

Robert Duda, Vienna 2023

Music therapy in inclusive settings – with reference to Eurhythmics in inclusive settings

Translated by: Hannes Taljaard

(A transcription of the lecture at the Erasmus Week of the Institute for Music and Movement Education/Rhythmics, mdw, on the topic "Eurhythmics in inclusive and therapeutic settings", Vienna 05.11.2021)

What is music therapy?

According to the definition of the Institute for Music Therapy at the University of Music and Performing Arts Vienna, music therapy is described as follows:

“Music therapy – especially in the tradition of the Viennese School of Music Therapy – is closely related to other scientific disciplines such as psychotherapy, psychology, medicine, musicology and pedagogy.

The purpose of music therapy includes

1. prevention, including health promotion,
2. treatment of acute and chronic illnesses,
3. rehabilitation,
4. promotion of social skills including supervision, and
5. teaching and research.

Music therapist is a legally recognised health profession in Austria. According to the Music Therapy Act (MuthG, § 6, par. 1), music therapy is defined as an independent, scientific-artistic-creative and expression-promoting form of therapy. It includes the deliberate and planned treatment of people, especially people with physical, mental, intellectual and social disorders and states of suffering, with the artistic medium of music within a therapeutic relationship.”

(<https://www.mdw.ac.at/mth> , Univ.-Prof. Dr.med. Dr.sc.mus. Thomas Stegemann, 06.04.2023)

In what follows, I describe the concept of music therapy in my own words and from my own experience. Music therapy is comparable to psychotherapy, but it is a non-verbal form of therapy and thus manages without language. Just as in psychotherapeutic training, a sufficient amount of self-experience is obligatory. Music therapy treatment is mostly process-oriented and aims primarily at overcoming problems in the lives of the patients. This is usually done by promoting self-awareness, i.e. by becoming aware of oneself. A mindful attitude and conscious attention to the own inner processes should enable patients to clearly perceive their own thoughts, feelings and behaviour.

The theme of music therapy also includes exploring and developing one's own identity ('Who am I?', 'What do I like and what do I dislike?') and how can this be communicated and brought into relationship. Thus, one goal would be the independent and self-evident shaping of one's own life reality. The focus is on the relationship to oneself or to a counterpart, and also the relationship dynamics within a group. The therapeutic relationship functions here as

mediated and exemplary relationship management, as does like the group-therapeutic experiential space. Music therapy deals with communication, contact behaviour, expression and the regulation of emotions. All in all, its aim is to bring about an improvement in the current situation and a reasonably good quality of life through the therapeutic relationship and the medium of music.

Music therapy in working with people with disabilities

In the following, I give my personal assessment of what distinguishes music therapy in the field defined by working with people with intellectual or physical impairments. I base my discussion on my practical experience, my twenty years of work as a musical assistant, integrative educator and music therapist who works with people with cognitive and physical impairments aged between thirteen and seventy.

Multiple diagnoses and comorbidity

In an inclusive field of work, one is often called upon to be flexible in one's encounters with patients, especially because multiple disabilities are present on both the physical and cognitive level, but also because any conceivable or treatable issue can be added to the impairments, as is also the case with people without impairments. Even if one thinks one knows how music therapy with people with diagnoses such as trisomy 21 or autism will turn out, it usually turns out differently than one thinks. In general, it can be said that it is not the disability itself that is seen as an indication for therapeutic treatment, but rather its after-effects, such as problems in colliding with systems, the environment and society, or additional life crises. For example, challenging situations arise in the context of the family, the residential commission, the workshop or in other dependency relationships, where violence, abuse, assaults, bullying, neglect, self-harm or self-injury can occur. Where dependency relationships have hardened or become entrenched and are difficult to resolve, tensions arise that can be resolved in the therapeutic setting.

Many patients also show psychological and psychiatric disorders that cannot be tolerated by the environment and others in the current life situation, such as depression, psychoses, impulse breakthroughs, behavioural disorders or tics. These often require medication to make therapy possible in the first place.

