeusza Natansona. In: Cylulko, P., Gładyszewska-Cylulko, J. eds. *Muzykoterapia – stałość i zmiana. Wrocławska Muzykoterapia*, 1. Wrocław: Wydawnictwo Akademii Muzycznej.

in their opinion more ambitious, music, with high esthetical values: e.g. the first movement of *Piano Concerto No. 1 in B-flat minor*, Op. 23, by Pyotr Tchaikovsky, Maurice Ravel's *Bolero* and other compositions of a similar nature. Maybe (subconsciously) they want music to compensate for their lack of strength and energy. However, they are not aware of the fact that their weak physical condition resulting from their illness, impaired level of concentration, fatigue, frequently depressive moods, high emotionality and the relatively long duration of such compositions make it impossible for them to listen to such pieces in full. They often feel overwhelmed by the music they have chosen, even though they were happy to listen to it prior to their hospital stay. Thus one should remember that the emotional impact of music selected for post-myocardial infarction patients should be "neutral", and the proffered pieces should be short (with the exception of music for relaxation). Music therapy in the period of early cardiac rehabilitation is primarily about calming the patients down, alleviating their fear and anxiety, improving their mood, allowing them to reach out to their emotions, enhancing their cognitive skills and drawing their attention away from their suffering and illnesses. The music should "harmonize" with the patients' mood, and satisfy their need for care and support. This stage also included the use of music therapy featuring elements of Hanscarl Leuner's psychotherapy[44]. The exercise that alluded to this entailed the triggering and experiencing of real images, usually images of meadows (less often a stream or a house) while listening to music. The personal nature of the visions signalized feelings, moods, and often depressive attitudes that came to light during conversation after listening to music[45]. The outcome of patients' being in contact with their emotions (and esthetical sensations) was a diminished level of anxiety and a visible improvement in their mood.

44 » See: Siek, S. (1989). *Walka ze stresem*. Warszawa: ATK, pp. 172–216.

45 » See: Cesarz, H. (2000). Psychoterapeutyczna funkcja muzyki u chorych na serce w warunkach oddziału szpitalnego. In: Sidorowicz, S., Cylulko, P. eds. *Międzynarodowe Jubileuszowe Sympozjum Muzykoterapii (20–21 listopada 1998) Muzykoterapia w agresji, lęku i cierpieniu. Zeszyt Naukowy Akademii Muzycznej im. Karola Lipińskiego we Wrocławiu*, 76. Wrocław, pp. 173–178.

A popular activity during the sessions were music games e.g. recognizing animals portrayed in a musical piece, recognizing performers, composers and songwriters of songs from the patients' youth ("golden oldies"). This reminiscing form of music therapy[46] was focused on pleasant and uplifting memories, ones the patients willingly shared, while often forgetting about the illness or even where they were at the time.

Another music therapy programme was developed out of necessity: after many years, the Józef Babiński Province Hospital, where music therapy students practiced, was closed down, and we began a search for another facility. Thanks to the kindness and openness of the head of the Early Cardiac Rehabilitation Department at the Medinet Lower Silesian Heart Diseases Centre in Wrocław, we were given an opportunity to carry out music therapy with patients after cardiac surgery and thus perform the exercises required by the curriculum. In view of the different treatment profile, a new music therapy programme had to be developed. This focused on group singing, receptive music therapy or music programmes combined with short live concerts performed by the students.

Music therapy after heart surgery

A starting point for the music therapy sessions with patients after coronary artery bypass grafting was provided by the preventative music therapy concept developed by Cheryl Dileo Maranto[47]. According to its premises, music is a means of preventing problems of a psychological, social, physical, cognitive, communication and spiritual nature, and all activities are directed at health promotion through musical activity,

46 » Szulc, W. (2001). *Sztuka w służbie medycyny: od antyku do postmodernizmu.* Poznań: Dział Wydawnictw Uczelnianych AM im. Karola Marcinkowskiego.

47 » Maranto, C.D. (1993). Music Therapy Clinical Practice: A Global Perspective and Classification System. In: Maranto, C.D. ed. *Music Therapy. International Perspectives.* Pipersville: Jeffrey Books.

broadly conceived, stimulating the development of interests, and teaching patients about forms of leisure and spare time activities[48]. Music therapy as a medium for health promotion should be focused on the purely musical therapeutic tasks (in this case receptive group music therapy), as well as other forms of musical activity like choirs, music bands, dance ensembles, as they play a vital role in achieving a sense of wellbeing, promoting healthy lifestyles and improving quality of life[49].

The group music therapy sessions at the Early Cardiac Rehabilitation Department at the Medinet Heart Diseases Centre were held once a week for 45 minutes. They took place in the common room, which was converted for the duration of the sessions into either a "therapeutic" (chairs in a circle) or "concert" (chairs in rows) hall. Participation was voluntary, the groups included between 8 and 12 people, and in the case of concerts, even as many as 20 (there being a total of 30 beds in the department). Each patient received a personal invitation from the students conducting the session in a given week.

The music therapy activities incorporated receptive group music therapy or therapeutic live concerts (the 1st part of the sessions) and group singing (the 2nd part of the sessions). The duration of the patient's stay at the hospital was 22 days, and music therapy sessions took place once a week, so every patient had an opportunity to participate in the sessions three times. I would like to add that these forms of activity carried out at

48 » See: Cesarz, H. (2014). Muzykoterapia – metoda wspomagania salutogenezy. In: Cylulko, P., Gładyszewska-Cylulko, J. eds. *Muzykoterapia – stałość i zmiana. Wrocławska Muzykoterapia*, 1. Wrocław: Wydawnictwo Akademii Muzycznej. Erratum, p. 3. The preventative music therapy concept can be also found in the salutogenic models by Aaron Antonovsky, ibid. and Michalak, A. (2006) W drodze do zdrowia – koncepcja salutogenezy i poczucia koherencji Aarona Antonovsky'ego. In: Trzcieniecka, A. ed. *Psychologia. Podręcznik dla studentów kierunków medycznych*. Kraków: Universitas, pp. 127–146; Szulc, W. (2006). *Muzykoterapia jako przedmiot badań i edukacji*. Lublin: UMCS, pp. 39–60.

49 » Kukiełczyńska-Krawczyk, K. (2013). Muzyka w promocji zdrowia. In: Kubiak, S. ed. *Znaczenie muzykoterapii w procesie lecznictwa uzdrowiskowego i rehabilitacji. Zeszyty Naukowo-Historyczne Towarzystwa Przyjaciół Ciechocinka*, 3. Ciechocinek, pp. 173–185.

the early cardiac rehabilitation stage may be continued at any further stage (e.g. the post-hospital rehabilitation stage carried out at a sanatorium).

Receptive music therapy

The patients who are prepared to open themselves out to music can derive pleasure from listening to it and this is how their interest in music is awakened. In music therapy there is no division into good and bad music (although such types undoubtedly exist), but into music that helps and music that causes damage, i.e. therapeutic or untherapeutic music[50], and that is why the selection of a musical programme appropriate for a normal, often relatively musically illiterate patient and its adjustment to his/her perception capabilities, age (patients are generally older), sensibilities and listening habits while setting a favourable mood for group listening activities is extremely important. Musical perception in music therapy does not relate solely to the actual act of listening, but also to triggering emotions and striking up conversations about music, which in the case of patients who have just had heart surgery means that they should be presented with uplifting pieces that reduce anxiety, deliver positive experiences and of course awaken curiosity. For this reason, the subjects and activities should be directed at many key issues for these patients relating, for example, to their: current mood and frame of mind, leisure-time activities after their hospital discharge, relaxation, contact with nature, pleasant memories. If the proposed issues fail to resonate with them, the sole focus should be on listening to music, and the therapist should limit him/herself to a short introduction to the musical pieces to be played. During the sessions, in which patients listening to the music sit in a circle, the therapist proposes listening to a maximum of three short pieces and a conversation

50 » Klimas-Kuchtowa, E. (2000). *Wczesna profilaktyka muzyczna*. In: Kataryńczuk-Mania, L. ed. *Innowacje pedagogiczne w edukacji muzycznej dzieci i młodzieży*. Zielona Góra: WSP, pp. 41–51.

(on a pre-defined topic – guided imagination technique) after listening to each of them. It is not always easy to strike up a dialogue because the great majority of patients are not familiar with this type of therapy and the therapist's expectations. Sometimes patients do not understand the music-related tasks or are ashamed to say anything, and other times they feel tired after earlier medical procedures and only wish to listen to calm music or to the others – they are also interested in what the therapist has to say. In this case, the music therapist should take the initiative and follow the group's lead while maintaining full control over its dynamics. The therapist should modify the prepared plan or move to the second part of the session, i.e. to the group singing.

One should remember that hearing range changes with age, and so the music presented during group sessions should not be too quiet or too loud, as this may cause irritation. Also, the music cannot be difficult to digest, as this comes across as incomprehensible aesthetic information that the patients are unable to process internally, leading to them perceiving it as chaotic. In the opinion of patients, some compositions from the classical music repertoire, although incredibly beautiful, "are sad and not suitable for listening to at a hospital" (e.g. *Requiem: Lacrimosa* by Wolfgang Amadeus Mozart or *Air on the G String* by Johann Sebastian Bach). They stir up emotions and make patients tearful, sometimes bringing back bitter memories – most often of a break-up, farewell, and even the image of one's own funeral (a projection of their current mental condition, anxiety). Such a reaction was encountered by one student leading a session after I was unable to persuade her to change her repertoire – well, we learn best from our mistakes. A repertoire that is too lyrical and that causes emotional disintegration among patients discourages them from participating in future sessions. This does not mean, however, that the therapist should refrain from using it – it just means that he or she should choose it with great care. Music therapy should improve wellbeing and alleviate bad experiences and post-operative trauma, shifting the attention away from these while lifting moods, instilling optimism and motivating patients to undertake further treatment and make music part of their lives after their discharge from hospital. The following genres of music meet these requirements:

1. dance music, which activates the patients on a psychomotor level, invigorates them emotionally, enables the release of negative emotions, evokes pleasant memories, delivers happy experiences, gives hope etc.;
2. film music, which arouses the imagination, activates the patients intellectually, encourages them to participate in movie screenings, evokes memories associated with the film plot, encourages them to read an interesting book;
3. classical music, i.e. classical "hits", which spark curiosity and interest, creating a need for contact with music of high aesthetic value and encouraging participation in concerts, opera and operetta performances etc.;
4. relaxing classical music, which decreases emotional tension and stress and calms patients down, creating order and internal harmony and allowing them to gain a perspective on day to day life problems;
5. choir music, which promotes singing and encourages patients to perform in a choir;
6. music with natural sounds in the background, which transports the patients to natural surroundings, encouraging them to spend time in such places, take strolls, go fishing or pursue other favoured pastimes;
7. music from the patients' youth, which brings back memories, encourages them to listen to pieces anew, sing in groups and take part in discussions[51].

Patients have different expectations in relation to music. Some think it will lift their mood, provide entertainment and allow them, even for a brief moment, to forget about their hospital stay. Others want music to activate them and provide them with energy. And some expect it will calm them down and help them to relax. But there are also patients who

51 » See more: Cesarz, H. (2010). Muzyka i śpiew w oddziale wczesnej rehabilitacji kardiologicznej. In: Aleksandrowicz, E., Wojtyga, E. eds. *Rytmika w kształceniu muzyków, aktorów, tancerzy i w rehabilitacji. Materiały z Ogólnopolskiej Sesji Naukowej*. Łódź: Akademia Muzyczna im. Grażyny i Kiejstuta Bacewiczów w Łodzi.

wish to focus solely on the music and derive as many aesthetic sensations from it as possible (unfortunately, this group is much smaller). The music therapist should remember that each patient reacts to music in a personal way, and for this reason, it is difficult to predict what reactions it may provoke. The way patients relate to music depends on many factors, among others: their current physical condition, mood, frame of mind, sensitivity, love for music, attitude towards a specific music genre and need for a particular type of stimulation. One should take all of these factors into consideration and remember that a patient's mind-set and approach to music may change during the course of his/her hospitalization.

A slightly different form of receptive music therapy is the participation of patients in therapeutic live concerts performed by students and preceded by a short lecture about music, music therapy, a presentation of the instruments on which the musicians perform or of interesting facts from the biographies of great composers, contemporary artistic events in Poland and other countries etc. At the end of each concert featuring vocal and instrumental music from different periods, students encourage everybody to participate in a group singing session. They hand out small percussion instruments, mobilizing the patients to spontaneously accompany the singing. These meetings enable direct contact with "live" music and therefore, within a hospital context, they become exceptional artistic events. Concerts, in conjunction with music lectures, are very popular among the patients: they bring them closer to the music and provoke them to ask questions, encouraging them to participate in concerts or visit a philharmonic hall, thus promoting a different lifestyle after their hospital discharge.