Issues that are constantly present, form the challenges that shape everyday life of someone with a disability and the experience of the barriers that become noticeable because of deviation from the norm. This happens in contexts such as kindergarten, school, finding a job, friendships, love and sexuality. And personal limits, possibilities and abilities, dependence, autonomy and independence are also part of the therapeutic process. All these topics are often treated with the involvement of the family system or support groups. This means that the exchange with all those involved is of great importance. This can be especially important when there is a reduced ability to communicate or no language at all, for example, when asking the person being treated about the therapeutic process.

Body awareness

If one encounters people who communicate, perceive and process less on the cognitive level, one is also invited as a counterpart to encounter oneself in this way. The fact that less is processed or abstracted through mental and verbal processes means that other areas in our perception become more prominent. Therefore, as a music therapist, working with people with impairments brings me even more into contact with my own non-verbal world of experience and pre-linguistic past, even more into connection with my intuition, my 'animal' parts and more into the here and now. The reason for this is that it is on these levels that a large part of the encounter and the shaping of relationships usually takes place.

In addition, people with physical impairments often need physical support to be able to hold and ultimately play an instrument. Thus, physical body contact is more frequent in this field of work and requires an adequate perception of the signals of the counterpart: atmospheric, posture, smallest body signals, gaze, breathing and all vegetative forms of expression such as trembling, salivation, sweat, smell, body temperature and colour can be of great importance here.

Therefore, it is advantageous for therapeutic work in the field of work with people with impairments to have experienced sufficient body-therapeutic self-awareness. It seems particularly important to me that as a music therapist one perceives or feels oneself well, knows one's issues on a physical level and has a 'trained' body awareness. Where there is less language, body experience and feeling come more to the fore. And, where people are not speaking or thinking, they feel more. And those who are feeling, are those who speak and think less.

Auxiliary aids, digital and electronic musical instruments

In addition to physical support, aids such as special chairs and seating, mats, support cushions or blankets, side tables or stands, mallets with wide and non-slip handles, cleaning cloths or protective devices for certain instruments are also useful in this field of work to support and enable expression. In particular, the use of electronic musical instruments and digital media can be helpful in music therapy with people with physical and cognitive impairments. This is because technical progress in the field of sound-producing instruments can make it easier for people with limited abilities to participate in music therapy. For example, synthesizers that can produce sufficient sound with little effort or limited ability on the part of the patient are a means of promoting self-expression. To this end, there are now many ways in which sounds can be produced through the translation of movement and emotional expression. This can happen, for example:

- through the light plastic keys of a keyboard,
- through the electromagnetic pick-up of vibrating metals, as in electric string instruments,
- through touch sensors that trigger sounds through mere skin contact, as in various synthesizers, but also in tablets and smartphones,
- through motion sensors that are built into the instrument itself or can be attached to the body,
- through control with infrared or ultrasonic signals,
- by camera-controlled sensors, which can be used to pick up and translate the movement of various parts of the body or the movements of objects, or to use mere eye movement to control the sound output,

- by electromagnetic ways of sound control, where proximity and distance to a receiver module regulate musical values, or
- by effect devices, which can amplify and change the voice, sounds and noises in various ways through acoustic pick-up by means of microphones or pick-ups.

Although the technology is not yet fully developed in terms of smooth and music-therapeutically adequate usability, some electronic musical instruments and digital devices can already be usefully integrated into a music-therapeutic process, especially when working with people with impairments. Emotional expression, contact initiation and communication can sometimes even be made possible in the first place through these aids.