Singing

A community of voices promoting health and well-being[52] corresponds with the premises of community music therapy, which are based on

52 » Johnson, J.K., Napoles, A.M., Stewart, A.L. *et al.* (2015) *Study Protocol a Cluster Randomized Trial of the Community of Voices Choir Intervention to Promote the*

activities for groups and communities and connected with the specific environment of a particular community[53].

Singing entails performing musical compositions with one's own voice, a natural musical instrument possessed by every human being. When we sing, we activate three systems: the central nervous system, respiratory system and articulatory/resonating system[54]. They set in motion the singer's entire organism: the respiratory muscles, larynx, throat, oral cavity, lungs, heart, the body's muscular system. While singing, we increase the amount of air inhaled into the lungs and our breaths are deeper, which has a positive effect on the heart, lungs and the entire nervous system. This vocal activity, which facilitates an improvement in respiratory system functioning, and an increase in phonatory effort and, in turn, physical exertion, naturally becomes a non-invasive therapeutic exercise providing oxygen to the heart and training the lungs, thoracic and abdominal muscles. It also enables, through psychophysical activation of the entire organism, the release of tension and attainment of a state of calm.

For some patients, singing can be difficult due to their lack of experience or courage with regard to using their voices or simply due to limitations brought on by the surgical procedure (patients sing up to the limits of their pain threshold and decide themselves when to stop). One should therefore understand those who do not want to or cannot sing, but have come to the music therapy session and still want to participate, even passively. Research conducted at the University of Sydney[55] on two

Health and Well-being of Diverse Older Adults. BMC Public Health, 15, p. 1049 [online]. Available at: http://www.biomedcentral.com/1471-2458/15/1049/abstract [Accessed: 16 Oct. 2015].

53 » After: Masiak, E. (2008). Kulturocentryczna muzykoterapia improwizacyjna jako strategia promocji zdrowia w lecznictwie psychiatrycznym. In: Karolak, W., Kaczorowska, B. eds. *Arteterapia w medycynie i edukacji*. Łódź: WSHE, pp. 133–136.

54 » Sielużycki, C. (1981) Głos. In: Śledziński, S. ed. *Mała encyklopedia muzyki.* Warszawa: PWN, p. 342.

55 » Unwin, M.M., Kenny, A.T., Davis, P.J. (2002) The effects of group singing on mood. *Psychology of Music,* 30(2), pp. 175–185.

parallel groups has shown that singing has a positive effect not only on the mood of the singers, but also on the mood of the listeners. Indeed, patients who participated in the sessions but were unwilling to sing were emboldened enough by the singing to join the group, becoming active and lively. They also willingly returned for more sessions.

One of the main values of community singing is the exceptional bond that can be built with another person: sensing his/her close proximity, listening to him/her, simultaneously sharing the same feelings and emotions arising from the character of the sung pieces, which are most frequently popular songs, and less often, canons for two voices. This harmonised perception, experienced by the entire group, of sadness, joy, and longing, reduces the sense of isolation and loneliness. A singing patient concentrates on the lyrics and melody, and listens to the others' singing, which explains why he/she not only forgets about his/her problems, but also about his/her pain.

Singing in a group enables one to make a direct connection on a musical, emotional and social level. By alluding to events from our personal lives that we associate with songs that were sung in the past, we activate our memories, bring back memories and awake dormant feelings. This helps to maintain relations with loved ones, and stimulates contact and interactions with other patients. Singing brings patients together: they create bonds that help them get through their difficult time at hospital, they feel closer to their community and their mood improves[56]. Patients like to sing and favour this musical activity over listening to music. On one occasion, they spontaneously created a group to which they gave the meaningful name (sung of course): "The Bypasses".

In the songs performed by the patients (popular songs and drinking songs, scout tunes, musical hits from their youth etc.), lyrics are an important element. Along with the characteristics of the melody, they express particular thoughts. Lyrics can be optimistic and uplifting for

56 » Teater, B., Baldwin, M. (2014). Singing for Successful Ageing: The Perceived Benefits of Participating in the Golden Oldies. Community – Arts Programme. *British Journal of Social Work*, 44(1), pp. 81–99.

the patients, supplying them with energy for living and courage, or destructive, and stressful – bringing back sad, and even dramatic, memories (we are not always able to predict this). For this reason, one should be careful with lyrics about solitude, break-ups and longing, or pain and sad farewells (this particularly applies to patients with depressive tendencies), even when we, as music therapists, regard them as beautiful, lyrical and full of expression. Singing should bring joy to the patients, instil optimism in them, and encourage them to take action, and the lyrics should motivate them to recover and hold positive thoughts about their future[57].

Conclusion

Summarizing the observations from the music therapy sessions at both facilities, I can state with conviction that music therapy should be a permanent element of a comprehensive cardiac rehabilitation programme for the following reasons:

1. It is a specific type of maintenance psychotherapy, aimed at recognising one's emotions and keeping in touch with them, which reduces fear and improves mood (counteracting depression).
2. Concentration training with music simulates the mental activity of the patients, directing it at intentional and attentive listening (activating attention, contemplation, memorizing, and imagination).
3. Group singing, as a simple and non-invasive therapeutic exercise, stimulates the nervous and respiratory system, oxygenates the heart and increases phonatory and physical effort; by activating

57 » Cesarz, H. (2010). Muzyka i śpiew w oddziale wczesnej rehabilitacji kardiologicznej. In: Aleksandrowicz, E., Wojtyga, E. eds. *Rytmika w kształceniu muzyków, aktorów, tancerzy i w rehabilitacji. Materiały z Ogólnopolskiej Sesji Naukowej.* Łódź: Akademia Muzyczna im. Grażyny i Kiejstuta Bacewiczów w Łodzi, pp. 131–142.

the entire organism, it allows the patients to reduce tension and attain a sense of calm; it also integrates the group, lifts their mood, and counteracts their sense of loneliness and social isolation. Experiencing music in an active way, by singing, allows us to familiarise ourselves with our health and ourselves.

4. Music therapy activities help patients adapt to the hospital environment: they fulfil their need for affiliation, care and support, and strengthen their motivation for further rehabilitation.
5. Participation in an art event, such as therapeutic concerts at a hospital, sparks interest in music and other art forms, encouraging patients to participate in culture, broadly conceived (not only music), after they have been discharged from hospital.
6. Music therapy is directed at health resources (inner potential), promotes a different lifestyle, improves quality of life and thus has a greater influence on our health.

Music therapy in comprehensive cardiac rehabilitation is an auxiliary form of treatment, a form of psychotherapy and preventative measure when applied to cardiac diseases. Due to the varied musical sensibilities of the patients, their musical preferences, health condition and need for a particular kind of stimulation, the programme for the music therapy sessions should be adjusted to the individual needs of the patients. This should inform any decision regarding any division into groups. Music therapy should be integrated with the actions taken by all the specialists, and the music therapist should be regarded as an equal member of the team.

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THE ROLE OF MUSIC IN CHOREOTHERAPY – THE WROCŁAW MODEL OF MUSIC-STRUCTURED MOVEMENT THERAPY

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» Abstract: The author presents her own experiences related to the search for the best way to use dance, conceived as music-structured movement, in therapeutic work. She derives knowledge from the available academic literature and compares the role played by music prepared for dance therapy sessions by referring to various therapeutic approaches. She mainly focuses individually on components of music such as meter, tempo, melody, dynamics and harmony, and their significance for the working practices of a dance therapist.

Keywords: choreotherapy, music, psychotherapy, movement, dance. «

The pace of life is accelerating. We are being bombarded with a constantly growing amount of information. We are learning how to work and consume efficiently. Music is becoming increasingly accessible and varied and accompanies us during various types of activity, but nevertheless we find ourselves asking ourselves: how can this be? The reflections in this article will relate to choreotherapy, an area of art therapy that supports rehabilitation and development processes by using different art forms.

I have been practising choreotherapy since 1988. I have been teaching it since 1990. For me, the starting point for any session plan has always been music. It is difficult to pinpoint the first instance of the phrase "choreotherapy" being used in reference to dance in the treatment process. Anyone researching literature on the subject is likely to come across an article by Zofia Aleszko entitled *Miejsce choreoterapii w rehabilitacji psychomotorycznej młodzieży nerwicowej* (The place of choreotherapy in the psychomotor rehabilitation of young people with neurotic disorders), written in 1972[1]. According to Justyna Torłop, from the Institute for Dance and Movement Therapy in Warsaw, "DMP – Dance Movement Psychotherapy – was established as a profession around 1940 in the United Kingdom and USA. It is a psychotherapeutic method governed by its own rules that uses dance and movement as a tool enabling a person to creatively engage in the process of his/her own integration […]"[2]. I came across this term for the first time in 1984, when I coincidentally received a scholarship from the Embassy of the French Republic enabling me to travel to Avignon for the International Theatre Festival. I participated there in workshops attended by young people who were interested in various forms of theatre education. I was 29 years old at the time and for 5 years had already been working at a psychiatric hospital as a clinical psychologist. I had been missing movement very much. I sympathized with my hyperactive patients, because as a gymnast and dancer, even I was tired during psychotherapy sessions primarily based on verbalization. It is in Avignon that I found out about the practice of supporting personal development through movement structured by music, which had been used in West Germany and France. Although this was being offered to healthy individuals, I decided to try choreotherapy at the Department of Psychiatry, where I worked as the sole psychologist

1 » Aleszko, Z. (1972). Miejsce choreoterapii w rehabilitacji psychomotorycznej młodzieży nerwicowej. *Psychiatria Polska*, 6(3), pp. 345–348.

2 » Torłop, J. (2008). Proces kreatywny psychoterapii tańcem i ruchem – nośnik zmiany i integracji. In: Siemież, M., Siemież, T. eds. *Arteterapia w edukacji i rozwoju człowieka*. Wrocław: Wydawnictwo Naukowe Dolnośląskiej Szkoły Wyższej, p. 40.

in a team of doctors and nurses. Now I know that similar methods had already been used before, but were called dance therapy instead[3].

I think that the name "choreotherapy" facilitated my work during regular sessions with psychotic individuals – people with schizophrenia and bipolar disorder, endogenous depression and other disorders – because "dance therapy" would be perceived as the whim of a psychologist tired of her own helplessness. In my view, for the purposes of these reflections, it can be assumed that dance therapy is the same as choreotherapy.

My experiences with choreotherapy are inextricably linked to music. I began my work as a clinical psychologist in 1980. Since 1987, I have been working at the Department of Music Therapy at the Karol Lipiński Academy of Music in Wrocław and the uniqueness of the conception of music therapy that was created at this university shaped my view of choreotherapy. I have learned from my colleagues at the Department of Music Therapy about Professor Tadeusz Natanson and his qualitometric method "created in order to analyse a composition for therapy"[4].

I am glad that, thanks to papers written by Klaudia Kukiełczyńska-Krawczyk, I was able to learn about this approach to music material in therapeutic work, because when observing sessions conducted by various therapists and reading publications on choreotherapy and dance therapy, one can get the impression that the role played by music is being ignored. The activities often take the following form: "choose your favourite music and improvise". For example, in the publication entitled *Muzykoterapia*, Anna Metera describes exercises provided in the chapter *Taniec* and comments on the music in the following way: "We put on one of the most popular children songs. For several minutes, we listen to the music, preferably with our eyes closed. When the music starts

3 » Pędzich, Z. ed. (2014). *Psychoterapia tańcem i ruchem*. Sopot: GWP, pp. 4–260.

4 » Kukiełczyńska-Krawczyk, K. (2010). Metoda kwalitometryczna Tadeusza Natansona w badaniach muzykoterapeutycznych. In: Granat-Janki, A. ed. *Tadeusz Natanson. Kompozytor, uczony, pedagog*. Wrocław: Wydawnictwo Akademii Muzycznej im. Karola Lipińskiego, p. 158.

to engulf the listeners, they start moving slowly"[5]. In another exercise description, we read: "Everybody stands in a circle. One person makes a movement in reaction to a familiar and easily memorisable tune, then the others repeat this movement"[6].

Of course, it is possible to conduct sessions this way, especially with talented participants, however, in order to be prepared for difficulties, it is worth performing a musical analysis of the compositions. Music can help those therapists who are familiar with the notion of musical substance. This particularly valuable term is used by Klaudia Kukiełczyńska-Krawczyk with reference to Tadeusz Natanson's qualitometric method.

The relationship between music and movement is eternal. In order for an object to produce a sound, it has to move. Movement is a sign of life. Movement that is a sign of life is rhythmical and repetitive. Not without reason. In order to check the condition of an unconscious person, one should check for the pulse, a rhythmic motion of the arteries. The more complicated an organism is, the more complicated its "personal music" is. Everyone has heard a heartbeat at some point. We consider a heart to be healthy when it beats in synch with a pulse. Our bowels "dance" when digesting food. We also derive pleasure from an energetic march or run. Irena Turska writes that the beginnings of human movement being transformed into dance can be traced to the period in which a biological type of human species formed, i.e. around 80 thousands years ago, and when humans became members of a community[7]. The author stressed the physical aspect of the phenomenon of dance and its social and cultural nature. Different societies may have their own customs, but certain phenomena relate to humans as a species. "The similarities between dance cultures at the lowest level of development encountered in different parts of the world – which precludes the possibility of them

5 » Metera, A. (2002). *Muzykoterapia. Muzyka w medycynie i edukacji*. Leszno: Centrum Technik Nauki Metronom, p. 225.