The importance of security in music therapy

In addition to the aforementioned tools, a factor that helps to address challenging issues in the therapeutic setting is the feeling of security. First of all, a clear institutional structure makes an important contribution to the experience of safety: factors such as infrastructure, buildings, premises, equipment, reception procedures, organisation and everything that is part of the treatment surrounding the actual therapy session. Furthermore, security arises in the relationship with the therapist. This can be achieved by the therapist and the patient being sympathetic to each other, by feeling comfortable with each other, through confidentiality and by the person concerned feeling invited to open up and show what they want to be seen. Trust in the therapist also arises when he/she is experienced as competent, especially with regard to a good overview of the course of the therapeutic process and by keeping an eye on the therapy assignment. The reason for this is that a person basically comes to therapy in order to address a problem confidentially, because he/she is in a critical life situation, wants to change it and wants to make use of support. Therefore, within the first sessions, the task is clarified together: What is the goal? Why are you coming to therapy? What do you want to achieve here? With what do you need support? This mandate serves as a guiding thread and orientation through the therapy process and is constantly re-adjusted. This contributes to a feeling of security in the course of the music therapy session.

Another way of creating a sense of security through structure within the music therapy session is, for example, the use of rituals. Here I will briefly highlight the opening or welcoming ritual of a music therapy session, and the closing or farewell ritual of a session. Here are some examples:

- a freely invented or a jointly established welcome song with any instruments and singing
- a welcome improvisation (one solo piece per person or a joint duo)
- listening to the patient's current favourite song
- a receptive relaxation session to get you started, where the patients can lie with their eyes closed and listen
- a joint attunement in silence
- striking the gong or the singing bowl

These ideas can function both as an opening and a closing ritual and work in individual settings as well as in group settings. As a welcoming ritual, reference can be made immediately to how the patients feel and what has just been perceived. Often the connection to the problem they brought with them can already be made here. Sometimes the session goes in another direction and the connection to the treatment mandate is

established only later on. In the context of working with people with cognitive impairment, the rituals are either agreed upon and clarified in advance or, in the case of poor communication skills, a suitable welcome and closing ritual develops in the course of therapy through mutual perception and getting to know each other. An important aspect is that the patients can experience a rounded conclusion of the session and are not released into everyday life in an emotionally 'open' state. This increases the trust in the setting, which can be experienced as safe and again invites the patient to show his or her emotions independently and naturally and to set them in motion. In addition, it is important to give space and time for the emotions in the course of a therapy session in order to establish a feeling of security. This means that the patients are given space and time for themselves and for what they want to show or for their behaviour. In this way, the focus is on the patient's current condition. The experience of being given space and time for this usually creates trust and makes it possible to experience security: 'I can be here, just as I am.' But still, the framework conditions and the 'integrity' of the setting must be preserved, which leads us to the next point.

Pedagogical topics

Besides the therapeutically significant contents, pedagogical contents are always present in music therapy with people with impairments. These include following rules and framework conditions, such as coming to therapy regularly and keeping to the times or various rules of behaviour to make therapy possible in the first place; such as leaving oneself, others and the instruments unharmed. This defines the areas where emotional expression may reach its limits, opportunities for expression which a therapeutic setting can provide without compromising the setting itself. Sometimes it also comes to teaching the patient how to use an instrument, how to communicate needs and how to develop skills and abilities. And of course, psychoeducational content is also part of a therapy session, when, for example, information is given about diagnoses or illnesses, but also about the process of psychological, physical, emotional and traumatic processing.

This thought leads us to the comparison of Eurhythmics (music and movement education) as a pedagogical discipline and music therapy as a therapeutic discipline and its use in an inclusive setting.

Music therapy and Eurhythmics in the field of work with people with disabilities

What music therapy and Eurhythmics claim for themselves in equal measure is musical improvisation with music and sound as the central medium of expression in a relational structure. Eurhythmics is a form of music and movement education and achieves therapeutically valuable content. This is especially the case when used within a therapeutic institution and in contact with people with impairments and who need support. Therapeutic aspects and techniques cannot be excluded from Eurhythmics, because when people express themselves, developmental processes are inevitably set in motion. And as already mentioned, music therapy cannot do without pedagogical content, because the transitions between therapy and pedagogy are fluid and the intersections are large. In the end, it depends on the conscious interpretation and the perspective from which the contents or interventions in a rhythmic or music therapy session are viewed in order to then be able to be defined as pedagogical or therapeutic.