6 » Ibid., p. 226.

7 » Turska, I. (1983). *Krótka historia tańca i baletu*. Kraków: Wydawnictwo Muzyczne, p. 11.

being related or influencing one another – is proof that some societies at a certain level of development keep that particular level of culture regardless of the prevailing economic conditions"[8]. This sentence shows us how rich dance is and how necessary it is, since each culture has created some manner of dance expression.

From the outset, dance was associated with daily life activities. Irena Turska was the first to distinguish hunting dances. My own image of a first dance is an image of the primeval family in a cave. Father, mother and child hug up to each other, with their backs on the cave wall, eyes closed. They start to hum a monotonous, soothing melody, swaying back and forth. Around them there is a ferocious storm, and they support each other to survive the night. The wind, heavy rain and lightning were a mystery for primeval people. They believed that something lurked behind them, something stronger. They could also have believed that they could calm the raging weather by singing and dancing. However, I think that it took human beings a long time to distinguish optional and purposeful behaviour in their activities. I believe that the following definition: "dance is one of the oldest art forms inextricably linked to human life"[9], is not sufficient. The nature of the phenomenon was better described by Wsiewołod Meyerhold, a legendary creator of dance theatre, who said that "dance is the movement of a human body in a rhythmic sphere. Dance has the same effect on our bodies, as music does on our feelings: it is an elaborately shaped form that does not have any cognitive function [...]"[10]. Although one may agree with the first part of the great reformer's definition by virtue of contemporary experience, the statement that "dance is a form that does not have any cognitive function" has not survived the test of time. Because dance is, after all, an opportunity to explore one's own body in space. It is a method of exercising memory and motor coordination, powers of observation, sense

8 » Ibid., p. 12.

9 » Ibid., p. 11.

10 » Meyerhold, W. (1988). *Przed rewolucją (1905–1917) – wybór Jerzy Koenig*. Warszawa: Wydawnictwa Artystyczne i Filmowe, pp. 70–72.

of balance, internal feeling and respiratory function. It is an opportunity to develop an ability to establish eye contact and the readiness to be someone's partner, cooperate in a group, and exercise additional tolerance towards otherness. As a choreotherapist, I use a simplified definition. I tell the participants at my sessions that "dance is a movement structured by music". This is a different phenomenon to movement representing nothing more than a sign of life or the expression of emotions. Music occupies a privileged position.

There are other areas of art, sport and therapy accompanied by music, e.g. pantomime, acrobatics, gymnastics and synchronized swimming. In the dictionary of theatre terms, Patrice Pavis defines pantomime as the "visual or auditory process of imitating something through movement or by using one's voice [...], a spectacle without words and exclusively limited to the gestures of an actor"[11]. In this work we can also find out that "mime scenes may be commented on by a choir or illustrated with music". However, in my view, illustrating does not equate to structuring. In order to explain the difference between dance and pantomime, I suggest that the assumption should be adopted that dance begins with music, even an element such as rhythm. Movement is what follows. The form known as pantomime begins with movement complemented by music. Music co-exists with dance. In pantomime, music illustrates, accompanies or creates a contrast, a kind of counterpoint. The reflections above would appear to be vital, as although several important publications on dance therapy emerged at the turn of the 21st century, it is still difficult to find accurate information on music being applied in choreotherapy.

Before dance became the foundation of choreotherapy, there were attempts to describe it. One work which is a kind of encyclopaedia of dance and valuable source of information in the search for inspiration for therapeutic sessions is *Krótka historia tańca i baletu* by Irena Turska. The attentive reader can find a great deal of information in it about

11 » Pavis, P. (2002). *Słownik terminów teatralnych*. Wrocław–Kraków: Zakład Narodowy im. Ossolińskich, p. 340.

music. The chapter entitled *Taniec w społeczeństwach najstarszych* includes the information that the development of tools coincided with the appearance of the first percussion instruments imitating the sounds of nature. There were also instruments that dictated the order of dance movements, and melody lines appeared as a side effect of the dancers' shouts. "Music and dance were closely related to each other"[12].

The dances from ancient Greece are described by Irena Turska as follows: "The rhythm of poetry along with musical rhythm formed a backdrop for dance movements, and often these movements dictated a meter for the poetry and music". In the chapter about ballroom dancing in the Renaissance, the author provides a detailed description of music for dancing: "The spirit of the early two-movement dance structure survived into the 16th century as a fashion for combining two contrasting dances: stately, processional dances in duple meter with lively, fast dances in triple meter. The pavane – galliard – basse dance – tordion/volta suite was the most typical renaissance court dance suite"[13]. This resulted in the introduction of the term "meter". Irena Turska goes on to provide a thorough description of the nature of the musical structure: "Apart from the most popular dances, a suite consisted of other dances emerging in the 17th century of folk or exotic origin: The Breton passepied, a two-part allemande (similar to the pavane), in which, following a procession of couples, a faster part, similar to the courante followed: a smooth, swaying, danced solo, a sarabande with guitar accompaniment, a dance brought to Spain by the Moors; a chaconne coming from Spanish overseas territories based on one repeated music passage (the basso ostinato) […]"[14]. This description clearly shows the significance of the phrase in building dance moves, highlighting the mood, the timbre of the instruments and even the importance of musical figures. In *Krótka historia tańca i baletu* we also find a comparison of the different

12 » Turska, I. (1983). *Krótka historia tańca i baletu*. Kraków: Wydawnictwo Muzyczne, p. 15.

13 » Ibid., p. 96.

14 » Ibid.

approaches to music taken by the greatest dance reformers of the 20th century. We read that "as opposed to Duncan, for whom music was only an inspiration, Dalcroze created music pieces, having thoroughly analysed their structure, in order to meticulously recreate their structure, meter, rhythm and dynamics, but without exploring their emotional content"[15]. Irena Turska also tells us that Rudolf Laban, the creator of Kinetography, worked on movement therapy for factory workers, and Mary Wigman (Laban's student), who continued his experiments with "expressionist dance", used music composed for her dances characterized by the dominance of rhythm over melody[16].

A separate issue is the literature on dance for training purposes. Publications concerning individual dances usually feature descriptions of music, and even quotes from melodies, musically notated. Dance teachers and theorists have very serious approaches towards musical structure in dance. Maria Młodzikowska, when presenting Polish national dances in the book *Tańce, rytm, ruch, muzyka*, writes: "The polonaise is a national dance in triple meter. The music in this dance is serious and variable in expression, ranging from calm and melancholic to very dynamic episodes, and can be in a major or minor key (88–90 MM)"[17]. When describing national dances from other countries, the author gives the Svishtov horo (a Bulgarian dance) as an example: "This dance's melody is in $\frac{4}{4}$ meter and consists of 8 bars"[18]. These remarks are extremely valuable. The author goes on to provide detailed descriptions of the position of the body and hands, the sequence of the phrases and the size of the group of dancers. A similar approach to dance accompaniment is taken by Grażyna Dąbrowska, author of *Tańcujże dobrze. Tańce polskie*, who also considers this to be crucial. At the very beginning of her monograph, we read: "Without music and a musician, it is difficult to imagine dance […]". The author claims that folk instruments are

15 » Ibid., p. 220.

16 » Ibid., p. 223.

17 » Bednarzowa, B., Młodzikowska, M. (1983). *Tańce, rytm, ruch, muzyka*. Warszawa: Wydawnictwo Sport i Turystyka, p. 49.

18 » Ibid., p. 215.

extremely important, as the makeup of the ensemble, its sound and the employed performance techniques all feed into the manner in which a dance is performed, its nature and style[19]. In subsequent chapters of this interesting book, the author offers in-depth descriptions of dances as well as games, even providing musical notation.

Unfortunately, authors describing the therapeutic potential of dance take a different approach. In the monograph *Taniec i psychoterapia*, Danuta Koziełło writes: "Dance therapy is grounded in movement, and each of an individual's experiences corresponds to a motor aspect and its metaphor"[20]. However, the author does not focus in detail on music, but rather on rhythm. "Rhythm and synchronicity are two of the eight components of group therapy"[21]. Before that, quoting Anna Snyder, she writes: "tempo is the dominant element when it comes to increasing the reactions of a system"[22]. The author therefore mentions terms relating to music pieces, i.e. movement, rhythm, tempo, synchronicity, but does not paint a full picture of the compositions that should be used in dance therapy. The author does not provide any examples. Danuta Koziełło has made a tremendous effort to review publications on dance therapy, but descriptions of individual dances with their music forms or specific compositions are rarely found in her work. There is a reference to Bulgarian fire dancing on page 30, and to the tarantella on page 31. On page 67, another interesting passage catches the eye: "As far as the application of music is concerned, one might conclude that almost every composition is fit for improvisation. Music has several therapeutic values. It can suppress awareness of others or their presence, it can activate unconscious material and its associations, it can reinforce or weaken emotional conditions and it can provide pleasant sensory and kinaesthetic experiences". One might assume that this passage refers to the potential of the entire repertoire of available music, because the author does not

19 » Dąbrowska, G. (1991). *Tańcujże dobrze*. Warszawa: Wydawnictwa Szkolne i Pedagogiczne, p. 9.

20 » Koziełło, D. (2002). *Taniec i psychoterapia*. Poznań: KMK Promotions, p. 20.

21 » Ibid., p. 19.

22 » Ibid.

give any examples. Unfortunately, such information does not facilitate the search for music suitable for a specific therapeutic problem. Many of the statements provided by Danuta Koziełło are overgeneralisations, e.g. "With music, movement, rhythm and movement symbolism and free fantasies, the patient can awaken in himself/herself movement projections that will affect the projections of his/her feelings and thoughts"[23]. Even when the author describes therapeutic strategies and techniques, it is difficult to determine how the music in this particular example would actually sound. For example, when Danuta Koziełło describes the work of Blanche Evan, we may only hazard a guess at the exact nature of the accompanying music: "her therapy is a combination of physical warm-up, a functional technique system, improvisation, folk dance, creative dance, language and vocalization"[24]. Reading passages like this, one may get the impression that many therapists using dance in their work need help when describing music as a multi-faceted auxiliary factor.

Surprisingly, some therapists use the term "dance" within the context of movement psychotherapy, downplaying the presence of music. Over the last decade, many publications have appeared that describe different psychotherapy methods related to art, and thus music. This is a very important phenomenon, because it is difficult to find a single effective method for chronic disorders and sharing experiences is always beneficial. In 2014, a book entitled *Psychoterapia tańcem i ruchem*[25], edited by Zuzanna Pędzich, was published. The book consists of articles by students of the Association for Dance Movement Psychotherapy (DMP) in Great Britain. If we adopt the conception of dance as human activity inextricably bound up with music, the following passage written by Helen Payne may assist our attempts to find a definition: "Dance Movement Therapy is the use of expressive movement and dance as a vehicle through which an individual can engage in the process of personal integration and growth. It is founded on the principle that there

23 » Ibid., p. 69.
24 » Ibid., p. 36.
25 » Pędzich, Z. ed. (2014). *Psychoterapia tańcem i ruchem*. Sopot: GWP.

is a relationship between motion and emotion [...]"[26]. The word "music" is nowhere to be found.

The publication includes a dozen or so examples of dance movement therapy used for different mental disorders: from schizophrenia to addiction to sex for money. Unfortunately, the search for a description of music in this 476-page-long book only turns up the following: "Currently the students at DMT are mostly psychology rather than dance graduates, they often do not apply music in their work with patients, and dance is broadly conceived by them as – motion"[27]. There is also a controversial sentence: "Not everyone can dance, but everyone can move – breathe and express themselves using gestures and use functional movements to achieve various goals"[28]. The sentence is controversial because dance conceived, as at the beginning of this article, as – "music-structured movement" – is not the only form of movement. Dance is a particular type of movement. If we start working without music, then maybe we should call the outcome of this pantomime, wordless communication, gestural speech or gymnastics. However, the editor of the article selection, Zuzanna Pędzich, quotes the work of Marian Chace, a pioneer in DMT: "A significant component of Chace's approach was the notion of movement as a language with which one can establish contact with a patient and build a therapeutic relationship based on kinaesthetic empathy through movement reactions and showing the patient recognition and understanding"[29]. Danuta Koziełło also writes that Chace uses music in her work that, by forcing a rhythm upon a patient, facilitates movement for him/her. "The therapist noticed that contact with a regressed person should be best established through rhythm. Music and rhythm are more useful in therapy for more integrated individuals"[30]. There is no mention in the text of musical substance. There are no titles

26 » Ibid., p. 10; After: Payne, H. (1992). *Dance Movement Therapy: Theory and Practice*. London: Routledge.
27 » Ibid., p. 21.
28 » Ibid.
29 » Ibid., p. 27.
30 » Ibid.

of compositions or dances, no instrumental groupings, no tempos or meters, etc.

The Wrocław Music Therapy School, which has a strong commitment to choreotherapy, sees the role of music in a different light. On the opposite pole of approaches to music in therapy is rhythm therapy. Eurhythmics for several decades has been an educational method accessible to musicians, dancers and actors. In Poland, several higher education establishments train eurhythmics teachers, and the Grażyna and Kiejstut Bacewicz Academy of Music in Łódź has, since 1983, been organising conferences inspired by the Émile Jaques-Dalcroze method entitled "Eurhythmics in the education of musicians, actors, dancers and in rehabilitation". During the conferences, the speakers analyse music pieces, how to perfect them in performance and their therapeutic values from a perspective that is akin to the term "musical substance". According to Barbara Ostrowska, "the Émile Jaques-Dalcroze method is an educational and artistic discipline that is very modern and constantly developing, activating human beings and their intellectual, mental and physical spheres in a versatile way"[31]. The author highlights the fact that the Émile Jaques-Dalcroze method is open and multi-faceted. As a theoretician and practitioner, or combining education and psychotherapy during eurhythmics classes, she notices the enormous value of Jaques-Dalcroze's techniques in the education of musicians, actors and dancers as well as in preventative and rehabilitation processes.

Émile Jaques-Dalcroze's legacy encompasses works related to solfeggio, piano improvisation, eurhythmics and rhythm therapy. "Rhythm therapy is an area of music therapy, thus knowledge of active music therapy and practical experience are essential. Within this area, the focus is placed on the development of musical and movement abilities in line with the rehabilitation and prevention goals for specific diseases. The therapeutic exercises include rhythm therapy, choreotherapy and logorhythmic tasks for specific disorders, among others, those that are orthopaedic, neurological, cardiac or psychiatric in nature. Music encourages

31 » Ostrowska, B. ed. (2005). *Rytmika w kształceniu muzyków, aktorów, tancerzy i w rehabilitacji*. Łódź: Akademia Muzyczna w Łodzi, p. 7.

and directs the movement, invests motion with a profound significance, and improves the therapeutic outcome of musical movement exercises"[32]. While analysing the Émile Jaques-Dalcroze method, Barbara Ostrowska writes: "Why have I written so much about the interpretation of a piece of music? Because in eurhythmics, rhythm therapy and choreotherapy, as I have already mentioned, music is the pivotal element. It evokes all the movements, it is interpreted through motion and in the process of finding a path to the music by performing musical movement exercises, it shapes, regardless of the age group, a sense of style and artistic taste"[33]. From this perspective, it is the choreotherapist who is responsible for the selection of musical material for psychotherapy. The therapist knows the proposed composition extremely well, its meter, rhythm, pulse, dynamics, phrasing and key. He/she also takes into account the mood, ensemble makeup, episodes of potential rubato, sound contrasts and contrapuntal elements. He/she pays attention to contemporary cultural contexts, and even "fads" in the media (TV, radio, Internet). That is why I note with sadness dance therapists mostly select music using their intuition. They base the dynamics of this process on the improvisational abilities of the session participants, and choose not to make the most of the abundance of dances based on the musical cultural heritage. Yet learning to move on the basis of the recordings of primeval cultures, or the historic, ballroom or folk dances available nowadays can enrich the repertoire of behaviours exhibited by both healthy and ill choreotherapy participants.

A special position in choreotherapy is occupied by dances performed in a circle. These are applied by many therapists around the world. According to Judy King, there is a growing presence of circle dances in different places and contexts. Usually we dance in churches, at conventions, church councils, our own houses and in hospitals. Sometimes dance is a form of work, while at other times it is a form of pleasure[34]. In her publication, the author has collected very different articles by

32 » Ibid., p. 9.
33 » Ibid., p. 11.
34 » King, J. (2001). *Tańce w kręgu*. Warszawa: Kined, p. 8.

choreotherapists applying circle dances in their work. These usually document their sessions, but they mostly concentrate on the personal dance philosophy they use at dance meetings with different groups. Sam Keen in a short book entitled *To a Dancing God* says: "When I am teaching children about dance, I always tell them from which country it comes. When I was teaching 6- and 7-years-olds the Valenki dance, I explained to them it comes from Russia"[35]. Other articles rarely include detailed information on pieces of music, but the authors often provide the names of dances. These include: the Greek hasapiko and sirtaki dances, Bulgarian Tragnala Rumjana, South African masithi, Armenian daronee, Moldavian hora and sirba, and many more. The publication does not contain a thorough description of music, but, since it includes references to geographical regions and specific names, the relevant music can assumedly be found online. I assume that searching for compositions that can "illustrate feelings" could be problematic due to the chaotic nature of the information and lack of certainty about the therapeutic effect.

At this point in the article, I should return to the Wrocław Music Therapy Model, and also – to choreotherapy. In Klaudia Kukiełczyńska-Krawczyk's view, "the fundamental yet to be solved problem in music therapy is the selection of appropriate music material and the assessment of its applicability to specific therapeutic purposes"[36]. She bases her opinion on the theory created by the founder of Wrocław Music Therapy – Tadeusz Natanson. In my view, the ideas included in this article related to musical material also apply to choreotherapy. The division, quoted by Klaudia Kukiełczyńska-Krawczyk, that Denise Groke and Tony Wigram[37]make into music for relaxation and music for projections

35 » Ibid., p. 33.

36 » Kukiełczyńska-Krawczyk, K. (2014). Programowanie muzyki do terapii – 20 lat po wydaniu książki Tadeusza Natansona. In: Cylulko, P., Gładyszewska-Cylulko, J. eds. *Muzykoterapia – stałość i zmiana*. Wrocław: Wydawnictwo Akademii Muzyczne im. Karola Lipińskiego, p. 115.

37 » Ibid., pp. 129–130; Grocke, D., Wigram, T. (2007). *Receptive Methods in Music Therapy. Techniques and Clinical Applications for Music Therapy Clinicians, Educators and Students*. London–Philadelphia: Jessica Kingsley Publishers, Ltd.

incorporates many elements of music which the choreotherapist should be able to interpret and make suitable use of in his/her work.

Based on my thirty years of experience in work with the mentally disabled, a basic knowledge of music and dance and my experiences from many classical dance, eurhythmics and choreotherapy workshops, I believe that, when programming music for choreotherapy, one should take the following factors into account:

- rhythm – regular or irregular, changing, syncopated, with strong or weak pulse,
- tempo – constant, changing, fast, slow, contrasting,
- meter – constant, changing, duple, triple, fading,
- melody – clear, fuzzy, predictable, unpredictable,
- phrasing – clear, highlighted using ostinato, distorted using overlapping phrases or additional bars (the ability to detect phrasing is essential for any choreotherapist),
- harmony – knowledge of harmony can be helpful in the search for different forms of movement performed by the dance group,
- ensemble groupings – in the case of solo movement accompanied by an ensemble, some instruments stimulate specific movements, e.g. they grate with the dancer,
- articulation – when it stimulates movement, e.g. clipped staccato,
- dynamics – when the participants follow dynamic changes using spontaneous dance movements,
- repetition – repetition or the lack of it is the most important element in choreotherapy; regular repetition of recognizable phrases is the key to success in integration dances.

I have personally endeavoured to describe the music that I use in choreotherapy several times. I am a psychologist, so I have focused on psychological terms, such as "archetype". In my publication entitled *Elementy seksu w choreoterapii*, I wrote: "The tango is a dance in which both of the dancers want to stay with their partner, but neither wants to openly admit it. That is why they fight with each other the entire time. Many emotional conflicts arise, often with an enormous erotic and sexual charge. However, I think they occur mainly due to the working

archetype related to the music, even when the dancers do not touch"[38]. Now I know that it would have been worth providing the title of a sample composition in such a passage, e.g. *La Cumparsita*.

In an ideal world, training choreotherapists would involve providing them with detailed lists of useful compositions, so that on the basis of a good example, they would be able to use their own musical knowledge in their professional life when creating session scenarios. A good example of a correctly constructed scenario is the recording of choreotherapeutic workshops by Anna Dąbek-Pesz included in the post-conference materials entitled *Arteterapia w edukacji i rozwoju człowieka*[39]. The subject of the session is sailing to the different ports of life. The goals for individual sessions and the main therapy were established: "support improving cooperation during treatment". The sample compositions were shanties: *Pociągnij ją, Dalej w morze* by the band *Ryczące Dwudziestki* and *Bitwa* by *Mechanicy Shanty*.

At the Karol Lipiński Academy of Music we are trying to educate music therapists according to this model. For many years, I have been teaching this method to students. To receive a pass grade, they needed to create several hundred choreotherapy scenarios based on the analysis of musical substance.

In summary, it could be stated that:

- choreotherapy and dance therapy are methods that are developing, but not necessarily at an equal pace,
- the choreotherapy method developed at the Karol Lipiński Academy of Music is based on acknowledgement of the leading role played by music in the therapeutic process,
- choreotherapy as an auxiliary method for the healing process and development through music-structured motion is close to the rhythm therapy methods of Émile Jaques-Dalcroze.

38 » Jędryczka-Hamera, A (1992). Elementy seksu w choreoterapii psychologicznej. *Nowiny Psychologiczne*, 2, p. 86.

39 » Dąbek-Pesz, A. (2008). Scenariusze warsztatów. In: Siemież, M., Siemież, T. eds. *Arteterapia w edukacji i rozwoju człowieka*. Wrocław: Wydawnictwo Naukowe DSW, p. 40.

I hope that we will continue to work on the choreotherapy model in Wrocław, and that it will be possible for us to develop methodology enabling the investigation of the role played by music in choreotherapy.

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MUSIC PROGRAMMING IN GROUP MUSIC THERAPY FOR NEUROTIC DISORDERS IN CLINICAL PRACTICE

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» Abstract: This article presents principles for selecting music for therapy based on research undertaken on music programming and a sample musical programme used in a group therapy cycle directed at neurotic disorders. While programming music for neurotic disorder therapy in clinical practice, one should take into account not only the preferences of the patients and subjective assessment of their mood, but also the therapeutic needs and goals and the individual stages of the therapeutic process. The selected music fulfils its goal, i.e. affects emotions and projections, if it addresses the issues behind the neurotic disorders, diversified moods and experiences of the patients and enables the discovery of buried childhood emotions and experiences.

Keywords: group music therapy, therapy music programming, music psychotherapy, neurotic disorders. «

Introduction

Music therapists from various therapeutic centers have increasingly been tackling the issue of the compatibility of academic research in the field of music therapy with the needs of clinical practice. At the 2014 World

Congress of Music Therapy in Vienna and Krems (Austria), this matter was granted a separate discussion panel[1]. Academic research has been drifting away from actual therapeutic needs and this problem is often a consequence of insufficient cooperation between academics and clinicians, as well as the overambitious standards for the reliability and verifiability of experiment results set by academics. This begs the question: do we, as music therapists, try to relate the discussed issues to clinical practice, or do we tackle research problems that are only relevant to academic circles?

Nevertheless, research on the effectiveness of music therapy, including that related to the selection of music for the therapeutic process, is an important issue relevant to further development in clinical practice as well as music therapy theory[2]. If, as clinicians and researchers, we jointly seek an answer to the issue of the therapeutic effects of the reception of music by our clients/patients in their real emotional or physiological reactions, then our research efforts will also contribute to the increased effectiveness of therapeutic measures in the field of clinical practice.

The notion of music programming for therapy in relation to music therapy focused on neurotic disorders

Tadeusz Natanson, the creator of the term and concept of therapeutic music programming, has been defining it from the very beginning as a "discipline involved with the academic foundations of musical analysis enabling the assessment of the therapeutic efficacy of various forms of music in different therapeutic situations"[3]. The key element of programming is, according to the author, "a conscious selection of music grounded in academic principles

1 » Programme. (2014). *14th World Congress of Music Therapy*. Krems, p. 22.

2 » Ibid.

3 » Natanson, T. (1992). Programowanie muzyki terapeutycznej. *Zeszyty Naukowe Akademii Muzycznej im. Karola Lipińskiego we Wrocławiu,* 53, p. 82.

that meets the needs of the intended therapeutic goals"[4]. We are thus dealing with a concept of programming focused around attempts to achieve effective outcomes from therapeutic measures, and a search for methods of analyzing musical material that would relate to the actual therapeutic process and would, in the future, facilitate a selection of music for therapy which would correspond to the therapeutic needs of the clients[5].