If one compares a rhythmic session with a music therapy session, it becomes clear that in the context of a Eurhythmics session, in addition to musical instruments, other artistic creative material, such as movement, is specifically used. One could say that it is more about artistic expression per se, whereas music therapy is about artistic expression as a means of healing, resolution and change. Accordingly, music therapy focuses more on listening and feeling into one's own body. The emotions that can be perceived and become conscious can then find expression through music making. In music therapy, more time and space are given to reflection, therapeutic mirroring, tracing and awareness. An important guiding question is, what does what I have experienced and expressed have to do with my life or specifically with my problem?

The therapeutic relationship is central in music therapy. Here, the music therapist is available as a counterpart in certain roles: as a projection surface, as a mirror, as a resonance body, as a listener, as a witness, as an advocate, as a representative; in any consciously chosen role that proves useful for the therapeutic process. Sufficient therapeutic self-awareness is a prerequisite for the therapeutic contents listed above in order to be able to provide and hold this space. This is a crucial contrast to Eurhythmics. As a form of therapy, music therapy tries to question more, to reflect, to make people aware and ultimately to keep the goal of alleviating or solving a problem in mind. In an inclusive setting, this is often done less through verbal language and abstraction, and more through music-making, body language, mirroring, and the joint creation of an atmosphere and coherence in the therapeutic relationship space. The aim is a gradual approach to an agreed task and that the patients gain awareness of themselves, come closer to themselves and thus have more intuitive access to what they want and need, what they like and what they don't, where they need help, how they ask for help and how they can express, communicate and also endure emotional states.

Music therapy in the inclusive setting is in itself a fun and playful way of engaging together, while at the same time keeping the focus on the mission and on improving life circumstances. Eurhythmics in the inclusive setting usually offers an even more playful approach than music therapy when it becomes even more about the creative activity and the artistic expression, about the artistic confrontation and the creation itself. One of the most valuable aspects here is that the problem can be left behind for the time being. What happens can rather be left as it is, and precisely because of this, it can have a relaxing effect. This aspect in particular is an extremely useful one for people with impairments, as this group of people often suffers from a certain 'over-support', i.e. being overtaxed by therapy offers and therapy goals.

Conclusion

In conclusion, it can be said that offering non-verbal forms of therapy in an inclusive setting is of great importance in the area of physical and cognitive impairments. In this context, Eurhythmics and music therapy both make a great contribution to improving the quality of life of patients and are, along with many other forms of therapy, a fun way of dealing with oneself. Despite all the overlaps that both disciplines share, in a music therapy session the focus is more on the problem, a deeper therapeutic encounter and confrontation with oneself. The Eurhythmics session, on the other hand, offers more possibilities of expression,

as well as a deeper artistic encounter and confrontation with oneself. After working for almost ten years in a therapy institute for people with impairments and experiencing how Eurhythmics and also music therapy function as components of a holistic therapy offer, I find them to be two valuable offers that complement each other wonderfully.

Recommended reading

Niedecken, D.: "Namenlos - Understanding the Mentally Handicapped", Beltz, Weinheim/Basel/Berlin 1989/2003

Duda, R.: "Musikalische Freizeitassistenz - Eine musiktherapeutische und heilpädagogische Perspektive auf Musik von Menschen mit geistiger Beeinträchtigung in einem authentischen Beziehungsgefüge", Diploma thesis Music Therapy & Curative Education, University of Music and Performing Arts Vienna & University of Vienna, 2010 Download-Link: <http://musikalische-assistenz.at/konzept>

Person

Mag. phil. Mag. art. Robert Duda

Contact: duda@koerpermusiktherapie.at

Homepage: <https://www.koerpermusiktherapie.at>

Practice: Meeting room "KörperMusikTherapie" Künstlergasse 14, 1150 Vienna

This work is licensed under the Creative Commons Attribution 4.0 International (CC BY 4.0) license, which means that the text may be remixed, built upon and be distributed, provided credit is given to the author. For details go to: <http://creativecommons.org/licenses/by/4.0/>