One of the main concepts in the programming theory was defined by Tadeusz Natanson as follows: "because there is general agreement on the fact that music can positively influence a human being's psychosomatic health, although we are not entirely sure how, we should look for missing information in the musical substance itself; we know it is working, we often know how it is working, but we do not know why"[6]. A similar approach is taken by the practicing academics and music therapists Daniel J. Schneck and Dorita S. Berger. In their book on the effects of music in relation to clinical practice, the authors perform an analysis of the symbiotic relation between music and humans, basing their work on theories from the fields of music psychology, music therapy and music physiology. They employ academic reflection and the analysis of the applications of music to a therapeutic situation in an attempt to discover "why and how music affects the human body, and vice versa – why and how the body affects music"[7]. This statement resembles an assumption made several dozen years ago by Tadeusz Natanson in his model of the influence of musical information on human psychosomatics[8].

4 » Ibid., p. 76.

5 » Cf. Kukiełczyńska-Krawczyk, K. (2014). Programowanie muzyki do terapii – 20 lat po wydaniu książki Tadeusza Natansona. In: Cylulko, P., Gładyszewska-Cylulko, J. eds. *Muzykoterapia – stałość i zmiana*. Wrocław: Wydawnictwo Akademii Muzyczne im. Karola Lipińskiego, pp. 115–144.

6 » Natanson, T. (1992). Programowanie muzyki terapeutycznej. *Zeszyty Naukowe Akademii Muzycznej im. Karola Lipińskiego we Wrocławiu,* 53, p. 82.

7 » Schneck, D.J., Berger, D.S. (2010). *The Music Effect. Music Physiology and Clinical Applications*. London–Philadelphia: Jessica Kingsley Publishers, p. 13.

8 » See: Kukiełczyńska-Krawczyk, K. (2010). Metoda kwalitometryczna Tadeusza Natansona w badaniach muzykoterapeutycznych. In: Granat-Janki, A. ed. *Tadeusz*

The professor emphasized that "given music's essence and its effect on human beings, i.e. the human being-music or music-human being relation, one cannot focus on music alone, and ignore the second element in this system – the human being"[9]. An important element in this approach to music programming is the relationship established when a human being encounters music during music therapy, a relationship which is expressed not only through objective physiological or emotional reactions (the latter connected with mood changes), but also through subjective perception determined by the listener's individual personality traits or other music reception conditions[10].

Thus, the effectiveness of music should be analyzed within a context of actual therapeutic situations in which the clients come across the music embodied in their individual perception, music that causes specific mental and physiological reactions.

Therapeutic problems of neurotic disorders

Neurotic disorders "force one to perceive the individual not only as a biological, but also a psychosocial phenomenon, the functioning of which (and disruptions to such functions referred to as 'illness') is determined by physical and biochemical as well as sociocultural processes"[11]. Karen Horney classes these as mental disorders "characterized by the presence of fears and defensive measures used against these fears as well as the search for compromises in any conflicts that arise"[12]. Neurotic disorders are connected with the relation of an individual to his/her self and with

Natanson. Kompozytor, uczony, pedagog. Wrocław: Wydawnictwo Akademii Muzycznej im. Karola Lipińskiego, pp. 158–159.

9 » Natanson, T. (1992). Programowanie muzyki terapeutycznej. *Zeszyty Naukowe Akademii Muzycznej im. Karola Lipińskiego we Wrocławiu,* 53, p. 92.

10 » Ibid., p. 96.

11 » Aleksandrowicz, J. (1998). *Zaburzenia nerwicowe*. Warszawa: PZWL, p. 13.

12 » Horney, K. (1992). *Neurotyczna osobowość naszych czasów*. Poznań: Rebis, p. 23.

his/her levels of engagement in relations with other people, and they affect: giving and receiving feelings, modes of expressing aggression, self-assessment capabilities and the ability to express oneself, demand one's rights and the need for sexual behaviours[13]. The detailed characteristics of neurotic disorders can be found in the ICD-10 *Classification of Mental, Behavioral and Neurodevelopmental* Disorders (F40-F48)[14].

Music therapy focused on mental disorders should, according to practicing therapists, be directed at improving mood, activating and achieving a state of relaxation and decreasing levels of fear in patients[15]. Music therapy can be also an effective form of intervention normalizing cognitive deficits, influencing self-esteem and self-expression and controlling emotional conditions and moods[16]. Still, the goals of music therapy focused on mental disorders should include those that are extremely important in the therapy of neurotic disorders.

Karin Mayer[17], a music therapist conducting therapy focused on neurotic disorders using the guided imagery method – GIM (Guided Imagery

13 » Domańska-Pękala, A., Horney, K. (2004). *Filozoficzne podstawy koncepcji nerwicy*. Warszawa: Wydawnictwo Naukowe, pp. 90–91.

14 » World Health Organization. (1998). *Klasyfikacja zaburzeń psychicznych i zaburzeń zachowania w ICD-10. Badawcze kryteria diagnostyczne*. Kraków–Warszawa: Uniwersyteckie Wydawnictwo Medyczne "Vesalius", pp. 90–105.

15 » Thaut, M.H. (1989). The Influence of Music Therapy Interventions of Self-Rated Changes in Relaxation, Affect and Thought in Psychiatric Prisoner-Patients. *Journal of Music Therapy*, XXVI(2), pp. 115–166; Silverman, M.J. (2006). Psychiatric Patients' Perception of Music Therapy and Other Psychoeducational Programming. *Journal of Music Therapy*, XLIII(2), pp. 111–122; Choi, A., Myeong, L.S., Hyun-ja, L. (2008). Effects of Group Music Intervention on Depression, Anxiety And Relationships in Psychiatric Patients: A Pilot Study. *The Journal of Alternative and Complementary Medicine*, 14(5), p. 567–570.

16 » Silverman, M.J., Marcionetti, M.J. (2004). Immediate Effects of a Single Music Therapy Intervention on Persons Who Are Severely Mentally Ill. *Arts in Psychotherapy*, 31, pp. 291–301.

17 » Mayer, K. (2002). Aktive Musiktherapie kombiniert mit rezeptiver Musiktherapie in der Erwachsenenpsychotherapie. *Musiktherapeutische Umschau*, 23(1), pp. 46–56.

and Music) – considers the following to be music therapy's most important tasks:

- the activation of emotions and imagery in order to raise the individual's awareness of their importance,
- the transfer to consciousness of unrevealed conflict material in order to work through it.

Music therapy is thus directed at the recognition and naming of experienced emotions and the activation of imagery processes, thus raising awareness of and solving problems faced by the patient and the entire therapy group.

Elżbieta Galińska emphasized that, especially in the case of neurotic patients who have difficulties accessing their own experiences – identifying as well as expressing them – music used as a tool enables experiences to be magnified to a level at which they become noticeable to the patients, who also may attain a sense of self-detachment towards their own experiences by playing and listening to their own expression[18].

The second important area in which therapeutic measures are applied are to the cognitive processes of the patient, especially imagery. Therapy uses the semantic layer of music[19] in order to initiate projection processes for diagnostic as well as therapeutic purposes[20]. Much like an image is projected onto a screen, an image of one's own "self" is projected onto the music: emotions, including those that are unrevealed or received negatively by the patient, and also his/her environment, desires, dreams, life goals, hidden needs, motivations, worldview, immediate surroundings and role in society[21].

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18 » Galińska, E. (2005). Inne techniki psychoterapii. Muzykoterapia. In: Grzesiuk, L. ed. *Psychoterapia. Teoria*. Warszawa: Eneteia, pp. 531–542.

19 » Cf. Cesarz, H. (2003). Psychoterapeutyczna wartość referencjalnego znaczenia muzyki. *Muzykoterapia Polska*, 3/4(7/8), pp. 7–12.

20 » Galińska, E. (2000). Muzyka w terapii. Psychologiczne i fizjologiczne mechanizmy jej działania. In: Jankowski, W., Kamińska, B., Miśkiewicz, A. eds. *Człowiek – muzyka – psychologia*. Warszawa: AMFC, p. 477.

21 » Kukiełczyńska-Krawczyk, K. (2003). Muzykoterapia na oddziale leczenia nerwic. *Muzykoterapia Polska*, 1(5), pp. 33–36.

Thus, music therapy of neurotic disorders is not only a tool for lowering levels of fear or encouraging relaxation, it also enables the exploration of personal problems and relations with others. It can contribute to improvements in interpersonal skills and help rid the patient of neurotic behavioural models[22]. Music therapy also becomes an opportunity to develop aesthetic sensitivity and open oneself to listening to music, and thus to awaken interest from the unknown pleasure of discovering music of another type to that which was previously favoured. The patient's understanding of the therapeutic influence of music on the human being allows him/her to apply similar measures after the end of the therapy[23].

The model of group music therapy in neurotic disorders

The music therapy model presented below was developed by the author of this article over the course of 20 years of practice at the Department for the Treatment of Neurosis at the Lower Silesian Centre for Mental Health in Wrocław (Oddział Leczenia Nerwic Dolnośląskiego Centrum Zdrowia Psychicznego we Wrocławiu). A three-stage music therapy model was adopted at this department which has been used in open and closed groups. Over the course of psychotherapy that lasted 12 weeks (for a group or for individual patient), there are between 12 and 15 music therapy sessions conducted in accordance with the dynamics of the therapeutic process.

The first phase is usually described as communicative and corresponds to the early development of a therapeutic group. At this stage, patients adapt to the new situation, receive basic information about participating in the group and familiarize themselves with the music therapy techniques which will be used during subsequent sessions.

22 » Schwabe, C. (1972). *Leczenie muzyką chorych z nerwicami i zaburzeniami czynnościowymi*. Warszawa: Państwowy Zakład Wydawnictw Lekarskich, p. 55.

23 » Ibid.

It is necessary at this stage to develop a readiness in patients to open themselves out and to create a sense of security in the group[24]. Group integration is less important at this stage. The initial actions undertaken in the music therapy process involve getting to know the patients and their way of thinking in order to categorize terms, assessing their own experiences and the system of values and meaning they give to their surroundings. The basic receptive techniques used at this stage, such as free association to music, the musical characteristics of a person, musical visualization and emotional listening to music should contribute to a decrease in fear in the patient, the building of trust towards everything that takes place in a group and to the establishment of contact between the music therapist and the group[25]. One integral element is the introduction of active techniques such as free improvisation on instruments or using the voice that should provoke session participants to perform spontaneous behaviours. Sample subjects for first music therapy sessions include: "moods in music", "colours in music", "a metaphorical picture of myself (under the influence of the music I feel like…)", "seasons in music".

The second therapy stage, described as exploratory, is connected with the next phases of therapeutic development in the group. It entails the disclosure of emotions, the way they are experienced, naming and confronting them. It is crucial to apply training sessions in empathy practicing the comprehension of other people's nonverbal behaviours, in order to overcome egocentrism, one of the dominant attitudes in neurotic disorders. But the most important thing at this stage is to explore the patient's problems and uncover the source of the conflicts which are the cause of neurotic symptoms. The most frequently used techniques are projection and imagery techniques, also known as auto narration

24 » Cf. Pietkiewicz, G. (1998). Muzykoterapia w terapii kompleksowej Ośrodka Leczenia Nerwic dla Dorosłych. *Zeszyt Naukowy Akademii Muzycznej we Wrocławiu*, 73, pp. 64–68.

25 » Cf. Cesarz, H. (2012). Wybrane metody i techniki muzykoterapii w pracy z osobami zaburzonymi psychicznie. In: Stachyra, K. ed. *Podstawy muzykoterapii*. Lublin: UMCS, pp. 185–202.

techniques used for therapeutic and diagnostic purposes[26]. These techniques are based on activation in the listeners of the projection mechanism, i.e. the projection of images of "self" onto the music. The imagery, usually inspired not only by a musical passage but also guided by a topic provided by the therapist, should focus on a typical problematic area for the patient. Sample imagery topics are: "my enemy and my friend", "my house and the atmosphere in it", "my favourite fable or book character", "my greatest flaw and virtue", "what I would like to receive as a gift", "pleasant memories" and "island of happiness". Projection of the patient's feelings, unrevealed emotions, desires, needs and motivation onto the music allows the therapeutic team to efficiently direct further therapeutic work. However, it is also necessary to introduce free improvisation on percussion instruments on an individual basis or by the entire group, facilitating the expression of the emotions that accompany the imagery[27].

The third therapy stage, known as the regulative stage, is connected with the last phase of therapeutic group development, separation processes and the organization of therapy centred around the individual goals of group participants and their increasing sense of responsibility for the therapy's progress. This phase can most often be observed in a closed group. On the one hand, it can serve as a summary both for individual group members and of the entire therapeutic process, and on the other, it enables patients to make an easier transition through the difficult process of the group breaking up and facilitates a positive orientation, directing them towards future development – outside the group. This explains why the most effective elements in this phase are the Elżbieta Galińska's musical portrait methods[28], and the previously used projection and imagery

26 » Galińska, E., Kozińska, J. (2005). Wpływ muzyki na symboliczny i diagnostyczny wymiar procesu wyobrażeniowego. *Muzyka*, 4, p. 3–29.

27 » Kukiełczyńska-Krawczyk, K. (2003). Muzykoterapia na oddziale leczenia nerwic. *Muzykoterapia Polska*, 1(5), pp. 33–36.

28 » Galińska, E. (2003). Doświadczenia urazowe i ich terapia metodą „Portretu Muzycznego" (PM). *Psychoterapia*, 1(124), pp. 19–40; See: Galińska, E. (1997). Wpływ metody Portretu Muzycznego na aktualny obraz własnego „ja" u pacjentów z zaburzeniami nerwicowymi. *Psychoterapia*, 3, pp. 57–72.

techniques, associations with the music and instrumental improvisations. Sample music therapy session topics are: "my portrait", "the journey taken by our group" and "musical hellos and goodbyes"[29].

A model for a single group music therapy session for patients with neurotic disorders could incorporate:

- an opening composition that is relaxing in nature, used to smooth out the mood of the group (*Musical Group ISO*)[30] and close out the previous therapeutic processes (e.g. after a completed group psychotherapy session). The aim of this composition is also to create a suitable atmosphere and integrate the group, which will facilitate the ongoing performance of the therapeutic process,
- short individual or group improvisation on percussion instruments that illustrates the current mood of group members, sometimes including elements of the empathy training (e.g. an exercise like "Play a musical gift for the person sitting on your right"),
- the core part of the session using projection and imagery techniques (*Projective Music Listening*) or free association to music (*Music Association*),
- working through the therapeutic problems arising in the imagery of patients/clients, using therapeutic conversation, simple instrumental improvisation techniques (*Affect-Focused and Emphatic Improvisation*), instrumental dialogues (*Interactive Dialogue*), elements of musical psychodrama and sound painting,
- concluding composition – depending on whether the therapeutic requirements favor relaxation or activation (*Affective Listening, Music Facilitated Relaxation*)[31].

29 » Kukiełczyńska-Krawczyk, K., Muzykoterapia zaburzeń nerwicowych. In: Stachyra, K. ed. *Podstawy muzykoterapii*. Lublin: UMCS, pp. 203–212.

30 » Maranto, C. D. ed. (1993). *Music Therapy: International Perspectives*. Pipersville: Jeffrey Books, pp. 684–706. The music therapy techniques are listed in accordance with the naming format proposed by Cheryl Dileo Maranto.

31 » Cf. Kukiełczyńska-Krawczyk, K. (2014) Programming Music for Therapy in Neurotic Disorders. In: Furmanowska, M. ed. *Art in Education and Therapy*. Wrocław: ATUT, pp. 126–127.

Music programming in neurotic disorder therapy – research and methods of traditional music piece analysis applied in clinical practice

Many studies on music reception presented in the international literature mostly apply to people suffering from various types of mental disorder[32]. This is why it is worth paying attention to the research carried out by Polish music therapists relating to music reception in participants at music therapy sessions during the treatment process of neurotic disorders. The first holistic research on the issue of diversification in the music reception of healthy individuals and individuals with neurotic disorders is contained in the papers of Elżbieta Galińska. She investigated a sample group of 150 music therapy sessions participants at health centres, conducting an analysis of the patients' musical preferences and their reactions to specific compositions by Fryderyk Chopin[33]. In her later papers[34] she focused on the analysis of the emotional, semantic, and aesthetic reception of selected compositions among a group of patients at the Clinic of Neuroses at the Psychoneurological Institute in Warsaw (Klinika Nerwic Instytutu Psychoneurologicznego w Warszawie) (among others: *Piano Concerto No. 24 in C minor*, K. 491, 2nd movement, by Wolfgang Amadeus Mozart, *De natura sonoris II* by Krzysztof Penderecki,

32 » Silverman, M.J. (2003). The Influence of Music on the Symptoms of Psychosis: A Meta-Analysis. *The Journal of Music Therapy*, 44, pp. 388–414; Silverman, M.J. (2009). The Use of Lyric Analysis Interventions in Contemporary Psychiatric Music Therapy: Descriptive Results of Songs and Objectives for Clinical Practise. *Music Therapy Perspectives*, 27, pp. 55–61.

33 » Galińska, E. (1975). Zastosowanie muzyki Chopina w terapii nerwic. *Rocznik Chopinowski*, IX, pp. 80–120; See also: Galińska, E. (1991). Myślenie muzyczne w procesie muzykoterapii nerwic i psychoz – projekt badań. In: Manturzewska, M. ed. *Psychologia muzyki – problemy, zadania, perspektywy*. Warszawa: AMFC, pp. 171–191.

34 » Galińska, E. (1975). Zastosowanie muzyki Chopina w terapii nerwic. *Rocznik Chopinowski*, IX, pp. 80–120; See also: Galińska, E. (1991). *Myślenie muzyczne w procesie muzykoterapii nerwic i psychoz – projekt badań*. In: Manturzewska, M. ed. *Psychologia muzyki – problemy, zadania, perspektywy*. Warszawa: AMFC, pp. 171–191.

Piano Concerto No. 2 in C minor, 1st movement, by Sergei Rachmaninoff, *The Marriage of Figaro, Overture,* by Wolfgang Amadeus Mozart).

I have also conducted research on the reception of a Johann Sebastian Bach composition (*Concerto for Two Violins in D minor,* 2nd movement) in order to compare the type and intensity of musical experiences presented by healthy individuals with those presented by those with neurotic disorders, and their subjective mood assessment[35]. The research showed clear differences in the emotional assessment of the composition that might be associated with the emotions experienced by the individuals with neurotic disorders, such as overemotional engagement and a gloomier mood[36].

The reception of music by individuals with neurotic disorders is characterized by attempts to subjectivise the experience, with a strong bias toward anxiety and depression, and from a semantic perspective – to present associations that are egocentric and nuanced in nature[37]. The research also includes precise therapeutic guidelines on the use of selected compositions or music genres in individual music therapy techniques. Also worthy of note are the studies of a younger-generation music therapist, Barbara Pełech, concerning the reception of relaxation music by patients of neuroses departments and by healthy individuals (the investigated composition: *Farewell* by John Doan)[38]. Music programming for therapy is, on the one hand, based on the search for and development of new objective methods enabling the assessment of the suitability of compositions for therapy, but, on the other, therapeutic

35 » Kukiełczyńska-Krawczyk, K. (2014) Programming Music for Therapy in Neurotic Disorders. In: Furmanowska, M. ed. *Art in Education and Therapy*. Wrocław: ATUT, pp. 117–130.

36 » Ibid., p. 125.

37 » Galińska, E. (1984). Profil przeżycia muzycznego u pacjentów zaburzeniami nerwicowymi. *Empiria w badaniach muzyki. Zeszyty Naukowe Akademii Muzycznej im. F. Chopina w Warszawie*, 14. Warszawa: AMFC, pp. 46–54.

38 » Pełech, B. (2008). *Oddziaływanie muzyki relaksacyjnej na wybrane komponenty lęku u osób z zaburzeniem nerwicowym i u osób zdrowych*. MA thesis. Akademia Muzyczna im. Karola Lipińskiego we Wrocławiu.

practice prompts music therapists to use traditional methods for analysing music[39]. Methods developed using music theory, especially the analysis of the components of music, are intriguing from a practical perspective. The need to apply such elements as melody, rhythm, harmony, meter, tempo and timbre to music selection was earlier pointed out by the creator of the notion of therapeutic music programming, Tadeusz Natanson[40]. Contemporary researchers in the field of music therapy who study what is termed musical microanalysis also see the need to analyse individual elements of a composition. These researchers include Denise Grocke[41] and Tony Wigram, who offer music therapists many important recommendations on the selection of music for individual music therapy techniques. These apply to, among others: the selection of music for the relaxation and imagery techniques used in the therapy of neurotic disorders[42]. Similarly, Frances Goldberg and Louise Dimiceli-Mitran[43], who study therapy using imagery techniques, use two terms to specify the types of music that are conducive, or not, as the case may be, to imagery activation: the small container and the big container. The first type of music relates to relaxation music providing a background for therapeutic exercises, helping patients to maintain their focus yet also providing a small space for the creation of imagery. The second type stimulates imagery processes by utilizing a much more diversified structure and larger changes in dynamics and tempo.

39 » Kukiełczyńska-Krawczyk, K. (2014) Programming Music for Therapy in Neurotic Disorders. In: Furmanowska, M. ed. *Art in Education and Therapy*. Wrocław: ATUT, p. 117.

40 » Natanson, T. (1992). Programowanie muzyki terapeutycznej. *Zeszyty Naukowe Akademii Muzycznej im. Karola Lipińskiego we Wrocławiu,* 53, pp. 183–190.

41 » Grocke, D. (2007). *A Structural Model of Music Analysis*. In: Wosch, T., Wigram, T. eds. *Microanalyses in Music Therapy. Methods, Techniques and Applications for Clinicians, Researchers, Educators and Students*. London: Jessica Kingsley Publishers, pp. 149–161.

42 » Grocke, D., Wigram, T. (2007). *Receptive Methods in Music Therapy. Techniques and Clinical Applications for Music Therapy Clinicians, Educators and Students*. London–Philadelphia: Jessica Kingsley Publishers, pp. 45–47.

43 » After: Stachyra, K. ed. *Podstawy muzykoterapii*. Lublin: UMCS 125, 126.

Studies on the effects of the individual components of music from a psychological or physiological perspective have also been contributed by psychologists and music physiologists, including Carol L. Krumhansl[44]. Conclusions that support music therapists with regard to the influence of music on the emotions are also reached in the Polish publications of Agata Kudlik[45], who bases her work on the research of John A. Sloboda and Patric N. Juslin[46].

Many articles have also been written on the importance of musical form when it comes to selecting suitable music for therapy. Tadeusz Natanson has discussed the suitability of various polyphonic and homophonic forms, especially the sonata cycle, in music therapy[47]. His reflections on the energetic passage through time of the sonata allegro, which proceeds in a manner that corresponds to the manner in which the listener progresses through the emotional process in the therapy, is also a topic discussed in the contemporary research[48]. The importance of musical structures and forms when it comes to the selection of music for therapy is also a research focus for Elżbieta Galińska[49]. The choice of suitable forms is very important for achieving appropriate therapeutic goals in the music therapy of neurotic disorders, such as emotional activation, the awakening of imagery processes and achieving relaxation.

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44 » Krumhansl, C.L. (1991). An Exploratory Study of Musical Emotions and Psychophysiology. *Canadian Journal of Experimental Psychology*, 51(4), pp. 336–353; Krumhansl, C.L. (1991) Music Psychology: Tonal Structures in Perception and Memory. *Annual Reviews of Psychology*, 42, pp. 277–303.

45 » Kudlik, A. (2012). Czy muzyka jest stenografią uczuć? In: Czerniawska, E. ed. *Muzyka i my. O różnych przejawach wpływu muzyki na człowieka.* Warszawa: Difin, pp. 57–68.

46 » Juslin, P.N., Sloboda, J.A. eds. (2011). *Handbook of Music and Emotion – Theory, Research, Applications*. Oxford: Oxford University Press.

47 » Natanson, T. (1992). Programowanie muzyki terapeutycznej. *Zeszyty Naukowe Akademii Muzycznej im. Karola Lipińskiego we Wrocławiu,* 53, pp. 152–183.

48 » Wigram, T. (2004). *Improvisation – Methods and Techniques for Music Therapy Clinicians, Educators and Students*. London–Philadelphia: Jessica Kingsley Publishers, p. 204.

49 » Galińska, E. (2008). Rola struktur muzycznych w psychoterapii. *Muzyka*, 3(210), pp. 45–74.

A sample selection of musical material for music therapy in neurotic disorders

Below I have listed topics for therapeutic sessions accompanied by a selection of appropriate musical material. These sessions – conducted at a day care department for the treatment of neuroses in an open group – took place once a week and were one component of a complex treatment programme, i.e. they coexisted with other treatment measures, among others, those with a psychotherapeutic element. The therapy cycle for each patient lasted 12 weeks, in accordance with an agreement concluded with the therapeutic team at the department. Participation in music therapy sessions was voluntary, and the number of participating patients each week ranged from 2 to 8. Among the persons present during the sessions were also two music therapy students on an internship. I was the therapist conducting the sessions. Because the sessions were open, most of them can be classified with regard to the therapeutic goals as first and second stage music therapy sessions with neurotic disorders. The sessions were organized according to therapeutic stages, and their topics, goals and music selections, as well as the feelings, imagery and reflections of the patients are presented below.

Stage I. Topic 1: "Myself in Spring"
Therapeutic goals: to activate associations and imagery inspired by music, to acquire the skill of naming moods and emotions, to interpret personal feelings.

Compositions:

- Composition 1: Marek Biliński – *Fragrant Geranium* from the album *Reflections*
- Composition 2: Marek i Wacek – *Paraphrase on A-flat Major Waltz*
- Composition 3: Zamfir – *Wild Theme*

Patient reactions:

- Composition 1: "spring in a soap bubble", "spring that is born within me yet cannot fully bloom, it sometimes withers, sometimes wavers", "the first signs of spring, a meadow in drizzling

rain, a butterfly metamorphosing from a larva, that resembles me in the middle of a transition accompanied by hope for the future".
- Composition 2: "liberty and freedom", "active, joyful spring, full of bike rides in a natural environment", "a beautiful, colourful meadow, a woman frolicking in it, making crowns of flowers".
- Composition 3: "a memory, yearning for spring, a mature person reminiscing on their childhood, reflection", "stability, an afternoon Sunday stroll with the family".

Stage 1. Topic 4: "A Metaphorical Representation of Myself"
Therapeutic goals: to create metaphorical images of oneself, to gain insight into one's own moods, emotions and personality traits, to heighten awareness of the way we see ourselves and the way others see us.

Compositions:
- Composition 1: Oscar Straus – *La Ronde de L'amour* (*Love Rondo*)
- Composition 2: Charlie Chaplin – *Bitter Tango* from the movie *Monsieur Verdoux*
- Composition 3: Marek i Wacek – *Spring Song*, arrangement of a composition by Felix Mendelssohn-Bartholdy

Patient reactions:
- Composition 1: "the music makes me feel like an ice skater who has been dancing her entire life", "I feel like a 19th century sleigh party, very pleasant".
- Composition 2: "I see a man somewhere in Portugal, an army readied for battle, but the enemies suddenly disappear", "I feel like a dancing woman, treated sarcastically by a man, and then rejected by him".
- Composition 3: "I feel like a Kaiserpanorama, with revolving pictures of running, crazy people", I feel like I'm out of breath".

Stage II. Topic 7: "My Enemy and My Friend"
Therapeutic goal: to gain insight into one's strong and weak points, to activate projections and imagery, to reveal hidden feelings and emotions.

Compositions:

- Composition 1: Richard Clayderman – *Piano concerto in B-flat minor*, arrangement for piano and orchestra of a composition by Pyotr Tchaikovsky.
- Composition 2: Zamfir – *Elvira Madigan*, arrangement for pan flute of a composition by Wolfgang Amadeus Mozart.

Patient reactions:

- Composition 1: "my enemy is helplessness, faltering strength, powerlessness", "lack of love and acceptance", "fear, sickness, neurosis", "undervalued, and the fact that my husband takes his mother's side, not mine".
- Composition 2: "my friend is the warmth coming from others and me, this is my virtue", "sun, music and dance, and a group of friends, my sister, my mum", "the closeness of somebody I know", "love shown to others that is requited", "openness to other people and good contact with others".

Stage II. Topic 8: "A Favourite Character from a Book or Fable"

Therapeutic goals: to uncover conflict areas, to activate projection and imagery processes, to gain insight into oneself.

Composition: Nikolai Rimsky-Korsakov – *Scheherazade Symphonic Suite*, Op. 35, 3rd movement, *The Young Prince and the Princess*.

Patient reactions: "this is the story of a Cinderella, broken off without a happy ending, she is fine with being a housewife, doing house chores, she doesn't want to be either a successful woman or a feminist", "Ravic from the *Arc of Triumph*, who despite many bad experiences, can still do good", "Tatiana from the novel *The Bronze Horseman*, who can give love, is persistent and has a will to live, although everybody who was close to her has died", "a stubborn Pinocchio – naïve, but a dreamer", "Anne of Green Gables, because I could also be a kindred spirit and am interested in humanistic topics, but not sport", "a cold Snow Queen, whose cold I don't accept", "Gertruda, who is sensitive and responsible in a feminine way", "Peter Pan".

Stage II. Topic 9: "Homely Atmosphere".
Therapeutic goals: to heighten awareness of roles and relations within a family, to uncover stifled needs and emotions, to work on oneself, to integrate the group.

Compositions:

- Composition 1: Marek i Wacek – *Spring Song,* arrangement of a composition by Felix Mendelssohn-Bartholdy.
- Composition 2: Modest Mussorgsky – *Pictures at an Exhibition*, *Samuel Goldenberg and Schmuÿle.*
- Composition 3: Zamfir – *I Dream a Dream.*

Patient reaction:

- Composition 1: "the composition reminded me of a bustling home, there could be small quarrels at this house, but they would be solved; everyone has his/her own role in this house: the men are carrying the tables, the women are cooking", "this is an image from childhood, my mum is making pierogi, my dad is outside, and I am riding a bike", "an atmosphere of a calm home where small misunderstandings may happen, but they can be solved".
- Composition 2: "I saw the dominant member of a family, it reminds me of my dominating sister, who has a strong personality", "under the influence of the music, I saw scenes from my own childhood, mostly my drunk dad coming back home, my mum screaming at him, and me feeling fear and uncertainty in this situation", "I sensed a turbulent atmosphere full of sadness and quarrels".
- Composition 3: "I saw a house to which I joyfully return after a long journey, while returning, I am wondering about the things happening at home and am happy that somebody is waiting", "mutual anticipation of a holiday, a vacation", "also mutual anticipation of a child".

Stage III. Topic 11: "Our Group Excursion"
Therapeutic goal: to integrate group members, to familiarize patients with relations within the group, to gain self-insight.

Composition: Sergei Prokofiev – *The Classical Symphony,* 2nd movement, *Scherzo.*

Patient reactions: "I saw a trip to the seaside where the entire group played volleyball; the atmosphere was pleasant", "a trip to the mountains in which other people participated as well, and the therapist played the guitar", "an intensive bike trip to the seaside, one of the patients doesn't agree to come into the sea, the others try to convince her", "a girly meeting at home at which difficult topics are discussed, but in a pleasant atmosphere", "a meadow full of flowers in which I and another patient make crowns from wild flowers".

Stage III. Topic 12: "Hellos and Goodbyes"
Therapeutic goals: to overcome the moods accompanying the process of a group breaking up, to heighten awareness of the emotions accompanying greeting and bidding farewell to somebody, to gain self-insight.

Compositions:

- Composition 1: Charlie Chaplin – *Eternally*, music from the movie *Limelight*.
- Composition 2: Antonio Vivaldi – *Oboe Concerto in C Major*, Op. 8, No. 12, 1st movement, *Allegro*.

Patient reactions:

- Composition 1: "a fond farewell between lovers", "I'm imagining a scene from a movie, maybe one set in the 19th century", "saying goodbye to a partner, while retaining a hope that things will return to the way they used to be".
- Composition 2: "our family with their children at our home, where they spent a night, this was, for me, an attractive, joyful occasion", "greeting curiosity, nervousness, competition".

Conclusion

The music used in the therapeutic process involving a group of patients with neurotic disorders performed its function with respect to the emotional and imagery and projection exercises. This was confirmed by the

patients, who shared their very emotional observations and images. The music allowed the patients to relate to:

1. their current circumstances of "being in therapy": "this is me at a transitional stage", "I would dedicate this piece to myself",
2. their own daily feelings and experiences: "riding a bicycle in natural surroundings", "a casual conversation with my husband, a glass of champagne",
3. the moods and emotions they were feeling at the time: "a sense of calm that someone wants to disturb", "irritation, running around aimlessly",
4. their relationships with their loved ones: "a walk with the family", "I would give this piece to my daughter", "it reminds me about my dominating sister",
5. their childhood experiences: "a mature person reminiscing about his childhood", "a conversation between child and parent", "an image from childhood",
6. current therapeutic needs: "I would extract for myself the strength of an elephant", "I would take everyone to a bar, where we could relax",
7. their hidden, unrevealed needs: "I feel like an ice skater who dances her life away", "lack of love and acceptance",
8. issues concerning neurotic disorders: "my enemy is my fear", "the character of Tatiana who can give love and has a will to live, although everybody who was close to her has died",
9. uncovered, positively reinforcing resources: "the warmth flowing from me, one of my good traits", "my friends are the sun, music and dance, and a group of friends, my sister, my mum", "love shown towards other people that returns to us".

Music applied in the therapy of neurotic disorders should also relate to the stages of the therapeutic process. At the first stage, at which the patient familiarizes him/herself with music therapy techniques, integrates with the other members of the therapeutic group and fulfils his/her need for safety and acceptance, the most effective type of music turns out to be easy to listen to and consistent with the preferences

of the session participants. At this stage, in order to make use of basic music therapy techniques, it is advisable to use arrangements of classical music or popular electronic music. But it is equally important to select pieces that vary with regard to their emotional and expressional content. This will allow the patients to experience a wide range of emotions and associations, including the ambivalent moods with which people with neurotic disorders strongly identify. At the second stage of the therapeutic process, the music should, as dictated by the pre-set goals, activate emotions and projection and imagery processes. At this stage it is useful to select classical and movie music, whose structure and form should correspond to individual differences and the duration of the patients' imagery processes. During the therapy, clients become acquainted with various genres of music, which are different in style and performed by different groupings of musicians. This is an additional advantage of the therapy linked to music education. One of the patients, on being asked what he had learned in the 12 weeks of music therapy, said that he had started listening to RMF Classic. This shows that the music selection also has an impact on the therapeutic goal of developing aesthetic sensitivity and opening oneself out to music that had no place in a patient's previous musical preferences[50].

The analysis of the music selection and patient reactions in the therapeutic cycle presented above has confirmed the findings of research on the reception of moods in music that showed that the way in which music is perceived is compatible with the patient's psychophysical state[51]. In the case of this analysis, this is particularly applicable to two compositions: *Melody* from *Orpheus and Euridice* by Christoph Willibald Gluck, perceived by some of the group as being calm and sombre, and *On the Sunny Side of the Street* by Jimmy McHugh, which was compared to a litany. The mild depression in patients with neurotic disorders therefore

50 » Kukiełczyńska-Krawczyk, K. (2003). Muzykoterapia na oddziale leczenia nerwic. *Muzykoterapia Polska*, 1(5), p. 36.

51 » Cf. Kukiełczyńska-Krawczyk, K. (2014) Programming Music for Therapy in Neurotic Disorders. In: Furmanowska, M. ed. *Art in Education and Therapy*. Wrocław: ATUT, p. 125.

affects the way they perceive a piece of music, a factor which should be taken into consideration during the selection of music for therapy.

Selection of music conditioned not only by the needs or preferences of the client and the therapeutic goals, but also by the group dynamics and therapy stage, will enable effective planning of the therapeutic process in the music therapy of neurotic disorders.

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THE SPONTANEOUS MUSICAL THEATRE (STM) TECHNIQUE IN THE TRAINING OF MUSIC THERAPISTS

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» Abstract: Spontaneous Musical Theatre (STM, Polish: Spontaniczny Teatr Muzykalny) is an original music therapy technique applied in work with patients as well as in the training of music therapists. The author of this article describes its origins and premises and the way it is used to train music therapists of the future over the course of their studies at the Wrocław Academy of Music.

Keywords: vocal and motor improvisations, education for music therapists, Spontaneous Musical Theatre (STM), paratheatre techniques. «

As a graduate of the first music therapy course in Poland (the first Diploma of a 2-year Music Therapy Postgraduate Course issued in 1975), I would like to reflect on the beginnings of this academic field and the therapeutic activities it introduced me to. In 1973, when I was a first year student, there were 13 students in my group, most of whom had graduated from different courses at the National Higher School of Music (Państwowa Wyższa Szkoła Muzyczna, PWSM) in Wrocław[1]. We were all

1 » Initially, it was uncertain whether the course would possess the structure of a 2-year MA degree or a postgraduate (or post-high school) course. During our

interested in this new academic course. Our curriculum included: the music literature (from a music therapy perspective), anatomy and physiology, psychotherapy, eurhythmics, harmonized improvisation, performance techniques on the recorder and a (percussion) instrument used in schools, psychology, psychiatry, psychotherapy, internal medicine, the rehabilitation of different diseases, dance therapy and music therapy. We practiced music therapy at various hospitals; most often the practical exercises we implemented focused on listening with the patients to relaxing music.

However, before I started my studies in this field, I accepted an offer from Prof. Tadeusz Natanson to participate in the first attempts to use music therapy in a disabled student group during a rehabilitation camp taking place in September. Jadwiga Witka (a musician and journalist at Polskie Radio in Wrocław) tried out relaxing music programmes created by Prof. Tadeusz Natanson and Dr Andrzej Janicki, which were recorded by the VIFON Polish record label on magnetic tapes. Apart from musical relaxation (between after-dinner sessions), there were also sporadic singing and dance therapy sessions (conducted by Dr Anna Drozdowska from Kraków, who amazed the others at the time with her choreography adapted for the disabled). Additionally, together with the participants, we spontaneously organized poetry evening events for which I selected appropriate music. While acquiring new experiences at the camps held over the following years, I was also expanding my music therapy activities. I began working in the field in 1975 as an assistant to Prof. Natanson. I was interested in drama therapy and, following the advice of Henryk Szydlik, Ph.D., our drama therapy lecturer, I decided to continue my education at the Voice and Drama Faculty at the PWSM in Wrocław, in order to learn about acting techniques. I felt fortunate to study there under the best actors in Wrocław, among others, Igor Przegrodzki,

studies it was decided that this would be a postgraduate course. For this reason, our classes included students of other courses, university graduates and even two high school graduates. The latter received their diplomas only after graduating from the National Higher School of Music in Wrocław.

Bogusław Danielewski, Andrzej Polkowski and Zygmunt Bielawski. But the person who exerted the greatest influence on me during my studies was Lech Terpiłowski[2], a director who implemented his artistic visions in accordance with his idea of "musical theatre", i.e. theatre open to music (which was not always musical in the strictest sense). He was interested in music therapy and supported me when I was trying to transfer my experiences gathered during his classes over to exercises I was carrying out with patients and music therapy students. After a while, I created my own concept of Spontaneous Musical Theatre[3], a special (our very own and Wrocław-based too!) music therapy technique. The atmosphere prevailing in Wrocław theatre circles in the 1970s and 1980s also left its mark on my STM conception. This was a time when the Festiwal Teatru Otwartego (Open Theatre Festival) was taking place in Wrocław, an event which featured many world-renowned directors and artists, and also a time at which such famous theatre personalities as Henryk Tomaszewski (Wrocław Pantomime Theatre) or Jerzy Grotowski (Laboratorium Theatre) were highly active. Besides theatre shows, there were also theatre internships and workshops, and anyone who was interested could participate. A great deal was being written about theatre and any novelties in this field. In 1989, the Polski Theatre organized an interesting conference entitled "Psychoterapia i teatr" (Psychotherapy and Theater), and the Kalambur Theater organized a meeting with Michel Reynaud and his France-based collaborator, Kazimierz Skorupski (the Euridice Theater), both of whom were using their theatre-based work to conduct therapy sessions (the Euridice Theater).

I continued to cooperate with Lech Terpiłowski for many years after my studies when I was a member of his Kompania Teatru Muzykalnego

2 » Polak, I. (2001). Lech Terpiłowski i jego idea teatru muzykalnego. *Wokalistyka i pedagogika wokalna. Zeszyt Naukowy Akademii Muzycznej,* 81, pp. 254–260.

3 » At the beginning, the name for my conception, Spontaneous Musical Theatre, employed the term "muzyczny" (English: musical), i.e. related to music, but after some time, I came to the conclusion that the term "muzykalny" (also "musical" in English), here meaning "skilled at music", "sensitive to music" would be more apt as well as referring directly to Lech Terpiłowski's conception.

(Musical Theater Company), and also at the Dziecięca Scena Operowa (Children Opera Stage)[4]. My first attempts to use elements from paratheatre exercises were made during rehearsals for a poetry evening at a rehabilitation camp for students with motor impairments in Krynica Morska in 1978. I worked with the group containing the most severely impaired students, helping them to select music for individual poems. So as to better prepare them for the interpretation of a poem, I showed them several acting exercises. Aided by a pleasant evening atmosphere, we managed to set the mood for vocal and motor interpretations which turned out to be more effective than kinetic therapy exercises. While interpreting different water-based imagery, some participants performed movements that had earlier been impossible to achieve! This convinced me that using theatre or paratheater techniques was very useful, as was further confirmed by the session participants in an anonymous survey carried out at the end of the camp.

While searching for new methods for working with patients and music therapists of the future, I convinced Prof. Tadeusz Natanson of the value of my ideas. The music therapy curriculum on graduate and postgraduate studies was expanded to incorporate one more course: paratheatrical techniques. For many years (with a short break in 1980s), the structure of this course was further developed to encompass new experiences reported by the participants and their feedback.

The goals of this course were to acquire basic knowledge about the paratheatrical methods and techniques applied in psycho- and music therapy, develop the practical skills required during the application of such methods and techniques, prepare students for their participation in drama therapy and help them to acquire skills useful for the application of paratheatrical methods and techniques, or elements of these, in their work as music therapists. The course content incorporated some theoretical background on basic methods and techniques (such

4 » Polak, I. (2014). Kompania Teatru Muzykalnego Lecha Terpiłowskiego. *Wokalistyka w Polsce i na świecie*, X, pp. 151–167; Polak, I. (2015). Dziecięca Scena Operowa Lecha Terpiłowskiego. *Wokalistyka i pedagogika wokalna*, VII, pp. 163–182.

as pantomime, corrective emotional experience, basic drama therapy techniques: playing oneself, switching roles, the mirror, conscience as a doppelganger, monologues, the Spontaneous Musical Theater technique) and also issues relating to therapeutic theaters, practical exercises (pantomime, vocal and vocal/motor exercises with a particular emphasis on STM as a technique created for music therapy) and methods of applying them, as well as the practical application of the newly acquired methods and techniques, with attempts being made to implement drama therapy within the group (i.e. the course participants).

The basic structure of the sessions is fixed, and contains, besides a theoretical introduction into the aspects of theater and therapy and paratheater techniques described in the literature, three basic elements: practical pantomime exercises, vocal improvisation and vocal/motor activities. The topic of each etude depends on the imagination of the participants, although certain elements are constant, for example, elements related to the compositions used in sessions. I have described the STM many times[5], but it would be beneficial, at this juncture, to recall its core principles, all of which I introduce during lectures for music therapists of the future.

The practical part of the session commences with short simple pantomime performances:

> group (e.g.: "in a meadow", "in a park", "in a forest", "on a beach", "on a tram", "walking in the rain", "a trip to the Zoo", "visiting a museum", "a doctor's appointment", "at the hairdresser's", "a meeting in a café", "a road accident" and others; also inhibitory/inciting games based on reactions to audio signals, e.g.: "1, 2, 3! Red light! Green light!", "slow motion", "statues"),

5 » Cf: Polak, I. (1979). Techniki parateatralne w psycho- i muzykoterapii. In: Natanson, T. ed. *VII Ogólnopolskie Spotkanie Współpracowników Zakładu Muzykoterapii (25–26 listopada 1978.). Zeszyty Naukowe Państwowej Wyższej Szkoły Muzycznej*, 22, pp. 71–78; Polak, I. (1981). Spontaniczny teatr muzyczny. *Zeszyt Naukowy PWSM*, 29, pp. 71–85; Polak, I. (2014). Technika Spontanicznego Teatru Muzykalnego. In: Cylulko, P., Gładyszewska-Cylulko, J. eds. *Muzykoterapia stałość i zmiana. Wrocławska Muzykoterapia*, vol. 1. Wrocław: Akademia Muzyczna im. Karola Lipińskiego we Wrocławiu, pp. 145–154.

- group (e.g.: positioning each other to appear like statues, paintings, sculptures, digits, numbers and letters, short simple performances on various topics),
- individual (e.g.: "morning routine", "putting on makeup", "drinking coffee", "waiting for somebody", "watching TV", "public appearance" etc., followed by more challenging tasks, e.g.: expressing emotions, feelings and different notions — gradually more abstract — using gestures, facial expressions and movement of the entire body).

The next stage in the exercises is movement to accompany popular children's tales: *Hansel and Gretel*, *Cinderella*, *The Tale of the Fisherman and the Fish*, *Snow White and the Seven Dwarfs*, and others. Sometimes these are illustrations through movement of tales recorded on albums, and other times, improvised performances to selected music (e.g.: *Ritual Fire Dance* from the ballet *The Bewitched Love* by Manuel de Falla, *Humoresque*, Op. 101, No. 7 by Antonín Dvořák, *Morning Mood* and *In the Hall of the Mountain King* from the *Suite No. 1 Peer Gynt*, Op. 46 by Edward Grieg, *The Sorcerer's Apprentice* by Paul Dukas, *The Ballet of Unhatched Chicks in their Shells* from the *Pictures at an Exhibition* and *Night on Bald Mountain* by Modest Musorgski, and *The Swan* by Camille Saint-Saëns, among others).

This serves as preparation for the next stage, i.e. improvisation employing sound. At first, we all sing the same tone; we close our eyes and listen to its vibration; we describe our feelings. Then each participant searches for his/her own pitch suitable "for the given moment" and for his/her own melody — we listen to the harmony and mood of these "compositions". As we develop freedom of creativity, we activate different kinds of inspiration, channeled through: our surroundings (the sounds of objects and devices, the sounds of nature, the sounds made by different animals etc.), improvised movement (interpretation of a movement proposed by one person), visual arts (paintings, sculptures etc.), music (improvised, for example, on an instrument). By doing this, we are in effect creating ad hoc improvised compositions (individually and in groups). There are also words and sentences which are uttered in various

ways and with different mood content; "games with words and sentences" are enriched through the interpretation of sonoristic poems[6]. There is also time to read favorite poems aloud, discuss the selections that have been made, interpreting them in different tempos and moods, and also create stories about objects (inspiration may be provided by a set of found objects, e.g. a key, fountain pen, toy, bead necklace, bottle stopper etc.). While performing this activities, participants may refer to their own personal memories or create an imaginary tale. At this stage, I also draw attention to the tonal qualities of the human voice and the importance of correct production when working as a music therapist, but also to the possibility of using elements of voice rehabilitation (according to need) in future professional work. It should be noted that sensitivity to intonation and its timbre can be of assistance during the patient diagnosis process. Before a patient gathers the courage to speak about his/her problems, the therapist's ear should be sensitive enough to distinguish various unvolunteered information[7].

The third stage combines motion and sound, the activities are inspired in a similar way to the previous stage, but the scope of the exercises widens and the topic depends largely on ideas generated by the group, how many members it contains and their ability to cooperate. At the end, the participants prepare their own short performances on various topics to music either selected or created by themselves (individually or in groups) — often with elements of vocal improvisation.

All these improvised "theatrical games" on various topics are directed, above all, at the facilitation of future participation in drama therapy during which real events and problems are acted out. In the drama therapy lessons, we also play out different "real life" situations

6 » The poems we use are *Wiersze sonorystyczne* by a Wrocław-based composer Ryszard M. Klisowski (see: Polak, I. (2014). Technika Spontanicznego Teatru Muzykalnego. In: Cylulko, P., Gładyszewska-Cylulko, J. eds. *Muzykoterapia stałość i zmiana. Wrocławska Muzykoterapia*, vol. 1. Wrocław: Akademia Muzyczna im. Karola Lipińskiego we Wrocławiu, p. 153).

7 » For this reason I place the STM technique between pantomime and roleplaying (before the patient discloses his/her problems, through sounds or random words).

that the students came across, but we do not always delve into personal matters, leaving the process of finding potential solutions to psychologists and psychotherapists[8].

Paratheatrical techniques are studied over two semesters, the subject is offered to first year students and in principle is an introduction to further activity in the same field. The applied STM technique, apart from acquainting students with various possibilities for applying it in their future work, is used to prepare the students for participation in other types of session and therapy by activating motor as well as musical skills, develops the ability to express emotions and the ability to take action and cooperate in a group, develops their imagination, especially their musical imagination, sensitizes them to the hearing and creation of sounds and activates and deepens their sensitivity toward music and art.

Undoubtedly these classes are considered by future music therapists to be attractive, as shown by my observations over many years and the opinions of the participants. Even those who were very reluctant to participate in these types of activity come back to them years later, looking at them from a different perspective. Are they using them in their professional work? It is difficult to verify and establish this accurately, because it depends on multiple factors: their personal preferences, specific place of work, the type of disease affecting the patients etc. From my contact with Wrocław-based students and graduates established over almost 40 years working as a teacher, it would appear that they often return to the topics they wrote about in their academic theses and use at least some elements of STM in their professional practice, according to need and opportunity. It is particularly worth highlighting that this

8 » The attempts made by the author to test the influence of STM on, among others, anxiety levels, have been described in the following publications: Polak, I. (1981). Wpływ działania techniką spontanicznego teatru muzycznego na redukcję poziomu lęku. In: Natanson, T. ed. *X Ogólnopolskie "Spotkanie Współpracowników Instytutu Muzykoterapii (28–29 listopada 1981). Zeszyt Naukowy PWSM*, 31, pp. 148–153; Polak, I. (1984). Redukcja poziomu lęku u muzyków-wykonawców. In: Górski, E. ed. *XII Ogólnopolskie Spotkanie Współpracowników Instytutu Muzykoterapii (20–22 stycznia 1984 r.). Zeszyt Naukowy PWSM*, 38a, pp. 189–192.

proposal for therapy came into being and was developed within the Wrocław music therapy circles, yet is suitable for any therapists with musical background.

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The second volume in the "Wrocław Music Therapy" series presents music therapy models developed in Wrocław. It includes articles by authors connected with the Department of Music Therapy at the Karol Lipiński Academy of Music in Wrocław and the Main Board of the Polish Music Therapists' Association, who have a wealth of experience gained through academic research, therapy, training and organizational activities. We sincerely hope that the publication will significantly contribute to further academic advances in the music therapy field, while bolstering the music therapy profession and presenting the work of the Department of Music Therapy, which has been going on for almost forty-five years.

ISBN 978-83-86534-95-1